



## Impact of Perceived Therapeutic Effect on Mental Health Problems

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### ABSTRACT

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Research has shown that psychotherapy positively impacts mental health recovery without the side effects associated like medications. However, there are limited studies on the perception of therapeutic effects in Pakistan. This study aims to address this gap by examining the perceived therapeutic impact on mental health problems operationalized as depression and anxiety. A cross-sectional correlational research design was used, with purposive sampling to select 380 participants who were at least 18 years old, had intermediate education, and were diagnosed with comorbid anxiety and depression. The findings indicate that the perceived therapeutic effect has a negative association, though not significant, with both depression and anxiety. Additionally, anxiety and depression were found to be significantly and positively related. Linear regression analysis shows a non-significant negative impact of the perceived therapeutic effect on both dependent variables; depression and anxiety. Gender differences were observed, with men scoring higher than women on the therapeutic effect, though this difference was not significant. Women scored significantly higher than men on the depression variable and also scored higher, though not significantly, on the anxiety variable. The study concludes by discussing the limitations, recommendations, and the importance of understanding the therapeutic effect in improving mental health and enhancing the well-being of patients.

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## 1. Introduction

Two centuries ago, mental disorders were believed to be caused by magic or possession by evil spirits (Ayub, 2021). In the 19th century, "mad houses" were renamed "insane asylums," and insanity was considered an incurable illness, leading to the incarceration of patients for life (Tyne, 2022). During this time, insane people were seen as personally defective, rather than being possessed (Szasz, 1991; Weinberg, 2005). Mental health care shifted from being managed by families and churches to state-run asylums, which adopted a "moral treatment" approach. This approach involved activities such as labor, education, and religious instruction during the 19th century (Fleming, 2014; Golding, 2021; Wood, 1985). Over time, and especially in America, concepts of individualism, personal responsibility, and rationality gained prominence (Beck & Beck-Gernsheim, 2002; Norton, 1976). By 1844, mental health care had become the first organized medical specialty in the United States (Ebaugh, 1944; Grob, 2019). In 1908, Clifford Beers published *A Mind that Found Itself*, calling for reforms in mental health care (Beers, 1929). By the 1930s, Freud's psychoanalysis became widely accepted in American psychiatry (Matthews, 1967). Psychotherapy was redefined as a medical practice, which excluded non-medical practitioners (Lindner, 1950; Markkula et al.,

2019), and psychoanalysis primarily served voluntary, affluent patients (Doidge, 1997). A review of counseling in primary care found modest short-term benefits over usual care, with high satisfaction and no added costs (Bower et al., 2011; Kang & Kwack, 2020). Suicide attempts predict completed suicide, but few interventions focus on prevention. A study of cognitive therapy for recent suicide attempters showed a 50% reduction in reattempts and lower levels of depression and hopelessness (Brown et al., 2005). Cognitive therapy (CBT) prevents relapse, especially when combined with medication, and is recommended for patients with recurrent depression (Paykel, 2007). CBT helps maintain long-term recovery, making it valuable for depressed patients (Amick et al., 2015; Hollon, Stewart, & Strunk, 2006).

Therapeutic relationships are vital for successful psychiatric treatment outcomes. A study of 969 patients found that satisfaction with therapy was linked to treatment success, with female, older, and less severely ill patients reporting higher satisfaction (Bjørngaard, Ruud, & Friis, 2007). Similarly, a comparison of psychodynamic interpersonal therapy (PIT) and cognitive behavioral therapy (CBT) found that both therapies had similar outcomes, but PIT clients reported higher awareness, while CBT clients felt more successful in problem-solving (Cahill, Paley, & Hardy, 2013). Shared decision-making (SDM) in depression treatment emphasizes involving patients in their treatment decisions (Gibson et al., 2020; Langer et al., 2022). A study revealed that many patients lacked insight into their depression, delaying engagement in SDM (Simon et al., 2007). This underscores the need for more information and emotional support from clinicians. Cognitive behavioral therapy (CBT) is effective in treating depression and is comparable to other therapies and pharmacotherapy (Cuijpers et al., 2013). Furthermore, combining CBT with diabetes education has been shown to improve both depressive symptoms and glycemic control in patients with type 2 diabetes (Lustman, 1998). Four longitudinal studies indicate that the patterns of depression and anxiety in the general population have shifted over the last quarter-century. Research from the U.S., Canada, and Sweden shows that, by mid-century, more women than men experienced these conditions, though gender differences lessened by the end of the period (Murphy, 1986). Studies also highlight that individuals often hesitate to seek help for depression, primarily due to stigma, which includes both self-stigma and perceived stigma. A study of 1,312 Australian adults found that embarrassment and fear of negative reactions from others hinder help-seeking (Barney et al., 2006). Gender differences in loneliness and depression were also observed, with men experiencing more loneliness and women showing higher depression rates (Wiseman, Guttfreund, & Lurie, 1995). Women had earlier onset and more comorbid anxiety disorders, while men were more likely to have comorbid alcohol dependence (Schuch et al., 2014). The above literature depicts that the therapeutic effect has positive effect on mental health problems, however, such literature is pretty much limited in Pakistan. Thus, to overcome this gap this study objective is to find out perceived therapeutic effect on mental health problems i.e. depression and anxiety in Pakistan. The finding could lead to effective implementation for the welfare of society, provide literature to academia for further studies.

### **1.1. Objective**

1. To explore the negative association of perceived therapeutic effect with depression and anxiety.
2. To explore negative and significant effect of perceived therapeutic effect on anxiety and depression.
3. To explore gender depression among study variables: perceived therapeutic effect, depression and anxiety.

### **1.2. Hypotheses**

1. There is likely to be a negative and significant relationship of perceived therapeutic effect with depression and anxiety.
2. Perceived therapeutic effect is likely to negatively and significantly affect anxiety and depression.
3. There is likely to be a gender differences among study variables: perceived therapeutic effect, depression and anxiety.

## **2. Method**

### **2.1. Research Design**

The study adopted cross sectional correlational design.

## 2.2. Sampling Technique

The purposive sampling technique was used to select participants from different hospitals. The rationale behind this approach was to save time, as psychiatric wards in hospitals across Pakistan typically have a significant number of patients with anxiety and depression

## 2.3. Inclusion Criteria

The participants must be more than 18 years old and must got at least intermediate level of education. Both gender men and women were included in the study. Participants must be diagnosed with depression or anxiety by official psychologists of certain hospital.

## 2.4. Measures

### 2.4.1. Client Form of Working Alliance Inventory (WAI-C)

Horvath Greenberg in 1989 developed WAI-C questionnaire that comprised 36 items, 7 likert points from strong disagree to strong agree. The reliability of the scale is .90 (Perdrix et al., 2010). The reliability of this scale in this study is 0.72 which is satisfactory.

### 2.4.2. Beck Depression Inventory Second Edition (BDI-II)

Depression was measured by the 21-item Likert scale called the BDI-II, developed by Aaron T. Beck in 1961 (Beck & Steer, 1984). The internal consistency of the scale is 0.93, which is considered high (Wang & Gorenstein, 2013). The reliability in this study was 0.70, which is satisfactory.

### 2.4.3. Beck Anxiety Inventory Second Edition (BAI-II)

The second edition (BDI-II) was developed in 1988 by Beck et al. (1988). It comprises 21 items and uses a four-point Likert scale (0-3), where a higher score indicates higher anxiety. The reliability of the scale is 0.92, which is considered high. Moreover, the internal consistency of this scale is also high, with a value of 0.89.

## 2.5. Data Analysis

SPSS version 22 was used to analyze the study results. Pearson product correlation was used for examining association between study variables, whereas, the linear regression was used to examine the impact of Perceived Therapeutic Effect on variables i.e., depression and anxiety Independent sample t test was utilized to examine the gender differences between study variables.

## 2.6. Ethical Consideration

Ethical guidelines were strictly followed throughout the study, in accordance with the 7th edition of the APA's ethical principles. Researchers followed the APA ethical guidelines to ensure that no physical or psychological harm was caused to participants. Participants were given the right to withdraw at any point during the study. Privacy was meticulously safeguarded, with explicit consent obtained prior to participants completing the questionnaires, demographic questionnaire, Working Alliance Clients Form, Beck Depression Inventory (Second Edition), and Beck Anxiety Inventory. Additionally, procedures were implemented to maintain the integrity of the data, preventing any potential falsification or manipulation.

## 3. Result

**Table 1: Characteristics of 380 Participants**

Sample Characteristics	F	%	M	SD
Gender				
Men	215	56.57		
Women	165	43.43		
Age			30.19	1.98
Education				
Intermediate	28	7.4		
Bachelor	208	54.7		
Master	144	37.9		

Note. *f*=frequency, %=Percentage

The table above shows that the study included 215 men (56.575%) and 165 women (43.43%), with a mean age of 30.19±1.98 years. Most participants had bachelor educational level (208, 54.7%), followed by those with master educational level participants (144, 37.9%), and a smaller group with intermediate education (28, 7.4%).

### 3.1. Correlational Analysis

**Table 2: Correlation among Study Variables (N=380).**

Variables	1	2	3
1. Perceived Therapeutic Effect	-	-.04	-.003
2. Depression		-	.71**
3. Anxiety			-

Note. \*\* $p < .01$ , \*\*\* $p < .001$

The table above reveals a negative but non-significant relationship of Perceived Therapeutic Effect with depression and anxiety. However, the association of depression and anxiety is significant.

**Table 3: Regression Analysis Predicting Depression from Perceived Therapeutic Effect (N=380)**

Variables	B	SE	$\beta$	R	R <sup>2</sup>	F	95% Confidence Interval	
							LL	UL
Constant	21.62	5.91		.04	.002	.74	10	33.26
Perceived Therapeutic Effect	-.03	.03	-.04				-.09	.03

Note. LL= Lower Level, UL= Upper Level

The above table depicts Perceived Therapeutic Effect negatively but not significantly predicts depression.

**Table 4: Regression Analysis Predicting Anxiety from Perceived Therapeutic Effect (N=380).**

Variables	B	SE	$\beta$	R	R <sup>2</sup>	F	95% Confidence Interval	
							LL	UL
Constant	15.38	4.73		.003	<.001	.004	6.07	24.69
Perceived Therapeutic Effect	-.002	.02	-.003				-.05	.05

Note. LL= Lower Level, UL= Upper Level

The above table depicts Perceived Therapeutic Effect negatively but not significantly predicts anxiety.

### 3.2. Independent Sample t- Test

**Table 3: Gender Differences in social media addiction, fear of missing out and Berger Insomnia Scale in Students**

	Men <sup>a</sup>		Women <sup>b</sup>		t (378)	P	Cohen's d
	M	SD	M	SD			
Perceived Therapeutic Effect	170	20.67	170.78	18.25	-.37	.71	0.04
Depression	15.37	12.33	18.08	14	-2	.04	0.20
Anxiety	14.77	10	15.33	10.94	.51	.51	0.05

Note: M= mean; SD= standard deviation; p(s) = level of significant <sup>a</sup>n = 215 . <sup>b</sup>n = 165 \* $p < .05$ . \*\* $p < .01$ .

Results of independent sample t test shows that there is no significant difference among three variables: Perceived Therapeutic Effect, depression and anxiety in men and women. However, men scored significantly high in term of variable Perceived Therapeutic Effect while the women scored more than men in term of depression and anxiety.

## 4. Discussion

There is ample literature on the Perceived Therapeutic Effect on mental health problems. However, there are very limited studies conducted in Pakistan on this topic. Therefore, the aim of the study is to examine the impact of the Perceived Therapeutic Effect on anxiety and depression. The primary objective of the study was to examine the relationship

between the variables: Perceived Therapeutic Effect, depression, and anxiety. The correlational analysis reveals that the Perceived Therapeutic Effect has a negative, though not significant, relationship with both depression and anxiety, while the link between depression and anxiety is both positive and significant. Our results align with a meta-analysis showing that psychotherapy for depression can also reduce anxiety symptoms compared to control conditions (Weitz et al., 2018). Additionally, a study on depression patients found that psychotherapy improves their quality of life (Kolovos, Kleiboer, & Cuijpers, 2016). Our findings are also consistent with research highlighting the strong connection between anxiety and depression, often leading to comorbid diagnoses (Isik et al., 2007).

The second assumption of the study was that the Perceived Therapeutic Effect would negatively impact mental health problems, namely depression and anxiety. The regression analysis reveals a negative but non-significant association between the Perceived Therapeutic Effect and mental health problems (depression and anxiety). A study conducted on students using a randomized research design shows that positive psychotherapy is effective in decreasing not only stress but also anxiety and depression (Khanjani, 2017). Another study found that, compared to usual care, interpersonal therapy and cognitive behavioral therapy have been proven to decrease generalized anxiety disorder as well as depression (Ontario, 2017). Thus, it is concluded that psychotherapy enhances mental health, which is why it negatively impacts anxiety and depression. The reason for the non-significant result could be the lack of significant satisfaction with therapists in alleviating depression and anxiety in Pakistani therapists. There is a stigma in Pakistani society regarding therapy, as medicine is often perceived as more effective, and therapy is considered merely talking. The lack of awareness and belief in therapy in Pakistan may have contributed to the absence of a significant decline in mental health problems like anxiety and depression.

Mean differences in gender showed no significant disparity in the Perceived Therapeutic Effect, although men scored higher. Women scored significantly higher on depression and also higher on anxiety, though the difference for anxiety was not significant. Our study is in line with research showing that both anxiety and depressive disorders are more prevalent in women, with an approximate 2:1 ratio in women compared with men during women's reproductive years (Kalin, 2020). Another study found that women scored lower than men in terms of depression in young adults (Shahid, Yousaf, & Munir, 2024). Our study is consistent with research showing that men perceived more benefit from therapy than women (Ogrodniczuk, 2006). The reason behind men benefiting more from psychotherapy and scoring lower on anxiety and depression could be explained by the cultural and social perspective in Pakistan, as it is a male-dominated society where women are often considered submissive. Men have more freedom and access to mental health professionals, allowing them to express themselves freely, whereas women tend to suppress their thoughts and do not openly share them.

#### **4.1. Limitation and Recommendation**

A key limitation of the study is its cross-sectional design, and a longitudinal approach is recommended to assess the Perceived Therapeutic Effect over a longer period. The second limitation is that the study did not specify the type of psychotherapy used. It is recommended to take a more specific approach and examine the effects of different therapeutic approaches on mental health problems. The third limitation is that the study relied on self-reported data, which may introduce potential biases and defense mechanisms when completing the questionnaire. A double-blind procedure is recommended for future studies. Additionally, this study operationalized mental health problems solely with depression and anxiety, making the study too simplistic. It is recommended to include more mental health problems in future studies to provide more comprehensive and meaningful insights. Finally, the ratio between men and women was not equal in terms of frequency. It is recommended to ensure a more balanced ratio to make the differences between genders more significant in terms of the study variables. The study only comprised educated cohorts, which is also a limitation. Future studies using an Urdu-version questionnaire are recommended for less-educated cohorts in Pakistan

## 4.2. Implications

This study is beneficial more individuals suffering mental health problems, awareness should be spread regarding importance of psychotherapy in term of reducing the depression and anxiety severity. Seminars, workshops and webinar should be arranged for awareness the Pakistani population to seek help. Government and mental health professionals should come up with effective steps in fighting the mental health problem and making the society mentally healthy and enhancing wellbeing in masses. The importance of psychotherapy related awareness should be spread so people could come up and take help rather than just relying on medicines.

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