

# MEANS TO THE ENDS ARE BETTER THAN TO THE ENDS TO THE MEANS: A PROPOSAL FOR TRAINING PROGRAM FOR PSYCHIATRISTS AND PSYCHOLOGISTS

**Naveed Shibli Psa**, PhD, Squadron Leader PAF retired, Head Department of Psychology, Riphah International University, Faisalabad, Pakistan.

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## ABSTRACT

**Objective:** Locating possibilities to further the existing therapeutic practices by introducing more socially approved training programs for the available indigenous psychiatric and psychological therapeutic interventions for better outcomes. **Study Design:** Library Research **Place and Duration of the study:** The relevant available resources available in Faisalabad or elsewhere explored with falsifiability criterion to gain maximum relevance and objectivity to materialize the idea of new proposed training with shortest possible time in 2016. **Subject and Method:** The present scientific paper is the result of expert series of discussions on the topic between Prof. Dr. Imtiaz Ahmad Dogar and Prof. Dr. Naveed Shibli during various occasions and such have been reduced to writing by the author in August 2016 by exploring and examining evidence from available relevant literature. **Results:** The review of the literature reflects that the possibility of combining the psychiatrist and psychotherapeutic intervention practices does exist. **Conclusion:** Combined training programs for psychiatric and psychological therapeutic interventions are likely to produce better outcomes as compared with practiced.

**Key words:** Combined training, psychiatrists, Psychologists

## Correspondence Address

Naveed Shibli Psa,  
PhD, Squadron Leader PAF  
retired, Head Department of  
Psychology, Riphah International  
University, Faisalabad, Pakistan.  
thedailyeasyenglish@yahoo.com

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## INTRODUCTION

Psychotherapy or psychiatry, whatever it may be, but the basic question is that a notable portion of human race is subject to mental illness, a mental health condition that exists in the form of 'disorders' and or a sort of 'illness' that needs a medium or treatment for the gain of normalcy and that is what a professional related with the field of mental health knows and that is what he or she needs to know and perhaps that is so, as it is, but is it so? Going through the 'vagaries' or 'vicissitudes' about psychiatry and psychotherapy 'collaboration'<sup>9-6</sup> elaborative comparison of available mediums with its early historical structure<sup>3</sup> and the recent appraisal<sup>1</sup> with the need for 'interdisciplinary research'<sup>2</sup> and many more are available in that context.

## BASIC PROPOSITIONS

It is convincing to feel that the possibility to look into the further closeness of both the disciplines psychiatry and psychotherapy does exist but may be with the out of the box solutions those may be based on in certain conditions on risky propositions: Risk taking behavior in itself is a complete topic<sup>18</sup> but it is established that risk taking is 'inescapable in contemporary life'<sup>20</sup>.

Perhaps such is the case that made Prof. Dr. Imtiaz Ahmad Dogar (Personal Communication on 28 Aug 2016) feel and express that he and his like-minded health scientists and the writer of the easy and his like-minded social scientists may come forward to jointly address this inescapable reality that 'sufferer' of any mental condition

irrespective of any theory and point of view or mode of medium desires to end 'sufferings' or problem or issue or whatever that is, that cause restlessness or that is something unusual and not only observed as unusual but perceived or rated as to be negatively unusual and that is a matter of major concern irrespective of Sullivan's interpersonal concerns related with psychiatry, Freudian pleasure seeking (2010) or Frankl's (2008) 'Sunday neurosis'. Such exchange of scientific views is the basic incentive that is behind the development of present essay for a reputable forum to seek and gather expertise for it or otherwise.

Human body, soul, consciousness, existence, unconsciousness, learning or social learning or gestalt all are there if intact human body, gray matter and allied intact functions are there so consciousness, existence, unconsciousness, learning or social learning or gestalt are there because heart beat is there, neural transmission normal or otherwise is there, digestion is there and such all are there because soul, consciousness, existence, unconsciousness, learning or social learning or gestalt are there so on and so forth, in other words if soul and soma both are together than the terms like ailment and normalcy or adjustment are there such may be there in the form of 'exclusivism', 'monism' or 'dualism'.<sup>15</sup>

If such is the case, than why not a treatment may be proposed at indigenous level that may caters for soul and soma both? A treatment that may equally address forms of human existence, the visible and invisible however, anatman or nonself, introduced by Buddhism is altogether a different proposition? In that context in advanced world not fully similar but somewhat resembling activity have already been reported like<sup>11</sup> moreover a recent study by<sup>16</sup> that found a 'meaningful' difference in favor of 'combined treatment not only that a functional improvement was observed during the treatment of depression with combination of CBT and escitalopram

administration.<sup>17</sup>

## RESULTS

### Conclusions and Recommendations

It is therefore feasible to assume that if a therapeutic system of training indigenously with the collaborative efforts both by psychiatrists as well clinical psychologists based on eclectic outlook be evolved in an 'integrative' fashion<sup>14</sup> catering for both body and soul at the same time by offering formal training of few weeks for psychiatrists in comparatively less time consuming and effective psycho therapies like CBT (Cognitive Behavioral Therapy)<sup>10</sup> TC (Transformational Chair work)<sup>12</sup> BPT (Brief Psychodynamic psychotherapy)<sup>13</sup> and others such available psychotherapeutic interventions as well as training courses for clinical psychologists to prescribe medicine for expert selected ailments like insomnia, low spirits, social psychological matters related with feelings of fatigue would proposed these are likely to open a new beginning for making existing system more effective and productive because in advanced world already such precedents are available for example<sup>7</sup> reflects that in USA psychologists have been allowed to prescribe drugs for mental patients.

However keeping in view the delicacy of the subject that is directly related with human health concerns initially various herbal substances those have less side effects by experts be proposed for such proposed training for non-medical professionals. For example "*Piper methysticum*" and the seed of "*Zizyphus jujuba*" "*Mill var. spinosa*"<sup>21</sup> have reported to be effective for insomnia.

In the same manner there are variety of other nutrients those could be used for the treatment of mental disorders.<sup>5</sup> However since this field is directly related with pharmacist business so a medical expert can better comment in that context because he or she is the best judge to decide that how the body bricks or body

constituents are structured and how such structures are more save while being repaired or improved. So only integrative constant concentrated and devoted long term efforts in that context are necessary, but it is much safe to assume that a social scientist or psychotherapist who is well equipped with pharmacological aspects of ailment and medical available healing procedures would certainly not only performed better but betterments in his or her therapeutic outcomes is likely in the same manner additional psychological therapeutic knowledge shall be an additional strength of medical professionals for the treatment of mental disorders provided in both cases expert guidance is available that would not only an additional edge for quality but would certainly would add to the practiced practices.

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**AUTHORSHIP AND CONTRIBUTION DECLARATION**

Sr. #	Author-s Full Name	Contribution to the paper	Author=s Signature
1	Naveed Shibli	Author	