

Discussion Document about Mainstreams, Modalities and Methods

Courtenay Young & Heward Wilkinson

A Discussion Document for the European Wide Organisations Committee (EWOC) of the European Association for Psychotherapy (EAP)

Preamble: What is a modality?

Heward Wilkinson

Any discussion about the relationship between Mainstreams, Modalities and Methods is confused by not really knowing where to start. All these three have mutual relationships with one another, within a spectrum. So I shall start by trying to identify a **Modality**, because I think this is arguably the central concept, from which the others are organised, if not defined.

Psychoanalysis began with two methods or techniques: there was Josef Breuer's method of catharsis, which was applied in his work with Bertha Pappenheim and was then taken over by Freud, and also the clinical methods of hypnosis, which Freud had gained from Charcot and Bernheim and which convinced him of the existence of the unconscious. This latter (technique) he felt he was not very good at (which perhaps influenced the subsequent evolution) and this then slowly evolved clinically over many years into his transference-based work. These methods first led to the publication of *Studies in Hysteria* in 1893. After 1895, Freud's approach evolved more towards 'psychoanalysis', first in that he moved towards the use of the interpretation of dreams during his self-analysis, and secondly that in 1895 he wrote, privately to Wilhelm Fliess, but in a profoundly systematic fashion, his *Project for a Scientific Psychology*, which was a systematic attempt to develop a general scientific metapsychology for the emerging approach of psychoanalysis. Thirdly, following this publication, Freud's process accelerated into a fully explicit and profound metapsychology, which then developed fairly clearly into dimensions of philosophy and epistemology.

This later development has been explored in depth by Derrida in *Freud and the Scene of Writing*, tracing it from the *Project for a Scientific Psychology* of 1895, right through to the *Note on the Mystic Writing Pad* of 1923. The fact that one of the major philosophers of the second half of the twentieth century recognised this central development in this way indicates how central it is to the existence of a modality that it contains a philosophical and epistemological dimension that can be articulated.

It is therefore not so necessary to explore the relationship between Modality and Mainstream, which is, as Courtenay indicates below, an untidy one that follows on from the full recognition of the depths of the definition of Modality that has been sketched out. Most of the major psychotherapies have followed a similar pattern of development.

Furthermore, when EAP asks for the 'scientific' basis of the various approaches, it is asking fundamentally whether a modality is congruent with a philosophically grounded understanding, in this way. And then the question of whether specific approaches are 'scientific' – in the narrower or wider sense – can be addressed. I believe the Fifteen Questions will soon need some revision to take account of this type of recognition. And this, in itself, deals with the question of the relationship between Modality and Methodology.

Mainstreams, Modalities and Methods

Courtenay Young & Heward Wilkinson

There are already some quite well-established ‘lists’ within general psychotherapy, and within the EAPⁱ, of various Mainstreams, and of Modalities (or Methods) within these Mainstreams. These ‘lists’ are not definitive, nor are they fixed: they are descriptive, sometimes habitual, or merely functional. We propose to use some of these fairly well-established ‘Mainstreams’ (or approaches), rather than trying to redefine these. Within the EAP, these ‘definitions’ come partly from the EAP Scientific Validation Sub-Committee, and also from the detailed scrutiny work of the EWOCⁱⁱ over the last 10 years.

Generally, there are several very broad ‘clustering’ or ‘approaches’ that we are tending now to call “Mainstreams”. These clusterings or approaches bring together several “Modalities” or “Methods”: sometimes several ‘collections’ of similar Modalities or Methods can be described as a “Mainstream”. By their nature, these are not definitive. And these Mainstreams may have very different relationships with their Modalities; or the Modalities within a Mainstream may totally disagree with all the other Modalities in that Mainstream.

There are three or four major Mainstreams, fairly universally agreed upon:

* **Psychoanalytic approaches:**

We might say now that Freud’s initial work was to insist that his form of psychoanalysis was a Modality, rather than having psychoanalysis as a Mainstream. Nowadays, so many differences have risen within psychoanalysis that its nature as a Mainstream (or meta-modality) is much more clear. What is not clear, of course, are the boundaries of psychoanalysis as a ‘meta-modality’:– do methods with psychoanalytic roots (such as Gestalt) form part of this meta-modality or not? Most would say not, though Perls himself might have disagreed. Psychoanalysis sometimes categorises itself as **not** being a psychotherapy (like all the other psychotherapies), because it wishes to retain its exclusivity.

* **Cognitive-Behavioural approaches:**

This might seem the neatest and clearest meta-modality or Mainstream. But even now this has increasing diversity within it, as we have developments such as Rational Emotive Therapy and perhaps Personal Construct Psychology, that could also find their place within this Meta-modality or Mainstream, though some people in Cognitive Behavioural Therapy (CBT) would want to deny them this place. CBT is also ‘notorious’ for adopting various techniques (like EMDR and Mindfulness practice) and then applying them within a wider definition of CBT: Mindfulness-based CBT.

* **Humanistic-Existential approaches:**

These very different approaches (or Modalities) did *not* begin within one evolving Mainstream, but have emerged as a broad clustering (Mainstream) only after many such Modalities had emerged. They have had less troubles with unity and perhaps they are also more accepting and have less divisions than others, but may have had more difficulty in defining themselves and gaining outside acceptance. Of course, many of them are arguably evolving and are differentiating.

* **Systemic psychotherapy approaches:**

These approaches form another ‘clustering’ of different approaches, with very differing philosophies and origins, that however seem to fall within the same meta-modality or Mainstream. They also come from different origins, yet seem to have a common bond. The Systemic psychotherapies, which includes Family Therapy, and also various psychotherapies dealing with specific problems (such as psychotherapy specific for sexual or addictive problems), are generally held as forming one ‘cluster’ or Mainstream.

Then, there is another, longer list that gives various Mainstreams and attaches certain Modalities to these. Whilst some of these Modalities might argue they don’t (completely) fit within the Mainstream, these arguments have many different bases (power, status, politics, division, conflict, etc.), however a majority of outsiders might come to a common agreement that they do. Working from this basis, we could list the following “clustering” of psychotherapies:

Mainstreams:

Psycho-analytical Psychotherapies
 Psychodynamic Psychotherapies
 Cognitive & Behavioural Psychotherapies
 Systemic Psychotherapies

Group Psychotherapies
 Humanistic Psychotherapies

Body Psychotherapies
 Transpersonal Psychotherapies
 Expressive Psychotherapies
 Other Specialist Psychotherapies

Hypno-Psychotherapies
 Integrative Psychotherapies
 Brief Psychotherapies

Specific Modalities:

Freudian, Lacanian, Adlerian, Kleinian, Jungian, etc.
 Various
 Various CBT methods
 Family Psychotherapy and Sexual / Alcohol / Addictive psychotherapies
 Group-Analytic, other group-based psychotherapies
 Transactional Analysis, Gestalt, Existential, Phenomenological, etc.
 Biosynthesis, Bioenergetics, Biodynamic, etc.
 Psychosynthesis, other (Eurotas ?)
 Psychodrama, Dance, Art, Movement Psychotherapy with Children, Couples, Trauma, (and other special client groups)

We hope it is clear from this example that – according to this definition – ‘Body Psychotherapy’ and ‘Psychoanalytical Psychotherapy’ are both “Mainstreams” or “meta-modalities” as they cover a number of different “Modalities” - and that ‘Bioenergetics’ and ‘Lacanian Psychoanalysis’ are similarly “Modalities” as both these clearly fall within a larger Mainstream or cluster; (respectively) either ‘Body Psychotherapy’ or ‘Psychoanalysis’.

Some of these “Mainstreams” are somewhat less clear than others: Is Family Therapy a “Mainstream” in its own right, or is it a very large Modality within a “Systemic” Mainstream, and so then what are all the other Modalities within this “Systemic” Mainstream, and how do they perceive their relationship to Family Therapy?

Some of these “mappings” may be clarified when the EAP’s project to establish the ‘Professional Competencies of a European Psychotherapist is complete.ⁱⁱⁱ This projects will identify not just the “Core Competencies” that every psychotherapist should be able to perform, but also the “Specific Competencies” for the various Modalities & Methods, and “Special Competencies” for more specialist functions, such as working with special client groups, or in special settings, or performing specialist functions (like training & supervision). A Body Psychotherapist will (almost certainly) have different Specific Competencies from that of a Psychodynamic Psychotherapist, but if however it transpires that within the Mainstream of Body Psychotherapy, the Modalities of (say) Bioenergetics and Biosynthesis have no different Specific competencies, then – functionally speaking – they could be considered as identical.

Modality and Methods: (A ‘psychotherapy’ versus an ‘method’)

The specific and differing ‘methods’ or ‘approaches’ in psychotherapy, of which there may be now around 600 different types (and each of these approaches can be differentiated – or differentiates itself – because it may have ‘discovered’ something ‘new’ in the way of doing psychotherapy in the field) can either be described as a “Modality” of psychotherapy (see above) - or it can be described as a “Method” (which can be psychotherapeutic) but – in itself – has not yet formulated itself into a ‘proper’ fill-blown “psychotherapy”. The difference between a ‘Modality’ and a ‘Method’ may be – therefore – just one of timing and establishment, rather than anything particularly qualitative. So –we hope it is clear – that ‘Methods’ may progress into ‘Modalities’ over a period of time, and through a period of regular ‘re-inforcement.

In some languages, the word ‘Modality’ doesn’t exist and so the differentiation may be one of a ‘Method’ developing from a set of ‘techniques’.

Such ‘Methods’ may include ‘techniques’ like EMDR, or Autogenic Therapy, or Grof’s Holotropic Breathwork; and these may well be developed further, and combined with other things, so that they can develop into a ‘Method’ of psychotherapy training that favours that particular

technique: so the ‘technique’ has developed into a ‘Method’ and then the ‘Method’ has – over time – become a ‘Modality’.

Again, we are using current ‘examples’, which change considerably over time, and therefore these are not definitive. We recognise that we are wielding a knife of linguistic discrimination here: so, some other examples perhaps can help:

- (i) Transactional Analysis was an ‘technique’ or a ‘method’ that later developed into a ‘proper’ ‘Modality’ of psychotherapy;
- (ii) Postural Integration is an body-oriented set of therapeutic techniques that has recently added in the Gestalt psychotherapy ‘method’ to create the ‘Modality’ of Postural Integrational Psychotherapy;
- (iii) EMDR is a ‘technique’ that anyone can learn – and it is often applied within (something like) Cognitive Behavioural Therapy, or by a therapist specialised in working with people in trauma – but no-one is suggesting (yet) that it is a ‘Modality’ in psychotherapy;
- (iv) Autogenic Therapy (or Technique) has – in some countries – been extended from the original 12-session course of relaxation for hypertension into a fully accepted, state-registered Autogenic ‘psychotherapy’ – i.e. a Modality.

So – a ‘Modality’ of psychotherapy is now being described as (a) a psychotherapy method, within which people are trained in the various techniques used by that approach, **and** (b) they are also being trained as fully professional psychotherapists – as this is generally understood in both USA & Europe. This entails a post-graduate training; with a previous relevant first university degree; for at least 4 additional years; to a Masters or PhD university degree level (or the equivalent); with a broad academic syllabus; looking at a variety of different approaches, as well as generic topics (such as human development, psychopathology, attachment theory, transference & countertransference, etc); also containing a substantive component of “own therapy” or experience of the modality on oneself, or evidence of sufficient maturity to manage a professional case load; some experience in clinical work; an understanding of psychopathology; and a final assessment process (possibly externally moderated) etc – i.e. fulfilling all the ECP^{iv} requirements.

The particular ‘approach’ may have developed from a fundamental ‘technique’ and has thus extended itself further into a ‘Method’ – a proper psychotherapy set of techniques. These in turn may even have split off and/or developed differently from any existing Modality.

A ‘Method’ can – over time and with integration – develop into a ‘Modality’.

Modalities are not defined by just single characteristics, but also by a linked cluster of them, **and** by the proper practice of these ‘methods’ within the field of professional psychotherapy. It is this development that brings them into relation with meta-modalities and Mainstreams; as the fundamental method may be in one ‘clustering’; and they may also have used methods or approaches from another mainstream.

A “Method” is a specific technique or set of techniques that may well be psychotherapeutic, however, by themselves, they do not necessarily constitute a full psychotherapy training. Training is often relatively short (a few weekends perhaps, over 6-18 months). People can be trained in these Methods without any other training, but ... and this is important ... this does not make them into a psychotherapist. These Methods are therefore probably best applied by qualified psychotherapists, or professional alternative health practitioners, and by people who are clear that they are applying these techniques without a full psychotherapy training.

Slightly more controversial is a psychotherapy ‘approach’ based on (for example) some form of traditional healing, shamanism, spiritual practice (Buddhism), or similar. These might easily all fall within a “Transpersonal Psychotherapy” Mainstream, but they would still need to conform to all the requirements of a ‘psychotherapy’ training in order to attain the status of a ‘Modality’: some of them, like Psychosynthesis (or Karuna ‘Core Process’ in the UK) certainly do.

Mechanisms and Mediums

There is another level, not talked about so far; this is “mechanisms” or “mediums of work”: these are not necessarily “techniques”, as many other aspects can be included in this category: body reading; use of the couch; use of the “empty chair”; use of transference & countertransference; confinement to verbal means (abstention from body contact); use of props and toys; use of art and other expressive modes; use of hypnotic techniques; induced regression; catharsis; use of touch; etc.

“Mediums” can also possibly include: special client groups, such as with children, prisoners or refugees; different ways of working, such as in groups; and many other different things. It is clear that “mechanisms” and “mediums” do **not** – as such – in any way – define a “Modality”, ‘metamodality’, “Mainstream” or fundamental “method”, however different modalities and methods use these different mechanisms and mediums differently (or not).

Boundaries

The confusion comes when we have to apply these different concepts in practice. **Scenario 1:** A particular group of people (some of whom may be very well-qualified), are using a particular set of techniques, in a new medium of work, in a way that might be a Method of psychotherapy, and they are wanting to have their work legitimised as a new Modality in psychotherapy (but currently they only have about 2 years of psychotherapy training); or **Scenario 2:** Another group, perhaps existing in several (4–5) countries, have developed a set of ideas, are applying them “psychotherapeutically” and yet they do not seem to conform to any ‘standards’ that are common to most other psychotherapies; or **Scenario 3:** A very charismatic and talented psychologist, having developed a whole new (radical?) way of working, wants to have his ‘organisation’ – trainees, clinics, etc. – ‘legitimised’ as a professional ‘psychotherapy’ training, which it may well be – however there are certain internal features that indicate it might be more of a sect, based around himself and his belief systems, especially since there does not seem to be an independent democratic professional association separate from the training school. (N.B. These are all ‘constructed’ examples and do not describe any one specific example.) We continually have to ask ourselves, is the problem in the form (the method), or the application (the techniques, criteria, standards), or the persona (the group)? Is this Method better ‘in’ (included so they can then grow towards conforming and compliance) or better ‘out’ (because it is not a ‘proper’ psychotherapy)? There is a “guardianship” role with these definitions and acceptances.

Conclusion

So, a general point: what is it that we are trying to ascertain? It is an incredibly complex field: None of the criteria invoked are to be taken alone.

The standards also change over time. So, for instance, traditional psychoanalysts are often mocked by non-psychoanalysts for making the ‘use of the couch’ – definitive of what counts as psychoanalysis. In its literal form, this may be a valid criticism, but, clearly, a sensible psychoanalyst will make clear that their use of the couch is just a mechanism. A stool can stand on three legs, whereas a chair needs four, but their functions, both as a form of seating, are retained.

Furthermore, as we have indicated, a technique can develop into an approach, which can develop into a method, which can develop into a modality, which may eventually create a new mainstream. So, what then is any particular “psychotherapy”? At any point in time? Is it a Mainstream, a Modality, a Method, a Mechanism, or a Medium of work?

Scientific Validity

All this is also what makes the scientificity of the psychotherapies no simple matter, and also – in many ways – why psychotherapy is more a matter of being an ‘skill’ or a ‘craft’, or an aspect of traditional wisdom and healing that has developed over time! It is not necessarily (just) an approach,

nor a ‘method’ (or a set of techniques), but a ‘Modality’ that needs to be assessed for ‘scientificity’ so it can stand alongside other ‘Modalities’ within a particular Mainstream.

So, none of these classifications say anything whatsoever about the “scientific validity”, the “efficacy”, or the “evidence-base” of any particular “Mainstream” or “Modality”. There are many different ways to establish a ‘scientific basis’ for a psychotherapy: studies of efficacy (randomised controlled trials) and effectiveness (retaining benefits over time) are just two ways.

The EAP developed its “15 Questions on Scientific Validity”, which is just one of a series of potential research methodologies that try to establish the ‘scientific basis’ of a psychotherapy, as required under the Strasbourg Declaration.^v As mentioned, the ‘scientific validity’ displays whether a modality is congruent with a philosophically grounded understanding, and whether it is making serious attempts to apply ‘science’ in order to assess its efficacy and effectiveness. If a method or modality does **not** do this, then it is acting more like a “belief system” – i.e. they are saying that they believe that this works, and they are asking us to believe in it as well.

Each of the submissions or ‘Answers’ to the 15 Questions from a Modality or Method is in the form of a substantive written document. This is submitted to the European Wide Organisations Committee (EWOC) and is then assessed by two independent persons. There are substantive written ‘Guidelines’ for the submission and this assessment process. The submission and the assessments are then scrutinised by the committee, where people can speak freely and express any concerns and reservations in a democratic forum. In this committee, we try to achieve consensus. Many so-called ‘psychotherapies’ have had to clarify and expand their original answers during the course of this process: it is actually quite rigorous. And this process is also limited, subjected to the level of skill of the assessors and to the time constraints of the committee. So far, the EAP has accepted a significant number of both “Mainstreams” and “Modalities” through this process, and it has also ‘rejected’ a few. Currently there are no outstanding complaints.

The acceptance of the “Scientific Validity” of a Mainstream or Method has (to date) been the basis of an “Ordinary Organisation” then being ‘awarded’ the EWO / EWAO status. There is therefore a slight confusion here as this is more of a ‘membership’ or political criterion, and not a definitive ‘scientific’ status.

Scientific validity also does not necessarily equate with efficacy or effectiveness. So, more controversial is the application of (possibly unsuitable) research parameters (like Randomised Controlled Trials) that can attempt to ‘medicalise’ psychotherapy and see it (just) as a ‘treatment’ for a particular ‘disorder’ to be applied by a ‘qualified’ ‘practitioner’. If it were (just) a treatment, then it might be possible to establish how well the psychotherapy works, compared to a “control group” who didn’t get any treatment, or only got a “placebo” – just (say) chatting with someone unskilled for an hour. But this can be seen as a refusal of treatment for those who may be in need, so there are ethical considerations here. Furthermore, a chat with someone over a cup of tea can also be very psychotherapeutic and many patients in mental hospital say they received much more ‘therapy’ from fellow patients in the smoking room than they did from the fully qualified psychiatrists.

Currently the EAP does not have a Scientific or Research Committee, which is regrettable but may also be significant, as the profession obviously needs to determine more appropriate research parameters and proper research involves a heavy commitment. This issue also needs to be a concern (or the professional responsibility) of the various psychotherapy modalities themselves, as different modalities will require different research methodologies. The EWOC, representing all the different Modalities, needs to take on these research challenges, and the EWOC needs to decide how understandable and appropriate these are within a wider context.

Process

Not only is psychotherapy itself evolving and changing, but there are many new Methods and we are also in an evolving process of clarification. EAP has done a lot of valuable work already without actually defining “Psychotherapy” coherently^{vi}, nor has it properly defined any of the Mainstreams, nor any Modality or Method categories, formally within its structure.

This document is therefore proposed as a a discussion document – setting a gentle measurement standard, or being used as a tool of comparison, or as an aid towards classification. Just as a newly discovered butterfly is categorised: we don't know yet – on discovery – whether it is one of 'this' family, or 'that' family; this genus or that genus; or whether it is a brand new species; but none of us deny that it exists, and that it is a butterfly. Similarly, self-definition (by itself) or external definition (without consultation) is not sufficient: if a "turquoise" psychotherapy calls itself "blue" but everyone else feels that it better fits within a "green" category, then who gets the final say? There has to be a consensual process.

Currently, the European Wide Organisations Committee (EWOC), that oversees this area of classification has not 'labelled' any of the various organisations as "Mainstreams", or "Modalities". There are however a couple of exceptions: **Example 1:** Body Psychotherapy was accepted as a scientifically valid "Mainstream", and then the various (widely different) "Modalities" within Body Psychotherapy had to be separately scientifically validated. Some of them chose to be EWAOs in their own right: others didn't. They still remain as "Modalities", rather than a new "Mainstream". **Example 2:** Psycho-Organic Analysis and Bioenergetic Analysis are both Body-oriented psychotherapies, but – despite their names – they don't fit totally within the Psychoanalysis "Mainstream". Maybe a 'one-to-many' mapping (this is where each Mainstream contains many Methods and there are no Methods outside of the distinct Mainstreams) is actually impossible.

The EWOC has also currently **not** got an acceptable category for valid psychotherapeutic "Methods". We will probably need to discuss this further and eventually decide something and ask for the ECP document to be suitably amended, in due course. Organisations that promote a psychotherapeutic "Method" or technique can currently become Ordinary Organisations within EAP, and then start off as observers within EWOC, until the definition of an EWO is modified or a new definition is added.

So we would finally like to note that none of this discussion document is intended to diminish the uniqueness of any form of psychotherapy, within its own discipline, or in comparison to any others, nor does it specifically attempt to include or exclude any Method or Modality of psychotherapy; it actually attempts to strengthen, accentuate and promote all the different Methods, Modalities and Mainstreams by recognising certain distinctive qualities and aspects of the various psychotherapies. This discussion document thus tries to support the richness and breadth of psychotherapy, which is (as we have said) an evolving field – widening, expanding and growing – as well as an emerging profession in its own right.

Endnotes:

ⁱ EAP: European Association of Psychotherapy: www.eauopsyche.org

ⁱⁱ EWOC: European Wide Organisations Committee, representing the different mainstreams and modalities.

ⁱⁱⁱ The Professional Competencies of a European Psychotherapist: www.psychotherapy-competency.eu

^{iv} ECP: European Certificate of Psychotherapy, awarded by the EAP in recognition of completion of a professional training in psychotherapy.

^v **The 1990 Strasbourg Declaration on Psychotherapy**

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.

^{vi} The definition of psychotherapy in the 2009 'Template' for a Psychotherapy Law was, and still is, the subject of debate.