Twenty Different Definitions of European Psychotherapy

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Abstract:
This article or document developed out of some of the work being done in the Working Group on Professional Competencies for a European Psychotherapist.[1] This is a sub-committee of the European Training Standards Committee (ETSC) of the European Association for Psychotherapy (EAP).[2] The project to develop the professional competencies is much wider than just defining them; it is clarifying and establishing the foundations, or strata of framework, for the future of the whole profession, with training criteria and methods of assessment. It is therefore important - in this context - to define what is really meant by "psychotherapy".
Key Words:
Professional definitions – Psychotherapy - Europe

Introduction

There are very many different definitions of psychotherapy, or understandings of the profession (professional activity) of "psychotherapy" in Europe. One excellent attempt to provide a cross-section of the developing field is from Alfred Pritz's *Globalized Psychotherapy*.[3]

> ***Psychotherapy*** *is the systematic application of defined methods in the treatment of psychic suffering and psychosomatic complaints as well as life crises of various origins. The basis for treatment is the relationship of the psychotherapist to the patient, or in a non-clinical setting to the client. The target group for psychotherapy includes people with emotional problems but also people who would like to extend their possibilities for social and "inward" actions. Psychotherapy is thus also in many cases preventative.*[4]

However, I believe that psychotherapy in Europe today is considerably wider than this and so, to attempt to describe it in one paragraph (or in the 852 pages), misses the mark a little bit from both ends of the spectrum. There are also endemic problems (which I face as well) of trying to describe something *from the inside*: it is hard to think 'outside the box'; there is the use of specialist language and 'jargon'; and it is difficult to be as objective as is sometimes necessary – for other people's benefit and understanding. So, perhaps we need to consider some different definitions.

Another example of a definition is from the European Association for Psychotherapy's (EAP) definition of the profession of psychotherapy. This is an organisation that is dedicated to

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[1] www.psychotherapy-competency.eu
[2] EAP website: www.europsyche.org
[3] Pritz, Alfred (Ed.) (2002). *Globalized Psychotherapy*. Vienna: Facultas Universitätsverlag.
[4] Ibid: p. 13.

establishing psychotherapy as an independent profession in Europe. [5] Their most recent definition (which falls into the same trap in my opinion) is:[6]

> ***EAP 2009 Definition of Psychotherapy***[7]
> *(1) The exercise of psychotherapy shall be the comprehensive deliberate and planned treatment or therapeutic intervention on the basis of a general and special training of disturbances of behaviour and states of disordered condition, or wider personal developmental need, connected with psycho-social and also psychosomatic factors and causes, by means of scientific psychotherapeutic methods, in an interaction between one or several treated persons, and one or several psychotherapists, with the objective of mitigating or eliminating the established symptoms, to change disturbed patterns of behaviour and attitudes, and to promote a process of maturing, development, sanity and well-being in the treated person.*
> *(2) The independent exercise of psychotherapy shall consist in the practical implementation, at the therapist's sole responsibility, of the activities described in paragraph 1, irrespective of whether the activities are exercised on a self-employed basis or in the framework of an employment relationship.*

A classic external source is (as always) Webster's On-line Dictionary, and its extended definition of psychotherapy reads:

> ***Psychotherapy*** *is an interpersonal, relational intervention used by trained psychotherapists to aid clients in problems of living. This usually includes increasing individual sense of well-being and reducing subjective discomforting experience. Psychotherapists employ a range of techniques based on experiential relationship building, dialogue, communication and behavior change and that are designed to improve the mental health of a client or patient, or to improve group relationships (such as in a family).*
> *Most forms of psychotherapy use only spoken conversation, though some also use various other forms of communication such as the written word, artwork, drama, narrative story, music, or therapeutic touch. Psychotherapy occurs within a structured encounter between a trained therapist and client(s). Purposeful, theoretically based psychotherapy began in the 19th century with psychoanalysis; since then, scores of other approaches have been developed and continue to be created.*
> *Therapy is generally used to respond to a variety of specific or non-specific manifestations of clinically diagnosable crises. Treatment of everyday problems is more often referred to as counseling (a distinction originally adopted by Carl Rogers) but the term is sometimes used interchangeably with "psychotherapy".*
> *Psychotherapeutic interventions are often designed to treat the patient in the medical model, although not all psychotherapeutic approaches follow the model of "illness/cure". Some practitioners, such as humanistic schools, see themselves in an educational or helper role. Because sensitive topics are often discussed during psychotherapy, therapists are expected, and usually legally bound, to respect client or patient confidentiality.* [8]

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[5] See 1990 Strasbourg Declaration on Psychotherapy.

[6] Appendix 1 to the Board Minutes, Syracuse 17th to 18th of October 2003: accessed 10/10/10 www.europsyche.org

[7] EAP Template for a National Psychotherapy Law, amended Lisbon, July 2009.

[8] Downloaded 10/10/10 from: http://www.websters-online-dictionary.org/definitions/Psychotherapy

So now we have three examples of a definition of psychotherapy. But none of these, it is contended, adequately describes the full extent of the current provision of, and the profession of, psychotherapy across Europe today.

As an analogy, similar to that within the field of neuroscience and with reference to the measurement of brain-activity, where Magnetic Resonance Imaging (MRI) scanners can separate out images of 1mm wide 'slices' of the brain, showing the various areas of electrical activity in different parts of a living brain. These images, or cross-sections, are sometimes taken when it is performing (or thinking about) certain functions. It is hoped that the following 'analysis' of the current 'profession' of psychotherapy in Europe offers various 'slices' of, or insights into, a wide variety of professional activities within the field of psychotherapy, and that these – or various combinations of these – will be able to describe the professional activities of psychotherapy, and those of a European psychotherapist, just a little better than the few paragraphs quoted above. In fairness, it is recognised that those authors were attempting to be as succinct as possible.

These definitions are not mutually exclusive; nor can they ever be totally comprehensive; nor are they definitive in themselves – many of the headings are my own invention – but together, or only as an accumulated whole perhaps, can they begin to illustrate the scope of the diversity and richness, detail and massive amount of hard work that has been undertaken over many years, by many different people; to form all that has gone into developing the professional practice and the profession of psychotherapy in Europe.

I hasten to add that all of these definitions come from my own particular, idiosyncratic perspective, and must therefore **not** be taken as being 'official' in any way, or 'endorsed' by any particular organisation (possibly like the EAP). Hopefully some people will agree with some of these definitions, and may even want to share this agreement, or their disagreements. Please let me know, I welcome the ensuing dialogue.[9]

Twenty Different Definitions of Psychotherapy

1. Psychiatric Psychotherapy

This is psychotherapy as a form of non-pharmacological, quasi-medical / 'psychiatric' treatment, conducted or supervised by psychiatric staff, in hospital or out-patient (psychiatric / mental health team) settings. In these cases, the recipients (patients) would be those people who have been diagnosed, or assessed as:

(i) either having a form of mental illness, DSM-IV or ICD-10;

(ii) or having significant identified, but more general long-term, mental health or psychosomatic problems and issues;

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(iii) or having a mental health disorder, possibly episodic or short-term;

(iv) or being someone whose psychological problems are significantly affecting their mental health and well-being;

In such cases, it is not uncommon that the recipient might also be receiving other forms of treatment, including psycho-pharmacological treatment.

There are 'implications' with this type of psychotherapy that the 'treatment' might be quite long-term, or quite intensive, especially where the onset or the symptoms was quite acute. The 'patient' might even be confined (as under a legal mental health order, or "section"); or it may have been a voluntary 'admission', often with a doctor's referral to the ward, or the team, or at the request of their family; or the therapy may even have prescribed by a court of law, or be part of a legal assessment, after the person's arrest, to determine whether the person is 'compos mentis' or whether their potential criminality or anti-social behaviour is in fact deriving from their illness.

In this context, psychotherapy used as a treatment of addicts (drug or alcohol) in a residential setting can be seen as 'psychiatric' psychotherapy, but psychotherapy used as a treatment for such addicts in a non-residential (out-patient) setting probably fits more appropriately into the next category.

2. Psychological Psychotherapy

This is psychotherapy as a "talking therapy", practised by both medical and non-medical professionals, alongside, separately, or in conjunction with, traditional medical approaches, like psychiatry or psycho-pharmacology; conducted by members of the 'mental health' services, or psychological services. The difference to the above (psychiatric) section is partially in the differentiation of 'diagnosis': the person may be in need of therapy, but not necessarily requiring treatment; the problem is probably more psychological, than psychiatric, (though a psychiatric assessment may have been conducted to establish this) and the psychotherapy is conducted more in a clinic or out-patient setting. For people with some form or degree of 'mental illness', like (say) severe bi-polar depression, psychotherapy may be appropriate – once the person has stabilised on their medication.

Psychotherapy – in this context – is therefore a parallel, but distinctly different approach to psychiatric psycho-pharmacology, and any psychiatric medication can either enhance the psychotherapeutic activity (by making the recipient more aware, more alert, more present, grounded and functioning) or can intrude on, or disrupt, it (by interfering with the recipient's receipt of psychotherapy).

Psychotherapy – in this context – is very similar to some of the other professional activities listed below, and is often conducted outwith and very separate from any medical setting, but it is still seen as a form of 'treatment', however it is practiced.

Psychotherapy – in this context – might also be part of ‘treatment’ undertaken within a medical or legal framework, with controls and/or assessment, though (probably) in more of an out-patient setting, perhaps to evaluate (say) whether the recipient could function well enough outside the prison, or hospital; or for people with problems with addictive substances; or whether they can be in society without endangering others (viz: anger management), etc.

3. Health-Care Psychotherapy

This is psychotherapy as a recognized professional “health-care” activity, (or “mental health” care) that can sometimes be paid for (employment or contracted), or sometimes is subsidized by, state health-care payments or health insurance companies. Payments are usually only made to those practitioners (psychiatrists, clinical psychologists, psychotherapists, counsellors, psychiatric nurses, social workers, etc) recognised by the official bodies, or state ministries, or registered with state-recognised professional bodies, and are usually made only to practitioners working within certain accepted modalities (methods), and/or in certain accepted settings.

Psychotherapy – in this context – might be one of the health-care ‘benefits’ provided by the welfare state, or by the health insurance, as and when deemed necessary. After an initial assessment, the psychotherapy might be time-limited or diagnosis-specific.[10] It is noted that this ‘system’ of health-care provision is used fairly extensively in the USA, and is becoming more prevalent in Europe: especially as definitions of ‘state health care’ and ‘health care’ providers become more globalized.

The health-care provider of psychotherapy might be someone (clinical psychologist, psychotherapist, counsellor) employed by the state health care system, or contracted by the health-care insurance company, or provided by companies contracting such services (EAPs = employee assistance providers), or by voluntary organisations (often with state funding) providing such services. The psychotherapist may also be self-employed, but also working under short-term or part-time contract to any of the above.

4. Life-Event Psychotherapy

This is psychotherapy as a professional “helping activity” with a clear bio-psycho-social basis suited for ordinary people having some ‘life’ difficulties, possibly with an accumulation of different life problems, traumatic life events, difficult emotional problems or relationship problems, or troublesome habits; these difficulties coming from both internal sources (biological, psychological, characterological) and/or external sources (socio-economic, familial, political, environmental, etc.); or some combination of these. Therefore, in this understanding,

[10] For example: a minor DSM-IV category (x) could only get the person (y) sessions; but a person with another (more serious?) DSM-IV category (a) might be able to get (b) sessions.

psychotherapy is open to, available, and suitable for anyone, in almost any situation, given a particular set of circumstances, and does **not** necessarily involve any form of medical diagnosis or clinical assessment, or the categorisation of the recipient (client) as a 'patient' in need of 'treatment'.

Psychotherapy – in this context – may be provided by a voluntary organisation, or in a social work setting, or as a referral, or privately. It often occurs when the individuals themselves recognise, and takes responsibility for, their own needs. With this definition of psychotherapy, there will be a greater emphasis on developing self-help skills, self-awareness, resilience, emotional intelligence, pragmatic acceptance, stress reduction strategies, general tolerance, etc. and for the recipient to increase their 'life-skill' set – a mix of perspectives, insights, attitudes and behaviour patterns that work (better) for them.

5. In-depth Psychotherapy

This is psychotherapy as an in-depth, "helping activity", and is distinct, in several (as yet improperly defined) ways, from more vocational, superficial or specific, forms of advice, assistance or help, like "guidance", "coaching", "pastoral care" or "counselling".

Psychotherapy – in this context – is just one of these forms of "helping activities"; and it is sometimes available in some European countries (provided by the state, health care services, medical services, specialist services, voluntary organisation, or privately) but some of these forms are not apparent in several other European countries; and psychotherapy is often more long-term, or 'in-depth' than some of the other forms. Where (say) counselling is available, this will provide a level of more basic 'help' than in countries where only 'psychotherapy' is available.

Psychotherapy – in this context – has an awareness of, is involved in, or is based on, the extended and in-depth therapeutic relationship; concepts such as 'transference', 'counter-transference', 'projective identification', 'behaviour modification', etc.; a mutually agreed 'contract'; a sense of management of the client's change processes; their early personal history and childhood contexts and events; and, from these perspectives, often focuses on exploring repressed emotions, encouraging self-analysis and correcting dysfunctional behaviours. It is often directed primarily towards stimulating the recipient's self-awareness, their personal growth, and a general sense of well-being, rather than any specific reduction of symptoms that may have initiall 'brought' the recipient to therapy

Psychotherapy – in this context – is probably based more on, or is biased towards, 'psychoanalytic' or 'psychodynamic' methodologies, rather than other methods. It is probably **not** specifically time-limited, or goal-oriented, and is probably much more self-directed and open-ended than in previously mentioned definitions.

6. Personal Psychotherapy

This is psychotherapy as an 'in-depth' 'long-term' "reflective practitioner" approach – conducted either with a professional, and/or a qualified and experienced 'lay' practitioner, oriented specifically towards: the recipient's personal development (intellectual and emotional growth and change); greater self-understanding (including an exploration of any personal, psychological or philosophical difficulties); greater 'social' awareness, which might include a re-framing of values, some social re-education; all emphasised towards gradually acquiring a different, and more satisfying ('better') sense of self;

Psychotherapy – in this context – has similarities with the previous definition, in that it may be stylistically or methodologically biased towards psychoanalysis and/or psychodynamic psychotherapy, as well as or alternatively probably being oriented much more towards some of the humanistic, person-centred, existential or transpersonal approaches;

Psychotherapy – in this context – is usually conducted regularly (once or a week, though this can vary to 2-3 times a week or once a fortnight); is probably long-term, over several continuous months or years; and is only very occasionally practiced in a mental health or health care setting; it is more often practiced (and paid for) privately, or in some subsidised fashion.

So far, we have been looking at different areas or 'levels' of provision. The next 'set' of definitions is different. The language becomes more technical, and the concept of 'categorization' of the psychotherapy is introduced. The first is slightly more political; the second more technical (both probably more of interest to those within the profession), but they are attempts to describe the 'field' of psychotherapy, and the organisation of that field; other types that follow refer to psychotherapy more as a remedy for some aspects of society, etc.

7. Political / Legal Psychotherapy

This is psychotherapy as it is seen 'politically' or 'legally' in different countries and by different professions across Europe: some of these perspectives have already been mentioned slightly in other definitions.

Some European countries have passed laws that attempt to define 'psychotherapy' as an 'activity' that can only be done 'properly' by certain 'professionals': usually psychiatrists and psychologists. Therefore, to be 'registered' as a 'psychotherapist' in that country – or perhaps even to 'practice' psychotherapy in that country – you have to have 'qualified' as a psychiatrist or psychologist. Other European countries have, or are moving towards, a 'national' or 'state register' for 'psychotherapists' that can include clinical psychologists and several other professionals with sufficient specific training. Still other European countries (some within the EU, some in the EEC, and other countries) have no specific regulations – yet! This is similar to a

certain extent to the situation in America, where every state has different regulations: the state of New York[11] and that of California[12] regulate the activity of psychotherapy much more than some other states.

Psychotherapy – in this context – is therefore a regulated / licensed 'activity': i.e. no-one can practice it without being licensed; or, it is a regulated / licensed 'profession' – i.e. you cannot call yourself a (professional) 'psychotherapist' without being registered or licensed; or it is – as yet – 'unregulated'. Countries in Europe vary significantly, and the situation is changing and developing.

Given the political / legal situation in the European Union, which was originally established as a free labour market, if a person is state-registered in one EU country, then they have the legal "right" to work in any other country. The implication of this 'superior' law is that some of the national 'laws' regulating the activity or profession in a particular country will not stand up in court, if challenged. There have already been a few successful court cases in some countries with such a law.

The EAP is attempting to persuade the EU to establish a "Common Platform" for Psychotherapy within the 25+ EU countries: this is where a majority of countries can agree certain basic standards about a profession without any one country's 'laws' being overturned: however this structure is fraught by internal EU Parliament / Commission difficulties, and is so complex that no Common Platform has actually been awarded for any profession within the last 5 years. The only other 'instrument' is a 'Sectoral Directive', existing for 7 particular professions[13] and this form of regulation has largely been discontinued. The situation has been constantly changing and the latest EU Directive (2005/36/EU) consolidates and modernises the present position on the trans-national recognition of professional qualifications.[14] The EAP is now accepted as a Professional Organisation (consulting member) of the EU on professional qualifications relating to psychotherapy.[15]

8. Classified Psychotherapy

This is psychotherapy seen as a multiplicity of different methodological approaches or orientations, largely from within the field of psychology and human sciences, which can usually

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[11] New York State: Office of the Professions: Licensure and Practice of the Mental Health Professions : http://www.op.nysed.gov/prof/mhp/mhpques-ans.htm

[12] California Board of Psychology: http://www.psychboard.ca.gov/index.shtml and California Board of Behavioral Sciences (Marriage & Family Therapists, Licensed Clinical Social Workers, etc.): http://www.bbs.ca.gov/

[13] EU Sectoral Directive: for the professions of doctor, general nurse, midwife, veterinary surgeon, dental surgeon, pharmacist and architect: http://ec.europa.eu/internal_market/qualifications/specific-sectors_en.htm

[14] Directive 2005/36/EU: http://ec.europa.eu/internal_market/qualifications/future_en.htm

[15] European Commission: EU Single Market: Professional Organisations: http://ec.europa.eu/internal_market/qualifications/links_en.htm#proforganisations

be categorised into a number of distinct mainstreams and modalities (methods), with many very different origins, viewpoints and methodologies (techniques);

In a similar way as with the 'classification' of species (of plants and animals), a type of psychotherapy – in this context – is defined by that 'modality' (or method) in psychotherapy as being seen to be lying loosely within one or more of several well-defined 'mainstreams' (or collections) of similar psychotherapy methods. There are therefore some types of other psychotherapies (modalities or methods) that are 'close', and some that are very 'different': some modalities bridge two different mainstreams;

In this context, there are about 4 universally-agreed psychotherapy mainstreams (eg: psychodynamic, cognitive-behavioural, systemic and humanistic) or about 12 generally-agreed mainstream 'collections' (eg: psychoanalytic, psychodynamic, family & systemic, body-oriented, humanistic, existential, transpersonal, hypno-psychotherapeutic, group psychotherapies, expressive psychotherapies, psychotherapies with specialist client groups, integrative psychotherapies, and (maybe) brief psychotherapies); and there are between 400 and 600 differently identified psychotherapy 'methods'. A one-on-one mapping – of method into mainstream – is not always possible;

A psychotherapy – in this context – is only defined as a 'proper' psychotherapy by the EAP, where the psychotherapy organisation representing that modality (method) is legally registered and possessing an accountable administrative and financial structure; it must be active in the field of psychotherapy; it must have a clear definition of who is working, or is a member, within the organisation, and on what grounds, and who is not; and it must have a written code of ethics or practice, largely compatible with the ethical principles of the country or profession (like that of the EAP) [16];

A psychotherapy – in this context – is also only defined as a 'proper' psychotherapy, where it is clear that there has been a reasonably significant level of academic publications in that modality (method); that there are internal and external peer and professional activities; that there are public & professional conferences, with appropriate activity over a significant time-scale; that there has been a reasonable level of appropriate ('scientific') research undertaken; also that there is evidence of extended clinical activity; and that the method has reasonably clear definitions and boundaries, etc. – all to ensure that is it more than just a purely theoretical philosophy, or a belief system, or (say) a couple of people recently setting up in an office;

A 'proper' psychotherapy – according to the EAP – must also receive a degree of peer-acceptance: it must have the 'scientific validity' of its modality or method 'assessed' by a process of self-description, scrutiny and peer-review, by examining the substantive written answers to the EAP's application criteria of for any European-wide modality or method (The "15 Questions on

[16] EAP Statement of Ethical Principles: www.europsyche.org

Scientific Validity")[17]. This form of processing has (to-date) 'assessed' about 40 different modalities; it has accepted most; found several submissions to be insufficient or inadequate, and has invited re-application, often offering support with the presentation of the submission; some organisations have 'walked away' at this point, preferring not to be 'processed'; only 2-3 'methods' have been definitely excluded, after much processing – on various grounds;[18]

Psychotherapy – in this context – represents a rich and developing multi-modal and diverse "field" of widely differing psychotherapeutic methods; practiced European-wide (in several different countries) and many of them also world-wide; by a number of differently trained professionals; in a very wide number of different settings;

Psychotherapy – in this context – is also establishing its own common (European) professional training standards, competencies, and methods of assessment for trainees; ethical principles and research parameters; with most or all methods agreeing that they are acting professionally within a reasonably, mutually recognised, convergent umbrella or framework; there is a strong consensual component, and there exists an equally strong 'caveat' not to exclude more 'fringe' methods without them being given every opportunity to meet very clear and well-established, agreed and published, parameters;

The profession of psychotherapy – as it is emerging in this context – is largely self-defined and self-regulated by the professional practitioners themselves, or by the professional associations and training schools attached to the different methods. Where there are 'laws' on psychotherapy, they are often written to exclude various modalities and also a number of 'psychotherapists' (people practicing psychotherapy) in that country, (thus restricting the practice as one which should only be done by (mainly) psychiatrists and psychologists). In every country where there is a law, a number of professional psychotherapists have been (or will be) excluded. Some of these laws are now being challenged in the courts as being a 'restrictive practice' or acting against the EU principle of the free movement of professionals across Europe;

At this point – it must also be clearly stated that – in this context – some methodologies or groups that call themselves "psychotherapies", and who may have some properly-qualified 'psychotherapists' practicing within them, may (in reality and practice) be closer to a 'sect' or a 'cult'[19], but these can probably only be determined by informed peer-assessment, using tools of comparison with other modalities, or through external examination by state or legal authorities. Some organisations, like Scientology, have so far managed to avoid such scrutiny.

9. Effective Psychotherapy

[17] EWO Application Form (PDF download): www.europsyche.org

[18] This process has not be 'examined' or researched by an external body: this could be a good project for a PhD.

[19] See: Singer, M.T. & Lalich, J. (1996). *Crazy Therapies: what are they?; do they work?* San Francisco: Jossey-Bass; and Singer, M.T. (2003). Cults in our Midst. San Francisco: Jossey-Bass

This is psychotherapy – seen as a professional activity – irrespective of the modality, philosophy or setting – that can be undertaken at widely varying frequencies and for different durations – and that has been assessed as "effective":

(i) Psychotherapy can be undertaken at a high frequency (daily or 2-3 times per week), a more usual frequency (about once per week or fortnight), or at a low frequency (once every 3-4 weeks); and …

(ii) The duration of psychotherapy can be 'brief' (about 6-12 sessions), middle-term (up to between about 30-60 sessions), or long-term (stretching over many months, into years, sometimes up to hundreds of sessions).

There is usually (hopefully) a determination (and/or clear understanding) at the beginning of the onset of psychotherapy as to what the frequency will be and what the expected duration may be; this should be provided by the practitioner, and should be what is most suitable for the recipient.

There is significant evidence that brief psychotherapy is reasonably effective, though the effects are sometimes not retained significantly after several months: it is therefore effective as an intervention. There is evidence that middle-term psychotherapy (of any sort) is effective according to a number of different markers and the beneficial effects are usually retained over several months after the end of the therapy. There is also evidence that long-term psychotherapy has lasting benefits, though these tend to 'plateau out' with little further increment in the very long-term.

Much of this sort of "effectiveness" research (studies of benefits over time) comes from America, is out-of-date, is very modality-specific, is linked to a particular client-group, or has not been translated into commonly-used European languages.[20] The profession of psychotherapy in Europe seriously lacks a set of properly organised and conducted, 'across-the-board', modern "effectiveness" studies, standardised for each modality. The establishment of these should be seen as a priority by all the professional associations in each modality, and by the EAP.

10. Societal Psychotherapy

This is psychotherapy, seen as a twentieth-century phenomenon, in (largely) a Westernised urban culture. Psychotherapy – in this context – can be seen as a psycho-sociological and socio-economic reaction to, and compensation for, the development of relocated and isolated individuals and small families as a result of the preceding Industrial Revolution and the relatively recent historical development of large urban populations (over the last 150 years);

Psychotherapy – in this context – can be seen as compensating for the lack of the 'extended family' with its access to blood-relatives; well-known & trusted neighbours; the rest of

[20] See: Seligman, M. (1995). The Effectiveness of Psychotherapy: The Consumer Reports Study. *American Psychologist, Vol. 50, No. 12, pp. 965-974*. Downloadable: http://horan.asu.edu/cpy702readings/seligman/seligman.html

the village, tribe, or cultural unit; with its associated hierarchical elders, priests, shamans, medicine men, wise women, witches, sages, seers, druids, midwives, barber-surgeons & apothecaries, etc.; with the wider social support and regulatory structures enshrined in the work of guilds, trade associations, unions, captains & sergeants, teachers, doctors, professors, etc., as well as with judges, lords & kings, etc. etc. - all supplying various sources of help, support, control, wisdom and objectivity to their biological and sociological associates;

Psychotherapy – in this context – is the creation of a professional activity out of a set of human needs not being met elsewhere, so that people living more traditional lives would therefore not 'need' a professional psychotherapist, as these needs would probably be adequately met from other sources within their society. It also supports and encourages the growth of the importance of the individual, the 'self', in society, rather than the view that the individual was an insignificant part of, unit of production of, or in subordinate service to, that society.

11. Trans-cultural Psychotherapy

This is psychotherapy where it is seen significantly differently by different cultures: ethnics, national and international; within particular religions or cultures and different social groupings; there are different social and cultural assumptions and contexts; and these, professionally and ethically, require different and additional awareness and sensitivities.

Psychotherapy – in this context – must also be seen as an aspect of Western globalization that is overlaying (and swamping) many more traditional cultures, languages, practices, mind-sets, and traditions.

Psychotherapy – in this context – must also be seen from a more radical, existential or 'post-modernist' critical perspective that tries to 'transcend' the culture, mores, assumptions and perspectives of some traditional and 'modernist' trends, and is therefore capable of criticising the more, narrow-minded viewpoints of 'culture', ''capitalism', 'scientific' 'objectivity' and 'progress', thus focussing more on inequality, injustice, difference, plurality and the varyin gcultural contexts. In this context, the work and thoughts of people like Heidegger, Sartre, Derrida, Lacan, and particularly Foucault, are significant in offering a philosophical or psychological critique of the prevailing (Western) European culture. Foucault critiqued several social institutions, notably psychiatry, medicine, death, human sciences, the prison system, and human sexuality – and has himself been critiqued.

Psychotherapy – in this transcultural context – is practiced substantively differently in China, India, Japan, South America, Africa and Russia, than it is in the more 'Westernised' cultures of Europe, North America (USA & Canada) and Australia.

Psychotherapy – in this context – can be seen, by the feminists and post-feminists, to be very different (and maybe less relevant for) women as it is largely based on masculine-gendered

perspectives, ‘norm’s and concepts. Feminine psychology therefore puts a strong emphasis on gender equality and women’s rights, and feminist psychotherapy is largely avoiding ‘diagnosis’ and is geared significantly more towards freeing of predominant assumptions and the empowerment of the (female) client.

Psychotherapy that is practiced – in this context – with: more religiously-oriented (Christian, Jewish, Muslim, Buddhist, or Taoist); or is based more within a spiritual context (transpersonal, shamanistic, pagan); or that works with people from special cultural groups (like the Roma, Hasidic Jews, the Sami (Lapp), etc.); or special ‘national’ or cross-cultural groups (like the Basques, Kurdish peoples, Tyroleans, Bosnians, Cypriots, etc.); or with people with special socio-cultural needs (like Orthodox Jews, the ‘Shahed’ in Iran, Amish in USA, Plymouth Brethren in UK, traditional Muslim, etc.); or who have been culturally dislocated (refugees, asylum seekers, ‘victims’ of economic or environmental relocation, etc.); or with widely differing cultural issues (education of Muslim women; attitudes on marriage, divorce & widow-hood; the predominance of men in hierarchical positions, etc.) can also be considered as ‘trans-cultural’ and will probably require additional special cultural sensitivity awareness and training.

Psychotherapy – as it practiced in very rural or traditional situations – Chinese barefoot doctors, traditional villages, rural hospitals and health centres in Africa & India, etc. is also trans-cultural, in that it often mixes both Western and traditional concepts and practices.

12. Phenomenological Psychotherapy

This is psychotherapy as an experiential or phenomenological approach to a wide variety of activities within human society, primarily interested in the different experiences of individuals, and helping them overcome difficulties, resolve conflicts, change some, behaviours and come towards a greater understanding, of themselves and of their environment(s).

Psychotherapy – in this context – is slightly more philosophical, possibly somewhat academic or intellectual, and there are also some practitioners working clinically. There is also a ‘method’ or ‘modality’ of psychotherapy called ‘Existential’ and/or ‘Phenomenological Psychotherapy’.

Psychotherapy – in this context – is particularly relevant to Europe, given the wide range of social, cultural, religious, economic, language and political diversities, moderated by recent historical developments.

Psychotherapy – in this wider context – might also include those psychotherapies with a particular philosophical or epistemological viewpoint, including some ‘spiritual’ belief-systems, such as Buddhist, transpersonal or Christian psychotherapies – though this might be a significantly different grouping and thus need a separate, stand-alone, category.

13. Scientific Psychotherapy

This is psychotherapy as a professional activity in which there has been a reasonable degree of appropriate 'scientific' research (effectiveness and efficacy studies), which can include some form of 'outcomes' approach, satisfaction assessments, and post-activity follow-up, comparative case studies, as well as 'efficacy' studies involving some form of randomised controlled (clinical) trials (RCT) compared to a placebo or control group (not receiving treatment);

Psychotherapy – in this context – can therefore be said to be "scientific", though it is not yet fully clear as to exactly what forms of scientific assessment are suitable and appropriate for all the many social and human science aspects already mentioned. There are a significant number of effectiveness studies in some psychotherapy modalities (as mentioned) and there are also efficacy studies for some modalities for certain single 'conditions'; but it is not clear whether efficacy studies are fuly relevant to the wider practice of psychotherapy.

Psychotherapy – in this context – can both accommodate some efficacy research (including RCTs and control groups), but withholding treatment from those who may need it raise serious ethical issues; effectiveness studies (over time) are useful, but often ignored by those more involved with the (natural) "medical" model of science, as contrasted with to the "human" (social and behavioural studies) model of science; the phrase "evidence-based" used for some psychotherapies is a misnomer as nearly all major mainstreams of psychotherapy have a very good 'evidence-base' though the 'type' of evidence varies considerably between the different mainstreams. Psychotherapy – in this context – can therefore accommodate both quantitative and qualitative research, but not just one or the other.

14. Differentiated Psychotherapy

This is psychotherapy seen as a professional activity that is practiced in a variety of different forms: in an individual, private (one-to-one) setting; or with a couple, or family; or in group of individuals, either with the same issues or from a similar setting, or who have separately come together to work with the 'group' psychotherapist;

Psychotherapy – in this context – can also be conducted in a wide variety of different settings: these include hospitals, out-patients departments, clinics, surgeries, hostels, prisons, voluntary organisational settings, employment settings, refugee camps, educational centres, etc. as well as privately, in various forms and places;

Psychotherapy – in this context – can also be practiced with a number of different and specialist client groups: adults; hospital patients; prisoners, criminals and perpetrators; refugees and asylum seekers; victims (of crime, natural disasters, accidents, particular illnesses, war and trauma); addicts of various sorts; children and adolescents; for those wanting special procedures - plastic surgery or infertility treatments; etc.

There are also specialist areas of psychotherapy practice: including training, supervision, case management, service management, research, etc.

Practitioners of psychotherapy – in this context – as practiced in such differentiated ways, with some of these specialist activities, will probably require additional specialist training.

Having defined psychotherapy so far, we now need to look at the various provisions of training for psychotherapy.

15. Psychotherapy Training

This is psychotherapy as a professional training – and with 'psychotherapy' being defined as being distinct from professional counselling, pastoral counselling, social work counselling, coaching, psychological therapy, etc. This usually involves a reasonably high level of tertiary education[21] and also post-graduate education – usually to at least Masters university degree level – and professional training.

Psychotherapy – in this context – is seen (at least by the EAP) to have a minimum requirement for a professional post-graduate training in psychotherapy of 4 years of training and practice, after a 'relevant' university first degree (medicine, psychology, human or social sciences, etc.) or the equivalent, bringing the total duration of the professional training in psychotherapy to not less than 3200 hours, over a minimum of 7 years, from the age of 18.

Psychotherapy training – in this context – thus conforms to the professional training standards of CEPLIS[22] for a liberal profession in Europe.

Psychotherapy training – in this context – must comprise a mix of significant amounts of: (i) academic components and theoretical study, (ii) practical training, (iii) personal psychotherapeutic experience (or the equivalent) – in order to ensure familiarity with the supply of the therapy and/or ensuring sufficient experience and emotional maturity to manage a professional practice, as well as, (iv) a placement in a mental health setting or the equivalent, and (v) supervised professional clinical practice and experience.[23]

Psychotherapy training – in this context – implies that the range of required training activities takes it outside of the purely academic, and it also takes it away from the pure 'apprentice' type of training (like a 'training analysis) It also gives it a grounded professional basis in the provision of mental health services. The 'own therapy' component is contentious for some systemic and cognitive-behavioural therapies that see psychotherapy basically as a 'treatment', and since they (the professionals themselves) are not 'ill' or 'in need of treatment', why should

[21] Tertiary education: post- 18 years old, at college or university.
[22] CEPLIS: Council for the European Liberal Professions
[23] Fuller details are given in the EAP's European Certificate of Psychotherapy document.

they have to be a recipient of the therapy. However, the escape clause is the phrase "or the equivalent", as this allows those therapies to make an appropriate assessment of candidates to ascertain "sufficient experience and emotional maturity to manage a professional practice".

16. Competent Psychotherapy

This is psychotherapy as a European professional activity that is engaged in establishing the 'functional competencies' of that profession. These competencies determine what a professional psychotherapist should be able to 'do'. Anybody who can adequately demonstrate these competencies is – de facto – a professional psychotherapist.

Psychotherapy practice – in this context – consists of a combination of: (i) 'core' competencies, that every psychotherapist should be able to demonstrate that they can do; (ii) competencies specific to their modality (method) or modalities (methods) or (in some case), specifically required by a particular country – that would need to be able to demonstrate as well; and (iii) 'specialist' competencies, when working with special client groups, or in special settings, or performing specialist functions (training, supervision, management, research, etc), that they would have to be able to demonstrate, but only if these categories were applicable to their practice.

Psychotherapy – in this context – is practiced professionally within certain 'domains' or areas of professional activity. In each of these three main categories of competencies (above), there are several different 'domains'. These domains cover a number of competencies within a particular area of functioning, and these domains include: (a) working professionally, autonomously and accountably; (b) the psychotherapeutic relationship between the provider and recipient; (c) exploration (assessment, diagnosis & conceptualisation) of the recipient's problems or needs; (d) 'contracting' (developing goals, plans and strategies); (e) [that the provider has the necessary skills in …] various techniques and interventions; (f) … completion and evaluation; (g) … collaboration with other professionals; (h) … use of supervision, (peer) intervision and critical evaluation; (i) … ethics, standards and sensitivities; (j) … management and administration; (k) … research; (l) … prevention and education; (m) … management of change, trauma and crisis work;

Psychotherapy – in this context – is then comprised of a matrix of various competencies, arranged in these several domains (or areas of professional activity) and – for each of these 'nodes' on the matrix, there would be a set of knowledge, skills and experiences that would be applicable to the competency and the domain, and that could be properly assessed.

Psychotherapy – in this context – can eventually be 'mapped' in parallel to the other, similar professions, when it will become much clearer: (a) what aspects of the practice of psychiatry constitute 'psychotherapy' (and what do not) – and therefore psychiatrists will need appropriate training in psychotherapy to fulfil *those* competencies; (b) what aspects of the practice of clinical psychology constitute 'psychotherapy' (and what do not) – and therefore psychologists

will need appropriate training in psychotherapy to fulfil *those* competencies; (c) what aspects of the practice of counselling constitute 'psychotherapy' (and what do not) – and therefore counsellors will need appropriate training in psychotherapy to fulfil *those* competencies; and (d) similarly for other professions.

These competencies in psychotherapy – in this context – will eventually be taught and assessed in the basic psychotherapy training schools and colleges, and will also be relevant for professional development courses for those moving into different areas of professional activity, or working in different modalities (methods). This will constitute the essential competency, knowledge and skills framework for the profession of psychotherapy.

17. CPD Psychotherapy

This is psychotherapy as a on-going professional activity, requiring continuous professional development (CPD). To consider that a 'once-and-for-all' psychotherapy training is sufficient for the next 30-40 years of professional practice is naïve, old-fashioned and rather ridiculous. The principle of a necessary component of Continuing Professional Development (CPD) is therefore now a requirement of 'proper' professional practice.

The EAP has considered this point carefully, and – whilst all members are not totally and currently performing to these criteria – the principle of a necessary minimum requirement for CPD has been accepted. In 2007, the EAP established its CPD requirements. These are: a minimum of 250 hours of CPD over a period of the previous 5 years, which can be taken in various forms:

a) Attendance at advanced or additional professional psychotherapy courses
b) Engagement in professional supervision for psychotherapy practice/clinical/group work and peer supervision (This component should comprise 20% of CPD in any one year)
c) Attendance at psychotherapy conferences / symposiums / lectures / workshops / seminars / reading groups or other shared-learning environments that address psychotherapy theory and practice (This component should comprise 30% of CPD in any one year)
d) Engagement in professional activities in psychotherapy (boards, committees, working parties, etc.) (No more than 10 hours each year can be claimed)
e) Participation in extra psychotherapy training as a supervisor / researcher / teacher
f) Involvement in the publication of professional papers and books on psychotherapy (No more than 10 hours each year can be claimed)
g) Engagement in self-reflective practices (meditation, mindfulness, retreats, etc.) or personal therapy
h) Engagement in CPD or professional educational activities in closely related fields: psychiatry, psychology, sociology, anthropology, mental health studies, nursing, specialised practices, etc.
i) The minimum of 250 hours (over 5 years) shall consist of no more than 75 hours from any one category.

It is felt that this 'requirement' will probably serve the developing profession of psychotherapy. The 'requirement' will have to be 'demonstrated' as being fulfilled – probably with the renewal of accreditation and/or registration.

There are also certain wider aspects to the provision or professional practice of psychotherapy in Europe: unconditional psychotherapy; psychotherapy as a 'right'; .

18. Unconditional Psychotherapy

This is where psychotherapy – as a professional activity – is understood to be undertaken only where the freedom of the recipient to participate in the therapy (or not) is absolutely enshrined, and is totally respected, and therefore psychotherapy cannot properly be 'enforced' or 'required' i.e. as a form of coercion; or 'imposed' as a result of a mental health order – (as some 'treatments' like psycho-pharmaceutical medication, ECT, or psycho-surgery can be); nor can it be exercised as a form of socio-political control (as it has been in the past in some countries); nor can it be properly carried out within the context of a sect or cult (because of the physical and/or mental limitations of the recipient, when it becomes akin to brain-washing);

Psychotherapy – in this context – is sometimes actually used to help 're-habilitate' people who have escaped or been released from a sect or cult, or from a political or criminal kidnapping, or from long-term prison sentences; or to overcome institutionalised factors (like the Stockholm syndrome or extended solitary confinement); as a method to help restore the recipient's sense of autonomy and a sense of their place in society.

19. The Right to Psychotherapy

This is psychotherapy being 'seen'[24] as one of the treatments and/or treatment conditions in the basic health, social care and well-being provisions[25] that are established as a 'right' for all European citizens, in the Charter of Fundamental Human Rights of the European Union[26] and based on the European Convention on Human Rights, the Council of Europe's Social Charter[27] and other similar charters. These rights are now arranged into six 'sections' comprising: dignity, freedoms, equality, solidarity, citizens' rights and justice.

Psychotherapy – in this context – is seen as, not only a legitimate form of treatment or resource for all citizens (people), but that it also should[28] be made available to those who are in

[24] The word 'psychotherapy' does not actually appear in the 22 pages of the Charter.
[25] As discussed in: Tantum & van Deurzen, 2005.
[26] Accessible 10/10/10: http://www.europarl.europa.eu/charter/default_en.htm
[27] Accessible 10/10/10: http://conventions.coe.int/treaty/en/treaties/html/163.htm
[28] INGO Groupings: 7. Human Rights: … The grouping occasionally decides to hold meetings of select working groups over a specified or unspecified period as appropriate on such themes as "50th

need of it: i.e. citizens should not be denied appropriate access to psychotherapy. Every one has the human right to food, clean water, shelter, education, basic health care,[29] and social and medical assistance.[30] Psychotherapy is being seen as a part of this last provision and is specifically mentioned in the 'Groupings' of the International Non-Governmental Organisations (INGO). Many EU countries are therefore including 'psychotherapy' within their mental and social health care provisions so as to fulfil the conditions of these Charters.

20. Preventative Psychotherapy

This is psychotherapy as a preventative measure. As can be seen in the previous section, the Fundamental Human Right relating to health care (Article 35) specifically mentions the words 'preventative heath care'. However, a lot of 'lip service' (insincerity) has been paid to 'preventative' care by the medical and mental health professions and therefore to psychotherapy as a preventative measure.

Psychotherapy – in this context – could be estimated as being deficient in that a lot of the actual practice of psychotherapy (in whatever setting) could be seen as actually denying or ignoring this principle. If psychotherapy, as a profession, were really to be proactive in this area, then, as professionals, we would be going into primary and secondary schools and educating (or re-educating) 30 children for an hour at a time, and some of their future problems might be prevented this way. We would be writing many more 'proactive' 'self-help' books[31] and making these readily available. We would be helping to provide telephone help-lines, drop-in centres, internet web sites, and many other forms of lower-level, easy-access support, to be accessed before anyone came to see us, or was referred to us, professionally.

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anniversary of the ECHR", "vagrant children", "psychotherapy and human rights", "languages and human rights", "media and human rights", this work being undertaken under the responsibility of the grouping.: www.ifuw.org/uwe/docs/coe-ingo-groupings.pdf

[29] EU Charter of Fundamental Rights: Article 35: Health care: Everyone has the right of access to preventive health care and the right to benefit from medical treatment under the conditions established by national laws and practices. A high level of human health protection shall be ensured in the definition and implementation of all Union policies and activities.

[30] European Union Social Charter: Article 13 – The right to social and medical assistance: With a view to ensuring the effective exercise of the right to social and medical assistance, the Contracting Parties undertake:

1. to ensure that any person who is without adequate resources and who is unable to secure such resources either by his own efforts or from other sources, in particular by benefits under a social security scheme, be granted adequate assistance, and, in case of sickness, the care necessitated by his condition;
2. to ensure that persons receiving such assistance shall not, for that reason, suffer from a diminution of their political or social rights;
3. to provide that everyone may receive by appropriate public or private services such advice and personal help as may be required to prevent, to remove, or to alleviate personal or family want;
4. to apply the provisions referred to in paragraphs 1, 2 and 3 of this article on an equal footing with their nationals to nationals of other Contracting Parties lawfully within their territories, in accordance with their obligations under the European Convention on Social and Medical Assistance, signed at Paris on 11th December 1953.

[31] viz: Young, C. (2010). *Help Yourself Towards Mental Health*. London: Karnac Books.

Psychotherapy – in this context – seems quite 'stuck' in the relatively professional, specialist (and well-paid) provision of psychotherapy to individuals, couples and small groups. Most of this provision is to people who have been already 'identified' as being in need of our services. There seems to be very little pro-active work, by psychotherapists, directed towards preventing people getting into mental health difficulties; educating them in "emotional intelligence"; encouraging preventative factors like mental flexibility, tolerance, resilience, empathic understanding, etc. and provided to a large number of people, consistently from an early age.

Psychotherapy – in this context – seems occasionally negligent: for sure, we – as professionals – are nominally dedicated towards helping people to live their lives better; but – when we are struggling with a huge case-load in the Health Service, we really want our patients to get better and go away as quickly as possible so that we can take on the next patient (otherwise our waiting lists build up and then our manager will be breathing down our neck); – or we are being paid quite well (thank you), week after week, in private practice, and (maybe, just maybe) we are not working quite as hard as we could to make sure that the client ends their therapy with us as quickly as possible, and in a self-empowering way; … etc., etc.;

Psychotherapy – in this context – seems the most capable profession in identifying what 'goes wrong' in childhood, generally, and in extreme situations, and thus could be proactively identifying 'remedies' to prevent these situations recurring. Some attempts have been made to do this on a large social scale;

Psychotherapy – in this context – is often one of the provisions within the 'welfare state' system; however there are (at least) three basic types of 'welfare state'[32]: most struggle with basic provision of services (sometimes including some psychotherapy) and few systems have been working preventatively, until more recently. Psychotherapy – as a profession – could be more proactive within the 'welfare state' system – as medicine, as a profession, is slowly becoming – to put more emphasis on such preventative measures as social care, the provision of basic services, the reduction of poverty, and social education; but this involves coordination with other professions and trans-professional co-operation and distribution of resources.

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[32] " … According to Esping-Anderson (1990), there are three ways of organizing a welfare state instead of only two. Rothstein argues that the first model the state is primarily concerned with directing the resources to "the people most in need". This requires a tight bureaucratic control over the people concerned. According to the second model the state distributes welfare with as little bureaucratic interference as possible, to all people who fulfill easily established criteria (e.g. having children, receiving medical treatment, etc). This requires high taxing. This model was constructed by the Scandinavian ministers Karl Kristian Steincke and Gustav Möller in the 30s and is dominant in Scandinavia. Esping-Anderson argues, based on comparative histories of actual welfare states, that they fall into three types of policies: liberalist (heavily means tested, limited services), corporatist (pre-market conservative welfare state in origin, social insurance schemes), and social democratic (universalistic "Beveridge" style social rights based on citizenship instead of working life).": accessed 14/10/10: http://en.wikipedia.org/wiki/Welfare_state

Conclusion

This is obviously not a totally inclusive list, nor is it an exclusive list, nor can it ever be fully comprehensive. It was intended more as a descriptor, not as a dictionary, or anything completely definitive or encyclopaedic. Whilst I have tried to be as extensive as possible, I naturally extend my sincere apologies to any fellow professional in psychotherapy for 'getting it wrong', or for 'leaving out' their particular way, or place, or manner of working, or any aspects of their professional activities. Please therefore contact me with your comments, criticisms, amendments, or additions.

Author

Courtenay Young is an experienced UK counsellor and psychotherapist with about 30 years of professional practice experience in a number of different settings: private, clinic, hostel, community, health service, etc. and with a number of different client groups. Currently, he lives and works in and around Edinburgh, Scotland, both in the NHS and privately. He holds the European Certificate of Psychotherapy (ECP) and is an Individual Member of the EAP. He has also been heavily involved in the creation of the 'profession' of psychotherapy, the politics of psychotherapy, both in the UK and in Europe. He has written many (over 40) published chapters and articles – most available on his website – and one published book, *Help Yourself Towards Mental Health* (Karnac Books, 2010) and there are a few more articles and books in the 'pipeline'. He is also an editor for the *International Journal of Psychotherapy* and the *Journal of Body, Movement and Dance In Psychotherapy.*

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