

The Effectiveness of Psychotherapy: A Contemporary Evidence-Based Overview

§1: Mental Health at the heart of health policy

In June 2023 the European Commission launched its first comprehensive approach to mental health. This marked a policy shift towards a shared priority across all EU sectors. The plan includes 20 flagship initiatives to promote well-being across the life-course and calls for better access to support, early action, and prevention (European Commission, 2023). At the global level, in March 2025, the World Health Organization issued new guidelines. These call on member states to embed psychotherapy and other structured psychological treatments into national policy and health system planning as part of universal health coverage (WHO, 2025).

The European Association for Psychotherapy (EAP) currently represents 128 member organisations from 43 European countries, bringing together over 120,000 practicing psychotherapists. Its vision is for mental and emotional well-being to be recognised as a human right across the continent. The EAP seeks to ensure that professional and high-quality psychotherapy is available to anyone in need, both within and outside the EU. (EAP, 2023). In 2000, its European Certificate for Psychotherapy established the basics of a training in psychotherapy of 4-years at a post-graduate academic and experiential level of professional training. In 2013, it issued a comprehensive training framework that identifies the “core competencies” that psychotherapists need to have in order to be safe and effective professionals of mental health.

Psychotherapy is a proven and cost-effective treatment for many mental health problems. It reduces symptoms, improves quality of life, and lowers the strain on health systems. The American Psychological Association confirmed this in a 2012 resolution aimed at educating the public, health leaders, and policy makers about its “role in promoting health and well-being” (Campbell, Norcross, Vasquez & Kaslow, 2013).

§2: Definitions of Psychotherapy

A definition of psychotherapy was given by John Norcross (1990, p. 218-220) as “*the informed and intentional application of clinical methods and interpersonal stances derived from established psychological principles for the purpose of assisting people to modify their behaviors, cognitions, emotions, and/or other personal characteristics in directions that the participants deem desirable*”.

In 2003, the European Association for Psychotherapy offered a wider definition of psychotherapy as: “*The practice of psychotherapy is the comprehensive, conscious and planned treatment of psychosocial, psychosomatic and behavioural disturbances or states of suffering with scientific psychotherapeutic methods, through an interaction between one or more persons being treated, and one or more psychotherapists, with the aim of relieving disturbing attitudes to change, and to promote the maturation, development and health of the treated person. It requires both a general and a specific training/education.*” (EAP, 2003)

We can conclude that Psychotherapy not only aims to reduce symptoms but also promotes lasting improvements across multiple life domains. As Campbell *et al.* (2013) note, it supports personality growth, prevents relapse, enhances relationships and functioning, fosters healthier life choices, and generates benefits through the collaborative process between client and therapist.

This review has drawn primarily on meta-analyses of randomised controlled trials (RCT), since these provide the most standardised estimates of efficacy and remain the form of evidence most persuasive to policymakers. At the same time, Wampold (2015) cautions that RCTs privilege highly manualised, symptom-focused therapies and often underestimate the relational and contextual processes that drive therapeutic change. Their findings are therefore necessary but not sufficient: they establish psychotherapy’s broad effectiveness but cannot fully capture the lived complexity of clients or the common factors, such as alliance, empathy, and

meaning-making, that account for much of its impact. For this reason, quantitative evidence should be complemented by qualitative and practice-based research to guide a balanced, person-centred approach to policy and training.

Recognising these limitations also draws attention to the outcomes of psychotherapy that matter most to clients themselves, which extend well beyond symptom reduction. For example, the main patient expectations for depression are restoration of positive emotions, functioning and meaningfulness of life (Maj *et al.*, 2020; Zimmerman *et al.*, 2006; Demyttenaere *et al.*, 2015). These expectations are likely to be true for most psychotherapy interventions. While pharmacological interventions may effectively reduce the severity of acute symptoms, psychotherapy offers distinct long-term benefits. Specifically, the exploratory and relational nature of therapeutic work fosters emotional insight and equips individuals with coping strategies, contributing to more enduring outcomes and lower relapse rates (Hollon *et al.*, 2005; Cuijpers *et al.*, 2013; Wampold & Imel, 2015).

These enduring benefits are a direct result of a therapeutic approach that goes beyond symptoms alone. While psychotherapy has been shown to be effective across a wide range of conditions, some of the principles that guide its deeper, more lasting change are well illustrated in the 'HISTORY' model, introduced in the American Psychological Association's (APA) Clinical Practice Guideline for the Treatment of Post-traumatic Stress Disorder (APA, 2024). Though designed with trauma in mind, its values are easily recognised as core to humanistic psychotherapy and offer a useful framework across clinical contexts.

The HISTORY model stands for:

- **(H)**umanistic: Grounded in a profound respect for the client's dignity, agency, and capacity for growth.
- **(I)**ntegrative: Drawing from multiple evidence-based modalities to create a customized and flexible approach.
- **(S)**equential: Recognizing that certain therapeutic tasks (e.g., establishing safety, processing emotions) need to be completed in a logical order.
- **(T)**emporal: Acknowledging the lifelong impact of experiences and focusing not just on the present, but also on a person's life history and future goals.
- **(O)**utcomes-focused: Collaborating with the client to define and work towards meaningful, client-driven goals.
- **(R)**elational: Prioritizing the therapeutic relationship as the primary vehicle for change.
- **(Y)** The exploration of why trauma occurred. In a wider context, this can be reframed as an exploration of the "Why" of a person's challenges, so as to promote deeper insight and self-understanding.

However, achieving this level of professional work requires extensive training and competence development. The European Association for Psychotherapy has emphasised that psychotherapy must be carried out by highly trained professionals and considers it a specific profession. In its Core Competencies framework (EAP, 2013), it set out the knowledge, skills, and attitudes psychotherapists need in order to practise safely, ethically, and effectively. This ensures that the principles embodied in models such as HISTORY can be realised in clinical practice, and that clients receive the depth and quality of care they deserve.

There are currently about 100 training schools across Europe that are accredited within the EAP framework (i.e., have European Accredited Psychotherapy Training Institute (EAPTI) status) and that train psychotherapists to the level of the European Certificate of Psychotherapy (ECP). Recently the ECP training has been adjusted to reflect a European Qualification Framework – Level 7. Details of these training institutes and the ECP can be found on the EAP website (www.europsyche.org).

§3: Effectiveness of Psychotherapy

The overall effectiveness of psychotherapy has long been established, with robust evidence demonstrating large and significant benefits (Chorpita *et al.*, 2011; Smith, Glass, & Miller, 1980; Wampold, 2001). These positive effects tend to be relatively stable across most diagnostic conditions. Variation in outcomes appears to depend less on the specific disorder or therapeutic modality and more on the patient characteristics (e.g., chronicity, complexity, social support, and intensity) as well as on clinician factors and the specificities of the context (Beutler, 2009; Beutler & Malik, 2002a, 2002b; Malik & Beutler, 2002; Wampold, 2001).

On average, psychotherapy yields a large average effect size of approximately 0.80, indicating that the average client receiving psychotherapy fares better than around 79% of those who do not receive treatment (Wampold,

2001, 2010; Prochaska & Norcross, 2013, as cited in Campbell *et al.*, 2013). Moreover, internet-based psychotherapy has also shown considerable efficacy and is considered on average, as effective as face-to-face therapy, especially for treating anxiety, depression and stress (Barak *et al.*, 2008; Etzelmuella *et al.*, 2020; Rosenstrom *et al.*, 2025). Qualitative studies point to the importance of maintaining emotional attunement and personalisation when conducting online therapies for better adherence and outcome (Vollestad & Nordgreen, 2023).

Extending the evidence base, Harrer *et al.* (2025) conducted one of the most comprehensive international meta-analyses to date, synthesising over 1,000 studies with nearly 86,000 participants across 12 mental health conditions. Importantly, the authors found no consistent evidence of reduced efficacy in low- and middle-income countries or non-Western populations, suggesting that the benefits of psychotherapy are broadly cross-culturally generalisable. These findings position psychotherapy as a globally relevant public health intervention across diagnostic categories and cultural contexts.

However, evidence from more context-specific studies indicates that outcomes may not be entirely uniform across all demographic groups. For example, a U.S.-based meta-analytic review found minimal differences in treatment outcomes across racial and ethnic groups, indicating broad comparability in effectiveness (Cogle & Grubaugh, 2022). In contrast, a large individual patient data analysis of routine NHS care in the United Kingdom identified modest, but statistically significant, disparities in outcomes associated with ethnicity, even after adjusting for clinical and socio-economic factors (Arundell *et al.*, 2024). Such findings suggest that while psychotherapy's overall efficacy is robust across cultures, disparities can still emerge in everyday clinical practice, underlining the importance of culturally responsive approaches. In line with this, research increasingly supports the integration of cultural humility into therapeutic processes to strengthen the therapeutic alliance and improve outcomes in diverse populations (Orlowski *et al.*, 2024).

Neurobiological Effects of Psychotherapy

Emerging research in affective neuroscience confirms that psychotherapy can induce measurable and meaningful long-term changes in brain structure and function, particularly in regions involved in emotional regulation and cognitive control. Azarias *et al.* (2025) offer a detailed overview of how the default mode network (DMN) is crucial for processes such as self-reflection, emotional processing, social cognition, and mental simulation. They also show that effective therapy for depression and anxiety is associated with reduced hyperactivity in the amygdala, and increased connectivity between prefrontal and limbic regions, supporting enhanced emotional regulation and cognitive reappraisal. These neurobiological shifts mirror key therapeutic goals: improving affect tolerance, restructuring maladaptive thought patterns, and increasing reflective capacity. For example, the medial prefrontal cortex and anterior cingulate, areas involved in self-referential processing and top-down regulation, often show increased activity following successful treatment.

Importantly, these changes are not simply neurological markers; they reflect a deeper reorganisation of how individuals relate to themselves and the world. Through the cultivation of safety, attunement, and meaning-making within the therapeutic relationship, clients often become more emotionally integrated, self-aware, and resilient. The brain, like the person, becomes more flexible, relational, and responsive to challenge. This neurobiological evidence adds scientific weight to what has long been observed in clinical practice: psychotherapy fosters healing by transforming not only what people feel, but how they function, psychologically, emotionally, and physiologically. It is a process of growth that bridges emotional insight with embodied change, offering hope for sustained transformation.

§4: Effectiveness for Different Clinical Conditions

Psychotherapy demonstrates effectiveness across a wide range of clinical conditions. Even when full remission is not achieved, it often leads to meaningful reductions in symptom severity and improved, and sustained, overall functioning and quality of life.

Depression and Anxiety Disorders

Psychotherapy has been widely validated as an effective treatment for depression, and meta-analytic evidence suggests it is at least as effective as pharmacotherapy, particularly for long-term outcomes where it is superior for quality of life. (Kamenov *et al.*, 2017; Cuijpers *et al.*, 2020). Furthermore, for individuals experiencing moderate to severe depression, the combination of psychotherapy and pharmacotherapy has been found to be more effective than either intervention alone (Cuijpers *et al.*, 2020). A comprehensive network meta-analysis

by Cuijpers *et al.* (2021), incorporating 331 randomised controlled trials and over 34,000 participants, compared multiple therapeutic modalities, including interpersonal therapy, psychodynamic therapy, behavioural activation, problem-solving therapy, cognitive behavioural therapy (CBT) and similar third wave approaches, (e.g., ACT, MBCT, DBT, etc.), and non-directive supportive counselling. These treatments demonstrated sustained effects up to 12-month follow-up, with no major differences in efficacy across modalities, although specific subgroups may benefit more from tailored approaches. This was reaffirmed in a 2023 systematic overview (Cuijpers *et al.*, 2023), which confirmed the robustness and comparability of psychotherapeutic interventions in depressive disorders.

A recent meta-analysis of 17 trials (Duffy *et al.*, 2023) found that humanistic-experiential therapies (HEPs) produced significantly better outcomes for depression than as-usual care and were broadly comparable to other active treatments in the short term. However, the study noted follow-up effects were less consistent. This inconsistent long-term view is understood to be an artifact of methodological problems: the broader Elliott *et al.* (2021) review, which examined a wide range of client problems, reported that HEP clients generally maintain gains made at post-treatment over the subsequent 12 months. Both studies highlight that HEPs are frequently used as poorly defined control or comparison conditions delivered in non-bona fide versions, which compromises the quality of the intervention and leads to a less realistic appreciation of their sustained efficacy. These findings confirm that HEPs, rooted in empathy, emotional processing, and relational depth, are as effective as structured modalities. Therefore, health ministries should not focus on limiting therapy choice based on research designs that compromise a realistic view of long-term efficacy, a position that aligns with Elliott *et al.*'s. (2021) explicit recommendation to maintain HEPs for depression and various other conditions as a vital consideration in positive treatment outcomes that have been linked to patient preference for therapeutic style.

Complementing these findings, recent randomised controlled trials (Greenberg & Watson, 2022; Wiebe *et al.*, 2025) demonstrated that Emotionally Focused Individual Therapy (EFIT), a humanistic, emotion-focused approach, produced significant reductions in both depressive and anxiety symptoms. EFIT specifically targets emotional processing, attachment needs, and self-organisation, providing additional evidence for the efficacy of experiential and relational therapies in treating depression. Gestalt therapy, focusing on improving relational competency and enhancing awareness of self-process can decrease depression and to improve self-differentiation, integrative self-knowledge and positive psychological characteristics in elderly populations (Shariat *et al.*, 2020).

Grounded in the embodied-mind paradigm, Body Psychotherapy (BPT) employs both verbal and non-verbal techniques to enhance self-awareness, emotional regulation, and interoceptive capacity. A recent systematic review and meta-analysis by Rosendahl, Sattel, and Lahmann (2021) synthesised results from 18 randomised controlled trials and found medium effect sizes for BPT on primary outcomes such as psychopathology ($g = 0.56$) and psychological distress ($g = 0.52$). BPT appears especially relevant for conditions with somatic symptom presentations and affective dysregulation, including depression, schizophrenia, eating disorders, and chronic pain.

Barkham *et al.*, (2021) conducted a randomised non-inferiority trial comparing person-centered counselling (PCET) to CBT. They found that there is a non-inferiority outcome for PCET at 6 months however the long-term results over 6 months need further investigation. Barkham and colleagues conclude that PCET has its place in the UK's NICE recommendations amongst the choice of therapies for patient with depression and that this corresponds to the recommended individualisation of therapies according to patient preference.

Meta-analytic evidence (Zaharia *et al.*, 2015) suggests that Neuro-Linguistic Programming (NLP) therapy may reduce symptoms in certain anxiety-related conditions, including phobias, though findings are based mainly on small-scale studies. While some trials report lasting benefits, the limited quantity and quality of research mean further high-quality studies are needed before firm conclusions can be drawn.

Meta-analyses on psychodynamic psychotherapy (PDT) indicate that it is an effective treatment for a range of mental health conditions, often comparable to other active treatments. Specifically, PDT has demonstrated efficacy in treating depression, panic attacks and anxiety disorders, personality disorders, eating disorders, somatoform disorders (Fonagy, 2015; Shedler, 2010) and complex mental disorders (Leichsenring & Rabung, 2008). It also shows promise in addressing issues like complicated grief and substance abuse. PDT has been found to have enduring benefits five years after treatment completion (and eight years after treatment initiation (Bateman & Fonagy, 2008).

Cognitive-behavioural therapy (CBT) is widely recognised as an effective evidence-based treatment for conditions such as generalized anxiety, panic disorder, and social anxiety. A recent network meta-analysis reported robust effect sizes ($g = 0.60\text{--}0.85$ ¹; Papola *et al.*, 2024). Yet CBT is not the only effective approach. Third-wave therapies, such as Acceptance and Commitment Therapy (ACT), move beyond symptom control to emphasise awareness of cognitive and emotional processes, a direction more aligned with humanistic traditions that privilege the person's lived experience over the mere content of thoughts (Papola *et al.*, 2024). Emotion-Focused Therapy (EFT) has also demonstrated large pre-post improvements for depression and anxiety, with outcomes comparable to CBT but significantly lower dropout rates (Timulak *et al.*, 2022). These findings underscore that while CBT has the largest evidence base, this reflects historical research investment rather than intrinsic superiority. Humanistic and experiential approaches remain underfunded and under-examined, yet available data suggest they can be equally effective and often more acceptable to clients. A balanced research agenda is therefore needed, so that the diversity of psychotherapies—including those rooted in humanistic principles, can be evaluated on equal terms.

These results reinforce the value of offering a diverse range of evidence-based therapies to accommodate client preferences and increase treatment adherence. The concept of “therapeutic fit”, the alignment between a client's personality traits, emotional style, and the modality used, is an important factor in engagement and therapeutic success. While some individuals may respond more favourably to cognitively oriented approaches, others may benefit more from emotionally focused or existential therapies. Respecting client preference in treatment options enhances client retention and clinical outcomes (Norcross & Wampold, 2019).

Trauma and Complex Trauma

Psychotherapy is a well-established and empirically supported intervention for both single-incident and complex trauma. The 2024 *APA Guidelines for Working with Adults with Complex Trauma Histories*, emphasise that effective trauma care should be flexible, integrative, and responsive to the client's developmental stage, cultural identity, and relational history. The updated clinical practice guideline draws on 15 systematic reviews and rather than focusing narrowly on symptom reduction, the guidelines extend attention to psychosocial functioning, relationships, and overall, wellbeing. Seven core principles are summarised by the acronym HISTORY: Humanistic, Integrative, Sequential, Temporal (lifespan-oriented), Outcomes-focused, Relational, and exploration of Why trauma occurred. These guiding principles emphasize the restoration of dignity, agency, and safety” in clients who may have experienced repeated betrayal or dehumanisation.

The updated professional practice guidelines shift attention from adherence to specific treatments and towards the broader competences that psychotherapists need when working with trauma survivors, offering a framework for ethical sensitivity, reflective practice, and the capacity to build safe, trusting relationships. They recommend a person-centred approach that incorporates a range of evidence-based methods, including emotion-focused therapies, mind-body approaches, trauma-focused CBT, prolonged exposure and EMDR. Adaptation to individual patient readiness and preference is vital for adherence rates to be maintained.

Consistent with broader research, the 2025 APA Guidelines for the treatment of PTSD confirms that psychotherapy produces robust effects in treating PTSD and related conditions and highlights the *therapeutic relationship* as a central mechanism of change. They also point to limitations in research such as a lack of consensus on the definition of “quality of life” and a need for more studies that report long-term outcomes.

While certain modalities have a stronger evidence base, the guidelines caution that some approaches remain under-researched due to there not being enough studies that met the US Institute of Medicine / National Academy of Medicine (IOM/NAM) criteria, however this does not indicate any clinical inadequacy. Therefore, the recommendations do not represent the entirety of evidence-based practice.

As Norman (2022) observes, new forms of psychotherapy continue to emerge, each addressing different aspects of the traumatic experience. The question is no longer whether psychotherapy is effective, this has been firmly established (Lewis *et al.*, 2020; Watts *et al.*, 2013), but rather how best to train practitioners to be safe, compassionate, and effective in the complex realities of trauma care. Governments and policymakers

¹ Hedge's 'g' is a statistical measurement of effect size, commonly used in meta-analysis, particularly when comparing the means of two groups, quantifying the magnitude of the difference between the means, taking into account the variability within the groups. Essentially, it tells you how much one group differs from another, as in an intervention versus a control group.

would do well to invest, not only in evaluating specific methods, but also in defining and supporting the core relational and ethical competencies that enable therapists to accompany survivors in reclaiming their lives.

OCD

Psychotherapy has demonstrated considerable efficacy in treating obsessive-compulsive disorder (OCD), with recent meta-analytic evidence indicating large post-treatment effects. A synthesis of 48 randomized controlled trials found that psychological treatments, including CBT with exposure and response prevention (ERP), significantly reduced OCD symptom severity ($g=-1.14$) compared to control conditions (Wang *et al.*, 2024). Greater treatment effects were observed among participants with more severe baseline symptoms, and outcomes varied by treatment type and delivery format. While long-term maintenance of gains was less clear, psychotherapy was generally well tolerated. Importantly, individuals with OCD often experience substantial reductions in quality of life, with emotional distress and interpersonal difficulties contributing significantly to their overall burden. These aspects should not be overlooked in treatment planning and are very likely to improve long-term gains. In this light, the integrative, person-centred approach outlined in the APA's 2024 trauma guidelines, emphasising relational depth, contextual sensitivity, and flexibility, offers a useful framework for tailoring care to the broader emotional and social needs of this population.

Personality Disorders

Recent meta-analytic evidence continues to affirm the value of psychotherapy as a first-line approach in the treatment of borderline personality disorder (BPD). A 2023 network meta-analysis by Setkowski *et al.* (2023), which synthesised data from 43 randomised controlled trials, found that several structured therapies, particularly schema therapy (ST), dialectical behaviour therapy (DBT), and mentalisation-based therapy (MBT), demonstrated superior efficacy compared to treatment-as-usual. Schema therapy emerged as the most consistently effective across measures of BPD severity, followed closely by DBT and MBT, with moderate to large effect sizes. While no single modality proved universally superior, the findings highlight the meaningful gains offered by specialised psychotherapies, including reductions in emotional instability and interpersonal distress. These approaches also tended to show lower dropout rates, suggesting greater acceptability and engagement. Such outcomes support the ongoing emphasis on relationally attuned, skills-based treatments that foster long-term change and psychological integration.

Relational and Interpersonal Problems

Contemporary research offers strong support for the efficacy of systemic psychotherapy in addressing relational problems, particularly within couple and family contexts. Emotionally Focused Therapy (EFT), one of the most empirically supported approaches, has demonstrated large, sustained improvements in relationship satisfaction, with follow-up studies indicating that 70–75% of couples experience meaningful recovery (Wiebe & Johnson, 2016). Similarly, Integrative Behavioural Couple Therapy (IBCT) and other systemic interventions yield robust effects, with 70–80% of participants improving significantly, often outperforming control conditions (Carr, 2025). These approaches are not only effective in the short-term but also maintain gains over time, underscoring the potential of relationally oriented psychotherapy to develop enduring relational competency, emotional connection, effective communication, and mutual understanding. Furthermore, recent evidence highlights that children and adolescents also benefit meaningfully from systemic interventions. Carr's 2024 review reported that family therapy achieved moderate to large effects across a wide range of child-focused problems, including child abuse, conduct difficulties, anxiety, and substance use, with 67–75% of young people showing reliable improvement post-treatment. These findings suggest that therapeutic work within relational systems can facilitate both individual and shared change, fostering healthier patterns of interaction across the family unit.

Eating Disorders-

National and international guidelines, such as the UK's National Institute for Health & Clinical Excellence (NICE) guidelines (NG 69: 2020), recommend psychological interventions as first-line treatment for eating disorders, alongside specialist multidisciplinary services. These guidelines emphasize a holistic approach and person-centred approach that addresses not only eating disorder behaviours but also co-occurring mental health issues, low self-esteem, impaired social functioning and identity disturbance. Both Chen *et al.* (2016) and Solmi *et al.* (2021) note that no single psychological intervention currently recommended by NICE demonstrates clear superiority. Chen *et al.*, focusing on young adults with anorexia nervosa, note that there are high dropout rates and that there is a need for developmentally sensitive and flexible treatment models.

Family-based therapy is a recommended treatment for adolescents with anorexia nervosa, with large effects on BMI and moderate-to-large improvements in related psychopathology, with remission rates reaching 40–50% at end-of-treatment and exceeding 60% at follow-up. 75% of young people show improvements in weight and eating-related symptomatology following family-based treatment (FBT). Few studies have explored long-term outcomes following FBT, but a systematic review of family treatments for adolescent anorexia nervosa (Hambleton *et al.*, 2022) indicates that preliminary evidence supports maintenance of treatment gains for up to five years.

CBT for Eating Disorders (CBT-ED) psychotherapy is often a recommended treatment. Meta-analytic evidence shows large to moderate to large effect sizes in reducing binge eating and purging, with sustained outcomes across clinical settings (Wergeland *et al.*, 2025). CBT-ED's strong evidence base partly reflects its structured and symptom-focused design, making it highly amenable to randomized controlled trials. However, its focus on behavioural and cognitive symptoms may not fully address the broader relational, identity, and meaning-related dimensions of eating disorders, underscoring the value of integrative and humanistic frameworks.

While research on humanistic therapies remains under-represented in this context, these approaches directly target such dimensions, and emerging evidence highlights their potential value. For example, a pilot RCT of Compassion-Focused Therapy (CFT) in addition to standard care demonstrated significant reductions in shame and eating disorder symptoms, with over 80% treatment retention (Kelly *et al.*, 2017). These relationally attuned approaches align with the HISTORY framework for trauma, which emphasises humanistic values, emotional depth, meaning-making, relational security, trust, and systems thinking. Integrating these principles within treatment models may enhance patients' agency and relational security, supporting not only symptomatic improvement but also long-term quality of life which is the larger objective of all treatments.

Psychotherapy in the Prevention and Management of Chronic Disease

Psychotherapy is increasingly recognised as a valuable component in the prevention and management of chronic diseases, supporting not only psychological wellbeing but also behavioural change, treatment adherence, and overall quality of life. Psychological interventions help patients tolerate distressing experiences, manage pain, adjust to illness, and engage more effectively with medical regimens. In the context of coronary heart disease (CHD), for example, Xu *et al.*, (2023) state that “*there is a growing need for effective psychological interventions that can address the complex interplay between biological, psychological, and social factors that influence CHD*”. Meta-studies by Xu *et al.* (2023) and Richards *et al.* (2018) found that psychological interventions demonstrated modest but consistent effects in reducing anxiety, depression, and stress. Costs were outweighed by the benefits 30% reduction in hospital days and 46% reduction in reduced readmissions for surgery. (Richards *et al.*, 2018). Due to its focus on the embodied-mind paradigm, Body Psychotherapy is considered a pertinent approach for patients coming to terms with modifications to their sense of self due to chronic disease (Rosendahl, Sattel & Lahmann, 2021), thereby increasing resilience and quality of life.

Mindfulness-based interventions (MBIs) have shown significant effects in reducing stress, depression, anxiety and systolic blood pressure (Li *et al.*, 2024). Humanistic approaches, by promoting emotional regulation, meaning-making, and a sense of personal agency, contribute meaningfully to both psychological recovery and physical health outcomes. Lariijani *et al.* (2023) conducted a randomised controlled trial with women diagnosed with multiple sclerosis, showing that gestalt therapy (GT) significantly reduced anxiety scores at both post-test and follow-up compared with placebo and control groups. There was no significant difference between GT and Behavioural activation. In another case; Laird *et al.*, (2016) point to the positive effects of psychological interventions for sufferers of irritable bowel syndrome (IBS), a chronic condition that has a significant impact on physical and mental health and quality of life. Their findings show a reduction in symptoms with both high short and long-term effects compared to treatment with Paroxetine. Cost effectiveness was also improved.

While the empirical base varies by condition, the therapeutic mechanisms observed in heart disease and IBS, such as improved mood, reduced stress, increased adherence, and enhanced coping, are applicable across a broad range of chronic illnesses, including diabetes, arthritis, cancer, and autoimmune diseases. Further outcomes related to the integration of psychotherapy in chronic disease management, particularly in terms of health impact and economic efficiency, are detailed in a comprehensive systematic review by Nicklas *et al.* (2022), which examines psychological interventions across a wide range of health-related contexts.

For an extended discussion of the quality and value of evidence for psychotherapy across different clinical conditions, Hupp and Tolin's (2024) book on science-based psychotherapy gives a thoughtful overview of evidence and evoke the strengths and limitations of the methodology used and how they arrived at their conclusions.

Common Skills and Mechanisms

While therapeutic modalities vary, a growing body of research converges on a set of core therapist skills that consistently support client change, such as validation, affirmation, behavioural activation, cognitive restructuring, emotion regulation, and the therapeutic alliance (Hill & Norcross, 2023; Flückiger *et al.*, 2018; Norcross & Wampold, 2025). According to Wampold & Imel (2015) psychotherapy is foremost an interpersonal treatment, with the relationship being a vital source of healthy support and corrective cognitive, emotional and relational experiences. Crucially, contemporary research is shifting from asking *whether* psychotherapy works towards exploring *how* it works, and *which* therapist behaviours are most impactful. This has led to increased interest in dismantling and process research, supported by advances in session-coding methods and computational linguistic analysis.

Building on this trend, the European Association for Psychotherapy (EAP) commissioned a landmark project culminating in the 2013 project to "Establish the Professional Competencies of a European Psychotherapist," (Young *et al.*, 2013), which outlines 13 domains, and 124 specific competencies believed to be essential for the ethical, effective, and portable practice of psychotherapy across Europe. This project initiated the European Commission's European Skills, Competences, Qualifications and Occupations (ESCO) updating of the definition of a psychotherapist: Description of a Psychotherapist (2634.2.4) to differentiate psychotherapy - as a profession.^[2] As empirical research continues to identify active therapeutic ingredients, such competency frameworks will likely guide training and accreditation, ensuring that therapists are equipped with skills empirically linked to positive client outcomes.

§5: Cost-Effectiveness of Psychotherapy

Psychotherapy has been increasingly recognised as a cost-effective component of modern healthcare systems. There is a growing body of evidence that psychotherapy is cost-effective, reduces disability, morbidity, and mortality, improves work functioning, decreases use of psychiatric hospitalization, and at times also leads to reduction in the unnecessary use of medical and surgical services including for those with serious mental illness (Dixon-Gordon, Turner & Chapman, 2011).

The Canadian Psychological Association (CPA, 2002) provides extensive evidence demonstrating that psychological interventions reduce healthcare utilisation, lower medication reliance, and improve both short- and long-term patient outcomes. The CPA report shows that integrating psychotherapy into primary care not only reduces direct medical costs but also leads to substantial gains in productivity and reductions in work absenteeism. Moreover, systematic reviews, such as Nicklas *et al.* (2022), affirm these conclusions across various chronic illnesses, including cancer, chronic pain, cardiovascular conditions, and diabetes, highlighting that psychotherapeutic interventions can match or exceed drug therapies in effectiveness, often at a lower cost. Although cost-effectiveness is inherently complex to measure, due to variability in methodologies, population characteristics, and long-term outcome capture, there is strong reason to believe that the psychological, emotional, and interpersonal gains achieved through psychotherapy contribute to structural personality change, increased autonomy, and improved cognitive and emotional functioning. These long-term effects likely amplify cost-efficiency over time, supporting a compelling case for sustained investment in accessible, evidence-based psychotherapeutic care.

A 2009 study by the Universities of Warwick & Manchester found that psychotherapy can be 32 times more effective at increasing happiness than money, and a 2010 American Psychiatric Association publication by Susan Lazar, *Psychotherapy Is Worth It: A comprehensive review of its cost-effectiveness* also makes the case. This was followed by a similar study on the efficacy and cost effectiveness of psychotherapy (Spiegel, 1999) and a study on its cost-effectiveness across all major psychiatric diagnoses (Lazar, 2014).

² ESCO: 2634.3.4: Psychotherapists are not required to have academic degrees in psychology or a medical qualification in psychiatry. [Psychotherapy] is an independent occupation from psychology, psychiatry, and counselling.

§6: Conclusion

This review affirms that psychotherapy is a highly effective, adaptable, and cost-efficient intervention across a wide range of psychological and physical health conditions. From anxiety and depression to trauma, personality disorders, and chronic illness, psychotherapy demonstrates clinically significant benefits that extend beyond symptom reduction to include improved functioning, emotional resilience, and long-term recovery. While various psychotherapeutic modalities show comparable efficacy, tailoring treatment to individual needs, both clinically and relationally, can enhance engagement and outcomes.

It is important to acknowledge, however, that psychotherapy research carries inherent limitations. Randomised controlled trials and even high-quality qualitative studies are not easily generalisable to the nuanced complexity of real-world practice. Operationalising subjective human experiences, such as meaning, trust, or emotional depth, is inherently difficult, particularly for relational and humanistic therapies that regard the person as unique and contextually embedded. The relative underrepresentation of these approaches in outcome research reflects methodological constraints, not therapeutic inferiority. Indeed, since the early days of psychotherapy research, most bona-fide therapies have demonstrated broadly equivalent outcomes, with the quality of the therapeutic alliance and therapist responsiveness emerging as consistent predictors of success.

In this light, the HISTORY model for working with trauma (APA 2024), which emphasises Humanistic values, Interpersonal connection, Subjectivity, Trust, Openness, Relational repair, and systems thinking, offers a compelling foundation for contemporary psychotherapy. It reflects an integrative, pluralistic stance that intuitively underpins most effective therapies, grounding technical skills in a deep respect for the person as a complex, meaning-making individual. Thus, more research does not automatically imply superiority. What matters is that training programmes cultivate core competencies, such as emotional attunement, ethical integrity, collaboration, and flexibility, so that therapists are equipped to respond skilfully across modalities. The field now moves beyond the question of whether psychotherapy works, toward refining how, for whom, and under what conditions it works best. Continued investment in psychotherapy, as both an evidence-based and deeply human practice, remains a vital and ethical imperative for sustainable, person-centred healthcare.

§7: A Call to Action

The effects produced by psychotherapy, including the effects for different age groups (i.e. children, adults, and older adults) and for many mental disorders, exceed or are comparable to the size of effects produced by many pharmacological treatments and procedures for the same condition, and some of the medical treatments and procedures have many adverse side-effects and are relatively expensive vis-a-vis the cost of psychotherapy (APA, 2012).

In light of the substantial evidence presented across clinical, neurobiological, and economic domains, we therefore urge European health authorities to formally recognise psychotherapy as a core component of healthcare. This includes its integration not only in the treatment of mental health conditions but also in the prevention and management of chronic physical diseases. We call for equitable investment in psychotherapy services across modalities, expanded access through national health systems, and sustained support for training programmes grounded in core common competencies, such as those proposed by the European Association for Psychotherapy (EAP).

Furthermore, we encourage funding for outcome research that reflects the full diversity of psychotherapeutic approaches, including under-researched humanistic and relational models. A psychologically healthy population is a foundation for social, economic, and public health resilience, investment in psychotherapy is, unequivocally, an investment in Europe's future. As outlined in the EAP's policy vision *Imagine a World Free of Emotional Distress* (Hunt et al., 2018), ensuring access to high-quality psychotherapy is both a public health imperative and a societal responsibility.

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EAP Science and Research Committee
Version 2, October, 2025

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