The Psychotherapeutic Professions in France

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I. Current Situation of Psychotherapeutic Professions

1. Identity of the psychotherapeutic professions.

In France, there are no laws defining the profession of psychotherapist. Only one law concerning use of the title of ‘psychotherapist’ was adopted in 2004 after many years of debate (the first version of this law was presented to parliament in 1999 by Doctor Bernard Accoyer). However, even if some strong guidelines are sketched, this law is still only an empty shell because it has not been followed by a decree of application. Its merit will have been to launch the debate, and to oblige professional psychotherapy organizations to take a position and try to answer questions from public authorities (Grosbois, 2007).

2. Relations among the psychotherapeutic professions.

To sum up four groups are in conflict: psychiatrists, psychologists, psychoanalysts and the “Psy-Ni-Ni” (‘not-psychiatrists/not-psychologists’). Among these groups, psychiatrists and psychologists are the two regulated professions.

Schematically, the positions are the following: for the psychiatrists, “psychotherapy is a part of any act of psychiatric care and it constitutes one of the psychiatrist’s tools if used on its own or in association with other means for the treatment of psychological troubles and behavior troubles” (Pichot & Allilale, 2003). In the past, physicians have sued non-M.D. psychotherapists (including psychologists) for illegal medical practice.
From the psychologists point of view, the 25th of July 1985 law protecting the use of the title ‘psychologist’ calmed the conflicting relations between psychologists and psychiatrists, by recognizing the psychologist’s therapeutic function. However, the debates over the law concerning the use of the title of ‘psychotherapist’ (mentioned above) showed how fragile the new found balance was for psychologists. Even if, by the 1985 law psychologists are recognized to have a therapeutic function, at no time during their university studies do they receive specific psychotherapeutic training. Moreover, in the legal sense of the term, in France psychologists are not members of the health profession (they aren’t registered in the code of public health).

For the psychoanalysts who have a private practice (they can be psychiatrists, psychologists or Ni-Ni), it is ludicrous, from a theoretical point of view, to claim the title of ‘psychotherapist’. The title of psychoanalyst is sufficient. There are theoretical reasons for this as well: many French psychoanalysts feel that psychoanalysis IS NOT A FORM of psychotherapy (i.e., psychoanalysis is radically different from psychotherapy). However, the psychoanalysts fear that staying out of the debate is dangerous as this would leave the Ni-Ni too much space for negotiation. Also, psychoanalysts’ associations participate in all the reflections and other working groups organized by the Ministry of Health. Whatever they think (for or against the “Ni-Ni”), the psychoanalysts are anxious to keep the important role they play in the French health care system (training of health care personnel …).

The “Psy-Ni-Ni” are grouped together in associations or federations such as the Association Fédérative Française des Organismes de Psychothérapie (http://www.affop.org/), the Fédération Française De Psychothérapie (http://www.ff2p.fr/) or the Syndicat National des Practiciens en PSYchothérapie (http://www.snppsy.org/), and their goal is to bring about recognition for psychotherapy in France (Ginger, Edmond & Tarpinian, 2006). They follow the
guidelines of the Statement of Strasbourg (1990), signed at the time by representatives of 14 Eastern and Western European countries and later signed by a further 30 countries and which was supported by the European Association of Psychotherapy (EAP): “Psychotherapy is a specific discipline in the domain of human sciences, whose exercise represents a free and autonomous profession.”

3. Relation of the professions to the health care and/or social service systems.

It is possible to consult a psychiatrist or a psychologist free of charge in a medical psychological center (for adults) or a medical-psycho-pedagogical center (for children). In private practice, only patients who consult a psychiatrist can be reimbursed by the health insurance system. In all cases, no rule defines the modalities of psychotherapy. The psychiatrist and the psychologist organize the treatment as they wish: number of sessions, duration of the consultations....

Future Prospects of the Psychotherapeutic Professions

4. Factors instigating change in the psychotherapeutic professions.

In the absence of a legal framework defining who is or is not a psychotherapist, it is difficult to answer this question. However in 2004, the debates aroused by the collective assessment led by the INSERM on the effectiveness of psychotherapy (Inserm, 2004), even if they had no direct link with the reflection on the psychotherapist's title (Thurin, 2005), might let one think that once legally defined, the psychotherapist could be very strongly invited to practice scientifically validated therapies. Moreover, the High Authority in Health (http://www.has-sante.fr) -- the governmental agency responsible, among others things, got the development of a quality policy in the health care system -- is currently publishing ‘best practice’
recommendations concerning, for example, the treatment of depressive episodes. These recommendations, based on scientific publications, advise care providers, among others, to privilege cognitive-behavior treatments (http://www.has-sante.fr/portail/upload/docs/application/pdf/rpc_depression_2002_-_mel_2006_-_recommandations_2006_12_27_16_20_34_967.pdf).

5. Basic skills to be required for training and practice in the psychotherapeutic professions.

Currently mental health professionals are free to seek the training in psychotherapy that they wish. There are no specific rules or guidelines to follow.

6. Relation of psychotherapy research to the psychotherapeutic professions.

In France in the 1970s psychoanalysis, under the strong influence of Jacques Lacan among others, particularly marked the French intellectual landscape. A large majority of a whole generation of psychiatrists and psychologists received psychoanalytic training, and a number of them had a personal analysis. Psychoanalysis has, besides, constituted a very important theoretical reference for all mental health workers, particularly in psychiatric hospitals. In university psychology faculties, the study of clinical psychology remains mainly centered on psychoanalysis, although not without raising problems (Raoult, 2006).

In this context, the majority of the French "psys" -- convinced in a sense that there cannot be a science of “the subject and transference” – still consider that scientific research on psychotherapies makes little sense. The chapter written by Roger Perron in 2000 in the publication of the IPA “An Open Door Review of Outcome Studies in Psychoanalysis,” presenting the French point of view, is a good example. He expresses in this paper a point of view widely shared in France. It won't be a surprise to anyone that Evidence-Based Practice is
much criticized in France. The research projects led in the years 1980-90 by Alice Dazord and Paul Gérin, in spite of their considerable tact, changed nothing in this situation (Lamboy and Villamaux, 2003). Let us hope that the research network based on psychotherapeutic practice, created by Jean-Michel Thurin and Bruno Falissard -- a research project centered on systematic case analysis -- will inspire an ever increasing number of psychotherapy practitioners to carry out research (Danion, 2007).

References


