CHAPTER 11 – THE CRUCIBLE OF FINDINGS

The chapters so far have outlined the beliefs of therapists about themselves, psychotherapy, religion and spirituality and their values, both personal and professional. How does all of this come together? How does this answer the question the research began with: How do therapists’ beliefs and values impact their therapeutic practice?

The Grounded Theory Model

The study was informed by the constructivist grounded theory. In grounded theory, Charmaz mentions that the study culminates with the development of ‘an abstract theoretical understanding of the studied experience’ (Charmaz, 2006, p. 4). The theory that develops from grounded theory research is interpretive and is based on understanding rather than explaining. The theory focuses on showing patterns and connections, rather than establishing causal links.

Charmaz (2006) recommends emphasis on actions and processes in identifying conceptual categories and utilizing gerunds to achieve the same. While initial grounded theory works stressed the need for identification of a single basic social process (processes that shape actions and understandings of participants) that the researcher discovers as fundamental, Charmaz (2006), however, asserts that there may be numerous ‘basic’ processes and identification of one single process may be difficult.

This section presents the grounded theory model that evolved from the data. The theorizing process was linked to the research questions that directed the study and was influenced by the researcher’s reading of the data and subsequent understanding. The theory is specific to the context studied and is concerned with the perspectives of the therapists participating in the research.
Three conceptual categories emerged from the data: the therapist self, the therapeutic practice and the category that linked the two, ‘transformational processes’. Of these three conceptual categories, the transformational processes were the centerpiece of the model and represented the main theme of the research.

*Transformational processes*, as they emerged from the narratives of the participants, have been understood for the purpose of the study as: *The processes employed by the therapist to actively make sense of the internal and external world and utilize the process to create synergy in thought and action, to further evolve therapeutic practice and experience personal and professional growth.*

These transformational processes linked the categories of the therapist self and the therapeutic practice. The transformational processes not just created resonance between the therapist self and the therapeutic practice, they facilitated the growth and development of the therapist and also helped evolve the therapeutic practice. The interviews were a gold mine for not just content on therapeutic processes but also therapist processes. The visual representation of the model is presented below to chart out how the transformational processes were linked to therapist self in the context of the therapeutic practice.
Transformational Processes

The transformational processes, as they emerged through the interviews have been discussed below:

**Mapping.** At the first level was mapping, where therapists mentioned reviewing, monitoring or charting out the contexts in which they were operating. This involved assessment, monitoring, and detailing the needs of the clients, setting, context and the larger professional field of psychotherapy. This process had a descriptive quality to it. This pertained to the outward gaze of the therapist and this process was termed ‘mapping’.
Mapping began with clients, the therapy process, therapeutic setting and went on to contexts, profession, culture, and so on. As therapists got into practice they identified the requirements of the work or the profession. However, there were variations in this process amongst the therapists, as there were differences in the contexts that they operated from and also the level of engagement with the field. The mapping process was influenced by multiple factors: the setting, the clients, the therapist’s own need to map and explore, and the interplay of these and other factors. While some participants had a focus on their own practice, some others engaged themselves with aspects of training, practice, supervision and/or research. Experience in a range of contexts, taking multiple roles, supervising others or going through personal therapy and supervision also broadened the breadth and depth of perspective during the mapping process to include not just immediate contexts, but also aspects of licensing, professional associations, culture and so on.

Reflecting. This process involved deliberation, assessment, evaluation and analysis, and pertained to the inward gaze of the therapist and included the following elements:

- Retrospective and in-session reflection/analysis of the therapy process and practice.
- Analysis of the self or self-evaluation of personal beliefs and emotions.

Most therapists spontaneously mentioned engaging in reflective practice with regard to their therapeutic work. This included aspects of what they were doing well, what worked and what did not. There was also a process of reflection and awareness of personal beliefs and values and how they seeped into the therapeutic practice.

Reflecting also involved assessing personal strengths, acknowledging limitations, and as some therapists mentioned, looking at childhood patterns and
families to understand personal motivation and what they brought into therapy with the clients. The process of engaging in reflection helped them to know one’s self deeply, to understand the personal needs and conflicts, to understand how it might impact the clients and the therapy process.

Some of the participants mentioned actively engaging in this reflective process through note keeping and supervision. While some mentioned how supervision helped in the integration and analysis of the therapist thinking processes; others shared how supervision helped reflect on what was going on between them and the client, and deliberate on the process.

It was also noted that certain theoretical orientations, such as the psychoanalytic orientation or the EMDR practice, with its training and supervision requirements, demanded more active and engaged reflective practice that influenced how therapists approached self-reflective work. This was clearly seen in the narratives of the research participants. Apart from the theoretical orientation, therapist level of engagement with the profession also influenced depth of reflective practice as it did the mapping process. Some participants deeply engaged with therapy practice and supervision and the depth of the reflective process was evident through their description of their work.

Those who engaged actively in the reflective process mentioned that it was a deliberate process they invested in, and it increased over their years of work. It was also noted that the more this process was nurtured the more refined it became.

**Negotiating.** The other process that therapists discussed was of relating and trying to create a fit or match between their personal style, beliefs and ideas and the therapeutic skills, theoretical orientation of practice or practice characteristics. This involved a process best termed as ‘negotiating’. This process involved relating
personal aspects with therapeutic practice and included an action-oriented process that led either to change, shift or improvement in the therapeutic practice, or brought about expansion, change or transformation of the self therefore contributing to learning.

Negotiating and reflecting were often simultaneous processes that fed into each other. The more self-reflective work the therapists engaged with, the more it raised questions, doubts, insights and possibilities about both, the self and the therapeutic practice, further intensifying the negotiating process. It was this constant process of negotiating the personal and the professional that emerged through therapist stories.

Some participants mentioned that when they began practice and felt that their therapeutic skills were not adequate, they sought additional training to augment their skill levels. They engaged in reading, sought training and supervision to increase their knowledge to grow as therapists and improve their therapeutic practice. Participants also mentioned that over their years of practice, they reviewed the theoretical models they used. For some who felt that their theoretical model was not adequate, they sought a shift in perspective by training and practicing other theoretical models.

One of the important aspects mentioned by the therapists was on how after being trained in Western therapeutic models they started working with Indian client groups and became aware of specific challenges of working with them. In doing so, they had to negotiate therapeutic structure, process and techniques to accommodate needs of varied clients. Some others mentioned how, based on client needs and cultural expectations, they developed more eclectic/integrative practice frameworks that were holistic and applicable to Indian clients, rather than directly employing Western models.
The therapists shared how their self came into therapy and how they saw themselves change as they worked with their clients. This process of mutual influence emerged through the nuanced analysis by the therapists of how their personal and interpersonal qualities and cognitive competencies impacted the nature and style of their therapeutic work and vice versa.

The participants also detailed out how they matched their personal beliefs to the model of therapeutic practice they used and how in turn the model and its effectiveness with clients transformed their beliefs. The incessant negotiation of personal therapist beliefs and the practice of therapy were clearly brought out by some therapists. The belief that human nature was good helped a therapist work with the healthy part of the client. Similarly, for others there was the belief about the importance of therapeutic presence and steadiness for positive therapeutic outcome in clients.

The negotiating process was too obvious to be missed in the therapist narratives. The juncture where the therapist self and the therapeutic practice interfaced became the context of the negotiating process.

**Meaning making.** Finally, ‘meaning making’ was the transformational process that brought resonance of all that was personal and professional to a cohesive oneness. This had a synchronizing, integrating quality, and involved meta-cognitive modeling. This process of synergy was reflected through fewer therapist narratives and came mostly when therapists were discussing religious and spiritual aspects and their beliefs about psychotherapy. For one therapist, this meaning making was embodied in drawing the connections between Islam and psychoanalysis; for another, it was a world-view expressed through personal maxims and for yet another therapist, it was the meaning making of the therapeutic role.
These transformational processes were dynamic and seen as interrelated and overlapping and the therapists moved back and forth on these. It was an iterative process, and with changing contexts and demands the progression continued and furthered personal and professional growth.

**The Therapist’s Evolving Self**

The therapist self was seen as ever evolving, dynamic and in the process of ‘becoming’. It constituted elements of personal qualities/competencies, knowledge and beliefs.

**Qualities/competencies.** This included unique defining characteristics of the therapists. This was the triad of the personal, interpersonal qualities and cognitive competencies that the therapists identified as resources that they brought into the therapeutic practice. Through their narratives the therapists drew links between their qualities and their psychotherapy work, the theoretical model and their therapeutic style and how they negotiated the personal and the professional. While there were personal qualities such as commitment, flexibility and patience that helped them persevere in the therapy process; there was also a range of interpersonal characteristics, being warm and empathic, that they found positively impacted therapeutic relationships with clients.

**Knowledge.** This was derived from training and experience and included information, skills and expertise, in therapeutic process, theoretical models, and techniques. This was also the aspect that the therapists aspired to expand and grow as they grew in experience. Most therapists mentioned the importance of this and sought supervision and training or did structured reading to further their knowledge.

**Beliefs.** These included personal and professional beliefs and values that the therapists endorsed that comprised the therapist world-view. These beliefs impacted
their choice of theoretical orientation, therapeutic style, the process of therapy they followed and the setting they practiced in. The therapists shared how they negotiated their beliefs in therapy and a majority underscored the importance of awareness and reflection on how their personal beliefs and values impacted the therapeutic relationship and process. A range of factors, such as personal and professional experiences, supervision and training, family, religion and culture, influenced these beliefs.

These three elements of the self interfaced with and influenced one another, with personal qualities influencing skill and expertise and thereby feeding into beliefs about their competence as therapists; and vice versa. As the therapist evolved over years of practice, the three elements expanded and transformed.

**Therapeutic Practice**

The landscape of therapeutic practice characteristics included the therapists theoretical orientation, the setting in which they were practicing, their therapeutic style, and other therapy process factors. The therapeutic practice evolved to become more synchronous with the therapist self, the general trend being towards a cohesive, rhythmic functioning, that was aided by the transformational processes outlined by the therapists.

To summarize, the model linked the therapist self and the therapeutic practice by highlighting the transformational processes the therapists utilized to achieve personal and professional growth themselves and evolve their therapeutic practice, as well as create synchrony between the two. The therapist self, the therapist practice and transformational processes were influenced by individual therapist experiences and were embedded in the larger cultural context. The processes created unique pathways for growth and development of the therapist self and the expansion and
transformation of their knowledge, beliefs and skills. Alongside, the processes facilitated the development of a unique, contextual and at the same time personally meaningful and synchronous-to-self, therapeutic practice.

**Concluding Thoughts**

The findings of the study indicate several areas where participants evinced the felt need for more structured and thought-out guidelines and systems in the field of psychotherapy and counseling in India. That apart, the participant narratives illuminated many implications for psychotherapy training, supervision, practice and research.

**Psychotherapy Training**

The findings of the study indicate major implications for psychotherapy and counseling training in India, most importantly that of ensuring quality training as the most certain pathway to develop competent, ethical and sensitive practitioners.

**Status of postgraduate training.** Most participants shared that they started their therapeutic practice after a postgraduate degree in psychology. They expressed dissatisfaction with the nature of postgraduate training received, mentioning that its focus on theory and lack of supervised practice did not prepare them adequately for working with clients. There was a reported sense of inadequacy and incompetence in terms of knowledge and skills, and lack of readiness and preparedness to deal with client concerns during the early years of practice.

One of the most significant implications of the research would be to strengthen training in psychotherapy and counseling at the postgraduate level psychology programs. This would involve:

- Creating specializations, so trainees who want to pursue a career in counseling and psychotherapy can receive theoretical inputs and skills
for the same. These specializations could have a structured focus on training professionals towards developing counseling and psychotherapy competencies by formulating curriculum that focuses on developing specific competencies.

- Providing adequate supervised practice along with theoretical inputs would be the key to ensuring that trainees would have the required practice skills on entering the field. Thus, course content that includes a balance of theory and practice would need to be employed. Practice based teaching methodology, that supports role-plays and skill practice within the classroom along with individualized supervision and feedback in counseling/therapy settings by practitioners in the setting would be strongly recommended.

**Level of training needed.** The discussion on the status of postgraduate training, and recommendations for the same would be incomplete unless understood in the context of the current status of training mandates in India. The level of training that one would need to complete to practice as a counselor/therapist in India have not been clearly laid out. To practice as a clinical psychologist, The Mental Health Care Bill 2013, currently under discussion, mandates an MPhil or PhD degree. The Rehabilitation Council of India has also laid out a minimum requirement of MPhil or a postgraduate degree with five years of experience for registering as a clinical psychologist. However, with no binding norms or set mandates there is considerable variability amongst counselors and therapists with regards to level of training.

While most clinical psychology MPhil and Doctoral programs in the country provide structured supervised training, facilitate development of specialized skills and competencies, and have been valuable in developing expert mental health
practitioners, not all professionals are able to continue training or are inclined to work in clinical settings, and tend to begin psychotherapy and counseling practice after a postgraduate degree in diverse community, school or other service provision settings. To ensure professionals are well prepared, the incorporation of specializations and practice based teaching methodology in the postgraduate training curriculum, as discussed above, would help to provide competencies, skills, knowledge and attitudes that the professional role requires. This would require an expansion in the field of psychotherapy and counseling training in India, to develop unique training curriculum, training pathways, and licensing procedures so that each professional role would have individual relevant mandates.

As caution against prolonging psychotherapy and counseling training, Totton (1999, 2006) explicates that the issue of psychotherapy training is also a political one, particularly when it is juxtaposed with research evidence that training is not linked to therapy outcome. Totton (1999) points out that, “psychotherapy and counselling have responded to the political need for a body of ‘expert knowledge’ by… radically lengthening and widening trainings, ‘technicalising’ every aspect of the work, inserting new levels and meta-levels of expertise and qualification” (p. 317). With training becoming longer and longer, and no differential pay at the end of it, it could lead to discontent and disillusionment of younger professionals. In a study by Norcross, Hedges, and Prochaska (2002) using the Delphi methodology, a panel of sixty-two psychotherapy experts, in predicting psychotherapy trends for the next decade, forecasted the flourishing of Master’s-level psychotherapists. This argument lends support to the appeal to strengthen postgraduate training, so as provide an expansion of the field of mental health, ensuring that pursuing diverse specializations and working across different sectors becomes a possibility.
**Use of self as an instrument in training.** The therapists mentioned interpersonal and personal qualities and cognitive competencies as aspects of their self that they believed facilitated their work as therapists. This triad of self could be seen in the light of the ‘use of self’ as an instrument in therapy. While training focuses heavily on building the knowledge component, research shows that theoretical and technical aspects are less critical to the therapy process than the therapist self. Across the world, training and supervision models are being developed and practiced keeping in mind the significance of the therapists’ ‘use of self’. In the light of existing research and the findings of the study there is a need for training programs in India to factor in and promote relational and cognitive competencies among trainee therapists and counselors during the course of training.

- With the therapeutic relationship being critical to therapeutic process and outcome, it is not surprising that most therapists shared that their interpersonal competencies facilitated their therapeutic work. Training in psychotherapy and counseling therefore also needs to focus on relational aspects. The ability to attune to the experience of the client while at the same time being able to access and be aware of one’s own experience can be encouraged during skills training modules through role plays and recording and watching individual mock counseling and psychotherapy sessions. Taking on the role of the participant-observer, on-going consultative sessions with supervisors and peers can help trainees be aware of how their relational self manifests in the therapeutic encounter.

- Training programs need to promote aspects of critical, analytical and creative thinking through classroom exercises, assignments and
journaling. Trainers can assign critical writing exercises, class discussions, emphasizing the sharing of ideas and suggestions from peers. Relating this to synthesizing and integrating clinical information, case conceptualization, critically evaluating theoretical and therapeutic models, structuring and planning sessions for diverse groups and populations would be facilitating.

**Research and psychotherapy training.** A few of the therapists mentioned the lack of availability of doctoral research guides when they wanted to pursue doctoral research. This led to disappointment and presented hurdles in their career development paths. Institutes of higher education need to nurture specialized research centres that would include research in the areas of counseling and psychotherapy with academicians who could guide research in these areas of specialization. This has implications particularly in terms of developing scientist-practitioners. To ensure that the field of counseling and psychotherapy practice is not divorced from the research field, the educational institutions could play a vital role in encouraging practitioners to pursue doctoral research in the field. This would ensure that we are creating therapists who are also researchers and generate domain knowledge that would help the field grow and develop.

When mentioning areas of growth, therapists identified the need to focus on more research and writing to document their therapeutic work. Including research during training, including a focus on reading contemporary psychotherapy research, documenting client records in systematic formats, encouraging student publications would also help trainees to continue writing and publishing their therapeutic work, which would help build much-needed psychotherapy literature in India.
Facilitating development of theoretical orientation. Of the sixteen therapists, fourteen had sought additional training in varied therapeutic models after their postgraduate degree, and five were continuing additional training at the time of the interview. The search for the right theoretical orientation that helped them conceptualize client concerns, matched their personal beliefs and styles and/or led to good client outcomes was ongoing. This bears implications for course development in psychotherapy and counseling training programs. Course design should focus on ensuring comprehensive coverage of theoretical orientations to ensure trainees have exposure to available theoretical orientations, so that they can make informed choices based on what would fit with their beliefs and personal style.

In addition, participant therapists were mostly eclectic/integrative, and mentioned that their therapeutic work was guided by the model that best helped them understand the client’s concerns or was the most effective treatment for that client. Here again, apart from ensuring comprehensive coverage of theoretical orientations, course design could incorporate the teaching of evidence-based models that are practiced and have proven effectiveness in client outcomes, and introduce newer integrative therapeutic frameworks so therapists can draw on available established frameworks creatively.

Integrating indigenous practice frameworks in training. Working with Indian clients, therapists experienced having to cater to culture specific needs, such as expecting quick change, seeking advice, and so on. However, most professional training in counseling and psychotherapy is extremely culture-bound, as many of the assumptions that underlie training and practice are distinctly Western. Training frameworks that have been expanded to take cognizance of cultural factors and recognize cultural influences on the clients and the therapist are recommended.
Counseling and psychotherapy training in India needs to take up the challenge and include cultural and spiritual/religious elements in its portfolio.

**Building disability sensitivity.** The fact that the postgraduate training is disability unfriendly was an aspect that emerged through the narrative of one of the participants. Ensuring that psychotherapy and counseling training is not discriminating between trainees and is sensitive to individual needs and abilities needs to be addressed during curriculum development and delivery. Provisions to make learning accessible and productive for all trainees should be a goal for education providers.

**Context sensitivity.** Sensitivity to diverse contexts, and to under-privileged and marginalized low-income groups, was mentioned by the participants as being critical to therapeutic work. The therapists were working with diverse populations; and to deal with Indian clients some had adjusted their therapeutic work by keeping the family context in mind, using appropriate language, charging lower fee and so on. This could be an aspect that could be nurtured during training by ensuring trainee placements across different contexts and settings. The notion that psychotherapy is the preserve of the urban, well-to-do has to be eroded. This could be facilitated by ensuring trainee therapists recognize and develop a lexicon that can be used with all groups.

**Developing continuing education programs.** Professional development of a therapist is a life-long process and by promoting a commitment to learn, the therapist could increase professional functioning and move out of the phase of stagnation. Experiencing stagnation, feeling stuck and not progressing as an effective professional, led therapists to develop their skills further through training. Over years of practice, therapists also noted personal improvement or growth areas that were
concentrated on knowledge and skill development, indicating the need for systematic life long training opportunities in the field of counseling and psychotherapy. The Continuing Medical Education (CME) program now accepted for medical professionals serves as an interesting model to emulate to help meet the need for continued learning programs for practicing therapists and counselors.

**Self-reflective Practice**

The research interview also became a context for reflection on various personal and professional aspects of the therapists. There was mention, particularly from some participants, on the lack of thought given to how the personal and the professional connected and exerted mutual influence. Findings of the present study bear testimony to how deeply the personal impacts the professional and present implications for self-reflective practice.

**Openness and dialogue.** There is a relative absence of dialogue in the field regarding the personal experiences of therapists, and an implicit secrecy on personal vulnerabilities and needs. A professional atmosphere of openness, ensuring support and guidance, and encouraging the discourse of a vulnerable therapist would create more openness amongst professionals to engage in self-reflective practice and promote individual resilience and growth.

**Avenues and means for self-reflective practice.** 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. 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 her beliefs may not be as crystallized as those of an experienced practitioner, supervision and self-reflective practice may facilitate the
process tremendously. There is a clear need to develop self-rating questionnaires, workbooks, workshops or small professional circle sessions for therapists to facilitate this process that incorporates self-reflective work, experiential exercises, and journaling.

The grounded theory model that emerged from the findings presents a template that comprised of transformational processes to link therapist beliefs to practice. The template could be employed to create aids for therapists to actively make sense of the internal and external world and also create synergy in thought and action, to evolve their therapeutic practice and experience personal and professional growth themselves.

**Psychotherapy Supervision**

The research findings also contributed to throwing light on the availability and demand of supervision. The participants in the study mentioned the benefits of receiving supervision. However, supervision was often not a part of psychotherapy training at the post graduate level and was received mostly during MPhil and doctoral courses or later in their professional career, as a paid consultation. Mandated individualized one on one supervision, and access to peer supervision groups is the need of the hour. Mobilizing therapist networks to create such peer supervision and self-learning groups is recommended. Supervision that develops and accommodates to the supervisee’s needs is required as the demands of the profession keep changing. Adequate supervision and mentoring will ensure development of professional competence and reduce chances of burnout especially during the early phase of career development.
Therapist Self-care

The need for and value of therapist self-care is another aspect that emerged as a significant implication of the study. Continued practice with clients who are undergoing psychological distress could impact practitioners unless concerted efforts are employed to deal with the same. Strategies for self-care need to be emphasized beginning at the training level so they are incorporated as integral to therapist wellbeing as they continue on their professional journey.

Psychotherapy and Counseling Practice

Almost all the participants reported having multiple professional identities, and endorsed multiple identities such as counselor, psychologist and psychotherapist. This may be indicative of the inherent difficulties in, and complex nature of, differentiating between professional identities, and also the presence of varied roles within the larger gamut of psychotherapy and counseling practice in India. In fact the use of the label, therapist or counselor, is also fraught with the internal politics of the discipline.

Multiple professional identities and diversity in therapeutic practice point towards the lack of structure, guidelines and formats for therapeutic practice on one hand, and the currently available creative freedom and flexibility in the profession on the other. Unlike first world countries, India has no apex body that defines roles and guidelines for practice and licensing. This has many disadvantages, e.g. lack of uniformity in training, no ratification from the State, remuneration not commensurate to the work etc. Establishing an apex body for the field of psychotherapy in India forms a salient implication. An apex body will be able to bring policy level changes for the professional development of therapists in India, and ensure regulation of practice, and the licensing of therapists.
The interviews also showcased the good practice models that participant therapists were using, such as structuring their therapy sessions, signing therapy contracts, documenting the sessions and keeping client notes updated. These good practice guidelines were arrived at individually and were the prerogative of individual therapists who continued them as they saw certain benefits. However, it would help to have these outlined and endorsed by a professional body and introduced at different training levels.

There were discussions of ethical practice during the interview, and what emerged was tremendous variability in terms of boundaries, touch, and self-disclosure. While some therapists maintained a tight setting and structure, others were more open to using touch with clients, keeping contact between sessions, taking long sessions, and so on. This, along with the many value conflicts that therapists experienced in the sessions, underscores the need for development of ethical codes for practice by an apex professional body.

Worldwide psychotherapy is struggling to establish credibility, and in India it is more so. The discussion with the participant therapists throws light on the state of psychotherapy practice in India and brings up the issue of professionalization. This idea of professionalization, germinated in first world countries, and advocates ratification from within the profession and from the government/state, to elevate psychotherapy to a higher status, right beside doctors, lawyers, and many other. While the most stated political interest is to protect client rights, the other is to protect the therapists to get desired recognition and commensurate pay. Professionalization of therapy might also help address the paucity of men entering the field, and help make available men therapists for clients who seek to see one.
However, accounts from countries like Britain and Italy have addressed the other side of it. While professionalization brings with it enforced standards and regularization, in doing so it also lays claim to knowledge and expertise, creating a political structure of power and control. In separating and dividing counseling from psychotherapy, and then both from other healing methods, the profession wants to create hegemony on psychological care (Totton, 1999, 2006). Davies (2009) documented the three waves in professionalization of psychotherapy in Britain, the first wave that began with the founding of the training institutes, the next that involved the establishment of accrediting bodies, and the predicted third to unfold in the first quarter of twenty-first century, involving regulation set in law and ratified by government. Totton (2006) revolted against professionalization, as creation of a monolithic culture of psychotherapy and counseling and expressed concern that adherence to it could extinguish the local ecosystems and weed out indigenous understandings of practice. This inherent tension between the indigenous and creative and the firm Western practice guidelines is particularly relevant to the current status of psychotherapy practice in India as also implied by the diversity in therapist narratives.

**Advocacy and Awareness**

Therapists identified how lack of awareness about mental health concerns, stigma associated with mental illness and seeking psychological help, limited acknowledgement of psychological and emotional problems, particularly in men, and preference for alternative healing methods took clients away from actively seeking psychotherapeutic help. Though not articulated by the therapists, there can be a lot of skepticism about therapy as well. With limited availability of mental healthcare services, and multiple barriers in help seeking, psychological care can be severely
delayed leading to cost to individuals, families and societies. The counselor-advocate model that expands the practitioner role to include advocacy for systemic change is the direction that the profession is moving towards (Ratts & Pederson, 2014). Particularly in India, there is a need for professionals to dissolve barriers to help seeking and increase service access. This partnership could improve access to care and decrease the burden of mental illness experienced by clients and communities.

**Psychotherapy Research: Way Forward**

In documenting how therapist beliefs and values impact practice, the study exposes some of the previously unexamined complexity of therapist internal experience. In the current debate about the effectiveness of psychotherapy, therapist factors have emerged as a central force; however, there are still several gaps in knowledge. The present research highlighted the interaction of therapist factors with therapy practice, indicating the need for further concerted research effort in this direction. Zooming into contemporary psychotherapy practice in India, and its nature needs documentation.

The study sample did not include trainee and novice therapists, thus the findings do not ensure coverage for all stages of professional development. Considering that the earlier stages come with specifics struggles and insights, bringing in voices of therapists across all stages would ensure a more comprehensive understanding of the research area and also chart and compare how therapist’s beliefs change across stages of professional development.

The study was also limited in its inclusion of practitioners from an urban context, and what would be recommended is an inclusion of practitioners across the rural-urban axis, in order to bring to the forefront salient challenges and unique demands across contexts.
The absence of client voices in psychotherapy research has been often stated as a major flaw of research designs. An often-stated African proverb, in psychotherapy research literature, “Till the lions have their historians, history will glorify the hunter” represents the matter. Including client voices and accounts, particularly in terms of how therapists’ beliefs are perceived by clients to translate into the therapeutic interaction and process could be vital to complete the knowledge loop.