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A SURVEY ON PSYCHOTHERAPY IN EUROPE DURING THE COVID-19 LOCKDOWN 2020

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INTRODUCTION

In 2020, the threat from the Covid-19 virus created a world-wide pandemic and global lockdown. Psychotherapists around the globe had to respond to a situation in which they could mostly not work with their patients and clients face to face, due to the need for social distancing. (De Benoit, 2020)

How should they ... How could they ... How *did* they respond? This important question led to a Questionnaire, conducted by the European Association for Psychotherapy (EAP), to find out from Psychotherapists themselves – how they had coped, how they had worked, and what they had learned during lockdown. The Questionnaire was conducted in Autumn 2020. As the leading professional association for Psychotherapists in Europe, we wished to get a preliminary insight into what had happened: what had Psychotherapists observed, how had they coped, and what potentially new and unforeseen learning and opportunities in the profession of Psychotherapy had been created by this extraordinary situation.

The Questionnaire aimed to gather preliminary information from Psychotherapists both in different European countries, and from the different modalities (as are represented in EAP), on the impact on the profession of Psychotherapy of the lockdown across Europe because of the Covid-19 pandemic 2020. Given the suddenness of the event, and the difficult conditions, and the shortness of the response time, and that many of our European psychotherapists do not have English as a first language, these conditions meant that the number of responses was necessarily limited and this was just an initial survey. For a variety of fairly obvious reasons, we could not contact clients or patients directly – however a ‘follow-up’ survey of Psychotherapy clients and patients could be very useful.

From accounts that we had received prior to the Questionnaire, the indications were that Psychotherapists across Europe had adapted their work so as to conduct it safely and online,

and – vitally – had continued to offer Psychotherapy to those in need of it. (Humer, 2020) As can be seen from this paper the responses to the Questionnaire gave evidence of this, and there is an excellent basis for further in-depth research. It is evident that there could be many benefits to the profession of Psychotherapy in Europe, as well as to mental health providers, if further research were to be carried out.

We feel that the results from this Questionnaire are remarkable, and indicate that a paradigm shift has taken place in the work of Psychotherapists during this extraordinary period of time.

This paper will be circulated to the President of the EU Parliament, to EU Health Ministers, to MEPS, to Policy Makers, to CEPLIS (the Council for Liberal Professions), to EAP Psychotherapists, and to a wider audience through the International Journal for Psychotherapy. Psychotherapists have not been seen as ‘front-line’ workers during the pandemic, and they have not saved lives in hospitals, but every day Psychotherapists have – behind the scenes – worked to enhance and sustain good mental health in their respective populations – and, at times, have even helped to save the lives of those severely depressed and suicidal. This paper gives an indication of the great work of Psychotherapy and Psychotherapists during the Covid-19 Pandemic in 2020.

Throughout this paper, the words in italics and quotation marks are verbatim quotes from the completed Questionnaires.

“COVID-19 has been a humbling experience. The core effect has mostly been one of service, and how the provision of Psychotherapy can be offered through different means. I was concerned at first and did not feel confident about the possible effectiveness of online delivery. After seven months my views have changed, and I can see that we can adapt and still be effective in conducting Psychotherapy with people.”

PRESENTING PROBLEMS

The results of the EAP’s 2020 Initial Questionnaire reveal that the most common presenting problems that have been discovered during the period of the Covid-19 lockdown (that started in mid-March, 2020, almost simultaneously throughout Europe), were:

1. Loneliness:

All Psychotherapists completing the questionnaire highlighted this as the most prominent and most frequently papered problem:

“Problems with personal and family management due to the lack of physical space and activities. Difficulties in autonomy and independence on personal time due to the fact they are working from home in the same time; intolerance of frustration; lack of physical condition to do psychotherapy on line – lack of privacy. Inability of family members to be independent at the same time; high level of intrusiveness; the emotional state is affected by the interference between professional and personal identity”.

2. **Anxiety:** Especially related to the unpredictability of the pandemic. Intensified death anxiety was also papered.

3. **Panic Attacks:** Any increases were mostly in people, who have experienced panic attacks before the pandemic.

"Additional insecurities due to social instability (related to health, financial, etc.) during this pandemic situation."

4. **Depression:** Results seemed to indicate that this is was more severe in the second wave of the pandemic.

"Decrease of hope for the future, fear for the future."

"Loss of contact with nature/friends, free space and limitations in several areas."

"Job loss and bankruptcy."

"Chaos and lack of hope, too many threatening information on political scene, in media, conflicts between governments and opposition, growing violence, lack of positive vision, chaos and lowering standards or lockdown in health care services, loan and tax burdens contribute to increase of depression, also new cycle corona besides early family issued impact on adults or youth – lack of support."

5. **Suicidal Ideation:** especially amongst young people.

6. **Interpersonal and Relationship Difficulties:** more marital distress; increased marriage breakdown.

"Overwork, sudden lifestyle change, difficulties to adapt to the changes"

7. **Physical Deterioration:** especially in elderly people.

"Sedentariness; weight problems-compulsive eating".

8. **Addictions:** Specifically, non-chemical, internet, more in young people, and alcohol in adults.

9. **Technical Fatigue:**

"Problems due to overuse of electronic devices."

DISCUSSION

Loneliness, Anxiety, Depression and Interpersonal Relationships were the main problems which patients/clients have suffered from, based on the results from the Questionnaire.

There is a certain amount of intertwining between all these problems, one in a way causing the other, especially in relation to loneliness and isolation, the inability to be with supportive friends and family, as well as the restrictions on normal working practices, and the financial implications of furlough and loss of work, all play a large part. On the other end of the scale, interpersonal relationships struggled from not having enough space for

oneself as an individual, and of being stuck with each other in a small space. At the same time, physical and touch and social (face-to-face) company were missed.

Some clients, who had a history of depression and had overcome it, were drawn back down into a deep hole of depression, exacerbated by the isolation and restrictions of lockdown. The 'not-knowing' and uncertainty brought anxiety to many, and for others triggered old traumas. Financial insecurity was another problem and this added to the general background of anxiety. Uncertainty for the future brought about increased anxiety. Fear of death and illness was present, as was fear of political future. Some people experienced threatening messages, which led to chaotic feelings, lack of hope, and a feeling of mistrust.

Patients/clients presented with heightened emotions around both new and older issues – depression, relationship problems, anxiety, suicidal ideation – and the Psychotherapists adjusted to respond to them effectively.

Another significant indication has been the reinforcement of the essential bio-psycho-social model that is central to European Psychotherapy, rather than psychotherapy being seen as a purely 'medical' treatment. This is in accordance with the EAP's goal of establishing Psychotherapy as an independent profession, in accordance with the EAP's 1990 Strasbourg Declaration.

Finally, what this survey indicates, is that all of the above effects of the lockdown will probably have a serious future impact on the mental health of nearly all populations across Europe. Politicians and mental health providers should take note of this and plan for considerable additional mental health resources in the future to ameliorate these future effects. The pandemic must therefore not only be survived by the present population, but also present and future populations will need to heal from the longer-lasting effects. Therefore, the profession of Psychotherapy in Europe will also need to take steps to enable this, so as to be a significant help in the provision of such a political and societal 'cure'.

The Questionnaire was not designed to draw out information about clients and how they felt about wider or more external factors, such as loss of income, loss of job opportunities, mobility of labour, etc. as well as restrictions on possibilities of travel, holidays, accessing social entertainments, etc. Given that this was just an initial survey on the immediate impacts on the profession of Psychotherapy, with limited possibilities for response, we feel that there are sufficient indications to justify further research into the impact of the Covid-19 lockdown, the shift to online working, as well as examining the wider psychological effects of the pandemic – as manifest themselves in the practice of Psychotherapy.

The European Association for Psychotherapy Science and Research Committee, in conjunction with a couple of universities will be designing another survey covering all European countries, designed to elicit additional information about the longer-term effects of the pandemic on the mental health of the wider population, as well as on European Psychotherapists and their clients. We will probably be seeking European funding for this.

BENEFITS OF WORKING ONLINE

Psychotherapists found themselves having to make a paradigm shift to working online during the Covid-19 pandemic. The need to move swiftly (from 'normal' face-to-face working, nearly always in clinics or the Psychotherapists' own practice rooms) to online therapeutic work was created by the extraordinary situation of the lockdown, but Psychotherapists seem to have adapted wonderfully and impressively to this new medium and had also discovered some benefits in working online.

The main benefits which were papered in the Questionnaire's responses are:

PERCEPTIONS

"Some clients found it easier to talk in their own home. They also felt more secure from potential infection. Psychotherapists found that their clients were able to access their emotional states more easily at times."

"Their professional work seems to be getting done more quickly. There is less shame in the "room". There is less anxiety related to travel and parking for example. There are some advantages to the disinhibition (distancing) that was created by an online presence."

"It has definitely suited a number of clients more, as the sessions are focused on the moment, and some clients find it easier to express themselves in their own environment."

"It was the only way anxious, vulnerable and ill people could continue the therapy."

"For people with social phobia, it was less difficult to show up in online sessions."

"No fear of infection and therefore relaxed atmosphere, some clients were happy to be able to show their private surroundings, very dense and intensive conversations by concentrating on the face or only the voice."

"For some people, the fact of organizing online sessions seemed to prove to them that they mattered enough for me to find a way for us to see other."

"For first time, working online with clients in therapy, seems easier."

THE THERAPEUTIC SPACE AND CONTAINMENT

"An unexpected benefit was seeing the person in their home and how they are there, what their rooms are like, how they are respected or interrupted by their family and partners. How their face changes when they hear the voice of a family member."

"It was a holding space and carried them through the lockdown, not perfect for some but better than nothing."

"Sometimes I had the idea to use objects which were in the room of the patients and I have observed a cathartic effect."

THE THERAPEUTIC RELATIONSHIP

"Level of attunement seemed different and yet more intimate."

"It was time efficient."

"It made the service more accessible / safer / provided continuity of therapy."

"Had a sense that clients being very committed, focused and more present in process. Able to gain insight faster."

"The therapy process was more equalized between the therapist power and the client power."

"The presence of each other's face on screen creates more intimacy. It was definitely more focused and intense."

"Clients less defensive as in different / own space but short- term benefit only."

"It was a learning for both of us, as clients learned to get used to the new medium (as I did) and learning together there was a strength and added to the work. There was a sense of "the confessional" in the work – as clients named things and went deeper at times in the safety, boundary and distance that the online way of working provided."

"Possibility to connect with supervisors and therapists, who were previously "too far away- or abroad"."

"Some clients seemed to adjust very quickly once they were assured of the confidentiality of the platform and were more open."

"Also, I find the online setting (combined with being in people's own space) to be a trigger for faster and deeper connection. The client sees my face on a computer / iPad screen and it enables focus in a certain way."

"Those with anxiety did not have to leave home. [There was] availability for people from further away started to meet me online, they would not have been able to come in person, because [they were] too far away."

"Due to the general overall global climate of need that was created for everyone, to maintain their inner balance, during these hard times they are going through ... this gave me the opportunity to link the issues, were already working, with the difficulties that occupied each person due to the given conditions. Additionally, I took this important and difficult issue – "the isolation" – and turned it into something positive; I used it in a way to promote a creative way of introspection and self-observation, which – under other circumstances – would not work so effectively. Therefore, isolation took on another meaning, a creative one, with an interesting progress for the patients."

"Unconscious feelings of abandonment, isolation, anger; fears of oppression were more intense, emerged easier."

"I think this medium supported us to be even more focused, since we were very much focused on other's faces. There were fewer distractions. Paradoxically, some work on the telephone supported clients to open up more than usual and go deeper."

LIMITATIONS OF WORKING ONLINE

- **PERCEPTION**

Many clients did not opt for online Psychotherapy at all due to their scepticism and lack of belief, and, if a client, doesn't believe online Psychotherapy can work, then it is hard for them to engage with it. Some clients said that online is less good, without saying precisely why.

- **TECHNOLOGY**

An increased reliance on technological problems has been a problem for everyone during lockdown and specifically for Psychotherapy. The problems papered were:

❖ **Technological interruptions**

- Poor quality of connections:
- Clients would have screen open and be on the phone at the same time.
- A lot of [domestic] interruptions, disabling the flow of the session.
- Wi-fi problems: – none, or lack of good-quality Wi-fi.

❖ **Anxiety about the technology:**

Difficulties with the internet caused different feelings and reactions.

- Some people nervous going to media.
- Some people with low self-esteem seem to avoid the third-party (technology) being present and do not trust in the safety of such a way of presenting problems.
- When the sound quality is not as good, and there is fade away, then loss of sound quality blocked some people and created resistance.
- Any technological interruptions interfered with the coherence of the session.
- Having to look at a monitor and at the camera means that holding the eye-contact and maintaining a good eye gaze was difficult.
- Sometimes, where there were interruptions in the visual and or auditory connection, it was difficult to stay connected.
- Clients had already spent too much time on screen for their work; there was a difficult crossover.
- There is no distance from the therapy space. Clients cannot get away from it when it is in their own living room, and this impacts on the way that the client processes the session.
- Bad internet connections influence the course of the session, decreasing dramatically the information that we get from each other (smell, visual image, etc. doesn't coincide with reality: for example, height, weight).

• **THE THERAPEUTIC SPACE AND CONTAINMENT**

“All the clients spoke about the psychotherapy office, the space where there is security and acceptance, where growth and development can take place – and they all missed it”.

Until now, a main requirement for most Psychotherapists for working with their clients is the provision of a 'safe space' by the Psychotherapist – usually in a clinic, or in their private therapy rooms. That 'space' does not really exist when working online, and the Psychotherapist has no influence over the client's 'space'. Clients did not always have a safe space, or feel safe online when at home, due to lack of privacy and interruptions. The presence of pets and relatives could also be distracting. Some clients did not have properly 'safe' conditions and so went to sit in their cars so as to have intimacy.

With Psychotherapists, who are experienced in working with trauma, their clients recognised the need for human contact, and for a more a more embodied connection.

Body-language and non-verbal feedback is very important for many Psychotherapists, and – when working on Skype and Zoom – the whole body cannot be seen.

All of these influences can affect the qualities of ‘containment’, ‘transference’ and ‘counter-transference’ and the ‘holding’ of therapeutic ‘boundaries’. Clients said they missed the ‘felt sense’ of security in the therapeutic space, and also the time that they spent away from home. Their sense of safe contact with their Psychotherapist was also threatened. Speaking freely was not always possible, so the therapeutic ‘engagement’ might be compromised, and some clients felt less supported and some even felt threatened. Some clients also found being online was too intense for them.

“Less intensive, contact, less privacy when at home or work, it felt like a public place. There was anxiety to perform a more effective session because of the lack of proper space in the home.”

One consequence of all of this was that some clients discontinued the online Psychotherapy, and waited (or wanted to wait) until they could return to the ‘proper’ therapy room.

- **THE THERAPEUTIC RELATIONSHIP**

- ❖ Not so effective for new clients when developing the therapeutic alliance.
- ❖ Transference was more difficult.
- ❖ Clients were occasionally cautious when working therapeutically online for fear of being monitored.
- ❖ The lack of face-to-face contact caused the process to become quicker for some clients, because of their lack of inhibition. Some clients ‘spilled over’ because of their inhibition and some clients withheld more, because of increased inhibition.
- ❖ Clients were generally more defensive when online because they felt more distant and time was consumed re-establishing closeness.
- ❖ Work with trauma and borderline issues was slowed down, due to the fact that the client could become disconnected, or cut off from the internet.

“It made me more cautious.”

- ❖ This new – more distanced – situation was especially difficult for people, who had already experienced depression and loneliness. It created an additional distance that made things worse.

- **BODY PSYCHOTHERAPY: BODY LANGUAGE: MOVEMENT: CREATIVITY**

Body Psychotherapists form a significant mainstream branch within European psychotherapy and faced a particularly difficult challenge when working effectively online:

“Online work brought a buffer space and shrank the complexity of human relationship, it emphasized the cognitive, and put body and emotional aspect aside a bit. My clients occasionally stated that online work sometimes brings a sort of virtual, or artificial, impression. But this was mostly at the beginning of the pandemic, as the time passed this, seemed less and less an issue. We adjusted.”

They paper that the client's 'body language' was much harder to read online and, when clients were emotionally upset, they could not pursue the issue with any vigour; sometimes, papering that, as their clients were going to be alone when the session finished, they were thus not in a safe 'holding space'. The reparative and developmentally-needed relationship was less effective, due to the fact that it was being conducted digitally.

Creative and action-based methods, like Dance Movement Psychotherapy, working with proxemics, proximity and physically-active engagements, with all human facilities and senses being involved, was effectively excluded by the lockdown. Lack of non-verbal behaviour also limits the flow of information from the client. It was therefore much harder to do their usual form of bodywork.

Clients feel lack of physical contact sometimes, and experience less presence as more tiring. Body work (especially for preverbal issues) could therefore not be effectively used.

Verbal communication was also harder to read. The therapist was not so easily able to gauge breath sounds. They can't rely on picking up non-verbal cues. There was a lack of personal 'presence'.

DISCUSSION

In summary, the limitations of conducting Psychotherapy online can be stated by saying that the *"the whole ceremony of a session was lost for some clients"*.

There is no distance from the therapy space. They cannot get away from it, it is their own living space. It impacts the processing of the session. More anxious/socio-phobic clients have all claimed to enjoy lockdown, but have become more fragile and more paranoid. The absence of "face to face" therapy seems to increase difficulties with "connection", especially with clients with a high level of vulnerability and incongruence. Some personalities missed the face-to-face contact, and would be less talkative. Some clients abandoned Psychotherapy. For some, the separation caused aggression, especially in anxious clients.

SUSTAINING THE THERAPEUTIC ALLIANCE

There is ample evidence of the primary role, whereby the therapeutic alliance plays in the efficacy of Psychotherapy (see, for example: Carr & Gelo, 2020). The therapeutic alliance is subtle, unique to each therapeutic encounter, and is built-up over the course of the therapy, and we were interested in how this was it affected by both the pandemic and by working online. The Questionnaire responses gave rich evidence of the impact of the pandemic and online working upon the therapeutic alliance. Here are several verbatim quotations which illustrate the way in which the therapeutic alliance was affected:

"I could never have imagined when I was training as a psychotherapist - and even more as a group psychotherapist-years ago, that I would practice on-line sessions.

Nevertheless, I feel grateful for the new technologies that made it possible for us to work, to connect with our clients and continue our psychotherapeutic work."

"I felt first helpless, pessimistic then slowly learned to cope with the new way of provide Psychotherapy for individuals and training for students. I get tired and less involved if there are several hours looking at the screen. Then, I also learned new skills, discovered new resources, and have met more professionals whom I could not meet probably ever. I am more connected with people worldwide and learned about cultural differences and global issues."

"The value of learning through relationships has become more conscious through online Psychotherapy."

"COVID-19 has been a humbling experience. The core focus has mostly been one of service, and how the provision of our work can be offered through different means. I was concerned at first and did not feel confident on the possible effectiveness of online delivery. After seven months my views have changed, and I can see that we can adapt and still be effective in caring for people."

"I have learnt about many ways of coping with the traumatic situations, observing how people differently react to it, that there is no better or worse way to do so. For instance, that every patient, as well as every therapist, must answer oneself a question of how they are going to respond to the pandemic challenge. What safety precautions they are going to take to protect their families but also their patients, co-workers etc. Helping my patients find their own way in answering that question, has been at the same time a privilege and a challenge."

"... "Πάντα ρει και ουδέν μένει", (Omnia fluunt, omnia mutantur) of Heraclitus made me see that change, coping with danger and resilience are the most important skills that I need to support me as a Psychotherapist."

"Initially it was a frightening experience going into lockdown on 11th March, inviting my clients to meet by video. It felt that in the early days we were in the same boat and it was difficult. We worked through it together and managed to stay on track with our work. I have come out of it with the idea of 'We' reinforced in my practice and I am glad of that."

"Lockdown has grown my sensation of liberty as a professional. I took many permissions about my way of working. No need to be in the same room all the time. What is important is to be here, connected to the client."

"I see more value in my work conducted online during the pandemic."

"A new world has opened up, much more is possible on line than I had ever thought of to be possible. You can use the technology and make it work for you and stay connected with my clients even during lockdown. Very powerful. The work online does require a different attitude and can be more exhausting."

"It provided me with a completely different perspective of the psychotherapy practice. I saw clients who felt supported only because I was able to be there at the other side of the screen or willing to find solutions to support with alternative forms of contact those who did not have privacy to even work online. The established psychotherapeutic relationship is "surviving" even unprecedented challenges like a lockdown."

"I became even more attentive and more careful in my work. I began to devote more time and patience to maintaining contact. I carefully study the needs of the patients. The pandemic influenced my rethinking of unity and meaning. It became easier for me to work with narcissistic patients."

"I experienced more desperate and decompensated patients than before. Patients brought new themes to the psychotherapy such as loneliness, fear, sense of uselessness, work status, financial status. I had to learn how to work with them in new ways. I had to learn to work in online space with online tools. I experienced new form of relationship with patients when I met with them online in their homes, I saw where they live. I must admit it was more intimate feeling for me."

DISCUSSION

All of these powerful testimonies give evidence of the massive shift that Psychotherapists have had to make during the global pandemic. They have made a paradigm shift to work online; to continue their work with clients and patients; recognising that their work is even more important than before; and also seeing more value in their work. In addition to this, there has been the paradigm shift that many Psychotherapists have made to work effectively, online.

Sustaining the therapeutic alliance, and making therapeutic interventions effective, has involved incredible attention and devoted effort. There was an increased intimacy between therapists, because of working with their clients, when they were in their own homes; there was a faster pace of work because patients were somewhat disinhibited and more open; and articulate and both of these have enabled the work. Psychotherapists have discovered how to work through the difficulties of the screen, and reformulated this into something positive that could be learned from. The therapeutic alliance can be strengthened by working in this way, and one Psychotherapist described that they have realised, more than ever, the importance of "we" in the relationship.

The replies to the Questionnaires demonstrated that sustaining the therapeutic alliance in online psychotherapy has involved learning that social distancing physically can, and should, be compensated with a warmer approach to the patient in the psychotherapeutic setting. This gives the patient the feeling that he or she is more understood and more held by the therapist. Therapists have learned to listen even more attentively to their clients; attune themselves even more closely, and notice small changes in client's voices and subtle changes in their facial expression which indicate what internal processes are at work.

"Lockdown has helped me reconnect to my resourcefulness, to look at the offers in every situation, and that there is always a way to process if both sides are willing – sometimes, I am a little ahead of my clients, mostly they are way ahead of me, and that is what makes our work, me and them more dynamic. There are learnings and silver linings in everything- it's about perspective, lockdown has taught me a lot and will continue to inform my clients going forward."

CONCLUSION

The replies to the EAP's Questionnaire give evidence of the fact that Psychotherapy has come more into its own in Europe during this lockdown. European Psychotherapy and Psychotherapists have demonstrated their capacity to adapt, to be flexible, to retain or improve efficacy, and yet still remain appropriately ethical and boundaried. Some of the limitations imposed by the pandemic have even become a stimulus for learning, and have not seen as a rigid straight jacket.

Some of the stigma in seeking Psychotherapy, and seeing a Psychotherapist, has been reduced. It has been demonstrated that is possible – and effective – to receive Psychotherapy within the context of one's home, and this has made Psychotherapy much more accessible and available.

There are indications of a paradigm shift that Psychotherapists have made which has created a new future for this vital emotional and psychological 'healing' work – a future which can now include online work as a viable proposition.

There has already been proposed various sets of Ethical Practice and Guidelines for Online Psychotherapy (see Rhodes, 2020).

Psychotherapy, as an independent profession in Europe, has come into its own and this has even been recognised within the media with articles recommending Psychotherapy (for example: *The Observer*, January 2021).

Psychotherapists and their patients have faced some similar threats: – the imposition of lockdown; the fear of the contagious Covid-19; and the impact on families, friends and colleagues. This creates greater possibilities for empathy. This new style of working also represents more self-disclosure by the Psychotherapist than is usual, and the evidence in the replies to the Questionnaire is that this resulted in a more in-depth shared experience, and brings a greater sense of "we" within the therapeutic relationship.

More than anything else, Psychotherapists have recognised that they have a great deal to model positively for society, especially in this age of uncertainty, fear and anxiety. Psychotherapists know – and base their work on – the many existential realities of being human: the need to talk; the need to be understood; the need to have a cohesive sense of self; the need to have insight into themselves; the need to be loved; the need to feel safe; the need to be able to relax and socialise; the need to resolve internal conflicts; the need to be accepted; the need to overcome adversity; the need to be adaptable; the need to have purpose; the need to find meaning; and the need to accept our own mortality. These truths are central to the work of Psychotherapy. These truths have been the light that has helped us through the darkness of a global pandemic.

The last word goes to one of the respondent European Psychotherapists, who wrote:

"The lockdown was a completely new experience and, in a way, has let me feel the connection with people around the globe. A lot of things we took for granted, and the pandemic and lockdown gave us an opportunity to be humble and

satisfied with what we have already. I'm also very proud that my profession is so vital for the future."

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APPENDIX 1:

COVID19 LOCKDOWN 2020 QUESTIONNAIRE

This Questionnaire aims to gather information from Psychotherapists in 41 countries, and from the different modalities represented in EAP, on the impact on the profession of Psychotherapy of the lockdown across Europe because of the Covid-19 pandemic 2020. From accounts we have received we think that Psychotherapists across Europe have adapted their work to conduct it safely and online in remarkable ways, and have continued to offer Psychotherapy to those in need of it. We would like evidence of this, and to make public the great work of Psychotherapy! The Questionnaire is being sent to all EAP Board member organisations and to all ECP holders. We wish to learn from what has happened, what you have observed, and what new and unforeseen learning and opportunities in the profession of Psychotherapy have been created by this extraordinary situation.

Deadline for completed Questionnaires: Monday November 23rd 2020

Please fill in all the questions of the questionnaire. It will take you perhaps 15 – 20 minutes to complete. We will circulate the results in the following ways:

- ❖ Document with a summary of the results to circulate on the EAP website and distributed to the EAP Executive and Board Members
- ❖ Paper of the full results to be published in the International Journal of Psychotherapy
- ❖ Paper to be sent to the President of the European Parliament, David Sassoli, for use and benefit to the EU community
- ❖ Paper to be sent to the EU Commissioner Responsible for Health, Stella Kyriakidou, for the use and benefit of the EU community
- ❖ Paper to circulate to CEPLIS – the liberal professions organisation which EAP is a member of.

1. What specific problems did you notice that emerged, were caused by, or exacerbated by, the Covid-19 pandemic & lockdown? (Please put a cross for all relevant answers)

Loneliness / isolation	.....	Comment:
Claustrophobia	.....	Comment:
Anxiety	.....	Comment:
Panic Attack	.....	Comment:
Depression	.....	Comment:
Suicidal ideation	.....	Comment:
Relationship difficulties	.....	Comment:
Interpersonal conflicts	.....	Comment:
Domestic violence	.....	Comment:
Physical deterioration	.....	Comment:
Increased drug, alcohol misuse	.....	Comment:
Internet dependency	.....	Comment:
Technology fatigue	.....	Comment:
Other problems – please specify		

2. What helped you as a Psychotherapist to be able to continue your work?

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3. If you worked online, in what ways was Psychotherapy **more** effective for your patients/clients?

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4. If you worked online, in what ways was Psychotherapy **less** effective for your patients/clients?

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5. What lessons have been learned which are valuable for the future?

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6. Might there be any changes, in the long-term, to your professional psychotherapy practice?

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7. In 70 words please summarise in what ways lockdown has affected you as a Psychotherapist.

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THANK YOU SO VERY MUCH for completing this questionnaire. Please email it to Nataliya in the EAP office before Monday November 23rd 2020. Her email address is info@europsyche.org - and, if you wish to be sent a copy of the final results, please ask for this in your email.

APPENDIX 2:

The basic position of the European Association for Psychotherapy (EAP) is enshrined in the 1990 Strasbourg Declaration on Psychotherapy, which states:

In accordance with the aims of the World Health Organisation (WHO), the non-discrimination accord valid within the framework of the European Union (EU) and intended for the European Economic Area (EEA), and the principle of freedom of movement of persons and services, the undersigned agree on the following points:

- 1. Psychotherapy is an independent scientific discipline, the practice of which represents an independent and free profession.*
- 2. Training in psychotherapy takes place at an advanced, qualified and scientific level.*
- 3. The multiplicity of psychotherapeutic methods is assured and guaranteed.*
- 4. A full psychotherapeutic training covers theory, self-experience, and practice under supervision. Adequate knowledge of various psychotherapeutic processes is acquired.*
- 5. Access to training is through various preliminary qualifications, in particular human and social sciences.*

APPENDIX 3:

Psychotherapy Act, **submitted to** the European Commission 2020

The Psychotherapy Act encompasses all the professional actions, i.e. the autonomous, interdisciplinary, relationship-based and evidence-informed psychotherapeutic methods, for the treatment of psychological, psycho-social and psycho-somatic disorders and difficulties. A relationship of trust, empathy and confidentiality between the Psychotherapist and the client is essential for effective clinical practice. The Psychotherapy Act is underpinned by national and international ethical codes which respect the dignity, autonomy and uniqueness of all human beings. Psychotherapy is an independent profession from psychology, psychiatry and counselling. Psychotherapists usually have a first degree followed by a professional, highly specialized, theoretical and clinical training which includes research methodology and continuous professional development. The range of psychotherapeutic modalities is broad, and the profession is constantly evolving new developments in theory and clinical practice.

(Adopted by the EAP Governing Board: April, 2018)

EAP: February, 2020