

European Association for Psychotherapy

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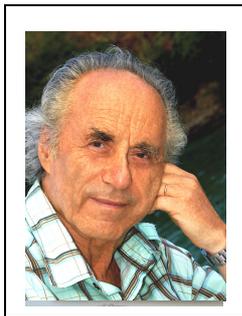
Colloquium on the Status of Psychotherapy in Europe

(120 official participants from 34 countries)

Vienna, February 18th, 2010

Psychotherapy, an Independent Profession: A European Challenge!

by Serge Ginger (Paris), Registrar of the EAP



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Autonomy of Psychotherapy: *Strasbourg Declaration*

The day usually arrives when children will leave home in order to acquire their autonomy. They normally move to a different location.

This is also what happens regarding certain social groups.

Thus — in most countries — *Psychology* has progressively detached itself from its « mother, » *Philosophy*. In France, for example, this happened in the 1950's. At the same time, a special department was created in the French universities for the “*Social or Human Sciences*”; so it was no longer taught in the school of “*Arts*”. Today there exist about 45 000 books on the subject of *Psychology*, published throughout the world¹... and *Psychology* is no longer considered to be just a simple branch of *Philosophy*.

In the same way, in our country, after the ideological revolution of 1968, *Psychiatry* separated from *Neurology*, and thus created a place for non-organic mental disorders.

¹ About 45 % on psychopathology or psychology of health; 10 % on neuroscience; 2 % on psychoanalysis.

And then, in 1990, *Psychotherapy* took its turn, its flight, and *distinguished itself from Psychology and Psychiatry*. It did this through the “**Strasbourg Declaration**” — which gave birth to the **European Association for Psychotherapy (EAP)**. This manifesto, signed on October 1990 by the representatives of 14 countries — and since, signed by all 40 National Awarding Organizations — remains the cornerstone of the EAP. It states:

1. ***Psychotherapy is an independent scientific discipline, the practice of which represents an independent and free profession.***
2. ***Training in psychotherapy takes place at an advanced, qualified and scientific level.***
3. ***The multiplicity of psychotherapeutic methods is assured and guaranteed.***
4. ***A full psychotherapeutic training covers theory, self-experience, and practice under supervision. Adequate knowledge of various psychotherapeutic processes is acquired.***
5. ***Access to training is through various preliminary qualifications, in particular in human and social sciences.***

Strasbourg, October 21st, 1990

The European Certificate of Psychotherapy (ECP)

Concretely, this fundamental step led to the establishment of the **European Certificate of Psychotherapy (ECP)** and a **European Register** for certified Psychotherapists (**ERP**).

The existing Austrian law concerning Psychotherapy largely inspired it.



The ECP was established *13 years ago, in 1997*, during a European Congress in Rome. It specifies the conditions for training: *3,200 hours* over a minimum of *7 years*, including a prior university-level degree of *3 years in the social sciences* or equivalent, followed by an in-depth training in a *scientifically validated method*, for a minimum of *4 years*, including *2 years of supervised practice*.

The criteria for the attribution of the ECP were negotiated during many international meetings of experts (in Vienna, London, Rome, Paris, Amsterdam, Frankfurt, Moscow) by delegates elected from thirty countries in Europe, and are validated today by representatives from 40 countries.

• **In the first instance, a “grandparenting procedure”** was applied for psychotherapists who had been practicing for at least *3 years*, and who were recognized by a National commission of colleagues from their country.

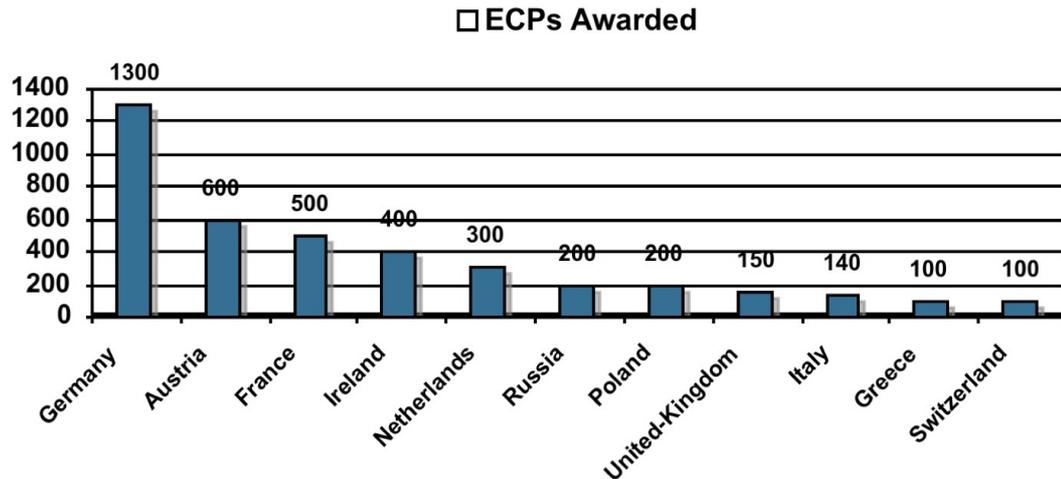
Each individual candidate for the ECP is successively examined by *3 different* National and European bodies:

1. The National Awarding Organization (NAO), a national federation of psychotherapists, formed by qualified professionals practicing diverse modalities;

2. The appropriate European Wide Accrediting Organization (EWAO), the official European Association that represents the specific *modality* practiced. These European modality associations must be officially recognized as being based on *scientific* research, the object of *publications* in several professional journals, and need to be taught in at least *six European countries*.

3. The Registration Committee of the EAP — which I have chaired since 2001 – and which regulates the whole procedure.

Today, around **6,000 ECPs have been awarded in 51 countries** — both within Europe and *the entire world* (including people from Mexico, Lebanon, USA, Kazakhstan, Japan, etc.). Two thirds of these ECPs have been awarded to professionals in the following dozen countries (*rounded numbers in numerical order*):



Each person who has been awarded an ECP must have also accomplished *personal work* (individual or group psychotherapy, or the equivalent) of at least *250 hours*, and commits to the Statement of *Ethical Principles* of the Association.

• **In a second stage**, those who had attained a certificate from a school or institute, which had been officially recognized as an **EAPTI** (*European Accredited Psychotherapy Training Institute*) could *apply directly*. The EAP's *Training Accreditation Committee (TAC)* awarded the recognition of such institutes after an in-depth study of their application, followed by a detailed on-site inspection by two independent international experts, and a vote in the EAP's Governing Board.

To date,

- 52 *psychotherapy training institutes*,
- teaching 14 *different modalities*,
- in 20 *European countries*,

have received such an EAPTI accreditation.

The European Parliament is considering the main points of the ECP program for a "**common platform**" which is in the process of elaboration by the *European Commission* in Brussels.

The WCP (*World Council for Psychotherapy*) has used the same model, to establish a *Worldwide Certificate of Psychotherapy*.

Thus, the level of competence of professional psychotherapists has been *increased* and has become *comparable* from one country to another: corresponding at the least to the level of a *Master's degree*. Exchanges amongst different professionals therefore become much more possible.

European Legislation

The legislation that governs psychotherapy *varies greatly* amongst the different countries of the European Union. Today, about ten countries — out of 27 — have established a specific law relating to psychotherapy. Some of them (Germany, Italy, Sweden, Netherlands) have limited access to the profession to *psychologists* and *medical doctors*, whereas others (Austria, Finland, etc.) have opened their training to candidates from a variety of backgrounds — and even to young people who have just finished their secondary studies. Thus, instead of being only a “second career” or “adjunct” to another profession, psychotherapy is becoming, little by little, a ***specific profession of its own***, like medical doctor, psychologist or lawyer.

A European ruling that enforces this high level of ***specific training*** (*different from the training of a clinical psychologist or psychiatrist*) is becoming an *urgent necessity* at a time when the demand for psychotherapy continues to increase from year to year.

Psychotherapy has developed rapidly within *a hundred countries* on all continents. It is diversified into a *great number of practices* — each one of which benefits from *specific training institutions and specialized scientific journals*. (For example, Gestalt Therapy is taught today in nearly *200 institutes*, in around *fifty different countries*. There are more than *25 specialized journals and 6,000 Gestalt publications* in various languages).

Psychotherapy today is found at the crossroads between several disciplines: *medical, psychological and social*. It would therefore be *unrealistic* to restrict the training and practice to one or another specific profession, like medical doctor, psychologist, social worker, etc.

To illustrate this, I will briefly describe *three different situations*:

- *1st example*: it is clear that a profound *depression* is accompanied by a neurological dysfunction and imbalance of neurotransmitters (serotonin, dopamine, etc.). A *medical* treatment is thus often necessary, paralleled by a psychotherapeutic approach;

- *2nd example*: *sexual impotence* with one’s usual partner, when the erectile activity remains normal with a young mistress, shows that the problem is not *organic*, but rather, *psychological*;

- *3rd example*: a *social phobia*, maintained by repeated racist attacks in a low-income neighbourhood, is an example of a *sociological* problem, and not only medical or psychological. This would also apply to psychosocial problems induced by *unemployment*.

Any *reductionist* approach to psychotherapy is thus destined to be inefficient or inadequate: and a ***bio-psycho-social*** model is appropriate.

The Prevalence of Psychic Difficulties. *Some statistics*

According to various international studies, the percentage of people suffering, *at one time or another* in their life, from psychosocial troubles that require an external assistance, varies between **7 % and 15 % of the general population** — thus representing for the *500 million residents of the European Union (EU)*, between *35 to 75 million* people with psychosocial difficulties!

We are therefore being confronted with an important *social* problem... coming at a time when depression has been called “the sickness of the century” (Frankl, 1997).

But few of these people with problems will seek help from psychotherapy — whether for *cultural* or *economic* reasons: in some countries, seeking help seems to be reserved for very serious cases of mental illness; in other countries, the limitations are due to the high cost of treatment, as well as the drastic lack of specialists.

We have recently conducted two large national surveys in France with independent organizations², which have indicated that **8 % of the adult population** have undertaken — or are still in the process of — psychotherapy (or psychoanalysis).

The main *motivations* were: depression, anxiety, a psychological trauma, family or social conflicts.

In rounded-off numbers:

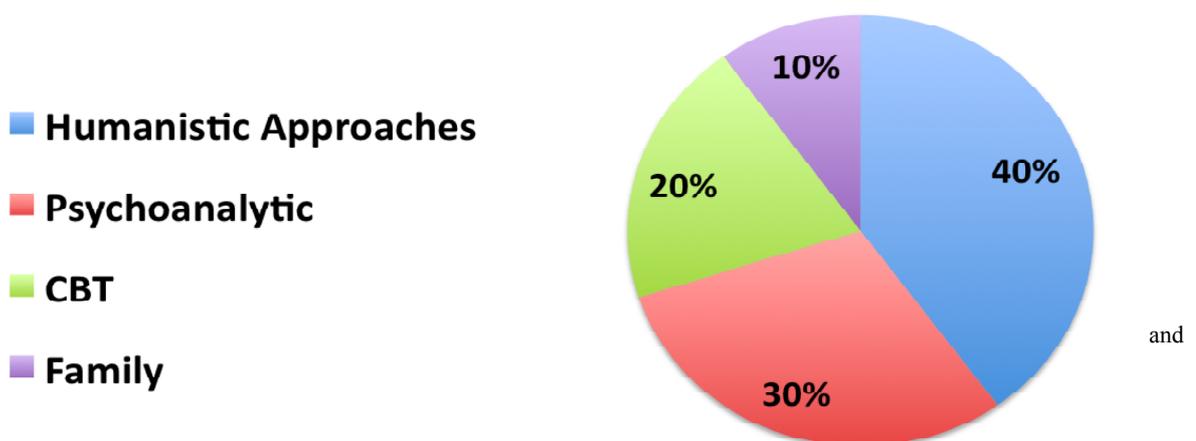
- **40 %** were engaged in a *Humanistic Psychotherapy*: Gestalt Therapy, Transactional Analysis, Person-Centered Approach, Psycho-Organic Analysis, Psychosynthesis, Psychodrama, etc.

- **30 %** in a *Psychodynamic* therapy (inspired by *Psychoanalysis*);

- **20 %** in a *Cognitive-Behavioural therapy (CBT)*;

- **10 %** in a *Family therapy*.

These psychotherapies lasted — on the average — *one year*, at the frequency of *one 50-minute session, per week*; 87 % of the clients expressed that they were “satisfied” or “very satisfied”, and only 4 % “unsatisfied”. (9 % did not respond).



The Need for Psychotherapy is steadily Increasing

In fact, the *offer* of, as well as the *demand*, for psychotherapy is *on the rise* in all developed countries.

Why is there a need for so many consultations – *preventative or curative*? A good number of hypotheses have been suggested: it appears, in any case, that the causes are *not only individual* (thus “medical”), but, even more, *sociological* and cultural.

For, in addition to the traditional needs of psychological help for sick, upset or lonely individuals, numerous problems have been recently identified that are linked to the *severe crisis of the “post-industrial” society*:

- the drawing on the right is the *Chinese* version of the word “*crisis*”

危机

- which has two parts (*wei-ji*): “*danger*” and “*opportunity*”

- with a *positive* connotation

- **economic crisis and technological changes**, within the context of a *global economy*, migration of populations, unemployment and exclusion, poverty, and solitude... But also, the need for support for *managers, under stress* by competition and the accelerated evolution of technology (thus the development of counselling, coaching and techniques for stress management...);

- **sociological crisis and rapid evolution of lifestyles**, with its context of travel, trans-cultural shocks, racism, identity crises, with an increase in poor housing developments and lower class suburbs, and with its conflicts between generations;

- **informational crisis**, with the permanent irruption of the medias into our private lives: internet, television and its daily menu of ecological catastrophes, pollution, political and financial scandals, moral issues — a day-to-day *disruption of everyone’s serenity* — caught up into an insane “zapping”, alternating between murders, explosions, rapes and torture. (Summary of an *ordinary week* on the six basic television channels in France: 670 murders, 420 gun battles, 15 rapes, 27 scenes of torture, 850 fights, 9 suicides, 13 strangulation, 18 drug scenes...) — and in parallel: love songs and embraces, gorgeous starlets and sunny dreams. (The rapid alteration of this type of behavior — extreme and uncoordinated — is characteristic of a *borderline* personality).

• **political crisis**, with the slow and delicate construction of Europe: ideological conflicts, displaced populations or refugees, linguistic conflicts, insecurity, violence, terrorist attacks, genocides...

Thus, society is becoming more and more complex and “depersonalized”. With the global economy, we no longer know *who decides what*; we have *neither guide... nor enemy* identified; we often feel **lost and impotent**.

This socio-cultural context may explain — in part — the growing role of psychotherapy in our contemporary society.

In fact, *anxiety is the corollary of progress*, according to the universal law of “*hypertelia*”³. Technology produces garbage: not only visible waste — often toxic — but it also produces collateral damage, both psychological and social⁴. Medical progress and the development of physical cures are not sufficient to assure man’s equilibrium: a *global* approach is necessary, to integrate the *personal* psychological problems with *social* adaptation to a changing and often stressful milieu, with the spiritual questioning about *the meaning* of existence itself. In other words, we must consider the interrelationship between the **five main dimensions** of the human being: physical, emotional, intellectual, social and spiritual⁵.

Three Professions relating to Psychosocial Help

To face these problems, three main professions have developed in parallel – which the public often *confuses*: Psychology, Psychiatry and Psychotherapy (without mentioning various counsellors: religious, social or technical, and others, such as life coaches).

1) Psychologists have received an official university diploma (after 5 to 7 years of studies and various fieldwork). They have a good level of competence on a *theoretical* level. They can conduct tests, expert assessments, and often coordinate work meetings within institutions. There are several specialities: however, even the *Clinical* Psychologists — who have been trained in *psychopathology* — have still *not* been trained much in *psychotherapy* within the universities. The *European Federation of Professional Psychologists* (EFPPA) requires that psychologists — after their diplomas — continue to take *3 more years* of a specific *complementary* training, 2 years minimum of *supervised practice*, and a *personal* psychotherapy. So, one finds here a *complementary* and *optional* psychotherapy training.

³ *Hypertelia*: from *hyper*, extreme, and *telos*, goal = *going beyond the prescribed goal*. A classic example is the excessive development of the defenses of the mammoth: their tusks curved back inwards, finally perforating their jaws.

⁴ For example, the increased use of telephone answering machines has the perverse effect of creating the *non-response* to calls, by filtering. The « *magic* » *communication of internet has produced an avalanche of parasite information (SPAMS)*.

⁵ Cf. *The Ginger’s Pentagram*, in *Gestalt Therapy, The Art of Contact*, Karnac Books, London, 2006.

2) Psychiatrists are medical doctors specializing in mental illnesses and psychic disturbances. They have completed many years of studies (usually about 10) and internships in psychiatric hospitals. As medical doctors, they are allowed to prescribe *psychotropic drugs*: tranquilizers, antidepressants, antipsychotics... Such drugs are absolutely *necessary* in *severe* cases (such as depression with risk of suicide, hallucinations, delirium, etc.). In less severe cases, the drugs may be *combined with a psychotherapy* treatment, and can thus render it more efficient.

Besides drugs, the psychiatrists may *possibly* conduct a few interviews with the patient — more or less long, and more or less regular. However, it must be noted that *all psychiatrists are not necessarily psychotherapists*: that is a *complementary* specialization, generally *not* taught in the public universities, but acquired afterwards by *certain* psychiatrists from *private* institutions. The *Italian law*, for example, demands *4 years of additional studies* — that is 2,000 hours — for a *psychiatrist* (or for a *psychologist*) before they may use the title of “*Psychotherapist*.”

3) Psychotherapists have first *themselves* undergone a psychoanalysis or psychotherapy; then they have been trained, in specialized institutes, in one of the specifically recognized modalities of psychotherapy.

Psychotherapy students are often recruited after a *selection* process – which focuses not only on the *level of education achieved* (basically, 3 years of first degree university studies), but especially on the equilibrium and maturity of their *personality*. The training is theoretical, methodological, and practical:

- **theoretical**: studies in psychology, psychopathology, anthropology, philosophy, law, ethics, etc.;

- **methodological**: principles and techniques of interventions, process, goals and closure, specific to each method;

- **practical**: concrete training to lead individual or group sessions, and *supervision*.

Psychotherapists are therefore not necessarily medical doctors or psychologists. In many countries, **more than half come from other professions**: social workers, special educators, nurses, physical therapists, teachers, sociologists, philosophers, priests or ministers, etc. They have all undergone a *personal psychotherapy*, a long, specific, theoretical and practical training in psychotherapy, and are committed to continue with ongoing supervision of their work, *throughout their career* (**Continuous Professional Development – CPD**, as well as to follow a Code of professional *Ethics*, and increasingly be a member of a professional association. The EAP requires an average of *250 hours of ongoing training every five years*: classes, supervision, colloquiums, publications, involvement in professional organizations...

Many Modalities, grouped into 4 to 6 Mainstreams

Some people criticize the abundance of methods of the different psychotherapies. There are at least... 365 — which would allow one to change methods each day of the year! But after all, this also represents a *wealth and freedom of choice*. Do we complain about the great variety of medicines (drugs), fruits, cheeses or wines? In truth, we may name hardly *20 or so* psychotherapies that are commonly *practiced* in Europe, and which are represented by a recognized professional European association (EWAO). The others are mostly *variants* of those. In addition, these twenty methods may be grouped *into 4 to 6 mainstreams*:

1. Psychodynamic (10 to 30 %)
2. CBT (10 to 30 %)
3. Family Therapy (10 to 15 %)
4. Humanistic (20 to 40 %)
5. Transpersonal (5 to 10 %)
6. Integrative (10 to 20 %)

1 • Psychodynamic Therapies, inspired by Psychoanalysis (Freud, Lacan, Jung, Adler, Melanie Klein, etc). In psychoanalysis, the treatment is founded on *free association*, the importance of the *unconscious* and especially *sexual* drives, the determining effect of *childhood* experiences and *transference*. The psychoanalysis often last many years (3 to 15), at a rhythm of several sessions per week, and they aim for a possible restructuring of the whole personality. Psychodynamic psychotherapy is more or less common, representing between *10 to 30 %* of psychotherapies, depending on the country.

2 • Cognitive-Behavioural Therapies (CBTs) aim to de-condition the patients from certain mental blocks, phobias or depressing thoughts, to change dysfunctional patterns of behaviour, and to go beyond their obsessions or post-traumatic problems. These therapies are generally *short-term* (10 to 20 sessions within a few months) and centred especially on the healing of *symptoms*. The various forms of CBT today represent, depending on the country, between *10 to 30 %* of all psychotherapies.

3 • Systemic Family Therapies: here there is no longer a “designated patient” who analyses his or her problems, but the *whole family at the same time*. These therapists help to clarify the *present* relationship and the *communication system* within the family, considered in its totality. One variation on this is ***couple’s therapy***. These therapies are generally brief (several months, with one session per month — often co-led by two therapists). Their incidence is estimated to be around *10 to 15 %*.

4 • Humanistic or Existential Therapies — such as Gestalt Therapy (GT), Transactional Analysis (TA), Ericksonian Hypnosis, and various Client-centred (or Person-centred) methods (PCA), Psychodrama, Psychosynthesis — as well as **Body Psychotherapies**. The Humanistic Therapies are not limited to a *verbal* exchange, but also take into consideration the *body, the past history and the environment*, often focusing on the expression of *emotions*, and looking at the behaviour, relationships and feelings of the client, as well as his or her relationship to the therapist. These Humanistic Therapies aim for a *creative adjustment* of the entire personality to the *current* conditions of life — integrating, of course, the client's personal *history* and his projects for the *future*. They are usually of a *medium range* (from 1 to 3 years, at a rhythm of one session per week) and take place either in *individual* or small *group* sessions. They represent today a total of about 40 % of all psychotherapies.

5 • There is also a category of **Transpersonal methods** (holotropic breathing, oriental approaches, enneagramm, art-therapies, etc.) which emphasize the spiritual and energy dimensions; one may also place here the **Trans-generational methods** (total of 5 to 10 %, depending on the country.)

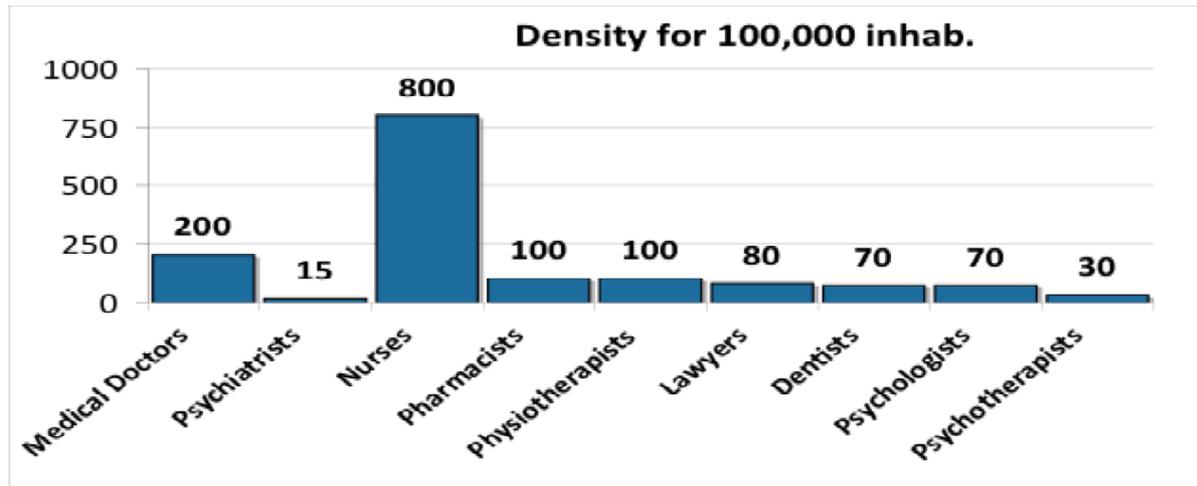
6 • Finally, **Eclectic or Integrative Methods** combine together techniques from the different branches listed above, or attempt to synthesize their *theories and practice* (10 % to 20 % of psychotherapies).

Not all countries recognise all of these methods, but most recognise the first *four*, and then the other two groups often fit themselves *within the Humanistic category*.

The Law and the Need for Qualified Professionals

The regulations for psychotherapy are *quite different* from one country to another. In some countries, they concern only the training and procedures for attaining the *title* of “Psychotherapist”; in others, they also involve the professional *practice* itself, and its definition.

A law presently exists in 8 European countries [and several others are *in the process* of discussion]. In some countries, this profession implies a specific training that is *open to a number of original professions*. In other countries, training is only accessible to *medical doctors and psychologists*, and is *added on to* their basic university training. In *no country* in the world is it reserved only for *medical doctors*; and everywhere, psychotherapy is mainly taught in *private* schools or institutes. This is due mainly to the fact that a *personal therapy* and a *selection* based on the maturity of the *personality* would be difficult to set up in the public universities.

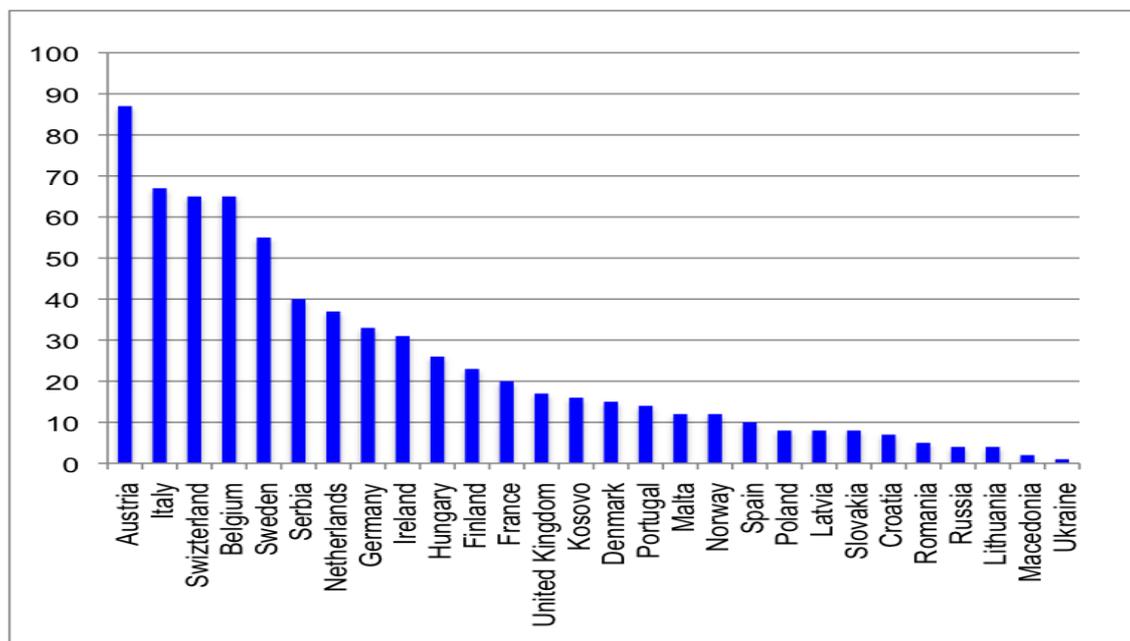


It is estimated that approximately *150,000 qualified professional psychotherapists* are presently in activity in Europe... but there is still an insufficient number of them in almost all the countries.

In reality, the professional density of *psychotherapists* varies enormously from one country to another: *from 65 to 85 (per 100,000 inhabitants)* in Austria, Italy, Switzerland or Belgium; to 10 — even 5 or less — in several countries in Eastern Europe.

***Estimation of the professional density
of qualified psychotherapists (per 100,000 inhabitants):***

Countries	Professional Density per 100,000 inhab.	Estimated number of qualified Psychotherapists	Population in millions
Austria	86	7,000	8,1
Italy	67	40,000	60,0
Switzerland	66	5,000	7,6
Belgium	65	7,000	10,7
Sweden	55	5,000	9,1
Serbia	40	3,000	7,4
Netherlands	37	6,000	16,2
Germany	33	28,000	85,5
Ireland	31	1,200	3,9
Hungary	26	2,600	10,0
Finland	23	1,200	5,2
France	20	13,000	64,0
United Kingdom	17	10,000	60,0
Kosovo	16	300	1,9
Denmark	15	800	5,4
Portugal	14	1,500	10,7
Malta	12	50	0,4
Norway	12	600	4,8
Spain	10	4,500	43,0
Slovenia	10	200	2,0
Poland	8	3,000	38,5
Latvia	8	180	2,3
Slovakia	8	430	5,5
Croatia	7	300	4,5
Romania	5	1,200	22,2
Russia	4	5,000	142,0
Lithuania	4	120	3,4
Macedonia	2	40	2,0
Ukraine	1	330	46,1
TOTAUX	22	147,550	682,4



Conclusions and Prospective

If we estimate that around 10 % of the population might need psychotherapy, and that a psychotherapist can care for around a hundred clients per year, on the average (in therapy, short- or middle-term, individual or group), that would imply an optimal density of 100 qualified psychotherapists per 100,000 inhabitants (or 1 psychotherapist for 1,000 inhabitants) — which means, for the entire European Union, around 500,000 qualified psychotherapists — that is, about *three times* the estimated number today.

If we consider that a psychotherapist will exercise his/her professional activity *during approximately 30 to 35 years*, this would imply a training each year of 3 new professionals per 100,000 inhabitants, thus representing, for the entire EU: approximately 15,000 psychotherapy students — trained in around 500 specialized training institutes of average size (20 to 40 students per class). This would seem to correspond to the estimated number of institutes of training *currently* in operation in Europe.

It would be sufficient therefore for them to meet all the *quality criteria* defined by the TAC (*Training Accreditation Committee*) to be officially recognized as “EAPTIs.”

These objectives are *not unrealistic*, and could be attained rather *quickly*, after a *European directive* that would prescribe uniform requirements for the recognition of this *new profession* — which is much more than a simple specialization of neighbouring professions. *And isn't that the reason we are united together, here in this Colloquium today?*

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