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CLIENTS' PERCEPTION OF PSYCHOTHERAPY AFTER PSYCHOTHERAPY TERMINATION IN TIKUR ANBESSA SPECIALIZED HOSPITAL AND ZEWDITU MEMORIAL HOSPITAL

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ADDIS ABABA UNIVERSITY

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Table of Contents

Content **Page No.**

1. Background of the study

1.1 Introduction---1

1.2 Statement of the problem---4

1.3 Significance of the study---5

1.4 Objectives---6

1.3.1 General objective---6

1.3.2 Specific objective---6

1.5 Research questions---6

1.6 Scope of the study--7

1.7 Operational definition of terms --7

2. Literature review---8

2.1 Psychological disorders---8

2.2 Psychological treatments--9

2.3 Clients subjective experience of termination of psychotherapy------------------------10

2.4 Factors influencing the psychotherapy outcome---11

2.5 Conceptualizing termination---12

3. Research methodologies ---14

3.1 Research design ---14

3.2 Study setting--14

3.3 Study population---14

3.4 Sampling technique--15

3.5 Method of data collection ---16

3.6 Methods of data analysis---16

3.7 Ethical considerations--17

4. Result --18

4.1 Socio-demographic characteristics---18

4.2 Clients' perception of psychotherapy after termination------------------------------------20

4.3 Clients' perception of helpfulness--21

4.4 Core concepts of psychotherapy--23

4.4.1 Clients experience of healing--23

4.4.2 Clients experience of revealing information---24

4.4.3 Clients perception of each psychotherapy session---------------------------------------25

4.4.4 The clients' perception of changing the therapist---26

4.5 Clients unmet need of psychotherapy--27

5. Discussion---29

Conclusion---32

Limitations ---32

Recommendations--32

References---34

Acronyms

AAU- Addis Ababa University

CMD – Common Mental Disorders

CBT- Cognitive Behavioral Therapy

IPT-E- Interpersonal psychotherapy adapted for Ethiopia

MI- Motivational interviewing

TASH- Tikur Anbessa Specialized Hospital

ZMH- Zewditu Memorial Hospital

IAPT- Improving Access to Psychological Therapies

Abstract

Background- Psychotherapy is the use of psychological methods, particularly when based on regular personal interaction, and relationship factors between an individual and a trained mental health professional. Modern psychotherapy is time-limited, focused, and usually occurs once a week for 45-50 minutes per session.

Methods- This qualitative study investigates clients' perceptions of psychotherapy after psychotherapy termination. Eight clients (5 female) and (3 male) who took psychotherapy in Tikur Aabessa Specialized Hospital and Zewditu Memorial Hospital have participated. In-depth semi-structured interviews were carried out to investigate the participants' perceptions of psychotherapy after therapeutic termination. Audio recorded data was manually transcribed and translated, then thematically analyzed.

Result- Psychotherapy was perceived as positive it solved most of the participants' problems. There were diverse perceptions of the helpfulness of psychotherapy. Most perceive it as very helpful. Others perceived as to some extent it was helpful. There were also negative perceptions about the termination of psychotherapy because they didn't aware before 3 or 4 sessions of termination of therapy. Most of the clients revealed their real problems by the 2nd or 3rd session of the therapy.

Conclusion- The study showed most clients have a positive perception of psychotherapy after therapeutic termination. More studies are needed about therapeutic factors and termination processes that have impacts on the outcome of psychotherapy.

1. Background of the study

1.1 Introduction

Psychotherapy is the use of psychological methods, particularly when based on regular personal interaction, and relationship factors between an individual and a trained mental health professional. Modern psychotherapy is time-limited, focused, and usually occurs once a week for 45-50 minutes per session (Herkov, 2020).

The origins of treatment of emotional and psychological problems traced as far back as Ancient Greece (Xenakis, 1969), it appears in its modem form with the work of Freud and his colleagues at the end of the 19thCentury. Freud's work eventually developed into a 'school' of psychotherapy, which was termed psychoanalytic and, later and more broadly, psychodynamic. During the 20th Century, psychotherapy expanded rapidly, especially after World War II, and also influenced many of the other helping professions, such as counseling and social work. The psychodynamic perspectives based on certain specific concepts and values regarding the nature of the person, the development of psychopathology, and the processes of psychological change (Wills, 2007).

From 1900-1950s, Freud’s methods of psychoanalysis and various versions of it were the main psychotherapy used in clinical practice. Around the 1950s, the growth of American psychology led to new, more active therapies that involved the psychotherapeutic process (Haggerty, 2020).

Focusing researches on clients’ perception of psychotherapy dates back to the early days of Rogers psychotherapy, a study of 37 clients’ in person-centered therapy who were asked to

describe their perceptions of what they have got from therapy, and the perceptions about the therapy itself (Lipikin, 1948).

Studies that focus on clients' perceptions of psychotherapy after therapeutic termination are very rare. Researchers have been done in over many decades, but there exist very few of them. This is because of predicting good mental health outcomes of clients' perceptions after psychotherapy termination (Timuluk, 2017).

A study done at Ghent University, Belgium showed that 100 patients were interviewed about their perception after the psychotherapy termination; from those 47 clients reported they recovered and improved from their mental illness. Clients identified three domains of change they experienced and valued after the psychotherapy. First, they felt encouraged – that is they had increased self-confidence, greater independence, and new coping skills. Second, they found a personal balance – that is they had better relationships with loved ones, felt calmer, and had greater understanding and insight into their problems. Third clients tended to identify ongoing challenges despite positive changes. Certain key problems remained unresolved and mentioned that core difficulties had not been changed by the psychotherapy (De Smet Megnack, et al.., 2020).

Research has found that by analyzing interviews with 12 clients about their termination from psychotherapy, those who had positive termination experiences reported a strong therapeutic relationship and positive outcomes of therapy. They terminated primarily for logistical or financial reasons; their termination, post-termination plans, and feelings about termination were discussed in advance with their therapist, as was their growth in therapy, leading to mostly positive effects of the termination. In contrast, those who had problematic terminations reported

a mixed therapeutic relationship and mixed outcomes of therapy. They usually terminated abruptly because of a therapeutic rupture, and thus termination was rarely planned and discussed in advance, rendering it a negative experience (Knox et al, 2011).

In some African countries, epidemiologists found two studies from Nigeria (Gureje, 2006) and South Africa (Stein, 2008) have studied the epidemiology of mental disorders in Africa using representative samples (Stein, 2018). The one-year prevalence of the mental disorder in Nigeria was reported as 4.7 %(Demyttenaere et al.,2004). In South Africa, the lifetime prevalence of any mental disorder was 30.3 %(Gureje, 2006).

Beyond the presence of mental disorders in African countries, the client's need for treatment is not always met; the study from Nigeria showed that only 8% got treatment in a preceding 12 month period of severely disturbing mental disorders (Gureje, 2006).

Studies showed psychotherapeutic treatments are effective in treating mental disorders (Smith, Glass, 1977), but most of the evidence-based publications are from western countries (Saxena, 2006).

The most widely used psychotherapies by second-year clinical psychology trainees in AAU are cognitive behavioral therapy, interpersonal psychotherapy for Ethiopia, motivational interviewing, and other singular and integrated therapeutic approach.

This study will examine the clients' perception of psychotherapy after therapeutic termination to gain a greater understanding of their personal experiences of psychotherapy and what they get from the sessions.

1.2 Statement of the Problem

Psychotherapy is effective for common mental health difficulties such as anxiety and depression in a wide range of populations (Butler, 2006). The research done in England shows CBT was revealed to be the most common form of therapy in Improving Access for Psychological Therapies program. In 2013 - 2014 alone, CBT accounted for 38% of the total appointments (IAPT report, 2016). Because of this impressive amount of empirical support, it is not surprising that psychotherapy has found its way onto most treatment guidelines for a variety of psychiatric conditions, including those produced by the U.K.'s National Institute for Health and Clinical Excellence and the American Psychiatric Association.

Most people who take psychotherapy seem to benefit from it, the study of randomized control trials showed that psychotherapy is effective for about 80% of the client; meanwhile, 5 to 10% of clients suffer the side effect of the psychotherapy (Viklund, 2013). However, psychotherapy is not always fruitful. As a clinical psychology trainee and working as a psychotherapist in a clinic, I understood that there is a time and effort therapists spend on trying to understand why some of the patients do not improve.

Generally speaking, most of the above-mentioned studies are conducted in North America, Europe, and South Africa. However, the studies were not dealing with clients' detailed perceptions about psychotherapy after therapeutic termination.

Psychotherapy is mostly used for the treatment of CMD; in Ethiopia research has found that the one-month prevalence of CMD in rural Ethiopia is mild 13.8%, moderate 9%, and severe 5.1% (Fikadu et al, 2014). In Ethiopia, there were no previous studies about psychotherapies. The clients who came to psychotherapy have many psychosocial impacts on the life of the individuals

and, to deal with these multidimensional problems the individuals needs appropriate psychological intervention.

Even if it is not researched about the most widely used therapies in our country, the records of psychotherapy clinics at Tikur Anbessa Specialized Hospital, Zewditu Memorial Hospital, and Yekatit12 Medical College showed that CBT, IPT-E, and MI are the most widely used therapies for CMD, and substance and related disorders. Therefore, the present study will help to understand the experiences of clients treated with psychotherapy about the psychological intervention and guide professionals to modify the way of intervention.

In Ethiopia, as my knowledge there is no study focuses on the clients' perception of psychotherapy after psychotherapy termination.

1.3 Significance of the study

Study in this area is essential since there is a growing psychotherapy service in the country. This study will be helpful to identify the problems in the psychotherapy service and to improve the quality of psychotherapy service to the clients'. From the finding that will be obtained in this study, different groups like students and therapists who are interested in psychotherapy and also the researcher would benefit. The results of this study will expect to stimulate further research in the field, ultimately contributing to the constitution of a wider body of knowledge concerning the practice of psychotherapy about common mental disorders in Tikur Anbessa Hospital, Zewditu Memorial hospital, Yekatit12 Medical College Hospital and beyond.

1.4 OBJECTIVES

1.4.1 General Objective

The main objective of the study was to investigate the clients' perception of psychotherapy after psychotherapy termination in TASH and ZMH.

1.4.2 Specific Objectives

- ✓ To identify psychotherapy was helpful or not
- ✓ To explore the clients' perception of the core concepts of psychotherapy
- ✓ To explore the unmet needs of clients who received psychotherapy

1.5 Research Questions

- ✓ How does a client treated with psychotherapy perceive the treatment given at Tikur Anbessa Specialized Hospital and Zewditu Memorial hospital?
- ✓ Was the psychotherapy treatment helpful?
- ✓ Did the client understand the core concepts of psychotherapy?
- ✓ What are the unmet needs of clients who have received psychotherapy?

1.6 Scope of the study

The scope of the study is limited in assessing the perception of clients' after the psychotherapy termination. The study was delimited at two government hospitals in Addis Ababa (TASH and ZMH). These hospitals were selected because these hospitals are teaching hospitals and the AAU psychiatric residents and clinical psychology trainees' attachment places. Besides, these places were convenient settings where one can have easy access to get clients that have been terminated after psychotherapy.

1.7 Operational Definition of Terms

Client's perception of therapy: the process of perceiving describes the act of constructing and representing a personal view of the psychotherapy. It is the level of the client's internal process including thoughts and feelings of both positive and negative experiences. How the clients perceive, interpret, and respond to the psychotherapy.

Psychotherapy: the psychotherapy that is given by AAU 2nd year masters' clinical psychology trainees, and the supervisors of clinical psychology trainees. The psychotherapy modality could be CBT, IPT-E, MI, or other singular and integrated psychotherapeutic approaches.

Termination: The clients terminate after received the full sessions of the psychotherapy.

Therapeutic termination: in this thesis the investigator used this word the same as psychotherapy termination. Those Clients' finished their psychotherapy after treatment.

2. Literature review

2.1. Psychological Disorders

Szasz (1974) defined psychological problems as abnormal behaviors that are usually ‘problems in living rather than medical problems.’ According to Rathus (2014), psychological disorders are behaviors or mental processes that are connected with various kinds of distress or significant impairment in functioning.

Weiten (2005) argued that the labeling of diseases must include indicators to be psychological Disturbances. He identified signs of deviance, maladaptive conduct, and personal distress. He Continued to describe what deviance means. He remarked that when a person can be told to have a psychological disorder, its behavior needs to deviate from what it considers acceptable to society. Szasz (1974) seemed to have a similar understanding when he argued that as "all cultures have norms, and when a person violets those norms that are standards and expectations of that society, the person may be labeled as being mentally ill," or psychologically disordered.

Deviance is not the only indicator of a disorder being labeled a disease. Contraceptive behaviors also support with determining whether it is a psychiatric illness or not. Weiten (2005) Included maladaptive behavior as an indicator when people encounter daily difficulties Life or an impairment of their daily lives. Rathus (2014) also explained maladaptive behaviors as becoming dangerous. In other words, the individuals' "behaviors or mental processes become hazardous to

self or others"; this can be an indicator of being psychologically disordered. He also explained that people "threatening or attempting suicide or threatening or attacking others may be considered psychological disorders."

Personal distress is another sign of a person having some type of personal problem (The Szasz, 1974). Weiten (2005) also showed that the diagnosis of psychological disorder is based On a report of personal distress by an individual. He added that personal distress is usually the criterion met by people who are troubled by depression and anxiety. According to Rathus (2014), those people who have psychological disorders are likely to exhibit self-defeating behaviors. Rather than joy and satisfaction, these habits or mental illnesses trigger suffering. Those habits also indicate that people suffer from psychological disorders.

2.2. Psychological Treatments

Psychological treatments are non-pharmacological therapies that need to be provided in mental health clinics and hospitals. The two major therapies which are applied for treating mental disorders are biomedical and psychological. The psychological therapy, which is most commonly psychotherapy, is a form of treatment for mental disorders (Cook & O’Donnell, 2005). Hunsely et al (2014) explained that psychotherapy is an interpersonal intervention usually provided by a mental health professional that employs any range of specific psychological techniques. According to the American Psychological Association, psychotherapy is a kind of psychological intervention that applies a systematic interaction between a client and a therapist. The association also emphasizes that psychological interventions use psychological principles to affect the client's thoughts, feelings, or behaviors to help the client or patient.

There are over a thousand different psychotherapy techniques, some being minor variations, while others are based on very different conceptions of psychology, ethics (how to behave professionally), or techniques. Most involve one-to-one sessions, between the client and therapist, but some are conducted with groups including families (Jeremy S. 2017).

2.3 Clients Subjective Experience of Termination of psychotherapy

Many of the people taking psychotherapy tend to benefit from it. What do we know? Arguably the most important proof comes from the meta-analysis that incorporates the outcomes of several randomly selected experiments – often hundreds. Based on this, psychotherapy is estimated to be successful for about 80 percent of people in the meantime, adverse effects may occur between five and 10 percent of clients (Viklund, 2013).

In recent years, there has been a shift toward greater recognition of the client's role as an active agent of change in psychotherapy (Bohart & Wade, 2013). Clients' perceptions of the therapeutic process are important for how they make use of therapy. (Bohart & Wade, 2013). Bohart and Tallman (2010) argue that clients make therapy work through actively and creatively transforming their experiences in therapy. Clients even make constructive use of therapist's interventions that are experienced as inaccurate (Bohart & Tallman, 1999). Qualitative studies have shown that clients are highly active in therapy, often without the therapist is aware of it. They reflect on their thoughts, emotions, and behavior, they contribute to establishing and maintaining the therapeutic alliance, and they can actively lead the interaction with the therapist, to pursue their goals (Greaves, 2006).

Several qualitative studies have explored therapeutic change from the perspective of the client (Binder, 2010). Clients define good outcomes in terms of a wide range of criteria, including establishing new ways of relating to others, achieving less symptomatic distress, and bringing about changes in the behavioral patterns that had contributed to suffering, to achieve better self-understanding, self-acceptance, and self-evaluation (Binder et al., 2010). A key outcome was the experience of 'being normal', in the sense of being able to participate in everyday life, and being good to oneself (Borg & Davidson, 2008; Veseth et al., 2012) and an ongoing process of recovery (Moltu et al., 2017).

2.4 Factors influencing the psychotherapy outcome

The literature does suggest that the therapist's personal qualities and ability to form a warm and supportive relationship in the alliance are extremely important factors (Black et al., 2005). Attachment patterns or the willingness of both the client and the therapist to make partnerships may have a strong connection to establishing the therapeutic partnership. For example, when a client feels vulnerable, the way the therapist responds as a caregiver has an impact on the relationship being formed, as Black, et al. (2005) suggest. A relationship can also diminish the drop-out of clients. Client dropout levels appear to be a common problem; many studies have shown clients will frequently discontinue counseling if they are unhappy with the methods of the therapist or the therapist (McCarthy & Frieze, 1999).

The literature supports the fact that the therapeutic alliance's quality is directly related to the treatment outcomes and that the relationship itself can even lead to therapeutic changes (Langhoff, Baer, Zubraegel, & Linden, 2008). Also, early alliance tends to be a stronger outcome

indicator than alliance assessed over sessions or later in care (Hersoug et al., 2001). Littauer, Sexton, & Wynn (2005) claim that a successful relationship or partnership between therapist and client appears to improve very quickly within the first session for many clients, and some clients also claim the relationship within 10 minutes of a session. Most therapists concentrate more than anything else on building the bond, believing a client's interest and dedication to the partnership may be one of the greatest motivators for progress (Littauer et al., 2005). Client dropout levels appear to be a common problem; many studies have shown clients will often stop counseling if they are unhappy with the therapist's or therapist 's methods (McCarthy & Frieze, 1999).

2.5 Conceptualizing termination

Theoretical literature reveals many attempts to conceptualize termination. Novick (1997) has highlighted some of the difficulties inherent in such efforts, defining termination as a "blind spot in the training that prohibits scientific and clinical growth" (p.147). Schlesinger (2005), in attempting to clarify its definition, addresses the centrality of the therapeutic alliance in termination, stating that the "style of ending corresponds to the relationship" (p.20). Bender and Messner (2003) make a distinction between mature and premature termination. Quintana (1993) offers a different perspective, defining termination-as-loss, with potential for the crisis but also an opportunity for intrapsychic development, and termination-as-transformation, in which the relationship between therapist and patient is characterized by therapeutic internalizations and the therapist is de-idealized and "de-mystified" (p.431). There would seem to be a consensus, however, 3that termination should generally be initiated by the patient (Murdin, 2000) and have a mutually agreed end date (Graybar & Leonard, 2008). Termination remains a complex and

multi-faceted phenomenon, influenced by a myriad of factors (Kramer, 1986; O‟ Donohue & Cucciare, 2008).

According to a 2004 review by INSERM of three methods, cognitive behavioral therapy was either "proven" or "presumed" to be an effective therapy on several specific mental disorders. According to the study, CBT was effective at treating schizophrenia, depression, bipolar disorder, panic disorder, post-traumatic stress, anxiety disorders, bulimia, anorexia, personality disorders, and alcohol dependency (INSERM, 2000).

3 Research Methodologies

3.1 Research Design

The qualitative phenomenological research approach was employed to address the research objectives, to explore clients' perceptions of psychotherapy after psychotherapy termination. Therefore, this is a qualitative study using a phenomenological approach, in the case of Tikur Anbssa Specialized Hospital and Zewditu Memorial Hospital..

3.2 Study Setting

The study was hospital-based; it was conducted in Addis Ababa, the Ethiopian capital city, in two governmental referral hospitals; Tikur Anbessa Specialized Hospital and Zewditu Memorial Hospital. Psychiatric Follow up clinic, department of psychiatry, Addis Ababa University (AAU).

3.3 Study population

The sample N = 8 were selected until theoretical saturation reached. From the clients who were diagnosed by the psychiatric residents, and got the full session of psychotherapy treatment at Tikur Anbesa Specialized Hospital and Zeweditu Memorial hospital.

Inclusion Criteria

- Clients who took the whole session of psychotherapy and terminated

- Clients who have primary DSM diagnoses. Diagnosed by senior psychiatrists and psychiatric residents.
- The psychotherapy is done by second-year MSC clinical psychology trainees, and supervisors of clinical psychology trainees'.
- Clients that are receiving both pharmacotherapy and psychotherapy and those who only received psychotherapy.
- Clients above 18 years old

Exclusion criteria

- The clients are in the process of therapy.
- Clients with underlining medical condition.
- Clients who dropped out before termination.

3.4 Sampling technique

Non-probability purposive sampling method was chosen for the sake of gathering the data in-depth and because this technique allowed the researcher to gather the data from those who were selected.

Purposive sampling method was used to select participants who fulfilled the above selection criteria were identified from the psychotherapy OPD with the help of the Clinical Psychology trainees and the supervisors of clinical psychology trainees' working as the psychotherapist of

the client. These clients were introduced briefly about the study and will request to participate by telephone. Those who volunteered were invited to the telephone interview and given a detailed explanation, according to the participant's chart information sheet, about the study, the manner of the involvement including that they can leave the participation anytime and how the interview will be conducted and audiotaped.

3.5 Method of data collection

In-depth interviews guideline was conducted by using semi-structured interview questions or topic guides. All interviews were conducted by telephone in the place that was most comfortable for the investigator by arranging a time with the participants. Participants were asked to the interview by telephone and before the audio recorded interview started basic socio-demographic data was obtained from the clients' on the structured data collection sheet, which was supplement from the participants for the remaining part of the information, diagnosis, and related information. Following that, audio-taped Interviews were conducted using the topic guide prepared for the study. The data collected for this research was obtained over 6 weeks period, and the average length of the interview lasted 25-35 minutes.

3.6 Methods of Data Analysis

This study used in thematic analysis. Interviews were recorded and transcribed into Amharic after listening to the records repeatedly then, translated into English. The transcriptions and translations were reread repeatedly to carry out the coding process which was found important by the researcher. Later quest for themes takes place through by combining several similar data which was coded previously.

3.7 Ethical Considerations

The study was started after ethical approval obtained from the Department of Psychiatry, College of Health Sciences, AAU, and Zewditu Memorial hospital. The study aimed to explain to all participants. The rights of the participants were respected. For those who opted to take part in the study, informed consent was obtained by telephone. The interviews were conducted by telephone. Confidentiality was maintained at all times, with no personal or identifiable information recorded or printed in the study.

Chapter four

4 Results

4.1 Socio-demographic characteristics of clients

Eight participants were interviewed by telephone; the characteristics of the participants are presented in the table below. Among the participants, 5 were females and 3 were males. Three of the participants were diagnosed with schizophrenia, 2of the participants were diagnosed with major depressive disorder, 1participant with obsessive-compulsive disorder, 1participant with panic attack + social anxiety disorder and 1participant with complicated grief and 3 of the participants followed in Tikur Anbessa Specialized Hospital and 5 of them followed in Zewditu Memorial Hospital Psychiatry OPD. Five of the participants took psychotherapy simultaneously with psychiatric medication and 3 of the participants took psychotherapy only. The clients finished psychotherapy before 6 months to 4 months of the interview.

Characteristics	Number of Participants
Age	
18-29	6
30-39	2
Level of education	
High school	1
Higher education	7
Employment status	
Unemployed	5

Employed	3
Religion	
Orthodox Christian	7
Protestant Christian	1
Marital status	
Married	2
Unmarried	6
Psychotherapy type	
Cognitive Behavioral Therapy	3
Interpersonal psychotherapy for Ethiopia	3
Problem-solving therapy	2
Number of sessions	
6-8	2
9-10	4
11-12	2

The themes of psychotherapy as being reported 4 major themes arising from the thematic analysis.

4 .2Clients' perception of psychotherapy after the termination

Most clients reported that they have a positive attitude towards the psychotherapy.

"When I start the therapy I was not happy. I started the therapy by my families' pressure. I didn't expect the therapy will be useful for my health, but through the process, after the first session of the therapy, I understood how much it is very important for my health".p6

"When I started the psychotherapy I was not in good condition. There were a lot of things that were disturbing me, but after I started, I continued sharing my problems with the therapist. During that time, I feel held in the therapist's heart and I felt good. After I finished the therapy still now for 5 months I don't have any experience of the previous feelings".P3

"I took the therapy to solve my problems that will not be solved by medication like a lifestyle change and to improve my communication skills. I had a good feeling when I finished psychotherapy after 3 months. It helped me a lot to improve my behavior. First, I had a problem with being afraid of people, I don't have the confidence to express myself to my friends, I was not telling my secrets to anyone, but now I have a good relationship with my friends, colleagues and I can share my secrets to my friends or family"p8.

One participant said that the psychotherapy was not that much effective

"The psychotherapy was good, but I think only taking psychotherapy doesn't make healthy that is why still I'm suffering. Mostly I spent my time with my families. My family doesn't have any know-how about my illness. They can't understand my behavior and they discouraged me to continue the psychotherapy. They think only the medication is important to be healthy".p2

Some of the participants said that after psychotherapy termination they had feelings of sadness, fear, and being alone.

"When you go to psychotherapy there be will good feelings in your mind, you will release your tension and to some extent, you will be free even if some of the bad feelings return when going home. When I talk to my therapist it was like a companion would be present. I would feel the sense of companion who was with me, not ahead of me, not behind me. I was really …..Afraid when I terminated. After that, I bothered about who will advise me if any problem happens to me. I discussed a lot of things with the therapist and I thought about what will happen after this……." p2

Some of the participants mentioned that when they terminated the therapy they didn't feel any negative thing because they were discussed before 3 or 4 sessions of termination and they informed about what they should do after termination.

"My therapist had informed me before 3 sessions of termination of the psychotherapy and the therapist told me what I should do when the stressful things happen. For example, based on the training they gave me I will write my feeling on paper, or I will record my voice by mobile phone, or I will tell my stressful things to my relative families, or friends then my stressful things will be reduced and I will get relief".p8

4.3 Participants' perception of helpfulness

The study also enquired about the perceived helpfulness of psychotherapy from the participants. It was described from a different perspective. Most of the participants mentioned that psychotherapy was helpful to solve their serious problems:

“I think psychotherapy is very important than medication. I took medication for the last 5 years, but the medication didn't help me like as what the therapy did for me”.p6

“It was very helpful. I had a problem to meet with new people, to express about myself, to share my stressful things to my friends or families. And my major problem was if the above things happened I had sweated, shaking, increasing heartbeat, and sometimes making faint. When first I went to the hospital I thought it was a breathing problem and I was highly depressed about this problem, but after psychotherapy even if I'm in a crowded place I will do the breathing exercise and I will tell positive things about myself based on what I discussed with my therapist. After I finished the therapy all of my previous problems were solved and currently whatever the crowded place it didn’t bother me”. P8

Similarly, from the participants who took cognitive behavioral therapy one said that:

“Psychotherapy helps me a lot of things like to improve my relationship with families and to have a daily schedule every day. Another thing when I do things helps me to aware and identify the situation, emotion, both negative and alternative thoughts, and behavior. This helps me to know very well about myself consciously”. P5

One participant said that to some extent the psychotherapy was helpful because she didn't achieve some of her expectations from the therapy.

“I think the psychotherapy was 50% helpful. During the time of the therapy I had symptoms like depressed mood most of the time, lack of appetite, wishes to die, lack of sleep, and staying home most of the time. These problems were solved by the therapy. I have also other problems that were not solved by the therapy. I'm a kind of rigid person and easily irritated with people. We

tried to solve easily irritability and rigidity with people by the therapy, but these problems are still disturbing me”.p7

One participant raises that she got a lot of benefits regarding extra time from the therapy in addition to solving her psychological problems.

“Even I was working in a stressful environment during the time of starting psychotherapy. I was working in a primary health care center and I don't have a good relationship with the administrators of the organization. Every day a lot of bad things were happening between me and the administrators. Even if it was only one day per week not to go to the workplace because of the psychotherapy (medical certificate), it gave me peace. In addition, I was learning a master’s degree and I didn't have time to collect data, but the psychotherapy gave me time to collect data every afternoon of the psychotherapy session”.p1

4.4 Core concepts of psychotherapy

In this study, an attempt also made to explore the core concepts of psychotherapy from the experience of participants. All of the respondents stated that the main point of the psychotherapy is to solve their problems by strengthening their social relationship with the community and be aware of their situation, feelings, both negative and alternative thoughts, and behavior.

4.4.1Participants experience in healing the psychotherapy

Most described the psychotherapy was supportive, comforting, experiencing, and accepting therapist who makes them valued. Most participants mentioned they feel safe when they can share the deep layers of their suffering and feel held by the therapist.

“ I can't express in words…I mean some people can't understand you even when you tell them many times, but the therapist understands me before I tell my problems”.p3

“For me, a hospital is a place of light. Even though it was the only person, there was some help there. I had this sense of bright future being there and of light being present so there was a sense of hope”. P5

“When the therapists talk to you in the treatment, they speak calmly and they will not interrupt you in the middle of your talk. They will wait for you until you finish. When they hear me properly I feel I'm respected and it boosts my self-confidence”.p2

4.4.2 Clients experience of revealing information

Most participants want to describe a real therapist who is going to stay with them until the end of the therapy to reveal their information. The experience of telling the real problem to the therapist comes from after the first or the second sessions. They mentioned that it is related to confidentiality in the sense of sharing their experience with a person who is holding responsibility. It is about trusting the therapist to uphold the safety and secretes of the clients' relations.

“First, it was very hard ….. I don't know the therapist before that time…even personally; I don't have the experience to tell my secrets to my friends or families. Talking about yourself, your family, and your experience to the person you don't know before was very hard especially for the first two sessions. I started telling my real problems to the therapist on the 2nd or 3rd session of the therapy”.p8

“It was very difficult to tell my real problems immediately to the therapist. I have treated by more than 3 therapists. After you develop a good relationship with the therapist and after you tell some of your problems the therapist will be changed by another therapist. That makes me difficult to tell my real problems to the therapist until I get one permanent therapist”.p7

One participant said that she stayed to reveal her major problem to the therapist up to the middle sessions of the therapy.

“After telling your problem to the therapist if he/she gives you a solution and if you think the therapist can't understand and solve your problem, the first thing you should do is you will not tell to the therapist your real problems. Instead, if you think that he/she understands your first problem you will tell your real problems. When the therapist initiates and accepts me I will tell the next thing …..It is determined by the therapist's relation with you. I told my real problem to the therapist by the 6th or the 7th session of the psychotherapy”. P8

4.4.3 Clients’ perception of each psychotherapy session

All of the participants perceived that each session of psychotherapy was very important. Firstly, most of them described as they tell about their previous week to the therapist. Then, they discuss only one or two agendas every session, and finally, they will have a summary and homework assignment.

“When we meet in the therapy room the therapist has question every session of the beginning, and then we discussed one or two major problems after that we will summarize and I will have

homework for the next session. For example, my homework will be introducing myself to one new person. Then by next week, I will do it and I will go to the next session".p3

One participant who took cognitive behavioral therapy said:

"In the first session of the psychotherapy, the therapist asked me my personal history. Then the therapist gave me a book to read about cognitive behavioral therapy to differentiate situations, emotions, thoughts, and behavior. After that, I came with the reading material and we discussed about it. Then, I can differentiate about situations, emotions, negative and alternative thoughts, cognitive rehearsal, and behavior by 2nd or 3rd session of the therapy. In this way, we were raising problems, negative and alternative thoughts for every session until ends. Finally, I differentiate the core concepts of cognitive-behavioral therapy in every session of the therapy".p6

4.4.4 The participants' perception of changing therapists

Most of the participants said that they have finished their therapy with one therapist. Three of the participants said that changing the therapists gave them a hard time. They were even thinking about discontinuing the therapy and mentioned that changing the therapists harmed their mental health improvement and attitude towards psychotherapy.

"The therapist does not have to change …….what I'm saying is that, after you tell the therapist that you don't want to talk again, but when another therapist change he/she will ask you again. It makes you feel bored and maybe you will think to discontinue the therapy. When you talk unwanted things repeatedly your bad feelings will come again and it will disturb you. In

addition, when you are in the process of improving your problems with the therapist but when the therapist changes you will go back to your first problems maybe even worse than before. I thought to discontinue the therapy two times and then I got one therapist and I followed with her". P7

"The replacement of the therapist hurts me. You will not tell them what you want to tell when different therapists treat you. For example, for two weeks I continued my therapy with one therapist. By the next week, I thought that I'm going to get the former therapist, but when I got another therapist I don't even want to talk about my internal feeling to the new therapist. I will back to my home by feeling irritated. Telling the same story to different therapists makes you feel as helpless.p8

4.5 Participants unmeet need of psychotherapy

Some said that psychotherapy solved all of their problems and they got all they want from the therapy.

"I discussed everything with my therapist. After I finished the therapy, all of my problems were solved". P4

Some said that the psychotherapy was helpful, but it didn't address all of their problems. Their primary problems were solved, but some other problems were not solved by the therapy.

"I want to have a good social relationship with people. Because of the therapy, to some extent, I improved, but still, I'm not fully sociable. And also when I become irritated some things make

me out of control. When this thing happens I want to control myself. A little bit improved but not like as what I want".p2

"I want to develop my communication skills to be an effective communicator. I didn't improve that much from the therapy. I have schizophrenia and I thought it could be the symptom of the illness".p5

"When I start the psychotherapy my problem was being afraid to be with people, avoiding crowded places, and fear to express my opinions to my friends or families. After the psychotherapy, all of these problems were solved. Now I can be with people or can walk in crowded places, but still, I'm afraid of public speaking, to lead meetings and the like…"p8

Clients' perception of the recommendation of psychotherapy to other individuals

In this study, all of the participants said that psychotherapy is very important and they recommended to other individuals suffering from the same problem as they take psychotherapy.

"I strongly recommended psychotherapy even for those individuals who don't have reached in illness condition. I appreciate them to take psychotherapy. The psychotherapy is giving only in the tertiary hospitals. I think if it spreads to primary health care centers many people will get benefit from the psychotherapy". P4

"I recommended the people suffering from psychological problems to take psychotherapy. But taking only psychotherapy doesn't make them healthy. It also needs collateral support from the family and the community".p2

Chapter 5

Discussion

The discussion section elaborates on several key points made by the interviews regarding clients' perceptions of psychotherapy after psychotherapy termination. It will also address the helpfulness of psychotherapy, the clients' understanding of the core concepts of psychotherapy, and the unmet needs of psychotherapy after psychotherapy termination.

In this study, it was found out that most participants have a positive perception of the psychotherapy. Whereas one participant stated that psychotherapy was not that effective. This is consistent with studies of randomized control trials showed psychotherapy is effective for about 80% of the clients; meanwhile, 5-10% of the clients suffer the side effect of the psychotherapy (Viklund, 2013).

Some participants reported they developed a feeling of sadness, fear, and being alone after the termination of psychotherapy. They claimed that didn’t know the psychotherapy termination before 3 or 4 sessions of the psychotherapy hurt them. Other similar studies found by analyzing interviews with 12 clients those who had positive termination experiences reported a strong therapeutic relationship and positive outcome of the psychotherapy. In contrast, those who had problematic psychotherapy termination reported a mixed therapeutic relationship and mixed outcomes of the therapy (Knox et al, 2011).

The finding of this study indicates most participant perceives psychotherapy was helpful while one participant mentioned that the psychotherapy didn't help her to achieve some of her expectations. The study done at Ghent University, Belgium showed that 100 clients were interviewed about their perception of helpfulness after psychotherapy termination; from those 47 clients reported they recovered and improved from their mental illnesses (De Smet Megnack, et al.., 2020).

Most of the participants expressed that; on average to reveal their real problems to the therapist it will take 2-3 sessions. One dominant trend that arose was the consensus of the interviewees that beginning from where the client is, being open, and establishing a collaborative partnership all lead to developing a therapeutic connection with the client. The interviewees also concluded that showing interest in the concerns of the client, being accessible and relaxed, being warm, inviting, validating, and respectful all of the increased therapeutic relationships. Sharpley et al. (2006) stated that therapists can raise the relationship by showing interest, engaging, understanding the intentions of the client, and taking pleasure in sharing the issues and emotions of the client. Sharpley et al. (2006) have indicated that more than 80 percent of positive results may be attributed to key factors such as the therapist displaying compassion, empathy, and appreciation for the client.

Most of the participants describe they finished the psychotherapy with one therapist. The rest 3 participants mentioned they finished the psychotherapy with two or three therapists. This makes them develop a negative perception towards the psychotherapy and even they were thinking about discontinuing the therapy, because of, the change from one therapist to the other therapist. In the meta-analytic study, Mallinckrodt and Jeong(2015) found that whereas secure attachment to the client was strongly associated with a better working alliance. Marmarosh, Gelso.et al

(2009) found that the therapist changing the middle of the therapy was negatively associated with the clients' report of both relationship satisfaction and the outcome of the psychotherapy.

The findings of this study indicated the unmet needs of the participants after psychotherapy termination. Some of the participants describe their entire problem were solved. Some participants raised their primary problems were solved, but there are also things they didn't solve by the psychotherapy (2, 5, 6).

Conclusion

The study investigated the clients' perception of psychotherapy after psychotherapy termination. Psychotherapy was perceived as positive it solved most of the participants' problems. There were diverse perceptions of the helpfulness of psychotherapy. Most perceive it as very helpful. Others perceived as to some extent it was helpful. There were also negative perceptions about the termination of psychotherapy because they didn't aware before 3 or 4 sessions of termination of therapy. Most of the clients revealed their real problems by the 2nd or 3rd session of the therapy. All of the participants recommended psychotherapy to other individuals for those who are suffering from the same problems.

Limitations

- One of the main limitations of this study was the small size of the participants. Although there was overwhelming to get potential participants those who finished psychotherapy.
- The interview was by telephone. This restricts the investigator to focus only on what the participants said without observing their emotional expression.
- Most of the participants got therapy from Msc trainees'. This could have some impact on the outcome.

Recommendations

Based on this research in the clients' perception of psychotherapy after psychotherapy termination the following are recommended:

1. The psychotherapists become aware that the clients' experience of feeling uncomfortable when the psychotherapist changes in the middle of the psychotherapy.
2. The psychotherapist should provide a relationship and therapeutic process that provides the client with ongoing tools and enhanced skills for encountering being-in the world.
3. The psychotherapist should inform the time of psychotherapy termination to the client before 3or 4 sessions of the termination.
4. The psychotherapist should create awareness to the collateral of the client about the clients' psychological problems.
5. Further research on the area would be valuable and important.

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Appendix 1

Addis Ababa University

Department of Psychiatry

Clinical Psychology Program

Informed Consent Form

My name is Amare Alemwork, I'm a graduate student of Clinical Psychology at Addis Ababa University. I am currently doing my thesis on "Clients' perception of psychotherapy after psychotherapy termination'' for the partial fulfillment of an MSc degree. I kindly request your consent to take part in this research. Your contribution is very important. Participation in this study is voluntary and if you do not feel any comfort to answer any individual question, you have the right to stop at any time and I will like to inform you that your participation will not have any negative consequences. The information that you provide will be kept confidential and will not be shared with other persons without your consent. I hope that you will be willing to participate i

n this study. The name will not mention, but the sound will record. If you are willing give me your word.

Thank you in advance for your cooperation!

አዲስ አበባ ዩኒቨርሲቲ

የስነ- አእምሮ ትምህርት ክፍል

የህክምና ስነ -ልቦና ፕሮግራም

የስምምነት ቅጽ

ስሜ አምረ አለምወርቅ እባላለሁ በአዲስ አበባ ዩኒቨርሲቲ የህክምና ስነ ልቦና የድህረ መወረቃ ተማሪ ስሆን አሁን የመመረቂያ ጹህፌን " የንግግር ህክምና የወሰዱ ሰወች ከወሰዱ በሃላ ስለ ንግግር ህክምናዉ ያላቸዉ ግንዛቤ ምን ይመስላል" በሚል እየሰራሁ እገኛለዉ፡፡ በዚህ ጥናት ላይ መሳተፍ በፍቃደኝነት ላይ የተመሰረተ ነዉ፡፡ መመለስ የማይፈልጉትን ጥያቄ ያለመመለስ መብትወ የተጠበቀ ነዉ፡፡ በማንኛዉም ስዓት ማቆም ይቸወላሉ እኔ ምነግርወት በጥናቱ ላይ ተሳታፊ መሆን ምንም አይነት የጎንዮሽ ጉዳት የለዉም ፡፡ በጥናቱ ላይ የሚሰጡት ሳብ ሚስጥራዊነቱን በጠበቀ መልኩ ይቀመጣል፡፡ ለ3 ተኛ ወገን ተላልፎ አይሰጥም፡፡ በጥናቱ ላይ ተሳታፊ እንደሚሆኑ ተስፋ አደርጋለዉ፡፡

ስም አይጠቀስም ድምጽ ግን ይቀዳል ፍቃድወ ከሆነ ድምጽወን ይስጡኝ፡፡

Appendix 2

Data Collection form

- code_________________________
- Age__________________________
- Sex__________________________
- Marital status___________________
- Occupation/education____________
- Religion_______________________
- Support system__________________
- What was/is a Psychiatric Diagnosis__________________________
- Any other medical condition________________________________
- Any medication____
- Psychotherapy type____
- How many sessions of psychotherapy took______________________

መሰረታዊ መረጃ

ኮድ ------------------

እድሜ----------------------

ጾታ----------------------------

የጋብቻ ሁኔታ----------------------

የስራ ሁኔታ--------------------

ሀይማኖት------------------------

የነበረዉ/ያለዉ የአእምሮ ህመም አይነት-----------------------

ሌላ ተጋዳኝ የጤና ችግር ------------------------------

የወሰዱት የንግግር ህክምና አይነት----------------------------------

የንግግር ህክምናዉ የምን የህል ጊዜ ግኙኙነቶችን ወሰደ--------------------------

Appendix 3

Topic guide

Interviewing questions

This interview is a semi-structured interview so that the participants can express their ideas in detail.

The following questions are designed to guide the interview used for the research.

1. How did you start therapy? Resident referral or self-motivation?
    - What was your expectation from the therapy when you first start attending?
    - During the therapy did you feel like you were in a collaborative relationship or was the therapist solely responsible?
    - For how many sessions did you attend the therapy?
    - How was your general feeling when the therapy ended?
2. Did you achieve your initial goals in therapy?
    - What, if anything is different for you as a result of psychotherapy?
    - How effective would you say your psychotherapy was for you?
    - Please describe anything that stood out for you as helpful in your psychotherapy?
3. What was a typical session like?

- How the psychotherapy process was for you?
- When did you tell your major problem to the therapist?

4. Were there things you wanted to address in therapy but you didn't? If so, what are they?
    - Was there anything specific that you didn't like from the therapy?
5. From your experience in therapy, would you recommend anyone in your social circle to go to therapy if they face challenging situations like you?
6. Is there anything else you'd like to tell me?

የመጠየቅ ርእስ መምሪያ

1. የንግግር ህክምናዉን መቸ ጀመሩ? በራስወት ነዉ የመጡ ወይስ ሪፈር ተብለዉ?

   መጀመሪያ የንግግር ህክምናዉን ሲጀምሩ እርስወ የጠበቁት ምን ነበር?

   በንግግር ህክምናዉ ሂደት ዉስጥ ከባለሙያወች የጋራ ግንኙነት ይሰማወት ነበር? ወይስ ባለሙያወቹ ብቻ ናቸዉ ሀላፊነት ያለባት/ያለበት?

2. ከንግግር ህክምናዉ እርስወ አስበዉት የነበረዉን ዉጤት አግኝቻለዉ ብለዉ ያስባሉ?

   በንግግር ህክምናዉ ምክንያት ለእርስዉ የተለወጠልወት ነገር አለ? ምንም አይነት?

   ለእርስወ የንግግር ህክምናዉ ምን ያህል ዉጤታማ ነበር ብለዉ ያስባሉ?

   የንግር ህክምናዉ የጠቀመኝ ነገር አለ የሚሉት ካልወት?

3. እያንዳንዱ የንግር ህክምና ክፍለ ጊዜ ለእረስወ ምን ይመስል ነበር?

   የንግግር ህክምናዉ ሂደት ምን ይመስል ነበር?

   እዉነተኛ ችግርወትን ለባለሙያዉ/ዋ መቸ ነበር የተናገሩት?

4. በንግግር ህክምናዉ ምክንያት ማሳካት ፈልገዉ ያልተሳካልወት ነገር ካለ?

   ከንግግር ህክምናዉ ያልተመቸወት ነገር ካለ?

5. ከእርስወ ልምድ ተነስተዉ የንግግር ህክምናዉን እንደርስወ አይነት ችግር ያለባቸዉሰዉ ቢያጋጥምወ ይመክራሉ ወይስ ባይወስዱ ይሻላል ይላሉ?

6. ሌላ መንገረ የሚፈልጉት ነገር ካለ?

Appendix 4

Work plan

Activity	February		March		April		May		June	
Development of research proposal										
Proposal submission and defense										
Literature review										
Data collection										
Data analysis										
Thesis draft submission										
Thesis defense										
Final submission										

Appendix 5

Budget

No.	**Required**	**Cost(Birr)**	**Remarks**
1	Papers	3000	
2	Stationary Material	500	
3	Audio Recording	6500	
4	Secretarial	1O00	
5	Duplication and Printing	1000	
6	For transportation and others	6000	
Total		18000	