EUROPEAN FEDERATION

EfPP

PSYCHOANALYTIC PSYCHOTHERAPY

EFPP Working Group on the Regulation of Psychoanalytic Psychotherapy in Europe

1. Context and purpose

The EFPP Regulation Working Group was established in response to concerns expressed by delegates during the Online Delegates Meeting held in March 2024. The discussions showed that, although each country has its own legal, political, and institutional context, there is a shared need for clarity, support and European coordination around the status of psychoanalytic psychotherapy. In this context, the EFPP assumes the role of protecting and promoting psychoanalytic psychotherapy, understanding the regulatory frameworks across Europe, and formulating an institutional position that can support members in their dialogue with authorities, professional organizations and insurance bodies.

The group was conceived as a medium-term working space, with regular meetings in which delegates present the situation in their countries. From the first meeting, a central question emerged: how can psychoanalytic psychotherapy be supported within very different systems, some of them highly regulated, others fragmented or insufficiently defined? At the same time, the need was emphasized for the EFPP to become more visible in its political, educational, and social dimensions, and to be able to respond to international documents or trends, including those related to the World Health Organization.

2. Common framework of analysis

We proposed seven key dimensions for comparing the regulation of psychoanalytic psychotherapy: legal recognition, professional authorization and protection of titles, psychoanalytic training, regulatory authorities and professional oversight, integration into healthcare and financing, confidentiality and documentation, and quality assurance and professional continuity. This framework transforms the discussion from a simple listing of national laws into a structured analysis of the relationship between the state, the profession, training, ethics, medical institutions, and the insurance market.

The standard questions used in the presentations addressed who regulates the profession, what differences exist between the public and private sectors, where psychoanalytic psychotherapy is placed in relation to other forms of psychotherapy, how patients are referred, who can become a psychotherapist, what role the state and insurance companies play, and how professional secrecy is protected. Over time, the discussion expanded to include the role of universities, the relationship between psychologists, psychiatrists, and psychotherapists, the pressure toward short and standardized methods, and the risks created by electronic records and administrative requirements.

3. Comparative conclusions from the countries presented

The documents currently collected cover Belgium, Bulgaria, France, Germany, Italy, the Netherlands, Portugal, Romania, Sweden, and the United Kingdom. Together, they show that European regulation ranges from strong state recognition and protected titles to fragmented

systems in which psychotherapy is mainly organized by professional associations, training institutes, and the private market.

Germany: Germany appears as an example of a highly regulated system, with strong state involvement, authorization procedures, extensive training and periodic revalidation. The title of psychotherapist is protected, statutory health insurance covers most of the population, and psychodynamic and psychoanalytic treatments can be reimbursed. However, this recognition comes at a cost: rigid criteria, mandatory diagnosis in order to access funding, extensive documentation, electronic records, and increasing pressure toward group or short-term therapies. The discussions highlighted the paradox of a framework that offers recognition while also risking the confidentiality and clinical autonomy of the practice.

Belgium: Belgium presents a different situation: psychotherapy is regulated more as an act within healthcare law than as a distinct profession. The constant return to codes, documents, and medical files creates confusion between the logic of physical healthcare and the logic of psychic work. Reimbursement for private practice is limited, and psychoanalysis has decreasing public visibility compared with cognitive-behavioral therapies. An important theme was the need to adapt without losing psychoanalytic thinking: psychoanalytic psychotherapy must enter the public sphere more actively, but without abandoning its specificity.

Romania: Romania is presented as a system regulated after 2004, in which the Romanian College of Psychologists has a central role in training and professional practice. Psychoanalytic psychotherapy is practiced mainly in the private sector, while in the public system the work is limited by bureaucracy, low reimbursement rates, and a reduced number of sessions. There are several psychoanalytic schools with strict rules, close to IPA standards, but universities give little space to psychoanalytic psychotherapy compared with CBT. The discussion emphasized the tension between regulation, the institutional power of professional bodies, and clinical freedom, as well as the need for a distinct law and for recognition of the profession of psychotherapist.

The Netherlands: The Netherlands presents a system with a professional register, re-registration every five years, experience requirements, and strong integration with insurance systems. The protected title of psychotherapist is linked to BIG registration, and reimbursement depends on referral from a general practitioner and on the therapist's contracts with insurance companies. Although this framework provides a degree of protection and access, it also imposes significant diagnostic and administrative demands. CBT dominates the institutional culture, while psychoanalytic approaches are less recognized. Participants noted that standardization may alter the therapeutic relationship and normalize surveillance, while still leaving the therapist a certain degree of freedom in the consulting room.

France: France regulates the title of psychotherapist through the public health framework introduced in 2004 and clarified in 2010, with a national register and training requirements in clinical psychopathology. The law was initially oriented toward preventing abuse and sectarian deviations, rather than defining an autonomous psychotherapeutic profession. Recent public schemes for psychological support have improved access to short-term psychological care but have not included psychotherapists as such. A proposal to stop reimbursing psychoanalytic treatments from 2026 generated strong professional opposition and brought the defense of therapeutic pluralism back to the foreground.

Portugal: Portugal does not legally recognize psychotherapy as an independent profession. Psychotherapeutic practice is mainly framed through psychology and psychiatry, regulated by the Ordem dos Psicólogos Portugueses and the Ordem dos Médicos, while the Entidade Reguladora da Saúde supervises healthcare facilities, clinics, and private offices. Public sector access is limited, with long waiting lists and a shortage of psychologists in the National Health Service. Psychoanalytic psychotherapies are residual in the public sector and largely located in private practice and in scientific associations, which makes credential verification, training standards, and public visibility central issues.

Bulgaria: Bulgaria shows the challenges of a country where psychotherapy has an important professional history but lacks a comprehensive statutory law. The title of psychotherapist is not

legally protected, and there is no statutory register defining who may practice psychotherapy. The Bulgarian Association for Psychotherapy functions as the national umbrella and awarding organization, maintains a professional register, and works toward legal regulation. Psychoanalytic development is supported by the Bulgarian Psychoanalytic Society and by the Society for Psychoanalytic Psychotherapy, whose EFPP-recognized training contributes to the consolidation of psychoanalytic psychotherapy. The case also raises the question of European solidarity in countries with fewer analysts, supervisors, and institutional resources.

Italy: Italy has a clear legal architecture rooted in Law No. 56 of 1989: psychotherapy is reserved to psychologists and medical doctors who complete recognized postgraduate specialization. Training is provided by universities or private institutes recognized by the Ministry of University and Research, with a minimum four-year structure and significant theoretical, practical, and traineeship requirements. This gives psychotherapy strong legal definition, but it also means that psychoanalytic institutes must translate their clinical formation into ministerial requirements while preserving the specificity of psychoanalytic method, including personal analysis, supervision, and long-term clinical thinking.

Sweden: Sweden treats psychotherapist as a profession in itself. Since 1985, a certificate for licensed psychotherapists has existed in order to protect quality and patient safety, with certification and supervision under the national welfare and health authorities. The standard pathway includes a three-year program of 90 higher education credits, clinical work, supervision, theory, scientific work, and self-therapy, with different professional backgrounds eligible through additional basic training when required. Historically, psychodynamic and psychoanalytic psychotherapy had a strong position, but CBT gained institutional power as outcome research and public-sector recommendations increasingly favored measurable and standardized treatments.

United Kingdom: The United Kingdom is characterized by a twin approach to regulation. Some therapeutic professions, such as clinical psychology and arts therapies, are statutorily regulated through the Health and Care Professions Council, while psychotherapy and psychoanalytic psychotherapy rely largely on professional self-regulation overseen by the Professional Standards Authority. Major umbrella organizations include BACP, UKCP, and the British Psychoanalytic Council. The BPC accredits psychoanalytic and psychodynamic training institutions, keeps a public register, monitors CPD and ethical standards, and investigates concerns. The debate remains open between those who argue for stronger statutory regulation and those who fear that state regulation could damage the plurality and specificity of psychoanalytic training and practice.

4. Cross-cutting themes and risks

Several common themes emerge from the national presentations. The first is the ambivalent relationship between recognition and control: regulation can protect patients, titles, and training standards, but it can also produce overregulation, reduce clinical autonomy, and turn psychotherapy into an administrative activity. The second theme is competition between models: CBT and short, measurable approaches that can be easily integrated into insurance systems are favored in many countries, while psychoanalytic psychotherapy must defend its duration, complexity, confidentiality, and the specificity of the transferential relationship.

A third theme is the uneven legal position of psychotherapy. In some countries, such as Germany, Italy, Sweden, and the Netherlands, the profession or title is strongly regulated and linked to state systems. In others, such as Belgium, Portugal, Bulgaria, and the United Kingdom, regulation is more fragmented or mediated through healthcare law, professional bodies, or voluntary registers. France shows a model in which the title is protected but the profession itself remains politically vulnerable, while Romania illustrates the difficulty of separating psychotherapy from a broad professional psychology framework.

A fourth theme is confidentiality. The electronic patient file, diagnostic and reporting requirements, insurers' access to information, and the lack of distinction between physical and mental health are perceived as serious threats. The group returned repeatedly to professional secrecy, especially in

overregulated countries, and suggested that it should become a central chapter of the future EFPP document. The fifth theme is training: who provides it, who validates it, what role universities should have, and how the essential requirements of psychoanalytic formation - theory, clinical practice, supervision, and personal analysis - can be preserved in a context that demands speed and standardization.

5. Directions for EFPP work

Our work began by collecting national information and is gradually moving toward the preparation of a European document. Several directions were proposed: publishing national situations in the e-journal, inviting other delegates, building a European map of regulations, formulating a guide with the main themes, developing political strategies, and establishing links with other working groups, especially the group dedicated to training. The idea of a specific working group on WHO documents was also raised again, particularly where these documents do not clearly include psychoanalytic psychotherapy or where they favor the training of non-specialists.

The comparative map should show not only legal differences, but also the political and clinical effects of each system. Countries with strong statutory regulation need support in defending confidentiality, duration, and clinical autonomy. Countries with weak or incomplete regulation need support in protecting titles, training standards, and public recognition. Countries with voluntary professional regulation need European arguments showing that quality assurance can exist without reducing psychoanalytic psychotherapy to a standardized medical act.

In conclusion, the documents point to the need for a coherent EFPP voice, capable of supporting psychoanalytic psychotherapy both in countries where the profession is insufficiently recognized and in countries where it is recognized but excessively controlled. A future EFPP document could combine a comparative map, principles for protecting confidentiality, minimum training criteria, arguments for therapeutic pluralism, and political recommendations for dialogue with states, universities, insurers, and professional bodies. What is at stake is not only the administrative status of a profession, but the preservation of the clinical and ethical conditions that make psychoanalytic psychotherapy possible.