02·03 newsletter

IFP
international federation
for psychotherapy

Zurich, December 2004

EDITORIAL

It is a pleasure to edit this number of our IFP-Newsletter having much good news and seeing how we are in a good process of work in the board. The president's message gives you an immediate overview about the most important ongoing in the IFP. Holding this issue of our Newsletter in your hands you see our new outfit: we finally found a logo for IFP in further developing the proposals we made to you in the last newsletter.

The preparation for our next World Congress has already started. Prof. Sakuta (Tokyo) as its coordinator and Board Member has now fixed the date and location. The congress will be held from Monday, September 25 to Thursday, September 28, 2006 in the National Olympic Memorial Youth Centre in Tokyo. Sakuta writes on this site: «The National Olympic Memorial Youth Centre is located near central Tokyo. It takes 6–10 minutes by train from Shinjuku Station which is one of the central stations of the circle line in Tokyo. The NOMYC is circulated by trees and has a very calm atmosphere. There is a hotel as well. Japanese princes sometimes go there to deliver a speech to an audience. In addition to main large convention rooms, there are many medium sized discussion rooms. We reserved these rooms because of their popularity they are quickly booked out by other organizations.»

Parallel to this we are working on the mission statement. It would be of great help if you could send us a short comment about your personal reason of being a member of the IFP: Why is it important for you to have this international society? What are your expectations?

As a consequence of the mission statement we are thinking about the definition of some minimal standards for a membership in the IFP. The discussion right now goes around the question of making the IFP an association with an evaluated membership which holds for a proved quality associated with the adherence according the IFP mission statement? – This is certainly a central theme for the self-understanding of IFP. At this stage we want to prepare the reflections for entering later into a broader discussion with all our members.

In our previous edition we made a good experience with scientific papers being published in the Newsletter. We are glad we can continue with this «tradition». For this issue, Prof. G. Fava, the editor of the renown Journal «Psychotherapy and Psychosomatics» has written a fine paper on the treatment of depression. Another contribution important for our society comes from P. B. Schneider, past president of IFP which was IFMP (International Federation for Medical Psychotherapy) at that time. He is writing a contribution to the history of IFP. More than this we are glad we can announce that all former presidents are cooperating in writing on the IFP history. Proudly we may say the IFP history is a part of the history of psychotherapy itself! We should not forget this capital of ours. We are therefore very grateful that we will have these documents which will be published in the next issues.

A congress calendar is started with this issue. We ask all member societies to send their congress dates to be listed in this calendar. We are also interested to publish International Congresses where our members collaborate. Please drop us a line to: a.laengle@ifp.cc

I remain with the very best wishes for the season!

ALFRIED LÄNGLE, MD
Secretary General, IFP

Presidential Message

This is the second Newsletter under my presidency. In the meantime, the IFP Board has worked hard, and I am delighted to inform you about a number of steps we took towards positioning and strengthening our Federation as a worldwide professional body that aims at promoting and maintaining high professional standards of psychotherapy both in clinical practice and in research.

The following distinguished colleagues have been appointed as **new members of the Council** of IFP:

- Prof. Giovanni A. Fava, MD, Head of the Department of Psychology, University of Bologna, Italy
- Prof. Klaus Grawe, PhD, Head of the Department of Clinical Psychology and Psychotherapy, University of Bern, Switzerland
- Dr. Douglas Kong, MD, Mount Elizabeth Medical Centre, Singapore, President of the Asian Pacific Association of Psychotherapists APAP

The IFP Board has been keeping a lookout for an affiliation with a first-rate psychotherapeutic journal for some time. Today, I can inform you with great satisfaction that with the beginning of 2004, «Psychotherapy and Psychosomatics» will become the **IFP's official journal**. «Psychotherapy and Psychosomatics» does not only comply to refined scientific standards, it is a journal which has kept a vital drive in many fields of current research on psychotherapeutic models and medication. I therefore consider «Psychotherapy and Psychosomatics» and its Editor-in-Chief, Prof. Giovanni A. Fava, as well suited partners in our further endeavours to advance and implant the IFP in the scientific community of psychotherapists and we look forward to this forthcoming cooperation.

In the future, the IFP will be allowed to publish free of costs its own news section in «Psychotherapy and Psychosomatics». These pages will contain announcements, our newsletters and possibly other communications concerning our society's public appearance. Our logo and the statement «Official Journal of the International Federation for Psychotherapy (IFP)» will appear as inset on the editorial board page. All our members, meaning individual members of the IFP as well as individual members of associations who have membership status with the IFP, are offered a reduced subscription rate by the publisher S. Karger AG. For details, see S. Karger's ad in this Newsletter.

Giovanni A. Fava, MD, has written a most interesting short article on the treatment of depression for this Newsletter. Please read „Are specialists treating depression better than primary care physicians?» by Prof. Fava and his collaborators Chiara Ruini and Lara Mangelli, in this Newsletter!

We have decided on the IFP's new external appearence: From now on, our Newsletters will come in this new, fresh outlook. We want our **new logo** to convey the issues of worldwide scientific dialogue and intercultural professional relationships. I do hope you like it! In the future, the logo will appear on IFP headed paper and envelopes, as well as on our newsletter and on our new website.

The **website**, by the way, will be completely redesigned. To this end, we have contracted a web designer who will undertake this reconstruction over the following two months. Starting end of January, 2004, please visit us at www.ifp.cc!

I hope you enjoy reading this Newsletter. If you do so, please let me know! If you don't, please give me a note, too!

PROF. ULRICH SCHNYDER, MD
President, IFP
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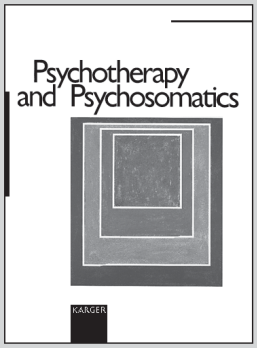

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Psychotherapy and Psychosomatics

Official Journal of the International College of Psychosomatic Medicine (ICPM)
Official Journal of the International Federation for Psychotherapy (IFP)

As the volume of literature in the fields of psychotherapy and psychosomatics continues to grow, it becomes increasingly difficult to keep abreast of new and important developments. 'Psychotherapy and Psychosomatics' has gained a considerable reputation of independence. It has launched debates on issues such as the potential risks of antidepressant drugs, conflict of interest in medicine and national trends of research versus investments, and criteria for academic promotion. The journal features editorials and review articles on current and controversial issues; original investigations of psychotherapy research; the interface between medicine and behavioral sciences, as well as practical descriptions of psychotherapeutic models and techniques. Characterized by strong clinical orientation and rigorous methodological appraisal of contributions, 'Psychotherapy and Psychosomatics' comprises a unique and vital reference to current research.

Selected contributions

Depression and Folate Status in the US Population: ***Morris, M.S.; Fava, M.; Jacques, P.F.; Selhub, J.; Rosenberg, I.H.*** *(Boston, Mass.)*
Management of Recurrent Depression in Primary Care: ***Fava, G.A.*** *(Bologna/Buffalo, N.Y.);* ***Ruini, C.*** *(Bologna);* ***Sonino, N.*** *(Padova)*
Opportunistic 'Rediscovery' of Mental Disorders by the Pharmaceutical Industry: ***Starcevic, V.*** *(Newcastle)*
Atypical Antipsychotic Drug Use and Diabetes: ***Ananth, J.; Venkatesh, R.; Burgoyne, K.*** *(Torrance, Calif.);* ***Gunatilake, S.*** *(Norwalk, Calif.)*
Assay Sensitivity, Failed Clinical Trials, and the Conduct of Science: ***Otto, M.W.; Nierenberg, A.A.*** *(Boston, Mass.)*
Tolerance in Antidepressant Treatment: ***Baldessarini, R.J.; Ghaemi, S.N.; Viguera, A.C.*** *(Boston, Mass.)*
Psychiatric Disorders and Coronary Heart Disease in Women – A Still Neglected Topic: Review of the Literature from 1971 to 2000: ***Bankier, B.; Littman, A.B.*** *(Boston, Mass.)*
Therapeutic Interventions Focused on the Family of Bipolar Patients: ***Reinares, M.; Colom, F.; Martínez-Arán, A.; Benabarre, A.; Vieta, E.*** *(Barcelona)*

Invitation for papers

Only original papers written in English will be considered.

Manuscripts should be sent to:
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Read it online:
www.karger.com/pps

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Thoughts and recollections of a former president of the International Federation for Medical Psychotherapy (IFMP)

*«I could have called this book **False Memories**. Not because consciously I want to tell a lie but because the act of writing proves that there is no deepfreeze in the brain where memories are stored intact. On the contrary, the brain seems to hold a reservoir of fragmentary signals that have neither colour, sound, or taste, waiting for the power of imagination to bring them to life. In a way, this is a blessing.»*

Peter Brook, «Threads of Time», London, Methuen Drama, 1998
(Translated into French as «Oublier le Temps», Paris, Le Seuil, 2003)

When Professor Medard Boss, the renowned Zurich existential analyst, urged me to stand for the presidency of the federation to follow him, it was as if a thunderbolt had struck me. I possessed none of the qualities that, at the time, I considered indispensable for the president of an international medical federation. Nonetheless, I did agree to take on this function for two reasons and I derived great pleasure from it.

The first of these reasons is associated with the medical aspect of psychotherapy, which ought, as a matter of principle, to be exercised by doctors of medicine attending patients suffering from problems with their health, especially their mental health, as a result of which they also cause suffering to those closest to them and sometimes even to society at large. It seems to me that a broader medical training is indispensable for the medical psychotherapist, who, in the course of time, is called on to diagnose organic complaints (brain tumours, dementias and all the organic diseases that are caused by mental syndromes close to those of neuroses or psychoses).

It may well be that psychologists, members of the clergy, philosophers, anthropologists, hairdressers and virtually anyone else makes use of psychological methods, which may or may not be close to those of the medical psychotherapist. They use them to make their clientele feel happy, to help them make a profit on the securities exchange or to try and get them to stop smoking. And I don't see the slightest drawback to that, unless they start calling it psychotherapy. When, some time after my presidency (and possibly with a view to giving me a rap over the knuckles), the federation decided to remove the term «medical» from its name, I lost any drive to take further interest in its fate thereafter.

The second reason that led me to accept the presidency was that, if he wanted to, the president could make known his theoretical preferences (which, in my case, were psychoanalytical) in the discussions with the national and local committees organising international congresses. In reality, however, the president of the federation is a person who stays out of the limelight and sees to it that the administrative work gets done. That is his primary function – a pretty modest one, but an essential one. Once that had been properly taken care of, he could, in my time, if he really wanted to, but was not forced to, show his theoretical preferences, try to get them recognised and then attempt to exert some influence on the structure of the congresses, which, in my time, were the only organised events in the federation's diary.

The vast majority of the congresses I attended presented a real wealth of psychotherapeutic techniques in the face of the many different disorders to be treated and the varying clinical situations. But if we scrutinise the theories underlying the techniques, we find out that there are not all that many of them and that they can be summarily grouped together in just a few major classes, of which the most important ones are as follows. Firstly, the very long-standing, classical attitude of doctors providing their patients with support; this appears in numerous techniques, yet more often than not is not named as such, but it does appear very openly in psychotherapy or support therapy, and it is still very much present in the world of medicine and especially the world of psychiatry. Secondly, there is the theory based on the subconscious and subconscious transfer; this is the central domain of psychoanalytical techniques, no matter what school may be invoked. Finally, there are the behavioural techniques, which set out to move close to the foundations of the precise sciences. Each congress gave me the opportunity of pigeonholing the techniques expounded by my professional colleagues into one of these major theoretical classes, and I would go so far as to claim that they cover the whole domain of psychotherapy.

Let us move on from these simple theoretical precepts, which naturally ought to be developed further, studied in depth and, above all, analysed with a critical mind, and let us return to what I experienced whilst preparing and holding the congresses. It was not long until I felt dazzled by the privilege I had of making contact with professional colleagues from other countries and, in the majority of cases, being swayed by the richness of their characters. Doors were opening for the little French-speaker from

▷ Thoughts and recollections

Switzerland and I benefited by drawing sustenance from the sources proffered to me.

The federation's board actually only had a small number of members, and there I made the acquaintance of some remarkable personalities, whom I much admired. First of all, there was the immediate past-president, Médard Boss, who gave me support during the first years of my presidency, which began in 1969 and ended in 1979. I feel I must also mention Doctor Finn Magnussen, the federation's extremely efficient secretary, who succeeded me as president in 1973. It is thanks to his excellently balanced judgement that I avoided several potential pitfalls, and he possessed a markedly Norwegian clinical sense, which was most useful to me in various circumstances.

So much for the board. In my capacity as president of the federation, I had the duty – but it was a privilege at the same time – to deal with leading figures from other countries, who were in the process of organising our congresses on their home territory. With very few exceptions, our discussions were always to the point and these revealed to me the great worth of my counterparts, from whom I learned a lot, not only in the field of medical psychotherapy, but also in ways of remaining in charge and steering through conflict-laden situations. I shall mention but one of these by name, someone who sadly died a few years ago, but who in my eyes remains the perfect example of a professor of psychiatry, of a psychoanalyst and of a psychotherapist refusing to be overwhelmed by professional theory. I am referring, of course, to the late David Zimmermann of Porto Alegre (Brazil), and it is thanks to our federation that I had the honour of knowing him.

There certainly were situations of conflict, but they never deteriorated into disasters. The least pleasant predicament I experienced was the pressure our board had exerted on it by the societies of non-medical psychotherapists to abandon both the medical aspect and our concept of psychotherapy. We refused to budge, but our successors did not hold the same view of our calling. I believe that the fact that medical people abandoned the medical aspect of psychotherapy was a mistake and will turn out to be a source of pointless conflicts, wasting massive amounts of valuable time.

But I am very happy to see that the current board has clearly made up its mind to breathe new life into the federation. I wish its members all the best, and may it be plain sailing for them.

PIERRE-BERNARD SCHNEIDER
Honorary Professor at the Faculty of Medicine of the University of Lausanne, MD, Psychoanalyst (API).
President of IFP 1969–1979 (the Federation was then named International Federation for Medical Psychotherapy IFMP)

Congresses

Geneva, Switzerland, 14–18 April, 2004
12th Congress of the Association of European Psychiatrists (AEP). Theme: European Psychiatry: Evidence and Experience. Chairman: F. Ferrero.
Congress website: www.kenes.com/aep2004
IFP represented by U. Schnyder.

Berne, Switzerland, 30 April–2 May, 2004
Congress of the International Society for Logotherapy and Existential Analysis, Vienna. Theme: Im Schatten des Lebens. Existenzanalyse der Depression. Chairperson: B. Heitger.
Congress website: www.existenzanalyse.org

Amsterdam, The Netherlands, 26–27 Nov., 2004
European Congress of Psychotherapy (Dutch Association of Psychotherapy NVP in cooperation with IFP). Theme: Mind, Brain and Psychotherapy. Chairman: M.H.M. de Wolf, Key-note speakers: Marc Solms, Klaus Grawe.

Seoul, Korea, 21–22 August, 2004
Congress celebrating 30 years of Korean Academy of Psychotherapy.

Tokyo, Japan, 25–28 September, 2006
19th IFP World Congress of Psychotherapy. Coordinator: T. Sakuta.

Are specialists treating depression better than primary care physicians?

Relapse is a common and vexing clinical problem. On the basis of a few controlled trials, long-term use of antidepresssant drugs for avoiding relapse was advocated and became a common clinical practice (Fava et al., 2003). This led to both extending the duration of antidepressant drug therapy to the longest possible time for treating the acute episode of depression and suggesting an indefinite (lifelong) pharmacological prevention of depression. At about the same time, the effectiveness of antidepressant drugs in the short-term treatment of anxiety disorders and the chronicity of many forms of anxiety disturbances paved the way for justification of years of ongoing drug treatment.

The availability of antidepressant drugs which are far more tolerable than traditional tricyclics has also led to an extension of their use to forms of depression which do not reach the severity threshold of major depressive disorders and can be subsumed under the rubrics of minor depression and demoralization, despite lack of evidence for their efficacy. Leading journal articles, symposia, practice guidelines push the clinicians toward prescribing more and more antidepressant drugs. This propaganda, whose contamination with conflict of interest has been highlighted (Fava, 2003), makes the clinician who would retain a cautions and balanced attitude feel like the person whom Chomsky (1997) depicts as sitting alone in front of the TV, thinking that he must be crazy, or outdated, for not buying what comes of the tube.

Selective attention to the pharmacological aspects of depression therapy induced by propaganda can make the clinician unaware of a number of research findings which are worthy of clinical interest (Fava, 2003):

- duration of drug treatment does not seem to affect long-term prognosis once the drug is discontinued;
- the efficacy of antidepressant drugs has been overemphasized and residual symptoms after treatment are the rule;
- loss of efficacy that occurs during maintenance treatment of depression is a common clinical phenomenon;
- the full meaning of withdrawal reactions from antidepressant drugs is not appreciated.

It is ironic that while a psychiatrist viewed prevention of relapse of depression purely in pharmacological terms as if it were diabetes (Andrews, 2001), diabetologists emphasized the importance of non-pharmacological strategies (lifestyle modification) in the prevention of type 2 diabetes mellitus (Finnish Diabetes Prevention Study Group, 2001). This is a perfect exemplification of a phenomenon described by Lipowski (1989) in the late eighties: «after a period marked by one-sided emphasis on psychodynamics and social issues, or what could be called ‹brainless› psychiatry on account of its relative neglect of cerebral processes, we are witnessing an opposite trend towards extreme biologism or ‹mindless› psychiatry» (p. 244).

Yet, there is now extensive evidence on the role of cognitive behavioral psychotherapy in the prevention of relapse in unipolar depression (Fava et al., 2003), with particular reference to the sequential approach (Table 1). Further, Ryff and Singer (1996) remark that mental health research is dramatically weighted on the side of psychological dysfunction and that health is equated to the absence of illness rather than to the presence of wellness. They suggest that the absence of well-being creates conditions of vulnerability to possible future adversities and that the route to recovery lies not exclusively in alleviating the negative, but in engendering the positive. In depression research, little attention is paid to the promotion of psychological well-being (Fava and Ruini, 2003). Similarly, lifestyle modification, which is widely practiced for the prevention of relapse in

Table 1. Steps for implementing the sequential approach in recurrent depression

1. Careful assessment of patient 3 months after antidepressant drug treatment, with both observer-rated instruments (with special reference to anxiety and irritability) and self-observation (diary)
2. Cognitive behavioral treatment of residual symptoms (cognitive restructuring and/or homework exposure), if present
3. Tapering of antidepressant drug treatment at the slowest possible pace (such as 25 mg of tricyclic every other week)
4. Well-being enhancing therapy (well-being therapy) and lifestyle modification
5. Antidepressant drugs discontinuation
6. Careful assessment of patient 1 month after drug discontinuation

▷ Are specialists treating depression better than primary care physicians?

myocardial infarction (Bankier and Littman, 2002), is not even considered in clinical psychiatry, despite the fact that depressed patients are often unaware of the long-term consequences of a maladaptive lifestyle, which does not take chronic stress, interpersonal friction, excessive and inadequate rest into consideration (Fava et al., 1998).

Two excellent studies by a research group in Seattle point to the fact that specialist interventions which are purely pharmacological do not yield better results than those performed by primary care physicians. Three hundred eighty-six patients with recurrent major depression or dysthymia who had recovered after 8 weeks of antidepressant treatment by their primary care physicians were randomized to a relapse prevention program (based on pharmacological treatment) or usual primary care (Katon et al., 2001). There were no significant differences in episodes of relapse. However, patients in the intervention group were significantly more likely to refill medication prescriptions over the 12-month follow-up. In another study (Simon et al., 2001), there were no substantial differences between depressive patients treated by psychiatrists and those treated by primary care physicians.

Not surprisingly, non pharmacological treatment strategies are swimming against the tide of pharmaceutical propaganda. Psychiatrists, however, need to realize that their role as specialists in the treatment of depression is endangered by their blind subscription to pharmaceutical oversimplifications. It is only psychotherapy in conjunction with or alternative to drug treatment which may yield lasting results in patients, and professional identity in carers.

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Lipowski, Z.J. (1989) Psychiatry: Mindless or brainless, both or neither? **Canadian Journal of Psichiatry, 34**, 249–254.

Ryff, C.D., & Singer, B. (1996) Psychological Well-Being: meaning, measurement, and implications for psychotherapy research. **Psychoterapy and Psychosomatics, 65**, 14–23.

Simon, G.E., Von Korf, M., Rutter, C.M.,& Peterson, D.A.(2001) Treatment process and outcomes for managed care patients receiving new antidepressant prescriptions from psychiatrists and primary care physicians. **Archives of General Psychiatry, 58**, 395–401.

19th IFP World Congress of Psychotherapy

Tokyo, Japan, 25 – 28 September, 2006. Coordinator: T. Sakuta.

The planning and organisation of our next World Congress is well progressing. Meanwhile date and location have been fixed. Tokyo has definitely been chosen for the Congress and Kyoto and Kobe have been dropped. The main reason was that Prof. Sakuta found a perfect venue in Tokyo, the National Olympic Memorial Youth Centre. The NOMYC is very central and has a very calm atmosphere, a hotel, suitable rooms and is very popular for Japanese people since Japanese princes also go there for speeches. The choice for Tokyo brings along an easier access for people from outside Japan. Also the organisation is easier to manage since Prof. Sakuta lives in Tokyo.

The IFP-Board discussed in its last meeting in November possible themes for the next World Congress. Trauma and PTSD; integrating psychotherapy and overcoming the schools; the relationship of action and dialogue in a cultural perspective: these were the proposed themes we discussed.

The Board voted unanimously for the later theme. It corresponds mostly to the IFP mission (and its new logo with allusion to dialogue and heterogeneity opening a space of encounter). The focus in this theme is psychotherapy itself and as a whole. It is both an intercultural and cultural theme of each method focussing the basic understanding of psychotherapy independently from schools. It encompasses the divergence in the development of psychotherapies in different regions of the world and offers a specific platform for the discussion between the Eastern and Western psychotherapy – the Eastern putting their accent more on exercise in contrast to the impact the spoken word has traditionally in Western psychotherapy. The theme fits also well into some discussions in Western psychotherapy (e.g. CBT and body therapy), can be combined with the reflection on the therapeutic relationship and the danger of abuse in therapies working with (body) exercises compared with those which don't. We found this theme is equally attractive for western and eastern participants and be of interest for many people who do not belong to the inner circle of psychotherapy but in cultural and ethnical creations.

Proposal of theme:
Psychotherapy – talking cure or exercise?
Subtitle: Application of Eastern and Western Paradigms (?)

Mission of the congress: View on psychotherapy after 100 years of experience in the light of different cultures. Reflecting developments in either direction of insight orientation and training paradigms. Working on indications of combination of the paradigms and reflecting its cultural dependence.

We are now working on the composition of the Scientific Committee and the International Board of Advisors. Prof. Sakuta is founding simultaneously a Organising Committee. All propositions are being made in accordance with the Japanese Federation for Psychotherapy (JFP).

ALFRIED LÄNGLE, MD
Secretary General, IFP

A new symbol: the IFP-Logo

History – background – evolution

IFP – and the former IFMP – has always been a highly academic organisation representing a top movement in the field of psychotherapy. Maybe because of this self-understanding its outfit appeared sober and abstract. No colour, so sign, no graphical movement that could have absorbed any bit of the high concentration of its members. It was the mere content that counted. It was the scientific engagement that attracted the people. This was a consequent and strong profile IFP embodied for almost 70 years. And it was a specific charm of our organisation.

And now such a turn! Does it mean a loss of seriousness, of scientific discipline, of the worth of arguments? Is this a symptom of modernistic commercialized presentation, a superficial claim for more attention? Is this decision responsible and respecting this oldest tradition of international, global and intercultural platform for psychotherapy?

Reflecting the substance of IFP in the Board we described our organisation with terms like: «dialogue, openness, scientific, deepening, intercultural, worldwide, relating». But even we who are continuously concerned with IFP by our mandate did have to reflect. We felt that these ingredients of IFP are not so visible although they can be well experienced on the Congresses. But it was hard to find a spontaneous association with «IFP» which can traditionally be seen as a big lack in the field of psychotherapy…

Considering that our time has changed compared with the 30ies and 60ies we got the courage to adjust our «face» by condensing our mission and trying to find a logo. A symbol – another highly weighted term in psychotherapy – demonstrates and hides at the same time. It does not stand for itself. It visualizes an essence of something.

So we asked the professional Swiss graphic artist Christian Defièbre to design a picture of the image we had of IFP. In the last issue of our Newsletter we were presenting them to you. And together with you we started thinking and feeling this product of an artist again and came to the conclusion that the core of IFP – the intercultural dialogue – was not represented enough. – What do you think now looking at this logo? Do you see something? Do you have associations? Do you feel at ease with it?

We see in this logo a perfect representation of what IFP stands for. Two open half-circles meet each other coming from opposite directions. They don't touch each other. They remain in a respectful though close distance, distant enough to see each other and to create the chance of communication. The position they have respective to each other opens a space, a dialogical «piazza», an «inter» or «aida» (Japanese) – a «world» of otherness. Suddenly there is a magical field of invitation to encounter, to commute, to being together by letting be the diversity and singularity that feeds the exchange. Each half-circle is full of dynamics, is moving and brings its power in. Their way of relating combined with their own dynamics creates a tension between that which is open from each part – and creates a protected frame of togetherness at the same time. Each partner is not too heavy or too weightless; they are slightly different; but both have much similarity thus representing a basis of understanding: we only understand on the basis of familiarity.

This place of encounter is not closed, is not locked towards the outside. It is breathing, communicating, open for the new coming in and ready to participate the own with others. This symbol of psychotherapy means an understanding of communication with other disciplines, cultures, schools, approaches to life. This symbol means inner and outer dialogue, scientific communication within and human communication with the outside in a constant openness to each culture in which the dialogue takes place.

The openness also means searching, eagerness for theoretical questions and empirical answers, readiness for being surprised by unexpected findings. These two hands hold an inductive space of learning. In their movement these hands form an atmosphere of an activity centred on a Tao whose gravity is produced by a harmonized movement of that what is present.

Seen from a distance or looking at an enlarged version the two half-circles comprise a next dimension. One represents the horizontal one the vertical dimension. With a little bit of distance unexpectedly the shape of a globe arises and the place of communication becomes universal. This is truly a symbol of a global umbrella organisation – a symbol of a world, of our world of psychotherapy.

ALFRIED LÄNGLE, MD
Secretary General, IFP

Mind, Brain and Psychotherapy

European Congress for Psychotherapy, organised by the NVP (Dutch Society for Psychotherapy) under the auspices of IFP

26 and 27 November 2004 in Amsterdam (the Netherlands)

Both in science and in clinical practice is great evidence that co-operation between disciplines is very important. The fields of psychology and psychotherapy are no exception to this. There is a great future for the development of psychotherapy if it takes advantage of the results which are found in neuroscience and biology. On the other hand biology and especially neuroscience can take advantage of results of research in psychology and psychotherapy. The dialogue between both branches is the main theme of this conference.

On the first day the development and results of research on the theme Mind, Brain and Psychotherapy will be central in key note lectures and in workshops, lectures and poster sessions. **Mark Solms**, who published about neuroscience and aspects of the inner world (dreams, etc.) and **Klaus Grawe** professor at the university of Bern (Switzerland), who published about a theory of psychotherapy based in neuroscience are key note speakers.

The second day, 27 November, is dedicated to clinical practices as schedule focused psychotherapy, transference focused psychotherapy, psychotrauma, psychotherapy research and psychotherapy for children and adolescents. Symposia will be held by Ulrich Schnyder, professor in Zurich, Manfred Beutel (Germany)Yomas (Great Britain), Arnout Arnts (the Netherlands), Frits Boer (The Netherlands) and Wim Trijsburg (the Netherlands).

The congress is held in de RAI congress centre, close to the centre of the beautiful city of Amsterdam. There will be a attractive social programme and you can visit the famous Concertgebouw and the musea of Amsterdam.

The Dutch colleagues psychotherapists will be there to inform you about the state of the art of psychotherapy in the Netherlands and we hope many colleagues from other European countries will inform the Dutch psychotherapists about the situation of psychotherapy in their countries.

From the 19th of December a website is available. We will publish the name on the website of the IFP. The Call for Papers is send at the end of December.

The organising Committee hopes many colleagues form many European countries send there proposals to Amsterdam.

Further information at this moment:
→ www.psychotherapie.nl
→ www.psychotherapy.de

The organising Committee of the second European Congress of Psychotherapy

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DRS. GERRIT PAARLBERG, SECRETARY
DRS PETER DEKKER, TREASURER
DRS RIA REUL-VERLAAN, IFP