

Psychotherapy and Belgian legislation : a point of view from the French speaking part of the country.

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In 2014, a law was adopted by the Belgian Parliament concerning psychotherapies. This law was the result of a scientific consensus and of an extended dialogue between health professionals. It was based on the recommendations of the Conseil Supérieur d'Hygiène (scientific advisory organ to the ministry of Health).

In June 2016, a new law was voted, initiated by the present minister of Health and Social Affairs. Aiming at addressing gaps, this new regulation implied a deep reshuffle which reduced strangely the complexity of the subject and reflects a rather different societal conception.

According to this law, psychotherapy as a profession no longer exists, but is considered as a specialized act, according to a techno budgetary scheme, following and submitted to the medical logic.

It is carried out professionally by clinical psychologists, clinical orthopaedagogists and medical doctors who have completed post-initial qualification training in the field. This excludes from now on any professional issued from another field of qualification from practising psychotherapy. However, transitional measures give the possibility to health care degree holders to carry on with an autonomous practice.

In the text of the law psychotherapy is defined as “a form of health care treatment which uses, logically and systematically, a coherent set of psychological means (interventions) which are anchored in a psychological and scientific frame of reference and which require an interdisciplinary collaboration.”

Such a definition seems to be rather flawed and illustrates the pragmatic tone of this law. It lacks fundamental reflection on the specificity of psychotherapy and of clinical psychology in the field of health care professions.

This legislation fails to talk about the essence of what takes place in the process it aims to frame.

It creates perplexity, insecurity, questions as to the future institutional as well as private practice and as to the consequences for the person wishing to consult. When the law was adopted, it caused quite an uproar and no less than seven court actions were started.

What are the main pitfalls?

The lack of consideration for the specificity of the care.

If, indeed, psychotherapy concretely occurs through a series of therapeutic “acts”, its significance and efficiency lies elsewhere, namely in the encounter between a person with a psychic suffering and a person (trans)formed by a long way of training. As many studies show, this always unique encounter constitutes the fundamental element determining the therapeutic outcome.

Psychotherapy supplies a specific care and is based on a another kind of paradigm than medical care. The latter functions according to the “symptom - syndrome – diagnostic – treatment” logic, depending on the detection of the clinicians, whereas psychotherapy relies on accompanying a person towards personality and behaviour adjustments of his own conscious or unconscious choice.

Psychic questioning and suffering can't be reduced to a sickness to be cured.

Psychotherapies aim at mobilizing personal resources, awareness and creativity. They occur in the course of a therapeutic process in a relationship context. These are decisive elements and they cannot be reduced to an “act”. It makes no sense. Nothing indicates, in this law, that another paradigm is taken into account.

The lack of consideration for the plurality in the therapeutic orientations

The current legislation removes the taking into account of differentiated therapeutic orientations in the field of psychotherapy.

The complexity in this field leads psychotherapists to work to one of the four orientations which are accepted by the Conseil Supérieur d'Hygiène: (1) psychoanalytic and psychodynamic, (2) cognitive and behavioural, (3) family and systemic, (4) humanist, client-centred and experiential.

To mention them in the text of the law (and not only in the implementing orders still to come) enhances their differentiation, their complementarity, the specificity of their teaching. It prevents their confusion in a reducing melting pot.

The quality of the training

The legislator's concern lies particularly and correctly in the quality of the care proposals. But does the law really guarantee anything in the matter?

It enacts the possibility of partial or total psychotherapy training during the course of the basic higher studies (this is mentioned in the explanatory memorandum of the law). A “quick training” thus. How about acquiring and developing, in such a context, the technical and personal competences required for the profession?

Nothing appears in the law concerning the therapist's personal development, although this is essential as to the knowledge of his own subjectivity.

Well known training institutes which aim at the development of “being a therapist”, aside of the theoretical and technical competences, are under threat of being excluded. Even if the possibility occurred of an alliance with universities would they be amputated of their specificity and autonomy.

Moreover, psychotherapists, having often been training and practising for many years and being themselves in a teaching position, but who are no health care professionals in the sense of the law, are being denied of an autonomous practice.

Not only is this a contentious discrimination, but in a broader sense, it also limits the thinking field and in apprehension of the profession.

Psychotherapy indeed relates to concepts that are at the borders of diverse disciplines.

Elaborative exchanges between professionals from various grounds (e.g. philosophy, social sciences, education) are essential to the development of the field.

It is worth noting that the article concerning this exclusion, which was drafted in the context of “transitional measures”, was cancelled by the “Cour Constitutionnelle” (specialized court whose competence is to appreciate the conformity of the law with the Constitution).

Nevertheless, this reflects the intention of the law of not differentiating from the medical logic.

The subordination of psychotherapy to the medical field

This new legislation induces the subordination of psychotherapy to a medical injunction rather than promoting an elaborative dialogue between two distinct fields based on different and complementary logics as is often the case in the everyday practice.

Moreover, there seems to be a risk of erosion of the strict confidentiality, characteristic to psychotherapy, by its inclusion in a common and compulsory record accessible to any health professional.

Evaluation issues.

The law advocates on an “evidence based” evaluation system similar to the medical one. This system, if considered on its own, seems inadequate in a discipline not only aiming at the recession of symptoms, but at search for meaning as well. Here too, the “Conseil Supérieur d’Hygiène” advocates for a pluralistic research methodology taking into account other criteria that are “practice-based” or “value-based”.

The advisory body

A Federal Council for Mental Health Professions is created. Its task consists in giving advice in matters concerning the licence and the practice in mental health professions, including clinical psychology, clinical orthopaedagogy and psychotherapy. The board consists of psychologists, orthopaedagogs and medical doctors. Still nothing is mentioned as to the presence of professionals trained in psychotherapy.

Although psychotherapy as a profession is wiped out in Belgium in favour of the “clinical act”, this profession is alive and well in several European countries. Germany organizes a master in psychotherapy. In Belgium, post-master studies offer a specific training (and suggest that the students experience a personal psychotherapy aside of their academic training). Several training institutes are praised for their accurateness and the job of the psychotherapist is generally accepted in many state financed institutions. In England, professional associations are appointed to recognize the psychotherapist.

This law, rightly aiming at ensuring protection and quality, lost touch with the core of the subject.

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