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Research on Polish psychotherapists – what types of patients they work with and what methods of psychotherapy they use

Agnieszka Szymańska[1], Lidia Grzesiuk[1], Hubert Suszek[2], Kamila Dobrenko[3], Małgorzata Rutkowska[4], Krzysztof Krawczyk[5]

[1] Cardinal Stefan Wyszyński University in Warsaw, Faculty of Christian Philosophy, Institute of Psychology, Department of Psychotherapy

[2] University of Warsaw, Faculty of Psychology, Department of Psychopathology and Psychotherapy

[3] The Maria Grzegorzewska University, Institute of Applied Psychology

[4] Institute of Group Analysis "Rasztów"

[5] University of Warsaw, Faculty of Psychology

Summary

Aim. Most research studies conducted among psychotherapists concern (1) the frequency of use of specific methods of work and (2) the categories of patients using the therapy. They have examined the relations between these two groups of variables to a lesser extent. The primary objective of this study was to determine what is the practice of Polish therapists in combining methods of working with diverse diagnoses of patients

Material and method. The study involved 1,838 therapists who declared that they conducted psychotherapy in Poland (80% women and 20% men). The subjects filled out, mostly via the Internet, a questionnaire consisting of questions whose scope related mainly to psychotherapeutic activities and preparation for its implementation. We used two groups of information from the survey: (1) the working methods used by the psychotherapists and (2) the categories of patients undergoing psychotherapy – extracted by types of reported problems and diagnoses.

Results. The research results revealed that three groups/classes of therapists can be extracted in Poland according to the way in which the therapists combine the working methods of psychotherapy with the categories of patients. It can be stated that a larger number of working methods used by the therapists is associated with how psychotherapy is conducted among different categories of patients.

Conclusions. Polish psychotherapists: (1) use a large number of possible combinations of therapeutic methods; (2) can be described by belonging to one of three groups distinguished by the way they combine therapeutic methods with the categories of patients they work with.

Key words: psychotherapeutic methods of work, categories of patients undergoing psychotherapy, integration and eclecticism of methods of psychotherapy

Methods of psychotherapeutic work and categories of patients undergoing psychotherapy

A part of the research on people conducting psychotherapy conducted in Poland in the years 1979–2001 was related to the small number of psychotherapists ([1] 57 centers; [2] 159 psychotherapists out of 363 surveyed psychiatrists and psychologists; [3] 5 psychotherapists; [4] 168 institutions providing psychiatric treatment; [5, 6] 24 psychotherapists). In the world literature there have been studies characterizing psychotherapists in selected countries, i.e., who they are, who they work with and how they work [7–11]. One of the largest international research studies on psychotherapists (implemented within the project Society for Psychotherapy Research – Collaborative Research Network), which included a total of about 4,000 respondents, gave no insight into the characteristics of Polish therapists because only one psychotherapist from Poland took part in it [12–14].

Studies carried out in Poland by a 5-person team – prof. dr hab. Lidia Grzesiuk, dr Hubert Suszek, dr Rafal Styła, mgr Krzysztof Krawczyk, and mgr Małgorzata Rutkowska – allowed to compare whether the practice of Polish psychotherapists is different than that in other countries [15]. By 2014 this team had collected data from 1,838 people conducting psychotherapy [16]. On the basis of these data it was found that Polish therapists decide to conduct psychotherapy with patients with the following diagnoses: neurotic disorders (87%), personality disorders (74%), psychosomatic disorders (69%), affective disorders (68%), victims of violence (51%), eating disorders (46%), somatic disorders (31%), schizophrenia (22%), sexual dysfunction (22%), psychotic disorders other than schizophrenia (21%), perpetrators of violence (16%), organic disorder (12%), and mental retardation (7%). Compared to therapists from other countries, Polish psychotherapists frequently undertake work with patients with personality disorders.

The team also found that 39% of Polish therapists use psychotherapy methods that are characteristic of a specific school of therapy, i.e., monotherapy, and 61% eclectically combine or integrate the techniques of several schools of psychotherapy [16][1]. These results are consistent with the results of other studies which showed that a growing scarcity of psychotherapists declared the practical application of one approach; most of the therapists reported using an approach integrating the findings of different schools of psychotherapy or using eclectic methods [17, 18]. The results of

[1] A more detailed analysis of the set cited here showed that 40.55% of Polish therapists use methods that are characteristic of a specific school of therapy, 56.89% eclectically combine or integrate the techniques of several schools of psychotherapy, while 2.56% of therapists stated that they use methods of psychotherapy that are characteristic of a specific school of therapy as well as eclectically combine or integrate the techniques of several schools of psychotherapy.

research on a sample of over 1,000 therapists reported that only 15% of respondents declared using one approach [19].

The team investigating Polish therapists presented the following frequency of using different methods of psychotherapeutic work in their practice:

- psychodynamic – 53%, psychoanalytic – 17%;
- systemic – 21%;
- existential – 20%, Rogerian – 15%, Gestalt thrapy – 8%;
- cognitive and cognitive-behavioral – 17%, behavioral – 10%;
- other methods of psychotherapeutic schools: Ericksonian therapy – 12%, process-oriented therapy – 9%, NLP / NLPt – 3% [16].

The above frequencies of use of eclectic and integrative methods in Poland are similar to those used by psychotherapists in other countries [9, 10, 20]. The psychodynamic approach is usually used by psychotherapists in countries such as Germany [13, 21], Switzerland [21], Spain [10], Norway [13], Australia [22], or South Korea [8]. Psychoanalysis is most commonly used in Argentina [23]. The cognitive-behavioral, cognitive and/or behavioral approach, is dominant in the United States [9, 13], Canada [24], New Zealand [24], China [11], and India [25]. The humanistic approach is, however, most common in the UK [26].

Research studies on the effectiveness of psychotherapy – besides the abovementioned data from the study regarding psychotherapists – provide answers to the question regarding the methods of psychotherapeutic work and the categories of patients undergoing therapy. These studies focused on the relation between the working methods and the effectiveness of psychotherapy. It was found, on the one hand, that psychotherapy is more effective than no treatment, however, the results of studies comparing the effectiveness of various schools of psychotherapy, summarized in a meta-analysis, led to the conclusion that their average results are comparable [27–29]. It was therefore highlighted that there was a need to analyze not only the methods of psychotherapeutic work but also the characteristics of the patient undergoing the therapy, which included, among others, the patient's ailments and problems. Therefore researchers were searching for the influence of psychotherapeutic methods of work and patient's problems on the effectiveness of psychotherapy. Studies taking into account the interaction of such techniques and therapeutic characteristics of the patient indicated that a specific working method has either a positive or negative result depending on the characteristics of the patient [27, 28].

There have been a few studies on combining different methods of work by psychotherapists. In the world literature we failed to find any empirical data about how the combination of separate methods of psychotherapeutic work is related to the treatment of patients with different diagnoses. One of the studies on combining methods of therapies, conducted by Solomonov et al. [30], showed that currently psychotherapists use more methods originating from different schools of therapy in their work than in the past. This combination of methods is carried out within a single theoretical approach.

This is consistent with the objective of the integration of schools which refers to the common philosophical assumptions of integrated schools [31].

Solomonov et al. [30] emphasized the need for research concerning the relation between using different methods of working with patients with diverse diagnoses. They stated that "It will also be interesting to assess differences within therapists in their use of integration as they work with different clients with different disorders, and test how fluctuations in levels of purity or use of specific techniques may relate to the client's progress" [30, p. 13].

In this study we seek to answer the question whether Polish psychotherapists apply specific methods of work or use many therapeutic methods when working with a given category of patients distinguished according to the type of disorder. We also ask the question regarding which working methods are often combined in a sample of Polish psychotherapists and whether a combination of methods is done within one theoretical approach.

Method

The study was correlational. Measurement of variables was performed using a survey consisting of 30 questions. The scope of the questions concerned categories of patients (Appendix 1 informs about 14 categories identified in the survey), methods of psychotherapeutic work (Appendix 2 informs about 12 methods identified in the survey), the therapist's use of supervision, undertaken training, level of job satisfaction, socio-demographic data of the respondent and comments on the survey.

In order to reach Polish psychotherapists, a survey was sent mainly via the Internet to psychological, psychiatric and psychotherapeutic associations, psychotherapeutic centers, institutes/chairs/departments of clinical psychology, psychiatric hospitals and people declaring on the Internet that they conduct psychotherapy. We obtained 1,838 completed questionnaires. The results of this study were calculated using 1,643 questionnaires. The analysis did not include surveys with significant data gaps regarding calculated variables.

79.9% of the sample were women and 20.1% of the sample were men. The age of the subjects ranged from 26 to 93 years; mean = 40 years; dominant = 35 years.

Results

Methods of statistical analysis

The analysis proceeded in three stages using two methods of statistical analysis: exploratory factor analysis and correspondence analysis.

1) In the first step exploratory factor analysis was performed twice in order to reduce the number of:
– categories of patients;
– methods of psychotherapeutic work;

2) In the second stage each therapist was assigned (a) categories of patients, distinguished in the factor analysis, he/she works with and (b) methods of psychotherapeutic work, also highlighted in the factor analysis (in the first step), which he/she uses;
3) Correspondence analysis, which is the equivalent of factor analysis for qualitative variables, was conducted in the third stage. Here the task was to reduce the number of levels of each of the two studied qualitative variables to two dimensions [32].

Results of factor analysis

Factor analysis was conducted separately for data related to the categories of patients (diagnosis) and the methods of psychotherapeutic work.

Results concerning the categories of patients

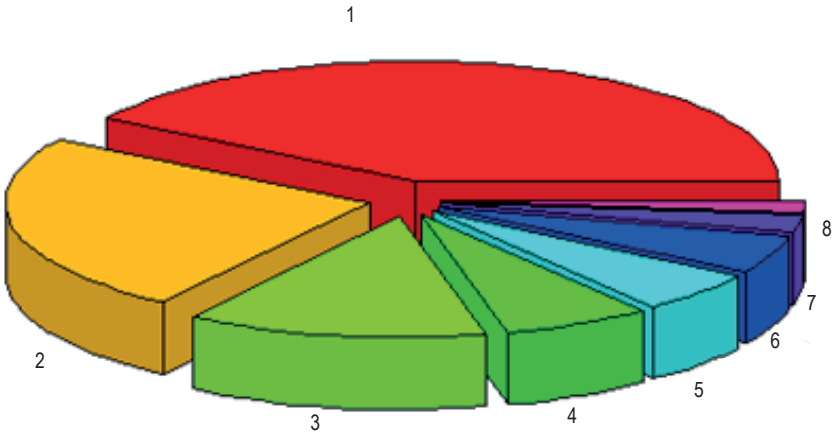
The application of factor analysis was justified by the results of two tests: K-M-O = 0.836 and Bartlett's test of sphericity = 8628.84; $p < 0.005$. The value of the K-M-O coefficient shows that the variables in the set are mutually correlated. A significant value of Bartlett's test of sphericity means that the factor analysis can identify at least one factor. It can therefore be concluded that the factor analysis is justified [33].

Out of 14 categories of patients, identified in the survey, with whom psychotherapists work in different configurations, the factor analysis showed 4 factors that explain 45% of the variability of results for the category of patients. The names of the following disorders were assigned to the factors:

1.1 disorders conventionally defined as a "neurotic and personality disorder" – these include neurotic disorders, affective disorders, personality disorders, eating disorders, psychosomatic and somatic illnesses;
1.2 psychotic disorders – schizophrenia, other psychotic disorders;
1.3 disorders conventionally defined as "organic disorders" – organic disorders and disabilities;
1.4 category of patients "in conflict with society" (perpetrators of violence, patients with addictions and with sexual disorders) [34] and victims of violence.

Each therapist was assigned categories of patients, singled out in the factor analysis, he/she works with. It turned out that in the sample of Polish therapists there are 8 combinations of joining 4 categories as selected by factor analysis; all of the possible combinations could be 15 ($2^4 – 1 = 15$). Figure 1 shows the percentage of the study group of therapists working with separate categories of patients.

In conclusion, factor analysis regarding 14 categories of patients in psychotherapy has led to the emergence of 4 factors and 8 combinations characterizing the categories of patients of Polish psychotherapists.



1) neurotic and personality disorders, "in conflict with society" and victims of violence – 41.2%
2) neurotic and personality disorders – 24.2%
3) neurotic and personality disorders, psychotic disorders, "in conflict with society" and victims of violence – 13.5%
4) neurotic and personality disorders, psychotic disorders – 6.7%
5) all – 5.5%
6) neurotic and personality disorders, "in conflict with society" and victims of violence, organic disorders – 5%
7) neurotic and personality disorders, organic disorders – 2.3%
8) neurotic and personality disorders, psychotic disorders, organic disorders – 1.7%

Figure 1. **Eight categories of disorders diagnosed in patients with whom Polish therapists work – combinations identified on the basis of the results of factor analysis**

Results concerning the methods of psychotherapeutic work

The application of factor analysis was justified by the results of two tests: K-M-O = 0.731 and Bartlett's test of sphericity = 3499.48; $p < 0.005$.

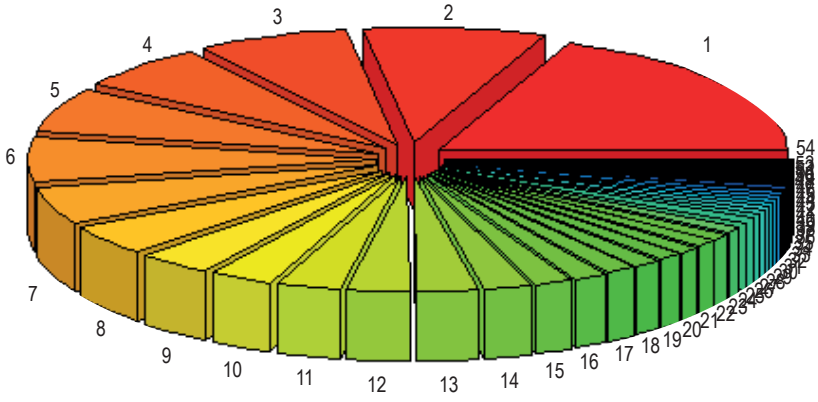
Out of 12 categories of methods identified in the survey, which are used by psychotherapists in different configurations, the factor analysis showed 5 factors that explained 36.18% of the variability of the results concerning methods of psychotherapeutic work.

In separate groups of psychotherapists a combination of the following psychotherapeutic methods was used:

2.1 humanistic method – includes Rogerian therapy, existential and Gestalt therapy as well as process-oriented therapy;
2.2 behavioral and cognitive therapy;
2.3 Ericksonian therapy and NLP;
2.4 psychodynamic and systemic therapy;

2.5 cognitive-behavioral therapy; this factor was saturated as strongly as the cognitive-behavioral method but negatively – with psychoanalysis, thus it was decided to consider psychoanalysis as a separate, sixth factor;
2.6 psychoanalysis.

Each therapist was assigned methods of psychotherapy, as identified in the factor analysis, which he/she uses. Figure 2 illustrates the percentage of Polish psychotherapists applying selected combinations of methods of psychotherapy. There are 54 out of 63 possible combinations ($2^6 - 1 = 63$). In Poland, combining methods of psychotherapy is substantial.



1) psychodynamic and systemic therapy– 18.9%
2) humanistic method, psychodynamic and systemic therapy, cognitive-behavioral therapy – 8.5%
3) psychoanalysis – 7.1%
4) humanistic method – 6.3%
5) psychodynamic and systemic therapy, cognitive-behavioral therapy – 6.2%
6) psychodynamic and systemic therapy, psychoanalysis – 6.2%
7) cognitive-behavioral therapy – 5.1%

Figure 2. **Combinations of methods of psychotherapeutic work – based on the results of factor analysis 54 categories were identified.**

The legend to Figure 2 presents the first 7 combinations. The other combinations (8–54; frequency less than 5%) are provided in the Appendix 3.

To sum up, we can conclude the factor analysis regarding 12 psychotherapeutic methods has led to the emergence of 6 factors and 54 combinations characterizing the working methods used by Polish therapists.

Results of correspondence analysis

In the previous subchapter (Results of factor analysis) we described how we assigned, as a result of factor analysis, the combinations of categories of patients and methods of therapeutic work to each psychotherapist. In other words, we assigned relevant values of the following variables to each of the psychotherapists: (1) categories of patients the therapist works with, and (2) psychotherapeutic methods he/she uses. These data were used in the third stage of the statistical analysis, i.e., in the correspondence analysis.

The correspondence analysis was firstly conducted to separately reduce each of the two variables: categories of patients and working methods to two dimensions. Secondly, it defined the relation between these two variables in terms of the distinguished dimensions. An interpretation of the results was done in the following way [32]: variables related to the categories of patients which had the highest weight in the first dimension were compared with variables regarding the working methods which also had the highest weight in the first dimension (Figure 3). Similarly this was done for variables selected in the second dimension (Figure 4). In order to obtain a comprehensive picture of the results, a graph in the form of a coordinate system shows a summary of the most important variables in both dimensions (Figure 5). In order to present the results, we used coordinates that the correspondence analysis gave for each variable in the dimension. This method allowed us to show that the working methods the therapists use and the categories of patients they work with are interrelated and arranged into classes.

According to Figure 3, the χ^2 value related to the correspondence analysis model was statistically significant. Both of the dimensions identified by the correspondence analysis explained 46.4% of the variability of the results. The first dimension (Figure 3) explained 26.2% of the variability of the results, and the other dimension (Figure 4) explained 20.2% of the variability. Both dimensions are thus almost the same, although the first dimension is stronger.

Correspondence analysis seeks to ensure that the dimensions are orthogonal and uncorrelated. In the analysis conducted here, however, the dimensions are correlated at a moderate level $r = 0.441$; $p < 0.005$.

It turned out that the same variables entered both dimensions with strong negative coordinates, as presented in Figures 3 and 4, which caused the correlation between the dimensions. These were the following categories of patients:

- neurotic and personality disorders, psychotic disorders, organic disorders: – 0.470 in the first dimension and – 1.016 in the second dimension;
- neurotic and personality disorders and organic disorders: – 2.404 in the first dimension and – 1.691 in the second dimension.

For the working methods:

- behavioral and cognitive therapy, Ericksonian therapy and NLP, and cognitive-behavioral therapy: – 8.413 in the first dimension and – 6.77 in the second dimension;

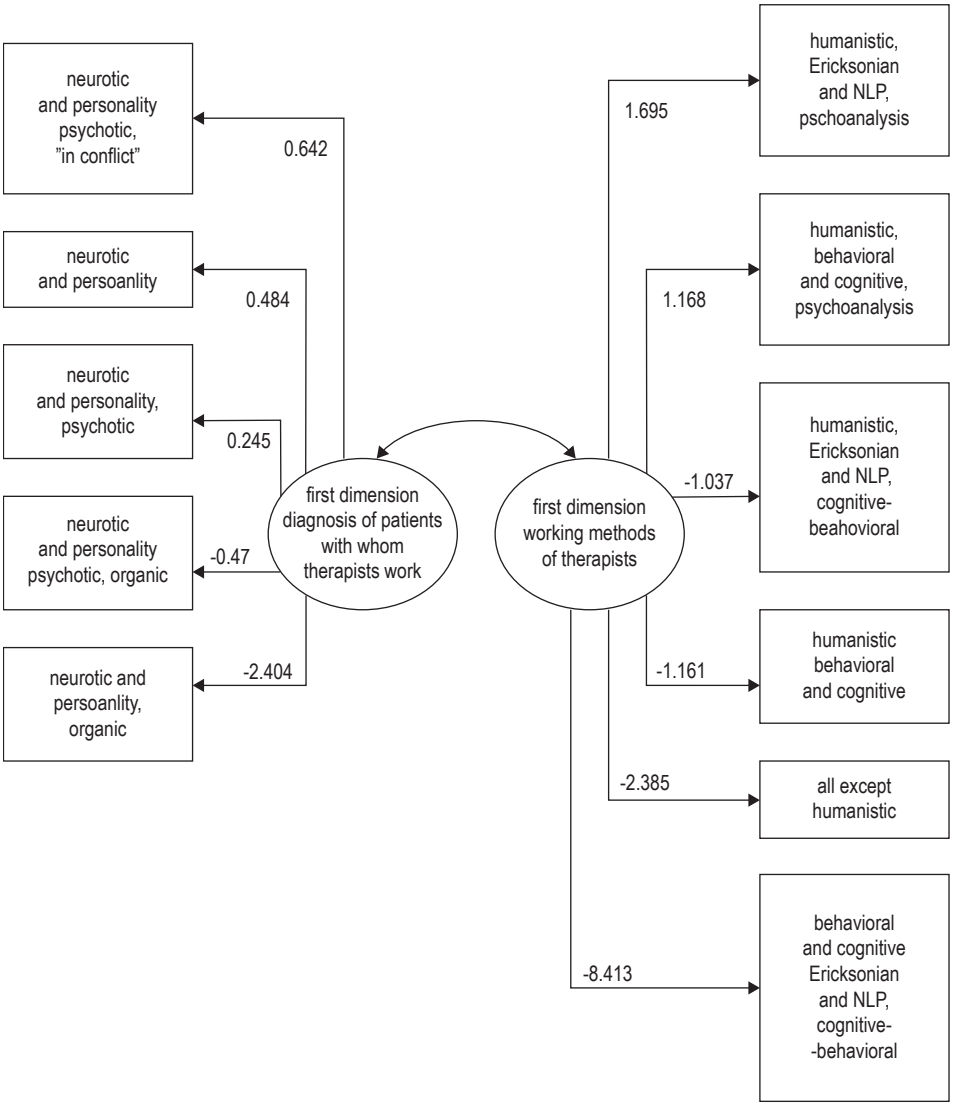


Figure 3. **Correspondence analysis – first dimension: $\chi^2 = 511.661$; $p < 0.005$; standard deviation SD = 0.030**

– all methods except for humanistic therapy: – 2.385 in the first dimension and – 1.945 in the second dimension.

These four groups of variables had the strongest coordinates in the entire set and were negatively related to both dimensions.

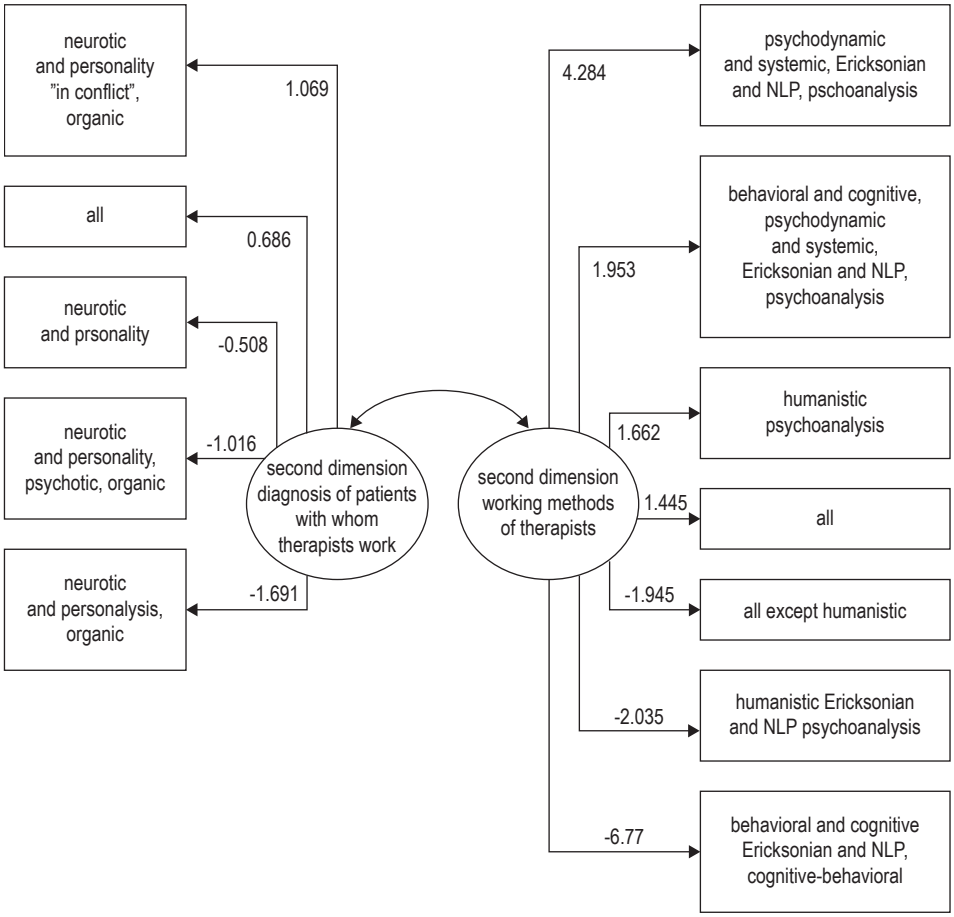


Figure 4. **Correspondence analysis – the second dimension $\chi^2 = 511.661$; $p < 0.005$; standard deviation SD = 0.030**

As it is shown in Figure 3, the group of variables positively associated with the first dimension describes therapists who in their work combine:

1) psychotherapy for patients with the following disorders:
– neurotic and personality disorders, psychotic disorders, patients who are "in conflict with society" and victims of violence (in Figure 3 the abbreviation "in conflict") (coordinate: 0.642);
– neurotic and personality disorders (coordinate: 0.484),
– neurotic and personality disorders, psychotic disorders (coordinate: 0.245);
2) implement combinations of psychotherapeutic methods:

– humanistic therapy, Ericksonian therapy and NLP, psychoanalysis (coordinates: 1.695);
– psychoanalysis, humanistic therapy, behavioral and cognitive therapy (coordinates: 1.168).

According to Figure 4, the second pair of dimensions applies to categories of therapists who combine work with all of the distinguished groups of patients (coordinate: 0.686), especially with patients with neurotic and personality disorders, organic disorders, patients "in conflict with society" and victims of violence (Figure 4 – the abbreviation "in conflict") (coordinate: 1.069).

The second dimension, regarding categories of patients with whom psychotherapists work, is positively associated with combining all methods of work (coordinate: 1.445), and especially psychoanalysis with the following therapies:

– psychodynamic and systemic therapy, Ericksonian therapy and NLP (coordinate: 4.284),
– psychodynamic and systemic therapy, Ericksonian therapy and NLP, behavioral and cognitive therapy (coordinate: 1,953),
– humanistic therapy (coordinate: 1.662).

The results presented in Figure 4 refer to therapists who are characterized by conducting psychotherapy among multiple categories of patients (including all) and by using in their psychotherapeutic work a large number of therapeutic approaches (including all of them) as well as psychoanalysis.

Recapitulation of the results

Putting the two dimensions together by using coordinates assigned to all of the most important variables in both dimensions allows to show the results in the coordinate system (see Figure 5). The following three classes of therapists in Poland emerged on the basis of the coordinate system:

1) The first class of therapists was distinguished on the basis of the detected negative relations between the variables as presented in Figures 3 and 4. This class of psychotherapists includes those who combine relatively many working methods. This class, in terms categories of patient with whom the therapists work, distinguishes conducting psychotherapy with patients with organic disorders and mental retardation. Patients with this disorder category stand out because they appear in all combinations of patients in class 1 and they do not appear in class 2.
   There were two variables in the first class:
   a) categories of patients with neurotic and personality disorders as well as organic disorders and mental retardation;
   b) all working methods, except those used in the humanistic approach, formed an important subclass named "subclass 1.1" (see Figure 5).

2) The second class of psychotherapists was created on the basis of positive relationships shown in Figure 3. It includes therapists who work with patients with organic disorders and mental retardation, and are principally engaged in psychotherapy with patients with neurotic and personality disorders, psychotic disorders, patients "in conflict with society", as well as victims of violence. Those psychotherapists combine a relatively small number of working methods, primarily psychoanalytic and humanistic method of therapy. In Figure 5 this class is in an oval and named "class 2". The described group of therapists belonging to class 2 is characterized as conducting psychotherapy only with certain categories of patients (these therapists do not work with patients with organic disorders and mental retardation) and in their work they combine a relatively small number of psychotherapeutic methods.
3) The third class of therapists was distinguished on the basis of positive relations presented in Figure 4. This class includes psychotherapists who combine many psychotherapeutic methods (even all of them); they work with a diverse group of patients, even with all identified categories of patients. In Figure 5 this class is in an oval and named "Class 3". An important subclass in it includes therapists working with all categories of patients and with all methods (see Figure 5 – subclass 3.1).

The recapitulation of the results of the analyses, whose aim was to determine which working methods are used when working with different types of patients and what the relations between these two groups of variables are, can be summarized in four statements:

1) We found that combining a large number of psychotherapeutic methods is associated with conducting psychotherapy with patients with different diagnoses. The more methods the therapist applied, the more diverse was the group of patients he/she worked with.
2) The results of this study revealed the existence of three classes of psychotherapists that are characterized by different combinations of methods of psychotherapy and categories of patients. The poorest in combining is class 2, which does not work with patients with organic disorders and does not use the cognitive-behavioral method (see Figure 5). In turn, class 1 of psychotherapists does not work with patients "in conflict with society" and with victims of violence. A feature of this class is that the therapists conduct psychotherapy with patients with organic disorders and rarely use humanistic therapies. This group of psychotherapists does not use the following therapies: Rogerian therapy, Gestalt therapy, process-oriented and existential therapy. The richest in combinations is class 3 of psychotherapists which combines and uses all of the methods of working with all categories of patients.
3) We also obtained results concerning the number of possible combinations of psychotherapeutic methods. For the six factors, identified as a result of factor analysis, the number of possible combinations without repetition was 63. Polish therapists used 54 combinations. This represents 85.7% of the possible

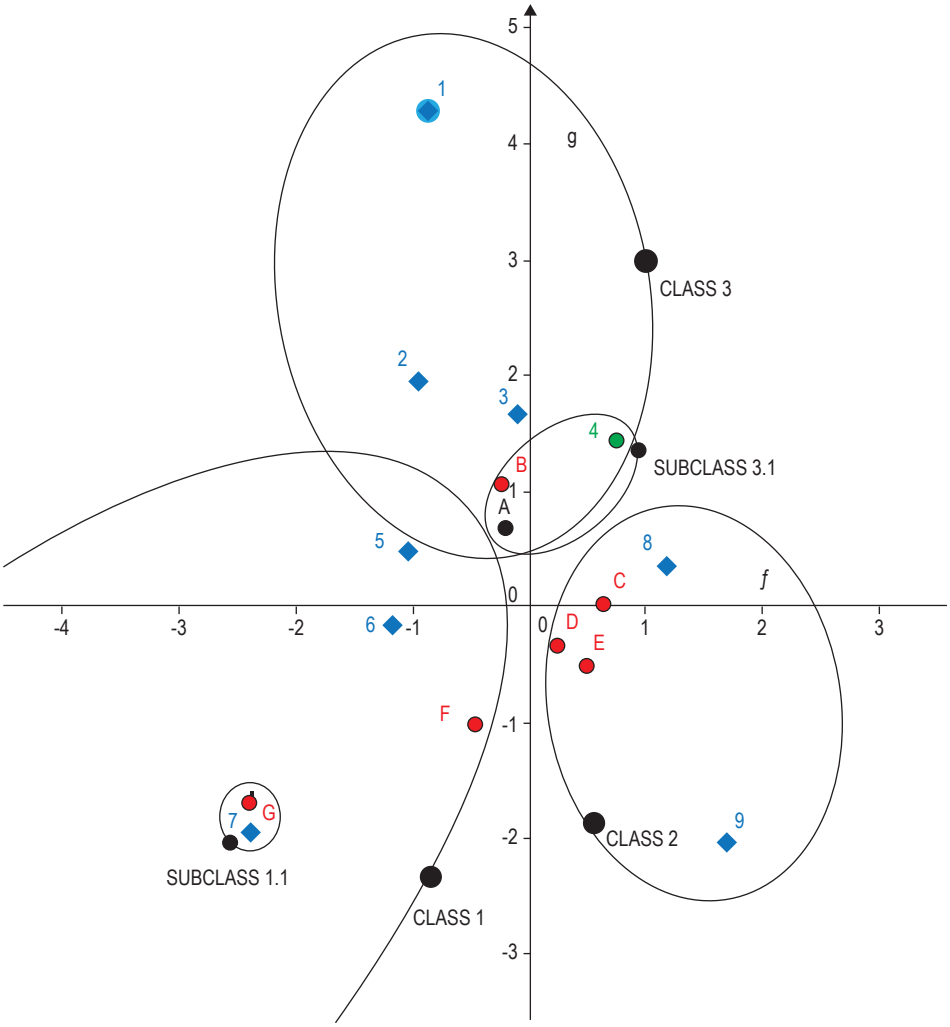


Figure 5. **Results of the correspondence analysis presented in the coordinate system**

Working methods – marked in Figure 5 numbers from 1 to 9	Categories of patients – marked in Figure 5 numbers from A to G
1) psychodynamic and systemic therapy, Ericksonian therapy and NLP, psychoanalysis 2) behavioral and cognitive therapy, psychodynamic and systemic therapy, Ericksonian therapy and NLP, psychoanalysis 3) humanistic therapy, psychoanalysis	A) ALL CATEGORIES B) neurotic and personality disorders, "in conflict", organic disorders C) neurotic and personality disorders, psychotic disorders, "in conflict" D) neurotic and personality disorders, psychotic disorders

4) ALL METHODS 5) humanistic therapy, Ericksonian therapy and NLP, cognitive-behavioral therapy 6) humanistic therapy, behavioral and cognitive therapy 7) all methods except from humanistic therapy 8) humanistic therapy, behavioral and cognitive therapy, psychoanalysis 9) humanistic therapy, Ericksonian therapy and NLP, psychoanalysis	E) neurotic and personality disorders F) neurotic and personality disorders, psychotic disorders, organic disorders G) neurotic and personality disorders, organic disorders

combinations. No similar phenomenon was observed for the combination of categories of patients. Only 8 combinations of categories of patients were demonstrated, which represent 53.3% of the possible combinations.

4) The results presented here indicate that only one, quite complex category of patients exists individually. Namely, therapists working with patients with disorders named "neurotic and personality" for short, thus patients with neurotic, affective, personality and eating disorders, as well as patients with psychosomatic and somatic illnesses, did not combine work with patients from other categories (other factors) but conduct psychotherapy only with this group. Almost a quarter of the therapists works exclusively with this group of patients. Neurotic patients represent, historically speaking, the primary group of clients using psychotherapy [35–39]. In the case of the other three categories of patients, identified as a result of factor analysis, the phenomenon did not occur. Namely, psychotherapists who conduct therapy with patients with psychotic disorders, organic disorders, patients "in conflict with society" and victims of violence are not limited to working with only one of the categories of patients.

Discussion

The results of this study correspond to changing trends described in the literature, which psychotherapy in Poland has been undergoing in recent years [40–43]. The growing development of different schools promoting eclectic and integrative approaches is reflected in the results of the research presented here which revealed that many therapists use a number of methods of work. In the United States, there is great diversity in the methods of psychotherapeutic work [44, 45]. American therapists often work with patients with mood disorders and anxiety disorders while very few of them work with people with personality disorders [9]. In Poland the situation is different, as a relatively large proportion of patients undergoing psychotherapy are people not only with neurotic disorders but also with personality disorders.

This situation has encouraged Polish psychotherapists to explore new ways of working and gaining knowledge for empirical verification of their effectiveness [46, 47]. The high tendency to combine multiple methods, which is particularly evident

in the group of psychotherapists working with all types of patients, is consistent with trends in other countries where the number of people working with eclectic methods and integrating methods from different schools of psychotherapy is on the rise [9, 26, 48–50].

The study provided an answer to the question regarding what categories of patients Polish psychotherapists work with and what methods they use. Future studies should focus on the question how the combination of working methods influences the effectiveness of psychotherapy among different categories of patients.

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Address: Agnieszka Szymańska
Institute of Psychology, Department of Psychotherapy
Cardinal Stefan Wyszyński University
01-938 Warszawa, Wóycickiego Street 1/3, building 14

Appendix 1. Categories of patients identified in the survey

5. Please tick in the appropriate column, with which patients you work and with which you do not work:

	I work	I do not work
1. Patients with neurotic disorders		
2. Patients with affective disorders		
3. Patients with personality disorders		
4. Patients – victims of violence		
5. Patients with eating disorders		
6. Patients with psychosomatic disorders		
7. Patients with schizophrenia		
8. Patients with somatic illnesses		
9. Patients with addictions		
10. Patients with sexual disorders		
11. Patients – perpetrators of violence		
12. Patients with psychotic disorders other than schizophrenia.		
13. Patients with organic disorders		
14. Patients with mental retardation		
15. Others (please specify what kind): 16.		
17.		
18.		

Appendix 2. Methods of psychotherapeutic work identified in the survey

12. What therapeutic methods do you CURRENTLY use at work? Please tick approach which you currently use (you can select more than one approach)

- ☐ Psychoanalitic
- ☐ Psychodynamic
- ☐ Behavioral
- ☐ Cognitive
- ☐ Cognitive – behavioral
- ☐ Existential
- ☐ Person-centered (Rogers)
- ☐ Gestalt
- ☐ Systemic
- ☐ Ericksonian

- ☐ Process-oriented therapy
- ☐ NLP or NLPt
- ☐ Difficult to say
- ☐ Others.....

Appendix 3. Combinations of psychotherapeutic working methods

A total of 54 categories were identified based on the results of factor analysis; categories 8–54 are presented below.

1) humanistic, psychodynamic and systemic – 4.4%
2) cognitive and behavioral, psychodynamic and systemic – 3.6%
3) humanistic, cognitive and behavioral, psychodynamic and systemic – 3%
4) humanistic, cognitive and behavioral, psychodynamic and systemic, cognitive-behavioral – 3%
5) humanistic, Ericksonian and NLP, psychodynamic and systemic, cognitive-behavioral – 3%
6) humanistic, cognitive-behavioral – 2.9%
7) Ericksonian and NLP, psychodynamic and systemic, cognitive-behavioral – 2.2%
8) humanistic, cognitive and behavioral, Ericksonian and NLP, psychodynamic and systemic – 1.8%
9) cognitive and behavioral, psychodynamic and systemic, cognitive-behavioral – 1.6%
10) humanistic, cognitive and behavioral, Ericksonian and NLP, psychodynamic and systemic, cognitive-behavioral – 1.5%
11) Ericksonian and NLP, psychodynamic and systemic – 1.3%
12) humanistic, Ericksonian and NLP, psychodynamic and systemic – 1.2%
13) humanistic, Ericksonian and NLP, cognitive-behavioral – 1.1%
14) humanistic, cognitive and behavioral, Ericksonian and NLP – 1%
15) psychodynamic and systemic, cognitive-behavioral, psychoanalysis – 1%
16) humanistic, cognitive and behavioral, cognitive-behavioral – 0.9%
17) humanistic, psychodynamic and systemic, cognitive-behavioral, psychoanalysis – 0.7%
18) cognitive and behavioral, Ericksonian and NLP, psychodynamic and systemic, cognitive-behavioral – 0.6%
19) cognitive and behavioral, psychodynamic and systemic, psychoanalysis – 0.6%
20) humanistic, cognitive and behavioral, psychodynamic and systemic, psychoanalysis – 0.5%
21) humanistic, cognitive and behavioral – 0.5%
22) humanistic, psychodynamic and systemic, psychoanalysis – 0.5%
23) humanistic, cognitive and behavioral, psychodynamic and systemic, psychoanalysis – 0.5%
24) cognitive and behavioral – 0.4%

25) cognitive and behavioral, Ericksonian and NLP, psychodynamic and systemic – 0.4%
26) humanistic, Ericksonian and NLP, psychodynamic and systemic, cognitive-behavioral, psychoanalysis – 0.4%
27) humanistic, Ericksonian and NLP – 0.3%
28) cognitive and behavioral, psychoanalysis – 0.3%
29) humanistic, cognitive and behavioral, Ericksonian and NLP, cognitive-behavioral – 0.3%
30) Ericksonian and NLP – 0.2%
31) humanistic, psychoanalysis – 0.2%
32) cognitive-behavioral, psychoanalysis – 0.2%
33) humanistic, cognitive and behavioral, psychoanalysis – 0.2%
34) humanistic, behavioral-cognitive, psychoanalysis – 0.2%
35) humanistic, Ericksonian and NLP, psychodynamic and systemic, psychoanalysis – 0.2%
36) cognitive and behavioral, Ericksonian and NLP, psychodynamic and systemic, psychoanalysis – 0.2%
37) cognitive and behavioral, psychodynamic and systemic, cognitive–behavioral, psychoanalysis – 0.2%
38) Ericksonian and NLP, psychodynamic and systemic, cognitive–behavioral, psychoanalytic – 0.2%
39) cognitive and behavioral, Ericksonian and NLP, psychodynamic and systemic, cognitive-behavioral, psychoanalysis – 0.2%
40) Ericksonian and NLP, cognitive-behavioral – 0.1%
41) all – 0.1%
42) cognitive and behavioral, Ericksonian and NLP – 0.1%
43) humanistic, Ericksonian and NLP, psychoanalysis – 0.1%
44) cognitive and behavioral, Ericksonian and NLP, cognitive-behavioral – 0.1%
45) Ericksonian and NLP, psychodynamic and systemic, psychoanalysis – 0.1%
46) Ericksonian and NLP, cognitive-behavioral, psychoanalysis – 0.1%
47) humanistic, cognitive and behavioral, Ericksonian and NLP, psychoanalysis – 0.1%