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newsletter

IFP
international federation
for psychotherapy

Zurich, December 2004

EDITORIAL

Dear members

At the end of this year we are coming up again with a summary of the ongoing work in IFP and especially the preparations for the next World Congress.

Let me first in this situation of the end of the year and the middle of our administrative period reflect a little bit about IFP in a more general manner. In our last Board meeting we were again discussing the value of being an IFP member. We found unanimously that IFP gives **home for solidarity** of psychotherapists interested in scientific psychotherapy and cultural exchange. IFP has set standards for their members to ensure its reputation and to mark a contrast to other international societies. Therefore the common denominator for IFP members is in my vision the combination of critical scientific methods in research and evaluation with an open spirit to the enormous complexity of the human being. This interest is reflected in the respect for the single person with his/her suffering and the interest into the cultural diversities and values in a larger scale. Let us cultivate this spirit and win more friends in it! This is my auspice for the next year.

In the Board meeting in November we made a step forward trying to expand our society by inviting **university institutes** to collaborate with IFP in their function as academic bodies. Instead of paying membership fees we count on their inputs at our congresses. This might hopefully bring practice and research into a closer dialogue.

In this issue we continue with the series of scientific papers and the reports on the IFP history.

And of course you will find much other interesting information especially in the president's report. – We would like to publish your congress dates in our Newsletter and homepage, and also in our **Journal Psychotherapy and Psychosomatics** – please inform us! You will eventually find our mission statement in the form as it has been approved by the Council members. With this we declare what are the intentions of IFP and what people are looking for when applying for membership.

Enjoy your reading! With the best wishes for the change of the year

ALFRIED LÄNGLE, MD
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Presidential Message

With half of my presidential term completed, I would like to inform you about a number of goals we have accomplished in 2004:

In cooperation with Dr. Douglas Kong, president of the Asia Pacific Association of Psychotherapists APAP which is a chapter of IFP, we ventilated a number of suitable venues for the next World Congress of Psychotherapy to be held in Asia. I am delighted to announce that the **19th World Congress of Psychotherapy** will be held in **Kuala Lumpur, Malaysia,** in summer 2006! Prof. Maniam Thambu, president of the Malaysian Psychiatric Association, has agreed to organize the congress in conjunction with the annual meeting of the Malaysian Psychiatric Association. Prof. Azhar Zain will act as president of the scientific program committee. In short time, the exact date and location as well as further information about the general theme and contents of the congress will be published.

The Board accepted to propose to the Council to nominate **Prof. Mechthild Neises**, new president of the German Allgemeine Ärztliche Gesellschaft für Psychotherapie AÄGP, as a member of the IFP Council. Furthermore, we have two new membership societies, namely the **Taiwan Association of Psychotherapy** and the **Sociedade Portuguesa de Psicoterapias Breves**. Welcome on board! Looking forward to a fruitful collaboration!

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 the IFP's official journal. **«Psychotherapy and Psychosomatics»** at a reduced subscription rate. For details, please contact S Karger directly at:
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Another achievement is that, after extensive discussions, the Board and Council have approved of our new Mission Statement. Please read on page 3 in this issue. We have also decided to officially invite colleagues interested in international issues of psychotherapy to become individual members of IFP.

Last but not least, I am more than pleased to announce that the Board and Council have agreed to honour two distinguished members of our Federation: In recognition of their great contributions to the advancement of psychotherapy in the international arena, and particularly to the dialogue aimed at promoting mutual learning between professionals from different cultures, the International Federation for Psychotherapy awards **Prof. Edgar Heim**, MD, Thun, Switzerland, and **Dr. Arthur Trenkel**, MD, Massagno, Switzerland, the title of «Honorary Member of IFP». Prof. Heim has served as president of the IFP 1988–1998. Under his presidency, the IFP Word Congress was first held in Asia, namely in Seoul, South Korea, in 1994. Dr. Trenkel served as Treasurer of IFP 1979–1994. He organized the IFP World Congress 1988 in Lausanne, Switzerland. Moreover, Dr. Trenkel was of invaluable help to the Federation in building bridges to the French speaking world as well as to colleagues and societies in regions and cultures totally different from Switzerland, in particular to our dear friends from the Korean Academy of Psychotherapists. Congratulations to both Prof. Heim and Dr. Trenkel!

PROF. ULRICH SCHNYDER, MD
President, IFP
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Treasurer's Report

The IFP has at this moment 23 member societies and about 15 individual members. Two organisations (the APA psychotherapy section and SEPI) are affiliated members. We have member societies on four continents. We did not succeed to continue our contact in Africa. Two European societies finished their membership during the last two years. Four societies (In the United States of America, in Taiwan, in Portugal and in Ukraine) became new member organisations of IFP.

The IFP gives financial support to world congresses and to congresses in several regions. We financed in advance the 18th World Congress in Trondheim (Norway). Professionally and financially, this congress was a success. The IFP gave financial support to two European congresses, the one in 2000 in Barcelona and the recent congress on **Mind, Brain and Psychotherapy** in November 2004 in Amsterdam. Both congresses were professionally successful, in financial respect less.

The board and council of IFP will organize in the near future more activities. We shall get in touch with important academic institutions and universities, in order to be involved in the most recent developments in science and in the professional practice. Klaus Grawe pleaded at the congress in November in Amsterdam to develop «neuro-psychotherapy». We think, the IFP can make an active and valuable contribution to the development of this kind of psychotherapy.

Our house style is renewed and website and Newsletter are ways to communicate better with our member societies and our individual members. All these activities have to be financed, but the board is convinced that it is useful to spend money on this activities.

We have a very good collaboration with the international journal «Psychotherapy and Psychosomatics». Individual members of our member societies can get this journal at a reduced subscription rate.

RIA REUL-VERLAAN
Treasurer, IFP

Mission Statement

According to Article 2 of the IFP Statutes, the objectives of IFP are as follows:
The IFP shall endeavour to unite associations, societies and groupings of psychotherapists in order:
2.1. to promote the development of psychotherapy in practice, teaching and research,
2.2 to promote and improve the exchange between cultures, professional societies and psychotherapy schools,
2.3 to encourage and support an appropriate standard in the practice of psychotherapy."

Based on these objectives, the Board and Council have now approved of the following text as

IFP Mission Statement:

1. The IFP is a worldwide umbrella organisation for psychotherapy. The Federation is open to professional societies, institutions and individual members.
2. The IFP aims to promote, endorse and maintain high professional and ethical standards of psychotherapy in practice, research, and training.
3. The IFP fosters a worldwide intercultural, interdisciplinary dialogue and mutual learning among psychotherapists, psychotherapy researchers, psychotherapeutic orientations, traditions, and related sciences.
4. The IFP provides a platform for the development of theories, methods and treatment approaches, and promotes the integration of psychotherapeutic thinking in clinical and non-clinical fields.

Activities of IFP

The IFP realizes its aims by means of
- World congresses (every four years)
- Regional congresses
- Supporting and co-chairing the organization of scientific congresses of their members and/or national umbrella organisations (and under certain conditions supporting them also logistically and financially)
- Supporting scientific activities in research, practice, and training, particularly activities of intercultural relevance
- Information transfer by constantly updated homepage and newsletters

Times is of the essence: brief psychotherapy – second part

Time is of the essence: A selective review of the fall and rise of brief therapy research

David A. Shapiro[1,2]*, Michael Barkham[1], William B. Stiles[3], Gillian E. Hardy[1,2], Anne Rees[1], Shirley Reynolds[4] and Mike Startup[5]

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[3]Miami University, USA
[4]University of East Anglia, UK
[5]University of Newcastle, Australia

The MRC–NHS Collaborative Psychotherapy Project (CPP)

The CPP replication of SPP2 in routine NHS practice (Barkham, Rees, Shapiro *et al.*, 1996) again compared eight- and 16-sessions versions of PI and CB therapy of depression. At the end of treatment, 16-session treatment was generally more effective than eight-session treatment. Across the BDI severity range, NHS patients resembled the high-severity patients of the SPP2 research clinic in benefiting more from longer treatment. For example, on the BDI, the end-of-treatment adjusted means were 9.06 and 15.09 for 16-and eight-session therapies, respectively. In general, gains appeared somewhat less well maintained through the 12-month follow-up. In the CPP replication sample, there was no evidence of any interaction between treatment method and duration.

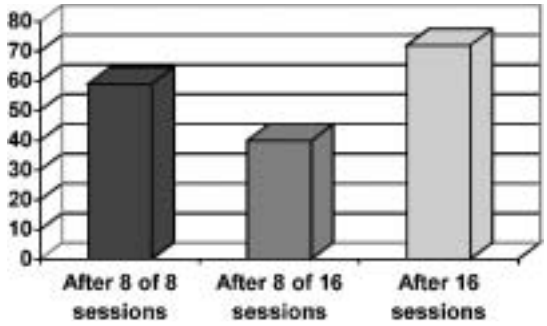

Figure 4. Second Sheffield Psychotherapy Project: percentage of clients improved on the Beck Depression Inventory following eight and 16 sessions.

Dose–effect analysis of 8- versus 16-session treatments

A systematic analysis of dose–effect relations in a sample of 212 depressed clients randomized to either eight or 16 sessions of either PI or CB therapy (including participants in both SPP2 and CPP) was reported by Barkham, Rees, Stiles *et al.* (1996). The outcome measures were the BDI, the Inventory of Interpersonal Problems (IIP; Horowitz, Rosenberg, Baer, Ureño, & Villaseñor, 1988), and a simplified Personal Questionnaire (PQ; Shapiro, 1961) comprising 10 target problems each rated on a 7-point scale.

On the BDI (Fig. 4), 72% and 59% of clients were improved following 16- and eight-session treatments, respectively, a marginally significant difference. However, by the point at which all clients had received eight sessions of treatment, improvement was shown by significantly fewer (40%) of the 16-session clients (who were then halfway through treatment) than of the eight-session clients (who had by then completed their treatment). On the IIP (Fig. 5), 40% and 18% of clients were improved following 16- and eight-session treatments, respectively, a statistically significant difference. After eight sessions (mid-treatment for the 16-session group), virtually identical proportions (17% vs. 18%) had improved in the two treatment groups.

On the PQ (Fig. 6), a larger proportion of clients had attained a clinically significant change in each of four problem domains by the end of 16-session treatments (a mean of 46%) than after eight-session treatments (mean of 30%). Nonetheless, clients were more likely to have reached this criterion by the end of eight-session treatments than by the middle of 16-session treatments (a mean of 21%), with the eight-session curves

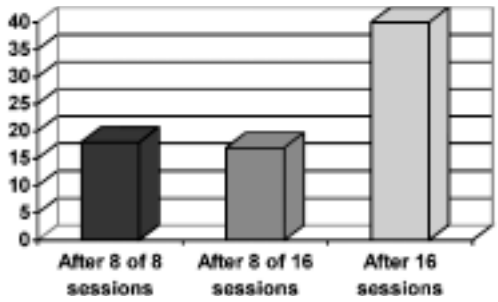

Figure 5. Second Sheffield Psychotherapy Project: percentage of clients improved on the inventory of interpersonal problems following eight and 16 sessions.

consistently above the 16-session curves. These findings closely parallel those obtained with the BDI, albeit at a lower overall response rate. The curves in Fig. 6 appeared linear rather than negatively accelerated, as predicted by the dose–effect model of Howard *et al*. (1986). The modest differences in slope were similar for both eight- and 16-session treatments, with symptoms the steepest and self-esteem the least steep.

Comparative process analysis of 8- versus 16-session treatments

The suggestion that positive outcomes were obtained more quickly in eight- than in 16-session treatments was paralleled by findings on treatment processes. Reynolds *et al.* (1996) found that SPP2 sessions were perceived increasingly positively on most impact dimensions (e.g. session depth and smoothness, relationship with the therapist, feelings of understanding and problem-solving, post-session positive mood) as treatment progressed. In both PI and CB, the trend toward more positive sessions were more rapid (i.e. the across-session slope was steeper) in eight-session treatments than in 16-session treatments. Such accelerated changes in session impact may reflect an acceleration of therapeutic change associated with shorter time limits. Early in treatment, PI therapy sessions were less smooth (i.e. more tense and uncomfortable) and less focused on problem-solving than CB sessions, so that later in treatment, sessions of both treatments were equivalently positive. These trends are illustrated in Fig. 7, which shows findings for the focus on problem-solving.

Since models of psychotherapy are implemented by therapists' intentional actions within sessions, therapists' session-by-session self-reported intents within SPP2 were used by Stiles *et al*. (1996) to map the delivery of PI and CB therapies of eight- versus 16-session durations. We found conceptually coherent patterns of therapeutic focus across treatments and changes in focus across sessions within treatments. For example, Fig. 8 shows how therapists worked to encourage client change. As expected, they focused much more on this during CB than during PI sessions. However, their focus on encouraging change increased substantially during the later sessions of PI treatments. This trend was particularly marked when they had only eight sessions with a client, when the last four sessions revealed a steadily rising emphasis on encouraging change;

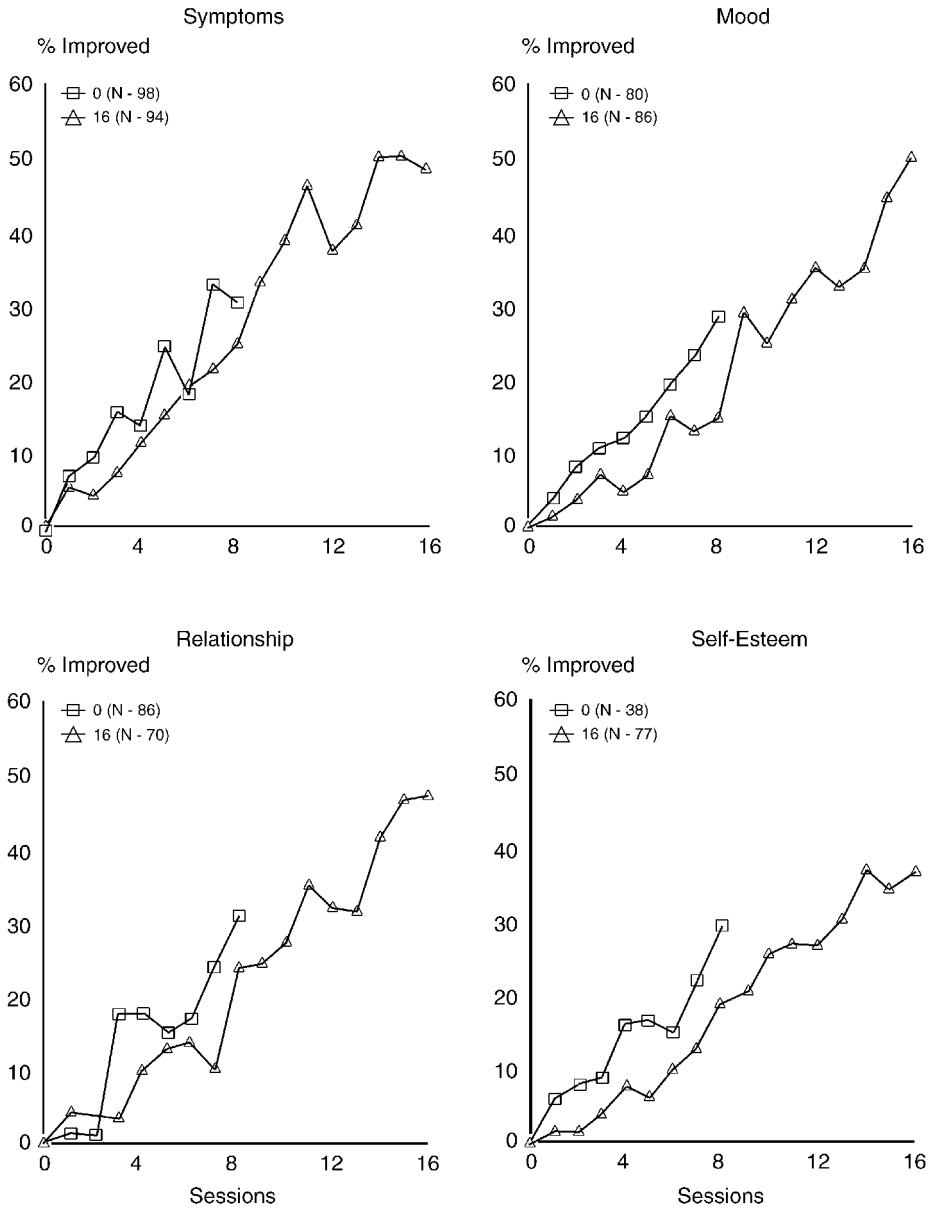

Figure 6. Percentage of clients meeting criteria for clinically significant change in four Personal Questionnaire problem domains: symptom, mood, relationship, and self-esteem. Clients were held to have shown a clinically significant change in a problem domain if, on a 7-point scale, their score fell from an initial level above 3.0 to a score of 3 or below, having fallen by a reliable change index specific to each domain (mood = 2.47; self-esteem = 2.22; relationship = 2.42; symptom = 1.89). 8 = eight sessions; 16 = 16 sessions. From Barkham, Rees, Stiles *et al.* (1996). © American Psychological Association. Reprinted with permission.

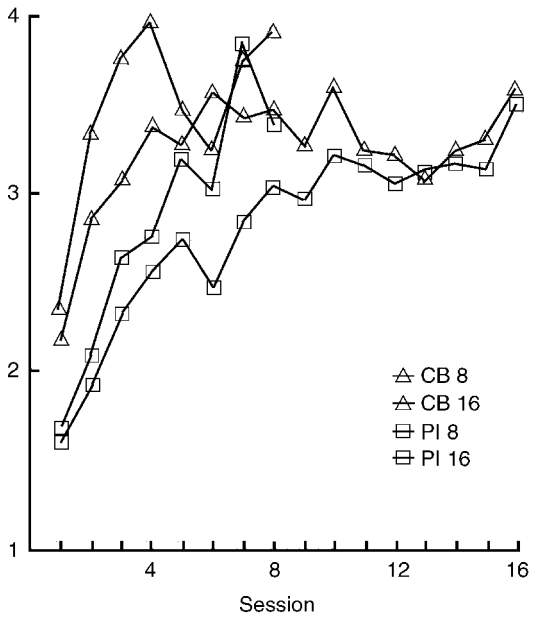

Figure 7. Changes in the Problem-solving index of the Session Impacts Scale (SIS) across eight-session (heavy lines) and 16-session (light lines) versions of psychodynamic-interpersonal (PI, □) and cognitive-behavioural (CB, △). Each line represents the means of 18–20 clients. The scale ranging from 1 to 5 is shown only in part. From Reynolds *et al.* (1996). © American Psychological Association. Reprinted with permission.

in contrast, 16-session PI therapies were characterized by a gradual increase over the whole course of therapy until the final two sessions prompted therapists to encourage change as much as in the closing stages of eight-session PI therapy.

An evaluation of ultra-brief therapy: The '2 + 1' study

Although early treatment sessions are associated with rapid gains (Howard *et al.*, 1986) attributable by the phase model to remoralization (Howard *et al.*, 1993), this may depend on the prospect of further sessions to follow. This led Barkham *et al.* (1999) to develop and evaluate a '2 + 1' model comprising two sessions 1 week apart, followed by a third session 3 months later. The model is aimed at the large numbers of patients with subsyndromal depression who, despite impairments in functioning equivalent to those associated with major depression (Judd, Paulus, Wells, & Rapaport, 1996), are decreasingly served by resource-limited psychological treatment services.

Clients ($N = 116$) were stratified on intake BDI into three groups: stressed (BDI from 4 to 9); sub-clinical (BDI from 10 to 15); and low-level clinically depressed (BDI from 16 to 25). They were randomized to immediate versus 1-month delayed treatment, and to CB versus PI therapy.

Overall, we found a worthwhile improvement: comparison between immediate and

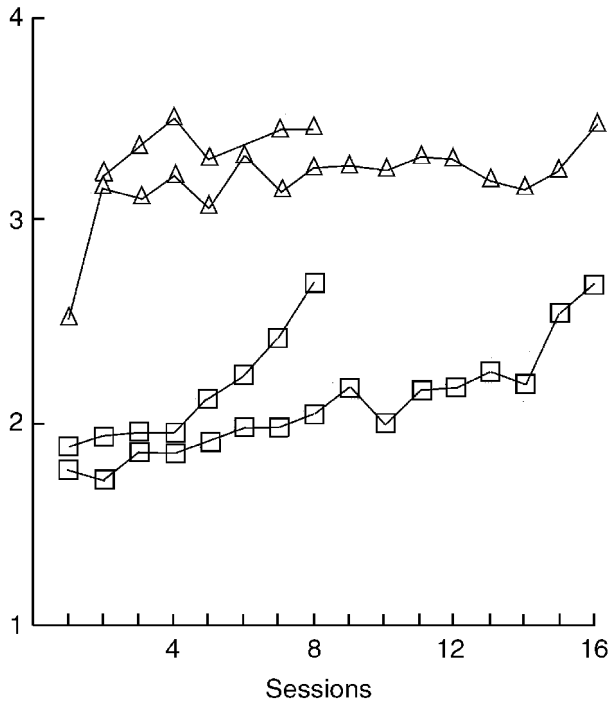

Figure 8. Changes in therapeutic focus in cognitive-behavioural psychotherapy (△) and psychodynamic-interpersonal psychotherapy (□) across eight-session treatments (heavy lines) and 16-session treatments (light lines). Scale means could vary from to 5 (top interval not shown). From Stiles *et al.* (1996). © American Psychological Association. Reprinted with permission.

delayed treatment groups after the former but not the latter had received two sessions showed a large (ES = 0.82 standard deviation units) immediate effect of treatment; by the end of treatment, the average client's score had fallen from 2.04 standard deviations about the mean of the non-distressed population to within 0.25 standard deviations of that mean. These gains were maintained over 1 years. The initial two sessions were associated with a clinical improvement rate ranging from 43% to 65%, which compared very favourably with Howard *et al.*'s (1986) corresponding figure of 30% from the first two sessions of longer treatments, albeit with clinically more impaired clients. The full three-session treatment was associated with a 53–72% clinical improvement rate, again comparing favourably with Howard *et al.*'s (1986) figure of 35% following three sessions, and with Hansen *et al.*'s (2002) naturalistic estimate of 20% following close to five sessions in a national database.

Interestingly, we found that the maintenance of treatment gains to 1-year follow-up clearly favoured CB over PI treatment, with a substantial effect size difference of 0.57 standard deviation units. This echoed the SPP2 finding singling out eight-session PI as performing least well at 1 years, further indicating that PI may require more sessions than CB to secure lasting gains. In respect of long-term benefits, therefore, the dose–effect

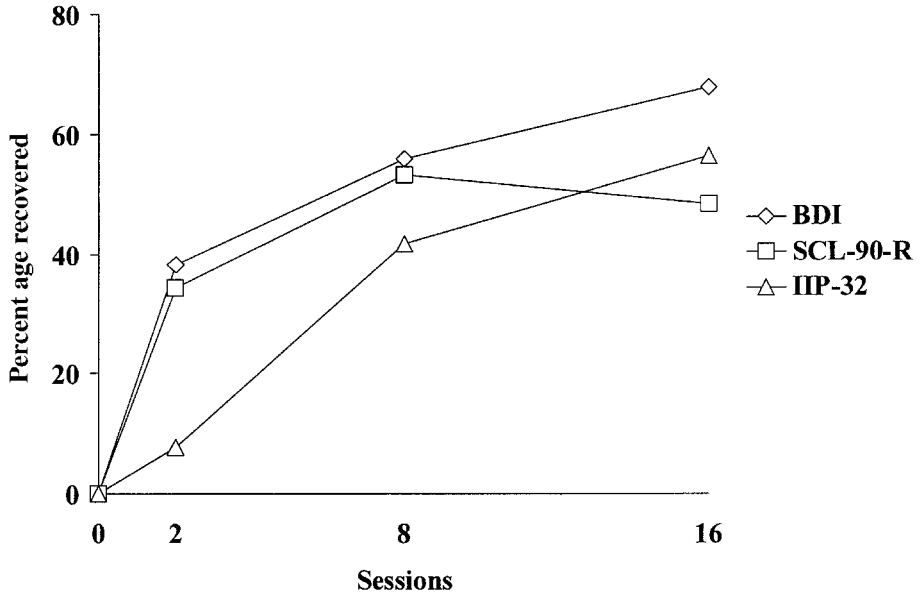

Figure 9. Dose–effect relations measured at the end of treatment: percentage of clients meeting criteria for reliable and clinically significant change on the Beck Depression Inventory (BDI), the Symptom Checklist 90—Revised (SCL-90-R), and the Inventory of Interpersonal Problems-32 (IIP-32) from the beginning to the end of treatment. From Barkham *et al.* (2002). © Society for Psychotherapy Research. Reprinted with permission.

curve may be treatment-specific. This contrasts with immediate effects, where the effect size differences were only 0.18 and 0.15 after two and three sessions, respectively.

Quasi-experimental dose–effect analysis of two- versus eight- versus 16-session treatments

Barkham *et al*. (2002) compared 16- and eight-session response rates from SPP2 with those from the first two sessions of the 2 + 1 study, restricting their focus to clients presenting in a narrow band of relatively mild depression to maintain comparability across groups (initial screening BDI between 16 and 25). The analyses manipulated dose as an independent variable across a range from two to 16 sessions. Following Kopta *et al.* (1994), it aimed to discover the rates at which different psychological symptoms remit to normal levels during psychotherapy. We expected measures of depression (BDI) and broad-symptom symptomatogy (SCL-90-R) to change more quickly than interpersonal problems (IIP-32; Barkham, Hardy, & Startup, 1996). This pattern was indeed found, as shown in Fig. 9. After two sessions of the 2 + 1 model, the response rate on the IIP-32 was very low and substantially below that on the BDI and SCL-90-R; by eight sessions, the IIP-32 response rate equalled that of the BDI and SCL-90-R at two sessions; and by 16 sessions, the IIP-32 response rate had caught up with the other two measures. Figure 9 also supports Howard *et al*.'s (1986) prediction of a negative-accelerating dose–effect

curve in respect of the BDI and SCL-90-R, although not the IIP-32, whose curve over the sampled range appeared linear.

Discussion and conclusions

The research reviewed here has confirmed that time is indeed of the essence in psychotherapy. Despite the decline of the explicitly defined subfield of brief therapy research (its 'fall'), key issues around time in psychotherapy are of abiding and indeed increasing importance (the 'rise' of time-related research) as we grapple with the resource constraints limiting the availability of treatment.

The Sheffield/Leeds results enable some specification of the extent and nature of incremental benefit derived from additional sessions in the psychotherapy of depression. Experimental and quasi-experimental analysis of the dose–response relationship confirms that longer therapy confers benefit on a higher proportion of clients. It also suggests that different types of problem respond to psychotherapy at different rates as well as to different extents.

Do our findings support the proposed negatively accelerated dose–response curve? Overall, in our experimental and quasi-experimental comparisons, we found a greater degree of linearity than observed in the original work by Howard *et al.* (1986). It remains possible, however, that further trials extending treatment duration beyond 16 sessions would reveal more clearly a negatively accelerated curve indicative of diminishing returns from longer courses of therapy.

Process analysis suggested that such curvilinearity as was found in the comparison of improvement over treatments with planned durations of eight and 16 sessions may reflect acceleration of activities and associated impacts when both participants are working to a shorter time limit. Therapists and clients may make responsive adjustments of treatment scope and depth to the anticipated duration of treatment.

Albeit limited to clients with mild depression, our analysis of the 2 + 1 model has shown that planned, ultra-brief therapy can help a substantial proportion of clients (Barkham *et al.*, 1999). We had wondered whether two sessions with the promise of *only* a 3-month review session would be less 'remoralizing' (Howard *et al.*, 1993) than the first two sessions of a longer treatment. However, the improvement rates were better than those reported by Howard *et al.* (1986) from the first two sessions of longer treatments, and strikingly superior to the 20% improvement following around five sessions found in Hansen *et al.*'s (2002) study of a national database. The benefits and mechanisms of 2 + 1 and similar ultra-brief therapies warrant further investigation. This should include consideration of their role in care pathways (e.g. in triage of candidates for more extended therapy) such as those currently described as 'stepped care' (Haaga, 2000). Sanderson (2002) suggests that the small number of treatment sessions and poor outcomes observed in the field by Hansen *et al.* (2002) may reflect the provision of ineffective treatment; Barkham *et al.*'s (1999) results show that ultra-brief therapy delivered to the standards associated with clinical trials can do much better—the

number of sessions does not alone determine the response rate. However, it remains to be demonstrated that three sessions are sufficient for the activation of such specific treatment processes as have been identified for longer brief therapies.

As documented by Messer (2001), there is empirical support for some psychodynamic principles in the context of the efficient treatment delivery achieved by brief therapies. Brief formats are therefore a promising route whereby psychodynamic therapies can enter the mainstream of scientifically based treatment. For example, suitability criteria for psychodynamic interventions are becoming clarified. In addition to their practical value, such findings exemplify the value of brief therapy as a research test bed for advancing our understanding of change in psychotherapy.

The work reviewed here has enabled some consideration of relationships between treatment method and the number of sessions offered. Although psychodynamic treatments may be considered less time-efficient than cognitive-behavioural treatments, we found little evidence of this in relation to immediate effects of treatment. However, analysis of 1-year follow-up data from two studies converged on a conclusion that PI therapy may require a greater amount of treatment than CB to secure the maintenance of gains in depression.

As posited by the phase model (Howard *et al.*, 1993), we found differences in the time course of change in different types of client problem. Interpersonal problems responded poorly to just two sessions of therapy, but eight or 16 sessions proved sufficient to secure changes in interpersonal problems comparable with those achieved for depression and other symptoms.

Data from SPP2 furnished some evidence pertaining to the individual differences question of how much therapy is enough for whom. This included a possible, albeit short-lived, effect of personality disorder on the reduction of depression following eight, but not following 16, sessions of treatment. In addition, we found that clients' assessments of the credibility of their treatment immediately prior to and following their first session predicted the outcome of eight-session treatment but not of 16-session treatment. Taken together, these findings suggest that 16-session treatment may be more widely applicable than eight-session treatment.

Several methodological issues warrant mention. The findings reviewed here encourage further experimental analysis of dose–response relationships. The impact of treatment duration deserves through economic analysis of healthcare and wider societal costs associated with different amounts of psychotherapy. A methodological limitation of all the work reviewed here, both that of the Sheffield/Leeds group and that of other researchers reviewed earlier in this paper, is potentially of great clinical importance. This concerns its reliance upon data aggregated across groups of clients. Whether we compare mean scores between treatment groups, or percentages of clients within these groups attaining a cut-off score denoting, with inevitable arbitrariness, clinical improvement, this tells us little about the time course of the individual patient's response to psychotherapy. More broadly, future research asking how much therapy is

enough will benefit from attention to Shadish's (2002) 'ten lessons about field experimentation'.

From the practical and policy perspectives, the findings reviewed here support the value and importance of planful allocation of treatment resources by specifying the number of sessions to be offered, and systematically monitoring the benefits associated with such specified durations of treatment. Through practice-based evidence (Barkham *et al*., 2001), clinicians — and, through them, their clients — can learn to make best use of the scarce resource of therapy time. Although pointing the way to optimizing the efficiency of resource allocation in psychotherapy, current research does not begin, however, to warrant any rigid prescription of a universal time limit for psychological treatment.

References: see online version of this Newsletter at www. ifp.cc

Earlier versions of this paper were presented at the International Meeting of the Society for Psychotherapy Research, Santa Barbara, California, June 2002, and at the World Congress of Psychotherapy, Trondheim, Norway, August 2002. ** Requests for reprints should be addressed to David A. Shapiro, Clinical Psychology Unit, Department of Psychology, University of Sheffield, Western Bank, Sheffield S10 2TP (e-mail: david@shapiro.co.uk).*

Congress Report

European Congress for Psychotherapy, Amsterdam 2004

Main theme: Mind, Brain and Psychotherapy

The program of the conference was created on the interface of biology and psychology. More and more psychotherapists, psychiatrists and psychologists realise that not everything is about «psychology», but the «genes and the brain» have a say in many things, as well. More and more it becomes clear that there is a circular relationship between the both. That is why traditional boundaries between psyche and soma, psychology and biology, nurture and nature need to be revised. Mark Solms and Manfred Beutel and other speakers gave us wonderful insights in this issue, at the end of the conference Klaus Grawe gave us an distinguished integration of both neurological findings and doing clinical psychotherapy.

Our profession has developed last decades new treatments on the basis of the results of empirical scientific research. More and more our professionals work evidence based. This has led to the fact that, at this moment there are many different ways of treatment for specific and serious emotional and behavioural problems, both for adults, adolescents and children. The conference presented us an interesting sampling of this. Jeffrey Young, Frank Yeomans and Anthony Bateman gave very inspiring presentations about the treatment modalities they developed for the treatment of personality disorders, respectively about «Schema Therapy», «Transference Focused Psychotherapy» and «Mentalization Based Treatment». Besides their presentations they discussed with each other the differences and similarities of their treatment modalities. Thomas Sexton presented the audience his Functional Family Therapy for adolescents with intense conduct disorders. Next to this Ulrich Schnyder and Bertold Gersons presented the state of the art about the treatment of post traumatic stress disorders.

In the last part of what could be seen as a beautiful triptych there where presentations of international well known researchers about the evidence in our professional field. Mike Lambert, Robert Elliott, Gary Burlingame, Paul Emmelkamp and Wim Trijsburg where there to present the state of the art of our profession and with them the audience discussed intensely the available evidence from psychotherapeutic research in relation to the practice of psychotherapy. Arnoud Arntz at the end presented his findings about a comparison between «Schema Therapy» and «Transference Focused Psychotherapy», from his research it seemed that Schema Therapy scored better than Transference Focused but listening to the discussions the debate is still open and new research programs to solve the remaining questions are being developed.

Looking back after two days of intense and stimulating discussions about our profession it became clear that our psychotherapeutic profession is very vividly, quite a lot of innovative tendencies where presented. The whole conference was a complete sampling of what is going on in the psychotherapeutic area. The only shadow was, that while the conference was supposed to be «European» most of the participants were Dutch. That was a pity because conferences like this helps our professional field a lot to present to the world of mental health what we can offer them in helping people who are seriously sick. It could also be an opportunity for professionals to share their views and findings with each other. In the discussions between the presentations with the few foreign people it became clear that politically spoken there were a lot of tensions, psychotherapy seems to be under great pressure all over Europe. Conferences like this can also be an opportunity to discuss these problems and exchange our experiences.

DR. THIJS DE WOLF
Chairman of the Congress

Congress Report

International Forum on Taopsychotherapy and Western Psychotherapy, Seoul 2004

The International Forum on Taopsychotherapy and Western Psychotherapy was successfully held on August 21 and 22, 2004 at Hotel Lotte, Seoul in commemoration of the 30th anniversary of the Korean Academy of Psychotherapists.

Many professionals in the field of psychotherapy and psychoanalysis, psychiatry, psychology, social worker, philosophy, pastoral counseling, art therapy and Tao practitioners participated in the Forum. The forum was the first full scale encounter of Eastern Tao and Western psychotherapy. And in the forum, many issues were dealt such as, «What is Taopsychotherapy?», « What can be exchanged from each other?», «What are the respective limits of both disciplines?», «Is there any possibility of complementation?», «Can the Tao be interpreted from the point of view of western psychotherapy, and vice versa?»

The forum was composed of 5 programs and one satellite joint meeting. The topic of the first part was «What is Taopsychotherapy?» with two presentations: the first was an «Introduction to Taospychotherapy» by Dr. HUH Chan Hee, the second was, «The essence of Taopsychotherapy in comparison with Western Psychotherapy/Psychoanalysis» by Professor RHEE Dongshick, which were discussed by Professor Allan Tasman and Dr. Erik Craig. In the second part, we had a Case Seminar with 2 cases of Professor Rhee's Taopsychotherapy. The third part began in the morning of the second day and the subject was «The Meeting of the Ways: Psychotherapy East and West». Professor Peter Kutter addressed «Contemporary Schools of Psychoanalysis, compared with the Tao», and Dr. KANG Suk-Hun spoke on «Ways to be a Psychotherapist and a Bodhisattva». Then Dr. Erik Craig presented his paper on «How is it with Tao, Dasein and Psyche? – Theoretical and Practical Implications», all of which were discussed by Professors Allan Tasman and LEE Zuk-Nae. The fourth session was a continuation of a Case Seminar with Professor Rhee's Taopsychotherapy cases 3 and 4.

The last part of the forum was the highlight; «Meet Prof. RHEE, the Founder of Taopsychotherapy: East and West Dialogue in Psychotherapy.» The meeting lasted for two hours with open and free questions and answers including criticisms and participation of our panelists and the audience. As has always been the case with Prof. Rhee, we had an exciting time with gaining some insight and provocative stimulation during interactions among Prof. Rhee himself, our panelists and the audience.

At the forum we of course discussed the important issues such as the level of maturity of the therapist required in Taopsychotherapy and Western psychotherapy, well depicted on the Ten Ox-herding Pictures. Naturally, we discussed the concepts regarding Freudian ego and Taoistic egolessness. The Buddhistic compassion, the Confucian Jen, «Psychotherapeutic Eros» as well as empathy were compared, in addition to the Winnicott's «Holding Environment» and Bion's «Therapist as Container.»

In addition, we discussed following issues; What is the similarity and the difference between «Wu-wei» and Heidegger's Gelassenheit? What could be the similarities and differences among Freud's «evenly hovering attention», «the heart without dwelling anywhere» in the Diamond Sutra and «fasting of the mind» in Chuangtze. How is it with Prof. Rhee's «nuclear feelings» and Suhn(Zen) style interpretation of «directly pointing to the heart»? What could be signified by the symbol of ox depicted in the «Ten Ox-herding Pictures»? Is this the nuclear feelings or the desire and self-representation of the trainee? Of course, we could not arrive at total agreement on the above issues. The forum was definitely a starting ground for further dialogues, which should be arranged periodically.

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History of IFP: 1979–1994

Preliminary remark

At present, journals seem to be adopting more and more of a negative stance towards «narratives». That does not, however, deter me from choosing the first person for my contribution to a chronicle about the IF(M)P. Apart from anything else, relating a story is almost certainly the first-choice way of saying what has to be said – and certainly the most appropriate – whenever it is a matter of the «psyche». So, I take it that when we chroniclers put our observations on the record our readers expect to share in our subjective reminiscences.

Now, reporting on happenings experienced at first hand always means focussing on a particular perspective, which also entails concentrating on a rather more limited field. It is equally inevitable that the account is going to be tinged with the personal colouring of the raconteur (which, for psychotherapists, is a self-evident part of everyday experience).

My recollections of the IFMP

It was at the 1979 congress in Amsterdam that I was elected to the Board upon the recommendation of the retiring president, Prof. P.B. Schneider (Lausanne), where I was entrusted with the task of succeeding Dr. Heinrich Fierz (Zurich) as treasurer. It had been three years before that that I had attended my first IFMP congress, held in Paris, where there had been much debate about the «processus psychothérapeutique» throughout the whole of an unbearably hot summer week. My primary interests remained what they had been up until then through the activities of the SAGP (the Swiss Medical Society for Psychotherapy), where I had been a board member from 1967 to 1976, namely, the fundamentals of what happens in the psychotherapeutic situation as such – irrespective of any particular school. So I was thus also very much interested in the congress theme of the «psychotherapeutic process».

It was the same interest for what primarily happens in practice that was at the centre of my attention for the subject of «research and training» (the topic of the 1979 congress). That also applied particularly to the varying cultural sensitivities and experiences, i.e. to psychic realities, that cannot all be constrained within a single canon propounded by specialists and insiders of «one size fits all».

Even during the period when I was the federation's treasurer I could not escape noticing that our members, all of whom were, after all, practicing doctors of medicine, had clearly different perceptions of psychotherapy and thus also varying views of our international federation. So, when I attended the first congress held outside of Europe, in Rio de Janeiro in 1982, which, moreover, was dedicated to the theme of «psychotherapy and culture», I emerged with these initial impressions very much reinforced.

My wife and I travelled to Brazil as members of a group organised by colleagues from France and we were to spend another two weeks in their company touring that huge country once the congress was over. It was what struck me most instantaneously about that congress right at its outset that is still most vivid in my memory, namely that out of some 2500 participants there were only a few hundred «like us». We had never set foot on a foreign continent before and what we experienced at first hand and for the first time was the sensation of being in a minority, along with the other Europeans (as well as the North Americans and Australians) – and that at a gathering of specialists. I can also remember how embarrassing it felt when European or North American speakers had the guile to address the packed congress like schoolteachers disseminating the truth about the human psyche. I admit that I was surprised myself that I soon found it more interesting to hear about various other approaches and therapeutic techniques that were unfamiliar to us – and the successes achieved with them – and to watch the films that were shown to illustrate them.

What I experienced in Rio brought the recognition home to me that psychotherapy is surely bound to be an impossible undertaking if it tries to get by without a reference to the particular cultural background whose outlook provides the landmarks within which patient and therapist manage to understand one another. At the same time, however, there was no abatement in my interest for the fundamental occurrence in the process of meaningful communication, which has to be empirically irrefutable and free from dogma. What that also meant was that my earlier interest in the plurality of schools and methods now took a further step into the multiplicity of perspectives as experienced by various peoples and cultures. In this new guise, my old passion thus became the driving force that motivated me to my active commitment within the IFMP.

The next congress, which was held in 1985, could also be summed up as first and foremost a search for contacts in a mixed environment. This time it was

not with a cultural world of which I had had little prior knowledge in the geographical sense, but with political and social otherness on the territory of Europe itself. I believe the idea first came from our President, Dr. Finn Magnussen, to hold the 1985 congress in one of the so-called people's republics of Eastern Europe, and the former Yugoslavia was an evident candidate, given that we had a number of members there. The congress theme had a very progressive bent, namely «Health for All by the Year 2000». This was taken to mean a psycho-hygienic objective that was very much stage-managed top-down and probably also prescribed from the top – especially in the light of national scourges, such as alcoholism and the like, that the authorities had vowed to eradicate. The congress as planned bore virtually no trace of psychotherapy as we understood it, but that did not prevent many speakers from talking freely about psychotherapy from their individual viewpoints. My feeling was that the congress in Opatija was «well-intentioned» but disappointing when judged against what I expected of a genuine worldwide forum. My recollections would have been pretty bleak, had it not been for numerous contacts with outsiders in the setting of marginal events and had there not been a number of chance casual encounters and conversations.

In the meantime, the longest-lasting effects of Opatija included the initial «conspiracies» regarding the next congress scheduled for 1988. Switzerland was to be the host, and at the same time it was certainly no matter of chance that the need was voiced to return more intensively to «probing the depths» of psychotherapeutic activity. The upshot of these preliminary talks was that Lausanne was chosen as the venue and Prof. Marcel Burner and myself were entrusted with the organisation. The subject we chose was «Training in Medical Psychotherapy - Culture and Theory». We believed that comparing the various ideas on this subject from around the world would also help uncover the underlying orientation in each instance, and that could then open up a debate. By restricting the theme to training, it was also our wish to facilitate a correspondingly more authentic broadening of participants' horizons and to provide an optimum platform for comparisons with the concomitant pooling of experience and exchange of views. Finally, the limitation to medical psychotherapy was coupled with the expectation of being able to find ways of discovering the living bridges to all the rest of medicine and to the psychological dimension that is present in every doctor's surgery or hospital. Taken as a whole, our project was rather demanding – perhaps even too demanding for an international congress. My view is that we succeeded on at least one score in Lausanne, namely that of strengthening the international emphases of our gatherings once again and, through that, of directly experiencing reciprocal interest («inter-esse») for one another in our very diversity. I think back, for instance, to the massive response that Prof. Bin Kimura (Kyoto) triggered with his lecture on the divergent «meaning of language».

«Psychotherapeutic health care», the theme chosen three years later for the 1991 congress in Hanover, represented a renewed attempt to avoid limiting this pragmatic topic solely to our European situation, but to shed light on local specificities in other parts of the globe, such as Africa.

It was in 1994, at the congress in Seoul, that I experienced the most incisive intensification and, at the same time, the greatest fulfilment of my motivation within the IFP (the constraining «M» (medical) had been eliminated by then), and this was cloaked in an explicitly polarised form with the title «Psychotherapy East and West». What had been little more than a marginal subject at early congresses (Opatija, Lausanne and Hanover), namely the search for dialogue between the Orient and the Occident, both moulded by tradition but with divergent worlds of past and present experience, became the essence of the congress. The gathering made it possible for participants from here and from there to arrive at a more differentiated perception of what, from their perspective, was the Other, especially since our hosts, our most loyal Asiatic colleagues, very much welcomed the opportunity of casting the limelight on their perception and took the whole undertaking very seriously. Something that up until then had only succeeded in art and literature, and scarcely at all in religion and politics, was attempted here through the one factor that bonded us, namely our experience of the provision of psychotherapy. It even managed to produce a number of authentic echoes too, even if admittedly only a small circle was involved.

My clear personal view as I look back is that the coming together of different worlds in Korea was much more clearly profiled and thus created a much more lasting effect than the first endeavour I had witnessed in South America (Rio, 1982). If that can

indeed be taken to be the case and if my perception is not too much coloured by the passing of time, then, as I look back, I think that I could truly say that I had lived through a particularly interesting epoch of international and trans-cultural cooperation. My reminiscences then help me realise once again how and why my motivation came to wane in subsequent years and finally vanished altogether. It was increasingly my impression that the interest for the psychically alive element in psychotherapy was disappearing under a shroud of superficial, technical and specialist necessities, and when I was even asked my opinion on an «International Psychotherapeutic Order» along the lines of the US «Guideline», I knew that the time had come to leave the Board.

The pull of different cultures is now gathering a new and rather radical impetus, and the quip that nothing ages faster than the latest news becomes part of life's – often comforting – experience as one continues to put on the years.

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Treasurer of IFP 1979–1994

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