**Psychotherapy in the Newest Era**

**Viktor V. Makarov** – President of the Asian Federation of Psychotherapy, the All-Russian Professional Psychotherapeutic League, the National Self-regulating Organization "Union of Psychotherapists and Psychologists", Vice-President of the World Council for Psychotherapy and Head of the Department of Psychotherapy and Sexology of the Russian Medical Academy of Continuing Professional Education, MD, Professor. Moscow, Russia.

In order for psychotherapy to fulfill its social function and be successful, it is important to ensure that it is a little ahead of reality. And we, as professionals in the field of psychotherapy, should be prepared for the new challenges posed by any new reality.

In the first twenty years of the XXI century, our world lived mainly in the space of the New Time and the Traditional Era. Some countries lived according to the laws and customs of Modern times, while others remained faithful to established traditions for centuries. During these decades, we observed and began to study signs of the manifestation of a new reality that does not fit into the boundaries of the Traditional era and the era of Modern times. We gave it the conditional name of the Newest Time or the Newest Epoch.

In a number of aspects, it is associated with the processes of universal globalization and digitalization of our lives. We were preparing for the possible consequences of these processes, and yet the New Era came unexpectedly. On March 11, 2020, the world entered a New Era. It was on this day that the World Health Organization announced that the epidemic of the new coronavirus infection Covid-19, which began in China, took on the character of a pandemic.

Health authorities around the world were particularly concerned about the fact that the consequences of the infection adversely affected, among other things, the state of mental health and psychological well-being of at least one third of people who had the disease. Unprecedented restrictions on the freedom of all people, as a reaction of States to the pandemic, have also played their not yet fully appreciated role in this phenomenon.

Two years passed and getting out of the pandemic people were filled with new hopes. But on February 24, 2022, a special military operation began in Ukraine. In fact, the military confrontation between Russia and Ukraine has lasted for eight years. The events that unfolded after February 24 caused a surge of unprecedented anti-Russian reaction from Western countries, companies, organizations and citizens.

These events gave rise to processes that can be regarded as a kind of social revolution that marked the beginning of the Newest Modern Era, which we also call Newest Modern Times. This era has many characteristics to which our research and publications are devoted.

Let's name only the main of these new characteristics:

- living in a space that allows you to better adapt to reality;

- many things are constantly and unpredictably changing, only changes are stable, flexibility and the ability to adapt to constantly changing living conditions are important;

- for a person, family, group and society as a whole, it is important to avoid apperception and extrapolation, to be able to stick to the bright side of life, in any conditions try to maintain an optimistic attitude, strive to experience happiness and a constant stay in the space of happiness.

The traditional era is life in a little-changing world, where traditions, ethics and morality rule, material values accumulate, and an established system of myths has developed. And myths, as you know, govern people, families, states and the whole society. In the Newest Era, achievements and results become the main thing, the accumulated resources are spent on the purchase of goods and services. Its own system of myths is being formed. In the Newest Modern Era, the main thing is adaptation to constantly changing living conditions, willingness to spend money not yet earned. The past, present and future are uncertain. The system of myths is only taking shape. Hedonistic motivations of life are important. Moreover, lies at the level of a person, family or state in the Traditional Era was considered an unacceptable phenomenon. In Modern times, it was censured. In the Newest Modern Era, it has become just one of the technologies to achieve goals and is called a fake.

Psychotherapy is a helping profession. We provide assistance to our clients and patients regardless of their gender, age, financial status, religion, sexual orientation, political views, health status and other differences. Thus, in the first wave of the Covid-19 pandemic, Russian psychotherapists worked on outpatient appointments and in hospitals, including in the red zone. At the call of the Committee on Volunteering of the All-Russian Professional Psychotherapeutic League, 5,000 professionals volunteered to provide specialized assistance. During the second wave, an additional 2,000 volunteers showed their willingness to provide volunteer assistance. Their work was associated with risks to both health and life. Besides, it was not paid.

From our point of view, practicing psychotherapists should avoid expressing their political views for ethical reasons. We are for the peaceful resolution of any conflicts. The military conflict in Ukraine has led to both an increasing flow of refugees with different political views and a large number of conflicts in families. After all, we have a lot of mixed marriages and often conflicts in families today are associated with different points of view on events in Ukraine.

Our profession requires us to be tolerant of manifestations of various, even the most extreme views and points of view. So the anti-Russian sentiments that have overwhelmed many Western countries, sometimes reaching the level of outright national hatred at the level of entire countries and organizations, as well as at the household level, urge us to be as restrained as possible and patiently explain to our opponents their misconceptions about the Russian people. This is a long process and, as a rule, takes a period equal to the change of three generations. After all, hatred and enmity are much easier to sow and kindle than to overcome in the future.

And yet, no matter how events develop, we are obliged and will help all those in need according to our oath of the Russian doctor and the ethical codes of our national and international organizations of psychotherapists. This is the essence of social psychotherapy.

We have been engaged in social psychotherapy since the eighties of the last century. This model of psychotherapy was formed within the framework of the Eastern trend in the development of Soviet and Russian psychotherapy. It formed the basis of a new, broad school of domestic psychotherapy.

The date of birth of the world social psychotherapy can be considered the summer of 2002, when at the III World Congress on Psychotherapy in Vienna, the President of the World Council for Psychotherapy, Professor Alfred Pritz, called on psychotherapists to work with the whole society, and not just with a person, family and group. Our All-Russian Professional Psychotherapeutic League is developing, following this call, for the practical implementation of which Social Psychotherapy is intended. It is one of the six models of psychotherapy. In our country, it is the third model that has been developed. In addition, clinical and psychological models are developed. Social psychotherapy is a psychotherapy that satisfies the social needs of a person, family, group and society as a whole.

Here is a quote from the work of Professor A.L. Katkov about social psychotherapy: "In the field of professional psychotherapy, the new realities are such that the pace, scale of distribution and severity of the manifestations of the problems with which clients turn to psychotherapists (adaptation disorders in all their diversity, chemical and destructive psychological addictions, personality disorders, long-term psychosomatic and mental illnesses, etc.), in the latest decades have acquired the character of destructive social epidemics — apparently the most dangerous and unpredictable phenomenon of the newest modern times. Accordingly, if the term "social psychotherapy" has traditionally been used in relation only to certain psychotherapeutic models, then we suggest using this term to denote the new status of professional psychotherapy, fully responding to the realities of the newest modern times. We are talking about a cardinal reversal of the profession from exclusive or "club" models with an extremely limited sector of interaction with neurotic clients to completely new conceptual and organizational models of the "being" of professional psychotherapy in the modern world. Which, ultimately, should lead to full coverage of the population with effective, differentiated psychotherapeutic care" (2019).

**Currently, we identify 7 models of psychotherapy:**

• medical,

• psychological,

• pedagogical,

• social,

• philosophical,

• esoteric,

• mixed.

The Newest Era leads to the development of all models of psychotherapy and, first of all, the social one. My presentation is largely devoted to this.

**We distinguish seven areas of psychotherapy:**

• hypnosuggestive,

• psychoanalytic,

• existential-humanistic,

• clinical,

• cognitive behavioral,

• esoteric,

• integrative.

Each direction includes several modalities (methods) of psychotherapy.

Here is a list of them:

• Hypnotherapy

• Personality-oriented (reconstructive) psychotherapy

• Polymodal Psychotherapy ®

• Systemic family psychotherapy

• Existential psychotherapy

• Gestalt therapy

• Body-oriented psychotherapy

• Resource-based systemic psychotherapy

• Positive psychotherapy

• Symboldrama

• Transpersonal psychotherapy

• Neuro-linguistic psychotherapy

• Therapy by means of creative self-expression by M.E. Burno

• Psychocatalysis

• Clinical classical psychotherapy

• Dianalysis

• Psychodrama

• Emotional and imaginative psychotherapy

• Psycho-organic analysis

• Transactional analysis

• Psychotherapeutic kinesiology

• Ericksonian psychotherapy and Ericksonian hypnosis

• Perinatal and reproductive psychotherapy

• Religiously oriented psychotherapy

• Music-integral psychotherapy

• Clinical psychosomatic psychotherapy

• Healing creative psycholinguistics

• Cognitive behavioral therapy

• Client-centered psychotherapy

• Integrative-dialogic, cognitive-oriented hypnotherapy (psychotherapy)

• Art therapy

• Jungian analysis

• United Psychoanalytic direction in psychotherapy in the League

• Balint groups

• Integrative child psychotherapy

• Systemic family psychotherapy: Eastern version

• Eastern version of transactional analysis

• Integral neuroprogramming

• System-phenomenological psychotherapy (counseling) and client-centered constellations ®

• Ethical personalism

• Process oriented psychology and psychotherapy

• Generative psychotherapy

• Eastern version of psychosynthesis

• Sand therapy

• Rodological method of counseling

• Group analysis

• Behavioral psychotherapy

• Value-oriented psychology and psychotherapy

• Sophia analysis

• Igropractic in therapy and psychological counseling (cluster of psychotherapy)

The modalities, developing independently, make their way and go down in history. The best of what the modalities contain can remain in integrative methods. It can be assumed that the future of integrative methods is that they will unite, merge with each other, in fact, moving in the direction of a single psychotherapy.

The European Association of Psychotherapy recognizes 21 modalities today, and the Asian Federation of Psychotherapy recognizes 25 modalities. Whereas the World Council on Psychotherapy recognizes 15 modalities. Among the 50 modalities recognized in the Russian Federation, there are borrowed ones in Western Europe and North America, and yet the majority are domestic modalities.

In addition to the modalities, we additionally identify clusters of psychotherapy. It is a combination of several modalities for solving problems in a certain area. The developing clusters are: pain psychotherapy, psychotherapy of psychosomatic disorders, igropractic therapy.

**The four-part paradigm in psychotherapy.**

Our daily practical activity has led to the understanding that the binary (psychophysical) and ternary (biopsychosocial) paradigms of human understanding can no longer satisfy the demands of our practice. At least one more component is needed. Today it is clear that this component is spirituality. It is clear that for each person, each of our clients and patients, one of the four components can prevail. So many professional athletes and ballet dancers have a predominant biological component. Psychological and social components prevail in most people. For a small part of people, the spiritual component is dominating.

The first part in this paradigm is biological. In man, it is represented by the body. The body requires attention and needs to be looked after. It grows, develops, gets sick and gets old. Others see the contours of our body and what we are ready to show: the head and face, neck and arms. The body is one’s name card. It is by appearance that a person is judged. The body can get ill, and not all diseases of the body are limited to the body itself. There are also psychosomatic disorders, there are social diseases. The diseases of the body proceed depending on the state of other components of the four-part paradigm. They are very dependent on psychological well-being and mental state. A person's social well-being also affects his/her body. And, of course, the spiritual state largely determines our biological well-being. The mortality of our body is perceived as the only obstacle to our immortality.

The second part of the paradigm is psychological. A person has a psyche. We traditionally perceive it as a product of our brain, although this is not completely proven. In turn, the brain is the most complex of all known objects in the universe. And if this most complex object is violated, then it seems to be a very difficult task to return it to the state of normality. The psychological component is responsible for our mental health and psychological well-being. We have intelligence and emotional intelligence. A number of violations of the psychological component are manifested through the well-being of our body and its diseases. These disorders are psychosomatic. And it is important to treat both the physical and psychological components.

The third part of this paradigm is social. We live in a society, and if in the first years of life a person is deprived of the possibility of constant communication with other people, then he/she does not develop as a person. Society constantly stimulates and controls us, sometimes imposes its own rules. Each of us forms and develops social intelligence. There are socio-somatic disorders and socio-mental disorders.

The fourth part is spiritual. Like each of the parts, it can be developed in different ways. We call our spiritual intelligence wisdom. It is important to realize that the binary (psychophysical) and ternary (biopsychosocial) paradigm of understanding a person can no longer satisfy the demands of our practice. Of course, people with spiritual needs often turn to the clergy, and in our country also to healers, sorcerers or shamans. However, people with such requests are turning more and more often to us, psychotherapists and consultants! Of course, spirituality is a very complex and very subjective concept. But in our specialty we are bound to deal with complex objects and phenomena. Since the area of our direct professional activity is the complex and subjective inner world of a person. Therefore, whether we wish it or not, in working with our clients and patients we are called upon to take into account their spiritual needs, and to engage more and more in their spirituality.

A huge, boundless amount of information has been accumulated in the field of ideas about spirituality for many millennia. This is the legacy of many thousands of thinkers from all continents, eras and peoples. The best minds in the world. And, paying tribute to the globality of this heritage, we study in it first of all what lies in the sphere of our professional interests. We are interested in the psychotherapeutic aspects of spirituality, and, coming into contact with the spiritual aspects of the requests of our clients and patients, we remain within the boundaries of our profession – psychotherapy.

Spirituality refers to secular humanism, which includes the spirituality of the Russian and Soviet intelligentsia, the ideas of the great Russian philosophy, the achievements of great thinkers of various religious schools, confessional ideas of great religions, spiritual traditions of the East, concepts of psychology and psychotherapy. A spiritual person understands the meaning of his/her life and the meaning of death. And accepts them without fear. Moreover, the physical, psychological and social components of such a person are developed and are in harmony both with each other and with the higher – spiritual – component of the personality. Spirituality allows you to go beyond the limitations imposed by the parameters of other components of the personality, for example, physical – congenital anomalies of the body and physical injuries, or even belonging to a certain sex; psychological – insecurity, fear, anxiety; social – the desire for power at any cost or automatic submission, unjustified passivity and others. A spiritual person is guided by an integral system of ideas about our world and his/her place in the world. A person with a pronounced predominance of other levels of functioning is constantly busy fighting the discomfort of unsatisfied needs. Hence, all the time of such a person is devoted to satisfying the needs or increasing the level of comfort in their life. And each increase in the level of comfort brings them only a short-term joy of acquisition.

When we see our life in a large part or the whole of it, we get pleasure and joy not only from experiencing the physiological comfort of a satisfied or suppressed desire, but from fulfilling our mission, moving towards the goal. Physiological, psychological and social satisfaction is in harmony with spiritual – it provides a holistic approach to the individual, family, group and society as a whole.

Each age group has its own leading spiritual request. So, the older the citizens of our country are, the more their requests in the field of spirituality are presented. We are taking just the first timid steps in the field of spirituality. Today we are the disciples of the disciples, and our path will be long and, of course, fruitful.

Professionals in the field of mental health and psychological well-being belong to the helping professions. This is a complex, special professional activity that requires a real vocation. Many specialists get disappointed in their work, others burn out, others are torn between fulfilling their professional duty and the need for decent pay. Three conditions are important for successful professional activity: professional selection, education, and the creation of working conditions.

Specialists in the field of mental health and psychological well-being are more susceptible to professional burnout than representatives of other professions.

According to our data, the frequency of occurrence of degrees of "burnout" varies statistically significantly depending on the specialty. Psychotherapists predominate among professionals with a low degree of "burnout" (0). The most common is the average (1) degree of "burnout" (36.7%). For this degree, there is a uniform distribution by specialty: 27.3% among psychiatrists, 29.9% among psychotherapists, 19.5% among narcologists, 23.4% among psychologists. Psychiatrists (34.8%) and psychologists (30.4%) are more susceptible to a high degree of "burnout" (2). Psychiatrists (33.3%) and narcologists (37.5%) predominate for the extremely high degree (3).

Psychotherapists are characterized by a decrease in the frequency of occurrence in relation to more severe degrees of "burnout"; in a low (0) degree – 47.4%, in an average (1) degree – 40.4%, in a high (2) degree – 10.5%, and in an extremely high (3) – 1.8%. In the remaining surveyed categories there is a tendency for the number of professionals with a low degree (0) to increase, followed by a drop. Prevention of the development of these syndromes is largely similar. It consists in taking responsibility for your work, your professional result and delegating part of the responsibility to clients and patients. It requires the ability to give yourself time for achievements in life and work. It requires a realistic assessment of one’s capabilities, one has to be able to accept defeat without self-abasement. After all, professional downturns and even dead ends are the natural stages of professional development of every real specialist.

And yet, it is important for a specialist to be in a professional community, regularly receiving support from this community – including participation in Balint groups, supervisory groups, in personal therapy and exchange of experience, just club communication with people of their profession. According to our data, annual participation in two decades of professional development and exchange of experience is optimal for maintaining and developing the mental ecology of a psychotherapist.

It is important that training therapy precedes other forms of education. Personal training therapy has a number of goals. One goal is to know the boundaries of one's own personality, one's capabilities. Another goal is understanding why a helping profession is chosen, as well as forming an adequate attitude to the profession and understanding your capabilities and mission in the profession. Another one is identification, analysis and elimination of personal problems, first of all – the fear of death. Some of the personal characteristics can contribute to future activities, others need to be adapted. Working with self-esteem is also important – raising it and keeping steadily high. Working with the mood, developing the ability to reach the desired level and maintain it throughout the working day, training to maintain the necessary working tone and to quickly restore it – are more goals to be achieved. Training therapy allows you to learn the traditions of the profession, independently creating your professional reality without focusing entirely on someone who knows all. Of course, all of the above leads to an improvement in the quality of life. During the educational therapy, the candidate sees and understands the real practice of their chosen specialty.

Личная же терапия позволяет выявить не только психические расстройства, а также другие характеристики претендентов, затрудняющие или не позволяющие им эффективно работать в помогающих профессиях.

There is another very important role of personal training therapy – admission to study in the field of your chosen specialty. In helping professions, professional selection is only partially represented. Applicants to medical universities must submit a certificate from a psychiatrist about the absence of mental disorders and about the absence of registration in a psychiatric institution. Personal therapy, on the other hand, makes it possible to identify not only mental disorders, but also other characteristics of applicants that make it difficult or do not allow them to work effectively in helping professions.

Personal training therapy, prior to education, allows for the professional selection of candidates for helping specialties. The conclusion of the educational therapist on the completion of personal training therapy preceding education is admission to education itself. The minimum number of hours of personal training therapy is 50 hours.

It is clear that work in the field of personal therapy does not end at the stage preceding training, but continues in the future, during training and at the postgraduate stage.

In the theoretical part of the training, we distinguish the general cultural block, training by profession and training by specialty. Due to the fact that our students already have higher education, and we are engaged in their additional education as part of continuing education, we are more focused on education in the specialty. Here, theoretical training and, of course, practical skills within the chosen specialty come first. Specialists with medical or psychological education come to our helping specialty – psychotherapy. Moreover, the former, based on their basic education program, are almost devoid of any knowledge and skills in the field of psychotherapy, while the latter have such knowledge and skills. The theoretical part of the training is conducted in the traditional version. Lectures are given, seminars and practical classes are held. In addition, many trainings and master classes are held. In the theoretical block, when preparing psychotherapists, there are usually about 800 training hours.

Special importance in our education is attached to the practice under supervision. Participation in volunteer activities will play a certain role here. Such participation will help students gain some hours of practice. It is important that most of the practice is conducted in conditions close to the future professional activity of the student. The practice is conducted under the guidance of experienced professionals and gives students the opportunity to see and try out different styles of practical work. Practice under supervision is the most extensive section of education. It is about 2000 hours. This is understandable, because we train professional practitioners.

And, of course, the supervisory process at all stages of professional activity is significant for every psychologist-consultant, psychotherapist, coach or specialist of other helping professions. This is the fourth component of education. It is important that the future professional enters the supervision at the training stage. The purpose of supervision is to improve the quality of psychotherapy, counseling, training or teaching, i.e. the quality of communication process. Supervision is also a tool for the prevention of professional burnout, an effective form of exchange of experience, growth and maintenance of professionalism. It is the supervisory process that allows us to harmoniously incorporate innovative components into the daily practice of a professional.

This is a four-part model of training professionals in the field of mental health and psychological well-being. This model has been widely used for several decades in the training of psychotherapists. I am sure that it will find its application in the training of other professionals in the field of mental health and psychological well-being, and other helping professions.

It is important to keep in mind that the psychotherapy of the Newest Era consists of four components: its own theory, practice, craft and business. Our next report will be devoted to these four components. It is also important to emphasize the fact that we are willing to cooperate with other helping specialties, other professions. At the same time, the psychotherapy of the Newest Era has its own borders, which are important to protect. After all, dozens of related specialties borrow ideas and technologies of psychotherapy and use them not always professionally, which can compromise psychotherapy. Our difference is that we are a scientific specialty, united in professional organizations, we study and constantly improve our qualifications in a four-part paradigm: theory, practice, personal therapy and supervision.

Now a little bit about the regulation of psychotherapy. In Europe, psychotherapy has become a separate specialty. In a number of countries there are laws regulating psychotherapy. In the USA, psychologists and social workers are engaged in psychotherapy, and there are no special laws regulating psychotherapy. There is also no legal regulation of psychotherapy in our country, just as there is no mandatory participation in the work of professional public organizations of psychotherapists. At the same time, the Professional Psychotherapeutic League was established in 1997.

There are 80 active departments in the All-Russian Professional Psychotherapeutic League. The Central Council has 12 committees and 10 full-time employees. There are from 62,809 to 64,864 specialists under the umbrella of our organization. (Data collected for 2018-2019). Important and significant events take place in our organization every day 365 days a year. In addition to this organization, in 2014 we created the National Association for the Development of Psychotherapeutic and Psychological Science and Practice "Union of Psychotherapists and Psychologists" – the only organization in the country engaged in self-regulation in the field of psychotherapy and psychology. Now we have the opportunity to develop psychotherapy as a self-regulating profession. And psychotherapy, due to its immensity and very large variability, is directly created for self-regulation.

Today we are absolutely sure that our country is one of the world centers for the development of psychotherapy.

Dear colleagues! We have a lot of work ahead of us every day and our whole life. And we are optimistic about our future! We are now creating it ourselves!