CHAPTER 7 – ON WHAT FACILITATES PSYCHOTHERAPY: HOW THERAPIST BELIEFS MORPH TO THERAPEUTIC PRACTICE

I believe warmth is necessary, the person should feel comfortable sitting and talking… (I believe) that the basic human nature is good… and if the therapist has that belief, she can work wonders with the mind… It is very important for every therapist to believe that no matter what problem anyone is coming to you with, look at the fact that human nature by itself is positive, it is not negative. If the right environment (that they didn’t have in their childhood) can be recreated in the therapist’s office you will see every client change. The other thing that I believe in is adaptive information processing, that the human mind works towards positive resolution… It is this, which is the final destination of the human brain… I don’t believe in predetermination, whether it is supposed to be there or not. I don’t know how things can be pre–ordained. Everyone has a choice every time to do what they like. If you believe in predetermination, then by that very statement you have decided to put the choice in somebody else’s hand and decided not to change. So I feel anyone can change at any time… there are so many people who have beaten the most unbeatable disorders. I would say human motivation is everything, if I thought that these things are not going to change then I would have probably given up hope with about half of my clients. The reason I do not give up hope is because I believe that they will change. So it has 100% impacted my practice. (Hina)

Hina’s clarity of and conviction in her beliefs set the tone for this chapter, which focuses on therapist beliefs and how they impact practice. Therapists’ beliefs play a crucial role in determining the nature and course of therapeutic work. However,
there has been limited effort to identify what beliefs therapists hold and how therapist beliefs impact the therapeutic style and practice of therapists.

The participants were asked during the interviews about their beliefs on what facilitated the therapeutic process. What emerged from the narratives was an interesting interplay of beliefs and practices. The intersection between the landscape of beliefs and the landscape of therapeutic practice has been highlighted through this chapter by focusing on therapists’ beliefs about what facilitated therapy along with the practices that they mentioned they followed in therapy as a consequence of holding that belief.

Presented below is the range of beliefs that therapists individually believed furthered therapeutic work with their clients. They have been organized as beliefs about clients, beliefs about wellness, change and healing, beliefs about the therapeutic relationship and therapist related beliefs. The organization, however, is artificial, considering that the beliefs often fed into one another and many of them were overlapping.

**Beliefs about the Therapeutic Relationship**

The therapists, when asked about their beliefs on what facilitated the process of therapy, strongly emphasized beliefs around the therapeutic relationship. All the participants in the study believed that for psychotherapy to progress, the therapist needed to invest in building a strong therapeutic alliance with the client.

I think what is important is that I make an emotional link with the patient and that I work on that… I think if you are able to make an emotional link with the patient and the patient actually receives that from you, it makes a difference in the process… It doesn’t matter if you don’t make some brilliant interpretations or start using all your theory. I think that is not what’s important. What’s
important is that the patient is coming to you in this very ill state or this very sensitive, vulnerable state, I think what’s important is that the analyst is there to make that connect, that emotional link which a person can receive and feel mentally kind of contained. (Ishrat)

The therapeutic relationship was seen as the vehicle for change, as Zeba emphasized, “the science is important but if I cannot connect with my client only, then all this science is no use”. Amongst the participant therapists, multiple relationship beliefs emerged that have been collated here. What was interesting to note, was that when mentioning beliefs, most therapists began with sharing beliefs that focused on the therapeutic relationship.

**Empathy or Understanding People from Their Perspective is Critical**

All therapists in the study at different points in the interview emphasized that they were empathetic towards the client and that was seen as critical to the process, and some of them clearly articulated it as a strongly held belief. Hina highlighted that empathy was the cornerstone of therapeutic work and was not dependent on what theoretical orientation the therapist held. In a similar vein, Sheetal asserted:

That is a very strong belief I have. You have to understand people from their perspective. You have to get into people’s skin to understand them. And I think that is a belief which is not part of one particular approach. Maybe more of client centered approach but generally I think that cuts across all the approaches, you know, to listen and to understand and to observe and to get the pulse of the client. Yeah that is very essential. So that is my belief, which probably impacts my need to first completely understand a client.

Quite in line with this, empathy was emphasized by therapists across different theoretical orientations. Sheetal also brought out the aspect that having this belief
ensured she made an effort to connect and understand her clients completely. She mentioned that she believed she needed to be able to read and understand beyond what the client was saying to be able to completely grasp the client’s concerns.

**Expressing Warmth, Concern and Care for Clients is Crucial**

Expressing care and concern towards the client was also seen as contributing significantly to the therapeutic process and relationship. Hina mentioned that she believed that unless the therapist was warm, it would be difficult for the client to share their concerns. Dirghayu, and Ameesh emphasized that this helped to communicate to the client that this relationship was meaningful for both the client and the therapist. Dirghayu discussed that he communicated care and concern for his clients through in-session and between-session gestures as he believed strongly that it facilitated the healing process.

I show a deep concern and care for what happens to my clients also after the session, most therapists say ok now one hour done, pay my fee and I don’t care what happens to you in between, but for me I show a deep concern for how my clients are between the sessions, so I take their calls, and also after they finish therapy they keep in touch and keep telling me how it is going for them... I think these are some of the important things that help because end of the day there are two things that they want to know, that they are loved and it’s going to be okay. So that itself is a healing process… (Dirghayu)

**Being Authentic and Genuine Helps the Therapeutic Relationship**

The therapists nourished the therapeutic relationship by being authentic and genuine. Hina, Ameesh, Dirghayu and Arindam discussed how this not just helped build trust in the relationship but also furthered the therapeutic work with the client. Dirghayu elaborated that appropriate self-disclosure and touch could help the
therapist communicate this genuineness to the client, which in turn would further the therapeutic relationship.

To be authentic… self-disclosure and truth, that’s part of being authentic, that in that moment for me it is valid or it’s important for me to share… then can I be authentic about it and share… or about touch … that’s being authentic that I am moved to touch you and can I share that with my clients, so being authentic. (Dirghayu)

Being Present and Attuned Furthers Therapy

Hina shared that over the years she was able to attend more to her clients during sessions, be more present with them, and had also been able to reduce taking notes as the session was ongoing. Jiya and Sheetal discussed that for the therapeutic process and relationship, therapist presence and attunement were required. The therapist had to be listening actively and be present with the client in the session so as to be aware of the ongoing therapy process and further the therapeutic work. Keshav also highlighted therapist perceptiveness in furthering therapeutic work with the client, “Being able to pick up things, being able to read more than the client is saying”.

The Therapist Needs to Accept the Clients for What They are

Father Joseph and Ameesh shared the belief of accepting the client for what they are and irrespective of what they come with. As per Ameesh:

Accepting what the client is, where is he, what is he doing. He might be doing things which are not alright. He might be doing things which do not support your belief systems… I have tried to understand them… despite whatever they are going through. And understand their pain, why they are in pain. (Ameesh)
Father Joseph drew detailed links between this belief and how he worked in the college setting with the students. He was convinced that what brought the children to the counseling center were his acceptance and availability and the fact that they knew they would not be judged.

**Therapist Steadiness Transfers to the Client**

Ameesh mentioned that it was the therapists’ steadiness that facilitated the process of therapy. He went on to discuss that in therapy it meant that the therapist was stable and tolerant of client emotions and that led to change in the client.

My being steady is important... Because if I am not steady how will he be steady? So my steadiness is gradually transferred onto him… I have myself been in analysis and I have myself seen myself getting stable… There is a good sense… that there is somebody there… who doesn’t move… Is strong enough to manage you, strong enough to manage your difficulties, your frustrations, your emotions, your life. There is somebody who can take care… Doesn’t get disturbed… Doesn’t fluctuate. If I am not stable then it will disturb the client. And you see that…it’s not a belief in that sense that it is an academic or theoretical belief. It’s a belief rooted in my own experiences.

(Ameesh)

He explained how this belief impacted his practice by sharing that he ensured he chose the right words, kept the same room and did not change the session timings with his clients. Sheetal used the Hindi word ‘thehrav’ to talk about the idea of steadiness and her belief that her being steady would help the process. Norcross (2010) discussed how by undergoing personal therapy and being a client, beginner counselors gain an inner steadiness that increases their ability to help others. In learning self-acceptance and patience through personal therapy, beginner counselors
would find it easier to be patient with clients and to respect each individual’s unique process and pacing and it would become less of a challenge to tolerate the inevitable uncertainty and ambiguity of clinical work.

**Providing Holding and Containment Makes a Difference**

Ameesh highlighted another belief that contributed to therapy, that of providing containment to the client. Sheetal was deeply convinced that the holding and containment in therapy furthered the process. She recalled how one of her clients described this:

> What really helps in healing is that holding which they feel. That they know you are there no matter what. That really helps in healing. There was one client of mine… it was such an intense thing that she said, “I feel that I am many islands who are all far apart and some sort of glue is trying to hold the parts together”… and I saw her for a year… And I was so glad that just before we had to terminate she said, “now you know I feel that many parts are joined together and even those parts that are not joined they are much closer and the glue is much thicker”… this was healing… I think what helped with her was the holding. (Sheetal)

Since therapy is an interpersonal process, a primary curative component is the nature of the therapeutic relationship (Lambert & Barley, 2001). Literature shows that the therapeutic alliance strongly contributes to outcome variance, and is present in anything and everything in client work – from offering an explanation, a technique, and even in scheduling the next appointment. Horvath, Del Re, Flückiger, and Symonds (2011) through 200 research reports spanning about two decades of empirical research, linked therapeutic alliance with psychotherapy outcome, irrespective of the type of therapy used. An earlier study by Lambert and Barley
(2001) found that ‘common factors’ such as empathy, warmth and the overall therapeutic relationship were seen to correlate more highly with client outcome than specialized treatment interventions. In addition, Ackerman and Hilsenroth (2003), identifying therapist qualities and in-session activities which contributed positively to the outcome, also spoke of therapist techniques such as exploration, reflection, noting past therapy success, accurate interpretation, facilitating the expression of affect and attending to the patient’s experience to contribute positively to the alliance.

Lindgren, Folkesson, and Almqvist (2012) conducted a research to explore what therapists thought was effective in their way of conducting psychotherapy. They identified a core category of renewing experience that they defined as an “integrative, inter-subjective process in which the therapist and the patient interact and try to create situations in which the patient can experience something new” (p. 5). They found that the therapeutic relationship continued to emerge as something that therapists believed was critical to therapeutic outcome.

Since a direct link is identified between the therapeutic alliance and the outcome of the therapy, it is a well understood fact that establishing this relationship is a critical task in therapy (Orlinsky et al., 2004). In the section above, the therapist participants also clearly endorsed the belief that it is the therapeutic relationship that was an essential vehicle to therapeutic change, and mentioned how in their own ways they ensured the quality of the relationship with their clients.

**Beliefs about Clients**

In discussing their beliefs about what facilitated psychotherapy, the therapists also mentioned certain client related beliefs that they held that helped their therapeutic practice. These were client related beliefs that kept the therapists hopeful and
motivated to work towards client change and positive therapeutic outcome or influenced their therapeutic practice.

**Basic Human Nature is Good**

Hina, Rita and Ishrat shared that they believed that basic human nature was good and positive. This belief led them to stay focused on the positive and activate the strengths and resources of the client, and kept them hopeful as therapists about the therapeutic process. As mentioned at the beginning of this chapter, Hina shared that her belief that human nature is positive led her to refrain from using labels with clients and helped her provide a facilitative environment where the focus was on the clients’ strengths. Ishrat mentioned that her work was with the healthy part of the client and that is where she chose to focus.

At such times if you are able to see the healthy part of the patient… Because it is this healthy part, it is the non-psychotic part or the normal part that is going to help you to work… Or to allow development to happen or to make the treatment happen. So if sometimes you miss that and you’re staying with the disturbance and the illness… and then you feel hopeless… (Ishrat)

Psychotherapy research on what makes super shrinks, and how they are different from other therapists, received impetus with growing evidence that therapist factors determined outcome variance. What emerged were two critical factors; the therapeutic alliance – the ability to secure a good alliance across a variety of client presentations and personalities, and resource activation – focusing on client resources from the start (Baldwin et al., 2007; Gassman & Grawe, 2006).

**Early Childhood Environment Plays a Critical Role in Individual Development**

More than half of the participants shared that they believed that early experiences and family environment played a role in individual development, health
and well-being, as well as pathology. Jiya’s interview brought up the role of these factors:

I believe that the initial years of a person’s life, how well you as a person are taken care of and how much you feel as a person, what do you think about whether the world is safe or not, how attuned are people to you… that is a very defining factor because that will be with you for your entire life, that is the most important factor… when there is a crisis at that point in time, if you have… people around you then it does not become a pathology.

The role of early childhood experiences in determining pathology was brought up in Hina’s narrative also, where she mentioned that “the environment plays a huge role, and the predisposition of the child has to be carefully molded in the first few years. And if that’s not done life can be a big struggle for that person”. Sheetal, with her strong systemic orientation, also believed that the family played a huge instrumental role in determining individual mental health. She shared, “So I think the way we are brought up can mould our mind into the person that we become. And like in Satir’s book ‘Peoplemaking’… she says a family is a people factory. So families make people”. Arindam and Keshav mentioned that though they believed that people were born with certain predispositions, the experiences played a huge role. Keshav emphasized that genes laid the foundation, but it was the experience that determine how that gene finally expressed itself. This belief informed the way the therapists conceptualized the client concerns and the focus in their therapeutic work on early childhood experiences.

**Free Will Trumps the Preordained**

Hina, Deepak and Keshav highlighted the belief that there is free will and that people can change their lives. Keshav mentioned,
I believe in free will… if there is no free will… then how will therapy help?
The indirect evidence is that you do see people changing with therapy. If the person improves with therapy, probably there is some amount of free will and ability to work on yourself. (Keshav)

Hina’s quote at the beginning of the chapter also highlighted her belief in free will. She mentioned that her belief in free will helped her believe people can change, kept her hope alive and kept her motivated to work with clients,

The best of astrologers will tell you that you have a choice, the best tarot card reader will tell you there is free will. If you believe in predetermination, then by that very statement you have decided to put the choice in somebody else’s hand and decided not to change… I don’t think there is anything like predetermination, I would defunct that completely, I would say human motivation is everything. (Hina)

Beliefs about Wellness, Change and Healing

The participant therapists also discussed beliefs about wellness, change and healing that shaped their therapeutic practice.

Anyone Can Change at Anytime

For a therapist to stay in the therapeutic process and work with the client, conviction in the belief that change is possible was seen as critical to the therapy process. Hina believed that the human mind was plastic and had tremendous capacity to change, Arindam mentioned, “I believe, the person has capacity to change, you just have to help him find ways to change.” Zeba shared that this helped the therapist keep hope and persevere in the therapeutic process and Rita went on to share that this belief helped her trust the process.
It is the deepest hope… deepest vision we have of the client… if my vision inside is that this person is not going to be able to change, that is going to come out some way or the other. I genuinely believe that the client can change, that’s why I don’t carry the client’s problems with me, oh god this has happened, no matter what has happened the client can transform. (Rita)

Rita discussed how believing that the client can change helped her not carry client problems back with her and maintain therapeutic boundaries. Sheetal also shared this belief that people can change and “that people can always do well… always be happy… people can always lead lives which are much more meaningful… For the human mind, happiness is always the basic goal of existence.”

Meyer et al. (2002) found that therapist expectancies for patient improvement did predict outcome and client improvement. This study lent support to the role of therapist factors, particularly therapist beliefs in psychotherapy outcome.

**The Client Leads the Change**

Hina mentioned that the therapeutic process and the goals for therapy had to be “client driven… They should come from the person and not from anybody else, that’s when they work best”. This belief was shared by Rita and Dirghayu as well. Both asserted that the therapist could not be devising goals in therapy; it had to be the client who decided what to work on. Deepak pointed out that he believed, “everything that’s changing in a client’s life is what the client is doing, he has set it up… if he says am doing this differently, he is making it happen”.

Hina captured this aspect beautifully when she said, “Therapy does not work for a person… you have to make it work for you” and highlighted that therapy worked when the client was motivated and ready for change.
I read somewhere that whatever disorder you are diagnosed with, if you are motivated to change even some of your symptoms... change is possible… So for me success in therapy is not just treatment plan, etc., it is also about whether the person in front of me wants to change and wants to make an effort. (Hina)

Zeba mentioned that “if the client in not ready only, how will therapy progress”, and Ameesh brought up how this came in the way of healing. Sarah mentioned that she believed that for therapy to progress what was needed from the client was, “to accept, willingness to look within, without changing the environment or outside”.

**Change is Gradual and Slow: Human Beings are not Instant Coffees**

Zeba shared that in her years of practice with children with special needs, she had come to believe that change takes a long time and the therapist needs to be patient and be able to appreciate “even that teeny-meeny change” that the child makes. Ameesh iterated the same belief that change was not something that happened quickly, he believed that “human beings are not instant coffees” and the change process took time. This belief helped him stay with the working-through process with the client.

Overholser et al. (2010) identified certain beliefs of therapists such as the belief that people can change, that change is gradual and typically requires developing new actions and new attitudes, understanding precedes change, labels are not helpful and so on, that impact psychotherapy practice positively and strongly recommended that therapists work on their own beliefs if they wanted to be effective practitioners.
Health and Wellness is Holistic

Most therapists discussed the idea of health and wellness being holistic. They believed that the body and the mind were closely linked and in planning treatment the therapist needed to consider both. Ameesh mentioned how psychological concerns manifested through the body, and he was moving to a holistic approach in understanding psychic conflict.

I also believe in this mind-body thing, if I have a conflict and I am not able to resolve it then it will manifest in some way in the body. This holism is something that I am trying to catch and I am teaching it, there is no difference between the mind and the body, similarly wellness and illness are not separate. When the dualities occur, the illnesses occur, it is important to integrate…(Ameesh)

Sarah, Dirghayu and Jiya, amongst others, brought up the fact that in planning treatment for clients the therapist needed to view wellness as holistic.

I think it is a holistic thing, and I talk to my client about their eating habits also, I discuss their sleeping pattern, I discuss their interactions with other people, what do they do for rejuvenation, even if client does not come with those issues… I think health plays an important role and I show them the complete picture that the brain and your body is connected, and so you cannot isolate what is happening to your body from your emotions and your brains. (Jiya)

Hina furthered this idea in conceptualizing health and wellness as holistic when she added the social and spiritual dimension, “it is not just about the body or the mind but also about your connection with other people and your connection with spirituality. So each of these areas need everyday work.”
The Client is More Than the Diagnostic Label

Hina, in discussing diagnostic labels, mentioned:

Diagnostic labels are guides, but they are not the end… I need to categorize that the client has so and so thing, one is I need to present the case (in supervision), or the psychiatrist that I work with needs to know, and third is to make my own treatment plan, but beyond that it does not have a role. But if you ask a therapist what they are working with, it is the symptom, so the diagnosis goes to the background, finally it is what the client is coming with that I have to work with. (Hina).

Ameesh also reinforced the belief that diagnostic labels were guides and gave direction to treatment planning, but when working with the client the therapist had to work with the whole person and the labels then receded to the background.

Mental disorder is a term, it is not a reality, DSM says that in the first chapter… they (diagnosis) do help in giving a direction, in seeking the right course of action, but when I am with the person, then I have the full person in front of me, then the diagnosis is gone.

Sheetal spoke of how beyond the nosological categories, the therapist really needed to get the pulse of the client.

Healing Happens when the Client Feels Safe

“Maximum healing happens when a person feels safe enough – internally and externally”, Jiya mentioned that if the client felt safe in the therapeutic environment, she/he could also feel safe from within, and that would lead to healing and change. Zeba emphasized as her duty, “to provide the child with a safe environment, so the child can express what he or she is feeling”. Rita elaborated during her interview on
the aspect of providing a safe space to the client to share their deepest feelings and how that would lead to healing.

So the first and foremost factor is the relationship with the therapist, if they can feel safe here, if they can feel accepted, if they can feel comfortable to voice even their deepest feelings, without a sense of shame. If they can feel reflected within the session, then that is the primary ingredient in healing. If that is not then none of the methods will work, if that is there then the methods can only make it better. (Rita)

**Healing Happens with the Acceptance of Pain**

Rita and Sarah mentioned the belief that healing came with the acceptance of pain. Sarah particularly mentioned that this belief came from her understanding of her own pain and suffering through the practice of Buddhism.

True healing comes only when you accept that I will not always be able to avoid pain and get only pleasure forever and that opening and understanding has happened and pain is not a threat anymore and it seems like a part of you and it will come and go and pain is no barrier then I think healing really starts.

(Sarah)

Acknowledgment and acceptance of pain leads us to healing was also a belief shared by Father Joseph who mentioned that healing was a constant process with every occurring crisis.

**Beliefs about the Therapist**

**The Therapist must Trust the Therapeutic Process**

A few of the therapists shared in the interview that one of the important facilitating factors in therapy was therapists’ conviction in what they did. For therapy to be effective the therapist would need to trust the process of therapy and healing.
Dirghayu expressed it as, “Trusting the process, trusting oneself as a therapist, and when you do that then naturally it works.” Keshav also shared in the interview that the reason why therapy worked was because he believed in the process, “I guess I believe in the stuff I tell people. I mean I use it. I know it works for me… You have tried it, it has worked for you and you are doing it. It’s not stuff you tell people. You need to be confident about it”.

**Therapist is Only a Facilitator/Catalyst**

Hina, Ameesh, Rita, Sarah and Shabana articulated during the interview the belief that the therapist played only the role of a mediator or catalyst. Believing that they were responsible for client change and trying to fix things for the clients was seen as counterintuitive and inhibitory.

I am just a mediator and if I am aware of what is happening then nature very beautifully provides an opportunity for the connection to happen and all I have to do as a therapist is be aware… I just have to tune into that and then just take care of the stimuli that has come in for me from the environment… and I think they pick up is the openness… my openness to flow with what they want to do… I am the mediator, facilitator… I am not in charge… and the client will connect to only what he wants to connect to, so my role here is of a facilitator not to make them do something they are not ready to do… (Shabana)

**The Therapist must Accept her/his Limitations**

Deepak mentioned, “I think the most important thing for a therapist to realize… which is very difficult to come… is that you are the least important thing in the process…” This was one belief he said, only came with the years of practice. Ishrat and Rita both saw therapist limitations in the context of a power above, while Ishrat believed in God who controlled things, Rita expressed this as:
Just that whatever you decide, it is not always in your hands, something else will always affect it… The sooner you accept it the better it is… universal wisdom, the grace of the Lord, laws of attraction… all those beyond the human endeavor that makes it or breaks it.

Hina discussed during the interview that therapists thinking they are God could be a major inhibiting factor in therapy. She mentioned that, “…in India therapists are influenced a lot by the God phenomenon, where doctors are considered the be all and end all, sometimes therapists have that complex, who feel they are responsible for change in their clients”. Having gone through it herself, she confessed that unless this belief wore out, therapy process would be inhibited.

**The Therapist Needs to Empower the Client**

Another belief that was mentioned by two of the participants as important was ‘therapists need to empower the client’ in therapy. Dirghayu and Rita both explained how in their practice they ensured that their clients felt empowered, Rita by keeping her language simple and transparent and Dirghayu by discouraging therapeutic dependence in clients. Rita highlighted the role of the therapist in demystifying therapy and making it accessible to the client.

I keep it simple, so that they understand. I want clients to understand every step, what we are doing, why we are doing it. There is no mystery. I tell them how their brain is working so that they know what is happening to them. I work to empower them and make them independent right from session one. I want them to know the limits of therapy, there are no friendships, no coffee chats. The clearer they are, the more empowered they are, they move faster.

(Rita)
Therapy is Effective when the Therapist has the Knowledge and Skill

Some of the therapists noted that for therapy to be effective, the therapist needed a strong theoretical training and knowledge base. Therapist quest towards growth and development was motivated by this belief and many of the participant therapists were continuing training and supervision. Jiya, Hina, Rita, Ishrat, Ameesh highlighted that training, supervision and up-gradation of skills, openness to learning were vital for therapist growth and development. That in turn, was important for therapeutic process and outcome.

The Therapist’s Needs and Conflicts Influence the Therapeutic Process

“I think why people take up psychology, mostly is that at some point in our lives, we were feeling isolation… we didn’t know what to do… we have our own histories, our own issues…” Jiya brought up in her interview that therapists would need to heal their own wounds and identify what emotional triggers they had. “If I have all these issues, then definitely I will have some faulty belief about life and people… if I don’t have a belief in something it will show up somehow and interfere with my therapy.” Samira clearly pointed out that she believed her personal needs could influence the therapy process and recommended that there was a need for therapists to identify and analyze the role these needs played.

When you are in therapy, you have to be aware whose needs are you attending to? Is it your need of being a good therapist and finding personal satisfaction, or is the client’s need that you are attending to. If you become authoritarian, is it your need to be dominant… if you are submissive and docile as a person, and you allow the client to take charge, then it is your need that you are fulfilling… if your need is to nurture or your need is to protect… you are
going to transfer that to the client also, so if you are aware of it then you can bifurcate it… (Samira)

Ameesh and Ishrat shared how therapist inhibitions, difficulties, and conflicts, impacted the therapeutic work, and advocated that personal analysis and supervision were critical for the therapist.

**Ending Comments**

This section highlighted beliefs mentioned by the therapists on what facilitated the therapeutic process. These were personal beliefs that therapists shared during the interview spontaneously based on what was important for them as therapists. As Dirghayu highlighted:

So all these, are my own personal ideologies, philosophies also some of these things have worked for me, so I am convinced that they do show results… and for me thinking is an important aspect, so it’s a strong belief in me, that it is a matter of perspective, how you are looking at that situation. (Dirghayu)

These beliefs played a crucial role in determining the form that therapeutic practice took for therapists. As Hina mentioned, these beliefs impacted practice 100 percent, and therapists drew clear links between their practice and the beliefs that they held. Sheetal expressed this very lucidly:

In many many ways… like I think if I had a belief that if people are suffering they deserve to suffer. If they are suffering then let them suffer… I would have not been the same therapist that I am. I mean it really makes a world of a difference. If I had the belief that… that people who are not talking have nothing to say… I would not be able to explore, probe, facilitate… (Sheetal)

The power of therapist beliefs was underscored by Satir (2013) in her writing,
If I believe that human beings are sacred, then when I look at their behavior, I will attempt to help them to live up to their own sacredness. If I believe that human beings are things to be manipulated, then I will develop ways to manipulate them. If I believe that patients are victims, then I will try to rescue them. In other words, there is a close relationship between what I believe and how I act. The more in touch I am with my beliefs, and acknowledge them, the more I give myself freedom to choose how to use those beliefs” (p. 26).

In a recent research, Sandell et al. (2007) tried to link therapists’ beliefs with therapeutic outcome by administering the Therapeutic Identity (ThId) Questionnaire to therapists. The ThId Questionnaire assessed beliefs of the therapists on the curative value of a number of elements of psychotherapy, manner of conducting psychotherapy and the basic assumptions about the nature of psychotherapy and the human mind. They concluded that therapists’ therapeutic attitudes influence increases as treatment progresses and takes effect. They found that clients whose therapists value kindness as a curative factor, neutrality as a therapeutic style and regard psychotherapy as a form of artistry show positive long-term effects of psychotherapy. These researches indicate that therapist beliefs, therapeutic style, process and outcome are interlinked. Similar themes emerged in the interviews in the present study, where the participants cited beliefs about the therapeutic relationship, client, process and self that facilitated the therapeutic process alongside how that impacted their practice.

Along with beliefs and practices, therapists in the present study also drew links to the sources of their beliefs: while there were mentions of training and reading, most therapists acknowledged the role of personal experience.

I feel the beliefs impact the process quite a lot, if you come from a background where there is a lot of criticism, judgment, stereotyping of cultures, that shows
up in your work. If you come from a background where there is negligence, then that will show up in your therapy, because you won’t be concerned what happens to others. (Hina)

At different points in the interviews, therapists shared that a whole set of beliefs evolved with years of experience as a practitioner. Some of the beliefs could be traced back in time, in therapist terms ‘always had this belief’, others had evolved through years of practice. Beliefs such as acknowledging therapist limitation, change is a slow process, trusting the therapeutic process, were clearly beliefs that came with experience as a practitioner, and as years passed by, therapists mentioned that their conviction in them grew.

The findings clearly indicate that therapists need to constantly engage in self-reflective practice, and this needs to be a continuous process for the therapist. Training programs and structured supervision would also need to incorporate self-rating questionnaires, or reflective journals for therapists to draw out parallels between therapist beliefs and how they engage in therapeutic practice, and what links them both. This clarity, in terms of being able to link personal beliefs with psychotherapy practice may develop over years of professional development and growth. While a trainee therapist might not have the same level of clarity or the beliefs may not be as crystallized as that of an experienced practitioner, supervision and self-reflective practice may facilitate the process tremendously.

A few of the beliefs, such as the therapist has limitations and healing happens with the acceptance of pain, health and wellness is holistic were very close to certain Indian cultural beliefs, links that were detailed by therapists themselves during the interview. This revealed that cultural understandings of healing and change influenced the way therapists were viewing the therapeutic process and how they viewed the
client, thereby transacting it accordingly. Some of these links may be less obvious and subtle, especially the prejudices and biases therapists might hold about clients, communities or religions, and unless the therapist actively engaged in self-scrutiny these could lie outside awareness, but constantly exert influence.

Shertzer and Stone (1972) stated that “Counselors… must have a philosophy or a coherent system of beliefs that illuminates and regulates their activities… a helping relationship that is without a philosophical basis will flounder… and be reduced to ineffectiveness – for everything begins and ends with a view of life” (p. 270). They detailed the difference between professionally sanctioned beliefs and personal beliefs and encouraged therapists to regularly analyze how their beliefs impact their practices so they can be aware of consonance, conflicts or contradictions between beliefs and practices and work with awareness and integration.

That the therapist’s belief matrix is an amalgam of professionally sanctioned beliefs and personal beliefs was also reflected through the range of beliefs shared by the participant therapists in the present study. More detailed analysis of therapist beliefs and their interplay with practice would emerge as a strong recommendation for future research in this area.

While this chapter focused exclusively on therapist beliefs on what facilitated therapy, the therapist narratives revealed an interplay of therapist, client and extra-therapeutic factors.

The narratives highlighted how, apart from therapist beliefs that contributed to the therapeutic relationship and furthered the process, there were client and extra-therapeutic factors that impacted the process.
Client related factors such as client readiness to change and client motivation were already highlighted in the discussion above. Therapists also outlined client’s beliefs about getting well or about the therapist and therapy process, along with extratherapeutic factors, such as factors in the client’s immediate family and work environment, client support systems, life circumstances and financial situation. They also noted that counselor’s life circumstances, major conflicts happening in the counselor’s life, could also impinge on the therapeutic process.