

Psychoanalytic Psychotherapy – EFPP in Europe and Slovenia

Ljubljana 2025

Thank you very much Ilse, Bernard, Sasa.

I feel very grateful and honored for this invitation, to celebrate with you all, the 10th Anniversary of the Slovenian Society of Psychoanalytic Psychotherapy. This encounter which gives us the opportunity to share and discuss the subject that unites us: PP and EFPP.

Since I began my journey as president of the EFPP in 2019, on the brink of the Covid pandemic, global events have given us little respite. War is devastating and its effects are measured in destruction, in loss and human suffering. The sirens of peace at times leave us with great uncertainty whether there is scope for a just peace, a lasting peace, a human peace in which neighbours can live side by side and feel safe in their own homes and go about their lives as all humans strive to do.

Our Ukrainian colleagues are a model for all of us and a beacon for the principles that govern our federation: how to remain steadfast in our psychoanalytic convictions when we are under fire, hold on to and continue to develop our theory, our clinical practice, our training in our institutions, our research and our federation. The members of the Ukrainian national network do it under living and working conditions unimaginable for any of us here. They have our heartfelt admiration.

Wars do not come alone. They come accompanied by tides of propaganda, distortion of the truth and fanaticism that infiltrate societies with the aim of undermining democratic institutions, ultimately undermining democracy and its intrinsic human rights. The contempt displayed against fundamental human values as well as against the environment we live in is deeply disturbing.

The breathless, inflamed digital arena becomes the arena in which these politics are made. How little it takes to make otherness again the focus of resentment, hate and revenge.

We are embarked in a world that also promotes instant results and immediate gratification in which the wish for certainty and quick solutions wants to do away with doubt and deny the need for process and reflection. A world in which confusion, vagueness and ambiguity of language, lies, and ignorance proliferate. A world in which memory is obliterated. A world in which the Cartesian maxim “I think, therefore I am” is being replaced by the fanatical maxim of “Follow me”. A world in which the “common sense” means, same speak, same think, same look at the exclusion of others.

Simultaneously, within a great and profound dialectical complexity, human beings continue to show their potential and capacity for life, for repair and transformations which are also foundations for growth.

Undoubtedly, all these circumstances, as well as the rapid expansion of artificial intelligence, non-binary logic, and the hybridization of man and machine, constitute a challenge for our psychoanalytic thinking and practice.

We recognise that this is the time and the frame of reference in which we currently operate and continue to develop our work as clinicians on the one hand and as members of the EFPP, on the other.

The EFPP has carved out its place in the European community in the 1990's and has grown and developed ever since. Today, we enter a period of time in which institutions like ours, are threatened like never before in the history of the EFPP and we must be vigilant. The European Community itself is threatened by such tendencies and we are a European community!!

All of us are political and social citizens and are affected by these circumstances. As individually, we have as many experiences and opinions as there are members. But what we share in the EFPP community is the fact that we are psychoanalytic psychotherapists and members of a psychoanalytic institution that we must look after, care for, nurture, and

sustain together. The survival of psychoanalytic psychotherapy depends on it.

We all must work together to strengthen the fabric of the federation and enable it to continue fulfilling its principle - objectives, no matter how turbulent the times or the landscape.

It is worth recalling that the EFPP hosts 36 countries in its organization and more than 30.000 psychoanalytic psychotherapists that meet EFPP standards. The basic objectives we share are:

- To advance education, training, and the development of psychotherapy that is psychoanalytic in principle and practice.
- To promote a treatment modality for the public benefit, that can provide for the relief of human suffering and mental distress through psychoanalytic psychotherapy in every corner of Europe, regardless of nationality, race, religion, gender, sexual orientation, or socio-economic status.
- To promote continuous research in psychoanalytic psychotherapy and provide evidence to its efficacy.

As you know the foundational pillars on which the EFPP pivots and rests to fulfil these objectives are the following

1. An organizational structure that is the home to four modalities of psychoanalytic psychotherapy, 4 sections that operate on equal terms and are given equal space within the EFPP.
2. The membership to the EFPP is structured wherever possible, in the form of national networks.
3. The training standards for each of the sections, are designed both to protect psychoanalytic psychotherapy and further its development in the future.

These three pillars continue to guide our institutional activity and outlook. They are not rigid or static, but to the contrary, they are inter-related to promote dynamic cross-fertilization from different perspectives, so that an

institutional containment network is built, expanded, and developed. Time and experience show us that these pillars are sufficiently solid and good as containment elements to house very different institutional contents and to face current challenges.

Our organizational work is fundamental to revitalize and strengthen this essential capacity for institutional containment. Obviously, this function is not permanent, nor absolute, nor should we take it for granted, but an institution that provides multiple and different spaces for thought, debate, and dialogue will be in a better position to withstand the onslaughts from outside and from inside the institution.

The idea of the organization of the National Networks follows a pattern of communication, inter-relation, cross-fertilization and dialogue while providing a protective shield through solidarity between the psychoanalytic psychotherapy associations of each country.

I want to stress how important the direct and close relationship with the national networks, as the one we are having here, is for the EFPP and therefore for the psychoanalytic psychotherapy

Each national network has its own history, autonomy and its own psychoanalytic culture. Whatever its complexity, whatever its developmental paths, it is anchored in the principles, objectives, and standards of the EFPP.

In this sense, I continue to be surprised and admired by the development potential that the EFPP has in each of the national networks, from East to West, from North to South, very diverse for sure, but at the same time in confluence with the psychoanalytic architecture and Ethos that structures the EFPP. I am looking forward to learning about the Slovenian national network.

Experience shows us that the possibilities of the EFPP to influence the politics of the Mental Health policy of each country depend on the development, cohesion and strength of the National Networks. There is evidence, as was the intention, that EFPP criteria of its membership being

by national networks have, in some countries, already played a part in influencing national policies in the psychotherapy field (Switzerland, Finland, Germany) and some networks are being given powers to take care of professional standards and regulation (UK)

Switzerland is a major success story of the consequence of the EFPP in evoking PP organisations of all four sections to network together effectively in both promoting PP and also challenging practices that the health authorities try to impose. In 2018, the EFPP network in Finland helped challenged the proposed loss of funding for psychotherapy. Before the EFPP, Italy had many organisations scattered around the country with minimal contact between them. The Italian network of all four sections was readily established after the formation of the EFPP and is now nationally registered, and it is an interlocutor with health authorities regarding mental health regulations.

Belgium is another country which has benefitted considerably by national networking and France too, by bringing together regional child and adolescent organisations alongside group analysts and family and couple PP therapists.

This brings us to the point of **Regulation**. At this moment, a topic of concern across the EFPP national networks is the process of **Regulation** of psychotherapy by the respective national health authorities. Concerns range from overregulation to lack of regulation. From excess to deficit.

Regulation is a topic that is relevant to us all and for this reason, the EFPP board has organized a Working Group on Regulation with the participation of delegates and members of all sections, which provides us with the opportunity to learn and collect data about what is happening in other countries and learn from the experience of other national networks.

The organisation of the task of this Working Group is with presentation from all countries/ delegates, answering the following questions.

- Who is regulating the profession of psychotherapist?
- What are the regulations in public sector and private sector?
- Where is situated the Psychoanalytical Psychotherapy in relation with other psychotherapies?
- Is there any link between psychiatrist and psychotherapist?
- *Who refers the patients to the psychotherapist?
- Are there different regulations for different types of psychotherapies?
- Who can become a psychotherapist?
- What is the state's vs insurance companies responsibility in Psychoanalytical Psychotherapy?
- How is the issue of professional secrecy handled?

These questions cover most of the issues included in regulation in most of the countries or in countries in process of regulation. I would say that these questions also show areas of conflict.

I am not going through the presentations so far of the situation in the different countries but I would like to address your attention to Belgium as an example of tendencies.

In Belgium the profession of psychotherapist no longer exists. Only the act of psychotherapy is regulated. It must be practiced in conditions of training and of functioning which are far from favouring psychoanalytic processes.

A recent law (2019) on Quality in Health Care Practice (which concerns all health care practitioners - physical and mental -, therefore also psychotherapy practitioners) imposes procedures, in particular an Electronic Patient File, which seriously endanger professional secrecy and the intimacy essential to the psychoanalytic process and work with the unconscious.

No distinction is made, in the requirements of this law, between physical health and mental health. By including psychotherapy in health care legislation and above all by regulating it like physical medicine, as in the Quality law, the legislator wipes out the dimension of psychotherapy, and more precisely of psychoanalytic psychotherapy, as support for internal journey and as a search for meaning.

Another law, relating to patients' rights, initially published in 2002 and last amended in 2024, refers now to the file kept by the professional as being the patient's file. The patient has access to all information concerning him. Healthcare professionals who have a therapeutic relationship with the patient may also access the EPF under certain conditions, but compliance with these conditions would be left to the discretion of the professionals.

“Personal notes” of the therapist, a professional tool for reflection and work, are no longer excluded from that file, and so, they are no longer personal. This part of the file represent the intimacy that the therapist needs to reflect on the understanding of the therapeutic relationship, which is basic for our work. The Electronic Patient File is no longer the therapist’s file. More generally, digitization and the social control that it makes possible, raises the question of the place of respect for privacy and its boundaries in relationships between humans. This translates, in our profession, into fundamental ethical questions, particularly around professional secrecy.

How can the patients truly invest in a therapeutic alliance if they fear that their private and intimate experiences could be revealed? The paradigm of professional secrecy has therefore undergone a major reversal: from “nothing can be revealed, unless...” to “everything can be revealed (at least between professionals), unless...”.

This is an example of overregulation but is not specific of Belgium.

There is a gradual movement towards regulation of psychotherapists and/or the use of the title psychotherapy. Usually the regulation process needs to face and overcome many conflicts. For example, in a considerable number of countries it is only psychologists and psychiatrists who may train and practice. In contrast, the UK and Austria, for example,

have valued psychotherapists coming from a much wider range of backgrounds. In Belgium the law wants to reserve the performance of psychotherapeutic acts only to psychologists, orthopedagogues and doctors, who have followed a specific training , with preservation of acquired rights for psychotherapy professionals practicing since before 2016.

Other significant source of conflict include the clarification/decisions as to the main modalities of psychotherapy. In countries with regulation, psychotherapy tends to be restricted to cognitive behavioural, systemic and psychoanalytic modalities. So, for example, the arts therapies or solution-based therapies are seen more as techniques that may be used by mental health practitioners rather than as independent psychotherapy disciplines. However, the register held by the United Kingdom Council of Psychotherapy has 10 main categories with a large number of subcategories. The approval of training organisations is also a matter for negotiation with health authorities.

Training is the other essential pillar in the sustenance, not only of the EFPP as an institution but of psychoanalytic psychotherapy itself. Only serious, rigorous and solid theoretical & clinical education and training can guarantee the continuity of psychoanalytic psychotherapy in each of its modalities (Adult, Children and Adolescents, Couple and Families and Groups)

It is however not only a matter of survival, but of conviction that psychoanalytic theory and practice provides us with a rich and unique form of knowledge about the exploration and understanding of human nature and the depth and vicissitudes of the human mind. Psychoanalytic understanding and practice are the only way I know of, in which the relief of mental pain comes as a consequence of internal mental growth.

We must transmit to current and future candidates who will train to become psychoanalytic psychotherapists the excellence of what is psychoanalytic in each of the frameworks it can be deployed. This is an exciting moment to show and demonstrate the vitality and relevance of

Psychoanalytic Psychotherapy. To face this challenge, we must all provide the best possible training, always!

The importance of a solid training experience is rooted in a stable and secure environment in which the professional psychoanalytic psychotherapist is developing to be able to relate to continuous turbulence and onslaughts from both the internal and external worlds.

Aware of the world we live in, aware of the overwhelming current turmoil and changes, challenged by the technological revolution, the internet, artificial intelligence, the implantation of technology in the body, etc., we have the imperative need and duty to think about the implications that these changes imply for mental health, for psychoanalytic psychotherapy and in particular for its training.

Along with activating national networks and the role of the delegates, training is the other fundamental objective of my presidency. With all this in mind, we have organized a Training Working Group.

The members of the training Working group are a strong mixture of senior delegates and board members, with a task to reflect and to formulate the main components as the pillars of psychoanalytic psychotherapy training. Eventually, together with the delegates, will propose to update the EFPP training requirements. At some point the Training WG and the Regulation WG will meet and work together.

The Training WG is going to work on the following topics:

1. The goal of training in Psychoanalytic Psychotherapy
2. How to build a psychoanalytic mind
3. Teaching - learning experience
4. Supervision
5. Group as a training tool
6. What makes a proper PP training – the structure, the content and the process (different approaches in different countries)

7. The pillars of PP training

Additional themes to elaborate on the above topics are:

- a. Field work experience as part of the training
- b. Group processes in teaching – paying attention to the group dynamics
- c. ‘Gruppo Operativo’ as a work device
- d. The content and process of learning – affective aspect in learning (mutual identification teacher-student)
- e. New ways of thinking – new training tools. Open to the changing times in our societies, approaching different ethnic groups, minority groups.
- f. The horizontal axis of learning has to be acknowledged, together with the vertical, the inside and outside aspects there also to be considered

The EFPP has had a major impact in numerous other countries too, in improving training standards and cooperation between organisations in the formation of national networks.

In some countries, there was no training in child PP before 1990 and the EFPP has had a major influence in that member child psychoanalytic psychotherapists have travelled from one country to initiate or facilitate training in others. This has been the case in most of Eastern countries, also in the Couple and Family modality. For example in Romania starting from a non-existent level in the last century, some Romanians interested in Couple and Family psychoanalytic psychotherapy became trained in France also with contacts in Argentina, formed an association EFPP member, and now are training in other countries in South East Europe.

I understand this has been also the case in Slovenia. As far as I know the first training analysis and supervisions had taken place in Germany, Italy and Croatia in the 60s and a future group of analysts trained in London. These pioneers trained many people in Slovenian. I am very pleased to

salute Dr Paolo Fonda, one of these pioneers of establishing psychoanalysis and psychoanalytic psychotherapy on Eastern Europe and Slovenia.

Before giving way to the dialogue, I would like to briefly refer to the state of health of psychoanalytic psychotherapy in Europe.

Brian Martindale, Founder and Honorary President of the EFPP has recently published an article “Changes in psychoanalytic therapy in Europe over three decades. Then and now”.

Martindale concludes that PP has developed significantly in most European countries in recent decades, sometimes from very small beginnings (as in the former Soviet nations), in other countries from already well-established positions. This applies to all four sections of the EFPP. These developments are due to various factors, often in combination. The trainings standards and support of the EFPP have been a much-valued encouragement to many countries to both develop these sections and to aim at the agreed training standards for practitioners.

The preparedness of colleagues to cross national borders as trainers in the different sections has been essential both for start-up trainings where there was little or no PP and for the training in applications of psychoanalytic therapy such as MBT. In some countries outstanding individual organisational leadership has been crucial, in others it is the overall functioning of organisations and the national networking with other psychoanalytic organisations in that country that has facilitated developmental leaps.

The development in each of the modalities varies.

Child and adolescent PP training and the number of therapists have increased considerably throughout Europe, though overall, numbers remain small. In some countries, there was no training before 1990 and the EFPP has had a major influence in that member child psychoanalytic

psychotherapists have travelled from one country to initiate or facilitate training in others. Some trainings are within the same training organisation as that for adult PP, others are quite separate. Apart from the UK and Eire, most trainees must finance their training and their personal analysis which makes it much more expensive than many other psychotherapy trainings.

Many services report pressures to carry out shorter term therapies, irrespective of children's needs and it is perhaps too early to say how services and professionals from the different therapies will meet the exacerbation of the demands on child and adolescent services resulting from covid.

Group analysis and analytic therapeutic communities

Group analysis has developed and expanded in many countries but, especially in the public sector, contracted in several others. Group analysis can play an important part in day hospitals and clinics and in therapeutic communities. Sweden and the UK are countries that have been particularly hard hit by closures, though therapeutic communities reappear with a different name and format in the UK.

In Israel, there has been a great expansion in the last 25 years with analytic therapy groups and the use of group analysis to reflect on societal aspects and in work with people with such diverse backgrounds. Likewise in Croatia, group analysis has played an important social role in attending to war and related victims.

Several countries such as Denmark, Norway, Lithuania, Estonia, Israel and some southern eastern Europe and Balkan countries have benefitted from group analysts visiting from other countries over some years to establish group analysis. These training visits have often had a very significant positive consequences for the culture of mental health services. In Poland, group analytic approaches have quite extensive use in addiction services. Group analysis urgently needs to develop a research basis, though this is well developed in Germany.

Couple and family PP

The couple and family section was a late addition to the EFPP. It has a long history in France and on a smaller scale for couples in the UK. More and more countries have trainings and practitioners in psychoanalytic couple and family therapy and are finding work, especially in the field of education.

In some countries there is a decrease in individual PP but an increasing development of couple and family training and graduates, though it is not clear why this is happening.

Germany has the longest record in Europe of the extensive availability of PP for adults, for children and adolescents and for group analytic therapies (alongside systemic and behavioural approaches). This sustained success has stemmed from its 70-year history of involvement in evidence-based research into outcomes from many university projects.

These statements of positive developments need to be balanced by other experiences and warning signs.

In the majority of countries where PP was quite settled in public services, (UK, Denmark, Sweden, France, Greece) there have been cutbacks in the availability of PP in the public sector. The cutbacks primarily resulted from the rather sudden imposition of 'evidence based' shorter term CBT therapies, overriding established psychoanalytic services more suited to longer term needs.

It is true that we compete with other psychotherapeutic modalities that have been selected by the political authorities of mental health services for a number of reasons. The argument is primarily one of cost and length of treatment underpinned by the desire of evidence based scientific treatment models. The question of how the evidence is obtained is often secondary.

Evidence-based mental health services are here to stay in many countries and will be coming over the horizon for others, however limited the current state of development of 'evidence' might be.

But it is also true that in general, the broad field of the psychoanalytic community has turned its back against this ongoing reality. The demand for evidence of effectiveness has led to the near destruction of some forms of PP in the public sector in a small number of countries where it had been reasonably well established and is a tangible threat in other countries. This has been especially in the adult individual and group psychoanalytic field. In some countries there has now been, after the delay, a more welcome response to this challenge with the development of short forms of PP and research into their indications and effectiveness

Research in psychoanalytic psychotherapy is an exciting challenge that the EFPP also wants to promote. Problems of the large numbers of patients needed in producing convincing research as well as the resources needed could be addressed by multinational studies using the EFPP networks along with university expertise. It is hoped that naturalistic studies will increasingly be accepted (i.e., studies carried out in usual clinical settings rather than research settings).

The Covid epidemic is encouraging some research into who might benefit from internet-based therapies

On the other hand training programmes must offer short forms of psychoanalytic psychotherapy, online pp.

Candidates are also not often educated about Psychoanalytic Psychotherapy contemporary evidence-based issues so that they cannot contribute from a well-informed position to discussions and debates.

The challenge is how to marry the essentials of our trainings of professionals PP with adaptations or additions to trainings so that graduates are equipped to meet the challenges of the real-world environments they will inhabit.

It is a very challenging times for PP. We can not rest on our laurels and complain. It is time to develop our adaptation to the present needs in creative ways, provided we do not lose the essence of the psychoanalytic thought and practice. Providing the best possible research, the best possible training the best possible relationships between the different modalities of PP and networks. In doing so we will be building hope for the best possible future for the EFPP and the Psychoanalytic Psychotherapy.

REFERENCE:

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