Psychotherapy can be a sham, unless .....

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Abstract:
An in-depth look at the definition and essence of psychotherapy in an attempt to clarify exactly what psychotherapy is and how best psychotherapists can react to outside pressures and criticisms.

Psychotherapy is under attack! And we, as psychotherapists, are not responding appropriately.

In one country (France) there was such hysteria as to whether psychotherapy is being used in order to promote sects or cults that they passed a new law in order to try to prevent this. There have now been intensive, and we hope successful, negotiations with the French ministries to exclude properly organised psychotherapy from such legal constraints.

There was a similar impulse several years ago that promopted a private member's Bill on psychotherapy in the UK Parliament to try to stop the growth of the Scientology movement, as it was feared that they were calling what they did "psychotherapy", and thus psychotherapy had to be regulated to prevent this.

In another country (Spain), anyone who inadventently calls themselves a psychologist or correctly calls themself a psychotherapist is seen as some sort of untrained sham or con-artist and such a danger to the public that they can be (and have been) arrested.

This type of paranoia, partially generated by other professionals trying to hold onto or increase their slice of the psychotherapy cake, is so great that the practice of psychotherapy is trying to be limited to something that can only be undertaken by (so called) professionals in other disciplines - doctors and psychologists - to ensure that it is being done properly. This might be understandable if we were referring to brain surgery, or any medical operation, but to be listed as a "psychotherapist" incorrectly in the telephone directory under the title of "psychologist" can lead you to be threatened with arrest and proosecution for a so-called illegal activity by .an untrained person - as actually happened to several psychotherapists in Barcelona in about1995.

We also see other attempts to 'increase the slice of the cake' or reduce the impact of psychotherapy by various impulses from such noble bodies as the British Association of Counselling who renamed itself (possibly somewhat spuriously) a few years ago as the "British Association of Counselling and Psychotherapy" and the British Psychological Association forming a new division some while back called "Counselling Psychology" and adding another "scientifically based" section on "Psychotherapy".

So, is psychotherapy a sham? - so much so that it can only be conducted by "properly trained & accredited people" (in some countries not even calling themselves psychotherapists and being restricted only to clinical psychologists); or is it a cult? - so much so it needs to be legislated against; or is it such a phenomenal success that many others want to climb on the moving bandwagon and cash in on the increasing joyride? Maybe it is the quiet persistence and solid growth that is threatening to so many others. Or maybe it is none of these. Let us examine the field a little more carefully.

Definition of Psychotherapy:

Within Europe, the European Association for Psychotherapy (EAP) is coming up against and struggling against a very pervasive viewpoint held or enshrined in several countries across Europe. This viewpoint is that psychotherapy is just an activity that

can only be, or should only be, done by psychologists and psychiatrists. This is not a definition, it is more of a restriction. It is potentially also a "restrictive practice", and whilst this viewpoint may have been enshrined in several laws or regulations in certain countries, none of these laws or regulations have yet been properly legally tested, and it may well be found that these are contrary to the *raison d'être* of the European Union, which is not to create a super-state, but in fact to create a free labour market and the easy and uniform transition of skilled people across Europe. Furthermore these various laws or regulations may also be found to deprive people (who may currently be working as a psychotherapist) of their right to work and thus be contrary to European human rights legistlation. It may be necessary for the EAP to create some sort of legal fund or strategy to challenge some of these restrictive limitations in the European courts.

Currently the EAP has a definition for psychotherapy which is, in my view, whilst it may be relatively eloquent, is also somewhat inadequate. It goes like this:

1. *The practice of psychotherapy is the comprehensive, conscious and planned treatment of psychosocial, psychosomatic and behavioural disturbances or states of suffering with scientific psychotherapeutic methods, through an interaction between one or more persons being treated, and one or more psychotherapists, with the aim of relieving disturbing attitudes to change, and to promote the maturation, development and health of the treated person. It requires both a general and a specific training/education.*
2. *The independent practice of psychotherapy consists of autonomous, responsible enactment of the capacities described in paragraph 1; independent of whether the activity is in free practice or institutional work.* [1]

If we cut out the verbosity, we get a simple statement which says something like, *"If you need help, you can get it from someone who calls themself a psychotherapist, who uses methods reputed to be effective, and who has received some education."* I am not sure that this is adequate.

By contrast, I have been told by people in psychiatric wards that they regularly receive "more useful" psychotherapy and counselling help from their fellow sufferers (some of them chronically psychotic) in the psychiatric ward's smoking room, than they get from the highly trained (and highly paid) psychiatrists and other mental health professionals in the hospitals whom they ma happen to see only rarely or occasionally.

Now, "more useful" to them maybe is because the help may be in the language they understand, from people they can identify with, and when they actually need it. I am not denigrating the mental health profession here (I also work in it and feel that I do efective work) but in practical terms non-psychotic people often have to wait six months or more to see a Clinical Psychologist, who may be very well trained in psychopathology (or whatever) but may also have very little understanding of the real and pervasive social issues that perpetuate the client or patient's particular set of problems, and who also may only be able to offer very limited relief - limited in time, scope and in input.

So I begin to ask myself, *"Is this psychotherapy?"* or *"What is psychotherapy really?"* When this question is applied practically, to any given situation, to see whether a particular client-therapist situation, or a particular psychotherapy organisation or a particular method or modality of psychotherapy is effective, or valid or not, or whether it is doing psychotherapy or not, there is really no clear answer. Within the above definition, there is very little further information and very few criteria available to assist one to come to any realistic level of judgement. The fundamental questions remain: *"What really is psychotherapy*?" and *"What is 'good' psychotherapy?"* and *"How effective is it?" "Is it a sham or not?"*

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[1] See also Appendix 1

Yet Andrew Samuels, in an forward to a book on psychotherapy[2] says: *"The field of psychotherapy cannot be defined intellectually or ideologically, for there are too many fragmenting tendencies, including rejection of intellectual and ideological definition."* This is all very well, but is it good enough to say that just beacuse there is resistence to it, something is impossible. He also acknowledges the difficulty that the EAP has stumbled on, *"... if we insist on intellectual definition, we have to take up such a detached and Oplympian standpoint that the definition will be academic in all of the worst senses of the word."* My point exactly!

He goes on to say, *"The field of psychotherapy cannot be defined functionally ..."* and I think he may be wrong about this, and, *"The field of psychotherapy cannot be defined socially or by means of cultural analysis..."* and he may be right about this. Finally:

> *"The field* ***can*** *be defined by dispute. Participation in the project of psychotherapy is signified by participation in either the internal disputes of psychotherapy or in attacks and critiques of psychotherapy mounted from the outside."* [3]

And this is where we are at right now, still, well over 10 years later, except that the dispute is not from within, which is where it should be, but often with our fellow professionals, who seem now to be our opponents, or with politicians who know little about the details of the profession and are on their own political band-wagon. I believe we need to take the initiative and start up this debate properly within our profession and allow ourselves to determine more precisely what psychotherapy is or isn't; otherwise others will do it for us and we, as the professionals concerned, will almost certainly lose out.

So, coming back for a moment to the questions about whether psychotherapy is an activity done by other professionals or whether it is a discipline in its own right, the EAP's declared counter-point or position has always been its own favoured 1990 Strasbourg Declaration on Psychotherapy, which 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.*

Again this does not really help us go much further in being able to enter into an internal dialogue as a 'declaration' leaves little room for debate. Neither does it helps us recognise what psychotherapy is 'on the ground' - what does it look like, when it happens, when we meet it, what can it do, and what are its limitations.

There is an old story which comes to mind about some blind people who were describing what an elephant is. "It is long and strong and very flexible like a snake," says one, feeling the elephant's trunk. "It is tall and thick and straight like a tree," says another, feeling one of its legs. I don't need to continue. Maybe we are a little like these people, only being able to describe, at any one moment, one distinct aspect or another of the question before us: *"What is Psychotherapy?"*

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2 Dryden, Windy & Feltham, Colin (eds) *Psychotherapy and its discontents* (Open University Press) 1992

3 Ibid: page xi

In the latest 'definitive' book on psychotherapy: *"Globalized Psychotherapy"* edited by Alfred Pritz, General Secretary of the EAP and President of the World Council for Psychotherapy, (Facultas Universitätsverlag, 2002), the one and only single paragraph in a book of over 850 pages that relates to this particular, and possibly essential, topic, is in his section on "What is psychotherapy?" However, the single paragraph statement in this book [4], to my mind, is also relatively inadequate:

> *"Psychotherapy is the systemic 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."*

That's it! This is for real? *"The systematic application of defined methods"* ... of what? *"The basis of treatment is the relationship"* ... what relationship? *"Preventative"* ... of what?

There are some much better definitions to be found in many other places. One, just taken off the shelf at random, is from *Abnormal Psychology*, (a standard US teaching text by Davidson & Neale, both Professors of Psychology in California and New York respectively), where we have about three pages on *"What is Psychotherapy?"* I quote their conclusion:

> *Shorn of its theoretical complexities, any psychotherapy is a social interaction in which a trained professional tries to help another person, the client or patient, behave and feel differently. The therapist follows procedures that are, to a greater or lesser extent, prescribed by a certain theory of school of thought. The basic assumption, indeed article of faith, is that particular kinds of verbal and non-verbal exchanges in a trusting relationship can achieve goals such as reducing anxiety and eliminating self-defeating or dangerous behaviour.* [5]

This definition, to my mind, is slioghtly better as it tells us something about the 'how' and the 'why' of psychcotherapy and even a little bit about what it looks like. The interesting last senence I will come back to later.

However the definition section in that book is also directly paralleled with a 3/4 page inserted & highlighted sidebar on *"The Placebo Effect"* which implicitly tells us that all this refers: *"... to an improvement in physical or psycological condition that is attributable to a patient's expectations of help rather than to any specific ingredient in a treatment."* Later it states: *"In psychotherapy, the mere expectation of being helped can be an active ingredient!"* Thus this whole centralised section on the placebo effect almost totally undermines the surrounding columns telling us what is psychotherapy and this juxtaposition tells us (implicitly) that a significant part of any improvements in psychotherapy are not to be considered as valid even though: *"Those factors which are common to most therapies ... should not be viewed as therapeutically inert nor as trivial; they are central to psychological treatments and play an active role in patient improvement"*.

So we get very definite mixed messages, and the overall message coming from this sort of book, from the profession of psychology, and also coming from America perhaps, is that you need psychological research to determine how much, or whether or not, psychotherapy is essentially effective or any benefits are just perceived because of the

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[4] page 13

[5] Abnormal Psychotherapy; Davidson & Neale, (J. Wiley & Sons) 6th Ed.; 1994; p.528

needs and expectancies of the patients. However, the question of efficacy is somewhat secondary to whether we can determine what psychotherapy actually is, or is not.

We therefore immediately have a number of factors apparant in any definition of psychotherapy that have to be dealt with, one way or another, before we can get any further clarity. One of these is about whether psychotherapy is socially relevant and the split that seems to happen between the individual and the collective: is the problems that the individual suffers their responsibility, or do we have a collective responsibility? One of these is around the operative belief systems and the word "faith": is psychotherapy a mechanistic, antropocentric, hyper-rational way of thinking, or do these aspects destroy any beneficial potential within the therapy or the client and affect the beleif (of either) in the outcome? Another aspect reflects the lack of political credibility and, in this light, through purely self-centred and possibly unocnscious interests, denial and repression, psychotherapy neglects the extent and the manner in which it can influence the society, politics and justice. A very interesting aspect is when we consider the "functional competencies" of any profession. Other criticisms center around the relevance of research and the attempts and denials of psychotherapy to perform effective research on itself; but others argue forcefully that psychotherapy is a skill, and art, and not a science.[6]

There may be an overconcern, fuelled by media reports of people being harmed by sects abusing psychotherapeutic methods, that psychotherapy itself can do harm; which can lead to impotence from fear of doing damage and a focus more on damage limitation that on helping, healing and curing already-caused.harm. All of the criticisms or concerns have a number of different potential remedies; but none of these will be implemented unless we own to these potentials and properly identify, by internal dialogue, research, and risk assessment, which are appropriate and which are not. Some of them may be imposed by others because we are not identifying these risks and having this dialogue.

Let us now examine some of these issues in an attempt to get closer to a working definition.

Psychotherapy must not defeat itself:

Some of the rigidities that work against psychotherapy are the strictures of its modalities. We, as psychotherapists, are as bad at this as any religious group, New Age therapy or sect. *"We know the way to help you."* But implied is *"... and this is The Only Way."* The pedanticism and the literalism that comes with these types of rigidities and classifications of methodologies is incredibly counter-productive to our psychotherapy patients, and also to ourselves as professionals. In a classic text[7], James Hillman wrote:

> *Psychology is the most important of fields abecause it speaks for the psyche – and, at the same time, that it cannot speak for the psyche; that its first concern is therapy, and a therapuetic psychology defeats itself; that psychological ideas are essential to the eye of the soul, and that they block its vision. In short, I have been saying that psychology is its own worst enemy. The cause of these internal oppositions is literalism. ..... Literalism prevents mystery by narrowing the multiple ambiguity of meanings into one definition. Literalism is the natural comcomitant of monotheistic conscioussness – whether in theology or science – demands singleness of meaning.*

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6 Young, C. & Heller, M.: *The Scientific "What" of Psychotherapy! Psychotherapy is an Art, not a Science.* Int. J of Psychotherapy, Vol, 5, No. 2, July 2000

7 Hillman, James: *Revisioning Psychology* (Harper) 1975: p 149

The similar factions that exist in psychotherapy, and between psychotherapy and counselling; psychotherapy and psychology; and psychotherapy and psychiatry are totally counteer-productive. They confuse the patient and create parochial 'territories' of knowledge or methodology that serve no one. We are all in the same profession of helping and healing people with mental health issues and life difficulties. Why does the orthopaedic surgeon not squabble with the plastic surgeon: because they have learnt to work together, respecting each other's specialities, and with a common goal: the welfare of the patient. We should and must work more together as peer professionals.

There are attempts being made to do this in the UK with a "stepped care" approach, and with an increased emphasis on self-care. However these could also be criticised as maintaining established heirarchies and putting more responsibility onto the patient / client because of a shortage of resources. It is much too early to say which views will win out.

Psychotherapy must be socially relevant:

Several prominent writers have been quite depreciating about psychotherapy. James Hillman wrote a book [8] entitled: "*We have had a hundred years of psychotherapy, and the world is getting worse.*" This title and the dialogue within the book suggests that psychotherapy is not very socially effective: but what do we mean by effective?

Whilst this book is rightfully challenging to many of the precepts of psychotherapy and analysis, it also comes from (or emerges as a dialogue about) the justifyable perspective that many things are also left out of such therapy & analyses and these things are what are also very important to us, as individuals in society: issues like the environment, war, pollution, social disorder, political apathy, abuse of power, etc. - and these issues do not seem to be getting any better; they are getting worse. So it is not just our personal history, unfulfilled ideas of romantic love, and the myth of 'growth' that should concern us in psychotherapy, but perhaps some more of these relevant issues. It may be increasingly irrelevant whether one's father or mother was abusive, if one's house or city is in danger of flooding from changing weather patterns or sea level rises caused by global warming. The book is something of a polemic about the lack of social relevence in psychotherapy.

We, as psychotherapists, don't often stand up clarly and publicly and state our professional opinions about the incidence of child sexual abuse, the trama to victims of conflict, imprisonment, marital cruelty, or inappropriate medical treatment. There are issues of professional ethics; there are fears of attack; of funding being denied; of investigation; of notariety; and so forth that effectively silence us. Yet we encourage our clients to speak their mind, to empower themselves. Is this not somewhat hypocritical?

In another book entitled, *Psychotherapy and its Discontents*,[9] there is a definition of psychotherapy acknowledging the broadness of the field that:

> *"... encompass(es) the work done by psychoanalysts, psychotherapists, clinical psychologists, counsellor and (at least in part) by psychiatrists and social workers. ... For the present purposes, therefore, we regard all formal talking-centred treatments or attempted treatments of psychological difficulties as forms of psychotherapy."*[10]

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8 Hillman, James & Venbtura, Michael: *We have had a hundred years of psychotherapy - and the world is getting worse* (HarperCollins) 1993

9 Dryden, Windy & Feltham, Colin (eds) *Psychotherapy and its discontents* (Open University Press) 1992

10 Ibid: p.5

This definition does not tell us a whole lot, but there then follows a fairly in-depth exploration of some of the perceived deficiencies of psychotherapy from a number of different directions and from a number of renounced authors.

Some of these essays, which all have peer responses and rebuttals, are entitled as follows: the tryranny of psychotherapy (Masson); problems of methodology in studies of psychotherapy (Kline); the outcome problem in psychotherapy (Eysenck); the myth of therapeutic expertise (Mair); does psychotherapy need a soul? (Edwards); and psychotherapy and political evasions (Pilgrim). Whilst the criticisms and examinations are all excellent, the terms of reference seem, to me, to be a little limited. What is (again) not so clear is the proper definition of psychotherapy, and an open examination of its essential capability and basic integrity. There is instead a presumption of the rightful existence of psychotherapy, and yet this existence is what is actually being questioned by our critics and what is being evaded by us as proponents.

So (again) what is psychotherapy?

The politics of psychotherapy:

As in many professions, when psychotherapists get together, the politics can suddenly become quite petty and nasty. Some of our wisdom and insight seem to desert us. There seems to be an element of basic fear or insecurity which is not being addressed and instead parochial disputes abound. In the UKCP, the psychoanalytical section "split off" and formed its own professional body so (perhaps) that it would not be seen as associating with all these other "psychotherapies" which might lessen its status or demean its self-image – and possibly also to give itself more bargaining power with government. There are also many other examples of splits and factions within our profession, or within various modalities. Some of these are egotistical or transferential material connected to the 'founder' of a certain psychotherapy, and yet we are all also supposed to have worked through some of this material. But there are still factions, deeply divided, and occasionally antagonistic towards or critical about each other.

There are undisguised fears in Europe that as psychotherapy gets a higher status and recognition, these professionals may also get more of a (limited) health care budget. Antagonism comes from other parallel professions, and from the established modalities to the less established modalities.

However, there is a wider point. Is psychotherapy in any way being allowed to become politically relevant? I would contend that it is not. There seems to be a tacit European understanding that "professionals" do not get political. There was one small group of doctors who stood our against nuclear weapons; some may openly support euthanasia; rarely do they make an overt political statement. Vetinarians don't speak out about fox hunting. Architects can sometimes comment on social and city planning, but usually they comment with their own designs.

Additionally, there is the point that if any of us (for example) were to experience extreme distress because we (in Britain) just might consider that we have gone to war illegally and supporting a right-wing and exploitative regime (the USA), would this be a suitable grounds for psychotherapy? I doubt the National Health Service would think so. Yet if people are feeling this so strongly, and with so much anger and distress that they are prepared to risk their welfare and their liberty, if not their sanity and their lives, to protest against such a war, does this make them a candidate for psychotherapy or are they outside the pall? We would have no hestitation in helping them (by assigning them for psychiatric treatment for delusional thinking) if they thought that they were actually fighting Hilter's Fascism: "but to see our noble allies in such terms ..... really, they must be crazy." But it seems that we can't help them rationalise such political differences, as that might be outside the remit of psychotherapy. or might get us personally into trouble.

Is psychotherapy really an appropriate or legitimate alternative to prison or the asylum? One might hope so, but I doubt that psychotherapy in its current fragile state has the courage of its convictions. Yet it expresses itself so certainly in feeling that it is able to deal with distress about a possible abuse situation that surfaces after 20 years of being buried. The French philosopher Michel Foucault certainly seemed to think that there were distinct parallels between prison and the asylum as methods of social exclusion and control.[11]

If psychotherapy really aligns itself with the prevailing socio-political system and pathologizes protest, and complaint at the more negative aspects of that system by attempting to 'normalise' those with "problems", then we may be taking one step too close towards the situation that used to exist in certain 'socialist' countries where dissidents were put into psychiatric hospitals. We need instead to walk the path between Scylla and Charybdis, the classic path between "a rock and a hard place" or between the monstor of oppression and the whirlpool of betrayal. It takes courage and conviction, and without it we may become a sham, or even an unconscious tool of the control system itself.

If we put the nicest possible gloss on profoundly sincere attempts on the part of psychotherapists to help people, but if most of these people happen to be suffering from unacceptable or intolerable social conditions, we are faced with a unenviable choice. We can create a "narrative of individual deficiency", or (worse) "medicalised hyperbole", and do nothing about the etiology or the problem the person is facing in their life and just try and 'cure' the victim of their distress at life's vaguaries. Or we can tacitly or actively support, maybe even encourage, that person to surmount and fight against, or even protest against their sufferings, as an essential part of their process or cure. As a profession, we would probably need to be much more clear of our transferential issues and our projections and projective identifications, to ensure that we were not "recruiting" our clients to protest about a topic that concerned us. At this point, how sure are we of our ground?

If psychotherapy *can* take an active stance (as the EAP does) about helping people who are victims of war, terror and abuse, how proactive can we be about protesting against the conditions that create such situations? Do we work like doctors to cure the results of typhus in our patients, or do we take active steps to remove the cause of the sewage in the drinking water that causes it (a dilemma explored in some of A.J. Cronin's books). Otherwise we might just be an empty shell, a sham, or we might just be able to find some safe moral ground similar to that taken by the concientious objectors to war who 'volunteered' to serve instead as ambulance drivers, helping the victims of war, but not protesting against the causes.[12]

The effectiveness of psychotherapy is not based on faith:

Where the word "faith" gets mentioned, often in close conjunction with the word "healing" as many as three or four times in two pages [13], we get another not so subtle undermining of any scientific basis or rationale for the effectiveness of psychotherapy. If you need faith for the therapy to work, we are either back in the placebo effect with about a 30% efficacy; or we are dealing with something that might be closer to a belief

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11 Foucault, Michael: *Madness & Civilization: A history of insanity in the age of reason.* Vintage 1988
_____: *Discipline & Punish: The birth of the prison.* Vintage 1988
_____: *The birth of the clinic: An archaelogy of medical perception:* Vintage 1988

12 **Note:** My great-uncle & my grandfather ran an ambulance service sponsored by the Quakers for the civilians of Verdun in the 1st World War. Young, G. Winthrop: *The Grace of Forgetting*, Country Life 1953

13 Samuels A.: Forward to Dryden & Feltham: *Psychotherapy and its discontents* (Open University Press) 1992.

system, a religious or spiritual healing (similar to Christian Science), or even a sect and not to a testable set of skill or a provable science. So this topic needs much closer examination.

Within the mental health profession, many consider that psychotherapy can often make matters worse and therefore it is contra-indicative especially in cases where there may be a suicide risk. Hospitalisation and medication are often considered as more effective, it is believed! Now I am very carefully saying that this too is a belief system, because **(i)** there is not a huge amount of evidence that supports this, and **(ii)** some of the research that shows this is interpretable in different ways, and **(iii)** empirical evidence shows that this belief system is fundamentally flawed.

In a recent article by a client/patient,[14] this view is also supported. However his perspective is largely that psychotherapy does, or will not, deal with some of the important issues that seriously affect mental health: someone's debts; social bias and exclusion; political regimes operative within the society; social injustive and inequality; poor education; etc. Even though we may exhort our patients to uncover their buried material: burying it having been preferable to dealing with it at the time; we still seem to be shovelling material under our own carpets just as rapidly.

> *"Focussing on others is preferable to reflecting on the consequences of persuing therapist self interest. Those people who believe they benefit from the status quo have no wish to examine their participation in it." Most of the more popular and frequently adopted approaches in counselling and psychotherapy conceal oppression, social injustice and inequality behind a veil of esoteric and generally overoptimistic theories. I have yet to meet a therapist prepared to answer the question: How is it possible to be functional in a dysfunctional situation."* [15]

Psychotherapy essentially has it as a choice that, either one takes life's challenging circumstances and uses them to become more skillful, empowered and resilient, or one reacts instead with apathy and demoralisation in the face of negative social conditions and this results in a form of psychopathology. There seems to be no applicable middle way, and this reeks of a belief system in itself.

These extremes are epitomised by applying what is known as the 'defect' model.[16] So, if you don't like the heat, you may forcibly be put out of the kitchen as you obviously have a problem. Something is wrong with you if you can't take it on the chin, and thus you are obviously a candidate for psychotherapy. It can be a self-repeating, almost self-perpetuating, philosophy - "We are right because we say that you are wrong." Ouch!

As an alternative to this position, we find someone like Robert Langs' writing and arguing from a very clear traditional position within psychoanalysis, for an "empowered form of psychotherapy" which is much more of a quasi-educational, self-processing therapy.[17]

Some of the more modern 'psychotherapies' like "experiential constructivist" also theorise that it is really an outmoded personal perspective that is giving us problems and we can reconstruct a more realistic and functional perspective ourselves using these methods. Yet we still cannot seem to find a valid inbetween position: where there are these horrific social problems which are affecting you, the client, and we, the

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14 Willoughby, Christopher J. *Warning: Psychotherapy may damage your health:* Clinical Psychology, 32, Dec 2003, British Psychological Society.

15 Ibid: p. 26

16 Prilleltensky, I.. *The Morals and politics of psychology: Psychological discourse and the status quo.* State University of New York Press, Albany 1994

17 Langs Robert J.: *Empowered Psychotherapy: Teaching self-processing*: (Karnac) 1993

professionals, have tools and skills to help you, without making you into a patient, or without you having to believe in us.

There are, it must be confessed, a number of "crazy therapies" around. Many of these claim to be a psychotherapy, climbing on to the popular bandwagon, or claim to be psychotherapeutic (indeed some of them may be psychotherapeutic, when practised properly) but some of them are just plain "crazy".

> *Yet, what we invariably see with some of the crazy therapies is a form of experimentation in the types of treatments prescribed and the techniques used ... Effective therapy that brings positive results generally does not require the application of some startling theory or technique.*
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> *Because not all therapists receive thoroughgoing training and consistent supervision; because of the shortage of professional critiques and a disregard for criticism and standards of practice; and because of the growth of psychotherapy as a relatively unregulated industry, we find ourselves in a new era of therapeutic offerings.* [18]

These new 'psychotherapeutic offerings' can include: Rebirthing, Soul work, Guided visualisation, Past-life regression, Alien-abduction therapy, Karmic patterning, Channeling, Rapid eye technology, Sexual touching, Hypnotherapy & various forms of Breathwork and the techniques offered claim variously to bring about: Inner-child bonding, Spiritual healing, Deep transformative healing, Reclaiming your missing self, Sexual karma, Past-life journeys, or Alignment of all body energies.[19] Now sometimes some of these results can legitimately happen within a proven and established psychotherapy. However the really "crazy" therapies tend to have the following characteristics: to offer a single therapy for a number of different conditions: to be the creation of a single individual; to have very little grounding in scientific fact or evidence; not to be accepted by other psychotherapists; to make grandiose claims; to use bizarre and unproven methods; and to require the client or patient to accept the therapy's theory, methods & practice as a complete formulation. This involves essentially an act of faith.

These therapies, where they are not psychotherapeutic, tend to rely on the 30% success rate of the "placebo effect", the charisma of the therapist, patient expectancy and gullibility, and/or post-hypnotic suggestions, but also there is a fairly high incidence of either severe financial loss (in that the clients have to pay out considerably large sums of money for continuing treatments), or harm (in that clients eventually complain these therapists have caused them harm or the therapist has acted improperly), or both. These therapies tend not to be linked with any wider professional associations in psychotherapy, like the A.P.A. or E.A.P., although some psychotherapists within these bodies have been found to use such therapies, and some of the people who practice these therapies are also professionally qualified doctors, psychotherapists, psychologists or psychiatrists. As individuals, we may be equally susceptible to new belief systems and take amazing leaps of faith being impressed by new techniques: whether this permits us to impose these, as professionals, on to our clients, is a totally different issue and very debatable.

Features of therapists using such methods tend to be that: the therapist teaches the client a mythology; the client is encouraged to use the language, jargon and ideas of the therapy; the 'diagnosis' is arrived at quickly and any contra-indications tend to be glossed over; the therapist is seemingly all-knowing, all-powerful and right; treatment plans are not proposed or agreed upon; levels of secrecy are often imposed; transference

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[18] Singer, Margaret Thaler & Lalich, Janja: *"Crazy" Therapies* (Jossey-Bass) 1996: from Intrroduction

[19] Ibid: p. 4 & 5

is abused or mismanaged; the client can become isolated from family & friends; other client's confidentiality is violated; the client's presenting problems are not treated; dual relationships, sexual involvement and seduction are prevalent; dependency and regression is fostered; unclear roles or boundaries are prevalent, including self-revelations, seductive or sexual remarks; no appreciation for discrepancies in power are made; therapeutic techniques are mismanaged, inappropriate techniques used, or techniques are overused; little scientific research is available, or referred to; and much use is made of popular mythology, paranormal theories, or New Age belief systems.

Given such a range of possible misuses, *"Caveat Emptor"* is, as always, a very valid maxim, but, as professionals, we may also need to clean out our own stables.

Can a psychotherapy really encompass all these different perspectives? *What is really psychotherapy?*

Functional Competencies:

There was a brave attempt in the UK in about 1992 to define the "functional competencies" of psychotherapy undertaken by the National Council for Vocational Qualifications. It failed: mainly due to internal disputes, professional politics, and intellectual sabotage. Yet this type of definition is also the universal European model, applied to all trades and professions, whether they like it or not:

- **Q:** How do you determine the functional boundaries of a profession?
- **A:** By what the professional can and cannot do well - competency.

Hence we can establish a whole set of functional competencies attached to each profession or trade and the various levels of skills within that profession or trade and these competencies or abilities also help to define the profession and what the professional can do. For some inexplicable reason, these criteria are not (yet) being applied to psychotherapy; however it may only be a matter of time.

In the UK exercise, the job of a psychotherapist was divided up into about nine discreet areas that everyone could agree upon: e.g. Making a diagnosis; Referring a client/patient on to different profession; Establishing a professional contractual relationship; Keeping appropriate notes and records; Maintaining the therapeutic relationship (using supervision where appropriate); Concluding the therapeutic relationship; and so on. Within each section there were "competencies" that were agreed to be common to every psychotherapist irrespective of their method and these were "placed above the line." "Below the line" were the special competencies that were only relevant or applicable to certain mainstreams within psychotherapy (see below). This allowed for the differences between the various branches of psychotherapy.

All these competencies, so the theory goes, based on what a psychotherapist actually does, or should be able to do – the functions of a psychotherapist - thus define exactly the extent of the profession and form the basis of any training course and assessments. This process of functional competencies is being established across Europe as part of the "free labour market." Irrespective of any distinct proclivities in any particular country or any particular discipline, a plumber wherever and however s/he is trained should still be able to fix a hot water boiler; and an architect should still be able to design a house or apartment.

One way forward could be for the EAP to engage in this exercise and establish the "functional comptetencies" of psychotherapy, else we might discover that some of these competencies have been hijacked into a parallel profession because of our procrastinations. This could help define *"What psychotherapy really is!"*

Psychotherapeutic Structures:

Within EAP there is supposed to be a constitutionally-based "testing procedure" whereby any new psychotherapy organisation seeking entrance into the EAP is formally assessed by the EAP's Membership Committee to see whether it trains in or practices in a 'proper' or 'accepted' form of psychotherapy. Yet this doesn't happen, and we have no clear definitions on what actually constitutes a 'proper' psychotherapy.

Do we encompass all forms of psychotherapy? Or only traditionally accepted and recognised versions? How long does a psychotherapy have to have been in existence for, before it is considered proper, accepted or recognised? How many people must have been trained or practiced in it? How many scientific papers, journals, etc. must it have appeared in? What research criteria must it have fulfilled? What are the attitudes of other psychotherapies towards it, and do these matter? If a 'technique' (viz. Autogenic Technique used primarily for reducing blood pressure) is also 'psychotherapeutic' (because it helps to reduce stress), does this constitute a 'proper' psychotherapy? Are the boundaries of the profession set, flexible, or fully wide-open? How does a method establish itself as a new psychotherapy?

If we do not have any precise answers for these questions, we thereby weaken our case for psychotherapy as an independent profession. These are not questions about the "scientific validity", they are more questions of fact which can be used to assess whether a particular therapy or technique begins to constitute itself as a psychotherapy.

In asking these sorts of questions (which I started doing in 1996), I am not trying to exclude the possibility of new psychotherapies coming on the scene, gaining popularity, showing efficacy and becoming accepted, nor am I trying to exclude presently accepted psychotherapies, but we do not want just two or three people in an office or consulting rooms with a new idea constituting themselves or calling themselves as a psychotherapy. *So what is it that constitutes a psychotherapy?* Again I refer you to a possible alternative defintion in Appendix 1.

However we also have the now quite well-established EAP's "15 Questions about Scientific Validity"[20] Whilst these have been used to "validate" already existing psychotherapies or modalities within a particular mainstream, they do not, in themselves, constitute a definition of psychotherapy. It would still be possible, I maintain, to answer all these 15 Questions satisfactorily and yet not constitute a proper psychotherapy in the terms that are fairly universally accepted. By this, we undermine ourselves.

There are other structures that we might wish to consider. Masson[21] suggests an ombudsman for psychotherapy, a formal independent person to hear complaints and abuses and to make suggestions for reform to regulatory bodies. It is a good idea, but whether it is necessary or not is another matter.

We should also become more and more clear about the grounds upon which we do not accept a *'psychotherapy'*. One type was rejected because the "founder" was also the "life president" of the professional association and it was felt that this was not democratic enough. Fair enough, you may think, but this was not a judgement about whether this type of therapy was a proper psychotherapy. Another was judged against acceptance because the presentation seemed to suggest that the success of the therapy depended on the belief of the patient: again hardly a judgement about whether this was a proper psychotherapy or not, but indications that it leant towards being a form of cult. In a situation where *"the lack of any generally agreed standards of training and practice or regulatory procedures in psychotheray (which) means that there are no external criteria against which a particular therapy can be assessed"* [22] still gives us a major set of

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[20] See Appendix 2.

[21] Masson, Jeffrey: *The tyranny of psychotherapy* in Dryden & Feltham: *Psychotherapy and its discontents* (Open University Press) 1992

[22] Holmes, Jeremy: Ibid, p.31

problems acoss Europe, despite the efforts of the EAP.

One might also descriminate where the method of psychotherapy involves practices which are largely unacceptable to many other psychotherapies; or where (despite history) there is little 'scientific' evidence to support the efficacy of this methodology, but again these are only just touching on the key issue. And if we do not get these issues clear, then we run the risk of being condemned and dismissed by other 'authorities' or fellow professionals. If we are not clear, then we cannot have the structures to determine *what is or is not a psychotherapy.*

Mainstreams and Modalities:

Pritz, in his book[23], lists seven "modalities" of psychotherapy. What he really means of course is "mainstreams" which is the accepted usage within the EAP. These he lists (incorrectly) as: (a) psychoanalytic-psychodynamic psychotherapy; (b) behavioural therapy; (c) systemic family therapies; (d) humanistic modalities; (e) hypnotic modalities; (f) relaxation modalities; and (g) integrative modalities. Apart from the misuse of "mainstream" and "modality" not many psychotherapists would actually agree to nor accept this particular categorisation, and he also left out at least one mainstream in psychotherapy: body-psychotherapy[24].

The psychoanalysts in the EAP have been remarkable by their absence and there are widespread rumours that they increasingly wish to classify psychoanalysis as something different from psychotherapy. Most other mainstreams would probably wish that the word "psychotherapies" was used instead of "therapies" and, whilst Austria accepts relaxation therapies like the Autogenic Technique as a proper psychotherapy, no other country nor any other author that I have come across does, as relaxation therapies are often very psychotherapeutic, but they are not really psychotherapies in themselves. Cognitive or Behavioural Therapy considers itself as the only scientifically based psychotherapy, and yet it doesn't use the word "psychotherapy"; nor does it require people to have undergone psychotherapy themselves, as nearly all other psychotherapies do. Furthermore, where in this classification of Pritz's, does one put the existential psychotherapies, the transpersonal psychotherapies, and the integrative psychotherapies (which may combine aspects from different mainstreams)?

A much more thorough breakdown and classification of the mainstreams and modalities within the EAP was performed by David Boadella and the EAP Scientific Validation Committee in 1998. This listed nine "mainstreams", many of which have distinct "modalities" within them, which is the proper and accepted usage of these two words. These classifications are: (i) psychoanalysis, (ii) psychodynamic psychotherapies. (iii) behavioural-cognitive psychotherapies, (iv) systemic psychotherapies, (v) group psychotherapies, (vi) humanistic psychotherapies, (vii) body-psychotherapies, (viii) existential psychotherapies, (ix) hypno-psychotherapies and then we could add (perhaps) psychotherapies in special circumstances or with special client groups.

This divisioning is very similar to the UKCP model, started in 1987, in which the representatives of the various psychotherapies grouped themselves together in self-defined affinities, and since then only one new 'section' or mainstream has been added.[25]

So, in this sort of classification, we would expect to find Gestalt Psychotherapy, Transactional Analysis, Transpersonal Psychotherapy, Psychodrama, Psychosynthesis, etc. all as "modalities" within the "mainstream" of humanistic psychotherapies; and we might hope to find Kleinian, Adlerian, Jungian, Lacanian and Freudian psychotherapies as "modalities" within the "mainstream" of psychoanalytical psychotherapies. *In our dreams, we might!* - professional politics and rivalries plays havoc with such neat

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23 Pritz, A. (ed): *Globalized Psychotherapy* (Facultas Universitätsverlag) 2002

24 Accepted by the EAP Board as a scientifically valid mainstream, October 2000.

25 See Appendix 3

classifications. But if we do not actually find these groupings, we still would expect them to have some similarities and affinities; and this is significant. There is increasingly an expectation of such significant groupings and most people would agree to many of these: whether the groupings can work together or not in reality is a totally different issue.

Solid Ground:

Given that an approximate estimation of about 75,000 psychotherapists across Europe and maybe a similar number in the USA, and a further similar number in all other countries, actually exist, earn a living, see clients, and many of whom have academic degrees in psychology, and most of whom have received additional training in psychotherapy, this gives a degree of solidity to the existence of psychotherapy as a body of professional expertise.

Given that thousands of articles have been written by many hundreds of people all over the world for the last 100 years or so (ref: PsychLit & similar databases) this gives a degree of thought and introspection to the body of information about psychotherapy.

Given that there have been hundreds of research projects in many different countries to do with many different aspects of psychotherapy, this gives a degree of ground to the body of research and scientific rigour about psychotherapy as a profession.

Given that many hundreds of thousands of people have reported general benefits from psychotherapy over its 100+ years of existence, this uplifts us a little. There may be some benefit: psychotherapy probably is professional and ethical (despite some disreputable elements): maybe a few souls have been saved as well.

Psychotherapy has a heart, a body, a mind and a soul. Let us stand on this ground. Let us "Know Ourselves" through introspection. Let us critically examine the strengths and weaknesses of our profession. Let us define ourselves according to ***our*** terms, and in ways that make sense to us And let us not be defined, or limited, by others.

Psychotherapy is not a sham. It has been proven to be effective: by itself, in relation to other therapies, and also in conjunction with medication and other remedies. It has been proven to have long lasting effects. It has been proven to be efficacious and cost-effective.

It is not a cult either; it does not depend on the belief of the patient or client. It does not depend on the person staying in therapy.

It has the foundations, the structures, the professional ethics, the procedures, the controls, the expertise, the rigour, and the research equivalent to that of almost any other profession.

But we, the professional practitioners of psychotherapy, need to believe this as well. This is perhaps our greatest weakness: the lack of belief in ourselves; the lack of determination to go the whole course and examine ourselves dispassionately and scrupulously, in order to get a working, clear and comprehensible definition of psychotherapy, and also a clear understanding of what psychotherapy really is.

The Author:
Courtenay Young has been involved with the EAP since 1995. He has represented the European Association for Body-Psychotherapy (EABP) there and helped prepare the "scientific validity" of Body-Psychotherapy for the EAP. He was also intensely involved with helping to develop European Training Standards and the European Certificate for Psychotherapy (ECP) document. In 1999 he was elected as Co-Chairperson of the EAP's Ethical Committee and developed the EAP's Statement of Ethical Principles. He has also written a draft set of Policies and Procedures for the functioning of all the EAP's committees. He was living in a international spiritual community at Findhorn in Scotland for 17 years, and now lives in Edinburgh and works as a psychotherapist for the NHS.

APPENDIX 1: *Alternative Definition for Psychotherapy: from EAP's Scientific Validation Committee paper 1998/9 (Chairperson: David Boadella) added to and adapted by Courtenay Young:*

> **Psychotherapy is a range of professional procedures with a spectrum of intentions, from the treatment of patients suffering from psychic, psychosomatic or psychosocial distress or imbalance, to the improvement of quality of life for those patients / clients seeking better contact with themselves and contact with others.**
>
> **It is a special form of, and a systematic application of, interpersonal communication between individuals, or in group context, using both verbal and non-verbal methods of understanding and intervention, with a basis for treatment often being the exploration of the relationship(s) between those present.**
>
> **Psychotherapy uses particular forms of knowledge and skills and a variety of different methods for educating and assisting people, based on an understanding of psychological health and pathology.**
>
> **It aims to change thoughts, attitudes and behaviour in relation to problematic areas of personal and social living; to alleviate symptoms; to diminish conditions of suffering; to modify restrictive patterns of personality connected with unhappiness or stress; to encourage new organisations of experience and expression; to improve intrapsychic and interpsychic integration; to overcome dysfunctional attitudes and behaviours; and to better the qualities of inner experience, awareness and personal contact.**
>
> **It can be done by a number of differently trained professionals with the fields of psychotherapy, clinical psychology, psychiatry, counselling and social work. It can be done with a number of different client groups, for which special training may be necessary. It can often be used preventatively.**

Comment and explication:

Psychotherapy is a consciously reflected and evolved interactional process that is based, as much as possible, on jointly defined aims and on consensus between the main parties about the direction of and the extent of the therapy.

It usually involves two main parties; the practitioner (psychotherapist, clinical psychologist, psychiatrist, group leader, etc.) and the recipiant (client, patient, group member, couple or family, child, etc.) The recipiant, the client (or, in clinical situations**,** patient) receives a professional service, or treatment, either funded by the state's health service, health insurance policies, or paid for privately, or some combination of these. It can take place in a private setting, or within public health or psychiatric settings.

It is based, as are all professional service or treatment procedures, on well-defined ethical principles and procedures, in which self-knowledge, and non-judgmental attitudes from the psychotherapist and essential respect towards the client are basic foundations.

The techniques of psychotherapy can be learned , researched, and theoretically explained, and are related to relevant knowledge within the fields of medicine, psychology, and the human and psychosocial sciences. The practice of psychotherapy is founded on acquired skills and academic knowledge, and is informed by research.

According to the present day state of knowledge & practice, psychotherapy is a form of treating or helping the recipiant, within an intentionalistic framework, internally generated or sustained problems of the person, affecting his/her/their health or well being, in the context of a concrete life situation, and at a given stage of his/her/their psychosocial development,. It addresses the theory of both normal and pathological development. It seeks to view the complex and varied aspects of a human being as an integrated whole.

Psychotherapy is directed at one or more of the following individually expressed aspects of the person's experience: conscious and unconscious processes; moods; emotionality; sexuality; interpretation and cognition; dreams, symbols, imagination; beliefs and attitudes; valuations; thoughts and meanings; proprioception and self-image; orientations; intentionality; behaviour; and other personal and social aspects of the person related to the sources of the conditions and attitudes presented within therapy.

Psychotherapy seeks to help the recipiant create a greater sense of identity; peace of mind; expansion, growth & empowerment; relief from symptoms, stress & distress; and integration with those around them (family, friends, & society).

The efficacy of psychotherapy has been extensively researched and clearly established. It has been shown that it can be combined effectively with other treatments like medication, education, psychosocial influences, and other therapies.

There are many different forms of psychotherapy: some of them very distinct from each other. These are now being referred to as "mainstream" branches of psychotherapy, and include psychoanalytical and psychodynamic psychotherapy; cognitive-behavioural therapy; systemic and family psychotherapies; humanistic, existential and transpersonal psychotherapies; body-oriented psychotherapies; hypno-psychotherapies; and integrative psychotherapies. Within and combining different aspects of these mainstream branches, the many variations are being referred to as "modalities" or "methods" of psychotherapy.

In short, psychotherapy includes all systematic scientifically based approaches and methods which aim to change human feeling, thinking and behavior by means of therapist-client/patient interaction and intervention.

The place of psychotherapy in the global category of psychosocial influences exerted by a person or person on the subject, in the framework of interpersonal relations, is very particular. It is a unique form of such influence, to be contrasted with others.

Psychosocial influences are phenomena present in different inter-human relations. Some of them, like education, propaganda and so on, have nothing necessarily to do directly with help for problems or with healing procedures. Some psychosocial influences (such as psychological advice, counselling for specific issues, enhancing personal development, improving social skills, life coaching, and so on) or many other therapies have a helping quality and thus can be considered as psychotherapeutic, but find their place clearly outside the realm of psychotherapy,.

Other forms have their place within the health & social services (creation of significant relationships, supporting education & development, support & friendship, attentive listening, etc): being not psychotherapy as such, they are valuable in supporting the rehabilitation of people suffering from stress, unhappiness, or illness, (even chronic pain and terminal states), but without working with problems in the depth or intensity aimed at in psychotherapy. In order to to distinguish psychotherapy from these forms, we categorise them as 'psychosocial therapies' or 'psychological / psychotherapuetic help' or 'counselling', as distinct from psychotherapy, as defined above.

There are also professional & political distinctions to be made between psychotherapy, as an independent scientific and skill-based profession in its own right, and psychotherapy, as an activity capable of being undertaken by certain health or psychosocial professionals.

In the EAP, both positions are maintained, with the proviso that any professional person undertaking psychotherapy with patients or clients needs to have achieved a level of understanding, practical training, and professional experience in psychotherapy, equivalent to a four-year postgraduate training in psychotherapy, and capable of coping with the depth and complexity of such a relationship and activity.

The EAP also has a clearly written Statement of Ethical Principles, European Training Standards in psychotherapy, and a European Certificate of Psychotherapy which embody the above.

APPENDIX 2:

The EAP's 15 Questions about Scientific Validity: (These can also be found on www.europsyche.org)

Please provide evidence that your approach:

1. Has clearly defined areas of enquiry, application, research, and practice.

2. Has demonstrated its claim to knowledge and competence within its field tradition of diagnosis/assessment and of treatment/intervention.

3. Has a clear and self-consistent theory of the human being, of the therapeutic relationship, and of health and illness.

4. Has methods specific to the approach which generate developments in the theory of psychotherapy, demonstrate new aspects in the understanding of human nature, and lead to ways of treatment/intervention.

5. Includes processes of verbal exchange, alongside an awareness of non-verbal sources of information and communication.

6. Offers a clear rationale for treatment/interventions facilitating constructive change of the factors provoking or maintaining illness or suffering.

7. Has clearly defined strategies enabling clients to develop a new organization of experience and behaviour.

8. Is open to dialogue with other psychotherapy modalities about its field of theory and practice.

9. Has a way of methodically describing the chosen fields of study and the methods of treatment/intervention which can be used by other colleagues.

10. Is associated with information which is the result of conscious self-reflection, and critical reflection by other professionals within the approach.

11. Offers new knowledge, which is differentiated and distinctive, in the domain of psychotherapy.

12. Is capable of being integrated with other approaches considered to be part of scientific psychotherapy so that it can be seen to share with them areas of common ground.

13. Describes and displays a coherent strategy to understanding human problems, and an explicit relation between methods of treatment/intervention and results.

14. Has theories of normal and problematic human behaviour which are explicitly related to effective methods of diagnosis/assessment and treatment/intervention.

15. Has investigative procedures which are defined well enough to indicate possibilities of research.

APPENDIX 3:

A description of the various mainstreams adapted from the UKCP website: www.psychotherapy.org.uk

UKCP Definition of Psychotherapy:

Psychotherapy is the provision by qualified practitioners of a formal and professional relationship within which patient(s)/client(s) can profitably explore difficult, and often painful, emotions and experiences. These may include feelings of anxiety, depression, trauma, or perhaps the loss of meaning in one's life. It is a process which seeks to help the person gain an increased capacity for choice, through which the individual becomes more autonomous and self determined. Psychotherapy may be provided for individuals or children, couples, families and groups.

Analytical Psychology*:* This stems from the work of C. G. Jung. The central idea is that what we do and feel, how we think of ourselves and other people depend upon forces and processes we are not aware of the 'unconscious'. These may be part of our common human nature or particular to the individual.

The analytical psychologist (also known as a Jungian analyst) tries to understand these unconscious elements in what the patient says and the dreams they report. Particular attention is given to how the patient regards the analyst and vice versa. It can be beneficial for a patient to understand how this 'transference' mirrors the early family situation, enabling them to take conscious control. Jungian analysts believe that we are all highly capable of healing ourselves and taking charge of our lives.

Analytical psychologists treat people suffering from emotional disorders or problems with relationships, but can also help 'normal' people who are discontented with themselves or have lost a sense of direction in their lives. So it is not necessary to be 'ill' to benefit from Jungian analysis, since self-discovery and the exploration of the inner world are valuable in themselves.

Analytical psychology also has much to say about society and culture, showing how unconscious processes affect the groups and institutions we belong to.

Behavioural & Cognitive Psychotherapies: The behavioural and cognitive psychotherapies are used to treat a wide range of emotional disorders, using a problem-solving approach. There is a large body of research evidence which demonstrates the effectiveness of these psychotherapies in treating problems such as depression, panic attacks, agoraphobia, obsessive-compulsive disorder, post traumatic stress disorder, eating disorders, chronic pain and irritable bowel syndrome.

Therapist and client work as part of a team to identify problems and examine these in terms of the relationship between thoughts, feelings, behaviour and the individual's environment. The main focus in treatment is on the here and now (as opposed to the past) and how current problems interfere with the client's daily life. The aim of therapy is to help the client understand their problems and develop practical ways of dealing with them. There is an emphasis on self-help and the therapist will ask the client to deliberately practise applying their new knowledge between therapy sessions.

Typically treatment consists of 12-30 weekly sessions of an hour. This may be in health centres, specialist departments or hospital outpatient clinics. The behavioural and cognitive psychotherapies are widely available in the NHS, as well as the private sector. Many healthcare professionals are trained in these therapies, including clinical psychologists, psychiatric nurses and social workers.

Experiential-Constructivist Psychotherapies: These therapies are based on the assumption that our world is not just given to us complete, but that we construct our individual picture of it from our own experiences. Then, what we do, what we believe, what we feel is largely dictated by this picture, or model. For a person badly treated, the world may be seen as cruel or unreliable, whereas for one well treated, it may appear a good place. We are constantly modifying our models in the light of experience.

The first task in therapy is to help the client clarify the models they use, consciously or not, to represent the world to themselves. They will need to explore and try out different ways of constructing their model and living within it, with no suggestion that any particular model is the 'correct' one. Changes may come in a small way in different behaviour or more extensively in revision of values, beliefs and identity.

These therapies often have a specific focus and expect to effect positive changes in the short term, as well as dealing with the underlying issues, which may require longer term therapy. The setting may be one-to-one or in a group. A wide range of methods is used, imaginatively tailored to the individual, who is involved at every stage. The process, depending on mutual respect between therapist and client, is designed to enable the client to take better charge of their life.

Family, Couple, Sexual, & Systemic Psychotherapies: The members within this group of organisations share an assumption that individual's problems cannot adequately be understood without considering the wider relevance of the families and groups which form each individuals' past and present wider context. Information about this wider system may be elicited within therapy sessions with individuals, couples or family groups. Some systemic psychotherapists also consult to organisational and business systems.

Therapy aims to identify and explore the patterns of belief and behaviours in roles and relationships (including sexual relationships) which seem to have become set over time, and to enable people to decide where change would be desirable and to facilitate the process of establishing new and more fulfilling patterns.

Systemic psychotherapists, whilst often actively intervening in client systems, strive to maintain a non-blaming and neutral position, respecting differences of culture, race, gender, sexual orientation etc. Therapists may work in teams, using live consultation or as sole practitioners using retrospective consultation in order to draw upon other perspectives to their practice. Therapy is often relatively short-term.

Hypno-Psychotherapy*:* Hypno-psychotherapy is the branch of psychotherapy which uses hypnosis. It rests on an extensive body of work and publications over the last three hundred years, leading to that of Milton, Erickson and those influenced by him. It understands that we have a learned model of the world which can restrict the way we feel, what we understand, our attitudes and behaviour. Hypnosis is a state of relaxation which people enter voluntarily, during which there occurs an altered state of conscious awareness. The therapist can intervene to draw the individual's attention to new possibilities, to alternative patterns of thought, emotions and behaviour. The methods and strategies used in therapy are designed to make use of the resources and capabilities that reside within all people, and do not require the individual to fit into a standardised pattern. Hypnotherapy may be invaluable for anyone seeking to resolve specific problems, or for personal development.

Humanistic Psychotherapy is an approach which tries to do justice to the whole person including mind, body and spirit. It represents a broad range of therapeutic methods. Each method recognises the self-healing capacities of the client. The humanistic psychotherapist works towards an authentic meeting of equals in the therapy relationship.

Existential Psychotherapy aims at enabling clients to find constructive ways of coming to terms with the challenges of everyday living. The focus is on the client's concrete, individual experience of anxiety and distress leading to an exploration of their personal beliefs and value system, in order to clarify and understand these in relation to the specific physical, psychological and socio-cultural context. The experience and influences of the past, present and future are given equal emphasis. The questioning of assumptions and facing up to the possibilities and limitations of living is an important part of this interactive, dynamic and direct approach.

Transpersonal/Psychospiritual Psychotherapy can be defined by its orientation which includes the spiritual dimension rather than the content of therapy. It views the human psyche as having a central core Self or Soul as the centre of identity as well as a personal ego. Psychotherapists draw on a wide range of therapeutic methods towards the uncovering of past psychological material within a context of the individuals potential based on spiritual insight and experience. Within this perspective there is both a movement of the personal centre to the Self and a movement of the Self to manifest its nature through and in the personal centre. Thus therapy includes both repair and individuation.

Integrative Psychotherapy can be distinguished from eclecticism by its determination to show there are significant connections between different psychotherapies, which may be unrecognised by their exclusive proponents. While remaining respectful to each approach, integrative psychotherapy draws from many sources in the belief that no one approach has all the truth. The therapeutic relationship is the vehicle for experience, growth and change. It aims to hold together the dual forces of disintegration and integration, as presented by the psychologically distressed

and disabled. The integrative therapeutic experience leads towards a greater tolerance of life's experiences and an increase of creativity and service.

Psychoanalytic & Psychodynamic Psychotherapies: These psychotherapies are based on psychoanalytic theory and practice. They may take place one-to-one or in a group. They may be of long or short duration. The central principle is that much distress has been caused by events in early life, which we are no longer aware of. The therapy offers a reliable setting for the patient to explore free associations, memories, fantasies, feelings and dreams, to do with past and present. Particular attention is given to the interaction with the therapist, through which the patient may relive situations from their early life, the 'transference'. In these ways the patient may achieve a new and better resolution of longstanding conflicts.

N.B.

The UKCP also has other sections more related to specialist psychotherapies,.psychotherapies with different client groups, or different types of institutions