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To cite this article: Brian Martindale (2022) Changes in psychoanalytic therapy in Europe over three decades. Then and now, *Psychoanalytic Psychotherapy*, 36:4, 383-436, DOI: [10.1080/02668734.2022.2124534](https://doi.org/10.1080/02668734.2022.2124534)

To link to this article: <https://doi.org/10.1080/02668734.2022.2124534>



Published online: 12 Dec 2022.



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Changes in psychoanalytic therapy in Europe over three decades. Then and now

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(Received 2 July 2022; accepted 11 September 2022)

In 1988, the APP hosted a conference on psychoanalytic psychotherapy (PP) in the public sector in other European countries. This taught us that Britain had much to learn from other countries as well as much to share. The APP realised the need for a European Federation of PP in the public sector (EFPP) to represent and facilitate the field. The APP therefore joined with representatives from the Association of Child Psychotherapy and the Institute of Group Analysis and in 1991 formally created such an organisation by linking with similar representatives from European Union countries. This article takes an overview of PP in European countries, comparing the situation now in 2022 with the time of the founding of the EFPP in 1991. Despite significant setbacks in some countries, the indications are that PP has made very significant process in most countries in terms of the number of training organisations and practitioners in all four EFPP sections. The impact on public mental health provision is impressive in some countries but remains limited if not very limited in many. The article reviews some of the factors that have led to progress and setbacks, pinpointing ‘lessons’ and warning signs.

Keywords: psychoanalytic psychotherapy; Europe; health-care system; evidence-based treatment; training

Introduction

Overcoming ‘splendid island mentality’

In the 1980s, the APP – the Association of Psychoanalytic Psychotherapy in the NHS and Public Sector (UK) – was a relatively flourishing organisation and arranged frequent well attended conferences and developed a journal. (The APP is not a training organisation, but offers various forms of support for those working in public institutions who value psychoanalytic contributions). In 1988, the APP looked beyond British shores and invited prominent speakers from some European countries to a conference to speak about public sector psychoanalytic psychotherapy (PP) in their countries. Some of their talks have been published in this journal (De Nobel, 1989; Pylkkänen, 1989).

The 1988 conference was somewhat of a wakeup call, showing that the UK had much to learn from our European colleagues. An example was that, as a

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result of evidence-based research, some countries had a greater availability of public sector PP than in the UK; another was that it was possible to develop services that applied psychoanalytic work to those experiencing psychosis (Cullberg et al., 2006). Individual skills and leadership by psychoanalysts in organisational work could transform national psychotherapy services within which psychoanalytic approaches would benefit (Pylkkänen, 1989). In short, the conference somewhat shook some of us out of our 'splendid island mentality'.

Freedom of movement of European citizens

This 1988 conference, together with impending changes in European legislation allowing freedom of the movement between European Union countries (subject to certain EU Directives), and provocative threats of the possibility of European wide regulation of psychotherapy, led me to realise the need for a European wide organisation that addressed PP in the public sector and with the support of the APP, I linked up with colleagues.

The formation of the European Federation of Psychoanalytic Psychotherapy in the public sector (the EFPP)

PP in the public sector was, and is, usually practiced in three settings: those for individual adults, those for children and adolescents and those who work with groups of patients. A small group composed of UK representatives from those three sections started to work together. Contacts were made with individuals and organisation in European Union countries representing the three sections. (Long after the formation of the EFPP, a fourth section was added: that for couples and family PP). Great care was taken to try and reassure psychoanalytic organisations that the EFPP was to be public sector focussed and had a different primary task from that of private/independent psychoanalytic organisations.

The structure of the EFPP

Over two years of consultation, a constitution was developed of which I will mention three key factors.

- Firstly, that the three sections, as defined above, would have equal space and places within the EFPP structures. This was to maximise the chances of the energies of the organisation being outward looking and not used in contesting internal space.
- Secondly, that membership of the EFPP was to be via national networks of organisations of the three sections either networking in their separate sections and/or the three sections themselves networking together within the country. If a national network did not exist, an important part of the

role of the two national delegates of each section was, not primarily to represent their own organisation, but to develop networks with other organisations in that country and represent them all. The stress on this part of the structure was that without the development of *national* representation, there was little chance of influencing national policy regarding PP within the wider psychotherapy field.

- The third element was byelaws that stipulated what were the agreed EFPP standards of training for PP in each section. The current standards can be seen on the EFPP website (<https://www.efpp.org/efpp-about/organisa-tional-by-laws/#training-standards>).

To cut a long story short, the EFPP came into being in 1991 at the first meeting of some 60 European delegates in a snow-bound London despite the additional travelling anxieties of delegates connected with the Gulf War. The draft constitution that had been drawn up during the year before was fully agreed at the meeting. This inaugural delegates' meeting was followed by the APP's second conference on Psychoanalytic Psychotherapy in Europe, a two-day event with speakers from several European countries.¹

Thirty years later

In 2021, the EFPP celebrated its 30th anniversary. During these years, the European Union has expanded considerably and so has membership of the EFPP. With the falling of the 'iron curtain' in 1989, there have been major efforts by the broad psychoanalytic community, including the EFPP to support and develop the interest in psychoanalytically based approaches in former Soviet countries. The EFPP therefore now has members or associate members in at least one section in 36 countries. Another major development has been the incorporation of the fourth section for couple and family psychoanalytic psychotherapists. It can be estimated that the national networks of the EFPP cover perhaps more than 30,000 psychoanalytic therapists that meet EFPP training standards and many more who aspire to such standards (associate membership). Over the years, the EFPP has hosted many excellent and well-attended conferences on important themes, it has developed a book series and a research section. Especially at conferences and delegate meetings, the EFPP has provided settings where one can learn from the experiences of people who work in different contexts and discuss and debate ideas about PP theory and practice but also ideas about how to best develop, organise and apply psychoanalytic services. Most importantly of all, the EFPP has spurred the development or further development of high-quality PP training organisations in some or all the four EFPP sections in many countries. In the UK, we live with the paradox of having initiated the EFPP, Britain has left the EU!

Successes and vicissitudes of PP development in different parts of Europe over three decades

In the following section, I am going to summarise developments and setbacks in psychoanalytic therapy provision in most of the European countries over recent decades keeping in mind the four sections of the EFPP. My aims are to give an overall impression and to highlight what seem the main reasons for those developments and setbacks in some of the countries. In keeping with the spirit of the founding of the EFPP, it is hoped that this information will be of considerable use in both protecting PP and in furthering its development in the coming decades. This is not a review of the EFPP but an overview of the situation regarding PP in European countries, not only those with EFPP membership. It does not cover in any detail the important developments in IPA or other psychoanalytic organisations in Europe, nor Lacanian approaches except where particularly relevant to PP.

The review divides the countries up into three sections:

- (a) Countries in which PP is reasonably well established in the public sector and has not been seriously threatened recently
- (b) Those countries in which PP had been reasonably well established but has experienced major challenges and setbacks
- (c) Those countries in which PP is establishing itself, or has established itself, but does not yet have a good foothold in the public sector

This journal has also published more detailed accounts of the current situation and background history of PP in Austria, Finland, Italy, Switzerland, Denmark, Greece, Poland, Luxembourg, Bosnia-Herzegovina (as well as some countries in other continents) in the June 2020 and June 2021 special Issues of this journal.

Countries in which PP is well established in the public sector and has not been recently seriously threatened

Germany

Germany was way ahead of the rest of Europe in its use of evidence-based medicine to justify the funding of the quite extensive availability of intensive psychoanalytic or psychodynamic therapies by government mandated health insurance, which all residents must have.

This provision has been available since the late 1960's especially following empirical research led by Anne-Marie Dührssen that interested the insurance providers, showing that patients who underwent PP were less often ill, stayed for shorter periods of time in hospital and consulted the doctor less frequently. The research has been summarised in this journal (Haug, 1992).

CBT and systemic therapies have subsequently been subject to outcome analysis in Germany and have become available in the health insurance schemes.

From time to time, further extensive reviews of the evidence base takes place of the existing funded therapies and of new therapies that wish to claim their effectiveness, such as mentalisation-based therapy. Germany conducts a considerable amount of ongoing research into adult, child and adolescent and group PPs, unfortunately much of this does not inform researchers and journals using English language.

Within the framework of approved therapies, an individual may receive a particular therapy only after an expert assesses the prospect of a favourable outcome, a treatment plan is then developed. There are specific issues to be considered for each therapy including the intensity of therapy, during which reports are provided to clarify if the assessment recommendations are being met. The availability and assessment method applies in a similar manner for adult, child and adolescent, and group analytic therapies.

Finland

Finland is perhaps the outstanding example in Europe of the extensive development of PP for the public in recent decades. Its success illustrates the importance of effective involvement with politicians, universities, economics and effectiveness research.

Establishing the profession of psychotherapy in Finland. In the 1980s, a psychoanalyst worked as the Director of Mental Health at the Finnish National Board of Health and he created a 'Task Force on Psychotherapy' that resulted in the transformation of psychotherapy from a status in the public eye akin to alternative medicine, to a profession with a legalised status and access to state funding. Central was the establishment of high 'Quality Assurance' criteria involving evaluation of a) outcomes b) process and c) structure of treatment, to achieve public accountability (Pylkkänen, 1989).

The task force defined the common denominators in the broad field of psychotherapy, its target population, its aims and methods and the training required for psychotherapists. The major specialities included were individual PP, group PP and behavioural therapy (including specialists in child and adolescent psychotherapy). Training in all modalities was divided into a) specialised (minimum of 2.5 years training) and b) highly specialized (minimum of 5 years training). Specialised psychotherapists may carry out psychotherapy under supervision whereas highly specialised psychotherapists can practice independently and usually can supervise others. Both were eligible for reimbursement from public funded schemes, including supervision costs. The Finnish Psychiatric Association approved these developments and since 1994 the Health Care Professional Act has regulated the use of the occupational title of psychotherapist.

The role of universities. Since then, a major change is that theoretical training must take place in a university that provides education in psychology and medicine – alongside the clinical training that is organised within a

psychotherapy organisation. This has happened without major threat to the integrity of trainings but brings benefits from the university base with its research-orientated environment, improved quality control of the training and better dialogue between psychotherapy schools.

Rehabilitative psychotherapy. Intensive (rehabilitative) psychotherapy is available (from social and non-health funds) for up to three years (200 sessions) especially for those whose problems make it difficult to work or study. It can be individual, group, family or couple psychotherapy. Further funding is then available of up to 50 hours annually. Nowadays nearly 50,000 receive such therapy annually (tripled in ten years).

Evidence based psychotherapy. A 2011 survey showed that more than 50% of psychotherapists in Finland were psychodynamically or psychoanalytically trained and that 20% of psychotherapists had received training in child or adolescent psychotherapy. Since the late 1980s, an increasing variety of psychotherapeutic models are practiced in Finland with psychoanalytic psychotherapists decreasing in proportion. Though the provision of rehabilitative psychotherapy was evidence based (Seppälä & Jämsén, 1990), there was initial resistance of the psychoanalytic therapy communities to short-term therapy research until the Helsinki Psychotherapy Study. This compared the effectiveness of short- and long-term psychodynamic therapies and brief-solution focussed psychotherapy. It has been influential, as has other outcome research, to longer term PP being recommended in 'Care Guidelines' as the research demonstrated improved capacities to work and study. PPs are evidence-based recommendations in both acute and chronic/complicated depression and anxiety. Mentalisation-based therapy (derived from psychoanalysis) for borderline personality disorder has the highest recommendation.

Lindfors and Kienänen (2020) state that though the overall situation is currently favourable for PP [in Finland], there is no room for complacency, and that '*a viable future of psychoanalytic psychotherapy is highly dependent on continuing high-quality, clinically relevant research and psychotherapist training, as well as organisational cooperation in these areas and in health policy issues*'.

Austria

The information about Austria has been extracted from the article by Parth et al. (2020) which was written as part of this journal's Special Issues of 'the State of the Psychoanalytic Nation'. That article includes descriptions of the early days of psychoanalysis in Austria and its devastation and recovery, whereas this summary focusses on recent decades.

From the early 1980s there has been a national umbrella organisation in Austria to represent the broad psychotherapy field beyond those who are medical doctors. It was agreed that a basic training was needed for all potential psychotherapists and a legal framework has been created for the formal register of

psychotherapists and training societies which has four major orientations: psychodynamic, humanistic/existential, systemic and cognitive behavioural. These cover 23 psychotherapy schools of which five are based on the psychoanalytic method including group psychoanalysis and seven are psychodynamically orientated.

Medical Doctors may specialise in psychotherapy and, since 2007, all psychiatrists are obliged to train in psychotherapy techniques and theory so they are all titled 'Specialisation in Psychiatry and Psychotherapeutic Medicine'. In some states of Austria, the psychotherapeutic training for psychiatrists is integrative, in others the psychiatrist chooses the modality.

Austria has two IPA societies and they have been collaborating extensively in the last two decades, through the Vienna Psychoanalytic Academy running many education and training courses in psychoanalytic ideas and their clinical application in contemporary contexts.

Psychoanalysts have been professors in a number of Austrian universities since 1971, with a distinct university department for Psychoanalysis in Vienna as well as in Innsbruck.

The Department of Psychoanalysis and Psychotherapy at the Medical University of Vienna offers cost-free psychoanalytic consultations covered by the social insurance, including diagnostic services as well as psychotherapy planning, full-scale psychoanalyses for individuals and recently also psychoanalytic couple therapy. In addition, the department teaches psychoanalytic concepts on personality, psychopathology and exploration techniques as part of the standard medical curriculum.

For two decades a number of universities, including private universities, have cooperated with psychotherapy training institutes to provide the theoretical and practical training, respectively. The aim of recognising psychotherapy as an academic profession akin to psychology and medicine has not yet been achieved, with one ongoing consequence being the high cost of training in psychotherapy in private institutions, whereas in state recognised academic disciplines education is free.

Stemming from August Aichhorn's endeavours, child psychoanalytic psychotherapy clinics exist in four districts of Vienna and closely cooperate with Vienna's Child and Adolescent Psychiatry departments.

Overall, the public are able to receive psychotherapy if they have a diagnosis. Austria has not developed government guidelines for best practice based on an evidence base such as NICE in the UK and the approved framework for receiving psychotherapy is through the 23 accredited psychotherapy schools that insurance providers recognise leading to the availability of a wide variety of psychotherapy. As of yet, a specific psychotherapy is not associated or expected by insurers for a particular 'condition'. Refunding details vary considerable between the many public insurance providers.

It is clear that in Austria, psychoanalysis and psychoanalytic psychotherapy has developed considerably in recent decades in its availability as a therapeutic

provision for the public, as well as in university settings and in the education of professionals in the health and related fields and of the broader public.

Switzerland

PP for adult and children and adolescents in individual and group format now has a very strong presence in the Swiss public health-care services. Psychiatrists have long had to have had a rigorous dual-track training in psychiatry and psychotherapy. Switzerland has a rich history of psychoanalysts working in hospital settings such as the Burghölzli (e.g. Jung and Abraham) and with patients experiencing psychosis. Müller and Benedetti were the founders of the International Society for Psychological and Social Approaches to Psychosis (2022).

The developing Swiss EFPP has played a major role in recent decades in facilitating the maturation of the PP organisations in German, French and Italian-speaking Switzerland. Particularly important were a) the developing of the effective networking of PP organisation to address the therapeutic needs of both public health patients and private practice and b) the further development of training institutes in PP emerging from the shadow of the analytic societies whose criteria and training had a rather isolating and excluding effect and c) the dialoguing with other approaches.

PP organisations working together and with other psychotherapy modalities representing national bodies led to the possibility of success in robust dialogues with health insurance on key issues. Psychologists can now provide funded psychotherapy as well as psychiatrists. Attempts by the authorities to restrict psychotherapy to just 10 sessions before a complex evaluation were opposed, resulting in this entitlement being changed to 40 sessions.

Perhaps unique in Europe to Switzerland and Austria is that both psychologists and psychiatrists must have a dual training with one strand being an approved psychotherapy training. In Switzerland, the latter must be in one of PP (adult or child), CBT or family therapy.

A more thorough presentation of the current situation in Switzerland can be found in (Herrera et al., 2021).

The Netherlands

Psychotherapy in the Netherlands is a profession regulated by a 1993 law. Psychotherapists must be on a national register and have completed an approved four-year basic part-time training which is only open to clinical psychologists and medical doctors.

Anyone can carry out psychotherapy but the law states that only those on the register can call themselves a psychotherapist. Psychiatrists have their own psychotherapeutic training program, varying according to the psychiatric

training institute. They can carry out psychotherapy but not call themselves psychotherapists.

Trainees must choose two different modalities during the basic training from, for example CBT, systemic, Rogerian, psychoanalytic; this is organised from six different institutions in the Netherlands that are re-accredited every four years by a board of representatives from the Ministry of Health Institutions and Universities. These representatives are now heavily weighted towards professors in CBT. In the future these separate basic trainings in psychotherapy will disappear and will be included in the training of all clinical psychologists. From that time, only clinical psychologists can use the title of 'psychotherapist'

Following the basic training one may go on to study in greater depth (at one of three centres) a branch of psychotherapy for which there is proven evidence of effectiveness. This leads to a specialist licence for the particular psychotherapeutic framework. One of these specialties could be child or youth psychotherapy.

The issue of 'evidence based' (in terms of effectivity of the treatment) creates a specific problem for classical psychoanalysis, because the available research for PA does not include the 'gold standard' of RCTs.

The NVPP is the national organisation for those specialists in psychoanalytic psychotherapy. Within the NVPP are special courses that, once completed, enable one to practice, for example, with children or adolescents or the elderly or MBT, TFP, DIT and AFT and other forms of short-term psychoanalytical psychotherapy

There has been a great increase in the number of CBT psychotherapists but psychoanalytic psychotherapy has held its ground and attracts more and more interest in training from psychiatrists.

All citizens are obliged to take out health insurance which covers the cost of 'approved' psychotherapy (i.e., by Psychotherapists). Therapists of all specialties are readily available in most cities. Until now there are no limitations, except for classical psychoanalysis which is excluded from the payment system. The availability of health insurance including cover for psychotherapies is already much determined by evidence-based considerations. This is likely to be even increasingly so; but the evidence for psychoanalytic psychotherapy is felt to be sufficiently secure.

Group therapies have their own organisation within which group analysis has its place but it is not that strong. Likewise, analytic work with families and couples is within its own specialist section which is mainly led by systemic practice.

Belgium

In Belgium there is no legally recognised profession of psychotherapy. Full psychotherapy training is now only available to clinical psychologists, clinical

educationalists and doctors and is university or college based. Other disciplines may practice psychotherapy if supervised by authorized psychotherapists.

Belgium has been active in the EFPP since its founding in 1991 through the FFBPP (Belgian French-speaking association) and the VVPT (the Belgian Dutch-speaking association).

The FFBPP. The FFBPP brings together French-speaking associations and training schools of adult and child and adolescent practitioners whose approach relate to that of the Belgian Society of Psychoanalysis. Since 1991, some 750 psychotherapists have trained at these schools and conduct a range of activities. Group PP has been developing for some years, especially in psychoanalytic psychodrama (see Psychodrama, 2022 for information and an example). An association for psychoanalytic practitioners who work with couples and families is being developed.

Current concerns include a) risks to confidentiality resulting from state statutory procedures and record keeping b) problems in referral routes to psychotherapy c) the potential restriction of psychotherapy practice to certain professions and d) restrictions on trainings to universities, though current relationships between psychotherapy institutes and universities have not led to compromises of essential aspects of training and practice.

PP for adults, children and teenagers has long been well developed in different types of outpatient facilities and in therapeutic communities. In recent years, other therapeutic approaches have grown. The considerable underfunding leads to the favouring of the short-term interventions of cognitive and behavioural specialists overriding the needs of many patients for longer term therapies and increasing revolving door situations.

The VVPT. In 1986, the VVPT was founded with membership of two EFPP member sections: Children and Adolescent and Adults. This association provides a forum for the graduates of the above psychoanalytically orientated trainings by organizing study days, workshops and study groups spread across Flanders. Recognized members of psychoanalytical associations such as the Belgian Association for Psychoanalysis and the Belgian School for Psychoanalysis can automatically become members. The VVPT does not offer training itself, but sets its own requirements for membership, including an individual learning therapeutic programme, a condition that cannot be imposed on the University training.

The VVPT is co-founder and participant of the Journal of Psychoanalysis and its Applications; this is a cooperation between six psychoanalytic associations in Flanders and the Netherlands.

Since the 1970s, the Faculty of Psychology of the Catholic University of Leuven has organized a two-year specialization in psychotherapy for psychiatrists and clinical psychologists as part of a postgraduate course with four possible streams: Behavioral, Systemic, Experiential and Psychoanalytic

therapies (the latter with options for children and adolescents or adult). Graduates are mainly employed in public sector mental health and (semi) residential centres sometimes in combination with private practice. Group psychoanalytic therapy, psychoanalytic family therapy and therapeutic communities are available. Applications targeted at specific groups (psychosis, personality problems, depression, and anxiety, etc.) have developed. Close collaboration exists with colleagues in the Netherlands through conferences, publications and scientific research.

The VVPT organised the first two, very successful, three section EFPP conferences in Belgium in the 1990's.

Recent developments. The main changes since the 1970s and 1980s are undoubtedly the increase in training years, now four years, instead of three and the increase in the number of candidates and trainers. Every year, more than 60 students enter the specialization course in psychoanalytical psychotherapy with an increasing proportion of psychiatrists and about 50% complete it. Participation in the EFPP has contributed greatly to stimulating the development of the VVPT.

Psychoanalytic child psychotherapy in Flanders started developing in about 1950 and since 1974, the postgraduate training in Psychoanalytic Child Psychotherapy has been organized at Leuven University and is based on the trainings of the UK [Anna Freud Centre](#), University College in London, the Tavistock Clinic and the US Yale Child Study Centre. The training is linked with the VVPT child section with which it carries out many other joint activities. The candidates are mainly child psychologists and psychiatrists, and the 220 graduates utilise their training within their core professions in the public sector, some together with a part-time private practice.

Since 2010, there are other trainings for child and adolescent workers which are psychodynamically inspired and since 2018 there is also a training to be an Infant Mental Health practitioner.

There is current pressure to shorten therapies. Administrative and reporting demands are increasing. For two decades more developmentally oriented psychodynamic child psychotherapy is provided, processing complex trauma and using therapies inspired by mentalising and reflective parenting. These changes are probably due to the increasingly severe pathology of children and more disturbed family functioning.

Norway

In Norway, one is entitled to use the title 'Specialist in clinical psychotherapy' if a training has been completed at one the following five institutes: Norwegian Psychoanalytic Institute (NPI), Institute for Psychotherapy (IPSY), Institute for Character Analysis (NKI) and Institute for child and adolescence psychotherapy (IBUP) and the Institute for Group analysis (IGA).

Adult PP. The first three of the above institutes are for individual adult PP and there is excellent cooperation and joint activities between them. The largest, the Institute of Psychotherapy has 351 fully qualified members with 120 in training. Trainees are restricted to psychologists and doctors. It offers trainings at various levels throughout the country for the public and private sectors and as a result PP is widely available in both, including psychiatric hospitals.

In Oslo University there is research activity in both quantitative and qualitative aspects of psychoanalytic therapy. The teaching of psychoanalytic concepts is well embedded in the teaching of psychologists. Bergen University also has interest in aspects of psychoanalysis.

There is considerable interest in shorter psychodynamic therapies in an increasingly competitive field. For psychiatric personnel, mentalisation programmes and training are quite extensive and mentalisation-based therapy (MBT) now has its own Institute.

Child and adolescent PP. The establishment of the EFPP in 1991 provoked the formation of what is now the Institute for child and adolescent PP (IBUP) with training standards at the EFPP level. It has grown over the years such that in 2020 there were 50 trainees. There is a waiting list for the five-year training which is mainly directed towards psychiatrists and psychologists. Most graduates work in the public sector, initially at least, and psychoanalytical understanding is much appreciated in the services even though the numbers of referrals limits those who can be taken into longer term work.

Group analysis. Group psychotherapy has long been an important part of the therapeutic milieu in psychiatric institutions in Norway, however personnel were not formally trained. In the 1980s, the Norwegian Psychiatric Association engaged four training group analysts from the Institute of Group Analysis (IGA), London to start a five-year-long weekend block training that in time extended considerably to other disciplines besides psychiatrists. This led to extensive group work of a higher standard through much of Norway's psychiatric institutions. By 1992, the Norwegian IGA had formed in Oslo with its own group training analysts. Further evolutions have led to one-year introductory trainings throughout the country and in Oslo a three year training that is well suited to the psychiatric field and a further two years for a higher training.

Currently, a hundred trainees are involved in the Oslo trainings. Some other trainings take place, such as groups for adolescents and MBT for addictions. Norwegian group analysts play an important role in the international group therapy world and in the EFPP.

Israel

The information about Israel is taken from Govrin et al. (2022) and other sources.

Historically, psychoanalysis and its various forms and schools were dominant in Israel with intensive long-term psychoanalytic therapy available in the public sector in both psychology and psychiatry departments. However, psychoanalytic approaches had a troubling hegemonic tendency, especially in academic and clinical psychology departments until the 1980s and 90s when various factors challenged this. The outcome has been relatively favourable with psychoanalysis and its applications remaining widespread but in good dialogue with other approaches, for example, some CBT is well informed by psychoanalysis. Clinical psychology is now more evidence-based, pluralistic, and integration-oriented. In academia, there are a number of PhD programmes in psychoanalysis and related themes and outcome research in psychoanalytic therapies is less resisted by psychoanalysts. There are now Israeli journals and book series devoted to psychoanalytic themes. The authors of the article mentioned above consider that the next two decades will be crucial in determining whether there will be continuing relative respect for psychoanalytic approaches gained by the psychoanalytic proponents who relinquished hegemonic tendencies or whether the opposing forces on both sides will gain the upper hand.

Adult PP. Mental health workers from psychology, social work and art therapy can take an advanced further three-year licensed training programs. Of the psychoanalytic or psychoanalytic therapy programmes there were perhaps five in the 1990s. Now there are more than forty, within both universities and private colleges. All major cities and towns and all universities and most colleges have at least one such training program complying with the regulations of one of the two recognized associations: the Israeli Association of Psychotherapy and the Israeli Association of Psychoanalytic Psychotherapy. Both are represented in the EFPP. These institutions offer many additional advanced trainings, conferences, supervision, publication opportunities and other activities.

Child and adolescent PP. This has also increased considerably in parallel with adult PP but there are similar pressures for short-term work in the public sector. The Center for Autism Therapy and Research at the Association for Children at Risk was established in 1990. Its mission is to provide public and equal access to essential treatment for every child in Israel diagnosed with autism. The Association serves some 2,000 children throughout Israel and provides applied psychoanalytic psychotherapeutic training for its therapists, mainly working in kindergartens. The Emergency Center for Children at Risk (EC) caters to children and their parents and is psychoanalytically oriented and was founded by psychoanalysts specializing in children, as well as legal and welfare experts. The EC works with families where the child's development and mental health are at risk due to parental abuse. Besides these specialist services there has been a considerable increase in the number of PP therapists in child services but insufficient to meet the mental health crisis due to covid.

Group PP. Introductory courses in Group Analysis have been popular in Israel since the early 1990s and, in 2000, two well-attended full training courses in Group Analysis started with teachers and trainers from European group analytic societies, not without some painful episodes (Berman et al., 2017). By 2005 Israeli group analysts were themselves running introductory courses and since 2008 they have been conducting a full training course that starts every two years.

Group analysis is expanding and flourishing; it is part of many psychotherapy programmes and of the training of mental health professionals. It is available in many mental health clinics. Group analysis also plays an important part in reflecting on many aspects of Israeli society such as the continuing impact of the Holocaust and the Yom Kippur war as well as on the diverse backgrounds of migrants. There is not yet much research in group psychotherapies.

Psychoanalytic therapy is much in demand and widely available in the private sector. Overall psychodynamic psychotherapy remains influential and dominant in mental health services though there have been major reforms in recent years, allying the mental health system more closely to general health services; treatment length and effectiveness is more closely monitored, somewhat reducing the number of long-term dynamic therapies. Some services with more specific foci are described in the article mentioned at the beginning of this section on Israel.

Psychotherapy is still not legalized as a profession. A significant problem is the dispute as to which core professions should be entitled to be called psychotherapists.

Slovenia

Whilst part of Yugoslavia, Slovenia already had a strong psychotherapeutic ethos of which PP was at the core, with practitioners in all six psychiatric hospitals and in state outpatient services. The first training analyses and supervisions had taken place in Germany, Italy and Croatia in the 1960s and a future group analyst trained in London. These pioneers trained many people within Slovenia leading to the provision of much individual and group PP throughout the country's mental health services and this continues. Child and adolescent psychoanalytic psychotherapy modules are included in some trainings and there are no separate trainings. There is a separate group analytic training that started in 1989. The more rigorous trainings in PP for clinical psychologists and psychiatrists lead to membership of Slovenian organisations in the EFPP and EGATIN. Systematic training in mentalization-based treatment approaches is soon to be introduced in some areas.

Following Slovenian independence in 1991, the wider field of psychotherapy expanded along with PP. It is now possible to train in the psychotherapies at undergraduate and masters level at three universities without other clinical backgrounds, and there is a training in marital and family studies that combines PP with systemic theory.

Those countries in which PP had been at least reasonably well established but has experienced major challenges and setbacks

The United Kingdom

In the UK, psychotherapy is not regulated by law, but the Professional Standards Authority, appointed by Parliament, oversees, and approves the quality of Voluntary Accredited Registers of disciplines such as psychotherapy.

The British Psychoanalytic Council (BPC) is one of those registers. It is for psychoanalytic and psychodynamic practitioners and has about 2000 members. The Association of Child Psychotherapy register has over 1000 members. (The British Association for Counselling and Psychotherapy register has some 50,000 members). These are voluntary registers, so anyone may still call themselves a psychotherapist.

Psychiatry and Psychology are regulated by law and have their own registration procedures.

Reductions in psychoanalytic therapy in the public sector. Four decades ago, many cities had psychotherapy departments usually led by medical psychotherapists, who were psychiatrists with specialist psychotherapy training mainly in individual or group psychoanalytic therapy. These departments offered mainly short- and long-term individual and group analytic therapies.

Day hospitals and therapeutic communities using psychoanalytic understandings were not uncommon. However, psychiatric social workers, who had been able to offer psychodynamic case work were no longer being trained in such methods.

From the turn of this century, evidence-based health care started to have an impact in the UK mental health field. The psychology profession had grown substantially, and training included competence in statistics and research and increasingly CBT. This contrasts with a near absence of such training in the psychoanalytic disciplines. Numerous positive outcome studies of CBT for anxiety, depression and, later, psychosis were published. Government interest in mental health was increasing, stemming from evidence of the economic burden of unemployment resulting especially from anxiety and depression. In 2008, this awareness led to a very substantive financial investment in primary care in a project called Improved Access to Psychological Treatment and the employment of numerous practitioners trained to deliver mainly short-term CBT (www.england.nhs.uk, n.d.) More than ½ million people in the UK now receive IAPT services every year (Clark, 2018) but it is noteworthy that no independent outcome measures have been reported since 2012, despite data collection being central to the approach and there are indications that IAPT may not fulfil its primary goal of being cost-effective (Tasca et al., 2018).

Because of this shift, local decision makers cut back many medical psychotherapy departments and often no longer funded experienced counsellors in primary care (often dynamically trained).

The responses of the psychoanalytic profession. There has been substantial questioning of the validity of the science, psychology, and philosophy of CBT, for example that by Dalal (2018). There have been sophisticated challenges (McPherson et al., 2018) of some of the methodology that leads to the influential guidance for the treatment of depression that is produced by the UK's National Institute for Health and Care Excellence (NICE). This guidance had led to exclusion of consideration of research of longer-term psychoanalytic therapies for complex depression such as that of Fonagy et al. (2015) and Town et al. (2017).

Nevertheless, evidence-based mental health practice (hopefully resulting from more sophisticated clinically relevant research) is almost certainly going to dominate for the foreseeable future and, to survive in the public sector; psychoanalytic approaches will need to participate.

Some positive consequences of this dramatic period are

- (a) Major challenges were successfully made to the proposed methodological basis for the revision of the NICE guidelines for depression resulted in some important changes including a wider range of therapies with a new emphasis on patient choice (www.nice.org.uk, n.d.)
- (b) trainings have begun in short-term psychodynamic therapies such as mentalisation-based therapy and dynamic interpersonal therapy, so that practitioners can be part of the IAPT work force, for example training at the Anna Freud National Centre for Children and Families (www.annafreud.org, n.d.b). Numbers of trained practitioners are still low compared with CBT practitioners.
- (c) Guidelines for short-term psychodynamic couple therapy in depression (Hewison et al., 2014) and naturalistic evidence of the value of couple therapy (Hewison et al., 2016).
- (d) The renewed stipulation that all psychiatrists must receive psychotherapy training. This has led to some recovery in the numbers of medical psychotherapists needed to conduct the training of psychiatrists. The hope is that this will stimulate and maintain interest in psychodynamics and therapies in the influential psychiatric profession.
- (e) As a result of initiatives, there has been a considerable growth of psychoanalytic interest and input into service provision and teaching at the world renowned Maudsley Hospital and Institute of Psychiatry.
- (f) It is encouraging that a half of all medical schools expect students to participate in a Balint group and that all psychiatrists in training should have that experience. There has been a considerable growth of Balint groups in general practice and these have increased further during Covid times.

Networking of PP organisations. The previously mentioned BPC has developed substantially in recent decades, networking a wide number of UK

organisations with 40% of members working in the public sector (British Psychoanalytic Council, [n.d.b](#)). The BPC has also recently ‘kite marked’ shorter term psychodynamic evidence-based therapy trainings (British Psychoanalytic Council, [n.d.a](#)). It has addressed diversity and equality issues and hosts an annual conference but has minimal influence in the public sector and has not managed to influence health insurance companies to approve BPC members to provide therapy interventions.

Networking of psychotherapy organisations. The different umbrella organisations in the psychotherapy and counselling fields including PP have been working together on an ambitious project called SCOPED, (the Scope of Practice and Education) (British Psychoanalytic Council, [n.d.b](#)). It is an attempt to map out generic core competencies and practice standards for psychodynamic and psychoanalytic psychotherapy with adults. These core competencies include minimum training standards, knowledge and experience at different levels, including areas such as therapeutic alliance and working with diversity. The aim of delineating these competences is, on the one hand to increase understanding of the profession *outside the field*, and on the other to guide further professional development *within the field*. Its success depends on agreeing common ground in our often fragmented field and could lead to significant progress in better informing the public about psychotherapy and its practitioners and in favourably influencing policymakers in public services.

Society for psychotherapy Research. The UK branch of this longstanding international, multidisciplinary scientific association has led a consortium of UK organisations into an effective challenge to the revision of the UK NICE guidelines for depression leading to a strong focus on personalised care and service user choice and shared decision-making. There is much more work to do in challenging aspects of guideline methodologies that, in effect, militate against best practice. (Society for Psychotherapy Research, [2022](#))

The Tavistock and Portman clinic. The Tavistock and Portman Clinic has been part of the UK NHS from its inauguration in 1948 and has had a longstanding influence as a clinical and educational facility in applications of psychoanalysis for all age groups and has good university links (Waddell & Kraemer, [2020](#)). Each year, it offers many different psychoanalytically based trainings to some 2000 students from the health, social care and teaching professions as well as training in leadership and management (tavistockandportman.nhs.uk, [n.d.](#)).

Universities. There are several British universities that run psychodynamic or applied psychoanalytic trainings at different levels from introductory to BPC qualification as well as substantive MA, PhD and other research programmes and cross faculty studies.

UK child and adolescent psychotherapy. Britain is perhaps unique in that child and adolescent PP has been recognised by the UK government as an independent profession since the 1940s (Guthrie, 1970) and has a career structure within the NHS. Child and adolescent (psychoanalytic) psychotherapy training takes place within the NHS through salaried positions linked with one of the five child and adolescent PP trainings. (Funding includes personal analysis costs). Successful training usually leads to a clinical doctorate. The Association of Child Psychotherapy has over 1000 members who work in diverse settings such as schools and health service clinics. The government has recently increased training places by 25%. An example of an outstanding range of opportunities exposing students to psychoanalytic ideas, training and research are the joint programmes between the [Anna Freud Centre](http://www.annafreud.org), University College London and Yale, USA (www.annafreud.org, n.d.).

Group analysis and therapeutic communities. The availability of group analysis in the NHS fell considerably alongside the reduction in PP department activities that paralleled the considerable funding of IAPT services. Formal trainings only take place in the private sector.

The only residential therapeutic community still running on psychoanalytic lines is the long influential Cassel Hospital. However, there has been considerable support for the Royal College of Psychiatrist's 'Community of Communities' quality network of 80–100 members, which has a most innovative means of inspection and self-regulation (Haigh & Tucker, 2004).

Couple therapy. Most family therapy in the UK is either systemic, CBT or psycho-educational. However, there are two longstanding BPC member organisations for couple psychotherapy. One is a BPC psychodynamic registered training in couple psychotherapy (part of the Tavistock Clinic within the NHS); the other, now independent of the Tavistock and the NHS is nevertheless called 'Tavistock Relations', a BPC registered psychoanalytic training. This is partially dependent on Government and other grants. It offers a range of trainings, some university certified and some 20,000 sessions of psychotherapy a year. Many of its innovative services are researched. The history and impressive productivity of this organisation and its international reach is well described by Balfour (2021).

Sweden

Adults. Forty years ago, psychodynamic psychotherapy (PDT) was the only psychological therapy practiced, and psychodynamic understanding contributed considerably to multidisciplinary mental health teams.

In the 1980s, the Swedish government introduced a program for psychotherapists that led to a license by the National Board of Health and Welfare. The students had to complete both a basic training (half time for 1.5

years) and an advanced training (half time for 3 years) based on psychoanalytic theories and understanding in a university approved setting. The student had to be working in a clinic where psychotherapeutic work could be supervised during their training. Graduates could then offer formal psychotherapies in the public sector. Patients could also get economic help from the local County Council for private psychotherapy. A psychodynamic approach to patients existed within aspects of psychiatry as, for example, in the Nacka project (Lindgren et al., 2006).

The fact that it was mainly psychodynamic trainings that were licensed (for contrast see Finland) may have been provocative, because in the 1990s CBT was introduced and highly recommended as a more reliable method due to the dogma that randomized controlled trials were the only valid scientific evidence. Other forms of Swedish and international evidence were ignored, and the provision of CBT was supported by decision makers on cost-effective grounds. Licensed CBT psychotherapists require similar lengths of training within their field to that of psychodynamic practitioners as above. A consequence was that quick fix programmes became widespread to the exclusion of long term psychodynamic therapies.

The current situation has improved again somewhat in that there is now general agreement that, whatever the method, longer therapies are needed for more complex psychological problems; however, although in some areas PP is available within the public sector, the fact that budgets are very tight has a strong impact on the number of sessions that can be used. Private psychotherapy is no longer reimbursed.

The National Board of Health and Welfare's guidelines for depression and anxiety prioritise CBT over interpersonal therapy and then over PP, leading to complaints that were upheld that the decision makers were biased, but changes in the guidelines are still awaited.

In private practice, psychoanalytic practitioners have more than enough referrals.

Training. All higher educational programmes are subject to strict recurring evaluation by the Swedish National Agency for Higher Education and require enough academic staff and an academic environment. These demands have led to the closure of several smaller psychotherapy training institutes, some with lengthy experience. Nowadays almost all advanced-level psychotherapy training is within university programmes. In general, the balance is matched between those who choose psychodynamic and CBT programmes. Nurses may train. Sweden's long tradition of training for supervisors continues with three university programmes leading to there being many trained supervisors.

Other contemporary developments. Stemming from the Covid pandemic, research into internet-based psychodynamic psychotherapy has been taking place in Sweden. It includes whether suitability for psychodynamic therapy

can be assessed according to attachment styles (www.su.se, n.d.) and into the outcome of internet-based psychodynamic therapy for depressed adolescents (Mechler et al., 2020).

Children and adolescent PP. As with adults, long-term therapies in the public sector are rare. The increased focus on neuropsychiatry and brief or crisis interventions has led to many child psychodynamic practitioners retreating to private practice. But research is increasing, especially into contemporary PP treatment methods. A recent study shows that experienced psychodynamic psychotherapists' contributions to child guidance clinic conferences and teamwork are much valued.

Three university institutions offer training programmes in child and adolescent PP. One is the high-quality Erica Foundation in Stockholm which also conducts important research in child psychotherapy (Ericastiftelsen, n.d.). It had a major setback to its clinical services in 2018 when funding ceased to all non-profit organisations in Stockholm due to contractual anomalies.

Family and couple PP. This is mainly supported by social services and there is an increased demand in public and private practice. Advanced-level trainings, as described for the other modalities, are available at three universities. Basic-level trainings are more widespread.

Group PP. Group analytic therapies were very common in Sweden in both public and private settings but are very rare nowadays in the former, though there are some for specific diagnoses and MBT groups have been established. Therapeutic community work has also been replaced by CBT and mindfulness groups. In contrast, there is more interest in group therapies in the private sector with both training and clinical provision. There is no longer a government approved training to become a group psychotherapist but those with other approved psychotherapy trainings conduct analytic groups and professionals can get group training to practice within their core discipline.

Denmark

Adult and group PP. Psychoanalytic ideas aroused some interest in Danish public life between the world wars, but no clinics developed. Developments in the health system started in the 1970s when several hundred professionals attended seminars, teaching and training from visiting British psychoanalysts and group analysts leading to group analytic services, therapeutic outpatient communities and hospital milieus in the public sector.

Several Danish psychoanalytic individual and group therapies organisations then formed both nationally and locally, including one for those working with psychosis. Balint groups and the training to become Balint group leaders has become extensive in general practice. The importance of general practitioners

having a good understanding of the dynamics of the doctor–patient relationship has been very well discussed by Davidsen (2010). Since 1995, up to 7 sessions a year of talking therapy per patient is reimbursed in general practice.

University psychology and other departments are not much involved in teaching psychoanalytic ideas and practice, but the University of Copenhagen department of psychology houses the Centre of Psychoanalysis.

The considerable growth in the numbers of staff with basic good trainings allowed for naturalistic research in the public health settings and Denmark is well known for its publication of positive outcomes in such settings such as weekly supportive psychodynamic psychotherapy in psychosis (Rosenbaum et al., 2021) and psychodynamic group psychotherapy with other conditions.

Decline. The closing of the hospitals where this research took place flooded outpatient services and put great pressure for those short term ‘packaged’ therapies with evidence-based results such as those claimed by CBT and lead to a decline of psychodynamic knowledge and attention to the specific needs of individuals. Many psychodynamic trained psychiatrists have retreated to work funded by the two systems that reimburse a limited number of sessions/year.

However, MBT, with its psychodynamic underpinnings is now widely accepted for emotionally unstable and borderline personality disorders. With the regular training visits of a British psychoanalyst, training courses are in all five Danish regions. A Nordic MBT manual was established in 2009, and then in 2012 the Institute for Mentalization was formed with theory and supervision courses. The training leads to a ‘specialist in psychotherapy’ certification from both the Danish Psychological Association and the Danish Psychiatric Association.

Of potential importance is that the training of psychiatrists now requires two short psychotherapy cases supervised by supervisors, themselves trained in psychotherapy supervision to agreed standards. All the psychodynamic training institutions report increasing interest from both psychiatrists and psychologists. A new 3 year psychodynamic training is starting in the Copenhagen region that will be certified by both the Danish Psychological Association and the Danish Psychiatric Society and this could be replicated in the other regions. A leading group analytic training has more applicants than ever.

It is possible that the pressure for short-term therapies may help overcome the resistance of those trained in traditional (longer term) psychodynamic therapies to involve themselves in the approaches of psychodynamic pioneers of brief therapies and to more carefully assess those who can make use of such interventions and provide for them.

Child and adolescent PP. The Danish Society for PP with children and adolescents (DSPBU) was founded in 1992 and started training in 1997. The first part of training is a precondition for entering the second. This is a specialized module and to maintain the training’s recognition by the psychiatric and psychology

professions, it is only for psychologists and also medical doctors who have started postgraduate training as child and adolescent psychiatrists. It consists of 90 hours of theory and 60 hours of group supervision.

The second part of the training adds the components required for full training in child PP and meets the standards of the EFPP (<https://www.efpp.org/efpp-about/organisational-bylaws/#training-standards>). Since 1997 the DSPBU has also arranged infant observation seminars. Participation is not required for entry to the training; however, students are encouraged to add this course. Because there is no state legislation for child psychotherapy, the trainings are privately organised and therefore self-financed by candidates, often with some funding from their workplace. The DSPBU trainings sit alongside other child psychotherapy trainings in mentalisation and CBT.

Starting from nothing three decades ago, child and adolescent psychoanalytic therapy is now much more available, though not nearly as extensive as it could be. Issues involved in establishing the Danish training with the encouragement of the EFPP are well described by Grünbaum and Rose (2007).

France

In France psychoanalytic ideas have long had, and continue to have, a much stronger penetration in cultural life and also underpinned much of psychiatry. This was in marked contrast to the UK where, in common with other Anglo-Saxon cultures, there is a more positivistic psychology and focus on empirical evidence. French psychiatrists were keen to firmly link psychoanalysis within medicine and psychiatry to sustain it as relevant conceptually in hospital and community practice. Applications of psychoanalysis such as psychodrama and institutional psychoanalysis/psychotherapy were and are widespread. Nurses were also well educated in psychodynamics.

The 1968 revolution led to tremendous growth of psychoanalytic studies in universities. Psychology was from then being taught almost exclusively from a psychoanalytic viewpoint. In depth psychoanalytic training remained within separate private psychoanalytic institutes. Clinical psychology then started to develop as a separate profession. The formal creation of clinical psychology posts in 1991, led to a considerable expansion of such posts and supported the influence of psychoanalysis in mental health services.

However, in recent decades, there have been considerable controversies about psychoanalysis within the mental health field tending to somewhat end the love affair, arousing even hatred in some quarters at the sometimes perceived arrogance and dismissiveness of the traditional psychanalytic world of the need for evidence in adult mental health provision and for economic considerations, as well as its dismissiveness of the claims of other modalities such as CBT and of the intrusion of diagnostic frameworks such as DSM. There was also a cultural shift against what might have come across as paternalistic approaches of psychoanalysis. As a result, psychoanalysis has lost a great deal of influence

in *adult psychiatry*. Nevertheless, it is of interest that due to the considerable dovetailing of psychoanalytic teaching with the training of *clinical psychologists* there has been an expansion of psychoanalytic interest and reflection in other fields such as those involving children and adolescents, various group situations, families and personality issues.

A large nationwide group of psychoanalyst teachers/lecturers came together from 26 universities and formed an ongoing political group to withstand threats to local training programmes as well as that group undertaking some qualitative and quantitative research.

A legal framework for clinical psychology has existed since 1985 but psychologists are not reimbursed outside public institutional frameworks for psychotherapeutic work, even though a psychotherapist (not only psychiatrists and psychologists) can achieve legal status in France through completing an approved psychotherapy training. A psychoanalyst is also accepted as a psychotherapist through completing a recognised psychoanalytic training. A fuller description of the French situation can be found in Clesse et al. (2022).

Child and adolescent PP. With the advent of the EFPP in 1991, there was no engagement with France in the EFPP adult section, but regional organisations interested in psychoanalytic approaches to children and adolescents started to gather in an EFPP French network of 7 regional training organisations and formed the French Federation of Psychoanalytic Psychotherapy of Children and Adolescents (FFPEA). These also developed university links and, for example, introduced infant observation in psychology training.

It remains difficult to secure public sector funding in child and adolescent PP due to economic factors and the favouring of short-term interventions, mainly CBT.

Group and family PP. Interest in group analysis started way back in the 1960s in France and became introduced into many university courses in clinical psychology often linking group studies and therapies with those of family, couple and institutions. Groups of practitioners also formed, with various focuses, analytic talking groups, analytical psychodrama, analytical family therapies, analytical group music therapy, analytical relaxation and mediated therapeutic groups. A distinguishing feature of the two group analytic French organisations that have come together within the EFPP is that it is regarded as necessary to have individual psychoanalytic experience before or alongside training in these approaches; indeed one group is of psychoanalysts who engage with these applications. There is a growth in group therapies that are not psychoanalytically based or orientated. Lack of reimbursement for group approaches is a problem.

Greece

In Greece, there is no formal recognition of an adult or child and adolescent psychotherapy profession.

Adult. Before they were lost during the military dictatorship of 1967–1974 there were Hellenic Centres of Mental Health and Research with a psychoanalytic underpinning. Although the Centres were revived, they have lost their psychoanalytic tradition. The Association for Regional Development and Mental Health (EPAPSY) has several activities for adults and children and adolescents that have a psychodynamic approach and some psychoanalytic therapy including a mobile unit visiting some Greek Islands.

Formal training in individual and group psychoanalytic psychotherapies developed from the late 1970s but overall, the influence has decreased in the last two decades with the growth of biological psychiatry and of short-term CBT therapy interventions and also because of the prolonged severe economic problems, let alone the refugee crisis. The retirement of the pioneers in psychoanalytic interventions and the absence of formal recognition of the psychotherapies have been additional contributing factors.

Nevertheless, the Eginition Hospital in Athens has, for 20 years, provided a grounding in PP for 25 adult and child trainee psychiatrists with 42 hours of lectures and 28 hours of supervision. This hospital is somewhat of an exception in Greek psychiatric training, though there is another biannual 60-hours course in psychodynamics that is more widely available since it went online. Other hospitals and clinics have introductory lectures to PP and supervisions. The Personality Disorders Department (PDD) of the Eginition Hospital has participated in the multi-site study of group schema therapy for borderline patients (Wetzelaer et al., 2014) and is participating in a new study with larger numbers.

Adult PP training organisations. There are three individual psychoanalytic or PP training organisations in Greece that are approved members of International Federations, two based in Athens and one in Thessalonika and there are three Greek trainings in group psychoanalysis (one including family PP).

Child and adolescent PP. There are few child and adolescent services in Greece outside Athens and Thessalonika. In the main paediatric hospital of Athens (Aghia Sophia) a child psychology medicine department was founded in the 1970s. This has become a child psychiatry department and psychoanalytic ideas have informed all approaches there. PP is taught to child psychiatrist trainees and to many other staff, some from other clinics. Infant observation seminars are long established. The department took part in international research and developed, for example, research and dissemination of a brief psychoanalytic intervention that is now organised by HACAPP (Hellenic Association of Child and Adolescent Psychoanalytic Psychotherapy). The Pendeli General Hospital for Children has a PP unit within the child psychiatry department and the G

Gennitmatas Hospital offers PP to adolescents, but there is little else within child psychiatry especially with the retirement of the psychoanalytic child psychiatry professors from the Thessalonika Psychiatry Department

A basic grounding in PP is taught to child psychiatrist trainees in several other child psychiatry departments in Greece.

Other public sector facilities for children and adolescents in which child and adolescent psychoanalytic therapists contributed have closed down in recent years, except for two long-standing non-profit organisations in Athens that still provide child and adolescent PP.

Child and adolescent PP training. Besides the trainings mentioned above that can involve child trainee psychiatrists, HACAPP (the Hellenic Association of Child and Adolescent Psychoanalytic Psychotherapy) was founded 1991. The initial trainers were all trained abroad and by 2021 it had 28 members and 48 trainees. It remains the only child and adolescent PP training in Greece and fully meets EFPP training standards. In the current economic situation, the fact that training is self-funded causes considerable strain and deters applicants. The members have considerable influence on other mental health professionals in public institutions and hospitals, mainly in Athens and some research has been carried out showing benefits of brief interventions in suitable cases.

The members carry out a considerable amount of activities both in health service and private settings but formal child and adolescent PP is mainly in private practice and there is no formal place for funded PP in the public sector.

The training in Early Intervention (Under 5's) is now implemented in 2 NHS Child Psychiatric Centres and another two Child Mental Health non-profit semi-public organisations. The training is for primary health-care workers who are health visitors.

A more detailed review of the situation in Greece can be found in Layiou-Lignos et al. (2021).

Cyprus

PP started in Cyprus in 1991. By 1995, the Cyprus Association of Psychoanalytic Psychotherapy (CAPPS) had been formed with psychologists and psychiatrists as members. A training programme was initiated and in 1998 CAPPS joined the EFPP and organised an EFPP adult section conference in Cyprus. Many introductory programmes were organised for the public as well as other seminars. In 2006, a training in child and adolescent PP was initiated. These activities greatly influenced the public sector psychiatric institutions within which a Psychotherapy Centre was formed in 2006. This was closed in 2019 as a result of the newly introduced State General Health Care System in which psychotherapy was not included as reimbursed health actions, in spite of efforts to legislate psychotherapy. PP therefore takes place now mainly in the private sector.

Portugal

Psychoanalytic psychotherapists are mainly psychologists and psychiatrists with a few nurses and social workers. There are four trainings in individual PP and psychoanalysis. Child and adolescent PP is integrated into these trainings.

There is one group analytic society with 100 members, and this also offers training. The only hospital which has departments based on a group psychoanalytic framework is Lisbon's Hospital de Santa Maria, (Manso Neto et al., 2010a, 2010b).

In the last decade, a couple and family PP association has formed and its training is validated by the Portuguese Psychological Association so that its graduates are 'specialists' and 'psychotherapists'. Its members are beginning to have a presence in courts, social support, hospitals, primary health-care centres and in private practice.

Overall there has been a considerable reduction in individual, child and adolescent, and group psychoanalytic therapy provision throughout the country. This can be attributed partly to the continuing seduction of pharmacological approaches to mental illness. Some also consider that the psychoanalytic societies have been too rigid and have not made changes to face current realities. Sadly, most psychiatrists have minimal psychotherapy experience during their training which might have otherwise better supported the continuation of PP in public settings.

Those countries in which PP is establishing itself, or has established itself, but does not yet have a good foothold in the public sector

Italy

A psychoanalytic culture came late to Italy as a consequence of various factors that are well enlarged upon by Migone (2020). But in the late 1960s, there were a number of private initiatives to develop psychodynamic thinking and practice that included public sector health and mental health professionals.

At that time psychiatry had not separated from neurology, and universities did not train psychiatrists, let alone psychotherapists. There were no university psychology courses until 1971 and it was only in 1989 that the Italian Board of Psychology was created with a register of psychologists. Psychotherapy also started to be regulated and from then on it could only be practiced by doctors and psychologists after a 4-year training in a psychotherapy school that must be approved by MUR, (the Italian Ministry of Education, University and Research). Psychiatric training was approved for psychotherapy practice probably as a political compromise so that psychiatrists would allow psychotherapy to be practiced by psychologists!

There was a tremendous growth in psychotherapy organisations (currently about 350 with 12 in university settings) and a number of these were psychoanalytic (adult, child and adolescent, group and family). Though psychology and psychotherapies were limited in the public sector (systemic therapy was initially

probably most common) there has been further reduction from the 1980s onwards with the national economy being partially responsible. Currently, there is a shortage of work in the private sector for the large number of therapists and counsellors.

There is an important research movement in Italy with an Italian branch of the international organisation the Society for Psychotherapy Research which publishes its own open-access journal 'Research in Psychotherapy: Psychopathology, Process and Outcome'.

The Consensus Conference is a recent Italian initiative promoting public access to evidence-based psychological therapies for anxiety and depression and in doing so hoping to influence the Italian National Institute of Health and public opinion in counteracting the dominant medication approach to mental illness. Psychoanalytic therapy and its modifications will need to find its place in this movement.

Following the creation of the EFPP, Soci Italiani EFPP, (SIEFPP) came into being in 1992 (SIEFPP | Soci italiani, 2015). This is the Italian federation/network of the now four EFPP sections of PP and has grown to include 15 training organisations. Previously these organisations were autonomous and scattered throughout Italy without much contact with one another. SIEFPP also bridges public and private settings. It held its first national congress in 1995 and congresses now take place annually with the themes leading to publications. Importantly, the Federation now has an official relationship with the Ministry of Health and hopes to influence mental health policy. The Federation and its members played an important part with the Ministry of Health in the offering of telephone consultations to people suffering psychologically during the Covid pandemic.

Child and adolescent PP. The lively child and adolescent section networks five organisations based in different cities that all offer training and graduate organisation. These have been initiated since the late 70s and 80s and now have nearly 700 graduates and many in training. Outside of the Italian NHS they are taking various initiatives to provide therapy for young people.

Group psychoanalysis. Group Psychoanalysis started towards the end of the 1960s with Group Research Centers in Rome and Palermo focusing on Bion's psychoanalytic theories of group functioning. The Institute of Group Psychoanalysis was established in 1994 and there was a widening of application beyond therapeutic settings to other institutional settings in health and community fields but also the corporate sector. A particular interest was, and still is, the study of the group model with children, adolescents and parents both in institutional settings (mainly with chronic diseases) and also private settings.

Four schools of Group and Individual Psychoanalytic Psychotherapy, headed by the Institute, are active in Rome, Milan, Palermo and Catania and eleven

Group Psychoanalysis Research Centers conduct ongoing research into developments stemming from the Bion model.

Couple and family PP. Impressively, Italy has six organisations for couple and family psychoanalytic psychotherapy that are members of the EFPP, reflecting the long Italian history of interest in family psychoanalytic therapy which is ongoing.

Overall it can be said that PP is very well established now in Italy but, yet to find a substantive foothold in the public sector.

Poland

Polish psychoanalysts were very active nationally and internationally from the very early days of psychoanalysis, but the movement was destroyed in WW2 and suppressed afterwards until the 1960s. Individual and group analytic therapy and therapeutic community work started again, including the psychodynamic therapy of psychosis. For 20 years there has been a psychoanalytically based therapeutic community ward in Krakow for people with personality disorders.

Adult PP. In recent years, there has been a very considerable growth in adult psychoanalytic and psychodynamic organisations in Poland each with somewhat different primary objectives from providing trainings to supporting applications of psychodynamics to public health or other facilities. Some are in association or federation with one another, others are more independent. Poland is well represented in the EFPP. The extent of the development is illustrated by the fact that there are now approximately 2500 practitioners with qualifications in psychoanalysis or PP.

Child and adolescent PP. Child and adolescent PP only started in the last thirty years, mainly with psychotherapists trained in adult PP. The EFPP was an essential stimulus to the formation of a child and adolescent section within the Polish Society for Psychoanalytic Psychotherapy (PTPP) in 2007 which worked on developing a training, and now has two levels: a basic training and an advanced one that meets EFPP standards and is already training its third cohort. The thirty members work in hospitals, schools, psychotherapy centres and privately. Although the Ministry of Health has introduced a national child and adolescent psychotherapy programme, reflecting awareness of the importance of the mental health in young people, training in PP is very demanding and the remuneration is very poor in the public sector, in contrast to that in the private sector.

In 2011 PTPP and its Child and Adolescent Section organized the excellent 1st Two Section EPPP Conference in Cracow: 'Siblings: rivalry and envy –

coexistence and concern'. Very fruitful exchanges took place between psychoanalytic psychotherapists from many European countries.

A potentially positive development has been the establishment in 2006 of a Polish Psychotherapy Council as psychotherapy is not yet regulated. The Council's core aim is to represent the psychotherapy field in discussions about regulation with the Government and the National Health Fund and in matters such as standard setting. Progress has been slow, but a working group has started to define criteria for psychoanalytic and psychodynamic therapies along the lines of Core Competencies in the UK (Lemma et al., 2008).

Close to half a million people were stated to have received psychotherapy in 2018, 50% of these were in addiction services in which group therapies are very common. The fee for service principle does not allow for longer term therapeutic needs, prejudicing against interventions such as psychoanalytic therapy which takes place mostly in the growing private sector.

In the discussions and decisions about what kind of psychotherapy should be provided to whom, there is a lack of Polish research in PP; research from other countries is not often given much weight. In general, psychiatrists are more supportive of CBT. This points to an educational deficit in psychiatry about the place of psychoanalytically oriented therapies and their contemporary adaptations (Dembińska-Krajewska et al., 2021).

In conclusion it can be said that there has been extensive development of PP in recent decades in Poland and this is mainly in the private sector, but the situation is ripening for involvement in the public sector, especially if public sector salaries were to improve for psychotherapists.

Spain

In Spain there is no national regulation of psychotherapy. Clinical psychology was only recognised and regulated in 2017, leading to the beginning of approved trainings and positions in the public sector.

There were psychoanalysts who had long worked as psychiatrists and psychologists in the health service and in universities but many have retired. Those who have trained in psychoanalytic therapies work mainly in the private sector in most parts of the country (which includes subsidised health schemes and private universities).

Regarding psychotherapy, there are several organisations outside of the state services that recognise or accredit forms of psychotherapy. The AEPP (the Spanish EFPP PP network) was a founding member of the FEAP (the Spanish Federation of Associations of Psychotherapists), the important Spanish psychotherapy umbrella organisation that formed in 1992. The AEPP has helped in setting training standards in PP within the FEAP.

Initially, the AEPP tried to network PP in Spain via regional membership, but the inter-regional tensions that have been prevalent in Spain in recent

decades worked against this membership structure, leading to forces opposing the central structural platform of EFPP membership being by national networks. Therefore, a different kind of national network was formed where membership is by associations with EFPP training standards according to the four EFPP sections, irrespective of region. The FEPP (Spanish Federation of psychoanalytic psychotherapy) replaced the AEPP and shows considerable promise of being able to coordinate and promote PP in Spain and be ready with the FEAP for any national initiatives in the public sector regarding psychotherapy. There are indications that the Ministry of Health may be currently considering the place of both child and adolescent psychotherapy and adult psychotherapy in public health. The university trainings in biological and cognitive approaches do not equip psychiatrists and psychologists to engage with the clinical situations that they find on qualifying and in recent years therefore there has been an increase in interest of both professional groups to understand psychodynamics and to train in psychoanalytic psychotherapy.

Luxembourg

GERCPEA: The Study and Research Group in Psychoanalysis for Children and Adults.

Though there is no training in psychiatry and psychology in Luxembourg (the specialists train in neighbouring countries as do most psychotherapists), GERCPEA formed in 1990. This is a four-year training in PP for adult and child psychotherapists and includes components on group and institutional psychodynamics.

Child and adult psychoanalytic practice is mainly in the private sector, though aspects of psychoanalytic ideation are active especially in public health child-related care and a good percentage of child psychiatrists are analytically orientated although only a small percentage of psychologists and psychiatrists are psychotherapists.

Since 2015, Luxembourg has had a law restricting psychotherapists to being doctors or psychologists who have done additional psychotherapy training; but in 2020 the Luxembourg Federation of Psychotherapists appealed against a new government law attempting to restrict psychotherapy to being only 'prescribed' by doctors. The appeal succeeded, resulting in psychotherapists being able to independently assess suitability for psychotherapy. At present, the Ministry of Health does not produce recommendations for mental health conditions but a Scientific Council for Psychotherapy defines both the psychotherapeutic methods which are recognised and other quality criteria. The situation in Luxembourg is more fully described by Pignoloni (2021).

Eire

There is a lively psychoanalytic culture in Eire with much activity within and between the seven psychoanalytic therapy organisations which includes both group and child and adolescent PP organisations. They are all members of the Irish Council for Psychotherapy, Eire's psychotherapy umbrella organisation.

St Vincent's Hospital, in Dublin, houses both Lacanian and group analytic trainings but there is no public health structured adult psychotherapy profession. An exception is the establishment in 2000 of the National Adult Counselling Service that offers longer term help to victims of historic child abuse in church and state-run childcare institutions. A more recent development (2013) is a state funded *Counselling in Primary Care* modelled on the UK's IAPT, shifting the focus back onto shorter term therapies. In contrast to the adult field, there are specific public sector psychotherapy positions in the child and adolescent services, where training is both recognised and funded.

Lithuania

Adults. Lithuanian adult psychoanalysis started in 1988 following a visit from EPF president Han Groen Prakken. The first adult PP training of 19 psychologists and doctors took place from 1995 to 2000, sponsored by the Netherlands government and by the Dutch society for PP. Initially, supervision was from analysts from three other countries, but a higher-level training has since led to 16 Lithuanians who are now recognised teachers of PP.

There are now two PP trainings, one in Kaunas and one in Vilnius, both administered by the universities. There are 65 qualified and practising practitioners and an additional 7 have emigrated.

There has been a dramatic increase in interest in the psychotherapies in the last five years and, within this, interest in weekly dynamic 'depth' therapies. Since 1992 Vilnius University also has a psychodynamic training leading to 200 practitioners who mainly practice privately. Some training in Dynamic Interpersonal Therapy and Mentalisation-Based Therapy has started.

Universities may approve 'outside' psychotherapy trainings, but all Lithuanian psychoanalytic and many psychodynamic therapies are administered within universities. Some *psychotherapy* trainings are independent of university approval. Personal analysis or therapy and supervision are paid for privately. Alongside these developments, the interest in training in more intensive psychoanalytic psychotherapies has levelled off.

Only a small percentage of therapists work in the state health system, where psychotherapies are not well supported, salaries are very low, bureaucratic procedures are considerable and confidentiality of data can be readily broken.

There is no regulation of psychotherapy in Lithuania, but there has been preparation towards this.

Child and adolescent. The University of Vilnius, Institute of Psychology started a child and adolescent PP training in 2009 and currently has 20 graduates of the four-year course and 34 candidates doing the basic training (2 years) and 33 candidates doing the four year training. All candidates have to pay for their training. Graduates work within both the public sector (schools, clinics, hospitals, NGOS, etc.) and the private sector.

Group analysis. Initially, two leaders went to Poland to train. In 1995, a Baltic Group Analytic Training started with trainers from Norway and Denmark (Lorentzen et al., 2006). By 2003, Lithuania had its own trainers. There is a four year training leading to group therapist status and a further two years to become a group analyst. Most group psychotherapists work in mental health institutions. EGATIN and EFPP have been important.

Estonia

The development of psychoanalytic psychotherapy in Estonia, following its suppression during the Soviet era, is a particular testament to international cooperation and generosity. A three section EFPP conference was held in Tallinn in 2005 which provided a further impetus. The Estonian Psychoanalytic Psychotherapy Association of three EFPP sections was formally formed in 2014 and many joint activities take place.

Adult PP. Swedish psychoanalysts introduced psychoanalysis to Estonian psychiatrists and psychologists in their regular visits from the late 1980s. Systematic training started in the 1990s with weekend visits to nearby Helsinki organised by the Finnish Psychoanalytic Society leading to the establishment of the Estonian-Latvian Psychoanalytic Society, who in turn offered training within the Estonian psychiatric and wider therapeutic community, and the training of psychoanalytic psychotherapists. It now has 19 members and the fourth training group has started. As well as Swedish and Finnish psychoanalysts, the Psychoanalytical Institute of Eastern Europe has played an important part.

Trainings in MBT and DIPT have not yet taken root.

Child and adolescent PP. Those interested in children, initially learned from the trainings in adult therapy until 1995, when child specialist colleagues from the Scottish Institute of Human Relations came regularly to Estonia and then others from England and Finland. A training was conducted between 1997 and 2004 leading to eight Estonian graduates and the formation of the Estonian Psychoanalytic Child Psychotherapy Society (EPLS). Subsequently, the EPLS has conducted two training cohorts with 10 graduates and is planning the third. As well as organising educational activities, such as with psychiatry trainees in Tartu and conferences beyond EPLS, members are very active in the EFPP Infant Observation Working Group and in attending meetings in London at the

Anna Freud Centre and Tavistock Clinic and elsewhere. Members work in hospitals and public sector clinics.

Group PP. There was no training or activity until the impressive Baltic Project of Training in Group Analysis (BTPGA) in 1995–1996 where three members of the Institute of Group Analysis (Norway) led an introductory group training for 31 psychologists and psychiatrists from Estonia, Latvia and Lithuania in Vilnius. The Nordic Council financed its continuation from 1997–99 and then Danish trainers also became involved. The next step in Estonia was the start of training led by Lithuanian training group analysts for members of the Estonian Group Analytic Society which is now four generations old with 19-group psychotherapists and a further six group analysts. The members conduct wide ranging activities in the mental health, teaching and social work fields. Full training has paused at the moment due to length and cost of training and shortage of trainers.

Russia

There is a long, complicated and contested history of interest in psychoanalysis in Russia. However, the mental health services remain dominated by a biological approach based on the philosophy of dialectical materialism where psychoanalytic ideas are seen as a ‘false theory’.

The legislation is that only psychiatrists can be psychotherapists. However, what is psychotherapy in Russia is very different from that in the West and is usually supportive of the biological approach.

Few psychiatrists have therefore become interested in applying psychodynamic understanding to their institutions, let alone with individual patients and psychiatrists dominate in ‘prescribing’ interventions. The small number of IPA psychoanalysts work in the private sector though some have important roles in universities but not in the Russian health service. Likewise, the East European Institute of Psychoanalysis, based in St Petersburg, trains people who work in the private sector. There are now many trainings in PP organised in universities which leads to private practitioners.

More productive for the Russian health service has been the involvement with the (controversial) German Academy of Psychoanalysis whose primary activities were aimed at creating a dynamic psychiatry and this has been successful in the Orenburg region of Russia and two other institutions.

Of note are the developments in the Stavropol region which developed a relationship with Norway and Canada. The number of psychologists increased there and several began psychoanalytic training. They have engaged regularly with the regional mental hospital wards and their staff offer various forms of psychoanalytically informed support beginning to transform the psychiatric institution. Psychosis services are also enhanced through membership of the ISPS (The International Society for Psychological and Social Approaches to

Psychosis). A Stavropol Regional Psychoanalytic Association has formed with links to the EFPP and is now 25 years old with 57 members from Stavropol and other cities. It is developing sections for children and adolescents and for group analysis. Regular conference take place both around psychoanalytic themes and other developments in the mental health field.

In summary, it can be said that in Russia the interest and growth of PP in the private sector is increasing almost exponentially with very varying standards but, besides the exceptions mentioned, development has been minimal in public mental health services.

Hungary

Since 1992, medical doctors and clinical psychologists can undertake specialised training in psychotherapy in courses that are partly university-based and partly with one of about 20 societies for the training in the specific modality.

The Hungarian Psychotherapy Council is the voluntary accrediting umbrella organisation. There are about 6–700 hundred fully licensed psychotherapists and about half of these are analytically-dynamically trained or orientated, mainly working in private practice as there is not yet any psychotherapy service network in the health services, and health insurance does not cover psychotherapies. The demand for therapy in the private sector is considerable and growing, as is the interest in training in the psychotherapies.

Psychoanalysis in Hungary has a long history, interrupted by WW2 and the communist regime. In the last thirty years, it has undergone a resurgence along with other accredited depth psychology associations. The IPA society also runs psychoanalytically oriented psychotherapy training.

Group analysis started in the sixties (initiated by Balint's followers) and became connected with the Institute of Group Analysis (London) at the end of the 1980s.

There is a family and couple therapy society and its methods are partially psychoanalysis-based.

There is a psychoanalytically oriented training in child analysis and two persons are now involved in the new European training in child psychoanalysis.

Recently, trainings have started in both mentalization-based therapy and in transference focussed therapy.

Croatia

The latent interest in PP revived after 1991 when Croatia gained independence from the former communist Yugoslavia, although in the public sector individual and group therapies remain in the shadow of the dominance of pharmacological approaches. During the war of independence (1991–95) PP in both individual, but especially in group settings were organised. Groups were organised for

refugees, displaced persons, ex-prisoners of war, and after the war, for war veterans and their family members.

The dominance of biological approaches may be changing as an increasing number of psychologists and psychiatrists are getting involved in psychodynamically oriented trainings. Two important supports for this change are the trainings in group analysis organised by IGA Zagreb and the annual meeting of Croatian ISPS network and its annual School of the Psychotherapy of Psychosis. An important event was the international ISPS conference in 2011 which was followed by a number of publications. The Covid epidemic in Croatia has also been associated with an increasing interest in psychodynamic talking therapies.

There is specialist training in child and adolescent psychotherapy which psychiatrists may also undertake.

Psychotherapy and psychotherapists are now regulated by law, and responsibility is passed to a Chamber of Psychotherapy. Croatia has an umbrella organisation for the psychotherapies.

Serbia

The Association of Psychoanalytic Psychotherapists of Serbia (APPS) formed in 1991 bringing together 37 members of the different EFPP sections. For three decades previously PP had been quite prominent and had a section within the Serbian Medical Society and group psychodynamics had been conspicuous within the flourishing of social psychiatry.

The APPS organised a highly successful EFPP conference in 2018 - *The challenge of Social Traumata – Inner Worlds of Outer Realities* and is a founder member of the psychotherapy umbrella organisation in Serbia. Its members work in both public and private settings.

Group analytic PP. The group analytic society of Belgrade formed in 1995 following trainers coming from London and now has around 40 full or associated members and more than 50 trainees. Since training groups now happen within the Institutes of Mental Health, there is again an increase in interest in group analytic approaches within the public sector.

Child and adolescent PP. Child and Adolescent Psychoanalytic Training in Belgrade started in 2008/09. There are now eight qualified graduates and ten people in training. The graduates are mainly psychoanalysts and psychoanalytic psychotherapists with extensive previous clinical experience, but there is no child and adolescent psychoanalytic psychotherapy provision in the public sector as there was in earlier times. All work takes place in private practice. Getting a foothold in the public sector is clearly a challenge for the future and much will depend on whether the growing child and adolescent section can impact on psychiatrists and psychologists.

Psychotherapists in Serbia can now come from a wide range of backgrounds.

Bosnia and Herzegovina

In Bosnia and Herzegovina, psychoanalytically informed therapies and milieus were present within the health care system before the Balkan wars of 1992–1995. These wars caused massive psychological suffering and loss for most of the population (and the loss of psychiatric institutions and expertise).

In addressing trauma, a range of new therapies came to the fore in services especially those provided by psychologists in which CBT dominated.

Group analytic PP. However, group and group analytic work, assisted by Croatian group analysts, was also prominent in several cities, perhaps readily arising from the cultural folk custom of the ‘sijelo’ tradition of coming together in a social circle to discuss matters. A large number of professionals have now completed introductory courses in group analysis and a number have finished the full training and some have become training group analysts. It is of note that most are psychiatrists. The Institute of Group Analysis in Belgrade has played a prominent role. Group analysis is often practiced in psychiatric institutions (including people with psychosis) day hospitals and private practice.

Adult PP. Individual psychoanalysis and PP have developed in a much smaller way and is confined to private practice.

There is no regulation of psychotherapy or license in Bosnia and Herzegovina, but a psychotherapy umbrella organisation has been set up that relates to the European Association of Psychotherapy (EAP) and health insurance covers all treatment if in a health-care setting. Overall, it can be stated that the need and demand for psychotherapy far outstrips its availability. The situation in Bosnia and Herzegovina is more fully described by Avdibegović et al. (2021).

Ukraine

ECPP European Confederation of Psychoanalytic Psychotherapies with EFPP European Federation of Psychoanalytic Psychotherapy and IPA International Psychoanalytic Association.

Following the end of the communist regime and over the previous 30 years prior to the war that started in 2022 (following the Russian invasion) a number of psychoanalytic psychotherapy modalities had developed very substantially in several regions of Ukraine, included adult individual, group, child and adolescent psychoanalytic psychotherapy trainings. There was considerable international cooperation from individuals and organisations, including the Eastern European IPA programme, the EFPP and the ECPP. Many Ukrainian enthusiasts began to travel abroad for shuttle training and an even greater number of

European psychoanalysts and psychoanalytic psychotherapists came to Ukraine with lectures, seminars and long-term training projects. A psychoanalytic underpinning continues to dominate the Ukrainian psychotherapeutic field.

Some Ukrainian universities provided psychoanalytic and other psychotherapeutic educational activities, though research, especially outcome research, is lacking. Unlike some Western European countries Ukraine had not until now experienced any crisis in psychoanalytic psychotherapy. Although Ukrainian scientific publications often contain a discourse opposing the psychoanalytic approach and addressing short-term, evidence-based methods, these lack any teeth due to the under development of insurance-based medicine provision and legislative regulation in the field.

The development of psychoanalytic psychotherapy in Ukraine is one expression of the overcoming of the post-Soviet legacy in terms of its mentality and the continuing rigid system of organization of the mental health sphere with its desire for institutionalization and legislative regulation. It is also a recovery of the enthusiasm for psychoanalytic ideas that existed in the very early years of the 20th century before they were crushed. Practice rests on the enthusiasm of individual specialists and is almost entirely in the sphere of private enterprise where there is growing demand from the public for psychoanalytic psychotherapy services. As yet there is little integration into institutional health structures where there remains a rigid, post-Soviet medical model of psychotherapeutic care. There is also the emergence of commercialised medicine; both these are not compatible with the conscientious practice of psychoanalytic psychotherapy.

During the current war, the demands for crisis counseling, psychological support, treatment of acute psychic trauma and clinical supervision have increased dramatically. The situation is complicated by the fact that both patients and specialists in Ukraine are in a state of severe ongoing stress. Large-scale displacement of the population both within Ukraine and to beyond its borders, the constant threat of shelling and air raids, a significant decline in the economy and incomes of the population and a catastrophic shortage of fuel have led to the fact that most of the psychotherapeutic work is done online and wholly or partly on a volunteer basis. In these circumstances, Ukrainian psychotherapists have found invaluable support from Western colleagues, ranging from them providing direct financial support and housing to victims of the war, to assistance in confirming the qualifications of refugees, conducting training and supervision projects to work with mental trauma and organizing various psychological support groups. The common tragedy has led to unity and an improved dialogue within the Ukrainian psychotherapeutic field and a sense of an even stronger integration with the Western psychotherapeutic community.

Bulgaria

The earlier interest in psychotherapy and psychoanalysis almost vanished because of WW2 and then communism, but stirred again in the 1960s and

70s, not without danger to interested individuals. Group dynamics and therapies were of particular interest. There was both emigrations of key people and, increasingly, visits from overseas experts. In 1988, an international conference on psychotherapy was held in Sofia and in 1993, the umbrella organisation, the Bulgarian Association of Psychotherapy (BAP), was formed and became an NGO. It organises a National Register of Psychotherapists though until now there is no formal status or legislation for psychotherapy in Bulgaria. All BAP trainings require a minimum of 3200 hours. Nearly all psychotherapy takes place outside of the public sector and there is no insurance for psychotherapy.

A number of PP organisations have now formed as has a Human Relations Institute with international exchanges. These are developing trainings supported by, for example, the European Psychoanalytic Institute and the EFPP. There is also a more informal Centre for Psychological Counselling and Psychotherapy that aims at a broader promotion of psychodynamic understanding and skills in the mental health field.

These developments bring many challenges for the future besides the lack of penetration of the health services. The growth of interest in training highlights the shortage of training therapists and the limited amount of literature available in the Bulgarian language.

Romania

PP trainings all take place in the private sector. There is one private university which has psychoanalysis in its curriculum and offers an MA in psychoanalysis. There is no research taking place related to psychoanalytic therapies

There are a number of good-quality individual PP trainings in Romania. Some psychiatrists and a greater number of psychologists have trained in psychodynamic approaches and work in health and related services. There is theoretical interest to study mentalization, but the applied field is still very rare. For some time there has been an interest in applying psychodynamic interpersonal therapy

Starting from a non-existent level in the last century, some Romanians interested in family psychoanalytic therapy had contacts in France and Argentina and became trained. By 2010, an association was formed and soon they were not only training fellow Romanians but also professionals in other countries in SE Europe such as Ukraine and Kazakhstan. Practitioners work both in the private sector and in projects funded by NGOs and various teaching institutions such as schools, kindergartens, medical institutions and teaching institutions.

There are plans for all four EFPP sections in Romania to network together and have joint activities.

Czech Republic

Czech psychotherapy emerged from its clandestine existence in the 1990s and with the support of the EFPP. The Czech Society for Psychoanalytic Psychotherapy (ČSPAP) has become a very active PP society containing all four EFPP sections and produces a journal (for more information of activities see the website) (Anon, n.d.a). It has 39 members in these sections and some 150 in training. Psychotherapists who are psychologists or psychiatrists are reimbursed in settings covered by health insurance. The EFPP has been felt to be a 'massive' support for the development of the sections and of training and the feeling of being connected with a European endeavor.

Slovakia

Psychoanalysis had 'taken' in Slovakia before WW2. After the dissolution of the USSR, analysis and group analysis started again in Prague (now in the Czech republic) to where Slovaks have started to travel to train and there is also progress towards a Slovakian IPA study group.

Psychodynamic therapy (by people who have received less intense trainings) is holding its own during the pressures from health insurance for briefer therapies and people can get up to 20 sessions.

Psychotherapy is restricted to being practiced by psychologists and psychiatrists. There is a psychotherapy umbrella organisation that is reasonably effective and there is a movement to bring together the psychodynamic and psychoanalytic practitioners into what is hoped will be an effective network of the EFPP sections, that will further develop trainings and practice.

Couple and family psychoanalytic therapy is fairly well established.

Child and adolescent psychoanalytic therapy is rather conspicuous by its absence at present.

Group PP training has started in the private sector in recent years using training group analysts from Prague.

Turkey

It was not until the 1980s that there was a group in Turkey who started to meet around psychoanalytic ideas in the repressive political regime. In the next decade contact was made with French psychoanalysts and training started, leading to Turks becoming members of the Paris Psychoanalytic Society. The next step was the establishment of the Istanbul Psychoanalytic Society. The analysts and the candidates participate actively in the transmission of psychoanalysis and organize conferences with this purpose in other cities of Turkey and in Cyprus. Some seminars are open to the public to promote familiarization with psychoanalysis.

Some of the analysts from the Istanbul Society have formed the Istanbul Child and Adolescent Psychoanalytic Psychotherapy Association which now has

eight members and 54 candidates. A psychoanalytic and group analytic section have formed and all three are members of the EFPP

At this point psychoanalytic psychotherapy is not covered by health insurance nor available in the public services. There are legislative problems for psychologists in conducting psychoanalytic psychotherapy even when trained and the economic crisis is reducing those seeking private therapy.

Malta

Psychotherapy has been regulated in Malta since 2008. Practitioners need to have had an undergraduate degree in the social sciences before completing at least a 5-year part-time Master's psychotherapy training. The two main therapy modules in which there is full training are Gestalt and family therapy. CBT, mindfulness and dialectical behaviour therapy are the other dominant approaches, offered mainly by psychologists. The psychodynamic community is small for a population of 500,000. Psychiatrists are now more exposed to CBT than psychodynamics during training. Psychotherapy is available through the ministry of social welfare, the department of health and in schools through the education department. There is a limited amount of child and adolescent psychotherapy and there are some practitioners in the arts and play therapies including Jungian sand play.

The main developments in the psychoanalytic field has been the formation of the Malta Depth Psychological Association in 2007 and its evolution into a Developing Group of IAAP (International Association of Analytical Psychology). There are now four Jungian psychoanalysts, two working in the public sector, one with cancer patients and the other is head of psychology within psychiatry on Gozo island. This practitioner has developed imaginative movement therapy (imaginativemovementtherapy.org, n.d.). These developments have come about through support and links to neighbouring countries and also further afield.

In the near future, the possibility in Malta of a full training in the psychoanalytic therapy field seems dependent on the further development of the Malta Depth Psychological Association and/or qualified psychoanalytic psychotherapists moving to the islands.

Kazakhstan

Psychoanalysis only started in Kazakhstan about 15 years ago in two societies and there are IPA candidates. The candidates have started their own infant observation training. Because of the long history of dictatorship, psychoanalytic practitioners report that freedom of thought remains problematic.

Armenia

Armenia has the Armenian Psychoanalytic Association which is active and aiming at becoming a study group of the IPA. There are a few psychoanalytic psychotherapists who are not yet organised in groups.

Georgia

Georgia has been actively training adult and child and adolescent psychoanalytic psychotherapists to EFPP standards since 2009 with the support of the Czech Psychoanalytic Psychotherapy Society, Ukrainian societies, the European Psychoanalytical Institute and the EFPP as well as Dutch and British analysts and child analytic therapists. The still small number of members are most active in international psychoanalytic events and courses but further development is hampered by both a shortage of training therapists and financial discrepancies between local and European fees. Psychotherapy has not penetrated Georgian health services.

Review of facilitating and negating factors in the development of PP in Europe

Setbacks and cutbacks in PP availability

UK, Portugal, Denmark, Sweden, Spain, France, Greece and Cyprus are those countries in which it is clear that there have been cutbacks in the availability of PP, and it is mainly in the public sector where these have occurred. Some of these countries have also made progress in other aspects of PP provision and reference is made to some of these in sections below.

In both the *UK, Sweden and Denmark* 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. In *France and Portugal*, I am informed that the loss of a more psychoanalytic base stems, to a considerable degree, from failures of parts of the psychoanalytic community to adapt to changing realities. In *Greece* the setbacks are a combination of the severe economic crisis, pressures for short-term CBT and retirement of leading figures whereas in *Cyprus* the loss of a psychoanalytic presence in the public sector was based on a decision that the state purse was not to fund psychotherapies in general.

Successes

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.

Finland's extensive public provision of the psychoanalytic therapies also stems from its forty-year history of evidence-based research, combined with excellent leadership and cooperation with other psychotherapies. In recent years, it has been welcoming of training in short-term therapies such as MBT, as well as carrying out important research into longer term therapies.

Norway, Denmark and Finland have been introducing MBT and DIPT as short-term evidence-based therapies, balancing somewhat the dominance of CBT that is occurring in other countries where MBT and DBT is not being introduced.

Norway stands out in the extent that it has influenced psychiatrists and psychologists and nurses so that many psychiatric institutions have a quite extensive psychodynamically orientated milieu in the way that Denmark used to. This background allows for the ready development of more specialised psychoanalytic therapies in many cities and services (individual, group and child and adolescent and recently couple and family therapies).

Danish psychiatrists and psychologists are currently keen to train in group and individual psychoanalytic therapies and Balint groups are common amongst family doctors who can also be reimbursed for offering short-term therapies.

It is clear that the formation of the EFPP was a major stimulus for PP in *Switzerland* to organise itself and network the three sections and be an influence alongside other psychotherapies with health authorities. 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.

Austria is another country with wide availability of psychotherapy to the public through universal health insurance schemes in which psychoanalysis and psychoanalytic psychotherapy are prominent. In contrast to Germany and Finland, there has been an absence so far from the insurance authorities of the need for an evidence base of effectiveness of different approaches and the success seems to stem from the good organisational coordination between all the major psychotherapy orientations.

Israel is an example of a country where, since its foundation, psychoanalytic approaches had dominated in academia and mental health services but where its ongoing place has so far been successful because the profession has overall taken considerable responsibility for its previous hegemony, now allowing for mutual respect and benefit from the development of other approaches in including serious interest in some quarters for psychoanalytic interest in outcome research.

In recent decades, *Luxembourg* has developed from scratch a PP training for adults and child therapists, in which it integrates studies of group and institutional functioning.

In most former *Soviet countries*, PP trainings have developed substantially also almost from scratch, initially with trainers from abroad. Many now have their own training therapists and are even contributing to the training of other countries. For example, *Romania*, having been helped by France and Argentina

to develop family psychoanalytic therapists, these therapists now themselves train therapists in other countries. In most former soviet countries, therapists work in private practice as the mental health services are not yet psychotherapeutically orientated and because the earnings differential between working in the public and private sector is a deterrent to therapists engaging more fully in the public sector. The EFPP has had a major influence in these countries. The work of the Han Groen Prakken European Psychoanalytical Institute has and will surely be of long-term impact too supporting the training of a considerable number of psychoanalysts and child psychoanalysts who in turn will assist in the training of PP practitioners.

Further examples of positive developments can be found in the following sections.

Evidence-based psychotherapies and research

More and more countries are experiencing expectations to provide short term and evidence-based therapies. This is a very complicated subject for reasons, which will not be fully rehearsed here, but it is a reality that challenges psychoanalytic practitioners and organisations and surely this will only increase with time and will probably impact on all European countries. It is therefore important that the latter do not repeat the tardiness of much of the psychoanalytic field to face this weather forecast as even the very survival of PP may be at stake.

I will mention just some of the more impressive attempts being made to face this reality and first acknowledge again the ongoing research in Germany in group, individual and child and adolescent psychoanalytic therapy, research that is sadly not often known and used elsewhere due to the language problems. There is also the research into MBT (Bateman & Fonagy, 2010) DIPT (Lemma et al., 2010) and couple psychoanalytic therapies and the indications for these therapies. In some countries, this research helps support the provision of training for therapists in those approaches, so that CBT is not the only horse in town for short-term interventions. Hewison, Casey and Mwamba (2016) provide an example of research into the effectiveness of couple therapy.

As with adult PP, the child and adolescent field has been slow to be involved to any great extent with outcome research but an important review by Midgley et al. (2021) conclude '*that there is evidence of effectiveness for psychodynamic therapy in treating a wide range of mental health difficulties in children and adolescents*' but not surprisingly he urges more high-quality research, some of which is again taking place in Germany, including parent-infant research.

Evidence-based guidelines can have considerable flaws and experts can have their own biases, making it particularly important that psychoanalytically orientated practitioners have statistical expertise available. This paper refers to examples of important evidence being ignored in making directives, for example, in Sweden. The Society of Psychotherapy Research in the UK found significant flaws in the methodology proposed as a basis for drawing up revised UK NICE

guidelines for depression. This led a consortium of 40 organisations that powerfully challenged the proposed methodology ([Stakeholder position statement on the NICE guideline for depression in adults, n.d, 2022](#)) with some success.

Intuitively, psychoanalytic approaches should come into their own when people have longer term needs, but more convincing long-term outcome research is surely going to be needed. Several countries are conducting such research. 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 such as the research of Mechler et al. (2020).

Networking

- (a) *International*. During recent decades a number of EFPP PP member organisations as well as PP organisations outside of the EFPP, have come into being as a result of training offered by trainers coming from other countries. This had been happening in previous decades but has considerably increased. Group analysts from Britain played a major part in developing group therapies in Denmark and Norway and these countries in turn have assisted some of the Baltic countries in training group analysts. Other European group analysts helped Israel establish its, now extensive, group analytic network. EFPP members, especially in the field of child and adolescent psychotherapy and the Psychoanalytic Institute for Eastern Europe have supported the exponential growth in interest and practice of psychoanalytic therapies in Eastern Europe. Transnational training has been taking place in the last decade in MBT and DIPT, facilitating psychodynamic therapies finding a foothold again in the public services or increasing their footprint. Two good examples of international cooperation with public sector facilities in Russia are described in the section on Russia.
- (b) *National networking*. A central pillar of the EFPP was, and remains, membership of a section by national networks. The key task of EFPP delegates is the development of national networks as it is believed that only in this way can PP organisations be effective in influencing national policies and represent PP. This will usually mean a national PP network being involved alongside other modalities of psychotherapy to represent the whole psychotherapy field. There is evidence that this long-term political strategy of the EFPP is beginning to be effective. Though antedating the EFPP, Germany, Austria and Finland are early examples. 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 deleterious practices health authorities try to impose. In 2018, the EFPP network in Finland helped challenged the proposed loss of funding for psychotherapy (Lindfors & Kienänen, 2020, p. 135). 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, has an annual conference, produces a book series and organised consultations for people suffering from Covid-related mental health problems. Spain is an example of a country with the strength to face the fact that its original EFPP network design was not working and to restructure its membership into a new effective form of national network also representing PP within the Spanish psychotherapy umbrella network. 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.

- (c) *Networking with umbrella psychotherapy organisations.* In the countries where psychotherapy is more widely available, psychoanalytic organisations work successfully enough alongside the other recognised psychotherapy modalities, or are beginning to do so, in preparation to work with government and other health providing agencies. For example, in Spain and Poland the national psychoanalytic networks work within FEAP (Spanish Federation of Associations of Psychotherapists) and the Polish Psychotherapy Council, respectively and reference has already been made to Switzerland, Germany and Finland. There are some dangers in psychoanalytic therapy organisation in focussing only on networking with themselves and not respecting or allowing the growth of other approaches including the need for research into effectiveness. The adult field in France is perhaps an example where organisational attempts at hegemony have had very serious consequences but perhaps Israel seems to be a good example where the broader psychoanalytic profession fortunately took responsibility for this tendency, with the recovery of mutual respect and benefits from relations with other contributors to the psychotherapy field.

Training standards

In setting up the EFPP, one of the main anxieties was whether the organisation, with its many countries and different cultural contexts would hold together in either way, on the one hand, through having common training standards for each of the three PP sections or, on the other hand, if training standards were to vary from one country to another. Although this was the source of tough discussions at times in the first decade of the EFPP, common standards have proven to be a

pillar of strength for the organisation and a signal of its seriousness when the psychotherapy field is, and was, vulnerable to the superficial and the too ready handing out of qualifications. The associate membership category of EFPP for those organisations that have not yet reached the EFPP training standards is felt to be facilitating of further development and not inhibiting.

In the regulatory field, the attempts to define and monitor therapist competencies at different levels and in different modalities and for different disorders, as is being pursued in the UK and Poland, (British Psychoanalytic Council, n.d. and UCL, 2018) may prove to be important and helpful. It is well known that therapist variables contribute considerably to outcomes.

Regulation

In European countries, there is a gradual movement towards regulation of psychotherapists and/or the use of the title psychotherapy, often necessitating the overcoming of many conflicts. 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. Other significant sources of conflict include the clarification/decisions as to the main modalities of psychotherapy and then the approval of training organisations. 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. Finland has a system where psychotherapy is categorised by three modalities and further divided into a) specialised (minimum of 2.5 years of training) and b) highly specialised (minimum of 5 years of training). Specialised psychotherapists may carry out psychotherapy under supervision whereas highly specialised psychotherapists can practice independently and usually can supervise others. Both are eligible for reimbursement from public funded schemes, including supervision costs. The regular accreditation of training organisations can be expensive and time consuming as in Switzerland and Sweden.

Universities

In quite a few countries, psychoanalytic training is partially conducted within a university setting, especially the theoretical training, or else a university approves the training institute. This seems to have mostly had advantages and been without undue problems, though in Sweden bureaucratic procedures can be excessive and some long-standing trainings have ceased as a result. In Finland, university training in Finland now excludes those nurses without a degree who

commonly undertook the important Open Dialogue family therapy training (Putman & Martindale, 2021, p. 46). On the positive side, university-based trainings expose students to other modalities and to a research environment; students are more likely to become involved in, and knowledgeable about, research. In France, a nationwide group of university psychoanalyst teachers/lecturers formed a political group to withstand threats to training programmes! Universities with psychoanalytic studies and cross faculty studies often contribute to a psychoanalytic culture.

Psychiatrists

Psychiatrists have the strongest voice in determining mental health policies and therefore their own exposure to psychoanalytic theory and practice will continue to make a vital contribution to the place of PP and psychotherapy in the public mental health services. To my knowledge, Switzerland and Austria are the only countries where all psychiatrists are always fully trained psychotherapists. In Italy, psychiatrists are entitled to call themselves psychotherapists, but this is usually tokenistic and is the result of a political compromise whereby psychiatrists then allowed psychologists to practice psychotherapy (in which the latter were trained!). In the UK, there has been some increase in medical psychotherapy posts (those psychiatrists who have specialised in psychotherapy) so that psychiatrists in training can then be taught psychotherapy. These medical psychotherapists also are leaders of some psychotherapy services. The UEMS (European Union of Medical Specialties, 2017, n.d.) expects European Union psychiatrists to have undergone training in psychotherapy with at least 120 hours of theoretical teaching and 100 hours of supervision of which at least 50 hours should be individual. A personal psychotherapeutic experience is highly recommended, but not mandatory. It is in the interest of the future of PP in the public sector in all countries for PP organisations to contribute to this training of psychotherapy to psychiatrists.

Child and adolescent PP

It is clear from this review that, in the last three decades, 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. Applications of psychoanalysis to family situations has a long history in France and on a smaller scale for couples in the UK through the Tavistock Clinic and Tavistock Relations. The survey makes clear that more and more countries have trainings and practitioners in psychoanalytic couple and family therapy and are finding work, especially in the field of education.

It is quite an adjustment for those who have had long trainings focussing on one individual to shift to working with two, let alone several others in the consulting room. This may be very important for the future consideration of training experiences as we understand so many interpersonal phenomena in childhood lead to difficulties. 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.

Conclusion

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 the modern applications of psychoanalytic therapy such as MBT and DIPT. 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.

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 and some networks are being given powers to take care of professional standards and regulation. Universities, with some exceptions, have overall had a very positive influence on training, research and developing a psychoanalytic culture.

These statements of positive developments need to be balanced by other experiences and warning signs. It is noteworthy that Germany and Finland's extensive and longstanding availability of PP was founded on evidence-based therapies. 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. In general, the broad field of the psychoanalytic therapies has, in the past, closed its eyes to address this ongoing reality, akin to climate change denial (Chiesa & Healy, 2009). 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, but there is no reason why it should remain so confined. In some countries there has now been, after the delay, a more welcome response, in some PP quarters, to this challenge with the development of short forms of PP and research into their indications and effectiveness and the training of increasing numbers of therapists to offer these therapies as well as the continuing need for ongoing research into the effectiveness of longer therapies for more complex disorders.

Overall, there are worrying signs that this particular threat to the continuing development of psychoanalytic therapies is not being taken on board sufficiently by the PP community. Few longer term PP trainings incorporate expectations of PP graduates to also be competent in the shorter forms of therapy let alone to teach it or think about criteria. Candidates are also not often educated about

contemporary evidence-based issues so that they cannot contribute from a well-informed position to discussions and debates. This will lead to a handicap in the essential reaching out to psychiatrists and psychologists in public services who are already dominated by biological ideologies and the field will increasingly be subject to evidence-based influences in the psychotherapies.

I foresee a tricky tightrope that needs to be addressed by our field. The challenge is how to marry the essentials of our trainings of professionals in depth psychology with adaptations or additions to trainings so that graduates are equipped to meet the challenges of the real-world environments they will inhabit. This is both an altruistic challenge and a survival challenge, because unless we reach out effectively, the current increasing interest in working in our field or making use of our understandings may start to diminish again.

The findings in this review of the differing trends in PP in most European countries over the last three decades demonstrates considerable overall progress as well as warning signs. Certainly there is no room for complacency in that in most countries PP remains far away from being a resource for the considerable mass of the population, in public health services.

Freud (1918) wrote – ... *whatever form this psychotherapy for the people may take, whatever the elements out of which it is compounded, its most effective and most important ingredients will assuredly remain those borrowed from strict and untendentious psychoanalysis.*

Will further progress have been made in the next 30 years and, if so, how much?

Note

1. I have not mentioned names of people throughout this article as to choose from the very many key people involved at EFPP and national level would be invidious.

Acknowledgements

I want to acknowledge and give grateful thanks to the very large number of people with whom I have corresponded and have willingly provided much of the information that I have organised and summarised for this article.

Disclosure statement

Brian Martindale developed the EFPP with colleagues, was its first chair and is currently EFPP Honorary President.

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