
FOCUS 1: THE ANXIETY AND DEPRESSION CONSENSUS CONFERENCE: A CRITICAL LOOK

Anxiety, depression and psychotherapy

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ABSTRACT. – In this short article, we aim to contribute to the ongoing debate at the Consensus Conference on psychological therapies for anxiety and depression. We will do this by presenting recent data from research that has been carried out on a sample of systemic-relational psychotherapists who specialized at the Centre for Family and Relational Therapy Studies in Rome, over a period of 10 years, between 2012 and 2022.

Key words: research, psychotherapy, depression, anxiety.

What is most striking when supervising or training in other European countries, such as Spain or Belgium, and non-European countries (the US, in particular), are the difficulties that arise when practicing psychotherapy due to a lack of legislative regulations regarding the training needed to practice. We should all become increasingly more aware of psychotherapy, especially since it was definitively recognized as a healthcare profession, it entered the essential levels of care and is a serious matter, which requires an important formative commitment. University education is the basic necessity but is not all that is needed to pursue it.

Would any of the participants at the Consensus Conference ever agree to undergo a surgical procedure performed by a medical graduate who does not have specialist training in surgery?

These are simple thoughts, on which there should be a general consensus. In accordance with common sense rather than with laws. In Italy, however, this simple principle has been improperly called into question during the Consensus Conference where it was stated that there are depression and anxiety disorders whose psychological therapy could also be administered by people who have not been trained in psychotherapy.

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Anxiety and depression

It is indeed trivial, for those with the slightest clinical experience, not to regard anxiety and depression as more or less ‘mild diseases’, but as the symptom of a disorder that needs to be analyzed in depth in its origins and meaning.

The idea of sending those who suffer from these ‘mild forms’ to untrained therapists is an idea based on unacceptable ignorance by mental health professionals for a few reasons: the clinical assessment of the severity of a symptom cannot be entrusted to untrained people because exploring the interpersonal circumstances in which that symptom occurs is often decisive for choosing the most appropriate type of treatment and lastly, because this type of exploration requires skills that can only be acquired at the end of a suitable training course.

The family and relational therapy Studies Centre

Fifty-one years after its foundation, our Studies Centre has defined its formative project as one that enables the psychologist and/or the doctor to work with individuals, couples, and families and devotes an important part of this project precisely to this type of exploration.

Teaching a future psychotherapist to respond to a person who initially asked for individual help by proposing, for example, couples therapy for ‘depression’ can be decisive in helping them deal with the person’s symptoms in the correct way, by allowing them to solve the problems underlying that correctly interpreted ‘depression’, as the symptom of a couple’s discomfort or crisis.

Similarly, teaching a child to face family therapy, with the help of his/her parents, when there is an ‘anxiety’ or ‘depression’ problem due to a major family issue, can prove crucial to the child’s mental health in adulthood.

Of course, the future psychotherapist will be trained, to also deal with cases where he/she will have to take on, in individual therapy, the problems related to the elaboration of death or the difficulties of a teenager living in a more or less ‘anxious’ or ‘depressive’ way due to the choices related to his/her sexual orientation or gender identity.

It seems to us quite clear, by reflecting on these examples, that symptoms such as anxiety and depression need to be understood and studied in their meaning if they really are to be treated, and that the skills needed for this in-depth analysis are only acquired at the end of a suitable specialist training course.

Is it really possible to train psychotherapists who are capable of working with individuals, couples, and families?

Research

In our investigation, we administered a questionnaire to which a total of 232 people responded, 93% of whom were women and the remaining 7% were men. The sample consisted predominantly of people in the 36 to 42-year age group (46%), while about 38% were over 43 and the remaining 16% were under 35 years of age.

The first interesting finding was related to enrolment in the Register of Psychotherapists; 14% of the sample, indicated that they had enrolled in the Register of Psychotherapists of their Region in accordance with Article 35, Law 56/1989.

This number indicates that this part of the sample, despite having signed up for the Register of Psychotherapists, which they could do as they had obtained university degrees prior to attending the training course in relational systemic psychotherapy, subsequently decided to attend a post-graduate school in psychotherapy anyway.

This means, in practice, that the experience of training at a psychotherapy school is felt to be important by colleagues who have been able to practice psychotherapy without having been forced to attend these post-graduate courses. Moreover, this has also been demonstrated by the increasing number of psychiatrists who ask us to participate in our courses at the end of their medical specialization.

The majority of the psychotherapists who responded, about 88%, had private practices or worked freelance (Figure 1). Of the total, there was a prevalence of individuals practicing only through private practice (57%), while the remainder of the sample was almost equally distributed with a commitment between working in the public services (23%) and working in the private services affiliated with the Italian NHS (19%). What is clear from these figures is that a large majority of our alumni have a good job and that they are equally distributed between the public and private sectors.

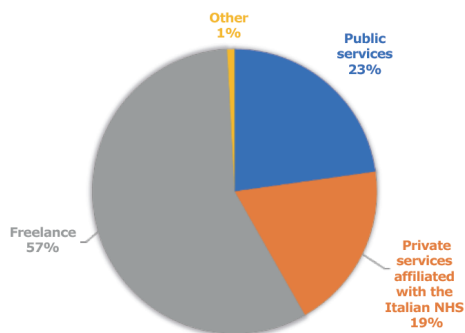


Figure 1. Work of psychotherapists.

When you look at the type of therapy that the sample is using, it is clear that the systemic-relational model is crucial for 92% of research participants who practice individual therapy and 70% of participants who practice family therapies and couples therapy (Figure 2). This fundamentally means that working with individuals, couples, and families is not only possible but even natural for psychotherapists who have received this type of training; of which an absolute majority clearly recognize the value of this from the point of view of personal and professional growth.

Compared to personal growth ratings, 92% of graduates from the post-graduate school indicated that the Studies Centre contributed significantly to their personal growth, as well as professional growth (Figure 3). Consistent with the fact that it concerns personal growth, 83% of participants responded that they felt that the systemic-relational specialization school was very useful for the development of their professional careers.

Conclusions

In conclusion, we would like to highlight two points in relation to the proposals contained in the Consensus Conference documents.

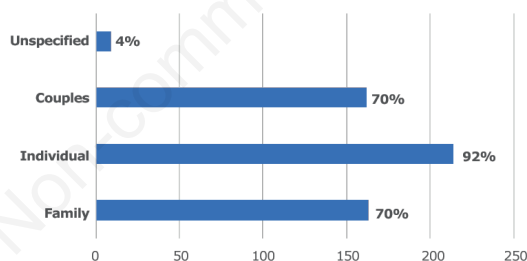


Figure 2. Type of therapy.

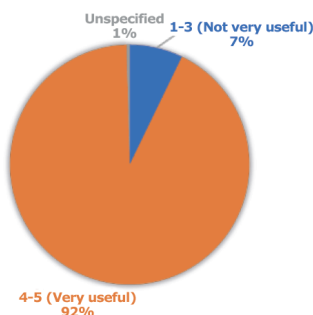


Figure 3. Importance of Studies Centre for personal growth.

The first point concerns the levity, which in our opinion is unforgivable from a scientific and professional point of view, with which they talked about the possibility of recognizing ‘mild’ disorders without carrying out an interview with an expert to deeply examine the actual importance and personal and interpersonal significance of an anxious, depressive or, as often happens, of both an anxious and depressive experience.

The manifestation of a symptom should always be considered as the expression of distress of the person and of the system in which the person is a part.

Even though it is both fascinating and difficult, examining the origins and meaning of the symptom is the task of a psychotherapist.

The second point concerns the need to consider the psychotherapeutic profession as a profession based on the ability to contextualize the difficulty of those asking for help in both their origin and meaning.

Based only on the attempt to propose behavioral recipes to the person who exposes himself/herself by speaking to a therapist, the approach of the cognitive-behavioral psychotherapists, which are the most fashionable among psychiatrists, is, in our opinion, a useful approach in very specific cases and of which we can say, in other cases, is evidence-based only because it delivers short-term results, without taking into account the fact that interpersonal processes and life trajectories need to be evaluated over a long time in order to be effective. What we are entering into with this last point, however, is an internal matter in the world of psychotherapists, to which it will be important to return at the appropriate time and place.

This must be discussed among psychotherapists, however, not between or with people who have not adequately trained in psychotherapy.

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