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Profession and discipline of psychotherapy

Psihoterapija kot poklic in disciplina

Povzetek

V članku je podana teoretična analiza nastanka *psihoterapevtske znanosti* kot samostojne znanstvene discipline in kot poklica, ki se razlikuje od medicine in psihologije. V kontekstu diferenciacije psihoterapevtske znanosti kot samostojne znanstvene discipline se je psihoterapija razvila kot področje učinkovite profesionalizacije. Šele nedavno se je začela institucionalizacija bistvenih elementov te discipline z lastnim naborom znanj preko univerz. Te univerze oblikujejo znanstvenike, ki povratno prispevajo k razvoju znanj na tem področju.

Ključne besede: teorije poklicev, psihoterapija kot poklic, psihoterapevtska znanost

Abstract

This paper provides a theoretical analysis of the emergence of *Psychotherapy Science* as an independent scientific discipline and profession, distinct from medicine and psychology. Within the context of this differentiation of psychotherapy science as its own scientific discipline, it is noted that psychotherapy has emerged as a field with effective professionalising. Indeed, it has recently begun the task of institutionalizing the transmission of the essential elements of itself as a discipline with its own form of knowledge through the establishment of universities. These universities seek to form professional psychotherapy scientists who, in turn, seek to scientifically advance knowledge within the field.

Keywords: theories of professions, psychotherapy as a profession, psychotherapy science.

Introduction

Within Western societies, psychotherapeutic treatments constitute an ever-increasing and substantial factor in the demand for professional healthcare support. Concerned persons seek out what Freud called psychotherapy's "comforting effect." Through what Fürstenau (2007) calls a "colourful-bulky sociocultural phenomenon"[2] (p. 27), psychotherapy seeks to provide colour to the experience and behaviour of those who feel themselves

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2 As cited direct quotes in this text are mostly originally German, translations were made by the author of this paper.

in a monochromatic world. But this "bulky" phenomenon known as psychotherapy is not easily comprehendible by other societal subsystems, and it does not yet even fully comprehend itself. Within and beyond the field of psychotherapy, therefore, there are discussions and disagreements of the nature of psychotherapy's own internal and competing theories, its legitimacy within health services, and regulations concerning training and license of psychotherapists. There is even debate about whether psychotherapy is even a science at all.[3]

If the theologically-driven notion of pastoral care remains unconsidered, there are three social agents that can play a role in the field of mental health: medicine, psychology, and psychotherapy. This diversity of professional approaches can add to the confusion as to the role of psychotherapy's role, since it leaves persons seeking psychotherapeutic advice facing various job titles, such as psychotherapist, psychiatrist, psychologist and medical doctor. This creates an extremely confusing landscape, and the question becomes where psychotherapy comes from and where it belongs within this setting.

The emergence of the field of psychotherapy and the issues of its future transmission as a profession

Perhaps surprisingly for many people, viewed structurally, medicine and psychotherapy bear a stronger likeness to each other than they do to psychology. Both medicine and psychotherapy recognize themselves as being a hybrid of art and science. They are practical sciences, applied sciences, sciences with a great extra-scientific interest, not science in its classical meaning but a knowledge-based theory of art (Kunstlehre).

Accordingly, medicine and psychotherapy see themselves as professions in the sense that they involve the practice of an art for the good of others, where learning of the art in question is transmitted through years of university study and training: This training is targeted towards practicing in a certain healing context. In that regard, it can be seen that historically speaking medicine can be distinguished from psychology in that medicine has long been accepted as being a healing profession based on a well-established and university-taught science, whereas psychology, in contrast, has not had a healing-related professional interest, as such. Since its differentiation from philosophy and especially with the development of experimental psychology[4], up until the second half of the 20th century, the topic of applied, or clinical, psychology was hardly a leading question of the field of psychology, which tended to be academic in nature.[5]

Psychotherapy, on the other hand, emerged as a healing-practice that developed and advanced outside of academic institutions, but which nonetheless maintained a claim to scientificity. Unsurprisingly, it was a medical doctor, Freud, who promoted this emerging new scientific healing-profession greatly. As it emerged, the field of psychotherapy brought with it what might be called a certain heterogeneity. That is to say, it found itself as having a variety of concepts which were not superficially in accordance with

3 Interestingly, such discussions can, in part, depend on historic-social-institutional factors. Very similar debates raged forcefully about the nature of medicine when it initially emerged as a profession, a fact highlighted by the French philosopher Canguilhem (2012, p. 20).

4 On the differentiation of psychology and the development of its thought styles see Benetka (2002).

5 "Experimentally-based procedures … did not begin to have dramatic impact on psychotherapy until the publication Wolpe's Psychotherapy by Reciprocal Inhibition in 1958" (Lambert, 2013, p. 4).

one another. In other words, it developed a variety of "schools," or overarching ways of approaching issues. It also came up with ambiguous research findings concerning the mechanisms of its efficacy. In large part, this so-called heterogeneity is attributable to the natural (naturwüchsig) emergence and development of psychotherapy in light of the developments outlined above regarding professional socialisation, the history of theoretical concepts that guide professionals, and the bigger parts of topics and concepts to which current work refers.

Psychotherapy as a profession

Whether psychotherapy is a science, and, if so, what kind, is in issue which has been discussed for more than a hundred years now within, as well as outside of, the field. Much like within the broader field of philosophy, we can see that the same arguments repeatedly recur over the years. Concerning the question of the scientific nature of psychotherapy, in particular, during the period around the turn of the millennium, some works have been published that, it could be said, contributed fruitfully to the discussion (Reiter/Steiner, 1996; Buchholz, 1999; Fürstenau, 2001).[6] In these works, the practice of psychotherapy was for the first time analysed from an inner-psychotherapeutic point of view considering profession-theoretical and professionalising-theoretical concepts. In these works, the practice of psychotherapy was treated as being a specifically modern profession. Moreover, through these works we can see practicing psychotherapy as disengaging itself from the pressure of legitimatisation and starting to struggle to understand itself as being, not just a healing, but also a scientific endeavour. This change in perspective led the way for the development of a novel psychotherapeutic scientific perspective: "Psychotherapy is a profession that has science set to its side" (Buchholz, 2003, p.167). Note: psychotherapy does not set science aside.

Within this context, each profession transmits the logic of its governing form of science in its own unique way, through some form of specialized learning and initiation:

> *"Professions are primarily concerned with dealing with critical thresholds and hazards of human conduct. The situations that are difficult for the client involve instances and powers—which one can easily visualise using the example of the classical professions law, theology and medicine—that cannot be managed by the normal person as they [tend to be] outside of their ability to comprehend, with the result that they seek the imparting, intervention and support of an expert." (Stichweh, 2013, p. 260)*[7]

In looking at what tend to be viewed as being the three original professions—law, theology and medicine—we see that what experts in these fields possess is academic

6 In the monograph Psychotherapy – a new Science of the Human Being [(Psychotherapie – eine neue Wissenschaft vom Menschen (Pritz, 1996)] – in the beginning of this discussion, there are contributions that discuss these topics in various directions.

7 Stichweh (2103) takes the system-theoretically informed, functional-structural approach within his theory of the professions. In this respect, this description is in accord with the one of interactionist and structural theoretical approaches. They stand in stark contrast to power-theoretical approaches which are oriented to topics such as social status, monopoly of power and similar space.

knowledge of a particular discipline that has a scientific status.[8] Moreover, mere academic transmission of scientific knowledge is not the exclusively distinguishing factor. Instead, the formal education involved transmits the essentials of a discipline which is then capable of being adapted to use in various situations by the practitioner. This is necessitated by the fact that the concrete situations created by existence creates infinite diversity, and each unique instance of this diversity cannot be taught or prepared for in the abstract: "[S]ingle-mindedness is insufficient: there is an excessive situational complexity in relation to available knowledge; this relation limits the applicability of professional knowledge as it is impossible to understand a professional's actions as the unproblematic application of the acquired knowledge with a predictable and easily evaluable outcome" (ibid).

Psychotherapy as client-oriented

But, more than the transmission of the knowledge of how to apply adaptable concepts is inherent in the notion of professionalism. Professions, in the classical sense, are basically determined by the relationship between the provider and the client (client system), with the professional being seen as something akin to the servant of the client. Given this, it can be said that there is a tendency for homogenisation within a profession in terms of the establishment of a style, the use of guiding principles, praxeology, ethics, etc. However, this is not an overwhelming homogenisation, for there is nonetheless room for the expression of the individual professional's discretion and creativity in terms of the application of the profession's discipline to unique factual situations. This, in turn, bestows a desired randomness regarding a client's choice of providers and the reasonable expectation that the professional will be responsible for a client's problems on a rather broad, yet individually-tailored, level.

As has been noted, homogenisation in the field of psychotherapy is not currently present in the same sense that it is in medicine, and it is yet not clear that such a degree of homogenisation is either possible or desirable.[9] This is in part related to the difference in nature of the objects of both medicine and psychotherapy. Medical specialization tends towards the physical body, and thus it looks towards organs, systems and pathologies. Psychotherapy, on the other hand, focusses on the nature and expression of the mind. Thus, it has developed schools and treatment modalities that focus on these issues. If one can put it in a general manner, psychotherapists tend to be fascinated by their method, their theory of art, and, thus, they identify with it. Interestingly, an analysis of biographical narrations that we conducted showed that psychiatrists tend to be similarly fascinated by the disease process, by the psychopathology and accompanying aspects. In contrast, narrations of psychotherapists tend to reveal that their fascination is tightly linked to the therapeutic situation and the possibilities this situation offers due to a so-called wholesome or curative talk that occasionally happens regardless of the categories 'healthy'

8 Within the context of the emergence of medicine, the mutually-informing interaction between the object of a profession and the growth of the science and profession which studies it is discussed by Combe and Helsper: "The natural scientific medicine of the 19th century and anatomy played an important role as substantial groundwork for the constitution of the medical occupation … Thus, an uncatchable advance in knowledge was constituted … of objects of its occupation" (Combe and Helsper, 1999, p. 20). In a broader sense, psychoanalysis played a similar role in the history of psychotherapy by providing two innovations: the concept of the unconscious and the constitution of the psychoanalytic situation.

9 Certain elements of superficial homogenisation, for example, remain specific to medicine. In medicine, for instance, there is the symbolically meaningful uniform workwear.

and 'diseased' (as a variety of a secular taking care of souls).[10]

Sociologically speaking, it can be said that a form of homogenisation nonetheless occurs within the professions and that this homogenisation has an influence on how other groups or systems refer to the specific profession in question. However, homogenisation is not an act that simply occurs in the abstract. Instead, the act is itself socially bound or dependent on modes of socialisation. In this context, it can be seen that the institution of a hospital as a teaching institution of medicine crucially contributes to that profession. Within this context, each doctor stays at a specific hospital for a certain period of time, and each particular hospital's history affects each physician and his or her overall approach to the field. Indeed, prior to the 19th century in Europe the most successful physicians were those who treated society's aristocrats and monarchs. The hospital was purely a place for "treating" the poor. However, slowly this began to change due to the opportunities for training which hospitals presented. Today, teaching hospitals—many of which still focus on the poor—are held in the highest esteem, because they offer the best training. Thus, the old situation has become inverted, and specialised medical treatment is generally available in public hospitals, where specialization thrives and is given to "patients with low [social] status as they represent more complex cases" (Stichweh, 2013, p. 259) In modern European society, therefore, the socially average patient tends to receive the most specialized care.[11]

The de facto professionalization of psychotherapy

Within this context, it will be noted that the de facto professionalization of psychotherapy science—that is psychotherapy's quest for a scientific understanding of the scientific elements underlying its success as a curative profession, and the best way in which to transmit this knowledge—has been ongoing and evolving for some time. There has been developing:

- A large, complex, body of literature, derived from the clinical context, including case studies and text books which provide a systematising overview of the state of clinical knowledge in the field.
- A growing body of reflexive, critical, and scientific work, involving, among other things, the clinical data which clinical psychotherapy develops. Although the weight of opinion in the field still places much emphasis on its clinical expression, there is nonetheless a growing body of critical work based upon the nature and worth of clinical findings, as well as purely scientifically generated data. Today, scientific research and clinical practice are moving closer to one another and informing each other.
- A greater understanding of the practical knowledge of psychotherapy as consi-

10 On the status of curing, Caniguilhem, a thinker of the radical French epistemological school, comments: "For the diseased person, cure is the thing that medicine owes him, whereas most doctors, even today, consider the thing that medicine owes to the diseased person is the best-researched, best-tested, and best-proven treatment." Furthermore, he states: "Therefore, it does not surprise that the first doctors to whom curing became a problem and an object of interest, were psychoanalysts or those who referred to psychoanalysis to question their practice and their preconditions." (Caniguilhem, 1975/2013, p. 64f.).

11 In this respect, psychoanalysis at the beginning appeared as if it were developing in a socially contradictory fashion. Its clients required a high amount of individual time, attention and money. This led to psychotherapists seeing just a few clients which led, in turn, to the misperception that they were denying social responsibility for the overall problem of mental-health.

sting of tacit knowledge (Polanyi, 1983), or personalised knowledge. The critical processing and analysis of this has fostered certain intra-professional ways of communication in the field. In a manner of speaking, these even represent the core of factual professionalization as they—on the one hand—refer to the variety and wealth of clinical presentations that need to be addressed and handled, and on the other hand, account for the therapist's position: clinical-praxeological seminars (case-centred and treatment-methodical), collegial counselling and supervision.[12]

- A well-tried system of training—in many countries with state recognition—that is basically school-oriented. From a structural point of view, these programmes are more or less variations of the first psychoanalytical educational institution in Berlin (Karl Abraham) at the beginning of the 20th century.

Scientific discipline

As we can see from the foregoing, although a profession cannot be separated from its inherent discipline, the concept of "profession" can nonetheless be distinguished from the concept of the underlying "discipline" upon which the profession in question is based. This distinction is based on the distinction between acting versus knowledge, the knowledge of how to act versus the belief in the need to act. It is in this light that we can understand Buchholz (1999), who stated that "a profession has science at its side," which means that professionalism is preceded by an appropriate training within the discipline, normally by studying at an academic institution. Regarding a discipline's definition and demarcation, Krüger (1987) notes that four inter-related yet distinguishable factors should primarily be considered:

- **The object.** A discipline is said to be something that is dedicated to consideration of one specific, concrete, manifestation of existence. Yet, this aspect, when taken in isolation, turns out to be quite imprecise in application. For instance, the objects "the person" or "disease" are studied by many fields—including medicine, biology, psychology, psychotherapy, social sciences and others—although, it should be noted that in some respects, the approaches taken by the various disciplines do tend to vary;
- **The method.** Similarly, this element taken alone can be quite imprecise, since methods such as mathematical models, the experimental method, the logical deduction and inference, and hermeneutic-interpretationally are also used by various disciplines;
- **The epistemological interest.** To give one example, this aspect is prominently analysed by Habermas (1972), who asserts that in terms of interest:
    - "[A] technical epistemological interest finds entrance into the approach of empiric-analytical sciences, a practical one finds entrance into the approach of historic-hermeneutic sciences and an emancipatory one finds entrance into the approach of critical-oriented sciences; epistemological

12 The essential role of personalised, implicit knowledge is the phenomenon's background that content-related conflicts can easily be misinterpreted as personal ones. Simultaneously, this makes the "communicative and consultative relation to a group of colleagues of vital importance" (Fürstenau, 1992, p. 27). This is one reason why unions in certain countries can play such an important role within the professional culture of psychotherapy, compared with the medical profession.

interests that were already and unacknowledged at the basis of traditional theories" (p. 155).

Interestingly, one could also determine the interest as 'that which serves the aim', for instance 'health' in medicine. Thus, it can be seen that one can speak of a practical science.

- **The systematised and historical context of theories**. Even the practical sciences need theory. In this context, theories are functional and pragmatic, and they are not something which is discoverable as being coded "true" or "false." Theories mainly serve one, operational, purpose: namely, they work. Theories prove themselves by their utility. They are successfully used, they become modified or they get rejected. Theories derive from questions, they are not simply found or discovered.[13] Theories link the interest with the object.

In this respect, it is suggested that the demarcation of disciplines is not easily attestable from the outside. Moreover, disciplines change over the course of history. They may grow apart but also may be brought together. Thus, disciplines inherently perform a specific function that cannot be used by the profession within certain contexts—such as in the client-facing interaction of the profession—because disciplines inform the profession in abundance. Similarly, disciplines enable communication with other disciplines or knowledge systems.[14] In science studies, there is still a crucial importance attributed to disciplines for their dynamic development and performance of a particular knowledge system. As a first response, it can be stated that the discipline is a more or less homogenous, relatively autonomous and broadly self-regulating communication context, that comprises a widely accepted body of knowledge and that consists of a repertoire of questions and methods which tend to be generated, imprinted and reinforced within academic institutions. (Stichweh, 2013; Keiner, 1999)

Functionalistic reduction as guarantee of professionalism

Generally speaking, whereas the inner formation—in the sense of the structural logical requirements—of psychotherapy as a profession can and must be considered successful, certain problems exist with regard to its functionalistic-structural differentiation. As can be shown historically in the context of the classical professions, professionalization is associated with a functional reduction in designated competence and responsibility. The competence of a given profession thus acts as a functional limit on responsibility. This limit of functional competence placed on the each of the classic professions by themselves is classified as being a condition precedent for successful professionalization (Abbott, 1981). Thus, it may be said that functional reduction secures professionalism by ensuring that only knowledge acquired when studying a particular discipline may be legitimately

13 In this sense, one could think of Freud's notion on the unconscious mind. Often, this is represented as a revolutionary discovery. Freud's act may be conceived in a more precise manner by the anthropologist Kunz (1975), when he talks about a "consideration of the unconscious mind" (p. 46), hence conceiving it as theoretical achievement.

14 The following extract of Luhmann where he speaks about theology is also applicable for psychotherapy as both address questions of specific phenomena that are approachable by self-experience: "To preserve the character of theology as science primarily fulfils the function for a sociological perspective, namely to provide interdisciplinary communicational levels on which self-experience of the religious system is presented in a tightly summarised manner to other sciences and nowadays especially sociology. Subsequently, other sciences can quasi learn second-hand from theology and do not have to acquire each insight on religion by the complicated ways of primary object analysis." (Luhmann, 1999, p. 67)

relied upon and reconstructed within a given professional setting.

As such, functional reductionism is a strength and not a weakness. Psychotherapy positions itself in a professional setting where it is concerned with the interactional treatment of impairments that result from certain experiences in life. But, psychotherapy as a science cannot be reduced to psychotherapy as practice. Inherently, the discipline informs the practice (and, ultimately, through the pragmatic nature of theory discussed above, *vice versa*). Psychotherapists also play the role of scientist, intellectual, and citizen.[15] In these roles they can and must make use of, and benefit from, the excess of knowledge that goes beyond the therapeutic process. Thus, the discipline benefits society in a way that is partially distinct from the professional expression of the discipline.

This brings us to Fäh (2012), who states that psychotherapy must adapt or die:

> *"…I do not consider psychotherapy in its modern form of a secular art of healing able to survive within a healthcare system that is increasingly reduced to an instrument--based and engineered medicine. Psychotherapy needs to base its aims and goals in a broader sense and needs to incorporate interdisciplinarity, if it wants to survive and not become marginalised." (p. 281)*

Here, the difficulty of positioning within a certain field of performance is the motivation for critique. Fäh additionally speaks of a "subject-specific and scientific devaluation" (ibid). Certain of these observations cannot be fully disagreed with. However, the implication of over-stating the claim would adversely affect the requirements of functional professionalization. It seems that the addressed difficulties derive from the context of the discipline rather than from the context of the profession. An interdisciplinary embedding would not benefit independence albeit its lack is justifiably criticised. Rather, a strict formation of the discipline appears more reasonable. If psychotherapy is a profession with a science at its side, then the more *sui generis* the science is, the more support for the independence of the associated profession should follow.

The functional reduction that is under discussion here entails, by definition, the assumption of circumscribed social tasks, such as the structuring of the profession's relations to the outside. It does not mean limiting the practice, for instance by the frequently discussed "scientification". Conversely, it means a possibility to develop regarding all practical opportunities for action and claims as wells as their reflection that derives from the uniqueness of the psychotherapeutic situation. This uniqueness and the theoretically and practically utilisable wealth of the psychotherapeutic situation legitimates the functional reduction to the outside from another point of view.

Discipline and training

The differentiation of disciplines is intuitively reflected in the range of studies offered by universities. Study programmes are organised by disciplines. A comparison of the current range of studies offered at universities and academic institutions with those that were offered just decades ago—even if we just consider undergraduate and graduate programmes—confirms the degree of ongoing differentiation. Also of note in this regard is the fact

15 See Fürstenau (1992). This work is concerned with expectations, possibilities and limits of psychoanalysis and psychoanalysts in view of social criticism and change.

that in this institutionalised realm of disciplines, psychotherapy can only be found to be minimally represented. This is in odd contrast to the production of knowledge within the psychotherapeutic field and its reception within other disciplines. For instance, a standard work of philosophical anthropology self-evidently notes: "No other discipline of our age applied as intensively and comprehensively attention to the person, his experience and behaviour as psychoanalysis" (Kunz, 1975, p. 45). This would seem to confirm Luhmann's assertion that a given scientific system depends on social factors for its integration and legitimization: "The primary differentiation of the scientific system is also regulated by social requirements that are not specifically scientifically legitimated" (Luhmann, 1992, p. 449). In essence, the differentiation of new disciplines—which themselves result from the accumulation of experience and knowledge—is restricted by the fact that "disciplines are also units of education." And, as has been discussed previously, the way education and training are organised has an influence on the formation of the discipline itself.

The training of professionality that is focussed on therapy (in a wider sense) is characterised as "doubled professionalization" by Oevermann. "Doubled" because on the one hand, there is the practice of the scientific discourse. On the other hand, because, aside from the "pure empirical and methodical imparting of knowledge and techniques," there is "the introduction to a theory of action and art *(Handlungs- und Kunstlehre)* that is specifically required for the conduct of the working alliance" (Oevermann, 2017, p. 125). It should be emphasized that correspondingly the study of medicine traditionally similarly applies a pre-clinical and a clinical phase, a fact which by its very nature implies that a "competent university subject is in addition to its status as empirical discipline simultaneously a theory of action and a 'clinic'."

A competent university subject—something which is presented here as being a necessary precursor to the emergence and continued development of a profession in the classical sense—is in the case of psychotherapy currently only marginally present in the academy and even then it is only taught at a very few private universities, for example at an International Psychoanalytic University (Berlin) and Sigmund Freud University (Vienna, Berlin, Ljubljana, Paris). Importantly, it is this marginal status which is problematic, not the private status of the institutions in question. Private expert associations and institutes have substantially and decisively contributed to psychotherapy's professionalization in the last decades. In our view, and to reiterate, currently upcoming efforts to obtain an adequate and independent formation of the discipline of psychotherapy only seem to be likely to lead to success by utilizing the university route. This also includes the co-operation of university and non-university institutions which can especially be valuable and practical to the disciplinary training.

Furthermore—and in the framework of sociological analyses on profession and discipline—one should consider which paths might be available to emerging professions such as psychotherapy considering the inevitable institutional difficulties which are associated with the establishment of a profession. One recommendation suggests the "secondary formation of a discipline, for instance by the combination of scientific research methodology with processing the ongoing profession's problems" (Stichweh, 2013, p. 284). By "problems" Stichweh means the challenges and issues that result from the very inherent logic of a profession. With that said, the issues associated with the profession's independence is simultaneously addressed.

Such discipline-formation in the case of psychotherapy can base itself on the substantial body of knowledge that comprises empirically funded theories and praxeological concepts. Theoretical analyses of experiences within the psychotherapeutic situation have established a large, but also non-uniform body of insights regarding the development and course of disorders that can result from certain experiences, as well as their most effective treatment. Psychotherapy science in a narrower sense became a major undertaking in the meantime. Methods were refined in the light of the complexity of the questions. Innovative conceptual frameworks for research have been developed (for example, Wampold's Contextual Model; Wampold, 2001). Regarding the teachability of such a discipline, there are adequate and well-tried concepts that were derived from experiences of non-university training. To conceptually differentiate the discipline from the profession, we suggest *Psychotherapy Science* as the discipline's name.

To bring psychotherapy science into the university is only fitting, for it can be said that psychotherapy is now a true discipline, and disciplines are "units of education" (Luhmann, 1992, p. 449). Thus, formal education in the field would seem most desirable for society given the high degree of professionalization that is already in progress and the benefits that this can bring. This social potential includes an increase in the quality and the extent of the achievement for the client, and the social benefits this can bring. On that point, empirical findings are clear and unambiguous (see overviews of Lambert, 2013; Wampold and Imel, 2015). The question as to what extent an entire practical training (in the sense of an approbation-capability) should be covered or not in the framework of an academic education that is organised by an independent discipline is not the most important.

Here, historically evolved non-university relations—politics in the broad sense--will play the decisive role. What matters most is the foundation of such curricula in the field of knowledge of psychotherapy *sui generis*. In whatever way, practical training must be done.

In this regard, there have been some very positive developments already. In recent years the phrase *Psychotherapy Science* more and more occurs in literature (Fischer, 2011; Rieken, 2011; Greiner, 2012; Laubreuter, 2012; Sulz, 2015; Fiegl, 2016). Fischer (2011) presented an especially elaborated concept. More precisely, this reflects an idea of a binding psychotherapy theory that springs from a dialectical concept of change (see also Greiner, 2012, p. 25-34). However, this is not meant with the formation of a discipline in this context. It is not a about a new, unifying theory or metatheory. Rather, it is about the disciplinary combination of research-methodical and theory-constructive production and, of the utmost importance, critical reflection on the practical way in which persons are helpfully supported during critical states by means of relationship work that is unique for psychotherapy. It is this critical self-reflexion which identifies psychotherapy science as a science.

Conclusion

During the early phase of its emergence, psychotherapy was under pressure to legitimize itself, and little attention was paid to the fundamental fact that psychotherapy is first and foremost a profession with its own logic. This logic is orientated to the complex requirements of the psychotherapeutic situation. Within this psychotherapeutic situation, a simple, blindfolded, application of science is not possible. Indeed, the pure scientification of psychotherapy would actually signify a de-professionalization. Instead, the concepts of "profession" and "science" bear a sovereign, non-hierarchical, mutually-informative, relation to one another. For this reason, science-based professions are initially, at least, best taught as academic disciplines. A discipline offers a context of communication for the purpose of researching, developing theory and processing empirical knowledge and teaching. If an academic discipline that corresponds with a profession does not exist, the profession becomes—in some respects—encroached upon as an object of other disciplines. Moreover, if a unique and appropriate discipline does not exist, then possibilities to develop adequate and suitable methods of research and teaching are impaired, a fact which, in turn, inhibits professionalization. A discipline also facilitates communication with other fields of science, and teaching programmes serve the training of a profession-typical habitus. Considering the importance that psychotherapeutic treatment has to modern societies, it appears appropriate that this occurs.

Accordingly, as we have shown, the field of *Psychotherapy Science* is ripe for its development and establishment as an autonomous academic discipline within the academy. Within the framework of an autonomous discipline, research and clinical practice can develop and evolve according to their own logic to their mutual benefit. In the past, non-university institutions of psychotherapy have advanced professionalization in the areas of training and empirical knowledge. Thus, the intensive co-operation between university and non-university institutions appears indicated for the development of this discipline. Inevitably, the biggest part of the discipline's members will work in clinical practice, and the smaller part will work in science and practice, just as in other disciplines. An even smaller part will work exclusively in research. Whatever the case, the formation of the academic discipline of Psychotherapy Science will serve them all, in addition to society as a whole.

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