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Mariahilfer Straße 1d/e, Stock/Tür 13, A-1060 Vienna, Austria
E-mail: eap.admin@europsyche.org
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BOOK REVIEWS:

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The International Journal of Psychotherapy is a leading professional and academic publication, which aims to inform, to stimulate debate, and to assist the profession of psychotherapy to develop throughout Europe and also internationally. It is properly (double-blind) peer-reviewed.

The Journal raises important issues in the field of European and international psychotherapy practice, professional development, and theory and research for psychotherapy practitioners, related professionals, academics & students. The Journal is published by the European Association for Psychotherapy (EAP), three times per annum. It has been published for 29 years. It is currently working towards obtaining a listing on several different Citation Indices and thus gaining an Impact Factor from each of these.

The focus of the Journal includes:

- Contributions from, and debates between, the different European methods and modalities in psychotherapy, and their respective traditions of theory, practice and research;
- Contemporary issues and new developments for individual, group and psychotherapy in specialist fields and settings;
- Matters related to the work of European professional psychotherapists in public, private and voluntary settings;
- Broad-ranging theoretical perspectives providing informed discussion and debate on a wide range of subjects in this fast expanding field;
- Professional, administrative, training and educational issues that arise from developments in the provision of psychotherapy and related services in European health care settings;
- Contributing to the wider debate about the future of psychotherapy and reflecting the internal dialogue within European psychotherapy and its wider relations with the rest of the world;
- Current research and practice developments – ensuring that new information is brought to the attention of professionals in an informed and clear way;
- Interactions between the psychological and the physical, the philosophical and the political, the theoretical and the practical, the traditional and the developing status of the profession;
- Connections, communications, relationships and association between the related professions of psychotherapy, psychology, psychiatry, counselling and health care;
- Exploration and affirmation of the similarities, uniqueness and differences of psychotherapy in the different European regions and in different areas of the profession;
- Reviews of new publications: highlighting and reviewing books & films of particular importance in this field;
- Comment and discussion on all aspects and important issues related to the clinical practice and provision of services in this profession;
- A dedication to publishing in European 'mother-tongue' languages, as well as in English.

This journal is therefore essential reading for informed psychological and psychotherapeutic academics, trainers, students and practitioners across these disciplines and geographic boundaries, who wish to develop a greater understanding of developments in psychotherapy in Europe and world-wide. We have recently developed several new 'Editorial Policies' that are available on the IJP website, via the 'Ethos' page: **www.ijp.org.uk**

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The IJP Website: www.ijp.org.uk

The IJP website is very comprehensive, with many different pages. It is fairly easy to negotiate using the tabs across the top of the website pages.

You are also able to subscribe to the Journal through the website – and we have several different 'categories' of subscriptions. However, the Journal is now more of an "open-access" journal, so subscriptions are less relevant.

You can also purchase single articles and whole issues as directly downloaded PDF files by using the Catalogue on the IJP website. Payment is by PayPal. We still have some printed copies of most of the Back Issues available for sale.

Furthermore, we believe that **'Book Reviews'** form an essential component to the 'web of science'. We currently have about 60 books available to be reviewed: please consult the relevant pages of the IJP website and ask for the books that you would enjoy reviewing: and – as a reviewer – you would get to keep the book. All previously published Book Reviews are available as free PDF files.

There is also a whole cornucopia of material that is currently freely available on-line (see the top left-hand corner of the website). **Firstly**: there are several "Open Access" books on Psychotherapy available, free-of-charge; **next** there are an increasing number of free "Open Access" articles; **then** there are often a couple of articles available from the forthcoming issue, in advance of publication.

There is also an on-going, online 'Special Issue' on **"Psychotherapy vs. Spirituality"**. This 'Special Issue' is being built up from a number of already published articles and these are available freely on-line, soon after publication.

Finally, there are a number of previously published **Briefing Papers**. There is one on: *"What can Psychotherapy do for Refugees and Migrants in Europe?"*; and one on an important new direction: *"Mapping the ECP into ECTS to gain EQF-7: A Briefing Paper for a new 'forward strategy for the EAP."*

Because of a particular interest that we have in what is called by "Intellectual Property", we have included a recent briefing paper: *"Can Psychotherapeutic Methods, Procedures and Techniques" be patented, and/or copyrighted, and/or trademarked? – A Position Paper."* Lastly, as part of the initiative to promote psychotherapy as an independent profession in Europe, we have: *"EAP Statement on the Legal Position of Psychotherapy in Europe"*, which we published in a recent issue. Most recently, we have published *A Proposal to Establish a Set of Ethical Principles & Guidelines for EAP Organisations*.

International Journal of Psychotherapy

Editorial

Courtenay Young

Editor, International Journal of Psychotherapy

Dear Readers and Fellow Psychotherapists,

We seem to be moving into a different world with the US President, Donald Trump, creating increasing instability nearly every week, being punitive to other countries with excessive tariffs and polarising the world with a new power block of autocratic rulers. These trends can cause additional anxiety for our clients and ourselves: an increased existential anxiety. I have found it necessary to give clients some additional tools to counteract such existential anxieties and recommend that they use these with an increased frequency.

The World Council for Psychotherapy (WCP) (www.wcp2025.at/index-en.html) had a recent very successful, by all accounts, Congress in Vienna, entitled "The Polarities of Life". This is the 10th Congress since the inception of the WCP and Congresses are held every 3rd year. However, the 9th Congress, scheduled to be in Moscow, was cancelled due to the war in Ukraine. This Congress saw its President (and Founder), Prof. Alfred Pritz stand down and become an Honorary President and Maria Grun, who organised this year's Congress was elected as the new Secretary General. The new WCP President is Prof. Dr. med. Xudong Zhao, from Shanghai, China.

Slightly confusingly, the World Federation for Psychotherapy (WFP) is organising its next 24th World Congress in New York in June 2026 (www.wfpsychotherapy.org/world-congress-of-psychotherapy). The title of this Congress is: "Psychotherapy, Mental Health and Human Rights: Caring for Vulnerable Populations, Healthcare Professionals, and Humanitarian Relief Workers".

Another transcultural grouping that may be of interest is the Asia-Pacific Mental Health Congress in Bali, Indonesia, 25th-29th October, 2025 with the theme:

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"Future Directions: Pioneering Mental Health and Well-being Initiatives" (www.scholarsconferences.com/asia-pacific-mental-health/).

Closer to home, the European Association for Psychotherapy (EAP) has also produced some new documents, two of these is included in this issue. One of the EAP's floating 'banners' displayed on its newly designed website (www.europsyche.org) is "Psychotherapy is Effective". This statement is now backed up by a document from the EAP's Science & Research Committee with the title. **"The Effectiveness of Psychotherapy: A Contemporary Evidence-Based Overview"**. We include this document in this issue of the Journal.

Another potentially seminal document is a statement from the EAP's Ethical Guidelines Committee **regarding the use of Artificial Intelligence in Psychotherapy**: this is currently a draft, but we include it in this issue as well for the edification of our readers.

Finally, the EAP's Science and Research Committee (SARC) has produced a substantive document that lists several research studies that support each of the 13 Domains and 126 Core Competences in the 2013 EAP's Project to Establish the Core Professional Competences of a European Psychotherapist: (www.europsyche.org/portals/0/media/docs/Final-Core-Competencies-v-3-3_July2013.pdf)

This Project, more than almost anything else that the EAP has done over the last 35 years, clearly differentiates between the professional competences of a psychologist, a psychiatrist, a psychotherapist and a counsellor.

This difference has been recognised by the European Commission's classification of **European Skills, Competences, Qualifications and Occupations (ESCO)**, where the occupation of a 'psychotherapist' is currently listed as a sub-set of a sub-set of 'psychologist'. When these ESCO classifications are revised in 2028 (every 20 years), hopefully this will be changed.

It may be of interest to note that a 'psychologist' and a 'psychotherapist' are **not** classified as 'Health Professionals'. In some European countries, these professions come under the aegis of the Health Ministry. They are classified as 'Legal, Social and Cultural Professionals' (ISCO Code: 26), then 'Social & religious professionals' (ISCO Code: 263). **Psychologists** are then classified under ISCO Code 2634, and a psychotherapist is then classified as a sub-set of a sub-set of psychologist: (Code: 2634.2.4)

> **ESCO Description of a Psychotherapist** (2634.2.4)
>
> Psychotherapists assist and treat healthcare users with varying degrees of psychological, psychosocial, or psychosomatic behavioural disorders and pathogenic conditions by means of psychotherapeutic methods. They promote personal development and well-being and provide advice on improving relationships, capabilities, and problem-solving techniques. They use science-based psychotherapeutic methods such as behavioural therapy,

existential analysis and logotherapy, psychoanalysis or systemic family therapy in order to guide the patients in their development and help them search for appropriate solutions to their problems.

Psychotherapists are not required to have academic degrees in psychology or a medical qualification in psychiatry. [Psychotherapist] is an independent occupation from psychology, psychiatry, and counselling. [1]

Apart from this, it is now hoped that this SARC Project will help all the 100+ European Accredited Psychotherapy Training Institutes to include these Core Professional Competences into their usually more modality-based trainings. However, the whole SARC document is not suitable to be included herein but it will soon be available via the EAP's website.

Also in this issue, we have an article on **"The Use of Creative Processes in Mental Health: NetWork and Lexical Analyses"** from Sandie Meillerais and colleagues mainly from the University of Mons in Belgium. This is much longer than our usual articles and it has absolutely fascinating tables and graphs, so I hope you will be as interested and excited as we were to include this.

Our next article is entitled, **"Towards a Model of the Modalities of Therapeutic Accompaniment in Psycho-Organic Analysis: Research carried out using Grounded Theory Methodology"** by Marc Tocquet & Jennifer Denis. Psycho-Organic Analysis has appeared in the pages of this Journal (2019: Vol. 23, No. 1; and 2023: Vol. 26, No. 1) before, both articles by Marc Tocquet.

Then comes an interesting article from Russia: **Assessment of the Effectiveness of Systemic Constellations by Russian clients** from Ekaterina Podnebesnaya Borisovna, describing what is quite popular in Russia, the method of Systemic Constellations. This method has some similarities with other Hellinger 'Constellation' techniques.

Finally, we have another article from Georgia, **The Impact of Trauma on Drug Addiction: A Comprehensive Analysis** by Marine Begashvili & Nino Okribelashvili, which draws on modern thinking about the association between trauma and drug addiction.

We also have a number of book reviews, some of which have been 'held back' because we have had several Special Issues and these Special Issues have been on topics unrelated to the books reviewed.

The first Book Review (on *Science-Based Therapy*) has been extended to include some of the comments that have been published by other reviewers. It feels very refreshing – at last – to hear some intelligent and researched criticism about the plethora of so-called 'Evidence-Based Treatments' (EBT) and Ran-

1. Their words, my emphasis. (CY)

domised Controlled Trials (RCT) that are all too often used to 'establish' the efficacy and effectiveness of psychotherapeutic modalities. This is not to say that the methods supported by these research studies are not effective or efficacious, just that the evidence-base claimed is often inappropriate or even inadequate: inappropriate in that RCTs are gold-standard for medical treatments, where the control group (treatment as usual) or placebos can be used as a sort-of comparison for the effects of the medication being assessed. However, RTs as a research method feels totally inappropriate to assess any form of psychological or psychotherapeutic process, during which hundreds of variables can affect the outcome. Sot last, the hegemony of the 'medical model' over psychosocial interventions is being properly lifted and is being reassessed.

The second book review is of *Different Bodies: Deconstructing Normality* by Nick Totton, a UK Body Psychotherapist, which provides a thought-provoking insight on how we see – and unconsciously judge – each other bodies. There is no 'normal'!

The third book review is also about Body Psychotherapy: *Body Psychotherapy: A Theoretical Foundation for Clinical Practice*, by Ulfried Geuter, published by Routledge in 2024. This is an excellent translation of a remarkable book, first published in German in 2015. This psychotherapeutic approach considers the body as being totally integrated with the mind and thus equally significant in psychotherapy: the two cannot easily be separated, except that society – ever since Descartes (*"I think therefore I am"*) – has largely ignored or degraded the body and the feelings contained therein.

The fourth review – of the 2023 book *The Psychology of People, Power and Politics: Through the Looking Glass* by Ron Roberts – offers an insight into another radical thinker and mover in psychology, psychotherapy and social studies. This review is by Theodor Itten, a former editor and friend of this journal.

The fifth review is of a book that tries to help the largely hidden legion of men who have been sexually abused: *An Intersectional Guide for Male Survivors of Sexual Abuse and their Allies: Masculinity Reconnected* by Jeremy Sachs (Routledge, 2025). Male sexual abuse survivors – not perhaps as many as female survivors – but often as equally disturbed can be slightly reassured by reading this resource-oriented and well-researched book: it also useful for therapists who have clients in this category

Finally, the sixth review is a collection of chapters from a number of different psychotherapists describing a very interesting psychotherapeutic approach: *Process-Oriented Psychotherapy: Introduction to the theory, methods and practice*. This is about the somewhat revolutionary work of Arnold Mindell, a Jungian analyst and body-oriented psychotherapist, who has since branched out into working on social issues and conflict resolution. Had I come across this psychotherapeutic earlier, or had it been around sooner, I might have become trained in it, as it is I have been intrigued by it for over nearly 40 years.

I would like to remind readers and fellow psychotherapists that the 'job' of Editor of this Journal will soon become vacant. I have been holding this role for about 15 years, and time is inevitably moving me along somewhat different pathways: so, it is time to implement some succession-planning.

Next year, we enter into our 30th year of publication and we hope to have a Special Issue about this Journal.

EAP
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Member of the World Council for Psychotherapy (WCP)
NGO with consultative status to the Council of Europe

Headoffice: Mariahilfer Str. 1d/13 | 1060 Wien/Vienna/Austria
+43 699 15131729 | eap.headoffice@europsyche.org
www.europsyche.org

The Effectiveness of Psychotherapy: A Contemporary Evidence-Based Overview

§1: Mental Health at the heart of health policy

In June 2023 the European Commission launched its first comprehensive approach to mental health. This marked a policy shift towards a shared priority across all EU sectors. The plan includes 20 flagship initiatives to promote well-being across the life-course and calls for better access to support, early action, and prevention (European Commission, 2023). At the global level, in March 2025, the World Health Organization issued new guidelines. These call on member states to embed psychotherapy and other structured psychological treatments into national policy and health system planning as part of universal health coverage (WHO, 2025).

The European Association for Psychotherapy (EAP) currently represents 128 member organisations from 43 European countries, bringing together over 120,000 practicing psychotherapists. Its vision is for mental and emotional well-being to be recognised as a human right across the continent. The EAP seeks to ensure that professional and high-quality psychotherapy is available to anyone in need, both within and outside the EU. (EAP, 2023). In 2000, its European Certificate for Psychotherapy established the basics of a training in psychotherapy of 4-years at a post-graduate academic and experiential level of professional training. In 2013, it issued a comprehensive training framework that identifies the "core competencies" that psychotherapists need to have in order to be safe and effective professionals of mental health.

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Psychotherapy is a proven and cost-effective treatment for many mental health problems. It reduces symptoms, improves quality of life, and lowers the strain on health systems. The American Psychological Association confirmed this in a 2012 resolution aimed at educating the public, health leaders, and policy makers about its *"role in promoting health and well-being"* (Campbell, Norcross, Vasquez & Kaslow, 2013).

§2: Definitions of Psychotherapy

A definition of psychotherapy was given by John Norcross (1990, p. 218-220) as *"the informed and intentional application of clinical methods and interpersonal stances derived from established psychological principles for the purpose of assisting people to modify their behaviors, cognitions, emotions, and/or other personal characteristics in directions that the participants deem desirable".*

In 2003, the European Association for Psychotherapy offered a wider definition of psychotherapy as: *"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."* (EAP, 2003)

We can conclude that Psychotherapy not only aims to reduce symptoms but also promotes lasting improvements across multiple life domains. As Campbell *et al*. (2013) note, it supports personality growth, prevents relapse, enhances relationships and functioning, fosters healthier life choices, and generates benefits through the collaborative process between client and therapist.

This review has drawn primarily on meta-analyses of randomised controlled trials (RCT), since these provide the most standardised estimates of efficacy and remain the form of evidence most persuasive to policymakers. At the same time, Wampold (2015) cautions that RCTs privilege highly manualised, symptom-focused therapies and often underestimate the relational and contextual processes that drive therapeutic change. Their findings are therefore necessary but not sufficient: they establish psychotherapy's broad effectiveness but cannot fully capture the lived complexity of clients or the common factors, such as alliance, empathy, and meaning-making, that account for much of its impact. For this reason, quantitative evidence should be complemented by qualitative and practice-based research to guide a balanced, person-centred approach to policy and training.

Recognising these limitations also draws attention to the outcomes of psychotherapy that matter most to clients themselves, which extend well beyond symptom reduction. For example, the main patient expectations for depression are restoration of positive emotions, functioning and meaningfulness of

life (Maj *et al.*, 2020; Zimmerman *et al.*, 2006; Demyttenaere *et al.*, 2015). These expectations are likely to be true for most psychotherapy interventions. While pharmacological interventions may effectively reduce the severity of acute symptoms, psychotherapy offers distinct long-term benefits. Specifically, the exploratory and relational nature of therapeutic work fosters emotional insight and equips individuals with coping strategies, contributing to more enduring outcomes and lower relapse rates (Hollon *et al.*, 2005; Cuijpers *et al.*, 2013; Wampold & Imel, 2015).

These enduring benefits are a direct result of a therapeutic approach that goes beyond symptoms alone. While psychotherapy has been shown to be effective across a wide range of conditions, some of the principles that guide its deeper, more lasting change are well illustrated in the 'HISTORY' model, introduced in the American Psychological Association's (APA) Clinical Practice Guideline for the Treatment of Post-traumatic Stress Disorder (APA, 2024). Though designed with trauma in mind, its values are easily recognised as core to humanistic psychotherapy and offer a useful framework across clinical contexts.

The HISTORY model stands for:

- (**H**)umanistic: Grounded in a profound respect for the client's dignity, agency, and capacity for growth.
- (**I**)ntegrative: Drawing from multiple evidence-based modalities to create a customized and flexible approach.
- (**S**)equential: Recognizing that certain therapeutic tasks (e.g., establishing safety, processing emotions) need to be completed in a logical order.
- (**T**)emporal: Acknowledging the lifelong impact of experiences and focusing not just on the present, but also on a person's life history and future goals.
- (**O**)utcomes-focused: Collaborating with the client to define and work towards meaningful, client-driven goals.
- (**R**)elational: Prioritizing the therapeutic relationship as the primary vehicle for change.
- (**Y**) The exploration of why trauma occurred. In a wider context, this can be reframed as an exploration of the "Why" of a person's challenges, so as to promote deeper insight and self-understanding.

However, achieving this level of professional work requires extensive training and competence development. The European Association for Psychotherapy has emphasised that psychotherapy must be carried out by highly trained professionals and considers it a specific profession. In its Core Competencies framework (EAP, 2013), it set out the knowledge, skills, and attitudes psychotherapists need in order to practise safely, ethically, and effectively. This ensures that the principles embodied in models such as HISTORY can be realised

in clinical practice, and that clients receive the depth and quality of care they deserve.

There are currently about 100 training schools across Europe that are accredited within the EAP framework (i.e., have European Accredited Psychotherapy Training Institute (EAPTI) status) and that train psychotherapists to the level of the European Certificate of Psychotherapy (ECP). Recently, the ECP training has been adjusted to reflect the European Qualification Framework – Level 7. Details of these training institutes and the ECP can be found on the EAP website (www.europsyche.org).

§3: Effectiveness of Psychotherapy

The overall effectiveness of psychotherapy has long been established, with robust evidence demonstrating large and significant benefits (Chorpita *et al.*, 2011; Smith, Glass, & Miller, 1980; Wampold, 2001). These positive effects tend to be relatively stable across most diagnostic conditions. Variation in outcomes appears to depend less on the specific disorder or therapeutic modality and more on the patient characteristics (e.g., chronicity, complexity, social support, and intensity) as well as on clinician factors and the specificities of the context (Beutler, 2009; Beutler & Malik, 2002a, 2002b; Malik & Beutler, 2002; Wampold, 2001).

On average, psychotherapy yields a large average effect size of approximately 0.80, indicating that the average client receiving psychotherapy fares better than around 79% of those who do not receive treatment (Wampold, 2001, 2010; Prochaska & Norcross, 2013, as cited in Campbell *et al.*, 2013). Moreover, internet-based psychotherapy has also shown considerable efficacy and is considered on average, as effective as face-to-face therapy, especially for treating anxiety, depression and stress (Barak *et al.*, 2008; Etzelmuella *et al.*, 2020; Rosenstrom *et al.*, 2025). Qualitative studies point to the importance of maintaining emotional attunement and personalisation when conducting online therapies for better adherence and outcome (Vollestad & Nordgreen, 2023).

Extending the evidence base, Harrer *et al.* (2025) conducted one of the most comprehensive international meta-analyses to date, synthesising over 1,000 studies with nearly 86,000 participants across 12 mental health conditions. Importantly, the authors found no consistent evidence of reduced efficacy in low- and middle-income countries or non-Western populations, suggesting that the benefits of psychotherapy are broadly cross-culturally generalisable. These findings position psychotherapy as a globally relevant public health intervention across diagnostic categories and cultural contexts.

However, evidence from more context-specific studies indicates that outcomes may not be entirely uniform across all demographic groups. For example, a U.S.-based meta-analytic review found minimal differences in treatment outcomes across racial and ethnic groups, indicating broad comparability in ef-

fectiveness (Cougle & Grubaugh, 2022). In contrast, a large individual patient data analysis of routine NHS care in the United Kingdom identified modest, but statistically significant, disparities in outcomes associated with ethnicity, even after adjusting for clinical and socio-economic factors (Arundell *et al.*, 2024). Such findings suggest that while psychotherapy's overall efficacy is robust across cultures, disparities can still emerge in everyday clinical practice, underlining the importance of culturally responsive approaches. In line with this, research increasingly supports the integration of cultural humility into therapeutic processes to strengthen the therapeutic alliance and improve outcomes in diverse populations (Orlowski *et al.*, 2024).

Neurobiological Effects of Psychotherapy

Emerging research in affective neuroscience confirms that psychotherapy can induce measurable and meaningful long-term changes in brain structure and function, particularly in regions involved in emotional regulation and cognitive control. Azarias *et al.* (2025) offer a detailed overview of how the default mode network (DMN) is crucial for processes such as self-reflection, emotional processing, social cognition, and mental simulation. They also show that effective therapy for depression and anxiety is associated with reduced hyperactivity in the amygdala, and increased connectivity between prefrontal and limbic regions, supporting enhanced emotional regulation and cognitive reappraisal. These neurobiological shifts mirror key therapeutic goals: improving affect tolerance, restructuring maladaptive thought patterns, and increasing reflective capacity. For example, the medial prefrontal cortex and anterior cingulate, areas involved in self-referential processing and top-down regulation, often show increased activity following successful treatment.

Importantly, these changes are not simply neurological markers; they reflect a deeper reorganisation of how individuals relate to themselves and the world. Through the cultivation of safety, attunement, and meaning-making within the therapeutic relationship, clients often become more emotionally integrated, self-aware, and resilient. The brain, like the person, becomes more flexible, relational, and responsive to challenge. This neurobiological evidence adds scientific weight to what has long been observed in clinical practice: psychotherapy fosters healing by transforming not only what people feel, but how they function, psychologically, emotionally, and physiologically. It is a process of growth that bridges emotional insight with embodied change, offering hope for sustained transformation.

§4: Effectiveness for Different Clinical Conditions

Psychotherapy demonstrates effectiveness across a wide range of clinical conditions. Even when full remission is not achieved, it often leads to meaningful reductions in symptom severity and improved – and sustained – overall functioning and quality of life.

Depression and Anxiety Disorders

Psychotherapy has been widely validated as an effective treatment for depression, and meta-analytic evidence suggests it is at least as effective as pharmacotherapy, particularly for long-term outcomes where it is superior for quality of life. (Kamenov *et al*., 2017; Cuijpers *et al*., 2020). Furthermore, for individuals experiencing moderate to severe depression, the combination of psychotherapy and pharmacotherapy has been found to be more effective than either intervention alone (Cuijpers *et al*., 2020). A comprehensive network meta-analysis by Cuijpers *et al*. (2021), incorporating 331 randomised controlled trials and over 34,000 participants, compared multiple therapeutic modalities, including interpersonal therapy, psychodynamic therapy, behavioural activation, problem-solving therapy, cognitive behavioural therapy (CBT) and similar third wave approaches, (e.g., ACT, MBCT, DBT, etc.), and non-directive supportive counselling. These treatments demonstrated sustained effects up to 12-month follow-up, with no major differences in efficacy across modalities, although specific subgroups may benefit more from tailored approaches. This was reaffirmed in a 2023 systematic overview (Cuijpers *et al*., 2023), which confirmed the robustness and comparability of psychotherapeutic interventions in depressive disorders.

A recent meta-analysis of 17 trials (Duffy *et al*., 2023) found that humanistic-experiential therapies (HEPs) produced significantly better outcomes for depression than as-usual care and were broadly comparable to other active treatments at post-treatment, though follow-up effects were less consistent. These findings highlight that approaches rooted in empathy, emotional processing, and relational depth can be as effective as structured modalities in the short term, underscoring the value of therapeutic diversity and of honouring client preferences in care.

Complementing these findings, recent randomised controlled trials (Greenberg & Watson, 2022; Wiebe *et al*., 2025) demonstrated that Emotionally Focused Individual Therapy (EFIT), a humanistic, emotion-focused approach, produced significant reductions in both depressive and anxiety symptoms. EFIT specifically targets emotional processing, attachment needs, and self-organisation, providing additional evidence for the efficacy of experiential and relational therapies in treating depression. Gestalt therapy, focusing on improving relational competency and enhancing awareness of self-process can decrease depression and to improve self-differentiation, integrative self-knowledge and positive psychological characteristics in elderly populations (Shariat *et al*., 2020).

Grounded in the embodied-mind paradigm, Body Psychotherapy (BPT) employs both verbal and non-verbal techniques to enhance self-awareness, emotional regulation, and interoceptive capacity. A recent systematic review and meta-analysis by Rosendahl, Sattel, and Lahmann (2021) synthesised results from 18 randomised controlled trials and found medium effect sizes for BPT

on primary outcomes such as psychopathology (g = 0.56) and psychological distress (g = 0.52). BPT appears especially relevant for conditions with somatic symptom presentations and affective dysregulation, including depression, schizophrenia, eating disorders, and chronic pain.

Barkham *et al*., (2021) conducted a randomised non-inferiority trial comparing person-centered counselling (PCET) to CBT. They found that there is a non-inferiority outcome for PCET at 6 months however the long-term results over 6 months need further investigation. Barkham and colleagues conclude that PCET has its place in the UK's NICE recommendations amongst the choice of therapies for patient with depression and that this corresponds to the recommended individualisation of therapies according to patient preference.

Meta-analytic evidence (Zaharia *et al*., 2015) suggests that Neuro-Linguistic Programming (NLP) therapy may reduce symptoms in certain anxiety-related conditions, including phobias, though findings are based mainly on small-scale studies. While some trials report lasting benefits, the limited quantity and quality of research mean further high-quality studies are needed before firm conclusions can be drawn.

Meta-analyses on psychodynamic psychotherapy (PDT) indicate that it is an effective treatment for a range of mental health conditions, often comparable to other active treatments. Specifically, PDT has demonstrated efficacy in treating depression, panic attacks and anxiety disorders, personality disorders, eating disorders, somatoform disorders (Fonagy, 2015; Shedler, 2010) and complex mental disorders (Leichsenring & Rabung, 2008). It also shows promise in addressing issues like complicated grief and substance abuse. PDT has been found to have enduring benefits five years after treatment completion (and eight years after treatment initiation (Bateman & Fonagy, 2008).

Cognitive-behavioural therapy (CBT) is widely recognised as an effective evidence-based treatment for conditions such as generalized anxiety, panic disorder, and social anxiety. A recent network meta-analysis reported robust effect sizes (g = 0.60–0.85[1]: Papola *et al*., 2024). Yet CBT is not the only effective approach. Third-wave therapies, such as Acceptance and Commitment Therapy (ACT), move beyond symptom control to emphasise awareness of cognitive and emotional processes, a direction more aligned with humanistic traditions that privilege the person's lived experience over the mere content of thoughts (Papola *et al*., 2024). Emotion-Focused Therapy (EFT) has also demonstrated large pre–post improvements for depression and anxiety, with outcomes comparable to CBT but significantly lower dropout rates (Timulak *et al*., 2022).

1. Hedge's 'g' is a statistical measurement of effect size, commonly used in meta-analysis, particularly when comparing the means of two groups, quantifying the magnitude of the difference between the means, taking into account the variability within the groups. Essentially, it tells you how much one group differs from another, as in an intervention versus a control group.

These findings underscore that while CBT has the largest evidence base, this reflects historical research investment rather than intrinsic superiority. Humanistic and experiential approaches remain underfunded and under-examined, yet available data suggest they can be equally effective and often more acceptable to clients. A balanced research agenda is therefore needed, so that the diversity of psychotherapies – including those rooted in humanistic principles, can be evaluated on equal terms.

These results reinforce the value of offering a diverse range of evidence-based therapies to accommodate client preferences and increase treatment adherence. The concept of "therapeutic fit", the alignment between a client's personality traits, emotional style, and the modality used, is an important factor in engagement and therapeutic success. While some individuals may respond more favourably to cognitively oriented approaches, others may benefit more from emotionally focused or existential therapies. Respecting client preference in treatment options enhances client retention and clinical outcomes (Norcross & Wampold, 2019).

Trauma and Complex Trauma

Psychotherapy is a well-established and empirically supported intervention for both single-incident and complex trauma. The 2024 *APA Guidelines for Working with Adults with Complex Trauma Histories*, emphasise that effective trauma care should be flexible, integrative, and responsive to the client's developmental stage, cultural identity, and relational history. The updated clinical practice guideline draws on 15 systematic reviews and rather than focusing narrowly on symptom reduction, the guidelines extend attention to psychosocial functioning, relationships, and overall, wellbeing. Seven core principles are summarised by the acronym HISTORY: Humanistic, Integrative, Sequential, Temporal (lifespan-oriented), Outcomes-focused, Relational, and exploration of Why trauma occurred. These guiding principles emphasize the restoration of dignity, agency, and safety" in clients who may have experienced repeated betrayal or dehumanisation.

The updated professional practice guidelines shift attention from adherence to specific treatments and towards the broader competences that psychotherapists need when working with trauma survivors, offering a framework for ethical sensitivity, reflective practice, and the capacity to build safe, trusting relationships. They recommend a person-centred approach that incorporates a range of evidence-based methods, including emotion-focused therapies, mind-body approaches, trauma-focused CBT, prolonged exposure and EMDR. Adaptation to individual patient readiness and preference is vital for adherence rates to be maintained.

Consistent with broader research, the 2025 APA Guidelines for the treatment of PTSD confirms that psychotherapy produces robust effects in treating PTSD and related conditions and highlights the *therapeutic relationship* as a central

mechanism of change. They also point to limitations in research such as a lack of consensus on the definition of "quality of life" and a need for more studies that report long-term outcomes.

While certain modalities have a stronger evidence base, the guidelines caution that some approaches remain under-researched due to there not being enough studies that met the US Institute of Medicine / National Academy of Medicine (IOM/NAM) criteria, however this does not indicate any clinical inadequacy. Therefore, the recommendations do not represent the entirety of evidence-based practice.

As Norman (2022) observes, new forms of psychotherapy continue to emerge, each addressing different aspects of the traumatic experience. The question is no longer whether psychotherapy is effective, this has been firmly established (Lewis *et al.*, 2020; Watts *et al.*, 2013), but rather how best to train practitioners to be safe, compassionate, and effective in the complex realities of trauma care. Governments and policymakers would do well to invest, not only in evaluating specific methods, but also in defining and supporting the core relational and ethical competencies that enable therapists to accompany survivors in reclaiming their lives.

OCD

Psychotherapy has demonstrated considerable efficacy in treating obsessive-compulsive disorder (OCD), with recent meta-analytic evidence indicating large post-treatment effects. A synthesis of 48 randomized controlled trials found that psychological treatments, including CBT with exposure and response prevention (ERP), significantly reduced OCD symptom severity ($g = -1.14$) compared to control conditions (Wang *et al.*, 2024). Greater treatment effects were observed among participants with more severe baseline symptoms, and outcomes varied by treatment type and delivery format. While long-term maintenance of gains was less clear, psychotherapy was generally well tolerated. Importantly, individuals with OCD often experience substantial reductions in quality of life, with emotional distress and interpersonal difficulties contributing significantly to their overall burden. These aspects should not be overlooked in treatment planning and are very likely to improve long-term gains. In this light, the integrative, person-centred approach outlined in the APA's 2024 trauma guidelines, emphasising relational depth, contextual sensitivity, and flexibility, offers a useful framework for tailoring care to the broader emotional and social needs of this population.

Personality Disorders

Recent meta-analytic evidence continues to affirm the value of psychotherapy as a first-line approach in the treatment of borderline personality disorder (BPD). A 2023 network meta-analysis by Setkowski *et al.* (2023), which synthesised data from 43 randomised controlled trials, found that several structured

therapies, particularly schema therapy (ST), dialectical behaviour therapy (DBT), and mentalisation-based therapy (MBT), demonstrated superior efficacy compared to treatment-as-usual. Schema therapy emerged as the most consistently effective across measures of BPD severity, followed closely by DBT and MBT, with moderate to large effect sizes. While no single modality proved universally superior, the findings highlight the meaningful gains offered by specialised psychotherapies, including reductions in emotional instability and interpersonal distress. These approaches also tended to show lower dropout rates, suggesting greater acceptability and engagement. Such outcomes support the ongoing emphasis on relationally attuned, skills-based treatments that foster long-term change and psychological integration.

Relational and Interpersonal Problems

Contemporary research offers strong support for the efficacy of systemic psychotherapy in addressing relational problems, particularly within couple and family contexts. Emotionally Focused Therapy (EFT), one of the most empirically supported approaches, has demonstrated large, sustained improvements in relationship satisfaction, with follow-up studies indicating that 70–75% of couples experience meaningful recovery (Wiebe & Johnson, 2016). Similarly, Integrative Behavioural Couple Therapy (IBCT) and other systemic interventions yield robust effects, with 70–80% of participants improving significantly, often outperforming control conditions (Carr, 2025). These approaches are not only effective in the short-term but also maintain gains over time, underscoring the potential of relationally oriented psychotherapy to develop enduring relational competency, emotional connection, effective communication, and mutual understanding. Furthermore, recent evidence highlights that children and adolescents also benefit meaningfully from systemic interventions. Carr's 2024 review reported that family therapy achieved moderate to large effects across a wide range of child-focused problems, including child abuse, conduct difficulties, anxiety, and substance use, with 67–75% of young people showing reliable improvement post-treatment. These findings suggest that therapeutic work within relational systems can facilitate both individual and shared change, fostering healthier patterns of interaction across the family unit.

Eating Disorders

National and international guidelines, such as the UK's National Institute for Health & Clinical Excellence (NICE) guidelines (NG 69: 2020), recommend psychological interventions as first-line treatment for eating disorders, alongside specialist multidisciplinary services. These guidelines emphasize a holistic approach and person-centred approach that addresses not only eating disorder behaviours but also co-occurring mental health issues, low self-esteem, impaired social functioning and identity disturbance. Both Chen *et al.* (2016) and Solmi *et al.* (2021) note that no single psychological intervention currently recommended by NICE demonstrates clear superiority. Chen *et al.*, focusing

on young adults with anorexia nervosa, note that there are high dropout rates and that there is a need for developmentally sensitive and flexible treatment models.

Family-based therapy is a recommended treatment for adolescents with anorexia nervosa, with large effects on BMI and moderate-to-large improvements in related psychopathology, with remission rates reaching 40–50% at end-of-treatment and exceeding 60% at follow-up. 75% of young people show improvements in weight and eating-related symptomatology following family-based treatment (FBT). Few studies have explored long-term outcomes following FBT, but a systematic review of family treatments for adolescent anorexia nervosa (Hambleton *et al.*, 2022) indicates that preliminary evidence supports maintenance of treatment gains for up to five years.

CBT for Eating Disorders (CBT-ED) psychotherapy is often a recommended treatment. Meta-analytic evidence shows large to moderate to large effect sizes in reducing binge eating and purging, with sustained outcomes across clinical settings (Wergeland *et al.*, 2025). CBT-ED's strong evidence base partly reflects its structured and symptom-focused design, making it highly amenable to randomized controlled trials. However, its focus on behavioural and cognitive symptoms may not fully address the broader relational, identity, and meaning-related dimensions of eating disorders, underscoring the value of integrative and humanistic frameworks.

While research on humanistic therapies remains under-represented in this context, these approaches directly target such dimensions, and emerging evidence highlights their potential value. For example, a pilot RCT of Compassion-Focused Therapy (CFT) in addition to standard care demonstrated significant reductions in shame and eating disorder symptoms, with over 80% treatment retention (Kelly *et al.*, 2017). These relationally attuned approaches align with the HISTORY framework for trauma, which emphasises humanistic values, emotional depth, meaning-making, relational security, trust, and systems thinking. Integrating these principles within treatment models may enhance patients' agency and relational security, supporting not only symptomatic improvement but also long-term quality of life which is the larger objective of all treatments.

Psychotherapy in the Prevention and Management of Chronic Disease

Psychotherapy is increasingly recognised as a valuable component in the prevention and management of chronic diseases, supporting not only psychological wellbeing but also behavioural change, treatment adherence, and overall quality of life. Psychological interventions help patients tolerate distressing experiences, manage pain, adjust to illness, and engage more effectively with medical regimens. In the context of coronary heart disease (CHD), for example, Xu *et al.*, (2023) state that "*there is a growing need for effective psychological*

interventions that can address the complex interplay between biological, psychological, and social factors that influence CHD". Meta-studies by Xu *et al.* (2023) and Richards *et al.* (2018) found that psychological interventions demonstrated modest but consistent effects in reducing anxiety, depression, and stress. Costs were outweighed by the benefits 30% reduction in hospital days and 46% reduction in reduced readmissions for surgery. (Richards *et al.*, 2018). Due to its focus on the embodied-mind paradigm, Body Psychotherapy is considered a pertinent approach for patients coming to terms with modifications to their sense of self due to chronic disease (Rosendahl, Sattel & Lahmann, 2021), thereby increasing resilience and quality of life.

Mindfulness-based interventions (MBIs) have shown significant effects in reducing stress, depression, anxiety and systolic blood pressure (Li *et al.*, 2024). Humanistic approaches, by promoting emotional regulation, meaning-making, and a sense of personal agency, contribute meaningfully to both psychological recovery and physical health outcomes. Lariijani *et al.* (2023) conducted a randomised controlled trial with women diagnosed with multiple sclerosis, showing that gestalt therapy (GT) significantly reduced anxiety scores at both post-test and follow-up compared with placebo and control groups. There was no significant difference between GT and Behavioural activation. In another case; Laird *et al.*, (2016) point to the positive effects of psychological interventions for sufferers of irritable bowel syndrome (IBS), a chronic condition that has a significant impact on physical and mental health and quality of life. Their findings show a reduction in symptoms with both high short and long-term effects compared to treatment with Paroxetine. Cost effectiveness was also improved.

While the empirical base varies by condition, the therapeutic mechanisms observed in heart disease and IBS, such as improved mood, reduced stress, increased adherence, and enhanced coping, are applicable across a broad range of chronic illnesses, including diabetes, arthritis, cancer, and autoimmune diseases. Further outcomes related to the integration of psychotherapy in chronic disease management, particularly in terms of health impact and economic efficiency, are detailed in a comprehensive systematic review by Nicklas *et al.* (2022), which examines psychological interventions across a wide range of health-related contexts.

For an extended discussion of the quality and value of evidence for psychotherapy across different clinical conditions, Hupp and Tolin's (2024) book on science-based psychotherapy gives a thoughtful overview of evidence and evoke the strengths and limitations of the methodology used and how they arrived at their conclusions.

Common Skills and Mechanisms

While therapeutic modalities vary, a growing body of research converges on a set of core therapist skills that consistently support client change, such as

validation, affirmation, behavioural activation, cognitive restructuring, emotion regulation, and the therapeutic alliance (Hill & Norcross, 2023; Flückiger *et al.*, 2018; Norcross & Wampold, 2025). According to Wampold & Imel (2015) psychotherapy is foremost an interpersonal treatment, with the relationship being a vital source of healthy support and corrective cognitive, emotional and relational experiences. Crucially, contemporary research is shifting from asking *whether* psychotherapy works towards exploring *how* it works, and *which* therapist behaviours are most impactful. This has led to increased interest in dismantling and process research, supported by advances in session-coding methods and computational linguistic analysis.

Building on this trend, the European Association for Psychotherapy (EAP) commissioned a landmark project culminating in the 2013 project to "Establish the Professional Competencies of a European Psychotherapist," (Young *et al.*, 2013), which outlines 13 domains, and 124 specific competencies believed to be essential for the ethical, effective, and portable practice of psychotherapy across Europe. This project initiated the European Commission's European Skills, Competences, Qualifications and Occupations (ESCO) updating of the definition of a psychotherapist: Description of a Psychotherapist (2634.2.4) to differentiate psychotherapy – as a profession.[2] As empirical research continues to identify active therapeutic ingredients, such competency frameworks will likely guide training and accreditation, ensuring that therapists are equipped with skills empirically linked to positive client outcomes.

§5: Cost-Effectiveness of Psychotherapy

Psychotherapy has been increasingly recognised as a cost-effective component of modern healthcare systems. There is a growing body of evidence that psychotherapy is cost-effective, reduces disability, morbidity, and mortality, improves work functioning, decreases use of psychiatric hospitalization, and at times also leads to reduction in the unnecessary use of medical and surgical services including for those with serious mental illness (Dixon-Gordon, Turner & Chapman, 2011).

The Canadian Psychological Association (CPA, 2002) provides extensive evidence demonstrating that psychological interventions reduce healthcare utilisation, lower medication reliance, and improve both short- and long-term patient outcomes. The CPA report shows that integrating psychotherapy into primary care not only reduces direct medical costs but also leads to substantial gains in productivity and reductions in work absenteeism. Moreover, systematic reviews, such as Nicklas *et al.* (2022), affirm these conclusions across

2. ESCO: 2634.3.4: Psychotherapists are not required to have academic degrees in psychology or a medical qualification in psychiatry. [Psychotherapy] is an independent occupation from psychology, psychiatry, and counselling.

various chronic illnesses, including cancer, chronic pain, cardiovascular conditions, and diabetes, highlighting that psychotherapeutic interventions can match or exceed drug therapies in effectiveness, often at a lower cost. Although cost-effectiveness is inherently complex to measure, due to variability in methodologies, population characteristics, and long-term outcome capture, there is strong reason to believe that the psychological, emotional, and interpersonal gains achieved through psychotherapy contribute to structural personality change, increased autonomy, and improved cognitive and emotional functioning. These long-term effects likely amplify cost-efficiency over time, supporting a compelling case for sustained investment in accessible, evidence-based psychotherapeutic care.

A 2009 study by the Universities of Warwick & Manchester found that psychotherapy can be 32 times more effective at increasing happiness than money, and a 2010 American Psychiatric Association publication by Susan Lazar, *Psychotherapy Is Worth It: A comprehensive review of its cost-effectiveness* also makes the case. This was followed by a similar study on the efficacy and cost effectiveness of psychotherapy (Spiegel, 1999) and a study on its cost-effectiveness across all major psychiatric diagnoses (Lazar, 2014).

§6: Conclusion

This review affirms that psychotherapy is a highly effective, adaptable, and cost-efficient intervention across a wide range of psychological and physical health conditions. From anxiety and depression to trauma, personality disorders, and chronic illness, psychotherapy demonstrates clinically significant benefits that extend beyond symptom reduction to include improved functioning, emotional resilience, and long-term recovery. While various psychotherapeutic modalities show comparable efficacy, tailoring treatment to individual needs, both clinically and relationally, can enhance engagement and outcomes.

It is important to acknowledge, however, that psychotherapy research carries inherent limitations. Randomised controlled trials and even high-quality qualitative studies are not easily generalisable to the nuanced complexity of real-world practice. Operationalising subjective human experiences, such as meaning, trust, or emotional depth, is inherently difficult, particularly for relational and humanistic therapies that regard the person as unique and contextually embedded. The relative underrepresentation of these approaches in outcome research reflects methodological constraints, not therapeutic inferiority. Indeed, since the early days of psychotherapy research, most bona-fide therapies have demonstrated broadly equivalent outcomes, with the quality of the therapeutic alliance and therapist responsiveness emerging as consistent predictors of success.

In this light, the HISTORY model for working with trauma (APA 2024) , which emphasises Humanistic values, Interpersonal connection, Subjectivity, Trust,

Openness, Relational repair, and systems thinking, offers a compelling foundation for contemporary psychotherapy. It reflects an integrative, pluralistic stance that intuitively underpins most effective therapies, grounding technical skills in a deep respect for the person as a complex, meaning-making individual. Thus, more research does not automatically imply superiority. What matters is that training programmes cultivate core competencies, such as emotional attunement, ethical integrity, collaboration, and flexibility, so that therapists are equipped to respond skilfully across modalities. The field now moves beyond the question of whether psychotherapy works, toward refining how, for whom, and under what conditions it works best. Continued investment in psychotherapy, as both an evidence-based and deeply human practice, remains a vital and ethical imperative for sustainable, person-centred healthcare.

§7: A Call to Action

The effects produced by psychotherapy, including the effects for different age groups (i.e. children, adults, and older adults) and for many mental disorders, exceed or are comparable to the size of effects produced by many pharmacological treatments and procedures for the same condition, and some of the medical treatments and procedures have many adverse side-effects and are relatively expensive vis-à-vis the cost of psychotherapy (APA, 2012).

In light of the substantial evidence presented across clinical, neurobiological, and economic domains, we therefore urge European health authorities to formally recognise psychotherapy as a core component of healthcare. This includes its integration not only in the treatment of mental health conditions but also in the prevention and management of chronic physical diseases. We call for equitable investment in psychotherapy services across modalities, expanded access through national health systems, and sustained support for training programmes grounded in core common competencies, such as those proposed by the European Association for Psychotherapy (EAP).

Furthermore, we encourage funding for outcome research that reflects the full diversity of psychotherapeutic approaches, including under-researched humanistic and relational models. A psychologically healthy population is a foundation for social, economic, and public health resilience, investment in psychotherapy is, unequivocally, an investment in Europe's future. As outlined in the EAP's policy vision *Imagine a World Free of Emotional Distress* (Hunt *et al.*, 2018), ensuring access to high-quality psychotherapy is both a public health imperative and a societal responsibility.

Lynne Rigaud & Courtenay Young
EAP Science and Research Committee
September, 2025

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Draft Statement from the EAP's Ethical Guidelines Committee regarding the use of Artificial Intelligence in Psychotherapy

1. Psychotherapeutic treatment relies primarily on the quality and safety of the relationship between human beings (patient/client and psychotherapist), which is designed to foster a person's well-being and mental health. The psychotherapeutic relationship is dedicated towards the benefit of the client. As professionals in psychotherapy, we have a responsibility to protect any clients/patients and the public from any harm arising from the use of irregular therapeutic techniques and skills. [1]
2. Psychotherapists who are providing psychotherapy follow clear ethical guidelines, reflecting professional responsibilities, self-development and mutual reflection: laid down in the EAP's Statement of Ethical Principles [2]. EAP Psychotherapists avoid any kind of manipulation, misuse or damage to the well-being of their clients.
3. EAP has a responsibility to provide guidance on quality and ethical standards with respect to European psychotherapy.

1. Professional Core Competences of a European Psychotherapist: www.europsyche.org/portals/0/media/docs/Final-Core- Competencies-v-3-3_July2013.pdf
2. www.europsyche.org/Resources/EAP-Documents/Statement-of-Ethical-Principles

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4. With the increasing use and availability of Artificial Intelligence (AI) in psychotherapy, there are a number of ethical concerns, encompassing the therapeutic relationship, accountability, client/patient's safety, as well as confidentiality issues and the protection of sensitive information.

5. AI has the capability to offer several advantages in psychotherapy. The use of AI can automate certain tasks, free up therapists' time for more complex care, and provide supplementary support and information between sessions, as well as offering (so-called) 'personalized' resources and guidance. Additionally, AI can potentially reduce barriers to care, such as cost and stigma, and offer a degree of anonymity, encouraging clients to speak more openly and honestly.

6. However, the use of AI in psychotherapy can also aggravate some of the problems that it is trying to resolve: i.e., in the short term, although it can help alleviate psycho-emotional suffering by providing information and even by imitating a human relationship, it cannot resolve any social or relational issues that are often at the root of the person's dysfunction. Furthermore, the ability to simulate or mimic human interactions for the purpose of therapeutic interventions and relationships can become a threat to 'real' human-to-human relationships. Imitating or 'faking' a relationship is essentially manipulative and thus damaging, even potentially dangerous, to human and personal dignity.

7. Some of the disadvantages of the use of AI in psychotherapy can be that: **(a)** there is a lack of genuine emotional understanding; **(b)** AI is not aiming at reflective self-development, but more at giving advice and information; **(c)** there is no crisis support and there is a lack of accountability in any situation; **(d)** AI cannot give a proper diagnosis or assessment of the person's issues; **(e)** there is a potential lack of confidentiality and any client data could be misused; **(f)** there is no 'real' connection with another person; **(g)** any indication of empathy, compassion or a relationship with or connection to another person is potentially misleading; **(h)** there is no 'monitoring' or supervision of the AI interactions; **(i)** there can be an in-built bias that favors certain methods while not even mentioning other approaches that may be more helpful for some people; and **(j)** there is a lack of an informed referral to other services, if needed.

8. Although AI has demonstrated the ability to offer numerous advantages to humans also in the field of health and of course in mental health, which are indisputable, such as automating certain tasks, EAP's position is that psychotherapy work should only be undertaken with humans by humans, and that public institutions in all European countries should use more resources to ensure that this sort of care / treatment is available and furthered, especially given the mental health crisis we are facing today. Lower costs and easier access offered by use of AI technology do not displace the need for human-to-human contact, which is already at a very precarious level.

9. In addition, AI can actually encourage social isolation and a dependence on technology, rather than aiding the client's 'reaching out' for help and support to another human being or seeking proper professional help and support.
10. Another problem with AI therapy assistants (like ChatGPT) is that they have been programmed to be sycophantic. In other words, they tell you what you want to hear, flatter you, and can offer support for your impulses even when these may be harmful, by undermining one's sense of reality. A good therapist will steer clients away from unhealthy narratives, and toward healthier ones.
11. Psychotherapists who recommend AI to their clients or who use AI with their clients, are potentially acting unethically and, in any referral or delegation to AI, the psychotherapist remains responsible for any (or all) consequences.

EAP Ethical Guidelines Committee
Enver Cesko, Paz Cardin, Jose Castilho, Hana Scribranyova & Anano Niauri,
with Courtenay Young
25 July, 2025

Additional Reading

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The Use of Creative Processes in Mental Health: NetWork and Lexical Analyses

Sandie Meillerais, Antoine Derobertmasure, Olivier Sorel & Jennifer Denis

Abstract: Using creative processes is becoming more widespread in the field of mental health. It is necessary to study this use in order to better understand its therapeutic effectiveness. However, the increasing number of terms used creates a terminological blur that makes this evaluation difficult.

Method: This research is based on the article by Liu *et al.* (2022). These authors express several methodological limitations to the analysis of this polysemy [1] and to the mapping of the field and the authors: lack of consensus on the keywords, insufficient ex-ploitation of databases and absence of methodological tools. In order to over-come these limitations, our research was based on cross-methods: network analysis aimed at smoothing functional data, followed by a lexicometric anal-ysis. This research also collected scientific productions from 4 databases (French and English).

Results: Network analysis makes it possible to identify networks of co-authors and publications according to epistemological orienta-tion, to compare the evolution of publications since 1982, and to determine which journals publish the most on the subject and according to which orienta-tion. The lexical analysis determines the most frequently-used words according to the currents to which the authors belong, according to 4 themes (names, techniques, populations and therapeutic issues).

Conclusion: This research allows readers to better understand the publications and their field of expertise in this area.

1. Polysemy: the coexistence of many possible meanings for a word or phrase

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Key Words: Creative processes; VOSviewer; Bibliometrics; Network analysis, Lexical analysis; Tropes©; Family Art Therapy ; Expressive Therapy

Introduction

In the field of mental health, the therapeutic setting can take several forms. It is possible to use talk alone, which is the method most commonly taught in clinical psychology (Rabeyron, 2018; Salazar-Orvig & Grossen, 2008). However, it is also possible to use processes where expression within the setting is through a medium. The use of media is a growing practice in the field of mental health (Brun *et al.*, 2013; Chiang *et al.*, 2019; Chilton *et al.*, 2021; Chouvier, 2016; Colignon, 2015; Crawshaw Ngan Lin Ivy, 2020). Many scientific articles, both clinical and experimental, emphasise the value of multiple and integrative approaches (Gimenez, 2003; Jobin *et al.*, 2015; Liu *et al.*, 2022; Sittarame *et al.*, 2021). The so-called grey literature is also proving to be a major source of communication and dissemination on the subject among professionals in the field (Brun *et al.*, 2007, 2013; Caillé & Rey, 1994; Chabert, 2021; Chardon, 2018; Colignon, 2015; Kerr, 2014; Moron *et al.*, 2004).

Non-speech based therapeutic techniques can be diverse and varied. For example, therapeutic gardens (Bernez *et al.*, 2018; Sittarame *et al.*, 2021; Yzoard *et al.*, 2017), use of animals in care/animal therapy (Grandgeorge, 2015; Lehotkay *et al.*, 2012; Maurer *et al.*, 2008), use of Art in a general sense (such as music (Crawshaw Ngan Lin Ivy, 2020; d'Abbadie de Nodrest *et al.*, 2020; Dos Santos, 2007; Granier *et al.*, 1989; Lecourt, 2010), painting (De Benedetti *et al.*, 2019; Fenner *et al.*, 2022; Granier *et al.*, 1989; Wyder, 2019), theatre (Horwitz *et al.*, 2010; Marteaux, 2012; Romanelli & Berger, 2018; Thoret & Attigui, 1994), dance (Lelièvre *et al.*, 2015; Santarpia *et al.*, 2019; Sherwood, 2008; Shuper-Engelhard, 2020; Vaysse & Poli, 2020; Vincent, 2020; Wyman *et al.*, 2019) and writing (Bédard-Goulet, 2020; Boulay *et al.*, 2019, 2020; Cavin Piccard, 2015; Féger, 2018; Grauby, 2010; Marcilhacy, 2016; Matthiesen *et al.*, 2012; Piccard, 2007; Preslier *et al.*, 2021; Signs, 2015; Suvilehto & Latomaa, 2018; Thomas *et al.*, 2017; Woollett *et al.*, 2017).

This type of care is intended to be progressive in order to promote wellness and good mental health (Liu *et al.*, 2022) according to the definition set out by the WHO for each of the people supported. French-speaking mental health professionals, belonging to the clinical and/or scientific field, use multiple terminologies to describe these techniques; *"objet flottant"* (Bihan, 2019; Caillé, 2012a, 2012b; Caillé & Rey, 2017; Calicis, 2006), *"objet médiateur"* (mediating object) (Chouvier, 2003, 2006, 2016; Chouvier & Carles, 2009; Vacheret, 2011), *"art-thérapie"* (art therapy) (Boyer-Labrouche, 2017, 2021; Chardon, 2010, 2018; Sudres, 1998, 2012; Sudres *et al.*, 2020), *"médiation artistique"* (artistic mediation) (Brun, 2005), *"médiation thérapeutique"* (therapeutic mediation) (Mirabel & Rabeyron, 2015; Rabeyron, 2017), *"objet métaphorique"* (metaphorical object) (Antoine, 2017; Mousnier *et al.*, 2016) *"atelier d'expression thérapeutique"* (therapeutic expression workshop) (van der Werf, 2018), *"psychothérapie à médiation artistique"* (art-mediated psychotherapy) (Dubois, 2020; Schiltz *et al.*, 2015) etc. The same is true for English-speaking professionals who use confusing terms including: *"creative art therapy"* (S.A. Armstrong & Simpson, 2002; Arrington, 2001; Chiang *et al.*, 2019; Hanevik *et al.*, 2013; Lin Crawshaw, 2020; Liu *et al.*, 2022); *"expressive art in therapy"* (S.A. Armstrong &

Simpson, 2002; Hanevik *et al.*, 2013); *"family art therapy"* (Arrington, 2001; Chilton *et al.*, 2021; Kerr, 2014); *"creative family therapy"* (Borda, 2011; Hartig, 2011); *"art psychotherapy"* (V.G. Armstrong & Howatson, 2015; Diane Weis Farone, 2000), etc. Furthermore, a single author may use several of the terms listed above in their own publications (Brun *et al.*, 2013; Chilton *et al.*, 2021; Diane Weis Farone, 2000). Authors Rey and Caillé, who coined the term *"objets flottants"* in the 1990s, for the systemically-oriented intervention framework, bring their concept closer to this concept called 'mediating object of the relationship' (2017, p. 23) and point out the possible kinship of *"objets flottants"* to Winnicott's concept of the transitional object. Psychoanalytically-oriented authors use the term 'mediating object' to refer to the use of an artistic or creative medium in a clinical intervention or in experimental research (Brun *et al.*, 2013; Chouvier, 2003).

These findings of polysemy have already been mentioned by several French-speaking authors (Colignon, 2015; Moron *et al.*, 2004; Quélin-Souligoux, 2003a). This vagueness can lead to confusion in discerning what the terms used by the authors refer to. It can also lead to slowness – or even stagnation – in the knowledge and scientific understanding of the therapeutic processes of these techniques. Indeed, these imprecisions in terminology can be detrimental to the scientific sharing of knowledge on the effectiveness of therapeutic processes in view of the rules of scientific publications which require precise and effective keywords (Fovet-Rabot, 2015).

This observation highlights the need to better delimit the meaning of the terms used and their epistemological affiliation/orientation. The research by Liu *et al.* (2022) attempts to establish a descriptive and critical review of the various studies on the use of media (*"art-therapy"*) in order to highlight the potential contributions of these techniques. Also, our research, taking into account the methodological limits stated by the authors Liu *et al.*, wishes to offer an even more elaborate and structured decoding of the English- and French-language studies carried out concerning the use of media in the context of mental health. Liu *et al.* state several limitations in their study (Liu *et al.*, 2022, p. 19):

- The authors mention the lack of consensus in the keywords used in therapeutic interventions. Faced with this observation and with a view to approaching the lexical exhaustiveness specific to the object studied, our study will use different iterative methodologies (Dalud-Vincent & Normand, 2011) (snowball, bottom up, top down) in order to scan and identify the various keywords used in the English and French literature. This methodology will be used both in the compilation of the bibliographic database and in the stage of identifying the lexical choices of the authors.
- The authors mention the limitation of carrying out their study only from a single database, namely "ScienceDirect", they ask *"Future research could be based on the research status and research limitations of AT to systematically conduct visual analysis from multiple databases, such as Web of Science and Scopus, in order to create more application values for various social situations"* (Liu *et al.*, 2022, p. 19). Therefore, the present study will collect data from 4 databases, 2 French and 2 English (Cairn, Proquest, ScienceDirect, and Scopus).
- The software used (VOSviewer) is also highlighted as a limitation by the authors: "VOSviewer software cannot automatically homogenize repeated synonymous keywords when performing keyword co-occurrence analysis. As such, manual homogenization of keywords may lead to slight deviations in data analysis." (Liu

et al., 2022, p. 19). Also, via a non-automated approach, all data (first names and surnames of authors) will be smoothed beforehand to eliminate the issue of different spellings. Secondly, the Tropes© software will be used to carry out terminological extractions allowing an analysis of the keywords used. This software has *"a great capacity to carry out a series of stylistic, syntactic and semantic analyses and to provide figures and graphic representations"* (Piolat & Bannour, 2009, p. 663).

This article is addressed to researchers, clinicians, and any patient wishing to better know and understand mental healthcare services. In the context of our doctoral work on the objectification of the use of these tools, this research is a preliminary and essential step to developing a list of keywords for a future literature review, either systematic or scoping review, according to the PRISMA methodological criteria (Higgins & Cochrane Collaboration, 2020; Page *et al.*, 2021; Zaugg *et al.*, 2014) thus responding to the stated research objectives (Liu *et al.*, 2022).

The objectives of this article are to; 1) Model the main networks of collaborating and co-publishing authors in the mentioned research area, and 2) Determine for each publication the epistemological orientation, by the title of the article and the journal, which will subsequently make it possible to identify the vocabulary used by the authors for each epistemological orientation. These objectives will make it possible to better consider the affiliation of the terms used according to the epistemological orientations and psychological currents, their expansion over time, and the potential centres of reference for publication according to the reference orientations and epistemologies.

Materials and Methods

The methodology of the research is summarised in Figure 1. This methodology aims to combine the qualities of the different tools used (Zotero, VOSviewer, Tropes©, Excel).

Four research databases were used to collect the scientific literature on our topic: **1)** Cairn (reference portal for English and French humanities and social sciences publications); **2)** Proquest (database combining 6 databases, including PsycArticles® and PsycInfo® added to ProquestCentral); **3)** ScienceDirect (Liu *et al.*, 2022); and **4)** Scopus (Burnham, 2006; Chadegani *et al.*, 2013; Falagas *et al.*, 2008).

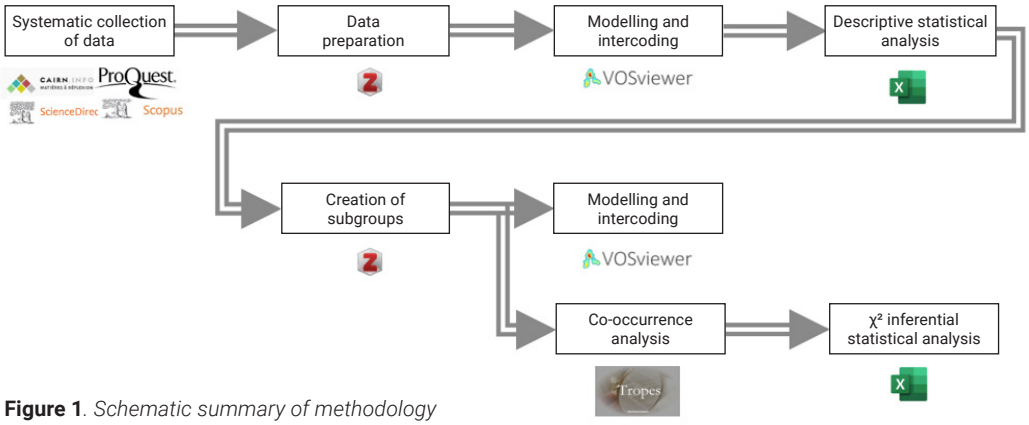

Figure 1. *Schematic summary of methodology*

The approach is summarised schematically in the flow chart in Figure 2. 1512 data points were selected to form the database.

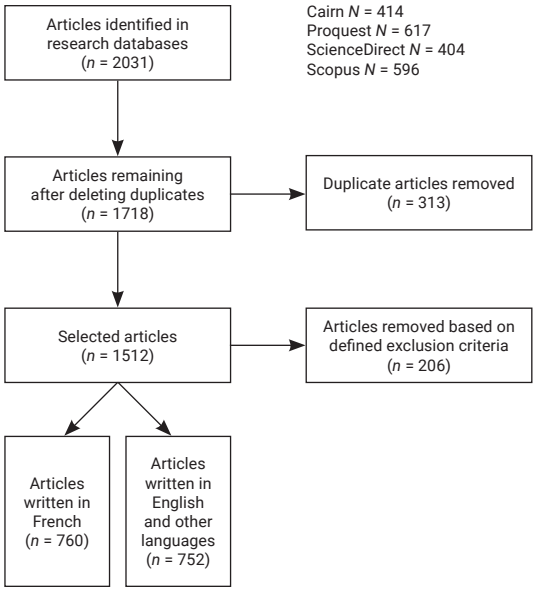

Figure 2. *The flow chart of the research methodology*

For each of these databases, the search started with the following keywords:

- In French: [("objet flottant")] OR [("objet systémique") OR (outil systémique") OR ("objet métaphorique")] OR [("objet médiateur") OR ("psychothérapie à médiation artistique") OR ("médiation artistique") OR ("atelier d'expression thérapeutique") OR ("art-thérapie") OR ("créati.") AND ("systémique") OR ("famille")] OR [("créati.") AND ("psychologie") AND ("systémique") OR ("famille")].
- In English: [("genogram") OR ("sculpting") OR ("metaphor")] OR [("art therapy") OR ("art psychotherapy") OR ("creative psychotherapy") OR ("expressive therapy") AND ("family") OR ("systemic")] OR [("medium") AND ("family") AND ("psychotherapy")] OR [("play therapy") AND ("family")].

Subsequently, the "snowball", "bottom up" and "top down" methodologies were used in a complementary and/or cumulative way until data saturation was achieved on the databases.

The "snowball" technique is developed through a process of association and accumulation, as articles, keywords and suggestions are added. The "bottom up" and "top down" techniques were used in parallel depending on the language used. Thus, the "bottom-up" methodology was used mainly in the English-language research. Not knowing the general keywords (given that the literal translation of "objet flottant" does not refer to any English-language data other than in the maritime domain), it was necessary to start from very specific keywords [("genogram") OR ("sculpting") OR ("metaphor")] whose translation was used in field practice and relayed by the English-speaking authors to arrive at more general keywords encompassing our example keywords. The "top-down" methodology was used when general keywords were known but it was necessary to analyse what they encompassed: [("art therapy") OR ("art psychotherapy") OR ("creative psychotherapy") OR ("expressive therapy") AND ("family") OR ("systemic")].

The literature was searched for the last forty years (between 1982 and 2022). This dating range was chosen in view of two elements: **1)** the results stated by Liu (Liu *et al.*, 2022) mention a growing increase over the last 75 years, but a major increase over the last 20 years; **2)** The terminological vagueness concerning the dating of the birth in French-speaking countries

of the "objet flottant" concept developed by Rey and Caillé. Indeed, two sources date the birth 10 years apart: 'since the early 1980s' (Sprocq-Demarcq & Rey, 2008, p. 69) / 'since the early 1990s' (Caillé & Rey, 2017, p. 14). It was therefore chosen to take a wider range, that of 40 years, i.e., from 1982.

All types of media were included (article, thesis, books, etc.), thus making it possible to include grey literature, a major vector of dissemination in the field of writing on therapeutic techniques.

All bibliographic references were recorded in the library manager Zotero. The data were then progressively filtered according to the PRISMA methodology (Page *et al.*, 2021): removal of duplicates, exclusion of inconsistent sources (with regard to the title or type of the journal, etc.). For example, the use of the keyword "floating object" in the database search engines resulted in a collection of articles dealing with the maritime domain (in the literal sense of "a buoy in the sea", "an object that floats on water", etc.). "Floating object" is a keyword in the French literature translating its abstracts into English. These publications relating to the marine domain were excluded from the English bibliographic data directory. The publications for which the keyword "floating object" appeared in the abstract of a translation from a French source and for which the text of the article was written in French were kept but placed in the French database. Two databases were thus formed: the French-language articles were separated from the English-language articles. Articles written in any other language were excluded.

Modelling author networks with the VOSviewer software

The VOSviewer software was chosen because of its various visual and methodological possibilities (Effendi *et al.*, 2021; Radha & Arumugam, 2021; van Eck & Waltman, 2010). In order to model the networks of collaborating authors (co-authors) via the VOSViewer software, it was necessary to carry out a "normalisation of names by reformatting" (Boutin *et al.*, 2013, p. 7). This methodological preparation was carried out in view of the potential limitations previously highlighted for this data collection method (Boutin *et al.*, 2013, p. 7) and those of the VOSviewer software (Liu *et al.*, 2022). A smoothing of the data was therefore carried out: the first name of each author who participated in the writing of the 1,512 texts was recorded according to the first letter of their initial with a dot (all other punctuation such as hyphen, space, accent, umlaut, etc. was removed) (i.e. n = 2,979 smoothed first names (1,353 first names of French-speaking authors + 1,626 first names of English-speaking authors). An example is presented in Table 1. for the French-speaking author "Jean-Luc Sudres".

The two smoothed databases (French and English) were then exported in .RIS format to be modelled using the VOSViewer software. All data were modelled according to the principle of a minimum collaboration with another author (co-author) and thus present the authors in collaboration clusters (Fr =202 / Eng= 317). The relationships observed are the inter-author collaborations in the publications and the

Table 1. *Example of smoothing*

Different names			Smoothing
Jean-Luc Sudres	J-L Sudres	J.-L. Sudres	Sudres, J.L.

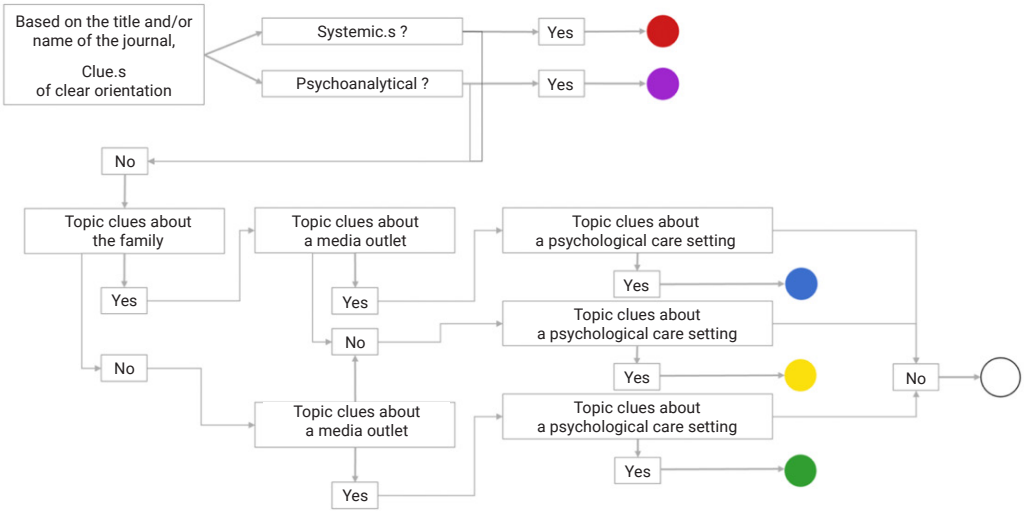

Figure 3. *Decision tree*

number of publications per author. VOSviewer proposes the following modelling: the size of the dot is proportional to the number of publications of the author and the thickness of the link is proportional to the number of co-publications between each author.

A colour intercoding (by two researchers) was performed successively: 1) for collaborating authors (co-publication clusters determined by VOSviewer) and 2) for non-collaborating authors (publishing alone). The second intercoding was applied to the publications of authors who did not collaborate with other authors. Indeed, given that "the network tool overvalues [...] the group to the detriment of the individual" (Boutin *et al.*, 2013, p. 7), the analysis, to be complete, also had to take into account authors who had never collaborated or co-published with other authors. This second intercoding has the merit of completing the network approach by including authors who have published alone on the subject, in order to take all publications into consideration.

These intercodings were carried out according to the words present in the title and/or in the journal of the publication with regard to the decision tree (Figure 3). Each colour determines a membership group.

This colour coding designates membership of one of the five groups (Figure 4): either the epistemological orientation (**Red** = systemic, **Violet** = psychoanalytical) or the field of intervention of the authors: **Blue** = subject dealing with the use of media, in a psychological care setting, with the family; **Green** = subject dealing with the use of media, in a psychological care setting, with no mention of the family; **Yellow** = subject dealing with a psychological care setting with no mention of media or family; **White** = absence of the three aspects of media, care, and family. This makes it possible to distinguish the epistemological orientation and the field of intervention of the author(s) publishing.

Thus, it will then be possible to look at the vocabulary within each of the groups constituted in order to determine whether or not certain words are specific to them.

All the data from the two colour intercodings (collaborating authors / non-collaborating

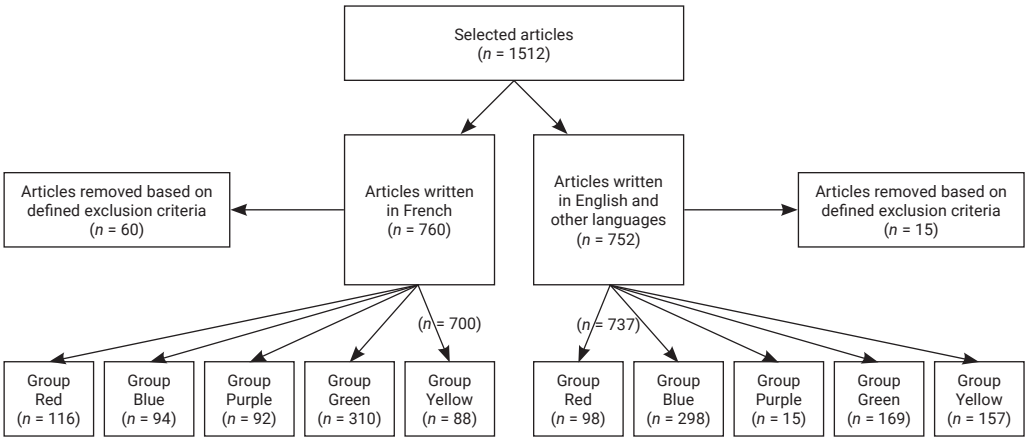

Figure 4. *The flow chart of repartition of articles*

authors) were then imported into a single Excel file in order to carry out a descriptive statistical analysis of their distribution within the 5 groups formed. The descriptive statistical analysis focused on the distribution of the type of bibliographic sources in the data, the evolution of publications from 1982 to 2022, the proportions of publications according to their orientation or field of intervention within the journals.

Lexical analysis using Tropes© software

In order to determine whether the authors use a specific vocabulary according to their orientation or field of intervention, an analysis of the vocabulary used by the authors, divided into the 5 groups, was carried out. This analysis primarily required a terminological extraction of keywords. For this purpose, the Tropes® software, developed by Molette and Landré in connection with the work of Ghiglione *et al.* (Ghiglione *et al.*, 1998) (www.tropes.fr/), was used. The textual analysis allowed by this software is propositional. It is therefore a linguistic analysis, in the sense that it is based on a division of the corpus into propositions, i.e. simple sentences. The tool offers other features, including lexical extraction based on a dictionary (Derobertmasure & Demeuse, 2011; Vanoutrive *et al.*, 2014), which gives the tool the following advantages (Derobertmasure, 2012): uniqueness of the results, replication of the process and access to the underlying analysis process (here, the dictionaries). Consequently, the use of this tool allows a heuristic approach to corpora of considerable size by providing the analyst with an overall view of the corpus (as well as feedback between the synthetic results and the extracts associated with the results) (Soetewey *et al.*, 2013).

Specifically, in order to analyse the 198,753 words (88,166 French words and 110,587 English words) in each title and summary of the 1,437 publications (700 French-language publications and 737 English-language publications), two 'dictionaries' – a list of English terms and a list of French terms – were created in order to count the words used within the groups. This was done in order to compare the frequency of occurrence of words within each group (Figure 5.).

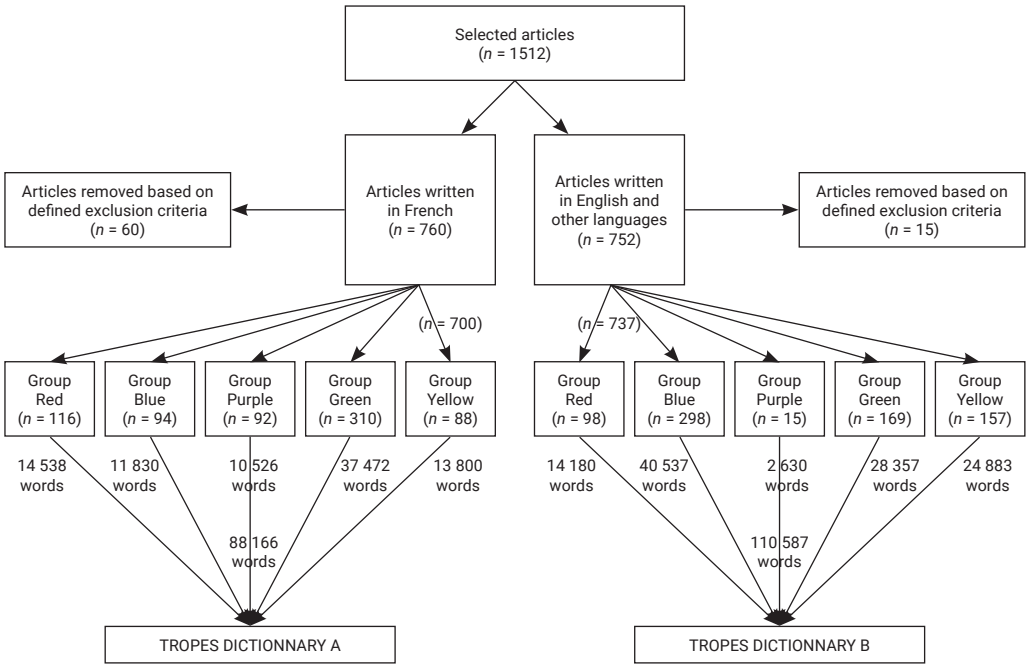

Figure 5. *Constitution of the two Tropes© dictionaries*

The design of these two dictionaries was developed through an iterative and hybrid approach; a combination of the "bottom up" and "top down" methodologies. The terms related to 4 topics were searched: name, examples, population, therapeutic issue. The search for certain words in one topic made new ones appear for other topics, etc. This accumulation of keywords was done until the point of saturation of new keywords to include in the dictionary created was reached. This principle was applied to create the two scenarios: English and French.

The screenshots below show the use of the Tropes© software. The terms are counted (left-hand box) as the terms to be searched for are added to the dictionary created (right-hand box). These terms are marked in the text and coloured by the software (middle top box). The middle-bottom box shows the successions often observed in the corpus and identified by the software itself. These are sometimes syntagms. This box makes it possible to target the correlations of the terms once mentioned by the dictionary. For our research, it was necessary to analyse the corpora progressively, in the middle top box.

As shown below, the terms belonging to either examples, names, population or issues were manually identified and manually added to the dictionary created (right-hand box in the figure 6).

For the example presented here, the term "art therapy" was identified and added to the dictionary (Figure 7).

The addition of the term to the dictionary allowed the software to re-run the search and thus identify other terms that appeared as a corollary to the search term "art therapy".

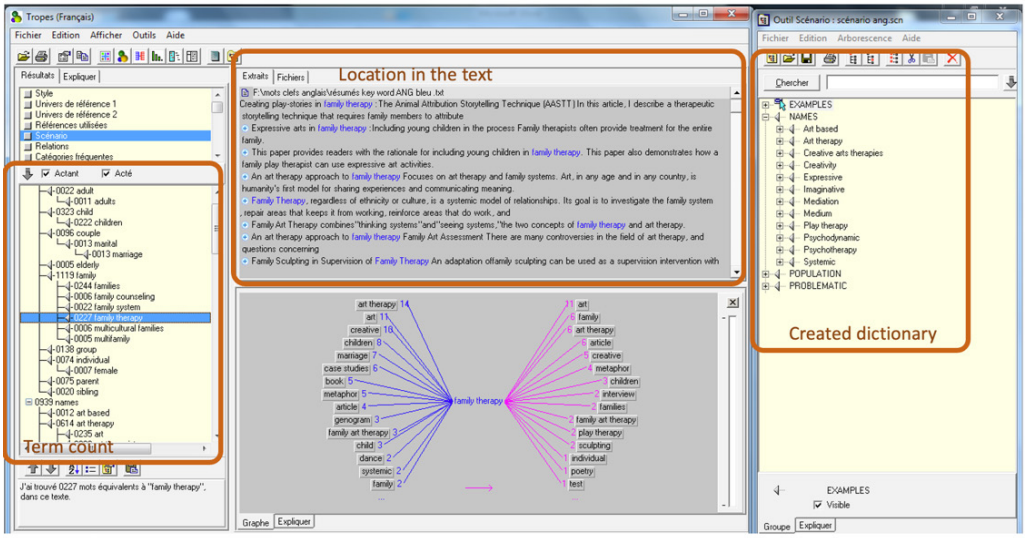

Figure 6. *Tropes© software screen print*

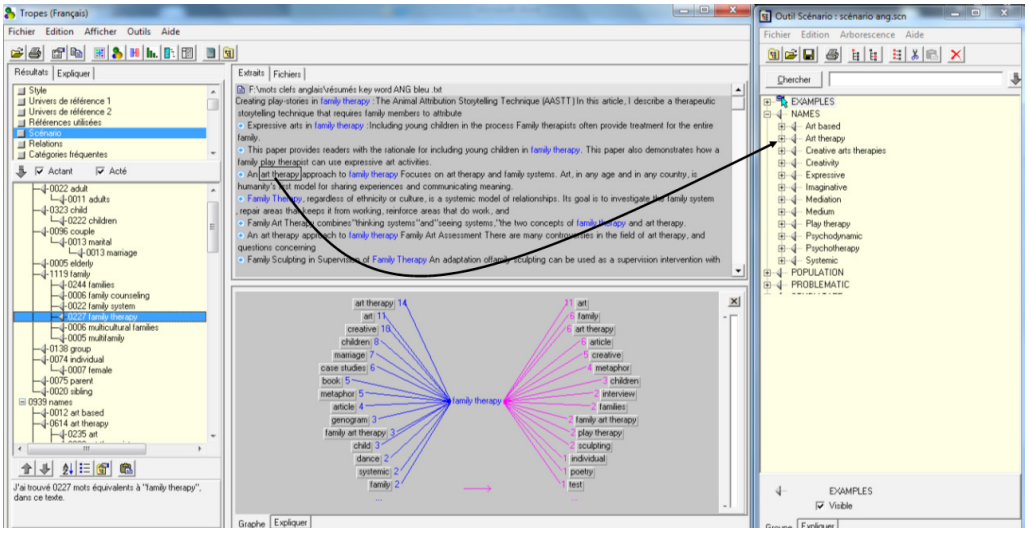

Figure 7. *Tropes© software screen print*

Here, it is possible to see that example terms emerge as a result of identifying the term "art therapy", such as the term "metaphor". This term from the 'examples' category will be added to the dictionary (Figure 8.)

The addition of the term 'metaphor' to the dictionary created allows for the emergence of new terms belonging to the category of population, examples, or names. This process was repeated until data saturation was achieved for all five groups in both languages (Figure 9).

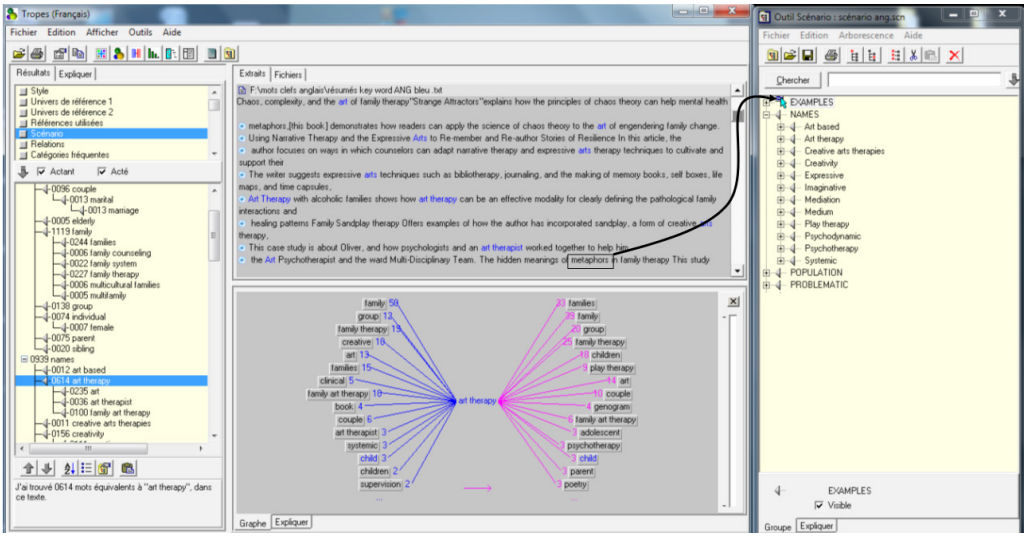

Figure 8. *Tropes© software screen print*

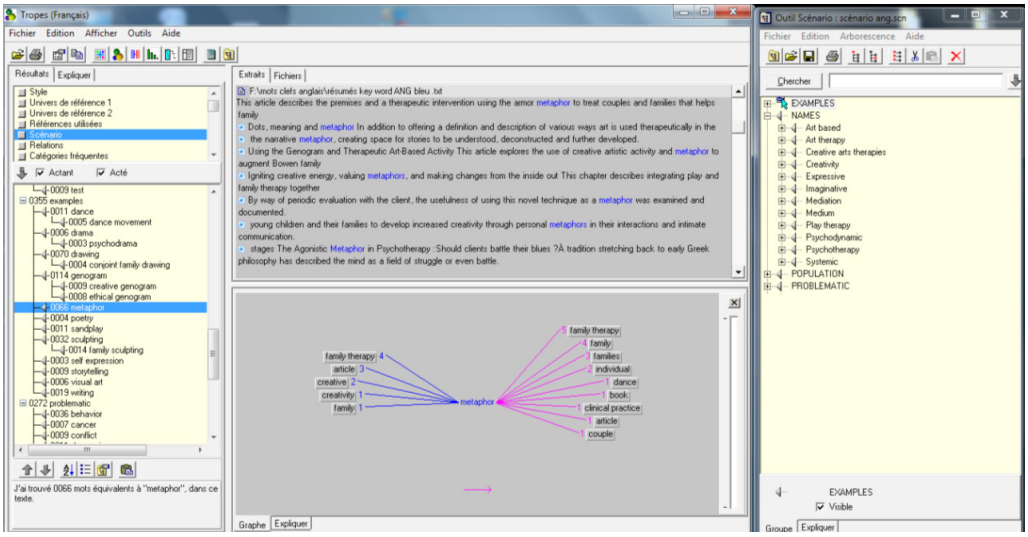

Figure 9. *Tropes© software screen print*

The following extract from the English dictionary shows part of the list of terms that emerged (Figure 10), which were added to the dictionary and counted by the Tropes© software.

The final dictionary was then applied to each of the 5 groups in order to count the use of each of the keywords and calculate the frequencies of occurrence for each of the groups. This was done for the English- and French-speaking groups using their preferred dictionary.

Figure 10. *Screen print of the list of terms that emerged*

The χ^2 test was used to determine the significance of the differences in the frequency of occurrence of the keywords within the 5 English-speaking and 5 French-speaking groups.

Results

Results of the network analysis

Observation of the evolution of publications since 1982

Figure 11 shows the evolution of the distribution of English- and French-language publications since 1982.

These curves show an increase in publications for both landscapes. However, the trend line is less steep for the English-language data, which would tend to suggest a more stable growth over time and a precursor to the French-language data, whose trend line shows a very marked increase but only since the 2010s. It should be noted that since the research was carried out in 2022, the numbers

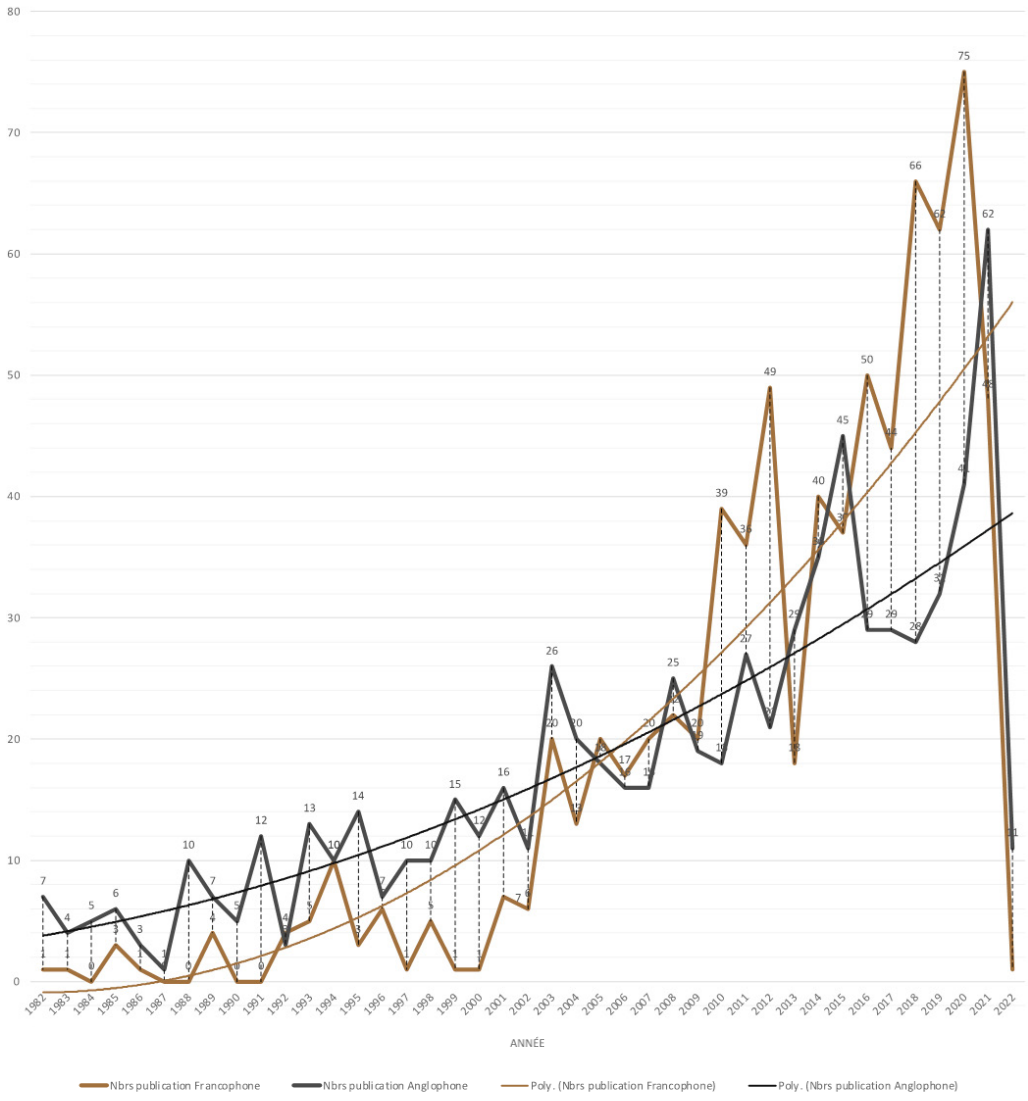

Figure 11. *The evolution of the distribution of English- and French-language publications since 1982*

stated here are not the final numbers at the date of publication of this article.

Analysis of the orientation of the journals and the proportions of publications related to our topic in order to determine which journals publish heavily on the topic and according to which orientation

The descriptive statistical analysis made it possible to better identify the landscape of publications in the French- and English-speaking communities (Figure 12).

The analysis reveals that of the totality of French-language publications on the use of media in care, 12.38% have a psychoanalytic orientation identified in the title (purple), 15.51% have a systemic orientation identified in the title (red), 12.24% address the notion of family, couple or group in their title but do not use systemic vocabulary (blue), 40.41% address the issue of the media in care but do not identify the topic of the family in their title (green) and finally 12.24% are articles whose titles do not specify that the media are tools used in therapeutic support, nor whether this concerns families or groups (yellow).

Concerning the English-language publications, 1.75% have a psychoanalytical orientation identified in the title (purple), 12.90% have a systemic orientation identified in the title (red), 35.75% address the notion of family, couple or group in their title but do not use systemic vocabulary (blue), and 22.04% address the issue of media in care but do not identify the topic of the family in their title (green) and finally 21.37% are articles whose titles do not specify that media are tools used in therapeutic support, nor whether this concerns families or groups (yellow).

The descriptive statistical analysis thus reveals the greater place of psychoanalytically-oriented publications in the French-speaking landscape (12.38%) than in the English-speaking landscape (1.75%). It highlights a relatively equivalent presence of systemically-oriented publications between the French-speaking (15.51%) and English-speaking (12.90%) landscapes. It highlights the greater proportion of publications on the family without necessarily being based on a psychoanalytical or systemic current for the English-speaking landscape (35.75%) than for the French-speaking landscape (12.24%). The French-speaking landscape presents a greater proportion of publications on art and care without the notion of family (40.41%) than the English-speaking landscape (22.04%).

After a general presentation of the epistemological orientations of the authors within the English- and French-speaking landscapes, it is possible to look at how these orientations are distributed within the different journals. Since the descriptive statistical analysis also focused on the distribution of authors' epistemological affiliation within the journals, it is possible to identify the journals that publish the most on the subject and to estimate the orientation or field of intervention of the articles published in these journals (Figure 13).

In the French-speaking world, the 10 French-language journals that publish the most on the subject are (in descending order): Thérapie familiale (n = 99) > Annales Médico-psychologique (n = 53) > Psychothérapie (n = 44) > Cahiers critiques de thérapie familiale et de pratiques de réseaux (n = 41) > revue de psychothérapie psychanalytique de groupe (n = 33) > Neuropsychiatrie de l'enfance et l'adolescence (n = 26) > Enfance & Psy (n = 22) > Soins Psychiatriques (n = 21) > Le journal des Psychologues (n = 20) > Dialogue (n = 20).

This analysis was completed with the proportion of articles according to their orientation, within each of these journals (Figure 14).

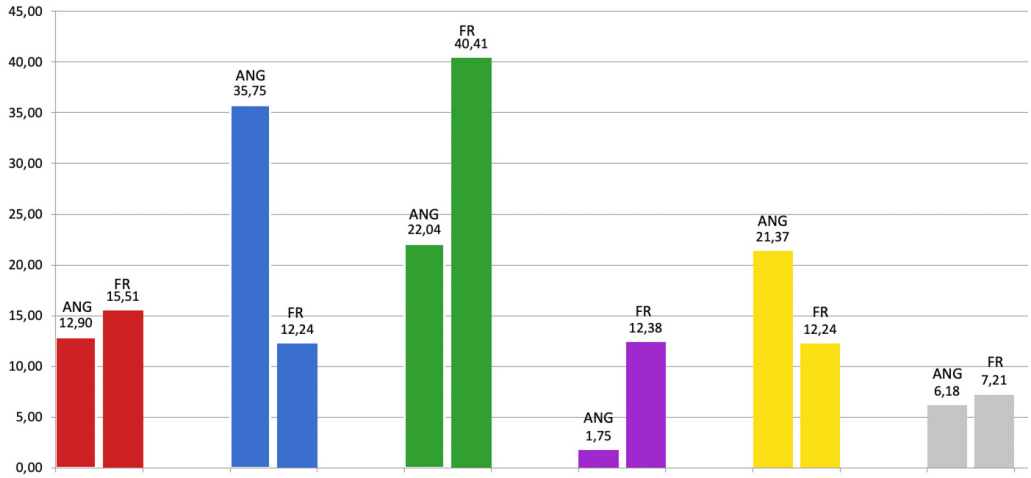

Figure 12. *Percentage of currents detected in English- and French-language journals*

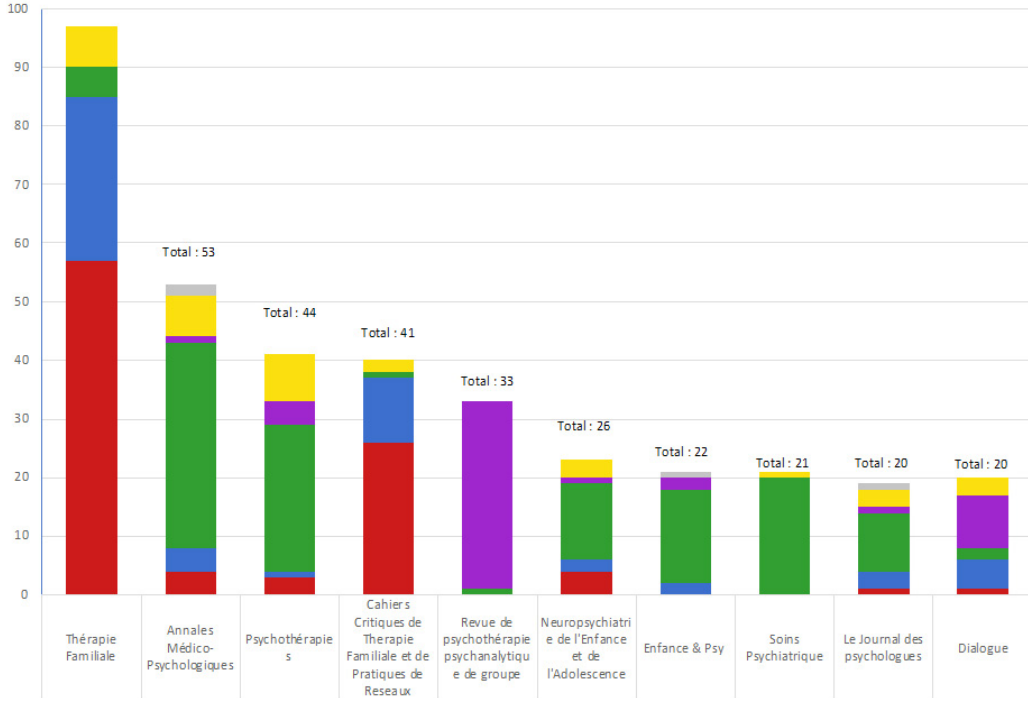

Figure 13. *Number of publications and their orientation for the 10 French journals publishing the most on the subject*

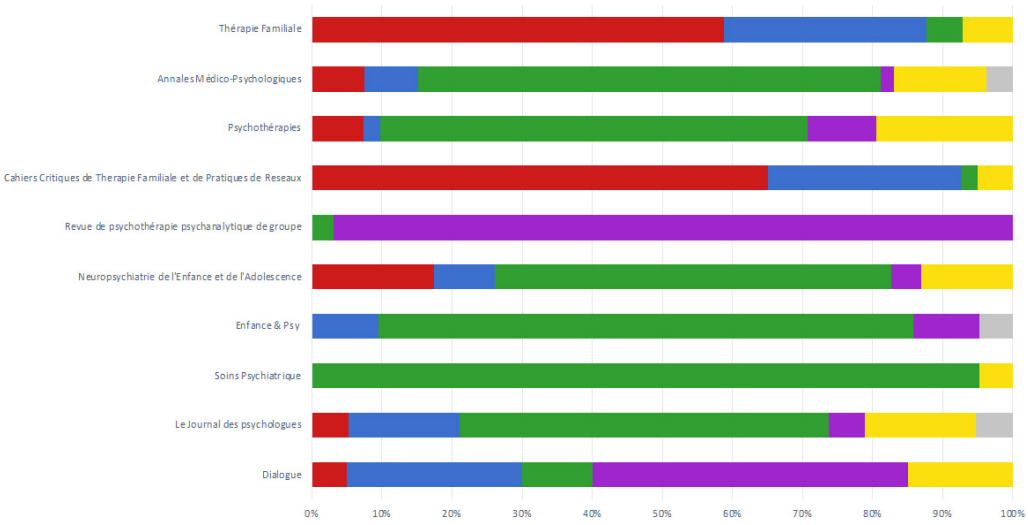

Figure 14. *Distribution of percentage of publications and their orientation for the 10 French journals publishing the most on the subject*

The journal "Thérapie familiale" is the French-language journal that publishes the most articles on the subject with a systemic orientation (58.76% red) and/or on the family, couple or group (28.87% blue). This journal does not present any psychoanalytical publication on the subject concerned. This information is relevant and prompted us to propose a summary article of our research to this journal in order to disseminate our results to the general public interested in systemic and family, marital or group interventions (Meillerais *et al.*, 2023). The journals "Annales Médico-Psychologiques" and "Psychothérapie" cover articles of various orientations with a majority of articles dealing with the use of a medium in a care setting, without displaying a precise orientation and not working specifically with families (66.04% and 60.98% green). The journal "les Cahiers de thérapie familiale et de pratiques de réseaux" is presented as having a predominantly systemic orientation (65.00% red) or using a medium in a care setting, without displaying a precise orientation and working specifically with families (27.50% blue). The journal "Revue de psychothérapie psychanalytique de groupe" is clearly psychoanalytically-oriented (96.97%), without any systemically-oriented publication on the subject. Moreover, it does not seem to have a clear family focus other than psychoanalytic (3.03% green). 4 other journals ("Neuropsychiatrie de l'enfance et de l'adolescence", "Enfance & Psy", "Soins Psychiatriques", "Le Journal des Psychologues") are not clear-cut in the diversification of the orientations of their publications, the subject dealing with the use of media, without having to do with family or group therapies, seems to be preferred (green). Finally, although the journal "Dialogue" presents a majority of psychoanalytically-oriented articles (45.00%), it displays a certain diversity in the epistemological orientation of its articles.

The 10 English-language journals publishing the most on the subject are (Figure 15) (in

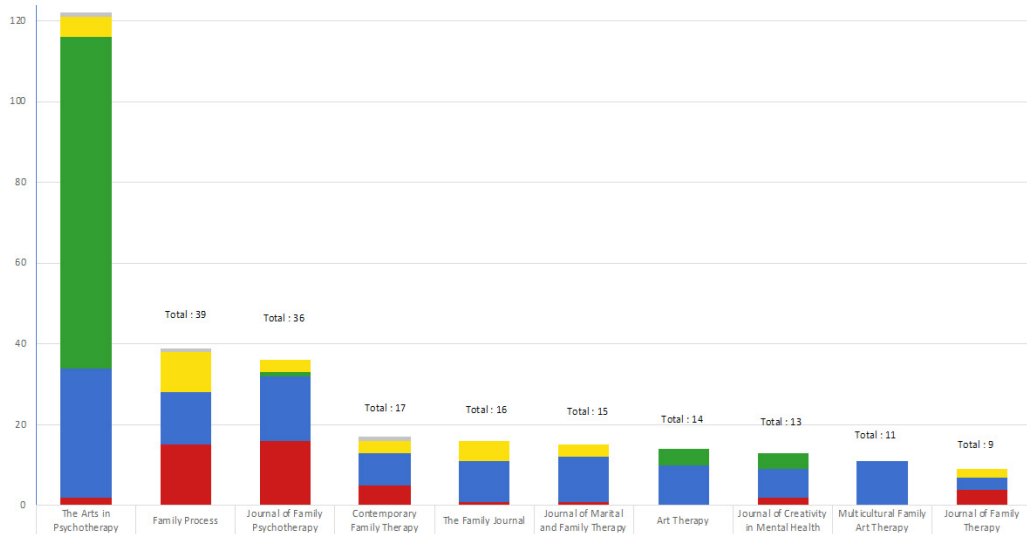

Figure 15. *Number of publications and their orientation for the 10 English journals publishing the most on the subject*

descending order): The Arts in Psychotherapy (n = 125) > Family Process (n = 39) > Journal of Family Psychotherapy (n = 36) > Contemporary Family Therapy (n = 17) > The Family Journal (n = 16) > Journal of Marital and Family Therapy (n = 15) > Art Therapy (n = 14) > Journal of Creativity in Mental Health (n = 13) > Multicultural family art therapy (n = 11) > Journal of Family Therapy (n = 9).

Thus, in a manner more pronounced than in the French-speaking world, one journal clearly publishes more than the others. It constitutes the largest base of publications in the green group.

This analysis was completed with the proportion of articles according to their orientation, within each of these journals (Figure 16).

The journal "The Arts in Psychotherapy" is the English-language journal with the most articles on the subject of media use, but not on family or group therapy (green: 67.21%). Within this journal, which publishes the most articles on the subject of interest to us, only a very small proportion of articles are identified as systemic (red: 1.64%) and/or with families, couples or groups (blue: 26.23%). The journals "Family Process", "Journal of Family Psychotherapy" and "Contemporary Family Therapy" show a fairly strong systemic orientation (red: 38.46%, 44.44%, 29.41%).

The journals "The Family Journal", "Journal of Marital and Family Therapy", "Art Therapy", "Journal of Creativity in Mental Health", "Multicultural Family Art Therapy" have a large majority of articles that focus on the use of media in the care setting, with no specific orientation, and work specifically with families (blue: 62.50%, 73.33%, 71.43%, 53.85%, 100%). The journal "Journal of Family Therapy" presented mostly systemically-oriented articles (44.44%) or articles using a medium in a care setting, without showing a precise orientation and working specifically with families (blue: 33.33%).

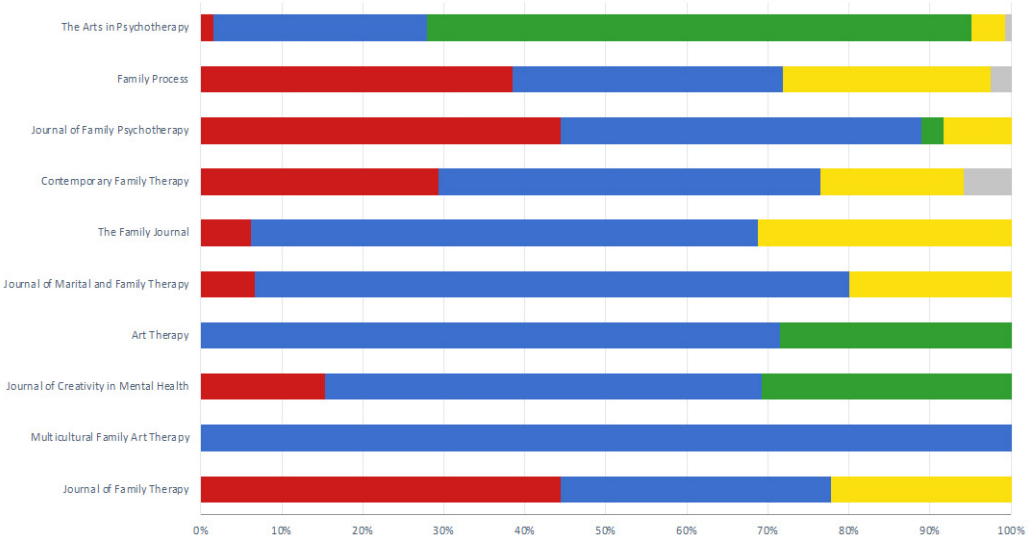

Figure 16. *Distribution of percentage of publications and their orientation for the 10 English journals publishing the most on the subject*

Networks of collaborating authors and publication networks according to the authors' epistemological orientation

The VOSviewer model makes it possible to identify several publication and collaboration clusters within the English- and French-speaking landscapes.

VOSviewer proposes a proportional modelling according to the number of publications (the size of the dot is proportional to the number of publications counted) and according to the strength of the co- publication link (the link between each sphere is also relative according to the number of collaborative publications between the authors).

The overall VOSviewer modelling for the French-language networks (Figure 17) highlights the diversity of epistemological orientations and fields of intervention of the authors elaborating around the concept of the mediating object.

This modelled representation makes it possible to identify the authors who publish the most on the subject, such as Sudres, J.L., Delage, M., Brun, A., Duret, I., Moro, M. R., Cuynet, P., Chouvier, B. and Rey, Y. These authors are divided into three groups with different epistemological orientations: the group using a medium in a care setting, without claiming a precise orientation and not working specifically with families (green group), the psychoanalytical group (purple group) and the systemic group (red group).

The overall VOSviewer modelling for the English-language networks (Figure 18) also highlights the diversity of orientations of the authors elaborating on the concept of the mediating object, the third-party object or the artistic object in a therapeutic setting.

This modelled representation makes it possible to identify the authors who publish the most on the subject, such as Kerr, C., Regev,

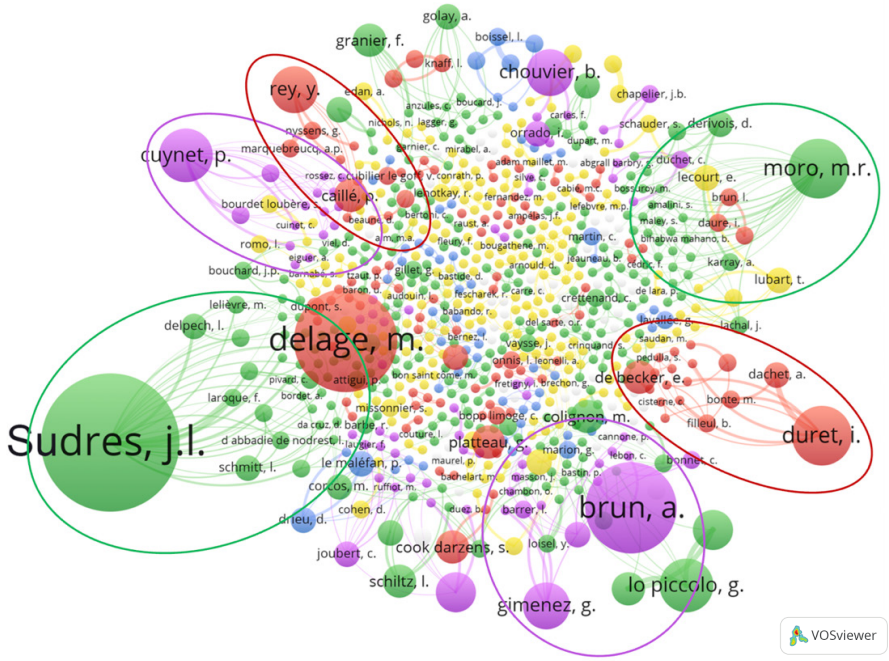

Figure 17. *The overall VOSviewer modelling for the French-language networks*

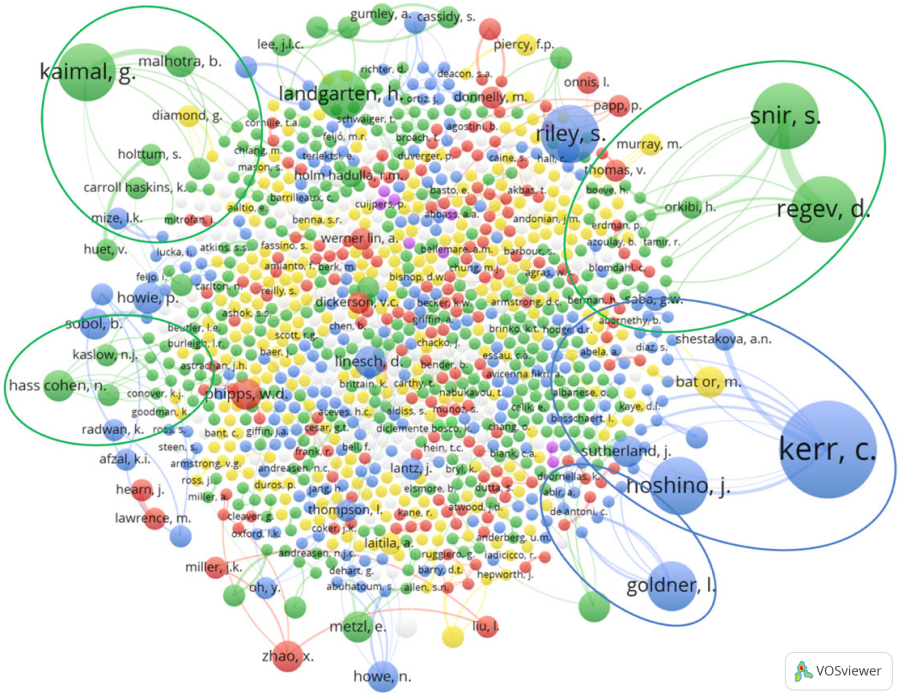

Figure 18. *The overall VOSviewer modelling for the English-language networks*

D., Snirn, S., Kaimal, G., Riley, S., Hoschino, J., Goldner, L. and Landgarten, H. These authors fall into two groups of different epistemological orientation; the group using media in a care setting, without displaying a specific orientation and working specifically with families (blue group) and the group using media in a care setting, without displaying a specific orientation and not working specifically with families (green group).

The English- and French-language modelling thus differ in the epistemological orientation of the authors with the largest clusters and the highest number of co-publications. Indeed, the French-language modelling presents more clearly defined clusters of systemic and psychoanalytic epistemological orientation, whereas the English-language modelling presents clusters of authors without a clearly-stated epistemological orientation (group using a medium in a care setting, without displaying a precise orientation and not working specifically with families (green) and group using a medium in a care setting, without displaying a precise orientation and working specifically with families).

Results of the lexical analysis

The results of the lexical analysis make it possible to identify the vocabulary words used according to the epistemological field of the authors who write them.

The statistical results show that certain terms (Table 2), certain techniques (Table 3), used with certain populations and (Table 4) for certain therapeutic issues (Table 5) vary according to the epistemological orientation of the English- and French-speaking authors. The results for these four topics will be presented in turn.

Terms designating names for the French- and English-language corpora

Within the French-speaking landscape, there is a significant difference in naming between groups, on the one hand the term 'art-thérapie' is used more by the group using a medium in a care setting, without displaying a precise orientation and not working specifically with families (green group ($\chi^2 = 53.21$; $p < .05$)), whereas the systemic orientation group uses the term 'outil' more (red group ($\chi^2 = 114.71$; $p < .05$)). The term 'objet' was used extensively by three groups: the group using a medium in a care setting, without a specific orientation and not working specifically with families (green group), the systemic group (red group) and the psychoanalytical group (purple group).

The English-speaking landscape uses the term 'Art Therapy' with almost equal frequency across all groups. The terms "Creativity", "Imaginative", "Mediation" are mostly used by the group that does not use media in a care setting, does not have a specific orientation and does not work specifically with families (yellow group). The use of the term 'Playtherapy' is used predominantly by the group using media in a care setting, without a specific orientation and working specifically with families (blue group ($\chi^2 = 19.14$; $p < .05$).

The English-speaking landscape reaffirms the absence of literature using the term "Floating Object" to determine the use of a medium in a therapeutic way with patients or to denote the "objets flottants" technique of the systemic current.

Terms designating techniques for the French- and English-language corpora

In the French-speaking landscape, the blazon technique is used much more by the systemic group than by professionals in the other groups (red group ($\chi^2 = 32.71$; $p < .05$). The writing technique is favoured by the group

Table 2. *Significance of the frequencies of occurrence (χ^2) of terms designating names for the French- and English-language corpora (* $p < .05$).*

Gp red: *Systemic orientation*
Gp blue: *Use of media in a care setting, without a specific orientation and working specifically with families*
Gp purple: *Psychoanalytical orientation*
Gp green: *Use of media in a care setting, without a clear orientation and not working specifically with families*
Gp yellow: *No use of media in a care setting, without a clear orientation and not working specifically with families*

		Author Referral Group				
		Gp red	Gp blue	Gp purple	Gp green	Gp yellow
Search French terms	**Art-thérapie**	27,81	7,67	37,6	53,21*	2,68
	Atelier	9,4	1,26	8,46	9,68	3,48
	Langage analogique	0,02	1,07	9,21	3,75	0,57
	Médiation + Média	27,36	0,1	10,1	0,05	0,89
	Objet	29,26*	4,13	26,63*	37,68*	0,23
	Outil systémique	32,1	0,34	0,73	2,28	0,24
	Outil	114,71*	1,1	11,83	8,25	0,06
	Psychanalyse	0,1	1,92	8,34	1,74	0,06
	Psychothérapie	16,05	0	2,21	2,95	6,87
Search English terms	**Art based**	6,83	8,37	0,95	29,32*	2,45
	Art therapy	47,74	24,78	17,66	14,95	63,28
	Creative arts therapies	0,26	0,01	0,4	2,55	3,61
	Creativity	0,6	8,15	3,8	6,06	87,61*
	Expressive	1,67	0,03	0,04	0,01	0,37
	Floating Object	0	0	0	0	0
	Imaginative	0,11	2,22	0,19	0,01	10,42*
	Mediation	0,3	0,03	0,04	1,11	7,09*
	Medium	0	2,17*	0,14	0,45	2,48*
	Play therapy	1,06	19,14*	0,55	12,91	4,97
	Psychodynamic	1,09	7,31	231,50*	2,69	12,26
	Psychotherapy	4,57	3,81	0,3	0,69	10,09*
	Systemic	379,31*	19,07	2,69	45,52	2,22

using a medium in a care setting, without displaying a precise orientation and not working specifically with families (green group ($\chi^2 = 21.04$; $p < .05$)). The genogram tool is used as much by the systemic professionals (red group) as by the group using a medium

Table 3. *Significance of the frequencies of occurrence (χ^2) of terms designating techniques for the French- and English-language corpora (* p < .05).*

Gp red: *Systemic orientation*
Gp blue: *Use of media in a care setting, without a specific orientation and working specifically with families*
Gp purple: *Psychoanalytical orientation*
Gp green: *Use of media in a care setting, without a clear orientation and not working specifically with families*
Gp yellow: *No use of media in a care setting, without a clear orientation and not working specifically with families*

	Author Referral Group				
Search French terms	**Gp red**	**Gp blue**	**Gp purple**	**Gp green**	**Gp yellow**
Animal	4,78	0,99	1,5	0	13,41
Argile	0,96	0,01	0,64	2,06	0,3
Blason	32,71*	0,05	2,55	7,92	1,2
Conte	1,08	7,89	0,48	12,47	0,58
Danse	2,43	0,46	0,87	2,21	2,66
Dessin	7,81	0,02	7,08	0,76	0,72
Dixit	0,95	2,03	7,1	0,69	0,54
Ecriture	7,14	1,48	4,76	21,04*	2,17
Génogramme	26,39*	13,01	1,14	26,74*	1,75
Jeu de l'oie	6,26	1,91	1,15	3,56	0,54
Mannequin	3,55	0,68	0,38	1,19	3,71
Masque	0,76	0,9	0,51	3,69	0,24
Métaphore	0,04	0,84	0,8	0,02	5,55
Modelage	0	2,25	2,34	0,27	0,6
Musique	4,78	5,64	0,44	0,97	47,91*
Panier	10,28	0,68	0,38	1,19	0,18
Peinture	5,16	0,72	3,69	2,64	1,63
Photolangage	7,83	0,06	8,8	0,19	0,87
Psychodrame	1,61	0,33	10,62	0,85	1,51
Sable	1,15	1,35	0,76	5,53	0,36
Sculpting	28,88	0,15	0,23	10,35	1,87
Totem	0,02	26,97	2,17	6,73	1,02

(the table continues on the next page)

Search English terms	Gp red	Gp blue	Gp purple	Gp green	Gp yellow
Commemorating	0,23	0,46	0,01	3,15	0,10
Dance	6,64	0,38	0,37	14,25*	0,01
Drama	5,60	8,25	0,51	59,43*	0,97
Drawing	17,63*	0,77	0,03	19,16*	3,26
Family-tree	0,01	0,37	0,05	0,81	6,49
Genogram	15,43*	5,11	2,60	38,84*	1,81
Mandala	1,37	1,11	0,08	11,83*	0,59
Metaphor	8,76	1,17	3,90	14,97	6,93*
Movement therapy	0,92	1,83	0,05	12,60*	0,40
Photo	2,51	0,10	0,04	0,61	0,30
Poetry	1,31	0,63	0,17	4,33	0,39
Reflecting intervention	0,64	0,01	0,03	0,40	0,20
Sandplay	1,52	3,31	0,18	0,24	1,39
Sculpting	11,17*	0,37	1,00	7,34*	0,21
Self expression	3,21	1,80	0,18	18,18*	0,11
Storytelling	3,67	0,39	0,21	1,54	12,29*
Visual art	2,29	0,45	0,13	1,94	0,99
Writing	6,82	0,15	12,89*	1,44	0,01

in a care setting, without displaying a precise orientation and not working specifically with families (green group). Finally, music is used much more by the group of professionals who do not use a medium in a care setting, who do not have a specific orientation and who do not work specifically with families (yellow group ($\chi^2 = 47.91$; $p < .05$)).

In the English-speaking landscape, dance ($\chi^2 = 14.26$; $p < .05$), drama ($\chi^2 = 59.44$; $p < .05$), mandala ($\chi^2 = 11.83$; $p < .05$), self-expression ($\chi^2 = 18.18$; $p < .05$) were used more by the group of professionals who used a medium in a care setting, had no specific orientation and did not work specifically with families (green group).

Drawing, genogram and sculpting are three media used and found equally in the publications between the systemic professionals and the group of professionals using media in a care setting, without a specific orientation and not working specifically with families (green group). Writing is a medium with a clear psychoanalytic orientation (purple group ($\chi^2 = 12.89$; $p < .05$)), although the systemic group showed a tendency to use it more than the other groups of professionals. The use of metaphor ($\chi^2 = 6.93$; $p < .05$), and stories such as tales (storytelling) ($\chi^2 = 12.29$; $p < .05$) is only found in the group of professionals who do not use media in a care setting, do not have a specific orientation and do not work specifically with families (yellow group).

Table 4. *Significance of the frequencies of occurrence (χ^2) of terms designating different populations for the French- and English-language corpora (* $p < .05$).*

Gp red: *Systemic orientation*
Gp blue: *Use of media in a care setting, without a specific orientation and working specifically with families*
Gp purple: *Psychoanalytical orientation*
Gp green: *Use of media in a care setting, without a clear orientation and not working specifically with families*
Gp yellow: *No use of media in a care setting, without a clear orientation and not working specifically with families*

		Author Referral Group				
		Gp red	Gp blue	Gp purple	Gp green	Gp yellow
Search French terms	**Adolescent**	5,77	11,4	24,94	78,26*	0,05
	Adulte	2,66	2,02	2,32	3,88	6,31
	Couple	11,53	7,49	0,54	17,54	5,96
	Enfant	12,7	0	0,82	8,29	0,29
	Famille	50,00*	8,35	2,53	53,95*	0,23
	Fratrie	26,93*	0,76	5,21	8,96	1,34
	Groupe	27,85	0,53	60,37*	0,13	0,06
	Parents	0,46	0,01	3,02	1,07	4,63
	Personnes âgées	1,05	0,78	0,07	0,35	0,78
	Thérapie individuelle	4,81	0,14	0,01	1,48	0,41
Search English terms	**Adolescent**	7,22	0,96	1,9	22,28*	0,16
	Adult	0,73	3,59	4,72	5,26	1,34
	Child	10,49*	0,63	4,56	16,81*	0,03
	Couple	4,44	0,2	30,08*	5,25	0,4
	Elderly	2,61	0,23	0,17	3,73	3,24
	Family	19,8	26,32	9,34	136,21*	2,49
	Group	4,86	0,69	2,38	38,86*	1,42
	Individual	0,1	16,76	0,03	72,54*	0
	Parent	5,91	5,84	3,77	9,87	6,37
	Sibling	7,93	27,52	0,05	45,16*	21,36

Terms designating different populations for the French- and English-language corpora

In the French-speaking landscape, the term "adolescent" is significantly more present in the group of professionals using media in a care setting, without displaying a specific orientation and not working specifically with families (green group ($\chi^2 = 78.26$; $p < .05$)), while the term 'fratrie' (sibling) is signifi-

Table 5. *Significance of the frequencies of occurrence (χ^2) of terms designating therapeutic issues for the French- and English-language corpora (* $p < .05$).*

Gp red: *Systemic orientation*
Gp blue: *Use of media in a care setting, without a specific orientation and working specifically with families*
Gp purple: *Psychoanalytical orientation*
Gp green: *Use of media in a care setting, without a clear orientation and not working specifically with families*
Gp yellow: *No use of media in a care setting, without a clear orientation and not working specifically with families*

	Author Referral Group				
Search French terms	**Gp red**	**Gp blue**	**Gp purple**	**Gp green**	**Gp yellow**
attachement	47,64*	0,55	5,03	12,19	2,44
autisme	2,84	0,04	4,69	0,01	0,03
cancer	7,98	0,25	3,8	3,23	0,5
conflit	1,11	0,02	0,14	0,05	4,34
Contenance	3,78	2,97	21,32*	0,17	1,07
crise	0	2,49	2,26	1,17	1,88
dysfonction	2,97	0,16	0,14	0,33	0,15
dépression	2,94	0,74	0,51	11,62*	2,1
formation / supervision	2,13	0,37	2,6	1,93	1,64
handicap physique	5,04	0,97	1,73	12,62*	0,1
langage	3,3	0,05	0,9	0,1	0,27
psychose	12,77	3,7	52,53*	0,13	1,91
relation	0,06	0,22	0,3	1,51	2,54
résilience	15,34*	0,05	3,87	0,43	2,29
séparation	0,25	1,12	1,9	0,27	1,2
suicide	0,42	0,16	1,29	1,32	16,07
traumatisme	0,26	0,49	8,99	5,48	3,57
trouble alimentaire	0,04	3,3	0,54	0,16	2,43
trouble de l'humeur	0,42	1,36	0,29	0,17	0,3
trouble de la personnalité	0,63	0,52	0,43	1,01	0,45
victime	4,41	3,62	3,01	2,32	0,01

(the table continues on the next page)

Search English terms	Gp red	Gp blue	Gp purple	Gp green	Gp yellow
Affective illness	0,4	1,25	0,05	4,6	0,87
Behaviour	2,32	9,22*	0,89	4,88	2,56
Cancer	1,15	5,47	0,5	0,08	3,57
conflict	0,11	0,24	29,35*	6,91	5,87
criminology	9,68*	0,94	0,04	1,07	0,18
depression	4,24	3,38	35,08*	4,73	0,39
disorder	0,22	1,67	0,79	1,22	0,17
distress	0,1	7,79	0,32	1,83	3,81
eating disorder	1,87	3,45	0,46	1,86	25,56*
mood disorders	0,23	0,72	1,7	2,72	1,23
obsessional	0,5	3,82	0,06	1,79	0,01
palliative care	0,3	0,94	0,04	0,01	2,77
pathology	1,81	2,52	0,1	1,21	1,74
personality disorder	0,26	3,36	0,51	0,01	4,53
phobic	0,1	0,31	0,01	0,36	2,81
preventi*	3,31	0,05	0,14	0,95	0,15
psychological distress	0,2	0,62	0,03	0,11	0,73
resilience	1,59	3,23	0,2	0,52	0,07
rumination	0,1	0,31	0,01	0,36	2,81
schizophrenia	0,5	1,56	0,06	0,82	0,76
separation	7,69	0,05	0,14	2,19	0,15
substance abuse	0,8	0,91	0,1	1,21	0,91
suicidal ideation	1,4	0,03	0,18	0	1,25
supervision	13,09*	2,73	1,08	5,08	1,64
trauma	6,37	0,6	0,55	11,65	11,67
violence	2,39	5,68	0,31	0,02	3,42

cantly more present in the systemic group (red group ($\chi^2 = 26.93$; $p < .05$)), and the term 'groupe' (group) is significantly more present in the psychoanalysts group (purple group ($\chi^2 = 60.37$; $p < .05$)). The term 'famille' (family) is used as frequently by the systemic group (red group) as it is by the group of professionals using a medium in a care setting, without displaying a precise orientation and not working specifically with families (green group).

In the English-speaking landscape, the terms 'adolescent' ($\chi^2 = 22.28$; $p < .05$), 'family' ($\chi^2 = 136.21$; $p < .05$), 'group' ($\chi^2 = 38.86$; $p < .05$), 'individual' ($\chi^2 = 72.54$; $p < .05$), and 'sibling' ($\chi^2 = 45.16$; $p < .05$), are significantly more present in the publications of the group

of professionals using a medium in a care setting, without displaying a precise orientation and not working specifically with families (green group). The term 'child' was used equally by the systemic professionals and the group of professionals using media in a care setting, without a specific orientation and not working specifically with families (green group). The term 'couple' is used more often by the psychoanalytically-oriented group (purple group ($\chi^2 = 30.08$; $p < .05$)).

Terms designating therapeutic issues for the French- and English-language corpora

In the French-speaking landscape, the terms 'attachement' (attachment) ($\chi^2 = 47.64$; $p < .05$) and 'résilience' (resilience) ($\chi^2 = 15.34$; $p < .05$) are more prevalent in the systemic professionals group (red group), while the terms 'contenance' (composure) ($\chi^2 = 21.32$; $p < .05$) and 'psychose' (psychosis) ($\chi^2 = 52.53$; $p < .05$) are more prevalent in the psychoanalyst group (purple group). The terms 'dépression' (depression) ($\chi^2 = 11.62$; $p < .05$) and 'handicap physique' (physical disability) ($\chi^2 = 12.62$; $p < .05$) are predominantly used by the group of professionals using media in a care setting, without a specific orientation and not working specifically with families (green group).

In the English-speaking landscape, the terms 'criminology' ($\chi^2 = 9.68$; $p < .05$) and 'supervision' ($\chi^2 = 13.09$; $p < .05$) are used more in the systemic group. The term 'behaviour' was used more by the group using media in a care setting, without a specific orientation and working specifically with families (blue group ($\chi^2 = 9.22$; $p < .05$). The terms 'conflict' ($\chi^2 = 29.35$; $p < .05$) and 'depression' ($\chi^2 = 35.08$; $p < .05$) were used more by the psychoanalyst group. Finally, the terms relating to eating disorders were more present in the publications of the group that did not use a medium in a care setting, did not assert a specific orientation and did not work specifically with families (yellow group ($\chi^2 = 25.56$; $p < .05$)).

Discussion

This research aimed to continue the research published by Liu *et al* (2022). Our methodology allowed us to propose and experiment with solutions to the limitations stated by the authors. Thus (1) the use of several techniques in an iterative way in the search for keywords has compensated for the lack of consensus on the keywords used, (2) the addition of 3 supplementary databases has compensated for the deficiencies stated with regard to a collection from a single data source, (3) the smoothing of the data in order to perfect the use of the VOSviewer software as well as the use of the Tropes© software allows to compensate for the shortcomings of the software stated by the authors Liu *et al*.

The cross-methodology employed for this research offers 3 main avenues of reflection for this research: 1) the benefits of combining network analysis and lexical analysis, 2) the semantic modelling of terminological vagueness, and 3) the creation of lexical bridges to guide future publications by authors writing on the subject of interest.

The benefits of combining the network analysis of co-publishing authors with the lexical analysis of the terms used by these authors

The combination of the network analysis of the co-publishing authors with the lexical analysis of the terms used by these authors made it possible to combine the qualities of each method, in accordance with the multi-methodological principles of systemic research (Courtois, 2009). Indeed, the network analysis made it possible, within the French- and English-speaking landscapes, to identify net-

works of collaborating authors (co-authors), publication networks according to the epistemological orientation of these authors and to determine the orientation of the journals and the proportions of publications relating to our subject in order to determine which journals publish more on the subject and according to which orientation. This methodological choice of network analysis was made with regard to the structural approach (Degenne & Forsé, 2004) which makes it possible to observe and draw information "from the interdependencies and lack of interdependencies between the members of a collective actor or an organised social milieu" (Lazega, 2013, p. 3). The network analysis methodology offers an objective and visual reading of co-publication links (Dalud-Vincent & Normand, 2011; Gauld & Micoulaud-Franchi, 2021). The schematic representation of the flow of publications and collaborations between authors allows any reader to effectively know the major networks of authors with regard to their orientations or their field of intervention.

The lexical analysis highlighted the most frequently-used words according to the authors' currents of affiliation, such as the names, the specific techniques, the populations and the therapeutic issues targeted when using these tools. The lexical methodology thus deployed, in addition to its usefulness in terms of application to the corpora selected here, allows a real advance in the field since the constitution of the dictionaries necessary for this approach makes it possible, for both the English and French languages, to have a quasi-exhaustive list of the keywords associated with the object of the research (as proposed by Piolat et Bannout (2009) in the field of the emotions). Although it does not allow (since it is not an objective of the research) a lexical standardization, it nevertheless constitutes an interesting "translator" between the authors of the same linguistic group (intra and inter approaches) and also allows this exchange at an international level.

Schematic modelling of stated terminology vagueness

The use of the network analysis methodology (Boutin *et al.*, 2013) made it possible to model the problem of terminological vagueness centred on the concept of the use of mediating objects within therapeutic interventions. In the French-speaking landscape, it can be seen that just over half of the publications (52.65%) belong to the group using a medium in a care setting, without displaying a precise epistemological orientation and working specifically with families (blue group) and to the group using a medium in a care setting, without displaying a precise epistemological orientation and not working specifically with families (green group). In other words, just over half of the publications could not be classified according to a clear orientation stated in the title or journal of the publication. The results of the lexical analysis show the great variety of terms and expressions used in the group using an object in a care setting, without displaying a precise epistemological orientation and not working specifically with families (green group). Moreover, the few statistically-significant results in the lexical analysis refer to expressions used in an undiscriminating manner in the groups. The results of the lexical analysis underline significances that are difficult to grasp, particularly for populations, techniques or issues. The presence of some of the terms sometimes even seems contradictory with the stated orientations (such as the significant presence of the term family in the green group, which is a group whose titles do not mention work with families). Our results are in line with the aforementioned epistemological and terminological proliferation and vagueness (Colignon, 2015; Moron *et al.*, 2004; Quélin-Souligoux, 2003b).

The appearance of these mediation techniques is not new in the clinical field (Brun, 2005). However, their presence in the scientific literature is more recent than in the last twenty years and has been expanding rapidly in the last ten years in the French-speaking world. This study therefore makes it possible to encourage the proper growth of these techniques, and not to allow a fragmentation of the methods to continue. Indeed, without this, the risk is that these terminological inconsistencies will persist, not allowing equal access to knowledge for any reader (professional or future professional in the field, researcher or even patient). Our research highlights the extent to which the vocabulary used illustrates the complex reality of the field in which readers (therapists or patients) must evolve.

The researcher's duty is therefore to use methodological and scientific impartiality to improve the tools of the clinical/field professional (Hendrick, 2009).

Building lexical between different language publications with the help of interpreters

Given the slight presence of publications of systemically or psychoanalytically-oriented groups (12.90% for systemic publications and 1.75% for psychoanalytic publications) in the English-speaking landscape, it is less marked by clearly-established currents and affiliations than the French-speaking landscape. The majority of English-language publications concerning mediation techniques in the therapeutic field are produced by the group using a medium in a care setting, without displaying a precise orientation and working specifically with families (blue group) (35.75%). We can hypothesise that integrative therapies have become more prevalent in recent years, thus relegating the need for therapists to belong to a single epistemological current to the background.

Our results highlight that what is called an "objet flottant" in French is called "family art therapy" in English. English-language publications seem to refer more to the audience: "family tree", "creative genogram", "family roles puppets", "childhood family mask", "family of origin analysis creative piece – Monopoly™", "family genogram", "structure and dynamics of the student family of origin" (Kerr *et al.*, 2008). This observation can be supported by the near absence of the psychoanalytic stream in the English-language literature and the majority of the more integrative stream in the journals publishing most on the subject. Thus, our results highlight the need to think about lexical bridges between authors from the same field, but from different languages, and this with the help of interpreters (Davis, 2009). Furthermore, the results of the lexical analysis underline the absence of real profiles within each group, systematic studies (Higgins & Cochrane Collaboration, 2020; Page *et al.*, 2021) according to currents, techniques, populations, and therapeutic issues must be carried out for each of the groups identified. Moreover, our results show that every author must make the effort to choose the keywords used (Eco & Bouzaher, 2007) (in a paradoxical situation of absence of reference systems and/or dictionaries) in the summaries and titles of their publications in order to better distinguish the topics, epistemological fields, techniques, and issues in order to be able to evaluate the therapeutic processes at work in clinical psychological practices (Baier *et al.*, 2020; Carvalho, 2007; De Smet *et al.*, 2020; Hendrick, 2009).

Research limitations and prospects

One of the limitations of this study could be the choice and validity of the keywords used to collect the initial bibliographic data. It is

possible to imagine that an English-speaking researcher would use other keywords to carry out this research, even if the translation was done with great rigour (in one direction and then in the other). This assumption is the same for a researcher from another epistemological approach. However, as this research is developed within a constructivist framework, the author, a French speaker, recognises and admits that as an observer and researcher she belongs "both inside and outside, involved and uninvolved in the reality under study" (Courtois, 2009, p. 281). This choice to belong to the research field, as a clinical psychologist, family psychotherapy trainee and researcher, is rooted in the philosophy of systemic research in clinical psychology: "This choice to belong to the system under observation implies moments of great proximity to the subject of study and moments of distancing, of critical distance and development. These moments of proximity and distancing follow one another and influence each other: better reflection brings better contact and vice versa" (Courtois, 2009, p. 281).

We have assumed that an author chooses certain words rather than others for the title and summary in correlation with their thematic importance in the publication. However, this rule may not be applicable in such a linear and absolute way. Moreover, it must be recognised that clinical articles can sometimes have metaphorical, personalised or colourful titles, and that identifying the subject of study can be a strenuous exercise as a result. We must therefore be cautious with the results obtained, and understand our analysis as one more tool to better define the different epistemological territories in connection with our topic.

It is also possible to question the reliability of the coding, which was nevertheless carried out using intercoding to limit any bias of subjectivity according to the prerequisite principles for this methodology (Burla *et al.*, 2008; Feng, 2014, 2015). The coding of the authors' orientation remains a manually applied coding and, even if carried out in a rigorous manner with regard to the decision tree, may remain subjective. Moreover, as the coding was previously based solely on the titles and names of the journals, shortcomings in identification could be explained by the sometimes creative titles proposed by the authors (for example: "on voudrait que notre fils bouge …" (we would like our son to move …); "si tu manges un fruit, n'oublie pas qui a planté l'arbre" (if you eat a fruit, don't forget who planted the tree); "L'histoire du bouton n'est pas cousue de fil blanc…" (the story of the button is not made up of white thread…) (Boissel & Mathis, 2017; Labaki, 2001; Schon, 2010)). It is also possible to think that, in the opposite direction, as a French speaker, typical English-language puns may escape us. It is also worth noting that, although these are rich in meaning clinically-speaking, they do not fit together according to the principle of keyword occurrences, which is the basis for referencing scientific databases such as Scopus (Kulkanjanapiban & Silwattananusarn, 2022).

Our research deserves diverse input in both execution and methodology. We promote that any type of interlanguage method should be carried out by two people with different source languages to ensure proper translations (Eco & Bouzaher, 2007). In addition, our survey of publications could be completed by adding the impact factor of journals, articles and authors. Even if these elements are much questioned (Pansu, 2013), they remain the most widely-used measurements for comparing data in the scientific world. Furthermore, and in a complementary way, this research should be developed even more fundamentally according to Scopus methodologies, namely; adding the analysis of authors' citations, in order to complete the networks of collaborating authors in the sense of co-authors. Similarly, it

would be relevant to further analyse the profiles of the journals publishing on this topic, in order to differentiate between articles with and without peer reviewers.

Conclusion

By combining the techniques of network analysis and lexical analysis, this article sheds further light on the blurring of the literature. The use of VOSviewer highlights the major publication clusters and collaborating authors. The use of Tropes© identifies the keywords used according to the authors' epistemological affiliation or field of intervention. The article presents 3 main contributions within the framework of this research: 1) This article is original given the novelty of its methodology which involves combining the network analysis of co-publishing authors with the lexical analysis of the terms used by these authors. This article, through its mixed and innovative methodology, thus provides an operative response to the limitations stated by Liu's article (Liu *et al.*, 2022) and offers methodological avenues for any researcher wishing to carry out such a survey; 2) In addition, the modelling and explanation of the stated vagueness provides readers and authors with guidelines for publishing in this area. The article provides better recommendations to authors on the choice of words to be used in their titles and in the keywords in the abstracts; 3) Finally, the article will help to build the necessary bridges between the English and French literature to enable better communication in the context of research on the use of media in therapy.

The results of this research will allow for the further development of the state of the art in this field through the completion of a Review (Peters *et al.*, 2015) for the systemic epistemological orientation and the family-type field of intervention. Nevertheless, we encourage other researchers to pursue the process of clarification within the other epistemological and intervention fields. It might, for example, be relevant to map art therapy interventions in the European or English-speaking world.

Authors

SANDIE MEILLERAIS, PhD., Clinical Psychological Department, Nantes University, France

Email: sandie.meillerais@univ-nantes.fr

ANTOINE DEROBERTMASURE, PhD., Education and Training Sciences, University of Mons, Belgium

OLIVIER SOREL, PhD. IOS Psychotherapy and Training, Saint Avertin, France

JENNIFER DENIS, PhD. Clinical Psychological Department, University of Mons, Belgium

Corresponding author: sandie.meillerais@univ-nantes.fr

Author Contributions:

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Towards a model of the modalities of therapeutic accompaniment in Psycho-Organic Analysis: Research carried out using Grounded Theory Methodology

Marc Tocquet & Jennifer Denis

Abstract: This qualitative research presents the salient results of a doctoral project investigating the modalities of therapeutic accompaniment in Psycho-Organic Analysis (POA). The results presented here are based on data processing using Grounded Theory Methodology (Glaser & Strauss, 1967). They summarize the ten categories and fifty sub-categories concerning the elements most specific to therapeutic accompaniment in POA, according to the therapists on the one hand, and according to the patients on the other, who took part in this study.

Key Words: Qualitative research, Grounded Theory Methodology, Psycho-Organic Analysis

Introduction

Psycho-Organic Analysis (POA) was created by Paul Boyesen in the late 1970s and is an original psychotherapeutic method that synthesizes body-oriented psychotherapies and psychoanalysis. It is widely practiced in Europe, as well as in Brazil and Lebanon.

Despite its established place among psychotherapeutic methods for several decades, the scientific literature on Psycho-Organic Analysis remains notably sparse. Therefore, it seemed pertinent to explore, using a robust and scientifically documented research method, the identity of POA and how it is concretely implemented in clinical practice.

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Paradigmatic Framework

Our research question is as follows: "What are the modalities of therapeutic accompaniment in Psycho-Organic Analysis?"

This question is broad, and its object of study – a therapeutic practice in its entirety – is vast. Given this scope and the limited prior research on this psychotherapeutic method, we chose the paradigm of inductive qualitative research to conduct our study.

This type of research allows for an investigation without preconceived notions about the object of study, thus avoiding limitations. Unlike hypothetico-deductive approaches typical of quantitative research, qualitative research employs an inductive approach to the field, enabling the emergence of new, unanticipated data. The aim is to derive meaning from raw data collected from the field of investigation.

Another key reason for our choice is that exploratory qualitative research seeks to produce insights useful to the professional practices from which it draws its data (Van Der Maren, 2011). This is achieved by sharing research findings with practitioners, and we fully endorse the value of fostering collaboration between researchers and clinicians.

Research Methodology The Grounded Theory Methodology

Within this qualitative approach, we opted for the "Grounded Theory Methodology" (GTM) (Glaser & Strauss, 1967), which is well-documented and appeared to be the most appropriate for achieving the objectives of this research by generating insights from encounters with participants considered "privileged witnesses".

This methodology enhances the diversity, scope, and precision of data by initiating analysis and theorization concurrently with data collection, a process Glaser and Strauss term "methodological flexibility" (Glaser & Strauss, Ibid). This involves an "iterative analysis" that proceeds through a "flexible" and "spiraled" process (Glaser, 1998), characterized by constant back-and-forth between data collection and theorization. Data collection and analysis thus inform and guide each other (Morse & Richards, 2002) in a parallel development (Holloway & Wheeler, 2002). This process significantly enriches the quality and precision of the data to address the research question(s) as comprehensively as possible (see Figure 1).

This method of continuous comparison is a central technical procedure in GTM, aimed at producing an empirically grounded theory. As the researcher conducts interviews and collects data, they must differentiate and group the empirical data by comparing them, paying attention to similarities, elaborations, and differences to establish categories. This is achieved through a coding system at three levels: "open coding," "axial coding," and "selective coding." These stages progressively refine the formation of "categories" and "sub-categories" that highlight elements of theorization derived from the data collection. New data collected by the researcher may either fit into existing categories or generate new ones. Through this process, continuous comparisons consolidate the emerging theory and allow for the development of conceptual categories, which are further refined into central categories composed of sub-categories (Glaser & Strauss, 1967).

Implementation of two sub-studies

To thoroughly address the complexity of therapeutic accompaniment in POA, we chose to explore, in a first sub-study, the subjective perspectives of psycho-organic analysts. It

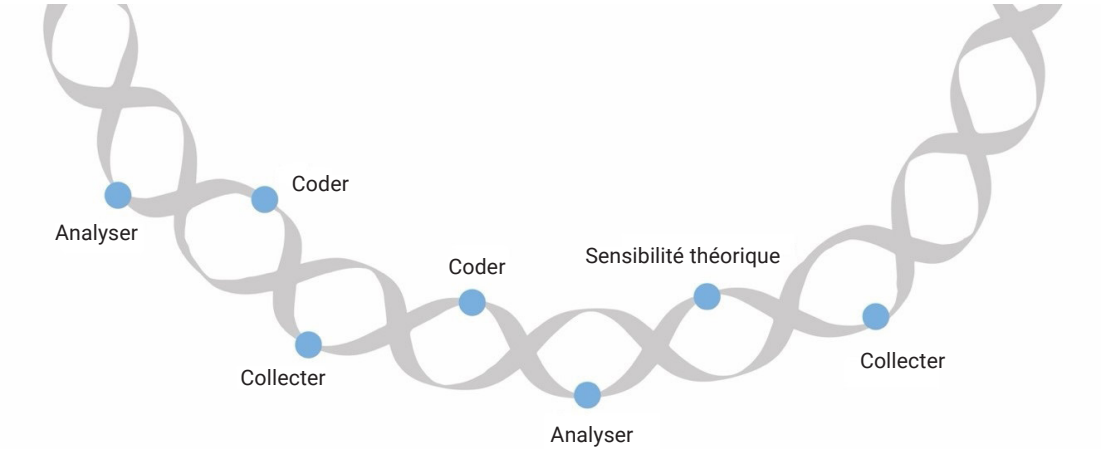

Figure 1. *GTM: a flexible, spiral and iterative process (Denis, 2016)*

also seemed necessary to extend our research, in a second sub-study, to patients who had undergone POA therapy. For ethical reasons, primarily to avoid disrupting their therapeutic processes, we interviewed individuals who had completed their therapy at least two years prior.

These two sub-questions aim to explore the full complexity of therapeutic accompaniment and its processual dimension. We hypothesized that triangulating the perspectives of therapists and patients could provide a detailed and in-depth description of therapeutic accompaniment in Poa.

The implementation of these two sub-studies involved contacting participants via email, providing a research presentation note, an informed consent form, and GDPR information. The entire process was validated by the Ethics Committee of the Faculty of Psychology and Educational Sciences at UMONS.[1]

First sub-study: collection and processing of data

We conducted our research based on interviews with 14 psycho-organic analysts, carried out in sets of two interviews, which were coded, analyzed, and integrated into the emerging theorization. Theoretical saturation (Glaser & Strauss, 1967) was achieved after 14 interviews, meaning no new data modified the emerging theory.

It is worth mentioning the concept of "theoretical sampling," which is central to the logic of GTM. Theoretical sampling *"is the process of data collection whereby the researcher simultaneously collects, codes, and analyzes data and decides what additional materials are needed and where to find them, to develop the theory as it emerges"* (Glaser & Strauss, 1967; 2012, p. 138).

This theoretical sampling complements "methodological flexibility," enabling precision, diversity, and richness in the iterative

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analysis between field data collection and analysis. This strategy allows the researcher to gather relevant data to develop and refine the categories that form the emerging theory (Charmaz, 2006; Glaser, 1978).

The goal is to determine the best ways to deepen and expand what progressively emerges from the research field. As Lejeune (2019, p. 114) writes, *"conceptualizations guide the field."*

Which individuals can enrich and diversify what has already emerged? Based on what criteria? Who can bring something new? Someone practicing in a different culture or country? Someone with little experience? Or someone with a long and rich career?

The aim is to foster the emergence, diversity, and development of the theory. As the research progresses, the researcher asks increasingly precise questions, which field interviews typically address, while raising new aspects or introducing new data. These new aspects are then further investigated.

The objective is to deepen existing findings, reinforce emerging categories, and explore differences to account for the complexity and diversity of the phenomenon under study, striving toward theoretical saturation.

Thus, we selected field actors based on the progress of the theorization, diversifying our cohort of 14 psycho-organic analysts by age, initial training, and practice location. The selection of psycho-organic analysts was made progressively during the interviews: our theoretical sampling was built as data collection and analysis unfolded.

Numerous studies highlight the ability of experienced therapists to rely on expertise and intuition gained through experience. These studies also demonstrate their capacity to perform therapeutic acts tailored to various situations and to account for these acts (Argyris & Schön, 1974; Hart, 1988; Eells, 2013; McClain, O'Sullivan & Clardy, 2004).

Therefore, we chose experienced therapists, ensuring diversity in:

- Age: 30 to 69 years.
- Years of practice: 8 to 40 years.
- Practice locations: Four therapists practice in rural areas, nine in the Paris region, and one non-French therapist works in a non-European country (see Table I).

Our sampling was established using the "snowball" method (De Vaus & de Vaus, 2013; Babbie, 2020), whereby each privileged witness was asked to recommend three other psycho-organic analysts for interviews, followed by the "quota" method (De Vaus & de Vaus, 2013; Babbie, 2020) to ensure the sample reflected targeted representativeness (diversity in age, gender, years of practice, and practice locations) among experienced therapists.

Results of the first sub-study

It quickly became apparent that the GTM approach generated a substantial amount of data. Interviewees consistently described their practices with great precision and detail. Consequently, we had to code and analyze this wealth of information, forming broad categories, which were progressively refined into sub-categories. This first sub-study resulted in the creation of five main categories and thirty-four sub-categories.[2]

2. For more information on these categories: Marc Tocquet. Doctoral thesis: "Explanation of the modalities of therapeutic support in Psycho-Organic Analysis." UMONS University.

Table I. *Characteristics of the cohort of psycho-organic analysts participating in the first sub-study*

Privileged witness	Gender	Number of years practicing Psycho-Organic Analysis
TP 1	Female	14
TP 2	Male	9
TP 3	Female	40
TP 4	Male	35
TP 5	Female	21
TP 6	Male	12
TP 7	Female	37
TP 8	Female	10
TP 9	Female	28
TP 10	Male	9
TP 11	Male	14
TP 12	Female	38
TP 13	Female	8
TP 14	Female	8

Table II. *Characteristics of the cohort of patients participating in the second sub-study*

Privileged witness	Gender	Age
TP 1	Female	58
TP 2	Female	56
TP 3	Female	42
TP 4	Male	41
TP 5	Female	48
TP 6	Female	54
TP 7	Female	43
TP 8	Female	65
TP 9	Male	24
TP 10	Female	65
TP 11	Female	51
TP 12	Male	62

In this article, we present the "descriptive scenario" [3] of the results (words in **bold-italics** are verbatim quotes from the therapists):

For the interviewed therapists, the primary aspect of therapeutic accompaniment in Psycho-Organic Analysis is the ***quality of the therapist's training*** coupled with a ***deep self-knowledge*** gained through ***extensive personal therapeutic work***. The psycho-organic analyst ***must also draw on his own experience as a patient***, grounding his ***confidence in the therapeutic process***, which enables him to engage in a ***therapeutic alliance*** with the patient.

The ***ethical framework*** of the practice is clearly established, and the psycho-organic analyst ***explains how he works*** within this framework. The POA practitioner is sensitive to the ***patient's needs*** and ***actively inquires about them***.

The therapy room is designed as a ***containing***, ***reassuring***, ***neutral***, ***and soft*** yet ***sufficiently structured*** space. The patient must feel ***safe from external influences*** and secure in the ***therapist's neutrality***, particularly in the ***therapist's ability to step back and give the patient space***.

The therapist ***embodies trust***. He conveys that ***everything is sayable***. The therapist must en-

3. The "descriptive scenario" is the essential step of GTM, preceding the work of theoretical abstraction.

gage in ***benevolent and attentive listening***, ***hearing both what is said and what is left unsaid***. He is attentive to ***various modes of expression***, such as **movements**, **rustlings**, **sighs**. The practitioner has ***no plan for the patient***.

The psycho-organic analyst is attentive to what occurs in the ***transference*** and ***counter-transference***. The theme of counter-transference and its ***clinical importance*** is frequently mentioned by the interviewed practitioners. The key aspect highlighted by psycho-organic analysts is the ***specificity of considering organic counter-transference*** [4], which pertains to organic expressions of counter-transference elements. These organic counter-transference manifestations are sometimes experienced as an ***inner compass*** that informs the therapist about the patient's process.

The therapist must also be capable of ***questioning their actions***, ***reflecting***, ***and challenging their practice***. ***Supervision*** is deemed ***essential***.

The word ***emergence*** frequently appears in the analysts' accounts. These emergences may take various forms (verbal, behavioral), but practitioners consistently emphasize the importance they place on the ***expression of organic experience*** and their patients' ***emotions***.

This sensitivity to and focus on what patients ***experience bodily*** appear to be the object of constant attention in POA practice.

The goal is to help the patients to ***welcome what is present within them***, enabling them to ***observe and listen to themselves***. It involves allowing the patients to ***let go***, to ***accept and follow what emerges in the moment*** during the session.

To ***facilitate*** this, the therapist maintains a ***high quality of presence***. He deploys a ***psycho-affective***, ***psycho-organic acuity*** to accompany the patient. The psycho-organic analyst is in a state of attention, where he ***does not guide***, ***direct***, ***or control the interaction***, ***nor does he interpret***.

He listens to the ***precision of what the patient says***, ***staying as close as possible to how it is expressed***, ***observing and listening to the body***. The aim is for the patient to discover their own **capacity**, **power**, **and pleasure** in ***encountering themselves***.

Psycho-organic analysts emphasize the ***absence of preconceptions or judgment*** toward their patients. They also encourage patients to ***observe and consider themselves without preconceptions or judgment***, ***allowing them to express themselves as freely as possible***.

However, the psycho-organic analyst does not merely attend to emergences; they may also ***guide the patient*** with precision, adopting an attitude of ***receptivity and attention*** to what manifests within the patient. The analyst may ***question*** the patient (e.g., ***"What does it feel like in your body when you say that?"***), ***point out*** and ***revisit*** expressive manifestations (a ***movement***, a ***glance***, a ***silence***), and ***invite*** or ***assist the patient to go further***.

When an element emerges, the therapist supports the patient in ***unfolding*** what appears, encouraging the ***bodily sensation to take up space within him***. At that moment, an ***associ-***

4. Regarding certain specific terms used by psycho-organic analysts, we provide definitions from the glossary in the book "Psycho-Organic Analysis: The Bodily Paths of Psychoanalysis" (Fraisse, Champ & Tocquet, 2015). "Organic countertransference: In psychoanalysis, countertransference refers to all the reactions that the psychotherapist experiences, consciously or not, in contact with their patient and the latter's transference. Like transference, countertransference has an organic component; the psycho-organic analyst is trained to be attentive to their organic countertransference, that is, to their sensations and experiences of a countertransference nature."

ation may occur, bringing a ***situation to light***, within which therapeutic work can take place.

Among the therapist's objects of attention, the ***micro-signals*** emitted by the patient – often unconsciously – are considered ***movements of life***, ***unconscious modes of expression***. The therapist may point out these micro-signals to the patient or, while staying present to himself, ***listen*** to what these micro-signals ***evoke within himself***, considering how to use these perceptions in accompanying the patient.

The therapist sometimes has ***intuitions*** about a patient. It is a ***clinical*** question to determine how to use these. The therapist may take them into account to ***guide the therapeutic work*** but is careful about how to use them, ensuring not to ***draw attention to himself*** but to keep the ***patient's field of discovery and exploration open***.

In session, the therapist is in a state of ***inner availability***, in an ***opening of his perceptive channels***, rather than an ***explanatory mindset***. Deeply connected with the patient, he seeks to ***be in resonance*** with him to ***support the therapeutic process***.

The psycho-organic analyst helps the patient ***observe their inner world***, ***accept what is happening within him***, and ***move toward himself***. This observation involves the patient looking at and working on their ***resistances***, their ***anxieties***, and their ***insecurities***.

The psycho-organic analyst, who ***supports*** and ***accompanies*** the patient in this ***open-ended exploration***, also communicates ***his confidence in the therapeutic process***. In POA, the therapist is not ***above*** the patient but ***alongside*** him.

The therapist accompanies the patient in a ***dive into an inner depth*** whose ***bottom is unknown***. The aim is to help the patient ***open to himself*** in the integration of the ***self***, the ***Organic Connection*** [5], and the ***Deep Organic***. [6]

In the therapeutic process, the patient discovers their way of ***relating*** and ***replays it*** within the ***therapeutic framework***. The psycho-organic analyst takes into account ***transference phenomena***, through which the relationship becomes a ***space for transformation***.

Working with what therapists call the ***Deep Organic*** is a foundational element of clinical work in POA. The proposal is often to welcome everything that ***emerges from the body***. There are many ways to proceed in POA. For example, it may involve establishing a link between an ***organ and verbal expression***: ***"What would this intestine or this shoulder say if it could speak?"***

Positive Regression [7] is a specific practice within the work with the Deep Organic. Positive Regression involves guiding the patient to ***access and feel pleasant sensations within himself***. The aim may be to help the patient recognize that there is ***goodness within him***. As is common in POA, the therapist seeks to ***connect sensation***, ***emotion***, ***and thought***. He may propose ***symbolizing*** what the patient has experienced or felt during Positive Regression ***through imagery or words***.

5. Organic Connection (component of the topic of Psycho-Organic Analysis: Deep Organic / Organic Connection / Concept): this level of functioning of the person is at the interface between the "Concept" and the "Deep Organic". It is the universe of emotion, feeling, dream, breathing, bodily movements, body position, images, voice, symptoms.
6. Deep Organic (component of the topic of Psycho-Organic Analysis Deep Organic/Organic Connection/Concept): Psycho-Organic Analysis considers that our deep forces, our needs, our desires, our unconscious are inscribed and live not only in the brain but also in the depths of the organs of the body, whose functioning they influence. It is this whole that it calls "the Deep Organic".
7. Positive Regression: this is preverbal work where body language, sensations, and the appearance of images will be favored (for an in-depth definition: Fraisse, Champ & Tocquet, 2015, p. 486).

During the interviews, psycho-organic analysts consistently express a strong interest, almost a preoccupation, with the ***importance of patients being in contact with their bodily sensations***. It is as if bodily sensation is the ***privileged vector of unconscious expression***. Thus, when necessary, the analyst's primary focus is to ***restore the patient's capacity to feel***, bringing him to ***awareness of what they are experiencing***. This is because ***feeling is the source of the most significant changes***.

Another widely discussed and used concept by psycho-organic analysts is the ***Organic Connection***, defined as ***what lies between the organic body and thought***. One therapist explained: *"It's everything we feel; the sensation is in the Organic Connection because it lies between the body and conscious perception. All these intermediate formations, like dreams, the voice, unconscious or pre-conscious gestures, and even emotions, for me, are part of the Organic Connection. There's a bodily component in emotion and a part we perceive consciously."*

The therapist, for example, may observe ***involuntary movements***, considered intermediate between organic experience and consciousness, sometimes ***very small movements*** of the patient, like something that **shows itself**, that ***expresses itself without seeming to***, ***without the conscious being aware of it***.

The patient's attention may be drawn to these movements when ***seemed appropriate*** by the therapist, who may propose ***amplifying the movement***, ***exploring its meaning***, the ***associations*** it evokes, or the ***expression*** it leads to.

Breathing, also part of the Organic Connection, always ***brings the person back to himself*** and the ***present situation***. It is used to facilitate contact with the body and, more specifically, the ***body's memory***, preventing the ***dominance of verbal expression***.

Working with the **voice**, linked to breathing and highly sensitive to emotional evocation, is also part of the therapeutic approaches in POA.

The psycho-organic analyst works extensively at the ***body-sensation-meaning articulation***. Access to the imagination ***through the body and the Organic Connection*** is considered an effective approach, opening new ways for patients to understand themselves.

Working with ***situations*** is considered the ***essential foundation of POA practice***. ***"The unconscious is situational"*** is a phrase often used by Paul Boyesen (1991), which was quoted several times in our interviews. This situational unconscious is defined as ***"our way of being or reacting in a situation, referring to what remains unconsciously inscribed in us from earlier situations to which the current situation is linked."***

As the unconscious is "situational", ***therapeutic transformation*** occurs at the heart of **relived situations**. Thus, the possibilities for working with situations are extensively explored and varied.

The ***Primary Impulse Training (PIT)*** [8] is likely the most commonly used approach among them.

8. Elementary PIT (Primary Impulse Training): it is essentially based on the situation/expression/feeling triad. It consists of work on memory, intended to change the way the person carries their past within them to make it less pathogenic. This work is done on the basis of a situation brought by the patient. The therapist accompanies the latter in a rotation of their consciousness, leading the person to open up to listening to their physical and emotional experience. This will thus link, for this situation, the different terms of this triad in a principle of unification of the experience and symbolization of the lived experience. This results in a transformation of the quality of the patient's experience in this situation: one cannot remake their past, but one can change their experience of the past, to create another future. PIT can also be used for the exploration of contemporary situations for the patient.

The ***Primary Impulse***, another core concept in POA, is defined as the ***life energy within us***. It is a fundamental concept that serves as a ***guiding thread*** in the patient's therapeutic process.

It leads to work with ***need*** [9], the ***Consequential*** [10], and the ***unrealized***.

Among the ***many ways of working*** within situations, working with ***images*** is a key method for activating the ***therapeutic process***, particularly through ***night dreams***, ***waking dreams***, and ***symbols***.

Transgenerational work is another clinical approach, enabling conscious ***access to unconsciously inherited legacies***.

The ***fluidity of transitions*** between these various approaches and their ***complementarity*** were highlighted. The psycho-organic analyst has a range of ***therapeutic tools*** that allow them to ***adapt to each patient***.

Finally, psycho-organic analysts emphasize that POA is an ***integrative method***. It includes ***meta-concepts*** that enable the integration of different approaches while ***maintaining a coherent system of thought***.

Second Sub-Study

This second sub-study, conducted within the same paradigmatic framework and using GTM, seeks to answer the following research question: "What are the modalities of therapeutic accompaniment in Psycho-Organic Analysis from the perspective of the interviewed patients?"

Collection and Processing of Data

We conducted this research based on 12 interviews with patients who had undergone individual and, for some, group psychotherapy in Psycho-Organic Analysis. These interviews followed the same procedure as the first sub-study.

Among the selection criteria for these patients, we sought to diversify our cohort, which consisted of nine women and three men. This diversification also applied to their ages (24 to 65 years) and social and professional backgrounds:

- Two teachers
- One person working in the medico-social field
- Five individuals working in business
- One librarian
- One person working in politics
- Two self-employed professionals

Another selection criterion was that participants had completed their therapy at least two years prior to avoid interfering with their

9. Need: At the origin of their existence, in the foetal state and in the early stages of life, every human being experiences a state of total dependence on others, an absolute need for food, physical contact, and love. Throughout their lives, everyone frequently reconnects with this need: to be fed, sheltered, protected, to receive affection, to surrender. It is this need that is at the origin of all human projects. In the therapeutic process, this point is brought into play when the patient, in a regressive movement, encounters situations of lack, vulnerability, and dependence. Psycho-Organic Analysis considers that it is the recognition, acceptance, and management of this state that allows us to move beyond it and progress.
10. Consequential: the energy contained in the primary impulse is embodied in the form of a multitude of images, a true potential for concrete realization. the constraints of reality, only a portion of this energy will be embodied, implemented in an expression. We call "Consequential" the non-embodied part of this energy which remains available for future realizations because the Primary Impulse remains inscribed in it. Thus, the unrealized past experiences with their consequential energy remain awaiting realization. This is a profound therapeutic lever.

therapeutic process. In practice, the participants in this study had completed their therapy at least three years prior.

Our sampling method was a quota sampling approach, selecting individuals based on predefined characteristics (De Vaus & de Vaus, 2013; Babbie, 2020).

Results of the Second Sub-Study

We present the results of this second substudy, also in the form of a "descriptive scenario" (here also words in **bold-italics** are verbatim quotes from the patients).

For patients who participated in this study, the ***framework of the sessions*** is a crucial element: the ***quality of the setting*** and the ***regularity of follow-up*** are emphasized.

The ***therapist's accompaniment*** is also essential: the ***therapist's competence***, the ***safety*** of the framework, and the ***quality of the therapeutic relationship*** are highlighted.

Regarding the therapeutic work, several aspects are addressed: the ***way of entering the therapeutic work***, the ***diversity of approaches and tools*** in POA, and the work with ***experiential*** [11] ***elements***. Other elements are noted: ***working with expression***; ***working with the body and emotions***; ***working with images***, ***night dreams***, ***waking dreams***, ***and symbols***. The ***unique journey of the therapy*** is the final element mentioned here. The interviewed patients also mention that sessions facilitate a ***reconnection to oneself***.

The quality and diversity of ways to engage in therapeutic work in POA are highlighted by the patients. The ***opening of the body-mind channel*** and access to an ***inner descent*** are done with ***sensitivity***, ***gently***, and with ***attention to physical sensations***, for example, through ***relaxation***.

The ***diversity of approaches***, ***tools***, ***and experiential elements*** is also emphasized as a characteristic of POA, as it allows working at the levels of ***words and thought***, ***body and bodily sensations***, and ***emotions***. This enables addressing a subject from ***multiple angles*** and viewing things ***in a new way***. This diversity of approaches opens up an ***exploratory dimension*** and is considered by patients as essential to ***effecting change***.

The ***diversity of experiential elements*** is also valued, as it allows ***reliving situations*** and, within these situations, ***repositioning oneself***, ***doing things differently***, and ***experimenting in a protected setting*** to later ***apply these experiences in real life***.

Working with ***expression*** is also noted, as it allows things to ***become concrete*** and gain ***reality and truth***.

Patients emphasize the ***difference*** between a therapy ***solely based on verbal expression*** and ***one that also involves the body***. The discovery of a ***bodily channel of information*** and therapeutic work that engages this channel is de-

11. Experiential: refers to a Psycho-Organic Analysis exercise that can be offered to a patient to allow them to work on a part of themselves in order to support their process and progress in the exploration and analysis of their unconscious. Psycho-Organic Analysis is rich in a multitude of experiential exercises that allow them to put to work the different notions it develops: particularly one of the triads situation/feeling/expression or Deep Organic/Organic Connection/Concept.

    Psycho-Organic Analysis training is essentially experiential: it draws on a large number of these experiential exercises that are offered to students in order to put them in a situation and allow them to understand Psycho-Organic Analysis not only intellectually but also in their bodies and with their emotions. This leads students to gradually open their field of consciousness to the implicit aspects – non-verbal and non-conscious – which emerge in the therapeutic situation.

scribed as a ***true revelation***, with its ***transformative effectiveness*** highlighted.

Patients describe how POA led them to value the ***images*** that emerge within them and to understand how ***feeling and emotion are linked to the production of images***.

This sensitivity to imagery manifests in the interest in ***waking dreams*** and the appearance of ***symbols*** at various points in their therapeutic work, which are **meaningful** and ***enable understanding***.

The ***therapeutic journey*** is ***not linear***, and the patient feels ***guided*** by the psycho-organic analyst throughout this process.

The patient experiences the ***unity of body and mind as a whole***. **The body has a *meaningful life***, which is described as ***wonderful***.

Finally, therapeutic work in POA enables patients to acknowledge their **needs** and those of others and to ***reconnect with their true desires***.

The ***pleasure of working in sessions*** is another element mentioned.

Discussion of Results

First, we note the breadth of the landscape of therapeutic accompaniment modalities in POA and the diversity of this landscape. The complexity of this practice is evident in the accounts of both therapists and patients. This great diversity and complexity of therapeutic modalities are reflected in the number of categories (ten) and sub-categories (fifty) identified in this study.

We observed a homogeneity in the language used by therapists, suggesting a strong appropriation of concepts and their alignment with concrete therapeutic practice.

We also noted that neither therapists nor patients adopt a theoretical perspective. They never refer to theory as such or present theoretical data. Their accounts are always tied to clinical practice, ways of working, or experiences related to clinical situations.

The consideration of bodily sensation and the presence with emotion are structural elements of this therapeutic practice. Numerous concepts ("Organic Connection," "situation," "Consequential," etc.) precisely shape this practice and seem to foster creativity in the ways of proceeding.

The practice of psycho-organic analysts is based on shared ways of conceptualizing and working, yet it is not uniform, standardized, or normalized. On the contrary, personal ways of using tools and approaching therapeutic situations often emerge, reflecting a dimension of creativity that seems deeply tied to this practice and, perhaps, to its theoretical framework.

Limitations of the Study

By focusing on exploring an entire therapeutic method and using semi-structured interviews as the data collection method, we opted for a broad perspective, consistent with the limited literature on POA.

While this wide lens provides an extensive view of the modalities of therapeutic accompaniment in POA, it does not allow for highlighting the specific details of psycho-organic analysts' work in the precision of their practices. This constitutes the limitation of our study. To elucidate the specifics of therapeutic work in POA, a more focused research scope and a more precise and specific data collection method than semi-structured or semi-directive interviews are necessary.

Research Perspectives

We envision continuing this work by implementing a different data collection method. The triangulation of perspectives from practi-

tioners and patients has proven to be a fruitful approach.

Another form of triangulation could involve diversifying data collection procedures. In this regard, the use of "Explicitation Interview" appears promising. This methodological tool for data collection, developed by P. Vermersch (1994), is well-suited for revealing the implicit and pre-reflective aspects of therapeutic actions, which are often missed by conventional interview techniques.

Explicitation interview enables individuals to recall the explicit and implicit sequences of procedural and mental actions they experienced and used at a given moment.

We believe that a key to understanding therapeutic processes lies in unveiling cognitive operations (Denis, 2016), that is, how a practitioner thinks through and adjusts their clinical interventions to each patient.

Conclusion

We oriented our exploration of the modalities of therapeutic accompaniment in Psycho-Organic Analysis toward qualitative, phenomenological, and inductive research methods, with the Grounded Theory Methodology being the most suitable for our study.

To conduct this work, we deemed it appropriate not to limit ourselves to the accounts of POA practitioners alone but also to explore patients' experiences of these therapeutic modalities. We hypothesized that the crossed perspectives of therapists and patients would foster a detailed and in-depth description of the ways of working in this method.

The results of this study revealed the vast landscape of therapeutic accompaniment modalities in POA and its diversity. The findings are extensive (ten categories and fifty sub-categories) and have highlighted the precise and specific guidelines of this clinical practice, the precision of its concepts, and their therapeutic operativity. Through the articulation of concepts and their concrete use in clinical accompaniment, this study has also demonstrated the coherence of this method.

A future research objective could involve delving more deeply into specific ways of working. From this perspective, our work seems to have found its place, as such fine-grained research would only be possible after situating oneself within the subtle and coherent whole of this therapeutic method.

Drawing on Hartmut Rosa's analysis of what hinders our ability to live a "good life", he argues (Rosa, 2019) that we must reinvest in our capacity for resonance with the world, opening ourselves to the echoes that the world, particularly nature, evokes in us. This involves a relationship of resonance where "it is no longer primarily about controlling others but about hearing and responding to them" (Rosa, 2019, p. 98).

We can only associate this vision of a "good life" with therapeutic modalities like Psycho-Organic Analysis, which, through learning resonance with oneself, particularly by listening to what emerges from the body within the psycho-organic unity we form, offers a royal path to broadening our relationship with the world and the respect we owe it, which is greatly needed today.

Authors

MARC TOCQUET, PhD, is a clinical psychologist, Doctor of Psychology, and psychotherapist. Scientific collaborator in the psychology department of UMONS University. Creator and director of the Research Division at the French School of Psycho-Organic Analysis.

Website: marctocquet.com
Email: marctocquet@yahoo.fr

JENNIFER DENIS, PhD, is Professor in the Psychology Department of UMONS University, Clinical Psychologist and Psychotherapist.

Email: jennifer.denis@umons.ac.be

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Assessment of the effectiveness of Systemic Constellations by Russian clients

Podnebesnaya Ekaterina Borisovna

Abstract: The article examines Systemic Constellations – a method of short-term group psychotherapy. Today, this type of psychological support is one of the most in-demand yet under-researched approaches both globally and in Russia. Studying clients' assessment of the effectiveness of Systemic Constellations will provide additional information for the development of research in this field.

The study was conducted at the "Open Reality" Psychological Centre (Moscow, Russia). A total of 125 clients who underwent this therapy between February 2022 and June 2024 were surveyed. The data obtained were subsequently subjected to statistical analysis. The results showed that in 72.8% of cases, Systemic Constellations led to noticeable positive changes in the clients' problem states according to their own assessments. In the future, an evaluation of the method's effectiveness is planned with the involvement of a control group of respondents. To deepen the understanding of the material used in the study, the article also provides a description of a specific constellation, followed by a detailed client assessment of its effectiveness.

Key Words: Systemic Constellations, psychotherapy, effective methods, results assessment, client opinions

Introduction

In recent decades, the method of Systemic Constellations has gained numerous followers worldwide. Its widespread popularity can be attributed to its effectiveness, short-term nature, and versatility in providing support for solving various problems. Compared to other methods or strategies, constellations offer rapid results, especially in family contexts, where they are most frequently applied (De Paula & Azevedo, 2024).

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Earlier concerns arose regarding the applicability of the 'Systemic Constellations' method across different cultures due to differences in understanding family structures between German and Anglo-Saxon psychotherapists (Hunger & Bornhäuser, 2013). However, today, constellations are widely used in many countries, including Mexico (Duncan, 2017), Brazil (De Paula & Azevedo, 2024), and even China (Pritzker & Duncan, 2019).

The international community of professionals employing Systemic Constellations continues to grow. Nevertheless, the challenges faced by our colleagues remain largely unchanged. A survey of 273 specialists from different countries revealed that further development of this method could benefit from a stronger scientific foundation (Scholtens, Boer, Kiltz & Fleer, 2023). To date, Systemic Constellations have received limited attention from the scientific community, and empirical evidence supporting the method's effectiveness is scarce (Scholtens, Boer, Kiltz & Fleer, 2023).

Most publications on Systemic Constellations pertain to counselling or psychotherapy (Hunger & Bornhäuser, 2013). However, there are studies providing empirical data on the method's effectiveness. One such study examined the reduction of psychopathological symptoms, with a sample of 102 clients showing decreased levels of depression and anxiety, as well as improved overall well-being (Thege, Somogyi & Szabó, 2022). Another study demonstrated the effectiveness of constellations in improving individuals' experiences within their personal social systems. A control group of respondents who had not participated in constellations was used for comparison. The results indicated that constellation participants experienced significant improvements in their sense of belonging, autonomy, agreement, and confidence within their social systems and interpersonal relationships compared to the control group (Hunger & Bornhäuser, 2013). Additionally, empirical studies have been published on the method's effectiveness in resolving disputes and overcoming challenges (De Paula & Azevedo, 2024).

In Russia, Systemic Constellations are also widely practised (Romanenko, 2008; Dmitrieeva, 2011; Khachaturyan, Khudokonenko, 2011; Khavanova, 2012; Dmitrieeva, 2013; Semenova, 2014; Shumikhina, 2014; Teterevkova, Aleshina, 2014; Shigoreva, 2015; Chernikov, Mel'nik, Orlenko, 2016; Pakulina, Lazarev, Filatov, 2016; Shakhvorostova, 2016; Zobkov, Pisnenko & Shakhvorostova, 2016; Minazov, 2017; Eidemiller & Aleksandrova, 2019; Bashmakova, 2020; Brunner, 2020; Zavrazhin, 2020; Dovlatov, Asadullina, 2021; Gracheva, 2021; Narinskaia, 2021; Nikolaeva, 2021; Kleshcheva, 2022; Moroz & Shubinskaya, 2024; Sennitskaya, 2024). But Systemic Constellations still remain under-researched.

The absence of psychometric tools to evaluate and compare the effectiveness of constellations for clients seeking psychological support for a wide range of problems hinders research efforts. Traditional research methodologies, commonly used in psychopharmacology and natural sciences, are often unsuitable for psychotherapeutic studies (Kholmogorova, 2010). The uniqueness of each therapeutic situation, influenced by numerous factors, cannot be easily operationalised or measured quantitatively. Achieving experimental reproducibility is virtually impossible in such settings (Sosland, 2006). Similarly, "double-blind" studies are impractical in psychotherapy since, unlike a physician who may not know whether a patient is receiving a placebo or a drug, a psychotherapist cannot remain unaware of the models and procedures that underpin the method they are applying (Kryuchkov, 2021).

In search of a universal measurement tool, we conducted our study, which was based on the premise that subjective improvement is the

cornerstone of any psychotherapist's work assessment. "If a client feels subjectively better, references to the absence of objective changes are meaningless" (Tkhostov, 2006, p. 107). Clients were asked to evaluate how effective the constellation was in resolving their individual problems. Examining client evaluations of the effectiveness of constellations will provide additional information about this method of psychological support, which is significant because the lack of basic information hinders the scientific assessment and monitoring of the quality of Systemic Constellations (Scholtens, Boer, Kiltz & Fleer, 2023). Case descriptions also offer valuable insights (Ramos & Ramos, 2019; Ramos & Ramos, 2022). For this reason, the final section of the article presents a case study of a constellation, followed by a detailed client assessment of its effectiveness six months after the session.

Method

Participants and Procedure

All clients who received psychological support through the method of Systemic Constellations at the "Open Reality" Centre in Moscow, Russia, between February 2022 and June 2024, were invited to participate in the study voluntarily. They submitted their request for psychological support with a detailed description of their current problem remotely via email. Similarly, their assessment of the effectiveness of the completed constellation was also collected remotely. The psychological support sessions were conducted in person, in a group setting, and on a paid basis.

Data collection took place from August 2022 to December 2024, six months after the constellation sessions. The sample consisted of 125 individuals aged 19 to 64 who were invited to participate via email. The majority of the sample were women: 119 women and 6 men. Consent forms and a survey were developed, and a link to the survey was included in the invitation. Clients were informed about the aims of the study and ethical considerations, including the anonymous and confidential nature of the data, as well as their right to refuse participation at any time.

To ensure data confidentiality, participants' email addresses were not collected or recorded in the completed forms. The study was conducted in accordance with the ethical standards outlined in the 1964 Declaration of Helsinki and its subsequent amendments. Ethical approval was obtained from the Ethics Committee of the Association of Professional Psychologists and Psychotherapists (approval registration numbers: 38/01/25).

Measures

A brief questionnaire, consisting of an effectiveness rating scale and client comments, was used to assess the completed constellations. Client evaluations serve as a universal indicator necessary for analysing the effectiveness of any psychological support method. Moreover, in our view, such evaluations should precede large-scale research, as psychological methods that receive negative feedback from clients cannot be recommended for practice.

Higher scores indicate a better evaluation of the constellation's effectiveness, while lower scores suggest a poorer assessment. In this study, a standard four-week timeframe for feedback was used. Cross-cultural validation of the questionnaire was unnecessary, as all respondents were Russian citizens for whom Russian was their native language. Conducting a similar study on a sample of speakers of another language was not planned.

Statistical Analyses

For statistical description, I calculated the main descriptive statistics by defining the variable "rating," measured on a quantita-

tive scale. The normality of distribution was assessed using a combined method: visual inspection of the distribution histogram and the Kolmogorov–Smirnov test with Lilliefors correction. Statistical analyses were performed using the software package STATISTICA 12.

Results

Initially, clients articulated their requests, specifying the problem for which they sought help. The effectiveness of the completed constellation was assessed by the clients on a 10-point scale, where 0 points indicated no changes in the identified problem, and 10 points represented the complete resolution of the problem. Clients were also given the option to use a rating of "–1" if the problem worsened after the constellation. Some clients were unable to provide a single rating and instead specified a numerical range, such as "8-9". Considering it incorrect to arbitrarily round these numbers, it was decided to use fractional ratings, for example, "8.5". Additionally, one client insisted on a rating of "9.9" to "avoid jinxing it". Consequently, the following fractional scores appeared in the study: "5.5," "6.5," "8.5," "9.5," and "9.9."

Out of 125 clients, 30 (24%) gave a score of 10 points; 1 client (0.8%) gave a score of 9.9 points; 1 client (0.8%) gave a score of 9.5 points; 10 clients (8%) gave a score of 9 points; 2 clients (1.6%) gave a score of 8.5 points; 10 clients (8%) gave a score of 8 points; 7 clients (5.6%) gave a score of 7 points; 3 clients (2.4%) gave a score of 6.5 points; 6 clients (4.8%) gave a score of 6 points; 1 client (0.8%) gave a score of 5.5 points; 11 clients (8.8%) gave a score of 5 points; 4 clients (3.2%) gave a score of 4 points; 2 clients (1.6%) gave a score of 3.5 points; 3 clients (2.4%) gave a score of 3 points; 4 clients (3.2%) gave a score of 2 points; 1 client (0.8%) gave a score of 1 point; 24 clients (19.5%) gave a score of 0 points; and 5 clients (4%) gave a score of "–1" point. The obtained data are visually represented in Diagram 1.

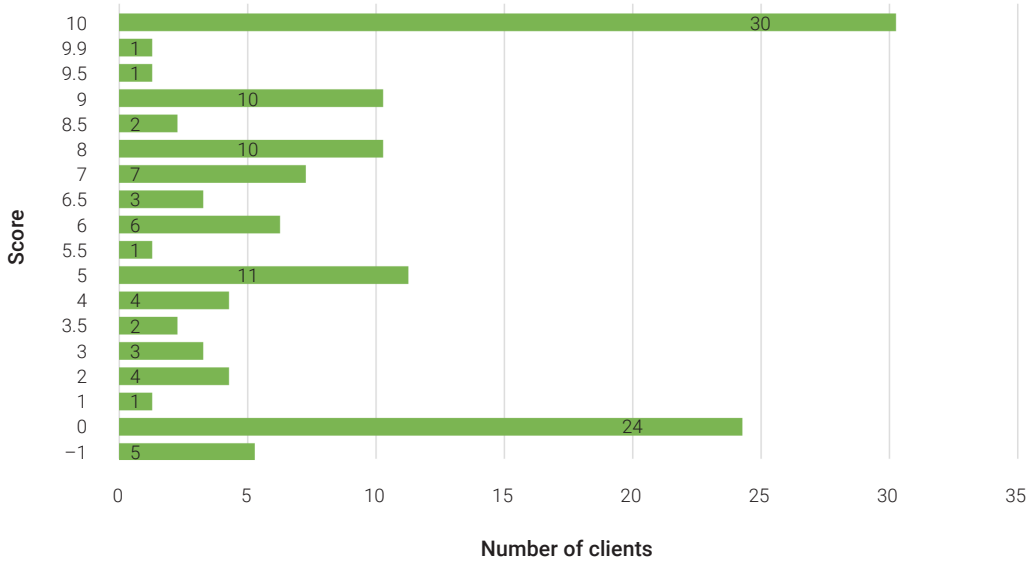


Diagram 1. *Effectiveness Ratings of Constellations (125 clients)*

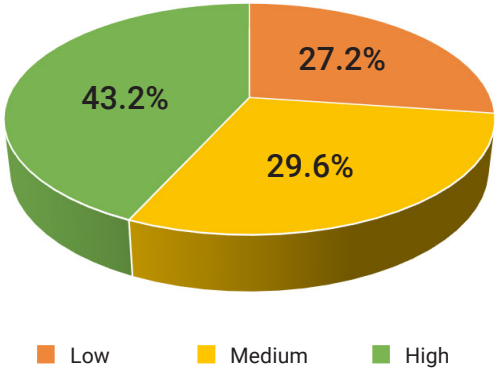


Diagram 2. *Distribution of Client Ratings by Groups*

The median effectiveness rating of the constellation method in the studied cohort was 6.5 points. This result is noteworthy considering the presence of negative ratings. The median indicates that half of the respondents rated the effectiveness at 6.5 points or higher, highlighting a generally positive evaluation of the method by the respondents.

In parallel with the survey, interviews were conducted. Their analysis made it possible to classify the obtained evaluations as high, medium, and low. Those who gave ratings between 8 and 10 points used expressions such as "very good result," "dramatic changes," and "the problem is almost solved". Ratings ranging from "–1" to 2 points were accompanied by comments like "minor changes," "nothing has changed," and "it got worse." Ratings between 3 and 7 points were often accompanied by statements indicating observed positive changes, though clients noted that these changes were insufficient to fully resolve their problems. Based on these findings, three groups were identified: low, medium, and high ratings. Diagram 2 illustrates the distribution of ratings across these groups.

I. Low ratings (from –1 to 2 points) – 27.2% (34 clients)
II. Medium ratings (from 3 to 7 points) – 29.6% (37 clients)
III. High ratings (from 8 to 10 points) – 43.2% (54 clients)

For statistical description, I calculated the main descriptive statistics, defining the variable "rating," measured on a quantitative scale. The mean value in the group was approximately 5.66, while the median was 6.5. The most frequently observed rating (the mode) was 10, with a frequency of 30 observations, accounting for 37.5% of the total number of observations.

The normality of the distribution was assessed using a combined method: visual inspection of the distribution histogram and the Kolmogorov–Smirnov test with Lilliefors correction. The corresponding histogram is presented in Diagram 3.

The empirical Kolmogorov–Smirnov test statistic is $d = 0.15745$ at $p < 0.01$, indicating that the distribution does not meet the criteria for normality. [1] Visually, the distribution of the "rating" variable can be identified as bimodal.

Discussion

The six-month interval for conducting the survey was not chosen at random. Previously, spontaneous feedback from clients typically arrived approximately six months after the constellation session. It was at this point that many clients realized the extent to which their problem had changed, often noting that the process of change had started much earlier. However, these changes either went unnoticed or were not significant enough to prompt the clients to share their progress with their psy-

1. Statistical analysis was conducted using the STATISTICA 12 software package.

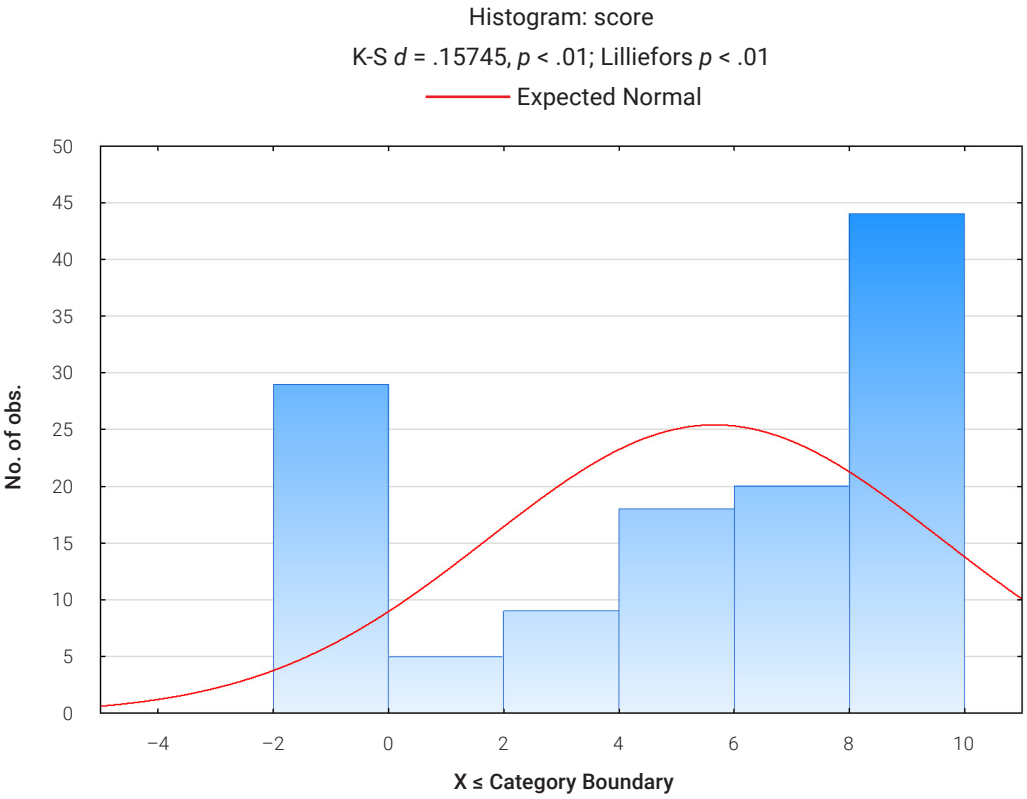


Diagram 3. *Histogram of Distribution with Calculated Normality Test*

chotherapist. Additionally, the selected timeframe helped to minimize the emotional bias that might occur if a client were to evaluate the session immediately after experiencing it.

Naturally, many events can happen to a person over six months, potentially influencing the resolution of their problem. While fully aware of this, I nevertheless trust the clients' judgments – mature, competent individuals are capable of discerning the extent to which various events influenced the problem's state versus the effects of the constellation itself. At the very least, no such doubts were expressed by clients when providing feedback.

Below is a description of one specific constellation, followed by a detailed evaluation of its effectiveness provided by a client. The session was conducted in the standard group format, involving approximately 25 unrelated participants (Hunger & Bornhäuser, 2013).

Case Description

On 24 February 2022, the war between Russia and Ukraine began. This event led to an increase in the number of clients seeking help through Systemic Constellations due to severe emotional distress. One such case is presented below. Shortly before the constellation session, I received the following letter from the client:

> *"As soon as the whole situation began – the war in Ukraine, sanctions, panic buying, and*

the sudden price hikes – I immediately fell into a hellish state of 'we must survive under harsh conditions.' I understand rationally that we'll get through this, that life will go on, and that the price panic is artificial, with people profiting from it. But... I don't know how to describe this feeling. It's not fear. It's not horror. It's a very sharp, survival-driven sensation. My kidneys feel so tense they might break off soon. I breathe – gasping for air – inhale, inhale, and never exhale. I can't find a name for this feeling.

Everything is becoming more expensive, and my salary is nowhere near enough. I don't know what will happen next. Both my husband and I might be out of work by the end of the year. And we both have loans to pay...

At work, there's an ongoing office relocation – complete chaos. We're also in the middle of renovating our apartment. We have to finish it, but now all this happened, and everything's ruined. Deliveries are cancelled, paid orders are delayed, prices keep going up, and everything is a mess – sizes don't match, things arrive broken. It's a struggle to even find basic things like a kitchen faucet or furniture handles. The shelves in stores like Leroy Merlin are empty. People run around with frantic eyes. You join them, racing because prices rise by the hour. Two weeks of hellish sleep deprivation – everything urgent and in panic mode.

I've stocked up on food supplies. There they are, sitting in front of me. I can't touch them – only look. I bought shoes and clothes in a rush for everyone... pants, sweaters, umbrellas... all on credit. I have no idea how we'll pay for it all, but at least I know we won't go without shoes or clothes for the next three years. We'll figure out how to eat somehow."

The constellation session took place at the "Open Reality" Centre in Moscow in March 2022. The client selected two representatives from the group: one to represent herself and the other to represent her feeling of "acute survival". She positioned them opposite each other in the space of the hall. The **Client** representative turned her back to the **Feeling** representative and said, "It's hard for me to look at it". The **Feeling** representative slowly moved toward her and said, "I won't leave her alone. For some reason, I feel like I need to keep telling her one thing – we've lost everything." (Fig. 1)

The client, sitting next to me, explains that her grandfather's family was subjected to dekulakisation and lost all their property. [2]

As a test figure, I introduce a representative for the mentioned grandfather. The **Feeling** representative turns towards him. The **Grandfather** representative stands beside him

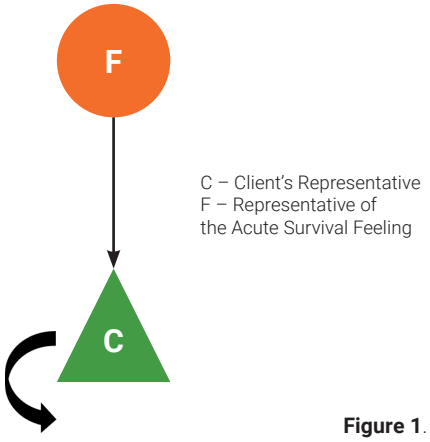
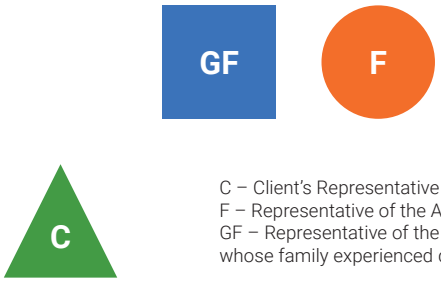


Figure 1.

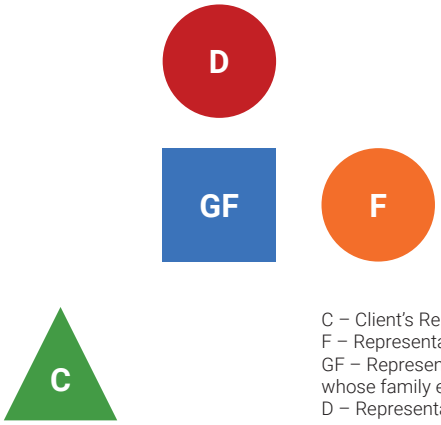
2. Dekulakisation refers to the Soviet policy under Stalin of eliminating the social class of prosperous peasants, carried out in Russia between 1929 and 1932 during the collectivization of agriculture. Those labelled as "kulaks" were subjected to repression, ranging from execution to exile in harsh living conditions, with all their property confiscated.

Figure 2.



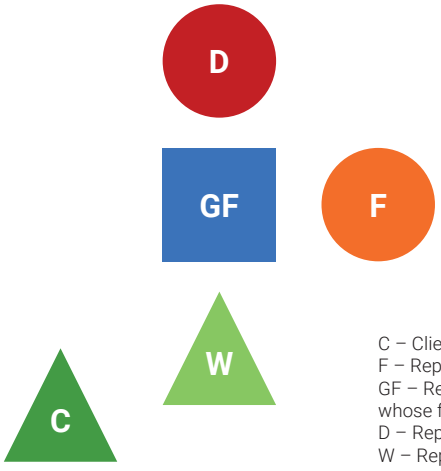
C – Client's Representative
F – Representative of the Acute Survival Feeling
GF – Representative of the Client's Grandfather, whose family experienced dekulakization

Figure 3.

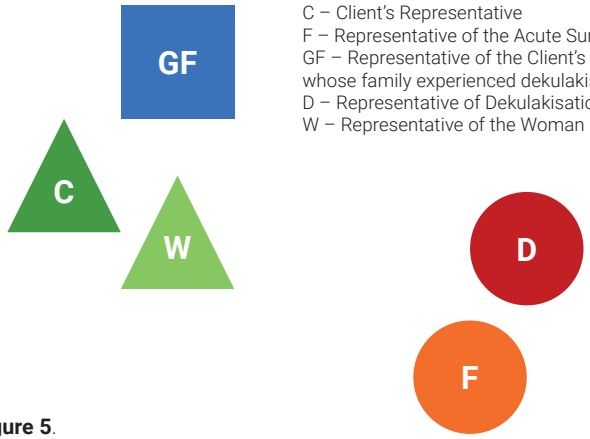


C – Client's Representative
F – Representative of the Acute Survival Feeling
GF – Representative of the Client's Grandfather, whose family experienced dekulakisation
D – Representative of Dekulakisation

Figure 4.



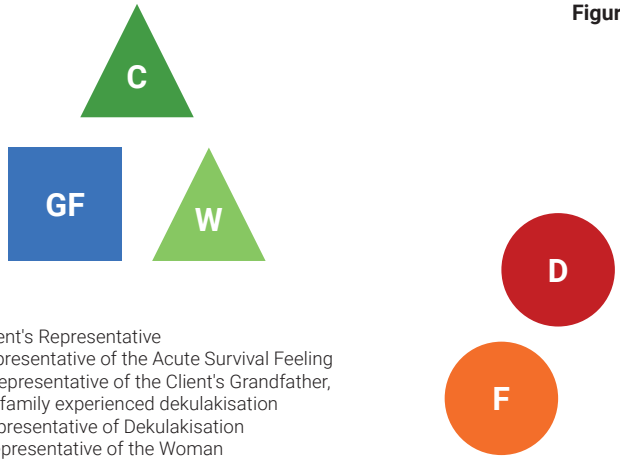
C – Client's Representative
F – Representative of the Acute Survival Feeling
GF – Representative of the Client's Grandfather, whose family experienced dekulakisation
D – Representative of Dekulakisation
W – Representative of the Woman



C – Client's Representative
F – Representative of the Acute Survival Feeling
GF – Representative of the Client's Grandfather, whose family experienced dekulakisation
D – Representative of Dekulakisation
W – Representative of the Woman

Figure 5.

Figure 6.



C – Client's Representative
F – Representative of the Acute Survival Feeling
GF – Representative of the Client's Grandfather, whose family experienced dekulakisation
D – Representative of Dekulakisation
W – Representative of the Woman

and says, "Yes, this is my feeling". The **Client** representative moves to a far corner of the hall and observes the scene from there. (Fig. 2)

As a clarification, I introduce a test figure representing **Dekulakisation**. This figure stands behind the **Grandfather** representative. The **Feeling** representative nods and says, "Yes, that's correct". (Fig. 3).

The **Grandfather** representative lowers his head and looks at the floor. In constellation work, such a gesture often indicates a deceased family member. I introduce a representative for the deceased family member and ask them to lie on the floor where the **Grandfather** representative is looking. The **Grandfather** representative sits on the floor next to this figure and says, "She died, and I am guilty". The figure lying on the floor responds, "Yes, I feel like a woman. But he is not guilty of my death. I was simply killed, and he was not."

The **Grandfather** representative repeats, "I am guilty. She was killed, and I was not. I am guilty of this." The figure lying on the floor, now referred to as **Woman**, sits up, looks at the **Grandfather** representative, smiles at him, and says, "Of course not, you are not responsible for my death". The **Woman** representative embraces the **Grandfather** representative. (Fig. 4).

The **Client** representative approaches the **Grandfather** representative. The **Grandfather** representative looks at the **Client** representative and says, "I want to introduce you to her". The **Woman** representative looks at the **Client** representative and smiles at her. The **Grandfather** and **Woman** representatives stand up from the floor and embrace the **Client** representative. The **Feeling** and **Dekulakisation** representatives move to a distant corner of the hall. (Fig. 5)

I arrange the hierarchical levels as customary in constellations: the **Client** representative stands in front, with the **Grandfather** and **Woman** representatives positioned behind her. The **Client** representative says, "I feel light and calm." The constellation is concluded. (Fig. 6)

Six months after the constellation, in October 2022, I contacted the client to obtain her assessment of the effectiveness of the session. I would like to note that on 21 September 2022, the Russian President Vladimir Putin announced a "partial mobilisation" in a televised address, which involved the conscription of part of the male population for military service. Given this context, I did not anticipate any improvement in the client's condition and did not expect a positive evaluation. Below is the full text of the client's response letter without any modifications:

> *"I read what I wrote and am surprised. Was that really me??? Well, yes. It seems it was. Somehow, it all faded so quickly! The situation in the world is getting worse, and there's no light at the end of the tunnel. But I feel completely calm.*
>
> *The mobilization wave came – people around me were in hysteria, ambulances were called for acquaintances because they had worked themselves into a frenzy, and a classmate called me in the middle of the night in panic.*
>
> *Inside, I'm more or less at peace. Whatever will be, will be. What can I do right now? We'll deal with problems as they come. We have food supplies just in case. A list of essentials for my husband has been prepared and packed (it's unlikely he will be drafted given his health condition, but you never know).*
>
> *We try to stay informed of the news but don't let ourselves sink into fear or panic. I rate the results of the constellation session at 10 points."*

In conclusion, the present study has contributed to the existing body of knowledge by examining clients' assessments of the effectiveness of the systemic constellation method. The results demonstrated a positive evaluation of constellations by the majority of clients in the Russian sample. According to their feedback, in 72.8% of cases the constellation led to noticeable positive changes in their problem situations.

The results of the present study are preliminary, and data collection is still ongoing. Upon reaching a sample size of 300 respondents, the data will be submitted to the All-Russian Professional Psychotherapeutic League (OPPL) for independent expert evaluation by a researcher not involved in the study itself. In addition, an extended content analysis of the interviews conducted in parallel with the survey will be carried out in order to examine other factors that may have changed and, con-

sequently, could have influenced the data on treatment outcomes.

Future plans include comparing the results of this study with similar findings from researchers in other countries. The case description provides material for a qualitative analysis of subjective experiences, which can also support the advancement of scientific research on the systemic constellation method.

Author

EKATERINA BORISOVNA PODNEBESNAYA, candidate of psychological sciences, Psychologist, is currently working towards her doctorate in psychology at Lomonosov Moscow State University, where she specialises in developmental psychology.

Email: podnebesnayaekaterina@gmail.com

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The Impact of Trauma on Drug Addiction: A Comprehensive Analysis

Marine Begashvili & Nino Okribelashvili

Abstract: Throughout our lives, we encounter various stressors that can affect us in different areas: consciousness, bodily responses, and behavior towards other individuals. Stress serves as both a motivational force and as an impediment to daily functioning. When stress becomes overwhelming, it can significantly disrupt our lives. In the works of Selye (1956), trauma is viewed as a distinctive form of a general stress response. According to this concept, stress molds the body's reactions towards challenging circumstances and mobilizes internal resources for adapting to a changed (stressful) environment.

Trauma is marked by distressing effects on the entire bodily system and has frequently been identified as a primary factor in the development of addiction and the use of psychoactive and narcotic substances. Our research aimed to conduct a comprehensive analysis of the intricate relationship between drug addiction and trauma, while also investigating the impact of traumatic experiences on addiction as a disease.

This study incorporates an extensive review of the existing literature, alongside analyses of empirical observations and clinical studies. We seek to discern more precisely the influence of trauma on drug addiction. The impact of trauma on drug addiction is a multifaceted phenomenon encompassing neurobiological, psychological, and social dimensions. An in-depth understanding of these interconnected factors is essential for any development of effective interventions that address the unique needs of individuals with histories of trauma and substance abuse.

Comprehensive treatment approaches should incorporate trauma-informed care, evidence-based therapies, and robust social support systems, aiming to foster recovery and enhance overall well-being.

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Key Words: trauma, drug addiction, stress, trauma-informed care, evidence-based therapies, social support systems

Analysis of impacts of inter-dependence of drug-addiction and psycho-trauma and psycho-traumatic experience on drug addiction as a disease

It is an obvious fact that in our fast-developing world where change is the only constant, we permanently suffer from stress throughout the whole life. On the one hand, this motivates us to get our work done efficiently while, on the other hand, sometimes prevents us from living a normal life. Stress affects our consciousness, body, behavior and shapes them.

In the works of Selye (1956) trauma is regarded as the special form of the general stressful reaction. According to this conception, stress forms the reaction of the body to stressful factors and mobilizes resources for adapting the body to the changed environment. Freud (1955; 1922; 2004) as well viewed traumatic experiences as a source of inner personality conflict.

In recent years with its socially irreversible outcomes (lethal outcome, various forms of psyche disorders, etc.) drug addiction has become especially significant (according to UNDP World Drug Report Drug use continues to be high worldwide. In 2021, 1 in every 17 people aged 15–64 in the world had used a drug in the past 12 months) in both our country and the whole world. The topic is becoming sensitive since the problem mainly applies to the young generation and creates a big threat for their healthy psychophysical formation. (According to UNDP In 2021, 5.3 per cent of 15–16-year-olds worldwide (13.5 million individuals) had used cannabis in the past year, based on the National Survey on Drug Use and Health (NSDUH), 19.7 million American adults (aged 12 and older) battled a substance use disorder in 2017). "It is essential to constantly be aware of drug addiction by youth and differentiate what factors lead them from being just a user to psychologically and physically dependent" (Reaper-Reynolds *et al.*, 2000).

There are several models of use of drugs and psycho-active means by youth (Morgan, 2001; Reaper-Reynolds *et al.*, 2000):

1. **Curiosity or experimental use**, which is formed under the influence of culture, micro-culture or experimental use, or even through their circle of friends. This usage is rather short and the availability of psycho-active means and the "fashion" of using them have a significant impact on this.

   However, let me state here that "risk factors are not always of negative nature, especially, when it comes to experimental drug-use" (Morgan, 2001; Reaper-Reynolds *et al.*, 2000). This was demonstrated by the research of Shedler & Block (1990), who have collected data regarding the quality of environmental adaptation from 5 years and above and determined that, in the American culture at the time of carrying out this piece of research, adolescents were better adapted to the environment in the experimental cannabis-use phase; they had relatively low level of anxiety than those ones who had never used drugs; while those using cannabis frequently were not belonging to the group

of experimental users got used to the environment in a more difficult manner. They had a high degree of anxiety (Morgan, 2001).

2 **Social consumerism** – is being formulated alongside experimental consumerism. Recreational or social consumerism is formulated by:

- **a.** Regular use of psycho-active means
- **b.** Group activity (searching for, purchasing and consuming psychoactive means)
- **c.** Use of means during a long time.

3 **Emotional or instrumental consumption**.

- **a.** Generational or even hedonic use – the main motive is joy, the motivating desire – feeling oneself better, the aim – causing pleasant feelings or even new ones.
- **b.** Suppression or compensatory use – the motivating factor is: dealing with stress and unpleasant feelings, the motivating desire is suppressing depression and negative emotions, the aim – feeling oneself better, and at the same time unity with the peer group.

4 **Customary abuse**

Which, in this phase, increases the role of psycho-active means in the life of adolescence, following suppression of various interests of vital importance. Customary addition is characterized by the fact that frequency of using psychoactive means is reflected in the way of life of the adolescent. He has specific relations, circle of friends and joint activities that are related to psycho-active means. His/her sleep deteriorates, and attention concentration becomes limited. Sometimes symptoms of abstinence are demonstrated, but a longing for psychoactive means has been formulated and new reasons are sought for a new drug doze. Besides these, behavior changes and school problems often arise. Under the impact of these factors, the person is suppressed and the need for the drug appears as the origin of their mood.

5 **Addictive use**

Here, control is lost on their dosage of use of psycho-active means and intake, and serious damage can be made on the mental health of the adolescent. (Reaper-Reynolds *et al.*, 2000).

Drug addiction does not naturally flow into psycho-physical dependence on the drugs. There are certain factors which support this process, and these require respective study and analysing them. These also called the so-called 'risk factors' of developing drug addiction (Frisher *et al.*, 2007).

Despite the fact that various pieces of research refer to different definitions of these risk factors, as well as protective factors, numerous authors give priority to the definitions by Werner (1989) and Clayton (1992), which encompasses the fact that "the risk factor is the individual attribute, characteristic, situational condition or even environment which increases drug consumption or misuse or even formation of the syndrome from use to addiction" (Clayton, 1992) while "The protective factor if the individual quality, the situational condition or even the environment which suppresses, reduces, limits consumption of drugs or even reduces addiction to them" (Clayton, 1992).

As for resilience towards drugs, this is the process "under the influence of which

people demonstrate positive behavior despite carrying risk factors" (Werner, 1989).

A significant piece of research was also carried out by Turner and Lloyd (2003), which aims to consolidate the data as of today about these risk factors which promote the development of drug addiction. These data have been organized in the following way:

a. (27%) **Personal psycho-physical factors**, including: demographics (i.e., those qualities change of which are less predictable); genetic predisposition, sex, age, ethnos, life factors, self-assessment, hedonism (looking for feelings), psyche disorder and depression, etc.
b. (24%) **Personal behavioral** (i.e. the factors which may change along with life changes): guilt, anti-social behavior, violating educational activities, early age smoking, drugs, alienation, revolting against the circle of acquaintances, low religious awareness, drug-related activities.
c. (33%) **Personal interpersonal relations** (all sorts of relational systems, with the family, acquaintances, friends, etc.); terminating family contacts, parent control, family anxiety, conflict, peers, drug-related problems, and scarcity of social support.
d. (16%) **Structural**: social status, school management, neighborhood irregularities, acting within a specific scope, having medicines and psycho-active means.

The fact that psycho-active means contribute strongly to the development of drug addiction was also identified in research analysis of Turner & Lloyd. They concluded that, "There is quite a significant connection between the psycho-trauma caused by the carer (caretaker), responsible person, partner or spouse, in case of psychological violence and developed drug addiction." (Turner & Lloyd, 2003).

The psycho-trauma which is characterized by special unpleasant impacts on the organism as one whole system, has been regarded multiple times as one of the key factors of using psycho-active and narco-genic means and forming addiction (Lynskey *et al.*, 2003).

Our research serves to give a more in-depth and enhanced analysis of impacts of drug addiction and the interconnection with psycho-trauma and traumatic experiences on drug addiction as a disease. The research is based on a comprehensive review of literature around the topic, as well as the analyses, empirical observations, clinical pieces of research, which have been conducted in this direction, and the theoretical frameworks that define the impact of psychological trauma on drug addiction.

But what is psycho trauma?

In order to give this a definition, we would like to provide some historical background. This topic has been studied in Freud (1922; 1955 & with Breur, 2004) and in pieces of work that are connected to the traumatic condition of the anxious split of "me" developed on the basis of primary traumatic experience. At the next stage, in pieces of work by Selye (1956), psycho trauma has been regarded as a special form of the general stress reaction.

In their article "Stress Prevention and Supporting Psychological Prosperity", Soubhari and Kumar write:

> "From time to time we experience constant stress. Sometimes this creates motivation to end the completed work well while at other times stress becomes damaging and this prevents us from carrying on a normal way of life. Stress makes impact on consciousness, body and behavior. It is revealed in every special case differently. It is necessary for us to learn, identify when stress penetrates beyond our control or when it makes a wrong impact" (Soubhari & Kumar, 2014).

According to the national recommendations on clinical practice for diagnosing and treating reactions to severe stress and adaptation disorders, the definition of diseases, terminology, synonyms, and classification are provided in Chapter 1. It states, "According to ICD-10, reactions to severe stress and adaptation disorders encompass three main diagnostic subcategories:

1. Severe stressful reaction
2. Post-traumatic stressful disorder (PTSD)
3. Adaptation disorders."

These disorders are noted to arise on the basis of severe and acute stress or revealed as a result of prolonged, strong psycho-traumatic situation ("Diagnostics and Treatment of the Reaction and Adaptation of the Person to Severe Stress," 2008).

It is also important to give here the classifications of psycho-traumatic factors developed by Van der Kolk *et al.* (1996). Van de Kolke is a famous Boston-based psychiatrist and researcher in innovative activities in his field of treatment, and he gives this classification in his book: *"The Body keeps the Score: Brain, mind and body in the healing of trauma"* (2015, p. 464):

1. **Developmental trauma**: this category involves traumatic experience in critical/crisis periods of development, similar to violence in the family at the infant stage, disregarding or chronic, even low amplitude stress impact. This early experience may create a long impact on psychological and emotional wellbeing of the person.
2. **Severe trauma**: this applies to separate, often life-threatening events such as, accidents, natural calamities, or acts of violence. Acute trauma may lead to post-traumatic stress disorder symptoms (PTSD).
3. **Complex trauma**: Complex trauma is caused by repeating traumatic phenomena or their prolonged influence often within the scope of interpersonal relations. This may involve family violence, continual violence, or imprisonment. The complex trauma may lead to complex PTSD (C-PTSD).
4. **Attachment trauma**: this applies to early attachment relationships disorder which may lead to complications in establishing healthy, safe attachment in later life. Attachment trauma may make an impact on the ability of the person to trust and get connected with others.
5. **Cultural and historical trauma**: This category accepts that whole societal or cultural groups may experience trauma often owing to historical events, such as war, genocide, or forceful migration. This type of trauma may get transferred down the ages and make impact on the collective psychological health of the group.
6. **Institutional and systemic trauma**: trauma may also be the result of systemic injustice and impact of suppressing institutes. Discrimination, racism, sexism and other forms of systemic suppression which lead to significant psychological harm.

7. **Vicarious Trauma** or displaced trauma: this type of trauma happens when individuals, especially, caretakers, healthcare system personnel and others are subject to the trauma of 'others'. It may cause symptoms similar to PTSD and sometimes is regarded as "secondary trauma" or "sympathy fatigue".

As mentioned above, psycho-trauma and then post-traumatic condition may be discussed as a significant 'risk factor' for drug addiction, amongst other things!

Their co-morbid (joint) existence makes us think that it may also be **the** factor forming drug addiction. Numerous purpose pieces of research have been dedicated to co-morbid co-existence. McCauley *et al.* (2012) proposed that "Co-existence of the syndrome of post-traumatic stress and substance addiction: assessment, treatment" was the most important for us.

According to the conclusions of McCauley *et al.* (2012), post-traumatic stress and substance addiction syndrome frequently co-exist. There is a new understanding with respect to both conditions: getting the essence of post-traumatic condition, as well as drug addiction, and carrying out new pieces of research in this respect. The article also discusses specific nature of co-existence of the post-traumatic condition and drug addiction, and interesting recommendations are made about rehabilitation strategies.

The strategy is based on 163 various pieces of work. The main body part is built according to the sources at the national library of medicine of the USA. Print material as well as internet resources are used. In order to explain the mechanism of co-existence of these two diseases, several hypotheses were discussed:

1. **The high-risk hypothesis** – where there is a probability of the formation of the syndrome of addiction increases in case where drug addiction has become a learnt rule of life of an individual, while developing the post-traumatic syndrome (Chilcoat & Breslau, 1998).

2. **Sensitivity hypothesis** – when the individual refuses to lead a sober life-style in case of there being a low stress-resilience state and that starts drug addiction (Jacobson *et al.*, 2001).

3. **Theory of self-medication** (self-treatment) – in case of the post-traumatic condition use of narcotic agent decreases the symptoms of the disease, which increases the risk of forming the addiction syndrome (Khantzian, 1985). According to the theory of self-medication, the formation of someone being dependent on the substance is supported by the decrease of post-traumatic symptoms in the process of using the substance. This is why in majority of cases post traumatic condition is developed not along with the syndrome of addiction, but it rather precedes in time. However, the cause-and-effect relationship between them is still necessary to be examined in every single case.

In 2010, the research was conducted by Ouimette and colleagues on 35 outpatient cases. This was a 26-week research, a certain type of monitoring of the clinical picture of both diseases in order to check the dynamic relationship between post-traumatic and addiction syndromes. According to the conclusion of the research, in the case of co-existence of both diseases, symptoms of revelation of each of them are acute, which was regarded as one more proof of the hypothesis of self-medication.

The article's authors (Ouimette *et al.*, 2010) indicate the fact that other factors may also play a leading role in co-morbidity of the syndrome

of addictions and post-traumatic states and these factors are grouped as follows:

1. The mechanisms of general neuro-physiological development of illnesses
2. Early exposition of traumatic phenomena
3. Genetic pre-disposition

However, it is noted that all of these still require a respective study.

The article contains an interesting opinion about the system of treatment co-existence of these two illnesses: namely, in order to treat co-morbid post-traumatic state and drug-addiction, it is necessary to carry out joint pharmacological and psycho-social intervention. However, according to traditional treatment approaches, only the drug addiction is treated.

Based on the following four arguments, those authors regarded this approach incorrectly, which I as well humbly agree with. These arguments are:

1. The existence of psychological trauma is empirically proved among drug addicts (Wasserman, 1997).
2. More than half of drug addicts experience post-traumatic stress syndrome (Cottler, 1992).
3. Symptoms of drug addiction vary competitively with post-traumatic symptoms (Vilmet, 2010).
4. The symptom of joint existence of both diseases is felt in the patients (Brady *et al.*, 2004).

There are types of research according to which post-traumatic stress symptoms increase in the process of treating substance addiction syndrome. Supporters of this model base their position on the so-called Pandora's box theory (Souza *et al.*, 2008) according to which in the process of treating drug addiction symptoms of post-traumatic stress become more critical and acute.

The "Sequential" model (Herman, 1997) of treatment suggests that a trauma-focused approach during the first 3-6 months is quite effective. Followers of this approach state that using the substance in the treatment process prevents therapeutic effect and at the same time may lead to a relapse.

In order to treat co-morbid post-traumatic condition and drug addiction, it is necessary to carry out joint pharmacological and psycho-social intervention. However, according to classical treatment approach in Georgia, only drug addiction is being treated.

We investigated the medical cards of 328 patients, who had revealed drug addiction of various forms, out of which 225 revealed psycho-traumatic factors at various stages of life.

Therefore, the impact of psycho-trauma on drug addiction is a complicated and multi-dimensional phenomenon, which encompasses various neurobiological, psychological and social dimensions. Realizing these inter-related factors is crucial for developing effective interventions that meet the unique needs of persons with the history of psycho-trauma and drug addiction.

Comprehensive approaches of treatment should unite in informed care on trauma, informed care, evidence-based therapy and social support systems in order to support restoration and strengthen overall prosperity.

Authors

MARINE BEGASHVILI, MD, ECP, ECIP, is a Clinical Psychologist and Integrative Psychotherapist in the country of Georgia. She has a PhD from Tbilisi State University and is a Member of the Georgian Federation for Psychotherapy and represents Georgia at EAP meetings. She is Head of the International Academy of Mental Health and Integrative Psychotherapy.

Email: begashvili.maia@gmail.com

NINO OKRIBELASHVILI, MD, PhD, is a co-author. She is Marine's doctoral thesis supervisor: a Professor of Psychiatry at IV. Javakhishvili, Tbilisi State University, Georgia.

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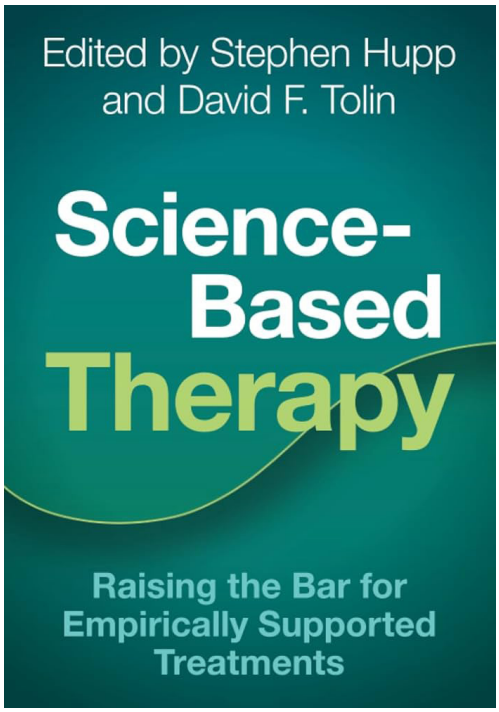
BOOK REVIEW 1



Science-Based Therapy:

Raising the Bar for Empirically Supported Treatments

Stephen Hupp &
David F. Tolin (Eds.)

Cambridge University Press: 2025
H/b; Pp/b; Kindle. 434 pp.

ISBN: 9781009087940
RRP: UK £39.99; US$ 49.99; € 49.94

This is the first book to analyse empirically supported treatments by using the newest criteria from the American Psychological Association's Society of Clinical Psychology, Division 12. Since clinicians, scholars and students need to stay updated on current research for various treatments and disorders. This book goes a long way towards providing updated treatment information by pointing readers to other useful treatment manuals and websites in order to continue to stay up-to-date. Of course, there is a different transatlantic emphasis, more towards clinical psychology than psychotherapy, and much more towards treatment than towards helping to find a resolution or to even effect a cure.

The chapters, all written by prominent experts, highlight the best available evidence for specific disorders by breaking treatments down into credible components. With an emphasis on treatments for adults, some chapters also share information about treatments for youths. Other variables that influence treatment are discussed, including assessment, comorbidity, demographics, and medication. Each chapter also corresponds with a chapter in the companion book, edited by Stephen Hupp & Cara Santa Maria, *Pseudoscience in Therapy: A Skeptical Field Guide*, (Cambridge University Press, 2023), thus presenting a fuller picture of the evidence base for common treatments. This book considers evidence

through the relatively new 'Tolin criteria' [1] of empirically supported treatments and breaks treatments down into credible components.

The world of mental health treatments is vast – ranging from cognitive behavioural therapy (CBT) and Acceptance and Commitment Therapy (ACT) to psychodynamic approaches, to exposure therapy, family therapy, and several other modalities. Similarly, the range of mental health issues – indicated by the chapters of this book – is almost as large.

There are chapters on depressive disorders; bipolar spectrum disorders; anxiety disorders; obsessive-compulsive disorders; post-traumatic stress disorders; dissociative disorders; pain; eating disorders; insomnia disorders; sexual dysfunctions; substance use disorders; cognitive loss; antisocial behaviors; borderline personality and other personality disorders; psychosis and schizophrenia; autism spectrum and intellectual disabilities; attention-deficit/hyperactivity disorders; 'tic' disorders; couples discord; and – finally – a chapter on psychotherapy relationships, written by John Norcross & Christie Karpiac.

Some treatments have stacks of empirical studies backing them up. But – somewhat thankfully – in the last decade, scientists have – at last – been finding (or publicly acknowledging) that a variety of seemingly well-supported psychological findings might actually be the product of somewhat questionable research practices and other methodological shortcomings.

Concerns raised by the "replication crisis," which undercut some high-profile ideas in social psychology and other areas of the field, are touching clinical psychology as well. A team of psychologists recently analysed the research connected to therapies that have been designated "empirically supported treatments" (ESTs) by Division 12 of the American Psychological Association. The clinical psychology division has labelled more than 80 treatment types based on how well-supported each one is by research, giving ratings such as "strong," "modest," or "controversial."

The reviewers applied a range of measures to assess the robustness of studies flagged as supporting these treatments. These included intuitive tests of quality, such as how frequently studies of a particular treatment misreported statistics, as well as less obvious ones. One metric used, called the Replicability-Index, accounts for how statistically well-powered a study was to find the reported effects. Statistically unlikely results could signal "p-hacking" or selective reporting that masks a less-flattering body of evidence.

"We selected a diverse array of metrics that tapped into different ideas of what it would mean to have good scientific evidence," says John Kitchener Sakaluk of the University of Victoria, who co-authored the review, published in the *Journal of Abnormal Psychology*. [2]

"EST research was typically underpowered with a co-occuring inflation in the reporting of statistically significant effects," the au-

1. The **Tolin Criteria**, introduced in 2015, are a set of standards developed by the Society of Clinical Psychology (SCP) of the American Psychological Association (APA) to evaluate the evidence for psychological treatments and determine if they are empirically supported. They offer a more rigorous framework by examining quantitative systematic reviews and evaluating the quality of evidence and effect sizes. This process helps classify treatments and provide stronger, more clinically meaningful recommendations for their use.
2. Sakaluk, J. K., Williams, A. J., Kilshaw, R. E., & Rhyner, K. T. (2019). Evaluating the evidential value of empirically supported psychological treatments (ESTs): A meta-scientific review. *Journal of Abnormal Psychology*, 128(6), 500-509. doi.org/10.1037/abn0000421

thors write. In other words, as is the case with many past psychology studies, the treatment studies tended to lack statistical power (which is influenced by the number of participants in a study, amongst other factors), and thus the proportion of positive results was often implausible. According to the authors, fewer than half of the evidence bases for 'treatments' were "consistently credible" on all metrics. For some treatments, the research showed weaknesses across the board. For others, the results were more mixed, with both positive and negative signs. "In those cases, it's more difficult to adjudicate their current status," Sakaluk says.

It's not necessarily the case that treatments for which the evidence was ambiguous are ineffective. For instance, the evidence for Dialectical Behaviour Therapy (DBT) in the treatment of borderline personality disorder, which the APA's Division 12 has called "strong", received low grades from Sakaluk and colleagues on nearly every metric. "But our review is not saying that DBT for borderline personality disorder does not work," Sakaluk stresses. "What we're saying is that if this is what it means to be a strong EST – and that's how DBT for borderline is labelled – those articles do not appear, in terms of these metrics, in the way that I think most people would hope." The scope of the review was limited to references listed by Division 12, but further research on DBT may be more rigorous and may even show that it is effective and efficacious.[3]

Some treatments fared better under scrutiny. The studies supporting cognitive behavioural therapy for generalized anxiety disorder and obsessive-compulsive disorder, for example, were judged strong on most of the metrics applied.

The broad range of research quality emphasizes the need for patients to talk to their therapists about the effectiveness of the therapy they are receiving. My personal feeling is that it is somewhat ridiculous that research into the efficacy of psychotherapeutic methods doesn't usually take the patients' views into account.

"It's been recommended for many years now that, in therapy, a clinician and a patient assess how well the process is going," says co-author Alexander J. Williams, a clinical psychologist at the University of Kansas who supervises students in the use of empirically supported treatments. "Probably, what's going on here is a need to double down on that. We're not saying that anything goes."

He advises that "the patient should be checking in with the therapist – 'How can we assess how the therapy is going?' – the therapist should be encouraging the patient to communicate with them about how they're doing, and that should be an ongoing, frequent part of therapy."

This sort of review "only solves some of the problems" with how treatments are studied, contends Clinical Psychologist, Christopher Hopwood at the University of California, Davis, who was not personally involved. "Many of the issues are more fundamentally related to [study] design and measurement." He's sceptical of what he describes as "the general premise of randomized controlled trials (RCT) pitting ostensibly different treatments"

3. "Efficacious" describes something capable of producing a desired result, while "effective" means it actually produces that result in a specific situation or context. In technical fields like medicine, this difference is crucial: efficacy refers to an intervention's performance under ideal, controlled conditions (like a clinical trial), whereas effectiveness measures its performance under "real-world" conditions. Thus, an intervention can be efficacious (adequate) without being effective (reliable), especially if the conditions under which it's tested are not representative of real-world situations.

against what he considers questionable diagnostic categories.

Testing treatment effectiveness can give an oversimplified picture of how therapy works, according to PT blogger, Gregg Henriques, a psychologist at James Madison University. While randomized controlled trials, which are – or have been – considered the gold standard in the field, are intended to make an airtight case for a given treatment, they may not account for certain variables that are important to therapeutic outcome, such as a patient's individual personality and commitment to treatment, he says. Also, the differently treated control groups that serve as a comparison for patients receiving the main treatment sometimes set too low a bar for assessing the treatment's effectiveness.

Nevertheless, some clear-cut principles of effective treatment do exist, he says. Exposure and response prevention is one approach that cuts across different treatment types and is used for phobias and other conditions. In brief, if a person with a pathological aversion to something is carefully exposed to it, "and if nothing bad happens, the system habituates and develops new learning structures that function to inhibit the strong negative emotional reaction." A generic approach to therapy that utilizes such principles, according to Henriques, could provide a stronger comparison group against which to test treatments in need of empirical support.

This feels like the first crack in the 'dam': for years, RCTs have been considered as the 'gold standard' – which they may be for medical treatments – but psychological and psychotherapeutic 'treatments' are open to so many variables that the rigid protocols that a RCT requires make them totally unsuitable for research in assessing the efficacy of psychotherapeutic methods. At last, we are beginning to see some honesty in the research of psychotherapeutic treatments for mental health conditions. Some quantitative studies are suitable; but qualitative studies have largely been ignored or have been degraded, whereas – for the patient, these studies given them more of a voice.

Compiled by Courtenay Young

BOOK REVIEW 2

Different Bodies: *Deconstructing Normality*

Nick Totton

2023
PCCS Books.
P/back: pp. 278.

ISBN: 978-1-9152-2031-8
RRP: £21.99

Nick Totton is an esteemed colleague in the field of UK Body Psychotherapy, so this book, which I came across last year, was a very interesting 'revelation' and is – in itself – almost revolutionary: reading it changes your mind and turns you around. His main theme is based on the premiss that many / most of us just want to be 'normal', and yet we are all different – uniquely so. Somehow, the concept of being different is inherently threatening – we might stand out, not be accepted, or even rejected.

> "A revolution is underway in how we think about human variation. It has the potential to transform the social and political landscape, sweeping away walls and fences that stop so many people from fully participating. Psychotherapy should be in the vanguard of this revolution, but it isn't."

The concept of 'normality' is culturally quite a hot topic nowadays, especially in these times when people from all different sorts of 'minority' groups are fighting for their equal rights and to be treated equally. Nowadays, there seems to be a profusion of these 'minorities' clamouring for proper recognition and for their rights. Totton's argument is that this is an erroneous misconception: we are all different. So, any of those of us occupying a privileged position of so-called 'normality' actually fosters that difference by defining others as 'distinct' from normal. The reversal of 'normality' exposes this form of discrimination,

which extends possibly / probably to oppression. To identify a majority group (particularly cisgender, heterosexual, neurotypical, as well as other racial, religious, social or ethnic majorities) as "normal" is an introjected social construct that creates blind spots and prejudices by implicitly defining 'other' groupings as different, or not-normal, or worse.

Totton brings his long experience as a therapist, trainer, writer, poet and ecopsychologist to analyse this cultural concept of normalcy – and to reject it! He has always been somewhat radical, working professionally in a field of psychotherapy which has long been ignored or decried: yet we all – indisputably – have bodies and many of us ignore or reject important information and feelings that these contain.

This book addresses the various differences of bodily form, history, gender and lifestyle differences, differences of skin colour and those of neurodiversity. It also looks at the differences between the human and other (non-human) animal beings who inhabit this planet, and how – in our culture – we often elevate some and denigrate others. It offers a much more compassionate and encompassing perspective.

Totton's call is for recognition that we share this planet with many different peoples and animal and aspects of the natural world, and that creating standards of 'normality' leads to exclusion as well as inclusion, with all the psychological and other harms that brings.

There is an excellent section (Part 4) on "Implications for Therapy" (pp: 229-235) that addresses a very difficult set of questions about us (as human beings) and our relationships with our (human) nature and our relationships with other natures. All of these are brought into the therapy room by our clients, and even if these are unconscious so that they don't bring them up for discussion and analysis, they are carried in their bodies and in our bodies, as well. They are always present. Underlying all these factors are issues of power. Totton uses quotations from Foucault and examples of Winnecott's 'transitional space', as well as the concept of free association of the body, to relate all this to the therapy room.

I found the Conclusion (pp. 236-240) somewhat disappointing and short, as did Rupert Eyles, the reviewer in the UKCP's "New Psychotherapist" magazine (Summer 2025). He would have appreciated more analysis of the impact of late-stage capitalism and social class on the body, and he also wanted a more direct call to action for psychotherapists.

Carmen Joanne Ablack, President of European Association for Body Psychotherapy and Director of Psychotherapy Gestalt London, writes:

> 'Different Bodies' is an invitation and clarion call to go beyond questioning and reflecting into a far deeper and more vulnerable place of confronting our own pictures and ways of processing. Nick brings everything he has to this invitation – his passion, strength, determination to understand more, his humility and his humanity. He also brings a compassionate understanding of how he, you, they and I can struggle to embrace our much-needed relational development. I experience his book as inviting me into the unknown, over and over. It is a glorious and difficult challenge, framed in the honouring of many writers, thinkers and activists and moving what is seen as the marginal to the centre. I am deeply grateful for Nick's critique and his support for us all to do better.

Another reviewer writes:

> In this radical and beautifully emancipatory work, Nick Totton dismantles the concept of 'normal people', shows how

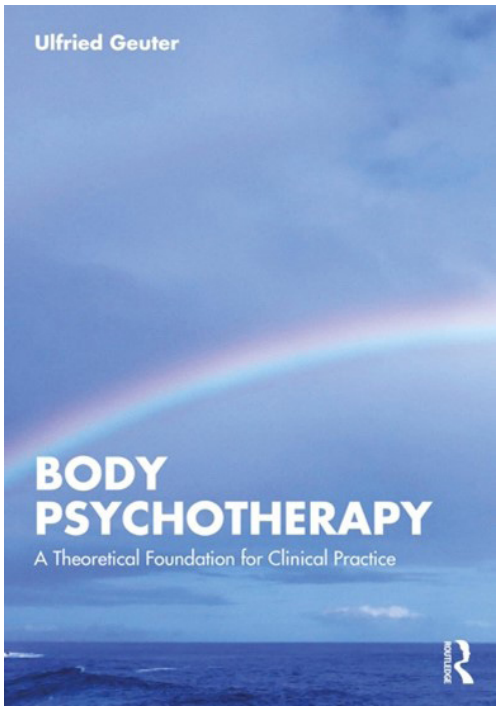
the cultural construction of 'normality' lurks at the root of multiple forms of social power inequality and alienation, and makes a compelling case for abandoning the whole notion that anyone is 'normal' so that we can more fully embrace human variation and equality. Although Totton is a noted psychotherapist and concludes each section of the book with insights on integrating these ideas into therapy, Different Bodies is really for everyone – a must-read for students and professionals in the social sciences, for educators and managers, and for anyone who's ever thought of themselves as 'normal' or worried that they weren't. Written in clear, friendly, accessible language, this book is a crowning achievement of Totton's long and brilliant career – a book with the power to change lives and help us to usher in a better tomorrow.

Nick Walker, PhD,
author of 'Neuroqueer Heresies'

Nick Totton has written 11 other books including: *Reichian Growth Work (with Em Edmonson)* (PCCS Books: 2009); *Not a Tame Lion: Writings on therapy and its social and political contexts* (PCCS Books: 2012); *Wild Therapy: Rewilding our inner and outer worlds* (PCCS Books: 2021); *People Not Pathology: Freeing therapy from the medical model* (PCCS Books: 2023). Each of these – in their different ways, have pushed the boundaries of the potentially insidious adherence to the 'normal' type of psychotherapy. We are inherently committed to help our clients (and ourselves) change, and an awareness of these aspects dramatically widens the possibilities for change. This book is therefore heartedly recommended.

Courtenay Young
Scotland

BOOK REVIEW 3



BODY PSYCHOTHERAPY: *A Theoretical Foundation for Clinical Practice*

By Ulfried Geuter

Translated by Elizabeth Marshall

Published by Routledge, 2024

ISBN: 9781032010465 (hbk)
ISBN: 9781032010458 (pbk)
ISBN: 9781032010893 (ebk)

RRP: £34.99; $44.67; €45.49

'This is the book somatic psychology and psychotherapy in general has been waiting for! With clear and incisive analysis, Geuter convincingly argues why the subjective body must be included in all psychotherapy modalities. He provides a very clear philosophical and conceptual analysis of the need for all psychotherapy to embrace relational, emotional, embodied and enactive human experience, rather than biology, as the basis for understanding for clinical theory and practice. This professional tour de force, covering an incredibly broad range of the historical and contemporary professional and broader humanistic and philosophical literature, is a "must read" for all in the psychotherapy and related helping professions.'

Jeff Barlow, BA, Bed, Med,
Somatic Psychotherapist, supervisor and trainer,
founding director, Australian College of Contemporary Somatic Psychotherapy

We have been eagerly awaiting the (updated) English translation of *Body Psychotherapy: A Theoretical Foundation for Clinical Practice* since 2015 when it was first published in German. Geuter makes a convincing case that despite the many names used to cover the field, Body Psychotherapy is the one he sees as the most appropriate. And furthermore, make no mistake, Body Psychotherapy is a distinct profession – one of the major approaches of psychotherapy. It *'unites critical psychoanalysis, body education and humanistic psychotherapy but also has distinct features which distinguish it from other scientific approaches.' 'Theory and practice*

are always related to the human body and the somatic experience of self.'

This is, of course, music to the ears of the European Association for Body Psychotherapy (EABP) and the United States Association for Body Psychotherapy (USABP), who have been working to find some common ground among the enormous diversity of schools and methods which have proliferated since the 1970's. This diversity and self-doubt, as well as a lack of a theoretical foundation, have, according to Geuter, severely hampered the process. Joop Valstar (EABP's President) commented at the EABP 2010 Research Symposium:

> *As Body Psychotherapists, we've brought essential areas of human existence into consciousness, and we've developed powerful methods and techniques to touch these. At the same time, there is a lack of well-formulated descriptions and concepts of the phenomena we work with. And with what method and how does this method work.*

Geuter notes that he was asked by the German Body Psychotherapy Association (DGK) in 1998 to undertake the work of defining 'the common ground'. What he then thought of as a possible paper has more than 20 years later developed into this "tour de force".

Up until 2023, EABP has held 18 international congresses, with perhaps thousands of workshops. National Associations of Body Psychotherapy throughout Europe have also held congresses. Many books have been written by Body Psychotherapists, hundreds of articles have been published in Journals, and valuable research has been done to show the efficacy of our methods.

It is Geuter's clear analysis of this work, the discussions he has conducted with his colleagues, both within and without the Body Psychotherapy profession over the years, as well as his evaluation of a great deal of literature that has enabled him '*to take on the task of clarifying the theoretical and conceptual foundation of the work in order to provide it with a scientific basis'*, and which has become this *Theoretical Foundation for Clinical Practice.*

A central theme in the book is the placing of the human subject in the relational, present moment encounter with the therapist who '*guides the client into a deeper felt experience of their own embodied self'*. Geuter bases the theory of Body Psychotherapy '*on the idea of a subject in their lifeworld, on the theory of enactivism, and a theory of experience'* and on an understanding of the '*phenomenal body in its living presence and relatedness'*.

While there are many contributions from philosophy, neuroscience, and classic psychological theory, he explicitly examines how the body is involved in all aspects of experience. After the initial introductory chapters, there are chapters on: 5: The legacy of the schools; 6: Body experience: The basis of self-experience; 7: The experienced body, and the body of natural science; 8: Embodiment research; 9: Memory: Embodied remembering; 10: Emotions: Models of emotionality and the practice of body psychotherapy; 11: Child development: The shaping of experience in early affect motor dialogue; 12: Affect motor schemas as body narratives; and 13: Defence and coping: Bodily forms of processing experience. In the last five chapters, he describes: 14: Communication with the body: Body behaviour and the therapeutic interaction; 15: Transference and somatic resonance; 16: Moments of understanding; 17: Self-regulation and life regulation; and finally 18: the contribution of body psychotherapy to integration.

In each chapter, he clarifies the background, similarities, and the differences and how each field has, and continues to, contribute to the field of Body Psychotherapy. Equally importantly, he points out how the work and meth-

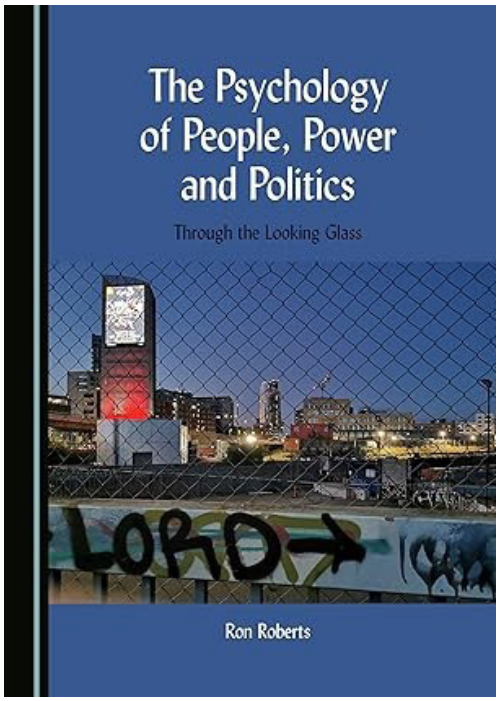
ods of Body Psychotherapy illuminate and support work in other fields. Just as body and mind are one, so all this work is part of one whole system.

Who is the book for? Psychotherapists of every orientation and students training in the profession, dance and movement therapists, physiotherapists, and occupational therapists. It is also meant for people from a wide range of mental and physical health fields, who are searching to find out more about the connections between mind and body. To illustrate the clinical applications, case studies and vignettes are given, so that practitioners will find a treasure trove of theory, methods and ideas, as well as a companion to go further in their work.

What has deeply touched me as a reader in this book is its style – which Christine Caldwell has called 'exquisite' – amply supported by the excellent translation. It speaks of a genuine desire to communicate Geuter's work with his readers, and his work with clients. There is a humanity and depth of understanding of the troubles and tribulations that we human beings, and each client, encounters. There is a humbleness when approaching each client in their wholeness, as a distinct, embodied, individual human being.

Review by **Jill van der Aa-Shand**, previously General Secretary of the European Association of Body Psychotherapy (EABP), is now retired and living in the south of the Netherlands. She is an honorary member of the European Association for Body Psychotherapy (EABP) and is the co-author of the book, *European Association for Body Psychotherapy (EABP): The First 35 Years.*

BOOK REVIEW 4



The Psychology of People, Power and Politics:

Through the Looking Glass

Ron Roberts

2023
Cambridge Scholars Publishing.
pp. 118

ISBN: 978-1527507272
RRP: Hard/cover: £54.37; p/b: £41.48

The best politics of psychology and the best psychology of politics consists of trying to tell the truth. The politics of truth, within the logos of psyche, circles around open, authentic and straight talking.

Ron Roberts, a well-honed writer (13 books), psychologist, teacher, scientist researcher and practitioner, is hailed, as belonging to the "very best names in this field" (Wiley-Blackwell publishers). He presents in this important collection of previously published essays, spanning from 1990 till the present, a rich harvest of professionally gained insights. The handy and beautifully produced book is arranged in three sections: "People, Power, Politics," with nine chapters in all. Chapter 8: "The Politics of Truth", is published here for the first time.

Roberts feels, like R.D, Laing, Francis Huxley and Thomas Szasz before him, fervently uneasy about the common, modern habit to medicalize human troubles. As a well-seasoned research scientist (active in his time in various UK Universities, including the Tavistock Clinic and Institute of Psychiatry), he resists and exposes easy, pseudo-scientific explanations. Along with the above-mentioned critical colleagues, he assesses various categorical errors in theory, mappings and models, applied haphazardly as corrective treatment onto persons in mental distress, who, most often, did not ask for these injurious interventions. Life is already hard and difficult enough, without undue further iatrogenic suffering.

When he brings in the arguments, approaches and aims of Thomas Szasz, R.D. Laing and

Svetlana Boym (among others), he reflects on their similarities, as well as diverging approaches to the alleviation of mental distress. He appeals to us readers to accept the idiosyncrasies of thoughts, experience and habits of others, as long as they do not infringe on our way of living, and *"for the freedom to be different and to take charge of one's own life, free from the machinations of state sponsored psychiatric interference"* (p. 6).

When writing about the social anthropologist Francis Huxley, he guides us away from the psycho-phobia, that is endemic among researchers in the social sciences, towards embracing other's way of seeing. This allows us, as participant observers, to shift our point of reference, opening up always at least two paths of meanings to pursue. Laing called them "checkpoints of possibilities". Thus, we enter a roundabout of life experience, where rationality and intuition intertwine. Accepting and appreciating different cosmologies current in our species, will always help us in our pursuit of knowledge about homo sapiens. One of Roberts' core questions is: *"Just what kind of knowledge, what kind of enquiry, what programs of learning, what kinds of academics and researchers subscribing to what kinds of values do we want?"* (p. 15).

Fun, love, liberty, justice, freedom, openness are modes of being supporting in an off-modern psychology, an approach favoured by the author. His late friend, Svetlana Boym, formed the frame, and Roberts shepherds us to accept and deal with the complexity of being in the world. This is even more complex than we can imagine. Again and again, Roberts appeals to the individual and her/his freedom to choose, resist the givens, live and let live. From this follows his stance and faith, formed back in his study days in the 1970s, that our field of research and knowledge is interdisciplinarian. We, as social scientists, are never value free. We are only free to assess the values we carry over from our socialisation and domestication, be this the primal family, class, politics, schooling and other variables that made us the person we are. Roberts appeals to us to understand the network of "*institutional power relations where the very knowledge it generates affects the action not only of those institutions but also peoples' understanding of their predicament within them."* (p. 25)

"We have a choice", he writes, and endeavours after many years of experience, teaching and researching in psychology, to see that the findings of life's experiences are not ignored. There is always an attempt in psychology faculties to ignore, forget, and forget that they have ignored certain facts, because they do not fit vested interests. Where we mention truth, lying is not far away. Psychologists have been long involved, as spin doctors, to orchestrate lies and sell them as truth.

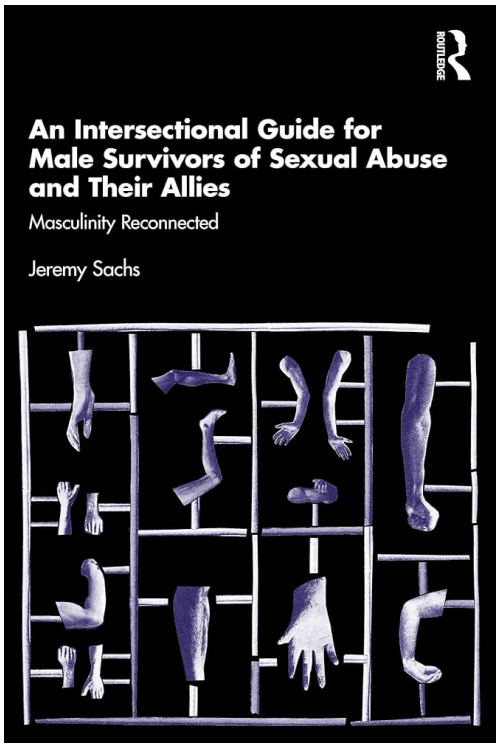
The author does not shy away from exposing the British Psychological Society's reactionary stance in the example of their reporting and commenting on the Iraqi war, in *The Psychologist*.[1] The struggle for truth is continuous. This he argues in his hitherto unpublished essay, in Chapter 8, "The Politics of Truth". Misinformation, cunning by big businesses in buying researched facts, infiltration of big pharma, etc. have to be watched and exposed for what they aim at: destruction of the credibility of the social sciences and the humanities

1. In essence, the criticism of the BPS's reporting on the 2003-4 Iraq War in *The Psychologist* revolves around the perception that the Society failed to adequately address the psychological ramifications of the conflict, both in terms of its immediate impact and its long-term consequences. This was seen by some as a missed opportunity to offer a critical and independent perspective on the war and its effects. Ron Roberts wrote a substantive article in *Clinical Psychology Forum*, 157, pp. 24-48: doi.org/10.53841/bpscpf.2006.1.157.24

(psychology belongs into both areas). This author is not interested in nuanced serious science, best stated in plain language, for the general public, in whose service, the citizen Roberts sees his work. "How science functions as an institution is deeply tied to the democratic nature of a society" (p. 105). An open science belongs to an open society, and it remains imperfect and open to challenge. The final anecdote is contained in *"The psychology in the Covid-19 dream world."* Through the looking glass indeed!

Theodor Itten
Hamburg

BOOK REVIEW 5



An Intersectional Guide for Male Survivors of Sexual Abuse and their Allies: *Masculinity Reconnected*

Jeremy Sachs

Routledge, 2025
pp. 264; b/w illustrations, tables and charts.

ISBN: 978-1-032-27983-1 (hbk);
ISBN: 978-1-032-72190-3 (pbk);
ISBN: 978-1-003-42333-1 (ebk).

RRP: Hard/cover: £128.78;
p/b: £26.99, US$27.99, €33.65;
Kindle: £19.59

Publisher's Abstract: Few experiences carry more shame, stigma, and misunderstanding than the life-altering trauma of sexual abuse. Men who experience sexual abuse and rape, often find themselves marginalised and isolated, yet there are few resources available for them or those who support them.

This book examines the impact of sexual abuse on different men through an intersectional lens, exploring how their unique identities, circumstances, and society's views affect their recovery or compound their trauma. Each chapter addresses a topic chosen by hundreds of male survivors who have attended the author's recovery groups. It includes survivor testimonies, signposts to resources, and reflective activities to help manage the aftermath of sexual trauma. With statutory services, such as the criminal justice system, often failing male survivors, the book draws on Transformative Justice principles to suggest alternative ways for men to break cycles of trauma and move forward with their lives.

Aimed at male survivors and those who support them – counsellors, psychotherapists, social workers, family members, and loved ones – this book offers guidance and hope for navigating a path to healing.

Author: **Jeremy Sachs** is a therapist from London, now based in Glasgow. Since the 2010s, he has run services that support individuals living with trauma or marginalisation, helping them to connect and find community. In 2016, he focused on developing therapy services for men, boys, and trans people who have survived sexual abuse and rape. He runs recovery groups and a private practice both online and in-person and is a trustee of Wellbeing Scotland.

In reading this book, I was drawn in, having suffered something similar when at an English (private) 'public school' in the 1960s. Years later, having just read *The Courage to Heal: A Guide to Women Survivors of Child Sexual Abuse* by Ellen Bass & Laura Davis (Boston Women's Collective: 1988), it took me another several months to realise that I too had suffered from this form of abuse, although being male. It took me another 20 years to work through many of the results, even though being a professional psychotherapist myself.

Nowadays, thanks to the work of Nick Duffel and others, it might have taken less time, however – as with the scandals that have rocked the Roman Catholic Church – institutional sexual abuse is much harder to disentangle from so-called 'normal' but unacceptable ethical societal standards. Unfortunately, this particular form of 'religious' source of institutional male sexual abuse is only mentioned lightly in this excellent book, which – on the whole – tackles this long-neglected topic to an excellent depth.

It's twelve chapters cover such topics as 'What do we mean when we say trauma' (Cpt. 2), 'Masculinity: How to build a man' (Cpt. 4), 'The stomach-dissolving experience of shame' (Cpt. 5), 'Relationships and the Family', which involves effectively 'orphaning' oneself from one's biological family – the one that 'failed' to protect us (Cpt. 6), 'Sex, gender, and nurturing our authentic Sexual Self' (Cpt. 7), 'Trust and the bitter legacy of betrayal' (Cpt. 8), and 'Coping: The unsustainable and the sustainable' (Cpt. 10). These chapters lead us through the various stages of the identification of abuse, social conditioning (and what happens when we don't 'fit'), the crippling components of sexual abuse and its resulting pain and shame, and how to start to rebuild something more authentic and functionable (rather than crippled).

There are useful exercises and worksheets (like the 4-square breathing exercise to calm down – though I tend to recommend a count on the out-breath (p. 35), calming panic attacks (p. 58), ways to calm anxiety (p. 78), managing depressions (p. 126), managing autistic fatigue and burnout (p. 178), telling people about your abuse (p. 188), narrative exposure therapy (p. 224), and a few others. This book can therefore act, not just as a source of information, but also as a resource – a 'workbook' for survivors, who now are trying to move forward with their lives. This may all seem a little simplistic, step-by-step and methodological – like the effective traditional 12-Step program – but it touches on deep psycho-emotional dynamics and helps break their hold on the victim's psyche.

Being a professional having worked in this field, I particularly liked Cpt. 12, 'For the allies' the best. It starts with a quote from another trauma-informed therapist (p. 229), which touches on our professional almost endemic compassion-fatigue. Here, I guess that my identification kicks in, that I am also one of Jung's *Wounded Healer*'s, found (in a 2024 research study by Alison Barr) to be present in nearly 75% of therapists: *"... the main categories (of the wounds) are abuse, family life as a child, mental health (own), social, family life as an adult, bereavement, mental ill-health (others), life threatening, physical ill health (others), physical ill-health (own), and other."* (p. 231).

It is obviously important for us, as psychotherapists, to be able to relate to such victims of male sexual abuse, especially when they are our clients: we might be able to relate to some of the following: emotional impact, secondary trauma, guilt or shame, empathy fatigue, becoming enmeshed with the survivor, and detachment from our own needs and our own traumas (if they exist) can emerge from the depths of our own psyche, otherwise we may notice effects such as fatigue, anger, apathy, numbness or frustration.

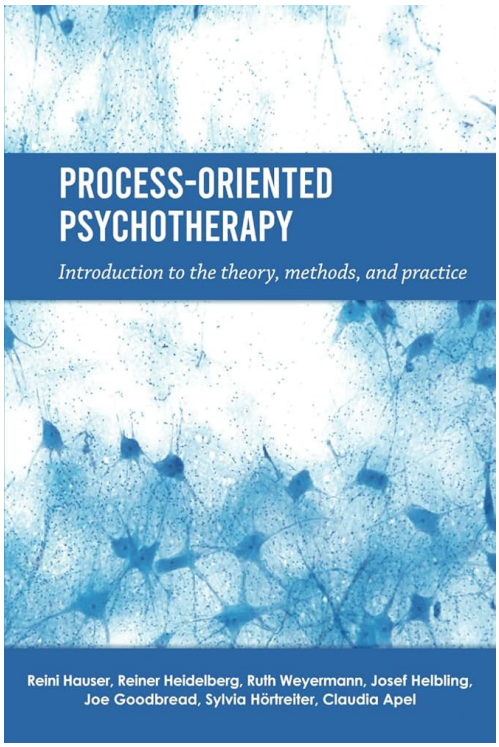
We obviously need to 'actively' listen to survivors, especially as they were probably not heard originally or they were not able to speak – many children, who have been abused, draw pictures of themselves without a mouth, symbolising this. Our instinct – like with a physical wound – is to spring into action; with emotional wounds, we also yearn to help them but any of our plans and strategies may be our ways of struggling to cope with our own feelings of helplessness and vulnerability: these don't help them, … these survivors have to find, or re-find, their own power; their own ways to heal. Being properly listened to, perhaps for the first time ever, Carl Rogers states, is a key component to this healing process, as is empathic understanding. The therapist's own feelings of concern and empathy can then resonate (often somatically, or even etherically) through the medium of the therapeutic relationship to the client, the sufferer, the once victim, who is now in recovery. This empathic resonance tells the other person that someone is there, caring for them, even if they don't fully understand all the aspects of one's trauma. This 'presence' is especially relevant, it doesn't have to be identical – *"While we may have had similar experiences to the survivor, our experiences may take on different meanings depending on our culture, identity, relationship to masculinity, or previous trauma. Surviving similar trauma doesn't necessarily mean a survivor feels the same way about it* [and themselves] *as you."* (p. 234)

Of course, there are other components necessary and/or helpful to the survivor's healing journey: not only empathy. Another healing factor that counters something of the shame and loss of self-esteem is unconditional positive regard – accepting and valuing another person without conditions or judgement. When combined with other components, this fosters a necessary atmosphere of trust and openness in the therapeutic relationship, but it is also reparative in that this is what the man-child never had: they need this modelling – possibly better from another man – before they can learn to hold it for themselves. *"For example, feeling uneasy about a survivor's sexual practices may suggest a need to examine your own personal biases or prejudices. This doesn't mean you should compromise your beliefs, but it does mean that you may need to do some work to acknowledge that other's beliefs and choices are equally as valid as your own. … It is impossible to authentically support a survivor of abuse or rape if we are simultaneously judging them for their actions or identity."* (p. 235)

The author, Jeremy Sachs, includes 'Reflection', 'Nonverbal communication', and 'Survivor-led active listening', before 'Taking action' and 'Creating a care plan, which includes 'Reflective activity', 'Self-assessment', looking at: 'Current coping strategies', developing 'Clear goals', 'Formal support', and a 'Social support system', focusing on 'Well-being' and developing 'Coping strategies' and a 'Care Plan'. The author deals with all this very clearly in the final Chapter 12. As another reviewer, Mick Cooper, states, this book is – *"An essential guide for those wanting to navigate this complex, sensitive, but profoundly important field."*

Courtenay Young
Editor, IJP

BOOK REVIEW 6



Process-Oriented Psychotherapy: *Introduction to the theory, methods and practice*

Reini Hauser, Reiner Heidelberg, Ruth Weyermann, Josef Helbling, Joe Goodbread, Slyvia Hörtreiter & Claudia Apel

Pantheon Publishers (2025):
260 pp.

ISBN: 978-1917667371
RRP: US $17.00; UK £13.15; €16.84

Process-Oriented Psychotherapy, also known as 'Process Work', is a modality (a methodology of working) in psychotherapy that has been developed by Arnold Mindell since the 1970s. It uses the therapist's awareness of the unfolding processes within the client to bring deeper meaning and integration to a person's experience, even given challenging situations. It is based on humanistic-experiential principles – including transpersonal ones – that focus on what is happening in the present moment, viewing difficulties, body symptoms, dreams, and relationship dynamics, all as potential gateways to transformation and personal growth and transformation. The therapeutic method integrates concepts from Jungian psychology, Taoism, Gestalt therapy and several other fields to foster self-awareness and to help individuals transform obstacles in their life into sources of power and new possibilities.

Process-Oriented Psychotherapy (POP) has been gaining an increasing level of international importance in recent years. Unfortunately, this has happened quite slowly and there has been only a relatively small amount of literature or research on this topic. This new book goes quite a long way way to fill this gap: it offers a reasonably scientifically sound introduction, both theoretical and practical, to this form of comprehensive treatment methodolo-

gy. Its inventor – the US physicist and Jungian psychoanalyst Arnold Mindell – combined analytical psychology with systems thinking and experiential practice in his approach. Sadly, he died recently (June 2024), aged 84, and so this English-language version of the original German book is not only very welcome, but it also acts as a sort of memorial to him.

Given the paucity of information within traditional psychotherapeutic circles, Process Work (Process-Oriented Psychotherapy) may need a short introduction here. It generally refers to using a special perspective that examines a person's often confused mental and emotional processes and follows these threads: rather like unravelling a bundle of string. In this initial process, which can sometimes seem quite chaotic, something essential gradually emerges over a certain period of time. Specifically, it means that elementary unconscious elements can be focussed on, as the person's 'process' often gives out small signals that the therapist notices and these can then be transformed into content that is more easily accessible to the person's consciousness.

Exploring the potentials within the dreams or disorders becomes the 'red thread' – culminating in an experience of greater coherence and meaningfulness. For these purposes, a number of various 'processes' are utilized: bodily processes, dream processes, social processes, etc. – with particular consideration of the experiences that underly these. In concrete terms, this means using 'dream' or latent experiences as clues to resolving unconscious blockages and conflicts, so as to bring one's own Self towards full development and unfolding. This is a form of self-realization in the sense of the 'individuation process' according to C.G. Jung.

These process-oriented methods can be applied to psychotherapy, medicine, psychosocial work, conflict work, mediation, group leadership and group psychotherapy. This book covers all of these topics and thus helps students and professionals to learn about different perspectives, positions, language and tools used in its practice. Therefore, people can find within this book a solid foundation and clear introduction into this interesting and quite unique form of psychotherapy.

Mindell's first book, *Dreambody* (1982) opened Jungian Analysis to Body Psychotherapy – and vise versa – to the person's subconscious. Many other books have followed, translated into 18 different languages, the titles of these books give a sense of some of the scope of Mindell's work [1] Arnie Mindell and his wife Amy have become popular speakers at conferences and leaders of workshops on psychological, as well as social issues: for example, there have been workshops bringing together Israelis and

1. **Arnold Mindell's Books**: *Dreambody: The Body's Role in Revealing the Self*. (Routledge, 1982). *River's Way: The Process Science of the Dreambody*. (Routledge, 1985). *City Shadows: Psychological Interventions in Psychiatry*. (Routledge, 1988). *The Year 1: Global Process Work – Community Creation from Global Problems, Tensions and Myths*. (Penguin-Arkana, 1989). *Working on Yourself Alone: Inner Dreambody Work*. (Penguin: 1990). *The Leader as Martial Artist: An Introduction to Deep Democracy*. (Harper, 1992). *The Shaman's Body: A New Shamanism for Transforming Health, Relationships, and the Community*. (Harper, 1993). *Coma: The Dreambody near Death*. Penguin Books (Arkana, 1995). *Sitting in the Fire: Large Group Transformation Using Conflict and Diversity*. (Lao Tse Press, 1995). *Quantum Mind: The Edge Between Physics and Psychology*. (Lao Tse Press, 2000). *Dreaming While Awake: Techniques for 24-hour Lucid Dreaming*. (Hampton Roads, 2000). *Riding the Horse Backwards: Process Work in Theory and Practice*. (with Amy Mindell: Lao Tse Press, 2002). *The Quantum Mind and Healing*. (Hampton Roads, 2004). *Earth-Based Psychology: Path Awareness from the Teachings of Don Juan, Richard Feynman, and Lao Tse*. (Lao Tse Press, 2007). *Dance of the Ancient One*. (Deep Democracy Exchange, 2013). *Conflict: Phases, Forums, and Solutions: For our Dreams and Body, Organizations, Governments, and Planet*. (CreateSpeac, 2017). *The Leader's 2nd Training: For Your Life and Our World*. (Gatekeeper Press: 2019).

Palestinians. The Process Work Institutes, both in Oregon and in Zurich, have been trying to get their psychotherapy training courses accredited, however – given the width and scope of Processwork – their courses do not easily fit into the standard academic categories (Certificates, Diplomas, Degrees, Masters, etc.). [2] Processwork UK became an accredited training institute in the UK (in 2009), accredited by the UK Council for Psychotherapy (UKCP), and it has since been re-accredited in 2014 & 2019.

Process Work often resists or defies a precise definition and its terms can seem somewhat 'jargonish', however any immersion into this arena is often very rewarding and most of its critics obviously don't know that much about it. It includes and integrates Jungian psychology, Taoism, indigenous wisdom, systems theory, and quantum physics, so as to work with all the different challenges of one's inner and outer life.

Another aspect of Process Work is called 'Worldwork', which is the application of Processwork to larger social and political contexts, such as organizations, communities, and international relations. Worldwork aims to promote diversity awareness, social inclusion, organizational development, conflict resolution, violence prevention, and restorative justice by addressing historical and intergenerational trauma and hopefully facilitating reconciliation. It employs techniques for discovering the most energized issues in a group, representing polarities and roles, and using tools like role-switching to navigate tense moments and hopefully reach consensus.

This book on **Process-Oriented Psychotherapy** consists of seven parts, each with several sections. Mindell provides a moving forward to the book that inspires reflection – on ourselves and our daily conflicts (for which his method also offers a solution on a collective level), followed by an extremely helpful introduction to the topic. In this introduction, the basic principles of process work are coherently outlined, providing a good initial overview.

Seven chapters then delve deeper into the subject matter. The first examines its meta-theory, the second presents the theoretical model of this approach, the third demonstrates its concrete application in praxeology, the fourth offers disorder-specific approaches (depression, anxiety/panic, psychosomatics, addiction, borderline personality disorder, psychosis), the fifth outlines a corresponding group therapy, the sixth provides evidence of effectiveness, and the seventh concludes with a mention of research and limitations of applicability.

The final part of the book rounds it all off with references to literature and content, case studies, a glossary, and an appendix (with a special focus on addiction, exercises, a group therapy handout, method-specific interventions (including a list of interventions), and information on continuing education in this treatment approach). The work thus truly offers everything essential that a good basic textbook should have, both theoretically and practically, and is therefore suitable both for an introduction to this topic and for further in-depth study.

The book's particular strength lies in its clarity, practical relevance, and practical relevance. For example, emphasis was placed throughout on providing practical examples to accompany the lines of thought pursued, bringing what is described to life. These include not only patient case studies and concise intervention

2. www.processwork.org/about-pwi/processwork-titles-and-credentials/

schemes, but is also enriched by quotations, which act like an application of "amplification," one of the central techniques of process work, to the process itself and to this work. This provides readers with experiential insight into the thinking, feeling, and action of process-oriented psychotherapy, which already focuses centrally on experience (and thus allows readers to experience, to some extent, what it implements in its treatment method while reading the book). In doing so, the perspective ultimately expands from the individual psychological concept to the systemic context and field-theoretical factors in the psychological experience of self and world through process-oriented group psychotherapy: no individual symptom is merely a problem of its sufferer but is also – nearly always inevitably – a reflection of the society that surrounds them. The ethical dimensions of Processwork points beyond itself – as a possibility for resolving our difficulties when dealing with strong emotions, which have repeatedly for millennia led to the systematic exclusion and ultimately destruction of people and societies.

In this respect, it is overall a very successful, much needed and extremely timely book, with many valuable innovations for psychotherapy and even medicine, as well as for social work, conflict resolution, mediation, coaching, group leadership, and group therapy. It would have been excellent in several ways – if (as one critic notes) a somewhat more acceptable solution had been found for spelling with the colon, which hinders readability. It could also have benefitted from some more detail about what research studies have been conducted.

I also need to declare a degree of personal interest, having reviewed some of Mindell's early books for Routledge and, over the years, having met and worked with a number of Processwork people, experienced a number of Processwork events, and been tangentially involved in establishing Processwork UK.

Courtenay Young
Editor, IJP

PROFESSIONAL ISSUES

English-language Book Reviews

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Manuscripts (or submissions) should be in the form of: either

- **Long articles**, which should not exceed 5000 words; or
- **Medium articles** (2000-3000 words); or
- **Short reports & reflections** for rapid publication (1000-1500 words); and
- **Book Reviews:** short (600-800 words) not peer-reviewed, or longer (800-1200 words) reviewed;
- **News Items** can be 100-500 words (not peer-reviewed).

In exceptional circumstances, longer articles (or variations on these guidelines) may be considered by the editors, however authors will need a specific approval from the Editors in advance of their submission. (We usually allow a 10%+/– margin of error on word counts.)

References: The author **must** list references alphabetically at the end of the article, or on a separate sheet(s), using a basic Harvard-APA Style. The list of references should refer only to those references that appear in the text e.g. (Fairbairn, 1941) or (Grostein, 1981; Ryle & Cowmeadow, 1992): literature reviews and wider bibliographies are not accepted. Details of the common Harvard-APA style can be sent to you on request, or are available on various websites. In essence, the following format is used, with **exact** capitalisation, italics and punctuation. Here are three basic examples:

(1) For journal / periodical articles (titles of journals should **not** be abbreviated):
FAIRBAIRN, W. R. D. (1941). A revised psychopathology of the psychoses and neuro-psychoses. *International Journal of Psychoanalysis*, Vol. 22, pp. 250-279.

(2) For books:
GROSTEIN, J. (1981). *Splitting and projective identification*. New Jersey: Jason Aronson.

(3) For chapters within multi-authored books:
RYLE, A. & COWMEADOW, P. (1992). Cognitive-analytic Therapy (CAT). In: W. DRYDEN (Ed.), *Integrative and Eclectic Therapy: A Handbook*, (pp. 75-89). Philadelphia: Open University Press.

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