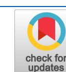
RESEARCH ARTICLE

▪ Vol. 5, No. 3 (Summer 2024) ▪ p-ISSN: 2791-0245 ▪ e-ISSN: 2791-0229
▪ Pages: 9 – 20 ▪ DOI: 10.55737/qjssh.337569481



Open Access

QLANTIC JOURNAL OF SOCIAL SCIENCES AND HUMANITIES

Discontinuation of Therapeutic Intervention among Depressive Patients: A Phenomenological Study

Noreena Kausar [1] Amna Ishaq [2]

Abstract: *The main idea of present study was to find out reasons why clients with depression discontinue their therapy by using qualitative research design (Interpretative phenomenology analysis). Total five participants took part via purposive sampling technique from DHQ Teaching Hospital Gujranwala. Data were gathered via semi-structured interviews that were carried out face-to-face, the venue and time had been decided on primarily based totally on members' availability, and every interview lasted among 45 to 50 minutes. By using IPA technique, data were sorted and transcribed and analyzed in to emerging themes (i.e. inability of rapport building, academic stress, lack of progress, dissatisfaction with psychologist, usage of medication increases by the client, anger issues increases as the sessions were conducted day by day, delaying sessions, psychologist had a confronting style, shortage of time, poor therapeutic alliance and unsatisfactory with the diagnosis given by the psychologist) and finally into superordinate three (main) themes, communication barriers , work therapy conflict and dissatisfaction with therapeutic treatment. So this study concluded that, firstly there is need to create awareness among people of Pakistan about therapeutic treatment for mental health issues and its related concerns (Nisar et al., 2019).*

Key Words: Therapeutic Intervention, Depressive Patients, Phenomenological Study, DHQ Teaching Hospital, Gujranwala

Introduction

Depression is a major global mental health problem and the tenth key source of early death. In addition, Moitra et al. (2021) reported that it would become the second leading cause of premature death in the world. It is estimated that psychological disease is very common today. In people aged 15-29, the suicidal rate leading to death is very high, and the link with depression is clear: every minute, two people all over the world commit suicide. It is one of the most prevailing disorders these days, and most individuals remain untreated because they think it is not such an illness which can be encountered. When it remains untreated, the rate of mortality and morbidity increases. It elucidates various reasons why people abruptly end their therapy without warning.

According to a study by Shafiq et al. (2020), it was found that Pakistanis have little knowledge about general mental illness, especially depression. Most patients believe that mental health problems are caused by stress or trauma and only drugs can help them. People do not understand the role of psychologists or psychotherapists. It is said that females have a higher ratio of depression than males. Almost all socioeconomic levels are susceptible to depression in different ways. According to reports, it is also very high. Depression affects more than 90% of people with mental health problems (Robert et al., 2021).

Talking to people you trust and maintaining good relationships with family and friends are considered effective treatment options. Interestingly, lack of support and social stigma are often cited as reasons why people avoid seeking help. Traditionally, people from higher socioeconomic status are thought to be suffering from depression (Jiang et al., 2021).

Tschuschke et al. (2020) conducted a mixed-methods study to assess client discontinuation. The main purpose of it was to identify causes for leaving the therapeutic treatment in a clinic. During the study, it

[1] Assistant Professor, Department of Psychology, University of Gujrat, Gujrat, Punjab, Pakistan.
[2] PhD Scholar, Department of Psychology, University of Gujrat, Gujrat, Punjab, Pakistan.

▪ **Corresponding Author:** Noreena Kausar (noreenakausar@uog.edu.pk)

▪ **To Cite:** Kausar, N., & Ishaq, A. (2024). Discontinuation of Therapeutic Intervention among Depressive Patients: A Phenomenological Study. *Qlantic Journal of Social Sciences and Humanities, 5*(3), 9-20. https://doi.org/10.55737/qjssh.337569481

was found that out of 205 clients, 41% of them left just after four weeks or discontinued. After that, a thematic research technique was used to find out the reasons for discontinuation. The main five themes of discontinuation were generated: clinical factor, therapist, client, therapist-client relationship, and therapy. Lastly, it was concluded that meetings in the environment of the clinical setting itself, negative discernment about the therapist and his/her connection, and uneasiness with the therapeutic process were more prevalent factors among clients to dropped out of Australian clinics.

Ghaemian et al. (2020) inquired about why people leave during their treatment by using a qualitative method. The study was carried out among 818 clients taking therapeutic treatment. Semi-structured interviews were conducted with participants, and the results were analyzed using thematic techniques. In conclusion, five themes were indicated: feeling good, problems with group settings, therapeutic association breakdown, communication gap, and unrealistic approaches. This study found a variety of reasons for clients who had left too early from their treatment. The results highlighted common dissatisfaction and inappropriate engagements.

A study conducted by O'Keeffe et al. (2019) aimed to study the more reasonable elements of why clients gave up therapeutic sessions. The sample consisted of 99 teenagers with depression. Participants were arbitrarily assigned to the treatment plan. There were three reasons for dropping out: firstly, dissatisfaction; secondly, got-what-they-needed; and lastly, troubled dropout. Many people cease to therapy sessions because they might think it is a waste of time or not helping. Other individuals leave treatment because they thought to be gain what they intended to. Few clients drop out due to personal circumstances (i.e., domestic, financial, etc.).

Marco et al. (2024) assessed early discontinuation of treatment for mental disorders admitted to psychiatric hospitals. The aim was to find out the possibility of early termination of specialized inpatient psychosocial treatment in a sample of patients with mental disorders. At the Cassel Clinic, 42 early school dropouts were compared at the clinical level. To study their hospitalization experience, 42 early school dropouts were invited to conduct extensive interviews. The results of our sample indicated that higher professional status, the existence of marginal diagnosis, and those related to two programmed stages are determinants of further treatment.

Swift et al. (2017) explored the frequency of turning down and premature discontinuation of medication, psychotherapy alone, a combination of both, or psychotherapy and placebo pills. The results showed that 100 and 86 comparative studies were conducted, including reports of refusal of treatment and early termination of at least 2 of the four treatment conditions. The information was summarized, and the odds ratio and the outcome measure of the order of magnitude were to balance the scores between treatment settings, first in all studies, and then certain categories of consumption disorders. The buyers who have received medication were seventy-six times more plausibly refused treatment than those who have received psychotherapy. The difference in withdrawal rates between medications and psychotherapy is particularly pronounced in depression, anxiety, and social confusion. On average, 21.9% of clients stopped treatment too soon.

Cooper and Conklin (2015) directed a systemic review of fifty-four types of research that incorporated eighty psychotherapeutic cures for major depression. The motive of this study was to investigate the dropout levels. Approximately 17.5 % of clients were dropped out from therapeutic treatment. This was consistent with minority status, associated health problems and a time limit of sessions.

The Rationale of the Research

The aim of the present research is to investigate the reason for therapeutic discontinuation among patients with depression. Young adulthood is the time period in which most individuals are diagnosed with depression (Roberts, 2021). Depression can be caused by the following components: i.e. household issues, childhood trauma, childhood attachments, relationship problems, etc. The quality of such components leads you to depression. People diagnosed with depression mostly do not get their treatment done fully. They discontinue their therapy in the middle due to work stress. Either they think they have recovered, or their bond with the therapist is not being fully formed. Research have been done on early discontinuation of psychotherapy that concludes that early discontinuation is due to low socioeconomic status. That is the reason this research will be an indigenous research to understand why people discontinue their therapy.

Anderson et al. (2019) conducted research on the mediating role of the therapeutic alliance in understanding early discontinuance. Much research has been done on the early discontinuation of antidepressants or treatment for OCD. However, the literature on the therapeutic discontinuation among the patients with depression is very limited. It is crucial to study as it indicates the importance of what causes the client to discontinue the therapy. So, this research will help us to shed light on the factors that become an impediment in patients with depression. Also, there is no research in Pakistan related to therapeutic discontinuation among patients with depression. It will devise the measures necessary to improve their quality of life.

Research Questions

1. Why did you discontinue the therapy?
2. Did you feel recovered as a part of the treatment when you ceased the therapy?
3. Did you have any stress that caused you to discontinue the therapy?
4. Can you describe how you feel during the therapy?
5. Can you describe how you feel after the therapy?

Method

Research Design

The present study is based on a qualitative research design. In order to understand the underlying phenomenon in detail, the interpretative phenomenological analysis (IPA) method was chosen to examine the current exposure of the research (Cuthbertson, 2017).

Research Strategy

The study method turned into phenomenology as it analyzes the essence perceived via means of conscientiousness with reference to person reviews. Hence, the superiority observed changed to the purpose of discovering the motives of healing and discontinued some of the sufferers of depression. Therefore, the hermeneutics phenomenological method via way of means of Heidegger changed into used.

Sampling Technique

In phenomenological studies, participants for the present research were recruited through a purposive criterion sampling strategy. Purposive sampling is broadly utilized in qualitative research to identify and choose wealthy statistics associated with extraordinary cases (Palinkas et al., 2015). We recruited five members aged 18 to 30 years who discontinued their therapy after 4 to 5 sessions. All members are women belonging to the Islamic faith. They indicated their willingness to participate and their perseverance in privacy.

Inclusion Criteria

People diagnosed with depression who have taken at least four to five sessions of therapy. People who stop their therapy or, after termination, again continue the therapy.

Exclusion Criteria

People with any other psychological comorbidities were excluded from the study.

Demographic Characteristics

Table

Characteristics of the Participants (N=5)

Name	Age	Gender	Were you satisfied with your therapy?	Did you feel recovered when you discontinued	No. of Siblings	Birth order	Family Income	Occupation of father	Family system
F. N	30	Female	7	No	3	1	1 lac	Government employee	Nuclear

Name	Age	Gender	Were you satisfied with your therapy?	Did you feel recovered when you discontinued	No. of Siblings	Birth order	Family Income	Occupation of father	Family system
M. R	18	Female	6	No	6	5	45,000	Senior law clerk	Nuclear
G. S	21	Female	7	No	4	4	50,000	Intelligence officer	Nuclear
S. S	25	Female	7	No	2	2	9 to 10 lacs	Head of NGO	Nuclear
B. W	22	Female	7	No	4	2	300,000	Landlord	Joint

Instruments

Data were collected using a semi-structured interview protocol formulated by the researcher. Semi-structured interviews were conducted in Urdu. Sample interview questions included:

1. Why did you discontinue the therapy?
2. Did you feel recovered as a part of the treatment when you discontinued the therapy?
3. Did you have any stress that caused you to discontinue the therapy?
4. Can you describe how you feel after the therapy?
5. Can you describe how you feel during the therapy?

Data had been accrued from July to August 2022. The interviews were carried out face-to-face, the venue and time were decided primarily based totally on members' availability, and every interview lasted between 45 to 50 minutes. The interviews were noted down and later transcribed. I have taken interviews from DHQ Hospital. The researcher maintained the confidentiality of the participants throughout the study. After the interview had been conducted, the data was organized and transcribed. The transcribed data was analyzed by IPA (interpretative phenomenological analysis). As the topic that the research is being conducted on is extremely sensitive, the study layout for the interview allowed for modifications throughout the interview and extended interactions.

Data Analysis

Qualitative studies include non-numerical facts thoroughly. Subjective strategies are amazingly diverse, complicated and nuanced (Gopal, 2022), and the factor of interpretative phenomenology analysis (IPA) is to analyze in element how members are identifying their non-public and social world, and the number one coins for an IPA take a look at is the meanings particular experiences, events, states keep for members (Smith & Fieldsend, 2021). Interpretative phenomenological technique was used to acquire topics from the facts. The steps of IPA (Biggerstaff & Thompson, 2008) have been as follows:

Peer Review

The themes extracted in the study were reviewed by the experts. The experts were experienced and working clinical psychologists with an experience of 5 years in clinical and research. The suggestions given by the experts were incorporated, and the final themes were made.

Procedure

A consent letter was sought by the Department of Psychology to begin the research. The participants' consent and time were obtained. They informed the interviewees of the purpose and consent. All interviews were conducted in person. The researcher briefly introduced her department and research goals, as well as introduced the interviews. The researcher guarantees the confidentiality of participants. Interviews last for forty-five to fifty minutes. After data collection is completed, they are sorted and transcribed, then analyzed, and then the results are discussed based on interpretive phenomenological analysis. Then, the peer review was conducted by two clinical psychologists, and the suggestions given by the experts were incorporated. Then, the final themes were made. Moreover, the common and unique themes are discussed.

A total of ten participants were approached, out of which five participants refused to give their personal information. In the end, 5 participants were left for the interview.

Ethical Consideration

Written consent was obtained from participants in the research, and they were given full permission to leave during the study. Special care was taken that no client would go through any repercussions because of the interview and the triggering conversations. The privacy of all participants was maintained. The decision of the client to ignore certain questions during the interview and within the questionnaire was respected. All questions were asked in a technical manner by being gentle and using the right and non-triggering terminologies.

Results

This chapter reports the findings from IPA, which includes themes and participants, verbatim to underpin the findings. The study followed the interpretative phenomenology analysis (IPA) to determine the observation of people who discontinue their therapy.

Findings

This section presents the findings, five interviewer responses and the participant's verbatim. The study's findings inform the reasons why people discontinue their therapy. This will deal with generating common themes and unique themes. This study included five depressed individuals who discontinued their therapy.

The records gathered from those contributors become transcribed and examined, due to which four broader, not unusual, predominant issues and seven particular issues emerged that furnished enriched records that offer us the know-how for why human beings with depression give up their therapy. The questions within the interview protocol were designed in a manner that allowed the contributors to mirror and reveal in why human beings give up their therapy.

Emerging Themes

The following emerging themes are elaborated from analyzing data, and the first theme is the inability to establish rapport. The second was unable to manage therapy with academic stress. The third was dissatisfaction with a psychologist. The fourth theme described that during the therapy session, the usage of medication increases by the client. The fifth theme describes that the psychologist delayed the session. The sixth theme postulated the shortage of time, and the seventh theme was poor therapeutic alliance. The last theme was ineffective intervention.

Dependency on Medication

One of the reasons the client discontinued her therapy was the fact that she reported, "I started having over dosage of medication". (P.1). That is one of the reasons why I discontinue my therapy.

Sessions Delayed by Psychologist

Therapist Related Factors: Another client reported: "As I was a student of psychology and I had to have my on-campus classes, but my psychologist kept on posting my appointments due to which I had to face many problems at my work, that I decided that my therapist is not serious with the sessions that is the main reason I terminate my therapy." (P.1).

Shortage of Time: One of the clients reported: "I was going to university, and due to a shortage of time and inconsistency with my psychologist, I terminated my therapy. (P.1).

Poor Therapeutic Alliance: The client reported: "I am an introvert, so that is the main reason to terminate my therapy because I was reluctant to talk to a stranger in the first four sessions. Due to my reluctance, I quit my therapy, and after some time, I again continued my therapy." (P.1).

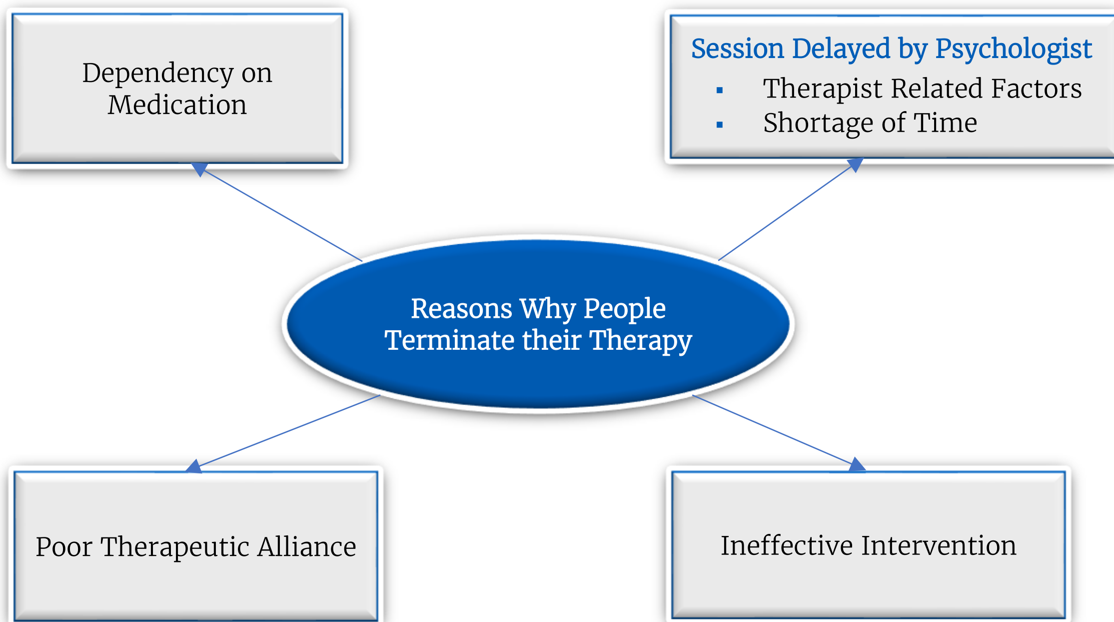
The client reported, "While I was having the sessions with my therapist, she used to judge me on different things which I do not like. Her confronting style made me realize that I myself can now cater for my problems. That is the reason I ceased my therapy." (P.2).

Ineffective Intervention: The client reported: "My therapist does not give me root treatment as in do not tell me my personality analysis, which irritates me a lot." (P.1).

The above-mentioned reasons are the crux of why people discontinue their therapy. According to Westmacott et al. (2010), frequent reasons for therapeutic cessation are that most of the students are not satisfied with their assessment results or there is poor therapeutic alliance. A considerable amount of clients stop their therapy for different causes, that is, transportation issues and dissatisfaction with the psychologist.

Figure 1

Emerging Model of Themes



Superordinate Themes

After analyzing the emerging themes, superordinate themes were developed. The first theme is communication barriers, and the second one is work-therapy conflict and, ultimately, dissatisfaction with therapeutic treatment.

Communication Barrier

Non-reciprocal & non-empathetic

Most of the participants reported this theme as their reason for discontinuing their therapy. I ask the question, why did you discontinue your therapy?

The client reported that:

"Because I do not think so that my psychologist really listens to me." (P.1).

Another client reported that:

"She does not give me time to speak my heart out." (P.2).

Another client answered my question, "My psychologist style was very confronting due to which I thought that it is better to remain silent than to talk." (P.3). out of five clients, one reported that "it was quite hard for me to open up myself in front of a stranger in three to four sessions." (P.4).

Inhibition of Participant

One of the clients reported that: "When she was taking the therapy, her anger issues increased with her family; also she felt irritated most of the time." (P.1). That is one of the reasons why I discontinued my therapy.

It has been seen that the basic reason behind the termination of therapy is that there is a lack of ability to form rapport building between a psychologist and the client.

Work Therapy Conflict

Many clients reported that academic stress was the crucial point in the termination of therapy as one client reported that:

"Due to academic stress, it was not feasible for me to maintain my sessions with my therapist." (P.1).

As per the same question, another client reported:

"Those classes were going on campus, and it was not easy for the client to meet with her therapist." (P.2).

One of the clients reported: "I myself am a clinical psychologist, so due to my work stress and also I wanted to go back to my work and continue my work, but my parents insisted me to continue my therapy, but I was not able to manage my work with my therapy sessions." (P.3).

Another client reported: Because I am doing my major in political sciences from UCP, it was not feasible for me to continue my therapy due to the pressure of studies and work." (P.4). One of the other clients reported, "I got into depression because of my academic stress, and the reason behind my termination of therapy is that I have my board exams going on. That's why I decided to terminate my therapy." (P.5).

According to Pedrelli et al. (2015), adults come to therapy after the loss of their loved ones, but due to academic stress, they are not able to continue their therapy from the psychologist due to the pressure of their studies and the work assigned to them at university or college level.

Dissatisfaction with the Therapy

In the demographic sheet, there was a question: Were you satisfied with your psychologist? Scale 0-10. The answers of the clients fall into seven categories. One client reported that she was not satisfied with her psychologist because she did not even listen to what she was saying.

The client reported that:

"I give 7 out of 10 that I am not satisfied with my therapist." (P.1).

According to Moors and Zech (2017). People terminate their therapy because they are not satisfied with their psychologist and psychotherapy.

There was a question in the interview: "Did you think that you recovered when you terminated the therapy?"

The client reported that:

"I feel that I have recovered, and now I don't need a therapist. Also, I do not feel any improvement as such". (P.1).

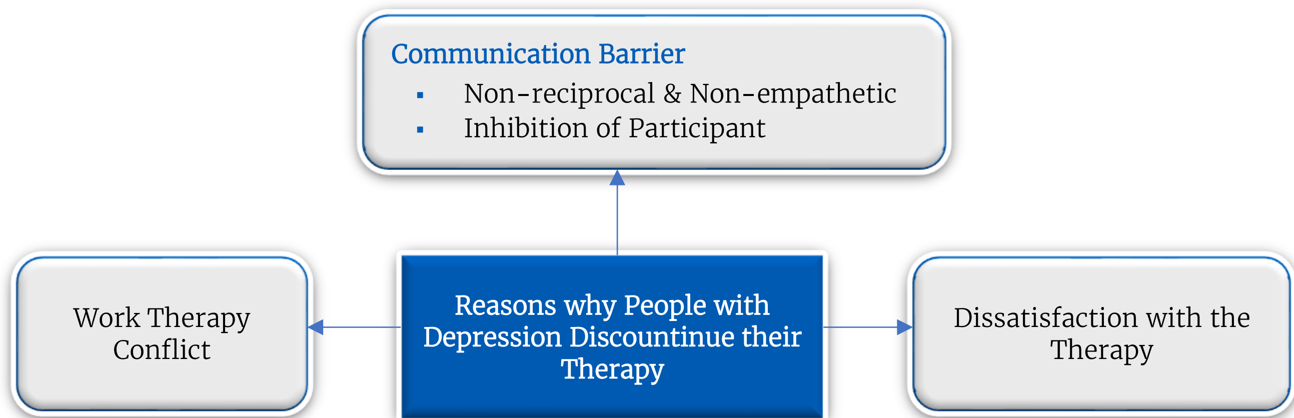
Another client reported: As I was getting therapy, there was no improvement in my mood, my anger issues increased, and I don't see myself recovering. That is why I decided to terminate my therapy." (P.2).

One of the clients reported: "My psychologist does not give me any solution to my problem. She just gave me the path and did not give me an analysis of myself. That's why I do not feel that I am recovering, and I quit the therapy." (P.3). The client answered my question, "No, I do not think I have recovered. Also, I was not getting better. That is the reason behind the termination of my therapy." (P.4).

As the above-mentioned responses, it is clear that the clients were not getting the right therapy or might be they think that they have felt recovered, which is the reason behind the cessation of the therapy. It might be they were not getting better, which is the third cause of the cessation of the therapy.

Figure 2

Super Ordinate Model of Themes



Discussion

The majority of people in Pakistan are less aware of mental illness, and one of the particular illnesses is depression, which mostly remains unrecognized and untreated. Most clients believe that problems related to mental health are the result of stress or trauma and that only medicines can help them. People have no knowledge of the roles of psychologists or psychotherapies. The rate of clients who terminate their psychotherapy earlier is consistently high (Nisar et al. 2019). Premature termination is a main hurdle in the successful implementation of psychotherapy that would result in much fewer benefits for clients.

As it's far quiet, the everyday ratio of untimely termination remains poorly understood, particularly from the attitude of the client. In South Asia, the literacy price is a whole lot decreased compared to the U.S., and hence, there may be a huge lack of expertise concerning depression. Not only is it taboo inside our community, but human beings are truly ignorant of its reasons and effects on human life.

Anderson et al. (2019) expressed the fact that being a woman and a therapist low in perceived multicultural competence have been related to untimely termination. However, the high-quality predictors of dropout have been a vulnerable healing alliance and signs and symptoms of depression.

The eight emerging themes generated were the inability of rapport building, academic stress, dissatisfaction with the psychologist, use of increased medication, delayed meetings by the therapist, short time, poor connection between client and psychologist and ineffective intervention. As the interviews were transcribed and after the themes were generated, it was seen that there were several themes that indicated the reasons why people terminated their therapy.

According to Guxholli et al. (2021), the possible contributor towards the continuation of therapy and the client's persistence in therapy is the quality of the working alliance between the client and the therapist. A good working alliance consists of three components: mutual agreement on therapeutic goals, agreement on therapeutic protocols and therapy used and last but not least, a strong emotional bond between therapy dyad, i.e., therapist and client. The client's unilateral termination of therapy might be the consequence of a poor working alliance between him/her and the therapist (Lavik et al., 2022). In the present study, the main components or themes that emerged after analyzing the transcribed data indicated a poor working alliance between the therapist and the client.

The first super-ordinate theme that was consistent and was reported by all the participants was the communication barrier between participant and therapist. The communication barrier is considered to be the core of any kind of psychotherapy, and a good therapeutic relationship helps clients to be more expressive and comes in handy when the client is facing some difficult periods (Ardito et al., 2011).

The second super-ordinate theme was work therapy conflict. Participants reported terminating the therapy because of academic stress and their inability to manage attending the classes and taking sessions simultaneously, which led them to terminate the therapy prematurely. This theme is found to be consistent with the previous literature where Kullgard et al.(2022) and Marmarosh (2022) shed light on the factors contributing towards unilateral premature termination of therapy. Common reasons for leaving the therapy are external obstacles such as difficulties scheduling the sessions, financial issues or any other stressors hindering the continuation of the therapy. As discussed earlier, participants reported difficulty scheduling the sessions with the commencement of their classes and exams.

The third super-ordinate theme was the client reporting no improvement. This, indeed, is a very important factor in the cessation of therapy. Satisfaction with the outcome and progress of therapy is found to be a consistent factor across literature when the reasons for therapy discontinuations are discussed (Saxon et al., 2017; Lynch, 2012; Ardito & Rabellino, 2011).

Westmacott et al. (2010) also studied the differences between therapist and client's attribution about therapy failure and premature termination, and it was found that no therapist reported dissatisfaction with the therapy as the cause of termination, while 12% of the clients reported that they did not find therapy benefitting to their problems and therapy made things worse for them and terminating the therapy was the sole choice they had. Some other clients reported that they terminated the therapy because they no longer had an interest in the continuation of the therapy.

Seidinger-Leibovitz (2020) studied the causes of premature therapy termination by considering the therapy-specific factors by using the barriers-to-treatment model. The model suggested that barriers include hurdles, which might include (transportation scheduling conflicts), the client's perception of the therapeutic process as troublesome, impractical, and not matching the problems experienced by the client and poor rapport building with the therapist. Similarly, the fourth common theme that emerged was dissatisfaction with the therapist, which in turn affects the therapeutic relationship with the therapist and thus leads towards therapy termination. It is an established fact that psychotherapy alliance is the most robust predictor of the outcome of the therapy (Tschuschke et al., 2020), and hostile attitude of the clients often trigger counter-hostility among therapists, which leads towards weak alliance and therapy termination (Poulin, 2023).

Aside from the common themes that were observed throughout the data, some unique themes relevant to particular individuals were also generated. These unique themes were increased usage of medication, anger issues, scheduling conflicts, judgmental attitude of the therapist, poor therapeutic alliance and dissatisfaction with assessment results.

Scheduling conflict, lack of time on behalf of the client, or delay in appointments by the therapist are both viewed as an obstacle in the continuation of psychotherapy and a leading cause towards therapy cessation (Westmacott et., 2010). As discussed earlier, poor therapeutic alliance is the leading cause of therapy cessation. Resistance and poor cooperation from clients have been endorsed as 'too difficult to talk about problems' (Tschuschke et al., 2020; Gergov et al., 2021). As seen in the data analysis above, one of the participants left the therapy because she felt too shy and could not talk about her problems.

Conclusion

Depression is one of the most prevailing disorders these days. Due to a lack of awareness, the ratio of depression increased, and most of the individuals remained untreated because they thought it was not such an illness which could be encountered. When it remains untreated, the rate of mortality and morbidity increases. Furthermore, the study contributed to the development of indigenous literature on factors of discontinuation of psychotherapy among depressive clients and explains various reasons why people abruptly end their therapy without warning. Suggestions or duas can also be an effective aid for overcoming grief, depression, and anxiety. The distinct themes that emerged accurately represent what and why people believe they should stop therapy.

The study was a huge success in terms of uncovering new variables (for example, poor therapeutic alliance and academic stress) that are the leading causes of depression therapy discontinuation. The study's cultural consequences are surprising, as they bring to light the social threat of mental health

disorders in comprehending and the competency of accountability agencies in the country. Because it is taboo in our nation, many people find it easier to admit they are gay than to admit they are suffering from mental illness and want assistance. Patients with depression, as well as their family and friends, face great obstacles.

Strengths and Limitations

The most important strength of the study is that it is the first study to explore the factors of discontinuation of psychotherapy among depressive clients. Secondly, the interview protocol exploring the discontinuation of psychotherapy may have clarified the relative significance of the various contributing factors.

The present study also has some limitations. The findings were small due to time constraints. Biasness of respondents may also be the limitation of the study. Qualitative research can never be free of biases. The data analysis was done manually, which created a bias.

Clinical Implications

This finding has a number of important clinical implications. It would help a number of client, setting, clinician, and treatment variables that are associated with an increased likelihood of dropout. Paying attention to these factors of discontinuation of psychotherapy may be able to reduce the rates of premature discontinuation. Public awareness projects, including print and electronic media, will be extremely beneficial in informing people about depression and the community programs offered, as well as reducing the stigma and dropout rate of psychotherapy.

Recommendations

- As this research is based on a qualitative research model, it has more capacity to research the discontinuation of psychotherapy among depressive clients from other parts of the country who can be interviewed and later studied.
- The sample number can be increased to uncover more and more factors of discontinuation of psychotherapy among depressive clients in clinical settings.
- A multidimensional treatment approach should be planned rather than just medication.
- We should review the findings with peers and experts, but due to a shortage of time, we cannot approach experts. To avoid biases in qualitative data analysis, ask the people who provided the data whether your interpretation seems to be representative of their beliefs.

References

Anderson, S. R., Tambling, R., Yorgason, J. B., & Rackham, E. (2018). The mediating role of the therapeutic alliance in understanding early discontinuance. *Psychotherapy Research*, *29*(7), 882–893. https://doi.org/10.1080/10503307.2018.1506949

Ardito, R. B., & Rabellino, D. (2011). Therapeutic Alliance and Outcome of Psychotherapy: Historical Excursus, Measurements, and Prospects for Research. *Frontiers in Psychology*, *2*(270). https://doi.org/10.3389/fpsyg.2011.00270

Biggerstaff, D., & Thompson, A. R. (2008). Interpretative phenomenological analysis (IPA): A qualitative methodology of choice in healthcare research. *Qualitative research in psychology*, *5*(3), 214-224. https://wrap.warwick.ac.uk/id/eprint/3488/1/WRAP_Biggrstaff_QRP_submission_revised_final_version_WRAP_doc.pdf

Cooper, A. A., & Conklin, L. R. (2015). Dropout from individual psychotherapy for major depression: A meta-analysis of randomized clinical trials. *Clinical Psychology Review*, *40*, 57–65. https://doi.org/10.1016/j.cpr.2015.05.001

Cuthbertson, L. M., Robb, Y. A., & Blair, S. (2020). Theory and application of research principles and philosophical underpinning for a study utilising interpretative phenomenological analysis. *Radiography*, *26*(2), e94-e102. https://doi.org/10.1016/j.radi.2019.11.092

Gergov, V., Lindberg, N., Lahti, J., Lipsanen, J., & Marttunen, M. (2021). Effectiveness and Predictors of Outcome for Psychotherapeutic Interventions in Clinical Settings Among Adolescents. *Frontiers in Psychology*, *12*. https://doi.org/10.3389/fpsyg.2021.628977

Ghaemian, A., Ghomi, M., Wrightman, M., & Ellis-Nee, C. (2020). Therapy discontinuation in a primary care psychological service: why patients drop out. *The Cognitive Behaviour Therapist*, *13*. https://doi.org/10.1017/s1754470x20000240

Gopal, P. S. (2022). Significance of Qualitative Vis a Vis Quantitative approach to Address Poverty. A Review from Malaysian Perspective. *Malaysian Journal of Social Sciences and Humanities (MJSSH)*, 7(9), e001719. https://doi.org/10.47405/mjssh.v7i9.1719

Guxholli, A., Voutilainen, L., & Peräkylä, A. (2021). Safeguarding the Therapeutic Alliance: Managing Disaffiliation in the Course of Work With Psychotherapeutic Projects. *Frontiers in Psychology*, *11*. https://doi.org/10.3389/fpsyg.2020.596972

Jiang, T., Zhou, X., Lin, L., Pan, Y., Zhong, Y., Wang, X., & Zhu, H. (2021). COVID-19-related stigma and its influencing factors: a nationwide cross-sectional study during the early stage of the pandemic in China. *BMJ Open*, *11*(8), e048983. https://doi.org/10.1136/bmjopen-2021-048983

Kullgard, N., Holmqvist, R., & Andersson, G. (2022). Premature dropout from psychotherapy: Prevalence, perceived reasons and consequences as rated by clinicians. *Clinical Psychology in Europe*, 4(2). https://doi.org/10.32872/cpe.6695

Lavik, K. O., McAleavey, A. A., Kvendseth, E. K., & Moltu, C. (2022). Relationship and Alliance Formation Processes in Psychotherapy: A Dual-Perspective Qualitative Study. *Frontiers in Psychology*, *13*(915932). https://doi.org/10.3389/fpsyg.2022.915932

Lynch, M. (2012). Factors Influencing Successful Psychotherapy Outcomes. *Social Work Master's Clinical Research Papers*. https://ir.stthomas.edu/ssw_mstrp/72?utm_source=ir.stthomas.edu%2Fssw_mstrp%2F72&utm_medium=PDF&utm_campaign=PDFCoverPages

Marmarosh, C. (2022). *Clients' experiences of therapy ending.* 351–378. https://doi.org/10.1037/0000303-013

Moitra, M., Santomauro, D., Degenhardt, L., Collins, P. Y., Whiteford, H., Vos, T., & Ferrari, A. (2021). Estimating the risk of suicide associated with mental disorders: A systematic review and meta-regression analysis. *Journal of Psychiatric Research*, *137*, 242–249. https://doi.org/10.1016/j.jpsychires.2021.02.053

Moors, F., & Zech, E. (2017). The Effects of Psychotherapist's and Clients' Interpersonal Behaviors during a First Simulated Session: A Lab Study Investigating Client Satisfaction. *Frontiers in Psychology*, *8*. https://doi.org/10.3389/fpsyg.2017.01868

Nisar, M., Mohammad, R. M., Fatima, S., Shaikh, P. R., & Rehman, M. (2019). Perceptions Pertaining to Clinical Depression in Karachi, Pakistan. *Cureus*, *11*(7). https://doi.org/10.7759/cureus.5094

O'Keeffe, S. (2019). *'I just stopped going': A mixed methods investigation into dropout from psychological treatment in adolescents with depression* [Doctoral dissertation, UCL] University College London.

Palinkas, L., Horwitz, S., Green, C., Wisdom, J., Duan, N., & Hoagwood, K. (2015). Purposeful Sampling for Qualitative Data Collection and Analysis in Mixed Method Implementation Research. *Administration and Policy in Mental Health and Mental Health Services Research*, 42(5), 533–544. https://doi.org/10.1007/s10488-013-0528-y

Poulin, L. E. (2023). *Therapist Emotional Reactivity and Performance Following a Motivational Interviewing Workshop With and Without Deliberate Practice*. Handle.net. https://hdl.handle.net/10315/41659

Roberts, H., Jacobs, R. H., Bessette, K. L., Crowell, S. E., Westlund-Schreiner, M., Thomas, L., Easter, R. E., Pocius, S. L., Dillahunt, A., Frandsen, S., Schubert, B., Farstead, B., Kerig, P., Welsh, R. C., Jago, D., Langenecker, S. A., & Watkins, E. R. (2021). Mechanisms of rumination change in adolescent depression (RuMeChange): study protocol for a randomised controlled trial of rumination-focused cognitive behavioural therapy to reduce ruminative habit and risk of depressive relapse in high-ruminating adolescents. *BMC Psychiatry*, *21*(1). https://doi.org/10.1186/s12888-021-03193-3

Saxon, D., Firth, N., & Barkham, M. (2016). The Relationship Between Therapist Effects and Therapy Delivery Factors: Therapy Modality, Dosage, and Non-completion. *Administration and Policy in Mental Health and Mental Health Services Research*, 44(5), 705–715. https://doi.org/10.1007/s10488-016-0750-5

Seidinger-Leibovitz, F. M., Malta, A. R., Rodrigues, L., Bastos, R. A., Leme, P. A. T., Silva, D. F. A., Turato, E. R., & Vieira, C. M. (2020). Premature Termination of Treatment among Adults Attending Treatment for Eating Disorders: A Critical Review. *Open Journal of Medical Psychology*, *9*(3), 123–140. https://doi.org/10.4236/ojmp.2020.93010

Shafiq, S. (2020). Perceptions of Pakistani community towards their mental health problems: a systematic review. *Global Psychiatry*, *3*(1), 28–50. https://doi.org/10.2478/gp-2020-0001

Smith, J. A., & Fieldsend, M. (2021). Interpretative phenomenological analysis. *Qualitative Research in Psychology: Expanding Perspectives in Methodology and Design (2nd Ed.).*, 147–166. https://doi.org/10.1037/0000252-008

Swift, J. K., Greenberg, R. P., Tompkins, K. A., & Parkin, S. R. (2017). Treatment refusal and premature termination in psychotherapy, pharmacotherapy, and their combination: A meta-analysis of head-to-head comparisons. *Psychotherapy*, *54*(1), 47–57. https://doi.org/10.1037/pst0000104

Tschuschke, V., Koemeda-Lutz, M., von Wyl, A., Crameri, A., & Schulthess, P. (2020). The Impact of Patients' and Therapists' Views of the Therapeutic Alliance on Treatment Outcome in Psychotherapy. *The Journal of Nervous and Mental Disease*, *208*(1), 56–64. https://doi.org/10.1097/nmd.0000000000001111

Westmacott, R., Hunsley, J., Best, M., Rumstein-McKean, O., & Schindler, D. (2010). Client and therapist views of contextual factors related to termination from psychotherapy: A comparison between unilateral and mutual terminators. *Psychotherapy Research*, *20*(4), 423–435. https://doi.org/10.1080/10503301003645796