

Igor Okorn

FROM EXPECTATION TO EXPERTISE



Curriculum development in
psychotherapy training

OKORN
PSIHOANALIZA

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psychotherapy training**

IGOR OKORN

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CONTENTS

1. INTRODUCTION.....	9
1.1. Guiding Questions for Evidence-Based Curriculum Development	13
1.2. The Original Study: SFU Slovenia Cohort	16
1.3. Sample	16
1.3.1. Data collection	17
1.3.2. Questionnaire items	18
1.3.3. Data analysis	20
1.3.4. Quality and validity measures.....	21
1.3.5. Limitations and rationale for descriptive statistics	21
1.3.6. From study findings to curriculum recommendations	22
2. PSYCHOTHERAPY IN SLOVENIA.....	24
2.1. Historical Developments	24
2.1.1. The Phase of Missed Opportunities (1900-1960)	27
2.1.2. Development of the Psychoanalytical Education, Birth of Slovenian Psychotherapy (1960-1980).....	29
2.1.3. Development of Different Approaches of Slovenian Psychotherapy from 1980 Onward	31
2.1.4. Formation of Two Umbrella Organizations from 1995 Onward.....	32
2.1.5. Facultative Studies of Psychotherapy in Slovenia	35
2.1.6. Psychotherapy Studies Following Secondary School.....	36
2.1.7. Goals of University-Based Psychotherapy Programs in Slovenia.....	38
2.1.8. Slovenian Psychotherapy at the Turning Point.....	42
2.2. Recent developments.....	43
2.2.1. Strengthening the Profession of Psychotherapists: Legislative Efforts and Academic Development.....	43
2.2.1.1. The First Attempts at Legal Regulation (2006–2010)	43

2.2.1.2. The Establishment of Higher Education Programs in Psychotherapy	46
2.2.2. Current State of Psychotherapy Regulation.....	49
2.2.2.1. The Psychotherapy Act: The Road to Adoption.....	49
2.2.2.2. The Current Legal Basis for the Work of Psychotherapists.....	52
3. PSYCHOTHERAPY SCIENCE AND TRAINING	56
3.1. Academic Study of Psychotherapy	58
3.2. Therapists' Development	63
3.2.1. Early Debates on Therapist Competence and Maturity	64
3.2.2. Supervision, Personal Therapy, and Training Standards....	65
3.2.3. Institutionalization of Training Programs	67
3.2.4. Competence, Values, and the Profile of Master Therapists	68
3.2.5. Modern Models and Integrative Approaches.....	68
3.2.6. Conclusion	69
3.3. Contemporary Perspectives on Becoming a Psychotherapist.....	70
4. EVIDENCE-BASED CURRICULUM DEVELOPMENT.....	86
4.1. Foundational Principles of Psychotherapy Training.....	88
4.2. The Role of Accreditation and Regulation.....	93
4.3. The Didactic Framework: Anatomy of a Curriculum	99
4.4. The Crucible of Practice: Supervision and Clinical Experience.....	102
4.5. The Future-Proof Curriculum: Innovation and Integration.....	104
4.6. The Lifecycle of Curriculum Development: From Vision to Validation	106
4.7. Conclusion: A Holistic Perspective on Professional Preparation	107

5. STUDENT JOURNEYS AND PROFESSIONAL EVOLUTION.....	109
5.1. Initial Expectations and Representations.....	111
5.1.1. The Aspiring Healer: Early Motivations and Idealism	112
5.1.2. The Underdeveloped Professional Identity: Gaps in Awareness	116
5.1.2.1. Clinical Realities Often Overlooked.....	119
5.1.2.2. Limited Theoretical Grounding	120
5.1.2.3. Neglect of Systemic and Societal Dimensions	120
5.1.2.4. Ethical and Legal Responsibilities Underestimated.....	121
5.1.2.5. Students' Perceptions of the Ideal Psychotherapist.....	121
5.1.2.6. Toward a Mature Professional Identity	123
5.1.3. The Illusion of the 'Perfect' Therapist: Unrealistic Self-Expectations.....	124
5.2. The Process of Change and Development	128
5.2.1. The Arc of Transformation: From Idealism to Realism...	131
5.2.2. The Maturation of Empathy: From Sympathy to Clinical Attunement.....	136
5.2.3. Shifting Focus: From Self to Patient and System	138
5.2.4. The Development of Clinical Intuition through Deliberate Practice.....	144
5.2.5. Deepening Understanding: Clinical, Ethical, and Societal Dimensions	146
5.2.6. The Integration of Theory and Practice: Beyond Rote Learning	150
5.3. The Influence of Individual Differences on Developmental Trajectories.....	152
5.3.1. Personal Characteristics	154
5.3.1.1. Age.....	157
5.3.1.2. Education	161
5.3.1.3. Personal Therapy.....	167
5.3.1.4. Conclusion: A Developmentally Informed Approach.....	171
5.3.2. Non-Linear Growth and Disappointments.....	172
5.3.2.1. The Spectrum of Growth: From Transformation to Stagnation	179
5.3.2.2. The Importance of Self-Compassion in Navigating Non-Linearity.....	182

5.4. Curriculum Components Supporting Transformation.....	185
5.4.1. Supervised Clinical Practice	186
5.4.2. Personal therapy	189
5.4.3. Peer groups and group supervision	192
5.4.4. Reflective Practice and Self-Supervision.....	194
5.5. Implications for Curriculum Design	196
5.5.1. Developmental Stages in Training	201
5.5.2. Balancing Personal and Professional Growth.....	204
5.5.3. Managing Expectations and Idealization	208
5.5.4. Integrating Theory and Practice.....	209
5.5.5. Ethical and Professional Socialization.....	212
5.5.6. Flexibility and Personalization	214
6. CONCLUSION.....	217
7. REFERENCES.....	224
8. APPENDICES	245
8.1. Appendix A: Questionnaires.....	245
8.2. Appendix B: Example Student Quotes.....	248

Here, let us pause for a moment to assure the analyst that he has our sincere sympathy in the very exacting requirements of his practice. It almost looks as if analysis were the third of those 'impossible' professions in which one can be sure only of unsatisfying results. The other two, as has long been agreed, are the raising of children and the government of nations.

- Freud, Analysis Terminable Interminable, 1937

1. INTRODUCTION

Psychotherapy, in one form or another, has existed throughout human history. Breuer's "talking cure" with Bertha Pappenheim—known under the pseudonym Anna O. (Freud & Breuer, 1895)—merely confirmed this long-standing tradition. Freud's first attempt to scientifically explore psychotherapy and the mental functioning of the human psyche was through his seminal work *The Interpretation of Dreams* (Freud, 1900). At the time, few copies were sold, and the book was largely dismissed by both the medical community and the general public. Nevertheless, Freud remained committed to his discoveries, continuing his work through Wednesday evening meetings with colleagues (Makari, 2008), and later, through lectures at the University of Vienna between 1915–1916 and 1916–1917 (Freud, 1930), where he introduced psychoanalytic ideas to a wider audience.

In his work *The Question of Lay Analysis*, Freud (1926) provides one of his most accessible explanations of analytic theory and practice, using everyday language to clarify complex concepts. He uses the term "layman" to refer to individuals who are not medical doctors, and he poses the central question: "Should non-doctors be allowed to practice analysis?" (p. 183). According to Freud, anyone who has undergone their own analysis, understands the psychology of the unconscious, is well-versed in the scientific study of sexuality, and is trained in psychoanalytic techniques—such as interpretation, working through repressed material, and managing transference—is no longer a layperson in psychoanalysis.

Freud (1926) emphasized that the ideal education for a

psychoanalyst should differ significantly from medical training. He proposed that future curricula should include a wide range of humanistic disciplines, such as psychology, anatomy, sociology, biology, and developmental and cultural history. He argued that psychoanalysis should not be treated as a mere branch of medicine.

In an earlier work, Freud (1910) outlined three directions from which he believed the development of psychotherapy would gain strength: (1) internal progress within the field, (2) increased professional authority, and (3) the overall impact of psychotherapeutic work. However, he also warned that society would be slow to acknowledge and legitimize psychoanalysis: “Because we destroy illusions, we are accused of endangering ideals” (Freud, 1910, p. 147)—a sentiment that remains relevant today.

Many definitions of psychotherapy exist. Freud (1910, 1926, 1930, 1937) discussed what psychoanalysis entails and who may be considered a qualified practitioner. Contemporary definitions of psychotherapy, counseling, and the role of psychotherapists can be found in works by Mozdierz and Peluso (2009), Boylan and Scott (2009), Abrams and Patchan (2003), and Morgan (2009).

One widely accepted description defines psychotherapy as a treatment involving a structured relationship between a therapist and a client who presents with a psychological disorder, problem, or concern. This relationship is guided by theoretical principles and applied through specific techniques. The aim is to address the client’s issues in a manner tailored to their unique needs (Gelo, 2011).

In modern practice, psychotherapy remains largely clinical. Only after completing rigorous study and undergoing both personal and professional development can individuals begin working with clients. Even then,

additional requirements must be met to become legally recognized and professionally competent psychotherapists. One of the most essential steps is completing a formal, accredited psychotherapy training program. The legal framework surrounding psychotherapy, the availability of public institutions offering psychotherapy, and the role of private practice all significantly influence the work of psychotherapists.

The decision to pursue a career in psychotherapy is a major personal and professional choice. Students entering psychotherapy training do so for a variety of reasons, shaped by personal experiences, expectations, and perceptions of the profession. These expectations are influenced by their life histories, interpersonal relationships, and prior exploration of psychological work. Furthermore, these personal constructs must be understood within the wider socio-cultural context in which psychotherapy takes place.

Students' expectations and representations of psychotherapy—and their beliefs about the potential for change—are highly relevant to the profession. The development of professional identity is influenced by changes in these constructs throughout training, which typically includes personal therapy, theoretical education, and supervised clinical practice. Upon entering training, students bring with them various assumptions, including:

- What psychotherapy entails and what the profession involves
- What it means to be a professional psychotherapist
- What knowledge, skills, and personal qualities are required
- How their professional and personal lives may change

Two psychological constructs are central to this process: expectations and representations.

Expectations are cognitive beliefs about future events or outcomes, especially under uncertain conditions. They can be realistic or unrealistic, and mismatches between expectations and reality often result in emotional reactions such as disappointment or surprise. According to the *Longman Dictionary of Contemporary English* (2005), expectations refer to what one thinks or hopes will happen and often include beliefs about how situations should unfold or how individuals should behave.

In the context of psychotherapy, expectations may be either conscious or unconscious. They encompass beliefs about what psychotherapy entails and what it means to be a psychotherapist. Importantly, these beliefs may or may not reflect the actual nature of the profession.

Representations are mental images or conceptual models that substitute for direct experience or reality. The *Longman Dictionary* (2005) defines representations as symbolic descriptions, mental images, or expressions that stand in for actual entities or processes. In psychotherapy, representations refer to the internalized images or conceptual understandings individuals have of the profession or therapeutic practice. Although not necessarily accurate, these representations are often perceived as realistic depictions of what the profession entails.

Students entering the field of psychotherapy carry with them a range of complex expectations, perceptions, and preconceptions about both the profession and their future roles. These mental models shape how they initially understand psychotherapy, influence their motivation and learning strategies, and contribute to their identity formation

as future psychotherapists. It is crucial to examine and address these constructs during professional training, as they significantly affect an individual's adaptation to the field and their effectiveness as practitioners.

Understanding the evolution of students' expectations and representations throughout their training is a critical factor in ensuring the quality of psychotherapy education. By tracing how initial conceptions of psychotherapy are confronted, transformed, and ultimately integrated during the formative years of training, valuable insights can be gained into the developmental processes that shape professional identity. Accordingly, this book is guided by a central question: *How can a comprehensive understanding of the ways in which psychotherapy students' expectations and perceptions change over time inform and enhance curriculum design?*

Addressing this question bridges empirical research and pedagogical practice, providing a developmentally attuned framework that strengthens training programs, supports student development, and ultimately advances the field of psychotherapy

1.1. Guiding Questions for Evidence-Based Curriculum Development

The journey into the psychotherapeutic profession is marked not only by the acquisition of knowledge and skills but also by the gradual transformation of one's understanding of the field. Aspiring psychotherapists begin their studies with a set of expectations and mental representations—that is, beliefs and mental images about what psychotherapy involves and what it means to be a professional in the field. These initial conceptions, shaped by personal experience, cultural context, and educational background, influence

how students approach their training and engage with the learning process.

Recognizing the importance of these evolving perspectives, this book explores the dynamic interplay between students' expectations, representations, and their educational experiences. By examining how these beliefs and mental models develop throughout the training process, educators and curriculum designers can more effectively support students' professional growth and foster the formation of a robust professional identity.

A central inquiry drives this book: *How can a deep understanding of psychotherapy students' evolving expectations and representations inform and improve the curriculum design?* While grounded in an empirical study of Slovenian psychotherapy students, the insights gained from this research offer a framework applicable to the broader field of psychotherapy education.

To investigate the critical role of the learner's perspective in curriculum design, this monograph addresses the following guiding questions:

1. Understanding the Learner's Entry Point

- What foundational expectations and representations do aspiring psychotherapists bring to their training programs? How do these initial perspectives shape their learning readiness and engagement with the curriculum?
- What typical "novice" representations and expectations are observed in students at the outset of psychotherapy training? Identifying these initial viewpoints is essential for tailoring introductory curriculum components.

2. Tracking Developmental Learning

- How do students' expectations and representations of psychotherapy and the psychotherapeutic profession evolve and transform throughout an academic program? Understanding this developmental trajectory is crucial for designing curricula that foster professional growth.
- What mechanisms drive changes in students' expectations and representations throughout training? Identifying these influences can inform pedagogical decisions.

3. Identifying Influential Factors on Development

- How do individual characteristics—such as age, prior education, gender, personal therapeutic experience, and clinical work experience—correlate with or influence students' initial expectations and representations, as well as their subsequent changes during training? Recognizing these variables allows for the development of more inclusive and responsive curricula.
- What personal and professional characteristics do students develop over the course of training, and how does the curriculum contribute to—or hinder—this development?

These guiding questions frame the empirical findings presented in this book and demonstrate how systematically investigating students' developmental trajectories provides invaluable evidence for creating targeted, effective, and transformative psychotherapy education curricula. The following chapters explore the specific study conducted at Sigmund Freud University (SFU) Slovenia, offering concrete answers to these questions and forming the basis for curriculum development recommendations.

1.2. The Original Study: SFU Slovenia Cohort

This book draws on a doctoral study that investigated how students' expectations and representations of the psychotherapeutic profession developed during their training at Sigmund Freud University (SFU) Slovenia. The research employed a mixed-methods design: qualitative data were collected through open-ended questionnaires and then subjected to Mayring's content analysis; afterward, a descriptive quantitative analysis was applied to summarize trends across cohorts. A cross-sectional rather than longitudinal approach was chosen because the study sought to compare multiple cohorts at a single point in their training, and the available cohort sizes were small.

1.3. Sample

Students from all five active cohorts at SFU Slovenia were invited. Cohort codes reflect the semester of enrollment: B1 (1st semester of the Bachelor program; students who began in 2010), B3 (3rd semester; generation 2009), B5 (5th semester; generation 2008), M1 (1st semester of the Master program; generation 2007) and M3 (3rd Master-semester; the first generation starting in 2006). The total population included 149 students; 102 valid questionnaires were returned (68.5% response rate), producing a naturalistic sample that represented more than half of each cohort. Table 1 summarizes the number of students and completed questionnaires per cohort. Because some groups were small (e.g., only 10 students in M1), the quantitative analysis was restricted to descriptive statistics.

Table 1. Original Study Sample

Cohort	Total Students	Valid Questionnaires	Response Rate
B1 (2010)	45	38	84.4%
B3 (2009)	42	21	50.0%
B5 (2008)	19	13	68.4%
M1 (2007)	13	10	76.9%
M3 (2006)	30	20	66.7%
Total	149	102	68.5%

1.3.1. Data collection

A self-designed questionnaire was used instead of interviews, ensuring that every student received identical questions. After pilot testing the time required to complete it, questionnaires distributed at the beginning of lectures and completed anonymously in class; approximately 45 minutes were allocated for responses. The researcher administered the survey personally to ensure that all cohorts received identical instructions.

Data collection followed a four-step structure:

1. Design and finalization of the questionnaire: Questions were drafted after discussion groups with students and by adapting elements of the SFU Vienna (Fiegl) and Orlinsky (DPCCQ) instruments. The final survey focused on: (a) representations of the psychotherapeutic profession; (b) expectations regarding the profession; (c) personal and professional characteristics considered important for a psychotherapist; (d) perceived changes in these representations and expectations during the course of study; and (e) demographic information.
2. Administration: Each authorized questionnaire was printed on SFU–Slovenia letterhead and distributed

to students in cohorts B1 through M3. Students completed them during a lecture period.

3. Collection: Completed questionnaires were gathered, sorted by cohort, and archived. The author noted that administering the questionnaire at the end of the day reduced motivation, so subsequent administrations were conducted at the beginning of lectures to improve response rates.
4. Transcription: All handwritten responses were transcribed verbatim into Microsoft Word and then coded in Excel for analysis.

1.3.2. Questionnaire items

The open-ended questions were tailored for each cohort. The core questions (used in all cohorts) asked about students' representations of psychotherapy, desired qualities of a psychotherapist, personal characteristics and their development, expectations of the profession, and the perceived purpose of psychotherapy. For cohorts beyond the first semester, additional questions explored how these representations and expectations had changed since the beginning of the program, and for master's students, their perceived readiness for practice and anticipated time to qualification. The full wording of the questions is provided below:

B1 (first-semester Bachelor):

1. *What kind of representations do you have about the profession of "psychotherapist"?*
2. *Which characteristics, in your opinion, should a psychotherapist have?*
3. *To which of those characteristics do you give the highest and the lowest value?*

4. *How do you estimate your own personal characteristics that you think are important for the profession of psychotherapist, and how could you develop them?*
5. *What are your expectations of the profession?*
6. *According to your answers, what do you think is the purpose of psychotherapy?*

B3 and B5 (third- and fifth-semester Bachelor):

1. *What kind of representations do you have today about the profession “psychotherapist”?*
2. *Compared with the beginning of your studies, were there any changes in these representations and how did they change?*
3. Questions 3–7. Same questions 3–6 as above.
4. *If you compare your first expectations with your current expectations, were there any changes and what are they?*
5. *According to your answers, what do you think is the intention of psychotherapy?*

M1 and M3 (Master’s semesters 1 and 3):

1. 1–8. The same as for B3/B5.
2. 9. *In what time do you think you will finish your studies and obtain the psychotherapist certificate?*
3. 10. *Do you feel you are well prepared for the profession of psychotherapist?*
4. 11. *Do you have any doubts or hesitations about your future profession, and if so, what are they?*

All questionnaires also contained a demographic section. For B1–B5, it inquired about sex, age, basic profession/education, personal therapeutic experience (as a client), and source of motivation; for M1–M3, it also asked about chosen modality and hours of supervised personal therapeutic practice.

1.3.3. Data analysis

Qualitative analysis was conducted using Mayring's content analysis. After transcribing the responses, the researcher and three student assistants read through the texts and engaged in an inductive phase of category development. Categories were initially formed by summarizing similar statements; after analyzing 10–50% of the data, the category system was revised and refined (a formative reliability check). When all data had been coded, a summative reliability check was conducted. The researcher re-coded all responses after a three-month interval to assess intra-coder stability, and an independent “third person” coded approximately half of the data. Concordance between these codes was reported as satisfactory.

To clarify how different constructions were distinguished, the analysis employed operational definitions. A representation was defined as the student's mental image or idea about the profession, an “image or idea that substitutes reality”. An expectation was defined as a belief or anticipation about what would likely happen when practicing psychotherapy. The final coding scheme contained five main thematic categories: Clinical work and practice, Theoretical knowledge, Personal characteristics and life experience, Combination of categories, and Social context of the profession. Each category was linked to exemplar quotes.

Once qualitative categories were established, responses were transformed into numerical codes and compiled in Excel. Descriptive statistics (frequencies and percentages) were then calculated to explore how often each category appeared within and across cohorts. More complex inferential statistics were not applied because the study's primary aim

was exploratory, and the cohort sizes ($n = 10\text{--}38$) were too small to support robust statistical testing.

1.3.4. Quality and validity measures

In addition to the described inductive/deductive checks, several strategies were employed to enhance trustworthiness:

- Triangulation and peer review: Three student transcribers assisted with data preparation. They were asked to note observations and interesting themes and later reviewed the emergent categories. Their feedback was used to refine category definitions.
- Iterative coding: Multiple coding loops were performed, and then all responses were coded after a three-month interval to check for consistency; no significant differences were found.
- External audit: An independent expert (“third person”) coded approximately half of the questionnaires; their coding largely matched the initial coding, providing an external reliability check.
- Documentation: Detailed documentation of the research process (notes, Excel tables, and Word files) was maintained, along with ongoing discussions with the supervisor.

1.3.5. Limitations and rationale for descriptive statistics

While the high response rate supports the representativeness of the sample, the absolute numbers of participants per cohort were small (e.g., 10 students in M1, 13 students in B5). This limited the statistical power of any inferential tests and was one reason the analysis remained descriptive. The

study was also cross-sectional: each cohort was surveyed at a single point in time, which means that changes in expectations and representations were inferred by comparing cohorts at different stages rather than by following individual students longitudinally. Finally, although open-ended questionnaires allowed all students to respond within the same time frame, they did not provide the depth of information that interviews could have offered. These limitations should be considered when interpreting the results and translating them into curriculum recommendations.

1.3.6. From study findings to curriculum recommendations

The mixed-methods research reported in the study was intentionally descriptive and cross-sectional. It surveyed five cohorts of students at different stages of the SFU Slovenia program to document their representations, expectations, and self-assessed characteristics at those points in time. Because cohort sizes were small and the aim was exploratory, the quantitative analysis was confined to descriptive statistics. The study did not investigate the processes or mechanisms underlying changes in professional identity, nor did it adopt a single overarching theory of development; instead, it documented how cohorts differed at a single point in time.

The curriculum recommendations later in this book should therefore be understood as deductions made by the author after the fact. They represent an effort to connect the descriptive findings of the doctoral study with existing scholarship on therapist development and curriculum design, drawing on theories of professional identity formation and adult learning. The original research was not

designed to inform curriculum design directly; rather, this book extends and enhances the PhD work by synthesizing its outcomes with relevant literature to offer evidence-informed suggestions for curricular improvement.

2. PSYCHOTHERAPY IN SLOVENIA

2.1. Historical Developments

The historical trajectory of psychotherapy in Slovenia can be delineated through a series of distinct developmental phases. Pritz (2002) and Možina (2008) identify several key stages that collectively constitute the evolution of the discipline within the national context. These phases illustrate the progression from early conceptualizations and initial practices to the establishment of systematic education, professional organizations, legal regulation, academic integration, and eventual incorporation into the public health framework.

This phased perspective provides a transparent and structured understanding of the complex historical development of Slovenian psychotherapy, acknowledging that these periods often overlap and evolve simultaneously.

The Phase of Conception and Precursors (19th Century and Earlier): In this initial phase, psychotherapy was primarily conceptualized as a form of spiritual and philosophical exploration, referred to by various terms. During the 19th century, particular attention was given to the effects of hypnosis and its application in treating mental disorders. However, systematic development did not occur until the late 19th century with the pioneering work of Sigmund Freud (1856–1939), the founder of psychoanalysis.

The Phase of Missed Opportunities (1900–1960): This period reflects the development of psychoanalysis as

an organized social movement, which Slovenia—unlike Austria—missed for over six decades. During this time, Freud established psychoanalysis, which is still often mistakenly equated with psychotherapy by laypersons. His success in promoting psychoanalysis stemmed not only from its therapeutic application but also from his role as a prolific and influential writer—earning the prestigious Goethe Prize—and as a cultural figure. Freud's work extended beyond the pathological to include philosophical and self-exploratory dimensions. He also established a model of integrated professional development, including systematic education, regular professional meetings, and a broad publishing platform, effectively positioning psychotherapy as an autonomous social movement (Lunaček, 1994).

The Phase of Psychoanalytic Education and the Birth of Slovenian Psychotherapy (1960–1980): The inception of systematic psychotherapy education in Slovenia marked the beginning of the field's formative years. Rooted in the neo-analytical approach of Schultz-Hencke, this phase began with the contributions of Leopold Bergant and represents the foundational period of psychotherapy education in Slovenia (Možina, 2010).

The Phase of Dissemination Through Publications (Mid-1970s Onward): In this stage, psychotherapy gained visibility and legitimacy through the publication of articles, books, and academic contributions, which introduced its principles and practices to a broader professional and public audience.

The Phase of Diversification of Psychotherapeutic Approaches (From the 1980s): During this period, multiple psychotherapeutic approaches emerged, each

developing its own educational programs. This phase, often referred to as the “adolescence” of Slovenian psychotherapy, is characterized by increasing professionalization and methodological differentiation across different schools of thought

The Formation of Umbrella Organizations (Starting in 1998): This phase signifies the transition into early professional adulthood. In 1998, the **Slovenian Umbrella Association for Psychotherapy** was established, bringing together various psychotherapeutic approaches and advocating for psychotherapy as an autonomous profession. The same year saw the formation of the **Association of Psychotherapists of Slovenia** as part of the Slovenian Medical Association’s psychotherapeutic section. These organizations played a central role in unifying standards, education, and advocacy efforts.

The Phase of Legal Regulation of the Profession: The legal structuring of the psychotherapy profession was initiated with the development of the **Psychotherapy Act**, designed to regulate educational accreditation, licensing (via a professional registry), and ethical oversight. In 2006, a working group under the Ministry of Health began drafting this legislation (Možina, 2010). The Act represents a crucial step toward formal recognition and standardization of the profession.

The Phase of Academic Integration of Psychotherapy: This phase involves the incorporation of psychotherapy training within university-level institutions and the development of academic programs. One of the most important challenges in this stage is the coordination between universities and external associations or institutes to ensure that students receive adequate supervised clinical

experience and personal therapeutic engagement (Možina, 2010).

The Phase of Integration into the Public Health System: Despite these developments, psychotherapy in Slovenia has yet to be fully integrated into the national healthcare system. At present, therapeutic services within the public sector are primarily provided by clinical psychologists and psychiatrists, regardless of whether they have received formal psychotherapy training (Možina, 2010). Full integration remains a future goal, contingent on the enactment and implementation of the Psychotherapy Act.

The outlined phases offer a structured overview of the historical development of psychotherapy in Slovenia. Although presented sequentially, these phases often overlap and evolve in parallel. The transition into a mature, fully integrated professional field—particularly within the healthcare system—will likely depend on the formal adoption of the **Psychotherapy Act**. Its implementation promises to establish higher standards, greater accessibility, and more comprehensive integration of psychotherapy as a recognized and regulated profession in Slovenia.

2.1.1. The Phase of Missed Opportunities (1900-1960)

Despite its geographical proximity to Vienna, Slovenia missed the initial evolutionary phase in the development of psychotherapy, which was closely tied to the emergence of psychoanalysis in the late 19th and early 20th centuries, as pioneered by Freud (Možina, 2010). During the interwar period, psychoanalysis significantly influenced a group of left-leaning students from Ljubljana. However, after 1935, the Soviet regime adopted a hostile stance toward

psychoanalysis and sought to suppress all related activities through threats and other repressive measures (Možina, 2010). Ideological prejudices were a primary reason why psychotherapy in Slovenia could not establish itself more effectively or independently during this time.

This restrictive climate intensified after 1945, when private practice and independent professional initiatives were completely prohibited.

In the 1950s and 1960s, conditions for the development of psychotherapy gradually improved, particularly within the context of psychiatric services. Three significant developments characterized psychiatry in Slovenia during the 1950s: the establishment of new psychiatric hospitals, an increase in the number of medical doctors, and the introduction of more effective medical treatments. These changes led to improvements in mental health care, including reduced hospitalization times and the development of psychiatric services outside institutional settings (Možina, 2010).

Throughout Yugoslavia, new mental health clinics were established as part of outpatient medical services. In these settings, professional collaboration between psychiatrists and psychologists gradually became a daily necessity. Initially, psychologists primarily focused on the development of psychological diagnostics; however, they also began to participate in therapeutic work. As a result, both psychologists and psychiatrists increasingly recognized the need for further education and training. Although opportunities for postgraduate education in Slovenia improved during this period, systematic psychotherapy training was still only available abroad.

2.1.2. Development of the Psychoanalytical Education, Birth of Slovenian Psychotherapy (1960-1980)

The beginnings of psychotherapy as an organized professional movement in Slovenia date back to the late 1960s. In 1962–1963, Slovenia came into contact with the principles of therapeutic communities and Foulkes' group-analytic movement in London (Možina, 2010). The year 1968 marked a turning point in the evolution of psychotherapy in Slovenia and is considered the birth of Slovenian psychotherapy. This milestone is associated with Leopold Bregant, who played a role in Slovenia comparable to that of Freud in Austria. Bregant was not only the principal proponent of psychoanalytic thought but also an accomplished organizer. These qualities enabled him to consistently promote his ideas through both education and publishing (Bregant, 1986).

Bregant and Kobal formed an educational team that included established psychoanalysts from Zagreb, and occasionally from Belgrade. A one-year psychotherapy course—comprising theoretical instruction, personal experience, and supervised clinical practice—soon became an integral part of the specialization programs for clinical psychologists and psychiatrists (Bregant, 1986).

During the 1970s, Kobal, as director of the Psychiatric Hospital in Ljubljana, significantly contributed to the development of institutional structures that supported psychotherapeutic practice. Leveraging his political influence and organizational skills, he helped establish several specialized centers and departments, including:

- the **Centre for Mental Health**, with units for crisis intervention, adolescent psychiatry, and forensic and social psychiatry,

- a **psychotherapy department** at the Psychiatric Hospital,
- the **Centre for Alcoholism Treatment**, and
- a **department of child and adolescent psychiatry** at the Pediatric Clinic.

At the same time, Bregant became the central figure in comprehensive psychotherapeutic education in Slovenia. This in-depth and long-term training incorporated theoretical learning, personal therapy, and supervised clinical work. Bregant also referred his students to psychoanalysts in Zagreb for training analysis. By the 1970s, Ljubljana, alongside Zagreb and Belgrade, had become one of the three leading centers for psychotherapy education in Yugoslavia. In 1973, the first meeting of Yugoslav psychotherapy educators was held. Within this broader Yugoslav network, Slovenian educators were considered a progressive force advocating for sub specialization in psychotherapy (Možina, 2010).

In the 1980s, a group of Lacanian-oriented scholars played a significant role in promoting psychoanalytic concepts by translating key texts and publishing original theoretical works. The leading figure of this group was Slavoj Žižek, now the most widely translated Slovenian author. Žižek combined psychoanalytic theory with philosophy, ideological critique, and art theory. This group established the **Society for Theoretical Psychoanalysis**, which went on to publish translations and interpretations of Freud's and Lacan's works in the journal *Problemi (Problems)* and the book series *Analecta*.

In addition to the **Psychotherapeutic Section of the Slovenian Medical Association** and the **Section for Clinical Psychology and Psychotherapy of the Slovenian**

Psychological Association, which played a dominant role in shaping the early history of Slovenian psychotherapy during the 1970s, another important development occurred within the psychological association: the creation of the **Section for Group Dynamics and Personal Growth**. This section was instrumental in introducing new psychotherapeutic modalities to Slovenia.

From 1980 to 1992, the Section for Group Dynamics and Personal Growth organized an annual three- to four-day summer school for psychologists, social workers, and other professionals from across Yugoslavia who were working in, or interested in, psychotherapy. These summer schools provided an important platform for exposure to contemporary psychotherapeutic methods beyond psychoanalysis. Many of the approaches introduced during these events would later become affiliated with the **Slovenian Umbrella Association for Psychotherapy**.

2.1.3. Development of Different Approaches of Slovenian Psychotherapy from 1980 Onward

Besides psychoanalytic therapies, Slovenia became open to a variety of new psychotherapeutic methods and approaches from the 1970s, and especially from the early 1980s. These included behavioral and cognitive-behavioral therapy, autogenic training, dynamic psychiatry, hypnotherapy, short-term dynamic psychotherapy, psychodrama, couples therapy, group analysis, developmental analytic psychotherapy, psychoanalysis and psychoanalytic psychotherapy, gestalt therapy, bioenergetics and neo-Reichian techniques, transactional analysis, integrative gestalt therapy, reality therapy, systemic family therapy, logotherapy, empirical

gestalt family therapy, psychodynamic therapy, integrative psychotherapy, relational family and marriage therapy, transpersonal psychotherapy, Hellinger's family constellations, Jungian (psycho)analysis, eye movement desensitization and reprocessing (EMDR), neuro-linguistic psychotherapy, existential psychotherapy, psychosynthesis, Imago therapy, and others (Možina, 2010).

The disintegration of Yugoslavia and the Balkan wars initially suppressed the development of new psychotherapeutic approaches, mainly because Slovenia, even after the 10-day war, was perceived as a dangerous area by many foreign teachers and experts. The breakup of Yugoslavia also fragmented some educational groups composed of members from the former Yugoslav republics. However, Slovenia's independence brought new developmental opportunities for psychotherapy.

In Europe, and also in Slovenia, significant differences existed in 1998 among psychotherapeutic approaches regarding the level of scientific research, effectiveness, and educational standards. The journey from the enthusiastic beginnings of individual pioneers to organized groups of professional psychotherapists, supervisors, and teachers of specific psychotherapeutic approaches was a long one. These groups have since firmly established themselves within the social system through recognized clinical practice and formal educational programs.

2.1.4. Formation of Two Umbrella Organizations from 1995 Onward

The late 1990s marked a new developmental stage in Slovenian psychotherapy. Different psychotherapeutic approaches were brought together under two umbrella

organizations: the Slovenian Association of Psychotherapists (ZPS) and the Slovenian Association for Psychotherapy (SKZP). Both organizations united psychotherapists from various approaches with a single goal: to establish psychotherapy as a distinct and autonomous profession.

To understand the reasons behind the formation of the Slovenian umbrella association for psychotherapy, it is important to consider the broader European context. At the beginning of the 1990s, psychotherapy underwent a significant shift toward recognition as an independent profession. Just as the cultural change in the United States and Europe in 1968 coincided with the birth of Slovenian psychotherapy, the social shift in Slovenia in 1991 coincided with the establishment of the European Association for Psychotherapy (EAP) and its efforts to promote psychotherapy as a distinct, high-level scientific profession. In 1990, seventeen psychotherapists from Austria, Switzerland, and Germany gathered in Strasbourg and, on October 21, unified their vision of psychotherapy in five points known as the Strasbourg Declaration (European Association for Psychotherapy, 1990; Možina, 2010):

1. Psychotherapy is an independent scientific discipline, the practice of which constitutes an independent and free profession.
2. Psychotherapy training takes place at an advanced, qualified, and scientific level.
3. The multiplicity of psychotherapeutic methods is assured and guaranteed.
4. Complete psychotherapeutic training covers theory, self-experience, and practice under supervision.
5. Access to training is open through various preliminary qualifications, particularly in the human and social sciences.

Janko Bohak, the representative of Slovenia, participated in the annual conferences of the EAP from 1992 onward. He subsequently informed professionals and the broader public about the association's goals, intentions, and efforts. In May 1997, on Bohak's initiative, the Psychotherapeutic Section of the Slovenian Medical Association invited Dr. Alfred Pritz, the general secretary of the EAP, to present the goals and intentions of the EAP to Slovenian psychotherapists during a regular monthly educational session in Ljubljana. The aim was to motivate them to establish their own umbrella organization. Pritz's presentation was so convincing that representatives from the initiative group and the section agreed to hold working meetings to prepare the statute for the future Slovenian umbrella association for psychotherapy.

The working group responsible for preparing the Psychotherapy Act consisted of representatives from both the ZPS and the SKZP. The process was marked by severe polarization, with numerous monologues and little mutual listening. As a result, by 2008, the group was on the verge of collapse. Nevertheless, the Ministry of Health emphasized that if the working group failed to reach consensus and draft a harmonized act proposal, the legislative process would be terminated. Despite these challenges, the group managed to find common ground, and integration between the ZPS and SKZP proceeded according to group dynamics principles in small groups (Možina & Bohak, 2008). This process was likely only a beginning but laid the foundation for further integrative efforts between the ZPS and SKZP.

2.1.5. Facultative Studies of Psychotherapy in Slovenia

Training essential for future psychotherapists varies across countries, but certain core elements are common. The three-stage training model, introduced by psychoanalysis, has become the standard for all psychotherapeutic education, comprising self-experience, theory, and practice. It is widely agreed that several years of education are necessary to train future psychotherapists. Unfortunately, universities often overlook their educational role in this field; therefore, in most cases, training for future psychotherapists occurs in private institutions and non-profit sectors, such as associations, usually at the postgraduate level or as additional education. Typically, these programs include thousands of hours of training. For example, the European Association for Psychotherapy (EAP) standards for obtaining the European psychotherapy diploma—which, in Slovenia, is represented by the Slovenian Association for Psychotherapy (SKZP)—require at least 3,200 hours of study, covering both general psychotherapy knowledge and specialized training in one psychotherapeutic modality. Despite these demanding norms and training standards, psychotherapy remains outside the realm of an independent science unless it is recognized as a university discipline (Bohak & Možina, 2008).

A good example of a European country with regulated psychotherapy is Austria. Slovenia is arguably one or two decades behind Austria in this regard. Since 1990, psychotherapeutic activity in Austria has been regulated by law—a regulation that Slovenia still lacks—which has encouraged the development of psychotherapy. Psychotherapy training in Austria is still mainly organized by private institutes;

however, in recent years, opportunities for psychotherapy education at the university level have increased. Currently, psychotherapy education is available only as a postgraduate program (e.g., university programs in Graz, Vienna, Salzburg, Innsbruck, and Danube University Krems) because there is a clear need to advance psychotherapy research, which has lagged due to education occurring outside universities.

In Slovenia, two postgraduate psychotherapy programs are currently offered at the university level: a one-year postgraduate study of psychotherapy at the Faculty of Medicine in Ljubljana and master's and PhD research studies at the Faculty of Theology in Ljubljana. In 2005, a new chapter in academic psychotherapy education began with the introduction of faculty-level undergraduate studies in psychotherapy, available directly after high school graduation. Within the historical development of psychotherapy, the introduction of direct entry after secondary school represented a significant shift, one that has been met with ongoing debate and some resistance. Bohak (2006a) stated that psychotherapy was, until recently, considered a second profession and that the image of the psychotherapist as a grey-haired sage persists. The program was designed with the aim of enabling graduates, after six years of study, to achieve a level of competence deemed sufficient for independent practice.

2.1.6. Psychotherapy Studies Following Secondary School

In October 2005, approximately 200 students enrolled in the psychotherapy program at Sigmund Freud Private University (SFU) Vienna. The initiative was received

positively by some Slovenian psychiatrists and mental health professionals, who viewed it as a noteworthy step toward greater academic recognition of psychotherapy. SFU was among the first institutions internationally to implement psychotherapy education within the Bologna three-cycle system, providing a bachelor's degree (three years), a master's degree (two years), and a doctorate (two years) in psychotherapy science. In addition to these core programs, the university also offers specialized training in psychosocial counseling.

The establishment of SFU underscored the status of psychotherapy as an independent scientific discipline and expanded the possibilities for integrating psychotherapeutic training with academic research. Slovenia adopted the Austrian model and aligned with SFU's two-cycle degree structure. Building on earlier experience with organizing a foundational (propaedeutic) psychotherapy program, launched in 1999 and completed by five cohorts of students, Slovenian institutions were able to implement this transition, drawing on prior experience with psychotherapy training programs. In the 2006/2007 academic year, the SFU program was launched in Ljubljana as a joint project between SFU Vienna and the Slovenian Institute for Psychotherapy (Slovenski inštitut za psihoterapijo), enrolling its first generation of students.

A key component of this academic training is practical experience, which is introduced early and structured in three distinct forms at the undergraduate level. The first involves placements in a variety of psychosocial institutions, where students become familiar with different types of psychosocial support and community-based services. The second component is personal therapy, which fosters self-awareness, personal growth, and insight into

the therapeutic process through direct experience. The third consists of clinical observation and supervised practice within a chosen therapeutic modality, typically introduced in the third year. Students initially take on an observational role, then gradually move toward active participation, especially during the second cycle of study, eventually leading therapeutic conversations under supervision.

This academic model, grounded in the integration of theory, supervised clinical practice, and personal therapeutic experience, provides a structured education in psychotherapy that extends beyond the minimum EAP requirements. This approach has been interpreted as an effort to strengthen the institutional standing of psychotherapy training in Slovenia.

2.1.7. Goals of University-Based Psychotherapy Programs in Slovenia

One of the primary challenges facing psychotherapy in Slovenia is the shortage of well-trained and qualified practitioners. European estimates suggest that up to 5% of the population urgently requires psychotherapy, with an additional 15% in need of support. This amounts to approximately 100,000 individuals in Slovenia. A full-time psychotherapist can typically manage 15 to 30 clients, depending on their approach and the frequency of sessions. Based on these figures, Slovenia would need around 5,000 practicing psychotherapists to meet demand. Currently, however, only about 200 therapists hold a university degree in psychotherapy, with only 10 to 20 new graduates entering the field each year. At this rate, meeting European standards could take decades. Moreover, most psychotherapists in Slovenia continue to work in their original professions,

such as psychiatry, social work, and psychology, while practicing psychotherapy part-time.

University-based psychotherapy programs play a critical role in addressing this gap by offering formal academic training aligned with the Bologna system. These programs provide structured education for students without prior therapeutic experience and also enable those with non-academic qualifications—such as training through private institutes or professional associations—to obtain recognized degrees and improve their career prospects. This academic pathway constitutes one of the more extensive institutional initiatives in the history of psychotherapy education in Slovenia. It is made possible through collaboration with international experts and cooperation among Slovenian practitioners trained in recognized therapeutic modalities, many of whom contribute to the design and implementation of the programs.

The success of university-based psychotherapy education depends on strong collaboration between academic institutions and external organizations, particularly in providing high-quality practicum placements and access to personal therapy, both of which are core components of therapist formation. While Slovenia has a substantial number of qualified psychotherapy professionals, few are fully dedicated to the field in terms of clinical practice, teaching, or research. University programs create new employment opportunities and provide a more focused professional pathway. They are especially valuable for younger professionals who already possess academic backgrounds or have completed informal psychotherapy training and now seek formal qualifications and academic careers.

These programs also expand access to meaningful

practical experience in institutions that offer psychosocial support. In the past, such opportunities were limited for students trained outside the university system. Those employed in relevant institutions may have gained some exposure, but the range and depth of experience were often narrow. Others encountered resistance from management or colleagues when attempting to develop their practice, sometimes forcing them to work discreetly or postpone seeing clients. University-based programs improve this situation by offering structured supervision and fostering formal partnerships with institutions, enabling students to gradually transition from observers to practitioners under the guidance of experienced mentors.

Formalized academic training also strengthens the legitimacy and accessibility of psychotherapy education. It opens doors to placements in psychiatric and psychosocial settings that have traditionally been closed to students from private institutes. Through university supervision and faculty consultations, students benefit from a clear and supported progression into clinical work. In contrast, many non-academic training programs lack the infrastructure to guarantee such opportunities. As a result, students often experience delays in beginning their clinical practice or struggle to find appropriate supervision. University programs address these issues by embedding practice into the curriculum and ensuring students receive consistent, high-quality support.

University programs also contribute to the professionalization of psychotherapy by supporting its formal recognition and potential legislative regulation. Currently, psychotherapy in Slovenia is only regulated within the healthcare system and is primarily accessible to medical doctors, psychiatrists, and clinical psychologists. Academic

programs help position psychotherapy as an independent profession, accessible directly after secondary school. They encourage intersectoral dialogue on regulating psychotherapy as a standalone field, promoting public understanding of its value and supporting its expansion into various sectors such as education, healthcare, social services, and nonprofit sector.

In addition to training future practitioners, university-based programs help build research capacity in the field. Unlike private institutes, which often exclude research training, academic programs include courses in research methodology and require empirical work as part of diploma theses at both undergraduate and graduate levels. The integration of teaching, practice, and research is vital for advancing psychotherapy in Slovenia, where systematic research remains limited. By grounding training in both clinical and academic rigor, these programs equip students with the tools to contribute to the evidence base and help shape the future of the profession.

Compared to other helping professions such as medicine, social work, and education, psychotherapy training is distinguished by its inclusion of personal therapy as a formal component. This experiential process fosters deep insight into therapeutic methods and enhances the student's self-awareness and relational capacity—both essential qualities for clinical work. Completion of undergraduate study in psychotherapy also lays the groundwork for advanced training at the master's level, including specialization in fields such as child and adolescent psychotherapy. These programs foster networks for student placements in institutions across healthcare and social services, expanding employment opportunities and encouraging interdisciplinary collaboration.

Finally, academic programs help normalize and destigmatize psychotherapy by raising public awareness and making psychotherapeutic knowledge more accessible. They promote professional development not only among students but also among current practitioners by offering collaboration opportunities, fostering reflective practice, and supporting continued learning. The combination of interdisciplinary foundations, practical skills, and academic qualifications prepares graduates for diverse roles across sectors, including social and health services, schools, rehabilitation, wellness and tourism, psychosocial programs, palliative care, nonprofit and humanitarian work, and international organizations. The growing interest in academic psychotherapy programs reflects their value, despite occasional resistance, and highlights their potential to transform the profession in Slovenia.

2.1.8. Slovenian Psychotherapy at the Turning Point

Slovenian psychotherapy is currently undergoing a significant transformation as it aligns with modern European and global standards. The field is increasingly recognized both as an independent scientific discipline and as a distinct professional practice. On a societal level, this shift represents the movement of psychotherapy from a marginal activity to an established, self-regulating profession that requires updated legislation and academic programs structured according to the Bologna Process (Možina, 2007). It is likely that, in the near future, the psychotherapeutic profession in Slovenia will reach a status comparable to that of other health and social care professions, as has already occurred in many European countries. The establishment of university-level psychotherapy programs in Slovenia has led to

the emergence of a new generation of psychotherapists and fostered the growth of psychotherapeutic science, making psychotherapy a regular part of academia. These changes with Slovenian psychotherapy are closely connected with broader developmental trends across Europe, especially within EU countries, where active efforts are underway to regulate the psychotherapeutic profession. The combination of educational reforms, professional recognition, and legislative actions is expected to further strengthen the position of psychotherapy in Slovenia, facilitating greater integration into the wider helping professions and supporting its scientific development.

2.2. Recent developments

2.2.1. Strengthening the Profession of Psychotherapists: Legislative Efforts and Academic Development

2.2.1.1. The First Attempts at Legal Regulation (2006–2010)

In the second half of the 2000s, efforts intensified to establish psychotherapy as a legally recognized standalone profession. As early as 2006, the Minister of Health formed a working group to draft a Psychotherapy Act, involving key professional associations. Over a four-year period (2006–2010), the group unified its positions and created a draft law outlining the conditions for practicing psychotherapy (Možina, 2016). This proposal included regulating education and training through program and institution accreditation, establishing licensing and a registry of psychotherapists, and defining professional ethical principles.

Despite this promising start, the proposal remained unused in the minister's office and never entered parliamentary procedure. Both political actors and professional stakeholders failed to maintain momentum, and cooperation among involved parties disintegrated after the proposal was shelved.

In the following years, the Ministry of Health maintained that a special law was unnecessary, arguing that psychotherapy should be regulated under the general Health Services Act. However, this law was repeatedly rewritten with each new mandate and never passed. Consequently, the profession of psychotherapist remained legally unregulated and officially nonexistent: conditions for practice were undefined, formal training was not legally required, and there was no oversight of practitioners. This situation meant that anyone could offer psychotherapy services and claim to be a psychotherapist. The professional community repeatedly warned that such circumstances created opportunities for inadequately trained providers or “charlatans,” while also limiting the public's access to quality psychotherapeutic care (Kosovel, 2025).

Cooperation between Associations and Academia (2010–2016)

After 2010, when the initial attempt at legal regulation failed, various professional groups continued efforts to regulate the field of psychotherapy. In the following years, numerous appeals were sent to the Ministry of Health, but the issue of psychotherapy regulation remained largely unaddressed for a long time. A significant shift occurred in the mid-2010s: in 2016, the two leading umbrella organizations of Slovenian psychotherapists—the Slovenian Umbrella Association for Psychotherapy (SKZP) and the

Slovenian Association of Psychotherapists (ZPS)—signed a memorandum of cooperation to jointly regulate psychotherapy. This marked a historic step, as the two associations had previously acted independently.

Shortly thereafter, representatives of academic institutions and professional societies formed the Collegium of Faculties and Professional Associations in the Field of Psychotherapy and Psychosocial Counseling. Established in July 2016, the Collegium united three faculties offering psychotherapy or related counseling programs in Slovenia, alongside several professional societies, with academic support. In the same month, members of the Collegium signed an Agreement on Cooperation for the Normative Regulation of Psychotherapy, committing to move efforts “from words to action” (Kosovel, 2025).

Although all actors ostensibly pursued the shared goal of regulating psychotherapy, activities proceeded along two parallel tracks, as longstanding divisions were not fully resolved. The Collegium promoted openness, cooperation, and transparency, inviting SKZP, ZPS, and others to join. However, psychotherapists with medical backgrounds—primarily associated with ZPS—remained cautious about certain innovations, notably the academization of psychotherapy and the integration of psychotherapeutic education into the university system. Opposition was partly expressed through criticism of new study programs and a preference for traditional training models, which, according to other stakeholders, hindered the development of a consistent system of psychotherapeutic care in Slovenia.

Despite these challenges, initiators within the Collegium continued to advocate to policymakers for the establishment of a transparent, professionally and ethically consistent

system of psychotherapeutic practice in Slovenia, prioritizing user benefit. To strengthen professional self-regulation, in December 2016, members of the Collegium founded the Slovenian Association for Psychotherapy and Counseling (SZPS), intended as a precursor to a professional chamber. This organization, formed under the Societies Act, brought together active psychotherapists, psychosocial counselors, trainees under supervision, and representatives of psychotherapy users. Its goal was to lay the groundwork for a future professional chamber of psychotherapists, as the legal framework at that time did not yet permit its establishment (Kosovel, 2025).

2.2.1.2. The Establishment of Higher Education Programs in Psychotherapy

After 2005, a significant shift occurred in the education of psychotherapists in Slovenia, moving from traditional postgraduate courses within the health system to accredited higher education programs. By 2016, three educational institutions offered programs directly focused on psychotherapy or related fields (Možina, 2016):

- **Sigmund Freud University (SFU) Ljubljana**, a private branch of the Austrian university, began operating in Slovenia in the mid-2000s. Initially, it offered a higher education program in Psychotherapy Science based on the Austrian model: beginning as an informal one-year propaedeutic study (fundamentals of psychotherapy), and later expanding into a full Bologna-compliant first- and second-cycle study program. Around 2011, SFU Ljubljana received permission to provide cross-border studies in Slovenia through an agreement between AQ Austria (the Austrian accreditation council) and the

Slovenian Quality Assurance Agency (NAKVIS). Its bachelor's and master's programs in psychotherapy science were thus accredited in Austria and recognized in Slovenia as foreign higher education programs registered with NAKVIS. Graduates could have their Austrian diplomas recognized by the Slovenian ENIC-NARIC center, which had already issued positive opinions in specific cases. SFU paved the way for the academic professionalization of psychotherapy outside traditional faculties. By 2016, SFU Ljubljana also offered a master's program in Child and Adolescent Psychotherapy and several specializations (e.g., integrative, gestalt, psychoanalytic), covering the full spectrum of psychotherapeutic education, from theory to clinical practice (Možina, 2016).

- **The Faculty of Theology at the University of Ljubljana (UL TF)** was the first public institution to introduce studies in psychotherapy. In 2001, TF launched a two-year specialist program in Marital and Family Therapy, run by family therapy experts in cooperation with the London Institute of Family Therapy. In 2004, this was upgraded to a master's degree in marital and family therapy. Following the Bologna process, a full vertical structure was established: a master's degree in Relational Family Therapy, complemented by doctoral studies. TF also offers professional training in relational therapy for graduates of other disciplines. The program includes substantial practical training and personal experience. Graduates are required to complete several years of supervised practice (under the Slovenian Association of Marital

and Family Therapists) before earning the title of therapist. Despite being embedded within theological studies, TF's program significantly contributed to the institutionalization of psychotherapy, as it is publicly recognized and financed, thus increasing psychotherapy's legitimacy as a scientific discipline (Možina, 2016).

- **The Faculty of Applied Social Studies in Nova Gorica (FUDŠ)** developed higher education programs related to psychotherapy in the early 2010s. Initially intended to accredit a study program in psychotherapy, professional concerns led to a title change. In 2011, it received accreditation for undergraduate and master's programs in Psychosocial Help instead of "Psychotherapy." Despite the different title, the program included core psychotherapeutic subjects and practice, especially in cognitive-behavioral therapy and counselling approaches. The master's program was designed to enable graduates to pursue further specialization. In cooperation with the National Institute for Psychotherapy and the Association for Psychosocial Help, students could complete additional supervised psychotherapeutic practice after graduation, meeting international criteria for the title of psychotherapist. As a private institution, FUDŠ filled a gap for social sciences students pursuing psychotherapy professionally. By 2016, at least two cycles of undergraduate and master's studies in Psychosocial Help had been completed, with study centers in Nova Gorica and Ljubljana (Fakulteta za uporabne in družbene študije, 2008; Možina, 2016).

These three institutions formed the core of Slovenia's academic offerings in psychotherapy. Between 2005 and 2015, Slovenian psychotherapy experienced a qualitative leap, transitioning from long-term apprenticeship training within psychiatry and psychology to an independent academic profile. Faculty-level studies contributed to the development of new generations of professionals and created significant opportunities for research and theoretical advancement in psychotherapy in Slovenia.

It is important to note that these programs developed despite the absence of legal regulations governing the profession. Because a Psychotherapy Act was not yet adopted, educational institutions based their standards mainly on international accreditations (e.g., the European Association for Psychotherapy [EAP]) and their own codes of practice. In parallel, the Slovenian Umbrella Association for Psychotherapy (SKZP) awarded the European Diploma in Psychotherapy (EDP) to candidates who met the required education and practice standards. This system effectively allowed graduates of higher education programs, complemented by specialist practice, to meet the criteria for independent psychotherapy practice comparable to European standards, even though the title of psychotherapist remained legally unprotected in Slovenia (Možina, 2016).

2.2.2. Current State of Psychotherapy Regulation

2.2.2.1. The Psychotherapy Act: The Road to Adoption

Decades of efforts by the profession and civil society culminated in a legislative process from 2023 to 2025,

which, at the time of writing, is still in progress. The new government, which took office in 2022, was the first to include mental health in its coalition agreement and explicitly committed to regulating psychotherapeutic and psychosocial activities, establishing provider supervision, and implementing robust licensing (Presekar, 2024). The Ministry of Health formed a working group that included representatives of the Slovenian Umbrella Association for Psychotherapy (SKZP) and laid the groundwork for the draft law. The draft Psychotherapy Act was made public in the summer of 2024, with a two-month period for public consultation (Slovenska krovna zveza za psihoterapijo [SKZP], 2025; Slovenska tiskovna agencija [STA], 2025a). During this period, hundreds of comments were submitted, revealing ongoing divisions among stakeholders. Nevertheless, in April 2025, the government adopted the proposal and forwarded it to parliamentary consideration, though the final outcome was not yet determined (Presekar, 2024).

In the National Assembly, the draft law sparked intense debate, which reflected the broader political and professional controversies surrounding the regulation of psychotherapy. Members of Parliament (MPs) from the ruling coalition (Gibanje Svoboda, Levica) and the opposition party Nova Slovenija supported the law as a long-overdue step after more than two decades of regulatory chaos, while the largest opposition party, Slovenska demokratska stranka, expressed strong objections (STA, 2025a). Doubts also emerged among other parties, but the prevailing view was that after 20 years, the field needed regulation (STA, 2025b). Representatives of the psychotherapeutic profession (approximately 1,000 practicing psychotherapists in Slovenia) and user organizations (representing over 40,000 individuals) publicly called

on MPs to pass the law. Conversely, parts of the medical community strongly opposed it: the Medical Chamber of Slovenia and the Chamber of Clinical Psychologists (an association of psychologists in healthcare), along with university psychology departments and some patient groups, urged the government and parliament to halt the law's adoption. They argued that the proposal improperly introduced the profession of psychotherapist into the healthcare system and permitted practices they considered scientifically unsupported. The Medical Chamber, in a strong public statement, described the proposal as professionally unacceptable because it introduced a new psychotherapist profile "without sufficient education" and with inadequately demanding criteria for clinical experience (STA, 2025a). The Slovenian Psychological Association (Društvo psihologov Slovenije [DPS]) also submitted extensive comments, particularly regarding the distinction between psychological and psychotherapeutic activities and the qualifications required for practitioners (Društvo psihologov Slovenije, 2025).

Despite opposition from the "medical camp," the parliamentary Health Committee, after debating the draft law in July 2025, supported it and adopted several amendments aimed at addressing concerns raised. One key amendment stipulated that psychotherapy could only be practiced by individuals with a master's degree in an appropriate field, such as psychology, medicine, pedagogy, or social work, corresponding to level 8 of the European Qualifications Framework (EQF). It was also specified that the minister would establish, through a by-law, detailed criteria for recognized psychotherapeutic approaches based on modern scientific standards. Additionally, MPs inserted a principle into the law stating that psychotherapists must not impose

their personal, ideological, or religious beliefs on clients—a provision usually included in professional codes of ethics but incorporated proactively in the law due to the field’s long-standing unregulated status (STA, 2025b).

With these amendments, the draft law was scheduled to proceed to a third reading in September 2025, with final adoption anticipated but not yet realized at the time of writing. If adopted, Slovenia will have its first comprehensive law explicitly regulating the profession of psychotherapist. The draft states that psychotherapeutic activities should be included among public services in mental health, not only in healthcare but also in other sectors such as education and social care, where psychotherapeutic treatment can be provided (Ministrstvo za zdravje, 2025). A professional chamber of psychotherapists would be established as an authoritative body responsible for maintaining a registry of psychotherapists, issuing and renewing licenses to practice, overseeing professional standards, and establishing rules and ethical guidelines (Presekar, 2024; STA, 2025a). The law also foresees a system to accredit psychotherapy education programs, to be carried out by the chamber or another public authority, ensuring educators meet appropriate theoretical and practical knowledge standards. An important feature is a transitional period lasting several years, during which current practitioners or those in training can meet the new requirements and obtain licenses. This approach aims to balance professional competence with existing practice realities (Presekar, 2024).

2.2.2.2. The Current Legal Basis for the Work of Psychotherapists

Until the new law takes effect—which is currently in the final stages of approval—the status of psychotherapists

in Slovenia remains unregulated by specific legislation. This means that psychotherapeutic services can currently be offered by various professionals (and even non-professionals) without any officially required qualifications. In practice, most practicing psychotherapists come from fields such as psychology, psychiatry, pedagogy, social work, and other helping professions, and have subsequently completed additional training in psychotherapy at private institutes or academic programs. However, since the title of *psychotherapist* is not legally regulated, these professionals operate either within other professional categories (e.g., clinical psychologists, psychiatrists, counsellors) or as private service providers in the market. Psychotherapy as a standalone activity is mentioned in some regulations, such as the standard classification of activities, but it is not a legally protected professional category. Therefore, there is no official professional title of *psychotherapist* with a government-issued license—anyone can use it, creating issues for consumer protection and professional standards (Kosovel, 2025).

To date, in the absence of government regulation, professional associations have partially assumed responsibility for self-regulation. The Slovenian Umbrella Association for Psychotherapy (SKZP) awards the European Diploma in Psychotherapy (EDP) and maintains a registry of therapists who meet the criteria of the European Association for Psychotherapy (Možina, 2025). The Slovenian Association of Psychotherapists (ZPS), through its training programs, establishes internal standards for the title of psychotherapist, as do the Slovenian Association for Psychotherapy and Counselling (SZPS) and specialized societies (such as those for cognitive-behavioral therapy, gestalt therapy, and psychoanalysis). However, these certificates and titles do

not carry the authority of public office. Currently, psychotherapy clients must choose their providers without formal guidance; hence, frequent warnings about a “Wild West” scenario in this field and calls for legislation to establish order (Možina, 2024).

On the other hand, the lack of legal regulation also means that psychotherapy is not yet included in the public health insurance system (except for psychotherapy provided by clinical psychologists or psychiatrists within healthcare institutions). The predominantly self-paid nature of most psychotherapeutic services limits access, especially for socially disadvantaged groups, an issue not explicitly addressed by the current draft law. Despite this legal gap, psychotherapy has de facto become a recognized professional activity over the past two decades. It is widely used as a method by clinical professionals within the healthcare system. Psychotherapeutic departments and outpatient clinics have been established (e.g., within psychiatric hospitals, health centers, and counseling centers), and the private sector has significantly expanded. As a result, the development of professional standards has outpaced the legal framework, making legislation to establish clear rules for all parties increasingly urgent (Kosovel, 2025).

By the end of the period under review, Slovenia appeared to be approaching the culmination of a protracted process aimed at establishing psychotherapy as a formally regulated practice, though the outcome was not yet finalized. This process began with pioneers who introduced therapy into psychiatry in the 1960s, progressed through the gradual professional independence of psychotherapy from medicine and psychology, gained momentum with the establishment of academic programs after 2005, and is expected to reach its peak with the anticipated adoption of the first

Psychotherapy Act. This law will finally define the legal status of psychotherapists, their education, and responsibilities. Although not all stakeholders are yet fully aligned, there is hope that the new regulation will improve the quality and safety of psychotherapeutic services, making this vital form of support more accessible to everyone who needs it. With this, Slovenia will join other European countries that have recently regulated psychotherapy as an independent profession (e.g., Croatia and Malta in 2018, Germany in 2019), while maintaining a broad, inclusive model that allows for different professional paths into psychotherapy. A process spanning two decades has thus reached a turning point, where psychotherapy is also institutionally recognized as an independent scientific discipline and practice in Slovenia (Kobal, 2001; Možina et al., 2020; Slovenska krovna zveza za psihoterapijo, 2025).

3. PSYCHOTHERAPY SCIENCE AND TRAINING

Gelo, Brakmaan, and Benetka (2008) state that the science of psychotherapy involves organizing, teaching, and spreading knowledge about psychotherapy. They differentiate between psychotherapy practice and psychotherapy science, where psychotherapy science is an institutionally and socially legitimized activity between a psychotherapy scientist and the object of investigation, psychotherapy, with the goal of advancing knowledge about it (the aim of science). It is driven by a specific scientific paradigm, which includes a series of theories and meta-theories that guide what to observe, learn, and do (methods used) in science. In contrast, psychotherapy practice is also institutionally and socially legitimized but occurs between a practitioner and a client, with the aim of promoting the client's well-being. It is guided by a particular therapeutic model, consisting of theories and meta-theories regarding what to observe, learn, and do (methods) in psychotherapy (Gelo, et al., 2008).

In scientific inquiry, we generally operate within two primary paradigms. The first is the natural sciences approach, which seeks to establish and test universal laws by objectively and repeatedly explaining phenomena through empirical, quantitative research methods. This paradigm is referred to as nomothetic science (from “nomos” meaning law, and “thesis” meaning to propose or set forth). The second is the human sciences approach, which focuses on developing specific, individualized theories to understand phenomena from a subjective and participatory perspective, using empirical, qualitative research methods. This approach

is known as idiographic science (“idios” meaning unique or personal, and “grahein” meaning to describe). If the goal in nomothetic research is to objectively explain phenomena and enable generalization, the goal in idiographic research is to comprehend the meaning of phenomena, which involves contextualizing them. Each scientific paradigm has three levels that characterize it:

1. The philosophical foundations, covering worldviews about the nature of reality (ontology), knowledge (epistemology), and science (philosophy of science).
2. Methodology, referring to the general principles about what should be done and why during scientific inquiry.
3. Methods, which are specific procedures, techniques, and actions that detail what is effectively done and how during scientific research (Gelo et al., 2008).

When discussing psychotherapy science, it is essential to clarify the focus of our investigation. The object of investigation in psychotherapy science can be found in three main areas: clinical practice, which includes the therapeutic process, i.e., what the client and therapist do during therapy; the effects of treatment on the client, or therapeutic outcomes; and the effects on the therapist, such as professional development; the context surrounding clinical practice, including the personal lives of the client and therapist outside of treatment, as well as treatment delivery systems like outpatient clinics or therapy training; and the cultural benefits associated with all these aspects (Gelo et al., 2008).

In this book, the focus is on the connection between the psychotherapy training and delivery system and the therapist’s personhood, which includes the therapist’s personality and development. We will examine the process

of studying psychotherapy and the development of students' expectations and perceptions about the profession, tracking how these evolve during the training process.

3.1. Academic Study of Psychotherapy

One of the core ideas in psychotherapy science is the integration of different psychotherapeutic approaches within a coherent scientific framework. Freud emphasized the connection between healing and research, framing psychotherapy as a practical science (see Gelo, Braakmann, & Benetka, 2008, for a detailed discussion of the distinction between theory and practice). Psychotherapy as a standalone academic discipline is relatively recent. Sigmund Freud University (SFU) in Vienna was the first institution in Europe, and worldwide, to offer university degree programs specifically in Psychotherapy Science (Fiegl, 2010). These programs are distinct from general or clinical psychology degrees, focusing exclusively on psychotherapy as an independent field with its own theories, methods, and clinical practices. SFU offers Bachelor's, Master's, and Doctoral degrees at its Vienna campus (in German and English), with additional campuses across Europe, including Ljubljana, Slovenia. The Bachelor's program includes Propaedeutic content and is aligned with the Bologna process standards (Sigmund Freud Private University, 2025).

The establishment of SFU marked a milestone in the academic recognition of psychotherapy, emphasizing its autonomy as a scientific discipline and expanding opportunities for integrating research with clinical training (Fiegl, 2010). In Slovenia, the SFU program was introduced in 2006/2007 through a collaboration between SFU Vienna and the Slovenian Institute for Psychotherapy (SIP). This

followed earlier experience with organizing foundational psychotherapy studies (propaedeutic training), which had begun in 1999 and produced five cohorts of graduates. With this background, the launch of the Ljubljana program was relatively well-prepared. SFU's expansion to Slovenia made it possible to complete both the Bachelor's and Master's levels under the same academic standards as in Austria, thereby supporting the development of psychotherapy as a university-level profession (Fiegl, 2010).

SFU's study program is organized into three cycles: undergraduate studies (bachelor's, semesters B1–B6), master's studies (semesters M1–M4), and the doctoral program (four semesters). Students graduate with the degrees of Bc. Pth. Sc., MA Pth. Sc., and Dr. Pth. Sc., which are fully recognized academic qualifications equivalent to those awarded by state universities. The programs integrate research, theory, and practice, providing students with the academic foundation and clinical competencies necessary for independent professional work. One guiding principle of the curriculum is its focus on essential foundational sciences without academic overload. Teaching is adapted to the specific needs of psychotherapy students, with practical components introduced early and research presented in accessible, engaging formats (Fiegl, 2010).

The curriculum includes essential knowledge in psychology, medicine, social sciences, and cultural studies, along with training in ethics, scientific methods, and the influence of society on individual psychological development. Students learn to understand human development in both health and illness, interpersonal and environmental influences, and the broader societal context of psychological distress. Training is interdisciplinary, encompassing multiple psychotherapy schools, specialized subjects, and cross-modal themes.

Practical experience is integrated from the sixth semester onward, with hands-on training in the university clinic. There, students apply their knowledge under supervision, participate in case discussions, and review therapy sessions using video recordings and reflective analysis (Sigmund Freud Private University, 2025; Fiegl, 2010).

Based on the first questionnaires and interviews, Fiegl (2010) outlined four broad “stages of development” that psychotherapy students typically pass through during their training. These stages capture the psychological and professional dynamics of how students relate to knowledge, authority, and their emerging professional identity:

- **Phase 1: absorbing like sponges** — At the beginning, students are eager to learn and highly motivated by curiosity and enthusiasm. They tend to idealize their trainers and supervisors, seeing them as models of authority and professional mastery. This stage is marked by admiration, idealization, and a strong desire to “know”. Because students in this phase are highly impressionable, they benefit most from clarity, structure, and consistent support from educators, which helps them build a secure foundation for further growth.
- **Phase 2: questioning and skepticism** — As training progresses, the initial glow of idealization fades, and students begin to evaluate the theories and techniques they are learning critically. Skepticism grows, sometimes accompanied by disillusionment, as they recognize inconsistencies between different models or between theory and practice. Feelings of uncertainty often intensify during this phase, as students struggle to reconcile conflicting perspectives. The task of educators

here is to normalize this skepticism as part of the development process and to guide students toward critical thinking, without allowing disillusionment to derail their engagement.

- **Phase 3: the “pubertal stage”** — This phase is characterized by rebellion against authority and rules. Students may resist established structures or pedagogical expectations, asserting their right to object, critique, or do things differently. Conflicting thoughts and frustrations surface, reflecting a desire to test boundaries while remaining within the general framework of the program. While potentially disruptive, this stage is important for developing autonomy, and it can be constructively supported by offering safe spaces for debate and by validating students’ emerging independence.
- **Phase 4: emerging professional identity** — Over time, students begin to discover and develop their own skills, finding strategies that provide them with a sense of security in their clinical practice. Although uncertainty remains, it becomes more manageable, and a preliminary sense of professional identity begins to take shape. Students at this stage move toward integration, becoming less dependent on external authority and more able to rely on their own clinical judgment, while remaining open to supervision and reflective practice.

The next area of observation relates to comparing younger and older students. Students under 24 years old face different life challenges; they are only recently independent, and their childhood is still very recent. It appears that they exhibit a strong passion for their profession, and their process of forming identity is largely psychotherapeutic. Older students

often have experienced setbacks in life, making them more realistic about their goals, and they feel less threatened when interacting with patients. They can empathize more easily through their life experiences, but age can also be a drawback because they may lack the excitement of new experiences. Some younger students are cautious, and the demands to empathize with a patient's current situation are higher for them. The advantage for younger students is that, since they have not had as much experience, they are less likely to be influenced by countertransference (Fiegl, 2010).

Fiegl (2010) examines another aspect: the maturity of students. Maturity is related to a sufficient reference to reality and the level of frustration tolerance; more mature students tend to have lower narcissistic needs. Their emotional amplitude is under control, meaning they manage emotions without suppressing or repressing them. They also have a higher capacity to cope with stress and take personal responsibility. Mature individuals possess a sense of self-efficacy, have progressed beyond the stage of differentiation, and have developed an interest in their lives and professions. They possess insight and understanding, can view the world from a different perspective, and are capable of self-reflection. At the same time, they can form interpersonal attachments.

When examining students' development, Fiegl (2010) reports the following observations:

- As they gain more experience in their studies, their self-doubt increases.
- The image of psychotherapy (dream fantasies) becomes more realistic in later semesters
- With more time studying, one learns one's limits; at first, one feels omnipotent.

- The more someone knows themselves, the more doubts surface.
- Over time, students become more capable of emotional connection.
- One can be empathetic, but not so fragile that they lose the ability to protect their autonomy.

Some courses notably contribute to development. For example, in Bachelor studies from B5 onward, students gain knowledge of psychiatry and treatment technology, self-awareness experiences, supervision, and practical training. In master's studies, the most significant contributions are method seminars and treatment techniques, students' personality development, practice reflection, and again, self-awareness experiences (Sigmund Freud Private University, 2025; Fiegl, 2010). Examining students under 24 years old (Fiegl, 2010), we observe that younger individuals tend to understand children better, which makes parent counseling more challenging. Younger students are fresh, unreserved, and natural; they are open with more spirit, enthusiasm, and curiosity than older students. The maturity of students determines their ability to access themselves; they can manage their own thoughts and feelings, engage in deep thinking, and empathize with others. Mature students are less likely to make hasty judgments and are better prepared to handle themselves. They recognize that one is never truly "complete," especially when working in the psychotherapeutic profession.

3.2. Therapists' Development

Psychotherapy has been practiced in various forms throughout human history. With Freud, however, we can begin to speak of systematic psychotherapy rooted

in solid psychological principles. Formal training in psychoanalysis began around 1930. After World War II, a three-year residency program was established in the United States for medical graduates (Fine, 1966). During the 20th century, especially from the 1950s onward, debates about psychotherapy training became increasingly prominent. These discussions revolved around who could and should be trained, what competencies were necessary, and how psychotherapy should be institutionalized as a profession. To make sense of this evolving field, the history of psychotherapy training can be traced through four interrelated themes: early debates on competence and maturity, the role of supervision and personal therapy, institutional and professional frameworks for training, and finally modern integrative approaches to psychotherapy education.

3.2.1. Early Debates on Therapist Competence and Maturity

From the outset, a key question in psychotherapy education concerned the competence of young therapists. Mowrer (1951) observed that it was unclear what status and experiences graduate students in clinical psychology should have, and how to select individuals with the necessary motivation and maturity. He noted that proficiency as a therapist requires sustained focus, reflection, and creativity, not routine practice, and was skeptical of the abilities of younger trainees. This concern about competence continued throughout the 1950s. Barrington (1958) argued that trained and experienced students of psychotherapy became less “academic” or “intellectualized” in their responses about psychotherapy, suggesting that changes in therapeutic behavior could be measured over relatively short periods of time. Similarly, Truax, Carkhuff, and Douds (1964)

emphasized the therapeutic encounter itself as a relational process of self-exploration, highlighting the role of interpersonal learning rather than abstract knowledge.

By the early 1960s, the question of how to train psychotherapists had become urgent. A 1963 conference at New York University gathered representatives from clinical psychology, psychiatry, psychoanalysis, and social work to discuss the design of an “ideal training program.” The participants recognized the growing social need for psychotherapeutic services, while acknowledging that the enormous demand could not be met within existing professional capacities (“Report of Conference,” 1963). The discussions at this conference underlined that the problem could not be solved solely by increasing the number of psychotherapists. Instead, both quantitative (due to a lack of practitioners) and qualitative (incomplete or outdated training methods) deficiencies had to be addressed. A lack of adequate competence among many practicing therapists was highlighted as a major concern. Participants debated whether priorities should lie in producing more practitioners or in improving the quality of their training. Two other issues emerged: (1) the institutional setting of training, with most favoring a separate professional school within a university, and (2) the possibility of establishing psychotherapy as an independent profession, outside the boundaries of medicine, psychology, or social work.

3.2.2. Supervision, Personal Therapy, and Training Standards

One recurring theme in psychotherapy education has been the role of personal therapy for trainees. Lubin (1965), drawing on earlier questions posed by Morgenstern (1964)

and Small (1963), surveyed professionals on whether students of psychotherapy should undergo personal therapy themselves. The majority agreed: 50% of respondents answered “Yes,” while only 28% said “No,” and 22% abstained. The survey also examined the timing of training, with preferences spread between internship (46%), post-doctoral level (43%), and university studies (11%). Another critical component was supervision. Lubin’s study revealed that 52% preferred supervision by psychologists, 20% by psychiatrists, and 28% felt it should depend on individual qualifications. This reflected growing recognition that psychotherapy was increasingly being recognized as an independent profession in its own right, regardless of whether the practitioner originated from psychology, psychiatry, or social work (Fine, 1966). Parallel to these debates, Robertson (1971) proposed a “naturalistic” approach to psychotherapy training. He emphasized that training should begin with experiences triggered by subject matter rather than rigid curricula, echoing Freud’s view that treatment principles should be learned through demonstration and experience rather than manuals (Freud, 1910, 1926, 1930, 1937).

By the 1970s, efforts to codify training became clearer. The “Recommended Standards for Psychotherapy Education in Psychology Doctoral Programs” grouped requirements into four areas: departmental structure, faculty, practicum settings, and curriculum (Jorgensen & Weigel, 1973). These efforts reflected a gradual institutionalization of psychotherapy education. Still, the qualities of the therapist were seen as decisive. Fromm-Reichmann (1950), Heine (1962), and Truax & Mitchell (1971) highlighted interpersonal skills and the management of therapist anxiety as central to outcomes. Reiss (1975) described a contrast between

“natural” psychotherapists and “forced” ones — i.e., clinicians who were cognitively prepared but emotionally awkward. Research in the 1980s further refined the link between training and competence. Bradley and Olson (1980) found that the number of supervisors and total hours of supervision were the best predictors of trainees’ self-assessed competence. Similarly, Rachelson and Clance (1980) reported that most trainees endorsed the 1970 APA Standards for Psychotherapy Training as facilitating competence and recommended their inclusion in ideal programs.

3.2.3. Institutionalization of Training Programs

By the 1980s and 1990s, psychotherapy education became increasingly diversified. Robertson (1984) described a program structured into four sequential courses: individual therapy, group therapy, marital therapy, and family therapy. Strupp, Butler, and Rosser (1988) explored training in psychodynamic psychotherapies, while Rawn (1991) compared training analysis with training psychotherapy, examining whether one could be substituted for the other. A compelling overview of psychotherapy training research was provided by Matarazzo and Garner (1992). They traced the historical evolution of training back to the master–student model of the 19th century. Freud’s evening case conferences (1905) and similar forums, such as those under Charcot, Anna Freud, Melanie Klein, and Adolf Meyer, exemplified this approach. Here, personal analysis was considered integral to training, functioning both as an experiential learning method and as a means of developing self-awareness and therapeutic competence. Matarazzo and Garner distinguished two major traditions: the didactic

approach (knowledge transfer from master to student, often during graduate psychology studies) and the supervisory approach (case discussions and professional relationships in clinical environments). Both approaches shaped early training, though systematic research on their effectiveness only began after 1930. For decades, theoretical instruction dominated, often reflecting the authoritarian heritage of leading figures, especially in medicine, where hierarchy determined access to psychotherapy training for psychologists, social workers, and nurses.

3.2.4. Competence, Values, and the Profile of Master Therapists

Later studies in the 1990s explored values and therapist qualities more systematically. Walsh, Perucci, and Severns (1999) conducted a hermeneutic study examining the values of psychotherapy among trainees and professionals. Less experienced trainees valued affirmation and support, while more advanced ones emphasized exploration of emotions. Empathy and rapport were universally valued, although advanced trainees focused more critically on client–therapist dynamics. Skovholt (1999), through qualitative research with peer-nominated master therapists, identified core attributes of excellence: relentless learning, emotional receptivity, maturity, good mental health, strong relational skills, and cognitive openness to ambiguity. These findings reinforced the idea that effective therapists integrate personal development with professional knowledge.

3.2.5. Modern Models and Integrative Approaches

By the turn of the 21st century, psychotherapy training

was increasingly linked to broader debates in counseling psychology. Stoltenberg, Pace, Kashubeck-West, Biever, Patterson, and Welch (2000) contrasted competing models: while Biever et al. argued for the practitioner–scholar model, Stoltenberg et al. favored the scientist–practitioner model as more suitable for counseling psychology. Simultaneously, Wolfe (2000) outlined an integrative curriculum for psychotherapy training. His framework included courses in “pure-form” therapies, integrative theory, applications of integrative theory, supervised practicum, therapy attendance, and case conference discussions. Castonguay (2000) summarized three major pathways toward integration: theoretical integration, prescriptive eclecticism, and common factors approaches. This emphasis on integration reflected both the diversity of psychotherapeutic methods and the need for a coherent professional identity. By linking theory, practice, supervision, and personal therapy, integrative approaches sought to resolve many of the long-standing debates that had characterized psychotherapy training throughout the 20th century.

3.2.6. Conclusion

The development of psychotherapy training reflects a century-long dialogue between theory and practice, competence and maturity, professional autonomy and institutional control. From the master–student model of Freud’s era to the codification of training standards, from concerns about young therapists’ readiness to the integrative curricula of the 21st century, the central theme has remained constant: how to ensure that therapists are both personally and professionally prepared for the demanding, creative, and relational work of psychotherapy.

3.3. Contemporary Perspectives on Becoming a Psychotherapist

At the end of the 20th century, David E. Orlinsky, a prominent researcher in the field of psychotherapy training, published a paper on a collaborative international study of the development of psychotherapists (Orlinsky et al., 1999). Orlinsky is one of the most influential contemporary North American author on psychotherapy education. He argues that there is a strong presumption in psychotherapy research that treatment procedures are ultimately the main determinants of psychotherapeutic benefit, and that the nature and characteristics of the psychotherapists who provide those treatments should matter only insofar as they relate to their competence to perform the treatments and their ability to engage patients in cooperative relationships. The study of psychotherapists themselves has repeatedly been overlooked, as tacitly acknowledged by a major journal that dedicated a special section to “the therapist as a neglected variable in psychotherapy research” (Special Series, 1997; Orlinsky et al., 2005). This observation invites further reflection on how therapists’ personal development intersects with their professional effectiveness.

Asking psychotherapists whether they currently feel they are professionally growing or declining is the most direct approach to studying their development. Basic questions address their acquisition of new skills and techniques, increased sensitivity and responsiveness, gaining new insights, addressing limitations, and developing a deeper understanding of their patients and therapeutic processes. Negative aspects are also explored: whether they feel they are becoming stale, burned out, acting routinely, or generally lacking in understanding and helpfulness. This

kind of research is, of course, subjective and focused on the present, and thus faces methodological limitations. However, it holds inherent interest and strong face validity. Additionally, these self-evaluations can be investigated further by exploring the environments and circumstances in which therapists report experiencing professional growth or decline. These two perspectives, subjective self-assessment and contextual analysis, complement each other in offering a fuller picture of professional development (Orlinsky et al., 1999, 2005).

Retrospective career development is another approach, wherein psychotherapists evaluate their development over time. How much do they feel they have progressed, regressed, or changed professionally since the beginning of their careers? Most therapists engaged in self-evaluation can assess their professional progress, stability, stagnation, or decline across their careers, which significantly influences their current motivation and morale (Orlinsky et al., 1999, 2005). In both cross-sectional and longitudinal assessments, researchers compare defined properties over time. Cross-sectional cohort development focuses on assessing role functions in groups of psychotherapists at different career stages, while longitudinal studies compare the role functions of individual therapists across different time points. Both methods contribute to a more sophisticated understanding of how therapists evolve across time and contexts (Orlinsky et al., 1999, 2005).

To investigate the background, experiences, and functioning of a therapist and all the various aspects involved, a comprehensive instrument was also designed that includes diverse measures for probing: the Development of Psychotherapists Common Core Questionnaire (DPCCQ). In addition to eight open-ended questions, it encompasses

370 items in the form of structured response scales or checklists that enable standardization and ease of use. A considerable benefit of this questionnaire is that each response that has an informational value of its own can also be cross-examined with the majority of other data gathered from therapists. In this way, the information can be assessed in different contexts or in-depth, which leads to a broader understanding and the possibility of determining specific patterns similar to clinical diagnostics. The questionnaire enables investigators to get a good “picture” of a person involved just based on individual answers. This means that the instrument is powerful enough to reconstruct a comprehensive “image” of a person from scattered bits of information provided by given answers (Orlinsky et al., 1999, 2005).

One of the three goals of the DPCCQ study is to provide a means for development. By its content, the DPCCQ is oriented to all three goals. Data for cross-sectional analyses of psychotherapists at different points of their careers are gathered by reports on individual therapeutic abilities at the present time (sections III and VI), changes in theoretical orientation from the beginning to the current stage of a career (sections III and V), prevalingly used and ideal styles in relations with patients (sections V and VIII), problems which a therapist faces in current work (section VIII), and coping strategies (section VIII). The data are reused in longitudinal assessments of development at later career stages of a therapist, together with additional data gathered from DPCCQ repeated at those stages. Gathered information is also used to assess eventual factors of the extent, direction, and rate of therapeutic development, which can be studied directly or indirectly (Orlinsky et al., 1999, 2005).

In the case of direct study, psychotherapists evaluate

different positive and negative influences on their career and development at the present stage (DPCCQ sections III and VI). In indirect studies of eventual development factors, statistical associations between development factors and other information from the DPCCQ are used. This information outlines professional and personal characteristics, experiences in the profession, and training from the past, and the types of practice they perform. Professional and personal characteristics provide information on the therapist's age, gender, marital status, minority status, current quality of life and level of stress, emotional satisfactions and burdens, self-image, and experiences in personal therapy. These diverse variables provide essential insight into how external and internal elements contribute to the trajectory of professional growth (Orlinsky et al., 1999, 2005).

Building upon these insights into developmental trajectories and the role of supervision, further research has inquired into how therapists' internal characteristics influence their professional identity. In the 2005 study on psychotherapists' development, titled *A Study of Therapeutic Work and Professional Growth*, Orlinsky and Rønnestad identified three core factors vital to understanding both positive and negative trajectories of therapists' development. These are Healing Involvement, Stressful Involvement, and Controlling Involvement. An individual's functioning is heavily shaped by one or more of these factors, regardless of their current stage of personal or professional growth. Most senior therapists view supervision as the most valuable tool for professional development. However, an interesting observation is that supervision can also cause stress and problems for therapists still in training. For more experienced therapists, supervision and consultation

are routine practices that assist in managing stressful situations. These insights enabled authors like Orlinsky and Rønnestad to recommend several improvements in psychotherapy training. The most notable recommendation is that for each therapist in training participating in supervision, cases should be carefully selected to ensure that experience promotes professional growth. These findings emphasize the importance of tailoring supervision to be intentional, rather than treating it as a one-size-fits-all process (Orlinsky et al., 1999, 2005).

While Orlinsky and Rønnestad (2005) emphasized the dynamic relationship between therapists' experience and supervisory support, other researchers have shifted their focus to the internal values and attitudes that shape a therapist's professional identity. Building on the personal-professional interface, these studies investigate how therapists' internal beliefs impact their clinical work. For instance, Sandell et al. (2001) developed the Psycho-Therapeutic Identity (ThID) questionnaire, which assesses the core values and convictions of therapists. The ThID organizes these characteristics into three main categories: curative elements in psychotherapy, personal therapeutic style, and general assumptions about the human mind and the nature of psychotherapy. In 2004, the ThID was administered to a random sample of licensed Swedish therapists. Using factor analysis, researchers developed the Therapeutic Attitude Scales (TASC-2), which consists of nine factors that effectively differentiate psychotherapists according to their theoretical orientation (Taubner et al., 2004):

Table 2. Tasc-2-Scales.

Curative Factors	Adjustment	Insight	Kindness
Therapeutic style	Neutrality	Supportiveness	Self-Doubt
Basic Assumption	Irrationality	Artistry	Pessimism

The TASC-2 scales were applied to a sample of 167 therapists from the Stockholm Outcome of Psychoanalysis and Psychotherapy Project (STOPPP). Sandell et al. (2006, 2007) found that patients' symptoms were alleviated largely through the therapist's attitude. In terms of long-term outcomes, kindness (among curative factors) and neutrality (among therapeutic styles) proved most effective. However, further research is needed, as the sample included only psychoanalytic and psychodynamic therapists, which limited generalizability (Taubner et al., 2004). Despite these limitations, the TASC-2 research laid important groundwork for understanding how therapist attitudes influence outcomes. This focus on inner orientation also parallels findings from Orlinsky and Rønnestad's work with a much broader sample of therapists.

Alongside individual attitudes, broader patterns of career progression have also been studied to understand what contributes to sustainable professional development. A model of professional psychotherapeutic development was created by Orlinsky and Rønnestad (2005). It emerged from the Collaborative Research Network of the Society for Psychotherapy Research (CRN SPR), which conducted the Development of Psychotherapists Common Core Questionnaire (DPCCQ) among approximately 5,000 therapists in over 12 countries. The model describes a positive and negative developmental cycle experienced by therapists. Several factors contribute to the positive cycle, such as strong relational skills, a broad theoretical base, satisfaction with one's work and work environment,

extensive case experience, and access to resources like supervision and personal therapy. The absence of these factors can lead to a negative cycle. These developmental models raise important questions about how competence is defined and how it should be cultivated within training contexts. This dual-cycle model brings into focus not only individual traits but also environmental and relational factors that sustain or hinder long-term professional development.

With this in mind, the question of how to define and foster competence during training becomes even more pressing. However, defining competence in psychotherapy remains highly complex. Many scholars have highlighted persistent issues, including the use of vague and intuitive selection criteria for trainees, the lack of clear distinctions between personal development and professional skills, ambiguous learning objectives, and the significant influence of group dynamics on feedback and evaluation processes. These challenges are particularly evident in psychoanalytic training programs, which have been criticized for fostering rigid socialization processes that prioritize theoretical orthodoxy over critical reflection and creative exploration. This tension highlights the need for more transparent and individualized approaches to competence development, especially when measured against empirical data.

One empirical study that addressed this issue was conducted by Willutzki et al. (1997), who translated the DPCCQ into German. Their research included a random sample of 1,065 psychotherapists from Germany and Switzerland. The findings showed that the single most significant predictor of perceived professional competence was the duration of training, followed closely by the breadth of theoretical understanding. This suggests that both time and exposure to diverse perspectives contribute

meaningfully to a therapist's self-assessed capabilities. These results reinforce the idea that while talent and attitude matter, structured and sustained training remains central to competence development in psychotherapy.

In light of such findings, it is essential to return to a foundational question: What exactly is training in psychotherapy? Training in psychotherapy means that someone facilitates the development of the necessary skills for doing psychotherapeutic work most effectively (Aveline, 2007). Two proposals are relevant to this statement. Therapists possess varying qualities and quantities of natural talent. Additionally, psychotherapy is an activity in which participants share a professional and ethical commitment, with the intention of evaluating their work. In his *Handbook of Individual Psychotherapy*, Aveline (2007) explores and discusses a checklist of training objectives, motivating factors, and selection for training. Three main elements were taken into consideration and explored: theoretical learning (knowledge), clinical supervised work, and personal therapy of the trainee.

When discussing self-development of psychotherapists, there is also an interesting study on True and False self-development of a psychotherapist by Eckler-Hart (1987), where 15 doctoral students of clinical psychology described their experiences in learning psychotherapy and the development of their identities as psychotherapists. The interviews focused on various experiences the students had with psychotherapy training and in their personal lives. It was noticed that the students developed different psychological tools of self-protection that coincide with concepts of the theory of the true self and the false self (Winnicott, 1965). To research the concept of "psychotherapist's false self" that depicts the psychological tools

and competencies developed as means of self-protection, passages from interviews with students were analyzed. The false self of a therapist is often expressed with words like “professional identity” and “identity as a psychotherapist.” Since successful psychotherapy is essentially based on the deepest personal creativity and ability to connect with a patient intensely, it can be pretty challenging for a therapist to be skilled, cautious, and compliant with ethical standards, while simultaneously creative and motivating (Eckler-Hart, 1987). The students felt that a special feature of psychotherapy was personal involvement of a therapist to a degree where the therapist becomes the subject of their own work. Being successful or unsuccessful as a therapist was frequently seen as personal success or failure. In striving to get familiar with the patient and to behave naturally as a therapist, the student exposes themselves and becomes vulnerable. Apparently, it remains a lifelong effort for the therapist to evoke the true self in psychotherapy (Eckler-Hart, 1987).

When we ask ourselves about characteristics that a psychotherapist should have, we may pose another question too: How we help develop professional psychotherapists in the training process? In their article “*Training Novice Psychotherapists: Helping Skills and Beyond*”, Hill, Stahl, and Roffman (2007) offer a rationale for implementing helping skills training with novice psychotherapists. They present a basic framework for this approach, outline the key components of the training process, and discuss the developmental steps that follow the initial acquisition of helping skills (p. 364). To teach particular skills, they have developed a helping skills training that uses a model of therapy in three stages: exploration, insight, and action. It engages students to use different approaches at each stage,

from open questions, reiterating and revealing emotions and feelings in the first stage, to challenges, interpretations, self-disclosures, and immediacy in the second stage, and informing and guiding in the third stage. Each stage has its own origin and specific approach, the exploration stage arising from humanistic teachings, the insight stage from psychodynamic foundations, and the action stage from behavioral approaches (Hill, Stahl, Roffman, 2007).

While practical training models, such as helping skills programs, focus on what therapists do and how they develop competence, it is equally important to explore how psychotherapy itself is conceptualized, both by those who practice it and those who study it. These underlying representations shape expectations about what therapy should accomplish, what roles therapists and clients inhabit, and how professional development is ultimately defined. Connected to the topic of representations and expectations about the psychotherapeutic profession, the paper by Orlinsky (2000), *Researchers' Images of Psychotherapy: Their Origins and Influence on Research* is particularly relevant. From Orlinsky's (2000) perspective, researchers in psychotherapy are guided by four basic images. These images represent psychotherapy as mental treatment, as personal education, as a correctional process, and as redemption. The image of therapy as a healing process inclines the researcher to define the process in terms of skills and techniques. We view therapists as trained professionals, clients as individuals in need of treatment for their disorders, and the outcome as the final result of a treatment episode. Other formulations of process, therapist, patient, and outcome variables are less explicitly acknowledged images of therapy (Orlinsky, 2002).

These conceptual frameworks not only influence

academic discourse and research but also shape how future therapists internalize and embody the professional role. One area where this becomes especially visible is in the interplay between personal experience and professional development, particularly through therapists' own encounters with personal therapy during training. How important is the self-awareness process, and what influence does it have on future psychotherapists and their personal therapeutic experience? In the study *Psychotherapists' Personal Psychotherapy and Its Perceived Influence on Clinical Practice* from 2007, Karen F. Bellows explores the views of psychotherapists on how personal therapy has affected their clinical practice. She conducted semi-structured interviews with 20 experienced psychoanalytically oriented therapists, probing areas such as perceived benefits and risks of personal therapy, as well as its influence on their clinical practice, and their perception of the interpersonal relationship with their former therapist. In general, therapists who felt their clinical work was strongly affected by their personal therapy also believed their practice was primarily aimed at psychological change. They regarded their former healers as role models and looked up to that therapist in uncertain clinical situations that they encountered. They also believed that the most important part of therapy is establishing a working relationship between the patient and the therapist. A strong correlation between perceiving the former therapist as a positive role model and seeing problem-solving in relationships with their patients as essential within their therapeutic practice was also found (Bellows, 2007).

The influence of gender identity on professional identity is also an interesting point in the psychotherapeutic profession, particularly, if we consider the fact that the

expected majority of students and trainees who enroll in psychotherapy training are women. For example, in *Gender and Professional Identity: A Qualitative Study of Social Workers Practicing as Counselors and Psychotherapists* from 2004, Ione Lewis found out that gender is one of the strong patterns found in the empirical data generated by a qualitative study of the professional identity of practitioners in social work (Lewis, 2004 p.394). Differences in career choices between men and women in social work are significantly influenced by gender. Women are predominantly engaged in clinically oriented careers and additionally perform other tasks in management, supervision, and training. They more often try to combine their work with caring for their families. By contrast, more men are solely career-oriented and concerned with earnings for their families, especially those with children. Other discoveries also show that more men see their families as originating in the working class, while women tend to see themselves as coming from the middle class. This proves that gender and class are closely linked in influencing life achievements (Lewis, 2004).

At what point in our psychotherapeutic study process do we begin to identify ourselves as psychotherapists? This seemingly simple question touches the core of what it means to become a professional in the field. The transition from student to psychotherapist is not marked by a single moment, certificate, or clinical milestone; it is a long-term developmental process that integrates formal education, personal transformation, and professional socialization. In her dissertation *Dialogical Becoming – Professional Identity Construction of Psychology Students*, Katrin Kullasepp (2008) from the Institute of Psychology, Tallinn University, explores precisely this topic: the formation of

professional identity among psychology students during their university years. She argues that behind the student role lies a unique and authentic person, with a personal history, emotional experiences, desires, and self-perceptions. Thus, becoming a psychologist, or, more broadly, a psychotherapist, is not merely a matter of acquiring knowledge; it is a personalized, dynamic, and deeply individual process. The training experience becomes a course of looking “behind the mask” of the student, allowing a more authentic professional identity to emerge. Rather than being a purely academic endeavor, the educational process becomes a lived experience that shapes the student’s self-understanding and worldview. This insight lays the groundwork for a more refined understanding of training, not simply as education, but as a transformational identity process (Kullasepp, 2008).

To further explore how professional identity forms, it is important to examine the complex interaction between developmental processes and an individual’s internal and external environments. Different psychological models try to break development into stages with specific results. However, these models often emphasize the visible outcomes of change rather than the underlying causes and mechanisms that drive growth. Kullasepp (2008) warns against such oversimplification, suggesting that generalizing developmental stages can hide the rich, personal experiences of each trainee. Instead, the question becomes: how can we study these identity changes while maintaining the uniqueness of each person’s journey? Viewing development as a socially influenced, context-dependent process helps us move beyond stage models and adopt a more dialogue-based, reflective approach to professional growth. This dialogical view encourages us to shift from static competence models to dynamic narratives of becoming.

The longitudinal data collected by Kullasepp (2008) among psychology students offer valuable insights into how professional identity develops and changes over time. This research emphasizes the evolving relationship between the student's self-view and their social environment, including how peers, faculty, and clients see them. The process of identifying with the professional role was not straightforward; instead, it occurred through a series of shifts, tensions, and negotiations between personal identity and growing professional expectations. Students' personality traits and emotional patterns greatly influenced how they approached their role, handled challenges, and made sense of their training experiences. These findings highlight the complexity of building a professional identity and highlight the importance of recognizing the personal aspect of this journey. The diverse nature of this development reveals that becoming a psychotherapist cannot be fully understood without considering both the intrapsychic and the social-relational dimensions.

Importantly, Kullasepp (2008) challenges a common assumption in professional education: that identity is primarily shaped through academic learning and clinical training. Her findings suggest otherwise. Students' sense of themselves as professionals often emerges not from explicit instruction but from how others—lecturers, clients, and even peers—begin treating them as already belonging to the profession. These externally assigned roles and expectations influence their self-perception as much as, or more than, the formal content of their training. Therefore, identity development is not just a result of psychological knowledge or practical skills but also of relational and symbolic recognition within the professional community. The process of “socialization into the profession” must be

redefined as something more complex than simply internalizing norms; it involves ongoing negotiation of one's place in a social landscape that starts shifting from the first semester (Kullasepp, 2008). This redefinition prompts us to rethink how institutions and mentors structure the learning environment, not just as sources of knowledge, but as reflections of evolving professional identities.

To fully embrace a professional role, it is not enough to gain technical expertise. One must also undergo a fundamental shift in how the self is perceived and constructed. This is particularly pronounced among younger students, for whom entering the psychotherapeutic field often requires a reorganization of deeply held cultural values, assumptions, and self-concepts. The training period becomes a space where the self is reconfigured in relation to the other, and this reorganization affects both the therapeutic stance and the person behind it. Professional identity, therefore, cannot be separated from personal identity; it is an extension and evolution of it. For many students, this identity shift is not temporary but continues throughout their careers, as they encounter new challenges, contexts, and roles. Ultimately, this process marks the threshold between being a student of psychotherapy and becoming a psychotherapist in the fullest sense; integrated, self-aware, and relationally attuned (Kullasepp, 2008).

If we consider the broader picture, what began more than a century ago with Freud's work in Vienna laid the foundation for the emergence of psychotherapy as both a science and a profession. The theoretical advances and cultural shifts described in earlier sections of this monograph have culminated in the institutionalization of psychotherapy education. Sigmund Freud University in Vienna embodies Freud's vision: a place where psychotherapy is not only

taught and researched, but also a place students embark on a lifelong journey to become professionals. In this way, SFU Vienna is not simply a university; it is a symbolic continuation of a tradition rooted in both knowledge and personal transformation.

Having explored the personal and professional development of psychotherapists-in-training, it becomes clear that identity formation is inextricably linked to the broader educational structures within which it unfolds. The extensive journey from student to therapist is deeply embedded in the pedagogical frameworks, institutional cultures, and evaluative practices that shape not only what is taught but also how it is experienced. These insights naturally lead us to the question of curriculum design: How can educational programs be structured to support both the acquisition of competencies and the emergence of a professional self? The next chapter addresses this question by examining evidence-based approaches to curriculum development in psychotherapy training, highlighting the integration of theory, practice, and personal growth as foundational pillars of an effective educational model.

4. EVIDENCE-BASED CURRICULUM DEVELOPMENT

Building on the understanding that professional identity in psychotherapy is shaped through a gradual, ongoing process, it becomes essential to examine how training programs can intentionally support this development. The creation of a curriculum for psychotherapist training is a complex, multi-layered process defined by a dynamic interplay of philosophical foundations, regulatory mandates, and pedagogical innovation (Berning, et al., 2023; Orlinsky, et al., 2023). Across diverse international contexts, commonalities emerge in the foundations for developing psychotherapy training programs, including a strong emphasis on relationship-based experiential learning, direct supervision, and the cultivation of personal qualities such as empathy and self-awareness in trainees. These shared principles integrate theoretical, empirical, and practical elements to ensure the effective preparation of future therapists (Messina & Trimoldi, 2024; Orlinsky, et al., 2023; Orlinsky, Botermans, & Rønnestad, 2001; Rocco et al., 2019).

The process of curriculum development in psychotherapy training begins with a foundational commitment to supporting the trainee's progression from novice to competent practitioner, emphasizing not only theoretical knowledge but also the practical and personal dimensions of becoming a therapist. Programs typically adopt a developmental, phased approach, guiding students through increasingly complex stages of competence, self-reflection, and clinical engagement. Central to these programs is the

widely recognized “tripartite model” of clinical training, which integrates didactic instruction, supervised clinical practice, and mandatory personal psychotherapy as interconnected pillars of development. Within this framework, several key components stand out, including extensive supervised clinical experience, opportunities for personal therapy, comprehensive didactic coursework, and ongoing reflective practice. Increasingly, there is a pronounced focus on the importance of deliberate practice, constructive feedback, and the organizational context in which training occurs, all of which contribute to a richer and more adaptive educational environment for future psychotherapists (Berning et al., 2023; Fauth et al., 2008; Feinstein, 2020; McLeod et al., 2021).

Accreditation and licensure bodies serve as the primary arbiters of quality in psychotherapy education, establishing rigorous standards for curriculum content, faculty qualifications, and clinical experience. However, the fragmented, state-by-state nature of licensure requirements often poses a significant challenge, creating friction in standardization and impeding professional mobility across regions. Adding to this complexity, distinct therapeutic modalities, such as cognitive-behavioral Therapy (CBT), psychoanalysis, and humanistic approaches, translate their unique philosophical tenets directly into specific curriculum structures and pedagogical methods, further diversifying the landscape of training programs. These curricular designs reflect not only theoretical traditions but also a responsiveness to shifting societal needs, highlighting a direct link between contemporary challenges and pedagogical innovation. In this context, an effective psychotherapy curriculum must be understood not as a static document, but as a dynamic, evolving framework, one that continually balances the

enduring principles of professional development with the demands of emerging research, advancing technologies, and the growing diversity of client populations.

4.1. Foundational Principles of Psychotherapy Training

The development of a curriculum for psychotherapist training should be a structured and intentional process that begins by defining the philosophical foundations of the profession. This essential first step involves clarifying the core assumptions about human change, psychological growth, and the therapeutic process that the program aims to support. For example, some curricula focus on a relational and developmental model of change, emphasizing the therapeutic relationship, personal growth, and self-reflection, while others may adopt a more structured, symptom-focused approach based on evidence-based techniques. The choice of training philosophy, whether integrative, modality-specific, or based on a particular epistemology, shapes every aspect of the educational process. Establishing the intended professional identity and therapeutic approach thus becomes the foundation of curriculum design (Furlonger, et al., 2018). In recent years, accrediting bodies have actively sought to promote a “unified professional counselor identity” as a means of standardizing this professional role. This deliberate effort demonstrates that curriculum design is not a purely academic or institutional endeavor but is also shaped by a profession’s collective need to present a cohesive, standardized identity to the public and regulatory bodies (National Board for Certified Counselor, 2024).

Beyond this initial philosophical alignment, optimal psychotherapy training is conceived as a systematic,

phased, and progressive journey rather than a single, static educational event. One proposed developmental model outlines five distinct stages (Boswell & Castonguay, 2007):

1. **Preparation:** The initial stage where students acquire fundamental clinical and interpersonal skills to acclimate them to the therapeutic encounter.
2. **Exploration:** Trainees are exposed to a diverse array of therapeutic orientations and principles of change, which helps them recognize that various approaches can achieve common therapeutic functions.
3. **Identification:** Following exploration, students are encouraged to temporarily commit to a single therapeutic orientation, such as emotion-focused psychotherapy or CBT. This phase involves immersing themselves in a particular model's theoretical assumptions, gaining intensive experience in its specific interventions, and developing a deep understanding of its empirical literature.
4. **Consolidation:** Trainees expand the knowledge and skills they acquired during the identification stage by applying them to a variety of clinical roles and settings, such as working with couples or in group therapy.
5. **Integration:** The final stage, where trainees are encouraged to refine the constructs and techniques learned previously by integrating contributions from other orientations, thereby developing a more comprehensive and flexible approach to practice.

This phased model is echoed in other developmental frameworks, such as the six phases described by Rønnestad and Skovholt, which chart a trainee's journey from a dependent "beginning student" to a self-sufficient "senior

professional”. A cornerstone of clinical training, regardless of modality, is the time-honored tripartite model. This model is built on three essential pillars (Rocco, et al., 2019):

1. Didactic Training: The foundational coursework and theoretical knowledge.
2. Supervision: The application of theory to practice under the guidance of an experienced professional.
3. Personal Psychotherapy: The trainee’s engagement in their personal therapy to foster self-awareness and personal growth.

The three components are not isolated elements; rather, they are deeply interconnected and mutually reinforcing. For example, a humanistic curriculum explicitly identifies didactic learning, clinical practice, supervision, and personal development as four foundational elements, with a reflective journal and portfolio requirement serving to integrate them into a single, cohesive evaluative tool (University of Brighton, 2025). Likewise, psychoanalytic training makes extensive personal analysis a mandatory and foundational requirement, viewing it not as a mere supplement but as a critical element for clinical competence (American Institute for Psychoanalysis, 2025). The effectiveness of a curriculum, therefore, is not measured by the sum of its parts, but by the degree to which it creates a synergistic system in which each component provides a unique form of feedback, allowing the trainee to holistically develop the skills, wisdom, and personal insight necessary to become an expert practitioner (Boswell & Castonguay, 2007).

Research demonstrates a strong consensus on the foundational elements of psychotherapy training programs, with experiential learning, supervision, and personal development consistently identified as core components (Feinstein, 2020; Kühne et al., 2022; Orlinsky et al.,

2023; Rocco et al., 2019). The movement toward competence-based and principle-based training reflects a broader trend in health professions education, aiming to transcend theoretical silos and focus on skills and processes that are empirically linked to therapeutic effectiveness (Perez-Rojas et al., 2025; Babl et al., 2024; Boswell et al., 2024, Plakun et al., 2009). The integration of cultural and structural responsiveness is a significant advancement, addressing historical critiques of psychotherapy's cultural assumptions and preparing therapists for diverse client populations (Lee et al., 2024; Perez-Rojas, et al., 2025; Rocco et al., 2019):

1. **Core Theoretical and Empirical Foundations:** There are several foundational pillars for psychotherapy training: experiential learning (including direct patient contact), supervision, personal therapy, and didactic instruction (Feinstein, 2020; Kühne et al., 2022; Orlinsky et al., 2023; Rocco et al., 2019). The tripartite model, including didactic training, supervision, and personal psychotherapy, remains a widely acknowledged framework, with some models adding clinical experience as a fourth pillar (Rocco et al., 2019). Empirical studies highlight the importance of practice-related interpersonal situations, supportive supervisory relationships, and the therapist's own personal development (Kühne et al., 2022; Boswell et al., 2024).
2. **Competence-Based and Principle-Based Approaches:** There is a notable shift from tradition-based (school-specific) training to competence-based and principle-based models. These approaches emphasize the development of core therapeutic competencies (e.g., relationship skills, emotion regulation, reflective practice) and

the integration of evidence-based mechanisms of change across theoretical orientations (Rief, 2021; Babl et al., 2024, Orlinsky, Botermans, & Rønnestad, 2001; Plakun et al., 2009). Deliberate practice, structured feedback, and modeling are increasingly recognized as effective methods for acquiring and refining skills (Berning et al., 2024; McKeown et al., 2024; Mahon, 2020).

3. Cultural, Structural, and Contextual Responsiveness: Recent literature emphasizes the necessity of culturally and structurally responsive training, advocating for the inclusion of cultural humility, critical consciousness, and anti-oppressive frameworks in curricula (Pérez-Rojas et al., 2025; Lee et al., 2024). Training programs are encouraged to address systemic influences on client well-being and to prepare therapists for equity-driven, context-responsive care (Perez-Rojas et al., 2025; Rocco et al., 2019; Berning et al., 2024).
4. Organizational, Supervisory, and Reflective Elements: The organizational context, quality of supervision, and opportunities for reflective practice are critical to effective training. Cognitive apprenticeship models, immersive learning environments, and structured supervision are highlighted as mechanisms for fostering both technical and relational competencies (Feinstein, 2020; McLeod et al., 2021; McKeown et al., 2024; Welton et al., 2019). The personal and professional development of trainees, including self-awareness and the ability to embrace uncertainty, is also emphasized as foundational (Fauth et al., 2007; McKeown et al., 2024).

Despite these advances, challenges persist. There

is variability in how programs operationalize these foundations, and the empirical evidence for the effectiveness of specific training models remains limited (Fauth et al., 2007; Rocco et al., 2019; Nuovo, 2019). The literature also highlights the need for ongoing research into the mechanisms of skill acquisition, the impact of organizational context, and the best methods for integrating reflective and embodied learning. Overall, the field is moving toward more integrative, evidence-informed, and contextually responsive training models, but further empirical validation and innovation are needed (Berning et al., 2024; Gennaro et al., 2019; McLeod et al., 2021).

4.2. The Role of Accreditation and Regulation

External regulatory and accrediting bodies play a fundamental role in shaping psychotherapy curricula, acting as the primary arbiters of professional quality and accountability. Accreditation is a formal process by which an independent agency sets and verifies minimum standards that training programs must meet. This process is distinct from the certification of individual clinicians, although the former often serves as a prerequisite for the latter (Sutherland, et al., 2025). In the United States, two prominent specialized accreditors for professional preparation programs are the American Psychological Association (APA) and the Council for Accreditation of Counseling and Related Educational Programs (CACREP) (Sutherland, et al., 2025). The APA Commission on Accreditation (APA-CoA) accredits doctoral degrees, doctoral internships, and post-doctoral programs. Its “Standards of Accreditation” (SoA) are widely recognized as rigorous, and graduating from an APA-accredited program is a requirement for licensure in

many states (Monti, 2025). Similarly, CACREP accreditation signifies a commitment to program excellence and promotes a “unified professional counselor identity”. The 2024 CACREP Standards, for instance, mandate a minimum of 60 semester credit hours for entry-level degrees and detail specific requirements for core content areas, faculty qualifications, and clinical fieldwork (National Board for Certified Counselor, 2024).

In contrast to the more centralized accreditation landscape of the United States, Europe presents a more complex and decentralized framework for regulating and accrediting psychotherapy training. There is no singular pan-European authority equivalent to the American Psychological Association (APA) or the Council for Accreditation of Counseling and Related Educational Programs (CACREP). Instead, a mosaic of national laws, modality-based standards, and pan-European professional organizations collectively shape the educational pathways and professional recognition of psychotherapists across the continent (Warnecke, 2014). One of the most prominent supranational bodies is the European Association for Psychotherapy (EAP), which awards the European Certificate of Psychotherapy (ECP), the credential designed to establish equivalency of standards across European nations. To qualify for the ECP, training programs must meet the EAP’s core requirements, which include a minimum of 3,200 hours of theoretical instruction, clinical practice, supervision, and personal psychotherapeutic experience, distributed over a minimum of seven years, including a relevant undergraduate education. Accredited institutions that meet these requirements are designated as European Accredited Psychotherapy Training Institutes (EAPTIs), and their graduates are often eligible for direct certification (European Association for Psychotherapy,

2025).

In addition to the EAP, numerous modality-specific organizations play a critical role in regulating training quality within their theoretical orientations. For example, the European Federation for Psychoanalytic Psychotherapy (EFPP) provides comprehensive training standards for adults, children, adolescents, and group psychoanalytic psychotherapy. EFPP guidelines stipulate that training must span a minimum of four years, during which the trainee must attend personal psychoanalytic psychotherapy at least twice weekly. In the adult section, theoretical seminars must comprise at least 360 hours, and supervision must include at least two patients across 360 sessions, with one patient seen two to three times per week over an extended period. These standards aim to create a solid integration of personal experience, theoretical understanding, and clinical competence (EFPP, 2022). The European Family Therapy Association's Training Institutes Chamber (EFTA-TIC, 2025) issues detailed Minimum Training Standards that specify theoretical, clinical, and supervisory components necessary for competence in systemic therapy. Similarly, the European Association for Body Psychotherapy (EABP, 2025) maintains a comprehensive framework for body-oriented psychotherapy, setting clear requirements for didactic education, personal therapy, and supervised clinical work. These frameworks emphasize not only technical competence but also personal development and ethical integrity, aligning with the European tradition of integrative and humanistically grounded psychotherapy education.

Another key actor is the International Psychoanalytical Association (IPA), which sets standards for member institutes across various training models (the Eitingon,

French, and Uruguayan models), each reflecting different emphases in training structure but maintaining key commonalities. All IPA training models require candidates to hold a university-level degree prior to admission and to undergo a personal psychoanalysis, often beginning before formal clinical training. Personal analysis is not merely a recommendation but a foundational component of psychoanalytic education, ensuring that future analysts engage in deep self-reflection and develop the internal capacities necessary to work with unconscious processes and complex transference dynamics (IPA, 2024).

While these supranational frameworks aim to foster coherence and mutual recognition across Europe, considerable variation persists at the national level. Some countries, such as Austria, Germany, and Malta, have enacted specific legislation to regulate the psychotherapy profession and define the training routes required for legal recognition. In these cases, national laws delineate the scope of practice, educational prerequisites, and licensing procedures, which are enforced by governmental or semi-governmental bodies. For example, Austria recognizes psychotherapy as an independent health profession and mandates a multi-phase training process regulated by federal law. In contrast, other countries still lack formal regulation, relying instead on voluntary registration with professional bodies or recognition by employers and insurance providers. This lack of uniformity poses significant challenges to cross-border recognition and professional mobility, despite ongoing efforts to harmonize standards through mechanisms such as the European Qualifications Framework (EQF) (Možina, 2024).

National associations also implement standards with localized adaptations. In the United Kingdom, the British

Psychoanalytic Council (BPC) accredits psychoanalytic training programs that typically last four or more years and include extensive academic coursework, personal analysis, and supervised clinical work. A central element of BPC-accredited training is the requirement for long-term personal psychoanalysis, generally at a frequency of three to five sessions per week. The BPC emphasizes ethical conduct, theoretical depth, and relational competence, reflecting the psychoanalytic tradition's comprehensive understanding of human development and pathology (BPC, 2024).

Overall, the European landscape of psychotherapy training is characterized by its plurality and diversity. While the EAP and its associated bodies have made significant strides in articulating shared standards and promoting the portability of credentials, the absence of unified legal recognition across EU member states continues to create both opportunities and challenges. In this context, curriculum development in European psychotherapy training programs must navigate not only pedagogical and philosophical considerations but also a multilayered and evolving regulatory environment (Možina, 2024). This complex regulatory backdrop emphasizes the importance of transparent, high-quality accreditation processes that can both uphold professional standards and accommodate regional and institutional particularities. As training programs work to align themselves with evolving expectations, accreditation becomes not merely a bureaucratic requirement but a critical mechanism for ensuring educational integrity, clinical competence, and public trust.

Within this framework, the process of obtaining and maintaining accreditation functions as a structured yet context-sensitive mechanism through which programs demonstrate their alignment with recognized standards of

quality, competence, and ethical responsibility. The process of obtaining and maintaining accreditation is a rigorous, multi-step course. Programs voluntarily initiate the process by submitting a comprehensive “self-study” that is reviewed against the accreditor’s standards (Sutherland, et al., 2025). This is followed by a “site visit,” during which a team of professional peers conducts an on-site review of the program (American Psychological Association, 2025a). This is a form of peer-based self-regulation designed to ensure that the program’s curriculum, faculty, and resources meet established quality benchmarks (National Board for Certified Counselor, 2024).

While accreditation bodies strive to create a cohesive standard of quality, the final and most critical hurdle for aspiring clinicians is navigating the labyrinth of state-by-state licensure requirements. These requirements can be a significant driver of curriculum design, often mandating specific coursework, a minimum number of supervised clinical hours, and passing examinations such as the Examination for Professional Practice in Psychology (EPPP) or a locally specific jurisprudence exam. A considerable challenge for curriculum developers worldwide is the substantial variability in jurisdictional requirements. In the U.S., for example, Michigan requires 6,000 supervised hours for licensure, while California requires 3,000 hours (American Psychological Association, 2025b). Some states, such as California, also require specific coursework, including a course on California-specific law and ethics (Board of Behavioral Sciences, 2024). This disparity means that a program’s graduates might be prepared for licensure in one state but not another, potentially impacting their professional mobility (University of Utah, 2014).

The fragmented nature of these regulations creates a

paradoxical challenge for program design. While national accreditors strive for a unified, high-quality standard, curriculum developers must simultaneously create programs that are both philosophically sound and practically compliant with the diverse demands of numerous state boards. The emphasis on a “unified professional counselor identity” (National Board for Certified Counselor, 2024) and the existence of “credential banks” (American Psychological Association, 2025b) are direct responses to this regulatory friction, reflecting the profession’s effort to create a more streamlined and mobile workforce. These systemic efforts to unify professional identity and simplify licensure requirements lay the groundwork for a more coherent didactic structure, one that must now be translated into the concrete architecture of the curriculum itself.

4.3. The Didactic Framework: Anatomy of a Curriculum

The didactic component of a psychotherapy curriculum is the intellectual scaffold upon which a trainee’s professional identity is built. Foundational curricula are designed to introduce students to the major theoretical approaches while also imparting essential knowledge and skills necessary for competent practice (van Deurzen, et al, 2025). These core content areas typically include human mental growth and development, psychopathology, assessment and diagnosis, and research and program evaluation (University of Brighton, 2025). A progressive curriculum is structured to teach core processes of psychotherapy, such as patient engagement, the development of a working alliance, and the process of treatment termination (Feinstein, 2025). The philosophical underpinnings of a given therapeutic modality are the primary driver of its curriculum design.

The differences in content and structure between various approaches are a direct reflection of their core beliefs about the human mind and the process of change (Chalmers et al., 2025).

Cognitive-Behavioral Therapy (CBT) curricula are typically structured, modular, and skill-based, mirroring the modality's focus on short-term, goal-oriented treatment that targets specific thought and behavior patterns (Chalmers et al., 2025). A core component of CBT training is the direct instruction of techniques such as cognitive restructuring, behavioral activation, and exposure and response prevention (MGH Institute of Health Professions, 2021). The pedagogical methods are highly didactic and practical, often including pre-recorded lessons, videos of therapy sessions, assignments, and activities that allow students to practice what they have learned (Beck Institute for Cognitive Behavior Therapy, 2025). The curriculum's structured nature and use of hands-on assignments, which are considered an "active ingredient" in the treatment itself, are a direct translation of the CBT philosophy into a pedagogical method (Beck Institute for Cognitive Behavior Therapy, 2025).

In stark contrast, psychoanalytic curricula are long-term, exploratory, and less structured, reflecting the modality's goal of uncovering unconscious conflicts and motivations (Chalmers et al., 2025). Training emphasizes the intensive study of classical and contemporary theoretical models of the mind, development, and psychopathology, with a particular focus on conceptualizing internal and external conflicts. A non-negotiable and extensive requirement in these programs is personal psychoanalysis, often requiring a minimum of 500 hours of treatment over several years (American Institute for Psychoanalysis, 2025). This

personal analysis is considered a core part of a trainee's professional development, allowing them to experience the therapeutic process from the patient's perspective (van Deurzen, et al, 2025).

Humanistic curricula are deeply rooted in philosophical principles that value the dignity of every human being, personal responsibility, and the innate tendency toward growth and healing. Consequently, training places a strong emphasis on developing a trainee's self-awareness and positioning the therapeutic relationship as the central vehicle for effective practice. Curricula include a distinct "personal growth and development" component, often requiring weekly personal counseling or psychotherapy (University of Brighton, 2025). The pedagogy is highly experiential, incorporating exercises and peer feedback sessions that allow students to experience the therapeutic framework from both the therapist's and the client's point of view (van Deurzen, et al, 2025). The curriculum is not merely a collection of topics but a pedagogical system that operationalizes a therapeutic school's core beliefs. The use of reflective journals, peer feedback, and experiential exercises in humanistic training, for instance, is a direct manifestation of the philosophy that values self-awareness and the co-created nature of the therapeutic relationship. This means that the curriculum serves as the DNA of a therapeutic approach, ensuring its principles are not only taught conceptually but are also deeply embodied by the trainee (University of Brighton, 2025).

The didactic framework is thus far more than a delivery system for theoretical knowledge; it is a living embodiment of the values, assumptions, and therapeutic worldview of each modality. Whether emphasizing cognitive restructuring, unconscious dynamics, or self-actualization, each

curriculum translates its guiding philosophy into specific pedagogical methods, experiential components, and developmental milestones. This alignment between epistemology and instruction ensures that trainees not only understand the theoretical tenets of their chosen approach but also internalize them through lived experience. As psychotherapy continues to evolve in response to societal needs and scientific advancements, the didactic framework must remain both grounded in tradition and open to innovation, continuously adapting to prepare future therapists for complex, human-centered work. Additionally, regardless of how robust the theoretical foundation may be, it is only through lived experience with real clients under supervision that the theory is tested, professional identity is refined, and therapeutic competence truly begins to take shape.

4.4. The Crucible of Practice: Supervision and Clinical Experience

The transition from theoretical instruction to practical clinical competence is a requisite element within the structure of psychotherapy training, operationalized through supervised clinical practice and experiential learning. This component serves as a rigorously controlled, authentic setting in which trainees systematically apply foundational theoretical constructs and refine their counseling competencies. Accrediting organizations delineate explicit minimum standards for clinical training hours to ensure both the integrity and quality of professional preparation. For instance, the Council for Accreditation of Counseling and Related Educational Programs (CACREP) stipulates that students enrolled in entry-level programs must complete a practicum comprising no fewer than 100 clock hours, with a minimum of 40 hours devoted to direct client contact,

as well as an internship entailing at least 600 clock hours, of which 240 hours must involve direct client service (National Board for Certified Counselor, 2024). Certain regulatory jurisdictions impose even more stringent clinical requirements; for example, the state of Michigan mandates 6,000 hours of supervised clinical experience, a criterion that significantly influences curriculum design and structure (Dittmann, 2004).

Supervision constitutes a foundational and indispensable component of clinical training, characterized by structured individual and group sessions led by a credentialed professional with substantial clinical expertise. The efficacy and perceived quality of supervision are closely linked to the dynamics of the supervisor-supervisee relationship, as well as the supervisor's capacity to model professional engagement and convey enthusiasm for psychotherapeutic practice effectively. Empirical evidence suggests that a supervisor's ability to demonstrate professional passion and satisfaction has a significant impact on trainee outcomes. Furthermore, advanced training programs are designed to expose trainees to a spectrum of supervisory perspectives by facilitating interactions with multiple supervisors who possess diverse clinical specializations, thereby enriching the trainee's understanding and competence in varied therapeutic contexts.

A foundational element within numerous psychotherapy curricula, particularly those aligned with psychodynamic and humanistic paradigms, is the requirement for trainees to engage in personal psychotherapy. This experiential requirement is regarded as indispensable for cultivating advanced self-awareness and facilitating personal development, thereby enabling trainees to internalize the therapeutic model from the vantage point of the client. Such

engagement is intended to promote the critical examination and integration of their own affective experiences, implicit biases, and projections (University of Brighton, 2025). In the context of psychoanalytic education, this stipulation is especially rigorous and non-negotiable, frequently requiring a minimum of 500 hours of personal analytic work conducted over several years (American Institute for Psychoanalysis, 2025). The underlying theoretical justification for this requirement is that clinical competence is fundamentally contingent upon the therapist's depth of self-understanding and emotional maturity.

4.5. The Future-Proof Curriculum: Innovation and Integration

Psychotherapy curricula are in a continuous state of evolution, adapting to the demands of a changing society and integrating emerging technologies to meet new professional and ethical challenges. A significant recent development has been the embedding of cultural competency as a core skill in training programs (California Institute of Integral Studies, 2025). This goes beyond mere awareness and involves the cultivation of specific skills, knowledge, and attitudes necessary to build effective therapeutic relationships with clients from diverse backgrounds (Grammer, 2023). Training aims to help future therapists reflect on their own biases, understand how historical trauma, racism, and oppression shape the experiences of diverse communities, and work to eliminate cross-cultural barriers in practice (Logan, 2024). This curricular shift is a direct response to the recognition that many traditional therapeutic models were developed within a “fundamentally Eurocentric context” and may not be universally applicable or effective (California Institute of Integral Studies, 2025).

Technology's role in both education and practice is also rapidly reshaping the curriculum. A Delphi poll of psychotherapy experts predicts that teletherapy platforms, including video conferencing, texting, and smartphone applications, will flourish in the coming years (Norcross, Pfund, & Cook, 2022). This prediction is linked to a critical shortage of clinicians trained in evidence-based treatments (EBTs). Traditional, in-person training methods are often costly and difficult to scale to meet the high demand. Technology-assisted training, such as online courses and video conferences, is seen as a viable solution, as it can be as effective as traditional didactic training while being more cost-effective and scalable (Singh & Reyes-Portillo, 2020).

This combination of a clinician shortage and the growing need for specialized, accessible care is driving a powerful push for curricular innovation. Programs are now being designed to teach therapists how to use AI tools for administrative and clinical purposes (Olmstead, 2023) and how to conduct therapy via virtual reality (VR) to create safe, controlled environments for exposure therapy and other interventions. The push for these innovations is not a random trend but a direct, causal response to major demographic, economic, and technological forces. The profession is undergoing a fundamental shift, transitioning toward a model that is more accessible, efficient, and responsive to the needs of a broader, more diverse population (Crimmins, 2025). As the field adapts to these important changes, the curriculum must be understood as a dynamic, evolving structure, one that develops in phases, responds to external pressures, and undergoes regular reassessment to remain pedagogically, clinically, and ethically relevant. The evolving nature of curriculum design is mirrored in the life cycle of curriculum development.

4.6. The Lifecycle of Curriculum Development: From Vision to Validation

The formulation of a psychotherapy curriculum is conceptualized as a systematic and iterative process that begins with the articulation of a guiding vision and culminates in comprehensive evaluative mechanisms. The initial phase involves a rigorous needs assessment aimed at identifying the requisite competencies and skill sets pertinent to distinct professional cohorts, including medical students, residents, and allied mental health practitioners. Insights derived from this assessment serve as the foundation for delineating the program's overarching aims and articulating specific, operationalized learning objectives. A principal methodological challenge at this juncture lies in the absence of a robust, empirically validated consensus regarding the optimal prioritization and sequencing of psychotherapeutic modalities within training programs to maximize clinical efficacy across heterogeneous patient populations (Feinstein, 2025).

Once the goals are established, the curriculum is crafted to be progressive and developmentally appropriate. This involves teaching core processes of psychotherapy, from patient engagement and alliance-building to the termination of treatment (Feinstein, 2025). The curriculum must also integrate content related to specific competencies, such as the ability to conduct spiritual conversations collaboratively and ethically (The Standard for Spiritual Care and Education, 2025).

The final stage of the life cycle involves a robust system of evaluation and quality assurance. A successful program incorporates multiple methods of assessment, including

written and oral examinations, self-assessments, and observation-based behavioral checklists to track the development of clinical skills (Feinstein, 2025). This internal evaluation is complemented by external validation through accreditation processes, which require programs to submit a self-study, provide clinical experience data, and undergo an on-site review to demonstrate adherence to established standards (American Psychological Association, 2025).

4.7. Conclusion: A Holistic Perspective on Professional Preparation

The creation of a curriculum for psychotherapist training is a complex and multifaceted undertaking that extends far beyond the mere selection of courses or syllabi. It is an intricate process that synthesizes foundational philosophical principles, the structured mandates and standards set forth by regulatory and accrediting bodies, and the dynamic, often unpredictable demands of an evolving society. A carefully structured curriculum can function as an evolving educational system, supporting the formation of professionals with both technical competence and ethical awareness.

Programs appear to be more effective when they are able to navigate the complexities of this landscape, designing a curriculum that meets the rigorous and often varied demands of licensing boards while also embodying a cohesive professional identity. These curricula are not static; they are living frameworks, continuously updated to address the modern needs of both clinicians and the public, from the critical integration of cultural competency to the innovative use of technology to expand access to care. Ultimately, the architecture of a psychotherapist's training curriculum

reflects an ongoing commitment within the profession to cultivating competence, fostering ethical practice, and preparing clinicians to address the challenges of a complex and ever-changing world.

5. STUDENT JOURNEYS AND PROFESSIONAL EVOLUTION

The process of becoming a psychotherapist extends beyond the mere acquisition of theoretical knowledge, representing a significant developmental transition marked by major changes in professional identity, interpersonal competence, and clinical expertise. Building upon qualitative and quantitative analyses derived from the *SFU Slovenia Psychotherapy Cohort Study*, this chapter provides a systematic evaluation of the progression of trainees' expectations and representations throughout their educational trajectory. The empirical evidence synthesized from the initial study informs a set of practice-oriented recommendations relevant to the strategic design and iterative modification of psychotherapy curricula. The evolution of students' beliefs, anticipations, and self-perceptions constitutes a central axis for understanding the mechanisms underlying professional maturation. The exploration of these conceptual frameworks sheds light on the diverse processes by which individuals navigate the transition from initially often idealised conceptions of care to a more elaborate, ethically grounded, and scientifically informed professional identity. The topic facilitates an inquiry into the experiential realities of trainees, highlighting the dynamic interaction between intrapersonal development, professional socialization, and the structured pedagogical environment.

Initially, we will explore the common motivations and often romanticized views that students bring at the outset of their training. We will observe an initial focus on

altruism and personal growth, alongside an underdeveloped awareness of the rigorous clinical, theoretical, and systemic demands of the profession. This foundation sets the stage by delineating the starting point of the student's journey, emphasizing the gap between initial perceptions and the complex reality of psychotherapeutic practice. A typical arc of transformation unfolds during training, tracing a gradual shift from idealism to realism, the crucial reorientation from self-focused to patient- and system-focused thinking, and the deepening understanding of the profession's clinical, ethical, and societal dimensions. We will then examine the central role of specific curriculum components, such as clinical practice, personal therapy, and peer groups, in facilitating this significant evolution. We will emphasize how these experiential elements serve as catalysts for integrating theoretical knowledge with practical wisdom and personal insight.

We will also explore how personal characteristics, including age, prior education, and personal therapy experience, uniquely shape each student's developmental trajectory. Based on the research findings from the initial study, we will challenge simplistic assumptions, revealing that while some factors, such as personal therapy, critically enhance the maturity of perspective, others, including initial education level, have surprisingly little impact on the extensive process. Crucially, we will also address the reality that growth is not always linear, acknowledging instances where students may experience regression or disappointment. This elaborate exploration highlights the importance of individualized support within training programs.

Our primary analytical focus will be on integrating empirical findings into curriculum planning. Each observation derived from the developmental trajectories of

trainees will be systematically translated into evidence-based recommendations for program structure and implementation. This includes specifying optimal periods for initiating clinical practicum experiences, delineating requirements for engagement in personal therapy, and formulating strategies to foster realistic and resilient professional identity formation. The guidance provided is intended to support educators and curriculum developers in creating pedagogical frameworks that are responsive to the dynamic processes of professional maturation. By presenting these recommendations in relation to existing professional standards, the objective is to facilitate the development of training programs that are both empirically grounded and adaptive, thereby optimizing the preparation of future psychotherapists. This approach also encourages critical reflection on the complex and iterative nature of professional development, underscoring the importance of educational environments that promote not only the acquisition of theoretical knowledge but also the cultivation of clinical competence, ethical integrity, and psychological resilience.

5.1. Initial Expectations and Representations

Long before they sit with their first client, psychotherapy students begin constructing mental blueprints of their future role: expectations and representations that shape how they learn, relate, and grow. Expectations refer to the anticipatory beliefs that students hold about what psychotherapy is, what it entails as a profession, and what kinds of personal and professional outcomes it will yield. These are often forward-looking and shaped by both conscious hopes and implicit assumptions. Representations, by contrast, are the internalized images or mental models students have about

the psychotherapist's role, the therapeutic relationship, and the nature of psychological change itself. Together, these constructions form the psychological and conceptual framework that students carry into their training. They serve as lenses through which new information is filtered and interpreted, and as such, play a critical role in shaping the learning process. Re-examining these dimensions through the lens of empirical findings enables us to map how student perceptions evolve in response to the demands and experiences of their educational environment.

Before the realities of training test these internal frameworks, they are revealed in students' earliest motivations and images of the therapeutic role. The results from the *SFU Slovenia Psychotherapy Cohort Study* show that it is here, at the beginning, that we encounter the aspiring healer, the student whose entry into the field is shaped by personal ideals and emotionally resonant visions of what it means to help.

5.1.1. The Aspiring Healer: Early Motivations and Idealism

For many students, entering the demanding and deeply personal field of psychotherapy is often driven by a deep and earnest desire to alleviate suffering and foster personal growth, both in others and, implicitly, within oneself. Accounts gathered through the *SFU Slovenia Psychotherapy Cohort Study* reveal that this initial impetus, while noble and essential, frequently manifests as an idealized vision of the profession, one that is more akin to a benevolent calling than a rigorous scientific and clinical discipline. Students embarking on this course typically hold emotionally charged views of what it means to be a psychotherapist,

often romanticizing the therapeutic encounter as a purely empathetic and intuitive process. They envision themselves as guides, companions on a journey of self-discovery, or even as figures capable of profound, almost miraculous, transformations in the lives of their future clients. This early idealism, while a powerful motivator, often overlooks the intricate complexities, ethical dilemmas, and intellectual demands that characterize professional psychotherapeutic practice.

These nascent representations are predominantly characterized by a focus on the relational aspects of helping: the importance of listening, understanding, and providing a supportive presence. As observed in the *SFU Slovenia Psychotherapy Cohort*, there is a strong emphasis on general humanistic qualities such as kindness, empathy, and an innate capacity for caring. While these attributes are undeniably critical for effective therapeutic work, their prominence in initial student perspectives often overshadows the equally vital need for structured theoretical knowledge, evidence-based techniques, and a disciplined approach to clinical assessment and intervention. The early student narrative tends to be less focused on the intellectual rigor required to navigate complex psychological phenomena or the ethical frameworks that govern professional conduct. Instead, the focus remains mainly on the perceived emotional and personal rewards of helping, reflecting a view of the profession that is still largely informed by personal experience and societal stereotypes rather than on a comprehensive understanding of its diverse demands.

For training programs, this pervasive initial idealism presents both opportunities and challenges. It is an opportunity to harness the genuine altruistic motivations that draw individuals to the field, validating their compassionate

impulses and reinforcing the inherent value of their desire to help. However, it is equally challenging to introduce the necessary counterbalancing realities of the profession in a gentle yet firm manner. Curricula must be designed to systematically and explicitly introduce the scientific and theoretical underpinnings of psychotherapy from the outset. This involves not only presenting foundational theories but also demonstrating their practical application in clinical contexts, thereby bridging the gap between an idealized vision and the grounded realities of practice. Early exposure to the structured nature of therapeutic work, the importance of diagnostic clarity, and the ethical responsibilities inherent in the role can begin to temper unrealistic expectations, laying a more robust foundation for professional identity formation. This initial phase of training is crucial for recalibrating student perspectives, moving them from a generalized notion of “helping” towards a specific, disciplined, and ethically informed practice of psychotherapy.

Beyond the altruistic impulse, many aspiring psychotherapists are also driven by a deep-seated desire for personal growth and self-understanding. The field of psychotherapy, with its emphasis on introspection, emotional intelligence, and relational dynamics, naturally appeals to individuals seeking to explore their own inner worlds and resolve personal challenges. This self-exploratory motivation, while valuable for fostering empathy and self-awareness, can sometimes lead to an initial overemphasis on the therapist’s personal journey at the expense of a comprehensive understanding of the client’s unique experience. Students may, consciously or unconsciously, project their own developmental needs onto the therapeutic process, viewing it as a means to further their own healing or to achieve a

state of personal enlightenment. This can manifest as an idealized view of the therapist as a perfectly integrated, and emotionally unburdened individual, a perception that can create unrealistic expectations for both the trainee and their future clients.

The idealized view of the profession often extends to a romanticized perception of the therapeutic relationship itself. Students may envision a harmonious, deeply connected bond with clients, free from conflict, resistance, or the complexities of transference and countertransference. They might anticipate a continuous flow of significant insights and breakthroughs, overlooking the often slow, arduous, and sometimes frustrating nature of real-world therapeutic work. This romanticism can stem from a lack of direct exposure to the challenging aspects of clinical practice, such as working with highly resistant clients, managing severe psychopathology, or navigating ethical dilemmas without easy answers. The media's portrayal of therapy, often reducing complex processes into dramatic revelations, can further reinforce these idealized notions, creating a significant disconnect between expectation and reality.

Furthermore, the initial motivations are frequently emotionally driven, rooted in a visceral desire to alleviate suffering rather than a measured, evidence-based approach. While compassion is an indispensable quality for a psychotherapist, an overreliance on emotional responses without the tempering influence of theoretical knowledge and clinical reasoning can be problematic. Students may initially struggle to maintain professional boundaries, differentiate between empathy and enmeshment, or recognize the importance of objective assessment in guiding interventions. The emotional intensity of therapeutic work, if not

adequately understood and managed, can lead to burnout, vicarious trauma, or an inability to maintain the necessary therapeutic distance. Training programs must therefore not only cultivate emotional intelligence but also equip students with cognitive and behavioral tools for navigating the emotional landscape of therapy in a healthy and sustainable manner.

In essence, the aspiring healer enters the psychotherapeutic profession with a heart full of good intentions and a mind brimming with idealized visions. These initial motivations, while powerful and essential, require careful guidance and calibration. The challenge for educators is to honor and nurture the altruistic and self-exploratory impulses that draw individuals to the field, while simultaneously introducing the rigorous intellectual, ethical, and emotional demands that define professional practice. This delicate balance is critical in transforming well-meaning individuals into competent, ethical, and resilient psychotherapists, capable of navigating the complexities of human experience with both compassion and clinical acumen.

5.1.2. The Underdeveloped Professional Identity: Gaps in Awareness

Complementing the initial idealism of aspiring psychotherapists is a corresponding and significant gap in their awareness of the profession's clinical, theoretical, and systemic dimensions. The cohort study shows that many students enter training with a professional identity that is, at best, underdeveloped. Their understanding of psychotherapy is primarily shaped by popular media, personal experiences as clients, or a general layperson's perspective. This often translates into a limited grasp of the complexity of

clinical practice, the critical role of theoretical frameworks in guiding intervention, and the broader social and ethical responsibilities that a psychotherapist must navigate.

Initially, students may not fully appreciate the distinction between a casual helping conversation and a structured therapeutic intervention. Their understanding of clinical work may be limited to the surface-level act of listening and offering support, without a deeper comprehension of the underlying psychological processes at play. Concepts foundational to professional practice —such as transference, countertransference, resistance, and the intricate dynamics of the therapeutic alliance—are often abstract or entirely unfamiliar to the novice practitioner. The process of clinical assessment, diagnosis, and treatment planning, which requires a sophisticated integration of theoretical knowledge and observational data, is frequently underestimated in terms of its complexity. Students may not yet recognize the immense responsibility involved in formulating a case conceptualization that is both theoretically sound and deeply attuned to the individual client's unique history and circumstances.

Similarly, the importance of a strong theoretical foundation is often not fully grasped at the outset. While students may have a passing familiarity with major psychological theories, they may not yet see how these frameworks provide the essential scaffolding for effective and ethical practice. The idea that a therapist's interventions should be guided by a coherent theoretical model, rather than solely by intuition alone, can be a new and challenging concept. The rigorous intellectual work of mastering different therapeutic modalities, understanding their underlying assumptions, and critically evaluating their applicability to diverse client populations is a significant part of the developmental journey

that lies ahead. Furthermore, the systemic dimensions of psychotherapy are frequently overlooked in early representations. Students may initially view therapy as a process that occurs in a vacuum, a private interaction between two individuals. The broader social, cultural, and economic contexts that shape a client's life and present issues may not be fully taken into account. The ethical and legal responsibilities that come with the profession, such as mandatory reporting, maintaining confidentiality, and navigating dual relationships, are often understood at a superficial level. The role of the psychotherapist as a professional within a larger healthcare system, with its own set of regulations and expectations, is another area where awareness is typically limited.

The following table illustrates the diverse ways in which students initially conceptualize the psychotherapy profession, organized by thematic areas that emerged from the cohort study interviews. This table reveals the predominance of idealistic and emotionally driven conceptualizations, with notable gaps in the understanding of theoretical foundations and systemic complexities. The absence of responses in the field of theoretical knowledge is particularly striking, highlighting the underdeveloped awareness of the intellectual rigor required for professional practice.

Table 3. Initial Representations of the Psychotherapy Profession

	Representative Quotes
Clinical Work & Practice	<p>"I believe that being a psychotherapist is a lot like being a doctor or a priest. A person confides in you and expects that you will try to understand them."</p> <p>"Psychotherapists help people in crisis to understand their problems."</p> <p>"It is about working with patients and the therapeutic relationship. I am referring to private practice."</p> <p>"It is a responsible job in which we try to find solutions for patients' problems and support their happiness."</p>

Personal Characteristics & Life Experience	<p>“A psychotherapist is a person who guides other people to happiness.”</p> <p>“Somebody who can empathize with a person and the situation they are in”</p> <p>“It is a very responsible profession; you should not take it lightly. It’s a combination of spontaneity, strictness, and creativity.”</p> <p>“Hard profession, you can gain a lot from it, but sometimes it can be boring.”</p>
Combination of Different Categories	<p>“It is a demanding profession; you need a lot of knowledge and experience to do it. It is a very meaningful profession.”</p> <p>“A very ethical profession, requiring professional knowledge and responsibility, and the ability to form a healthy relationship.”</p>
Social Context of Profession	<p>“With no law relating to psychotherapy, everything is up to each individual... There is no stable income. I believe the standards for psychotherapists will eventually be legalized.”</p> <p>“They are necessary in human society, but financially inaccessible to many people. There should be a law defining psychotherapy.”</p> <p>“It is one of the most beautiful professions and, at the same time, one of the most responsible professions in our society.”</p>

5.1.2.1. Clinical Realities Often Overlooked

One of the most significant areas of underdeveloped awareness lies in the practical realities of clinical work. Students often lack a concrete understanding of what a typical therapeutic session entails beyond the basic act of talking. They may not grasp the nuances of active listening, the art of formulating insightful questions, or the skill of managing difficult emotions and resistance in the therapy room. The concept of the therapeutic frame, including boundaries around time, fees, and confidentiality, is often not fully appreciated for its role in creating a safe and effective therapeutic space. Furthermore, the challenges of managing a caseload, dealing with administrative tasks, and navigating

the complexities of interprofessional collaboration are typically far from their initial considerations.

5.1.2.2. Limited Theoretical Grounding

The theoretical landscape of psychotherapy is vast and complex, encompassing a multitude of schools of thought, each with its own philosophical underpinnings, conceptual frameworks, and intervention strategies. Students often enter training with a superficial understanding of these diverse perspectives, perhaps having been exposed to a few prominent names or concepts. They may not yet comprehend the importance of developing a coherent theoretical orientation, one that guides their understanding of human behavior, psychopathology, and the process of change. The rigorous intellectual work involved in mastering a particular theoretical model, understanding its strengths and limitations, and integrating it with other perspectives is a significant undertaking. Without this deep theoretical grounding, interventions can become haphazard, lacking consistency and a clear rationale, which may lead to ineffective or even harmful practice.

5.1.2.3. Neglect of Systemic and Societal Dimensions

Moreover, the systemic aspects of human experience and the broader social context of mental health are frequently overlooked in initial student representations. Students may primarily focus on the individual client, neglecting the powerful influence of family systems, cultural backgrounds, socioeconomic factors, and societal structures on psychological well-being. The concept of intersectionality, which recognizes how various social and political identities intersect to create unique modes of discrimination and privilege, is often absent from their initial worldview. This

limited systemic awareness can lead to culturally insensitive interventions, the perpetuation of existing inequalities, or the failure to address the root causes of distress that lie beyond the individual psyche. A mature professional identity in psychotherapy necessitates an understanding of the therapist's role within a larger societal framework, including issues of social justice, advocacy, and public mental health.

5.1.2.4. Ethical and Legal Responsibilities Underestimated

Finally, the ethical and legal responsibilities inherent in the psychotherapeutic profession are often underestimated in their complexity and gravity. Students may have a basic understanding of confidentiality, but the nuances of its application, particularly in situations involving risk of harm to self or others, are typically not fully grasped. Concepts such as informed consent, professional competence, dual relationships, and the reporting of child or elder abuse are not merely abstract principles but critical considerations that demand careful thought and adherence. The legal frameworks governing practice, including licensing regulations, malpractice liability, and professional codes of conduct, are often unfamiliar territory for students. An underdeveloped awareness in these areas can expose both the student and their future clients to significant risks, underscoring the critical need for comprehensive ethical and legal education throughout the training process.

5.1.2.5. Students' Perceptions of the Ideal Psychotherapist

Students' perceptions of the ideal psychotherapist, as shown in the table below, reveal their initial understanding

of the personal and professional qualities necessary for effective practice. The emphasis on empathy, listening skills, and personal warmth reflects the humanistic orientation of beginning students. Notably, while some responses acknowledge the need for education and knowledge, the predominant focus remains on interpersonal qualities rather than technical competencies or theoretical sophistication.

Table 4. Desired Characteristics of a Psychotherapist

	Representative Quotes
Clinical Work & Practice	<p>“Being a good listener, being able to understand your patients, steering patients in the right direction.”</p> <p>“Patience, empathy, having the ability to work with clients.”</p> <p>“Openness, the capability of understanding people beyond your own feelings when working with them.”</p> <p>“Open-hearted, be free-thinking, empathetic, be patient, and be able to start and maintain a healthy relationship with clients.”</p>
Personal Characteristics & Life Experience	<p>“You have to be a good listener, open-minded, kind, and interested in psychotherapy.”</p> <p>“Calmness. Being able to listen. Empathetic. Having a smile on your face. Energetic.”</p> <p>“Warmth, human self-reflection, open-mindedness, humbleness, having a big heart, being humane, empathy.”</p> <p>“A lot of empathy, being able to listen.”</p>
Combination of Different Categories	<p>“Bright, educated, being able to listen and lead a person through a crisis.”</p> <p>“He has to be empathetic, he has to have his own issues sorted out, constantly work on himself, and be in touch with new progress in psychotherapy.”</p> <p>“Open-mindedness, empathy, the ability to listen, and the ability to develop a healthy relationship with clients.”</p> <p>“Empathy, a willingness to help in crisis, responsibility, self-awareness, open-mindedness, reliability, knowledge.”</p>

5.1.2.6. Toward a Mature Professional Identity

For psychotherapy training programs, addressing these gaps in awareness is a central task. The curriculum must be intentionally structured to systematically build a professional identity, moving students from a lay understanding to a professional one. This involves a carefully sequenced introduction to foundational concepts, gradually progressing towards more complex clinical and ethical issues. Early exposure to case studies, observational learning, and even simulated clinical encounters can be invaluable in bridging the gap between abstract knowledge and practical application. By providing a structured and supportive environment for students to confront the complexities of the profession, training programs can facilitate the development of a more robust and realistic professional identity, one better prepared to meet the various challenges of psychotherapeutic practice.

The journey from an underdeveloped to a mature professional identity in psychotherapy involves a systematic dismantling of naive assumptions and a rigorous construction of a refined understanding of the profession's clinical, theoretical, systemic, and ethical dimensions. Training programs play a central role in facilitating this transition by providing structured learning experiences, opportunities for supervised practice, and a supportive environment that encourages critical self-reflection and continuous professional growth. By addressing these gaps in awareness head-on, educators can empower aspiring psychotherapists to develop a robust and realistic professional identity, one that can navigate the various challenges and substantial responsibilities of therapeutic practice.

5.1.3. The Illusion of the ‘Perfect’ Therapist: Unrealistic Self-Expectations

Beyond outward perceptions of the profession, aspiring psychotherapists often hold internalized, idealized standards about their professional skills and emotional control. These perfectionistic beliefs can act as barriers to effective growth, creating unnecessary psychological pressure and preventing genuine expression and help-seeking. The idea of the ‘perfect therapist’, someone who is emotionally invulnerable and flawlessly integrated, can cause significant cognitive dissonance when trainees face personal limitations or emotional struggles. This highlights the need for psychoeducational interventions in training programs that normalize imperfection, promote self-compassion, and model authenticity. By addressing unhealthy self-expectations, educators can help students develop a resilient and realistic professional identity, ultimately enhancing the therapist’s ability to empathize and function healthily in clinical practice.

Several interrelated factors shape the internalization of perfectionistic ideals among psychotherapy trainees. Individuals entering the helping professions often exhibit elevated levels of empathy and conscientiousness, predisposing them to set unattainably high standards for their professional conduct. Societal expectations and prevailing cultural narratives further reinforce the archetype of the infallible mental health professional, inadvertently encouraging unrealistic self-appraisals. Additionally, personal histories, such as positive experiences with therapists perceived as ideal figures, may contribute to the development of perfectionistic self-concepts. Collectively, these influences foster an internalized imperative to embody

flawless therapeutic competence, which, if unaddressed, may impede self-acceptance, hinder help-seeking behaviors, and ultimately compromise the formation of a resilient and authentic professional identity.

The following table illustrates how students often approach the field with an emphasis on personal satisfaction and a desire to make a meaningful difference, while also considering practical aspects such as financial security. Their comments on theoretical knowledge tend to be succinct, echoing earlier observations about a limited initial grasp of the academic demands of the profession. These early expectations reveal that a combination of personal ambition and professional purpose shapes students’ motivations.

Table 5. Initial Expectations Regarding the Psychotherapy Profession

	Representative Quotes
Clinical Work & Practice	<p>“I expect to be successful as a psychotherapist, and that I will be able to solve other people’s problems. I expect that in time I will be able to make a living working as a psychotherapist.”</p> <p>“I expect to help as many patients as possible and gain some life experience along the way.”</p> <p>“I expect I will be successful at doing this job. That I will make my client, as well as myself, happy.”</p> <p>“Helping people become aware of their problems and work to unravel them.”</p>
Theoretical Knowledge	<p>“Knowledge and positive results.”</p> <p>“I expect that by getting a degree, I will have the necessary knowledge.”</p>
Personal Characteristics & Life Experience	<p>“I expect that I will be doing something that will bring me joy, and at the same time, I will be helping people solve their problems. That will give me the motivation to continue working.”</p> <p>“Life satisfaction, doing something I love, and at the same time helping others.”</p> <p>“I expect to be successful in helping people and to be able to learn from failure.”</p> <p>“I expect a feeling of fulfillment and that I will give others that feeling too.”</p>

Combination of Different Categories	<p>“My expectations are connected to permanent growth and work with patients, while also developing my theoretical knowledge at the same time.”</p> <p>“That I will feel happy in my private life and in my profession, that I will continue training myself with new knowledge, and that I will do this for a living.”</p> <p>“I am planning to have a private practice and expect to have patients every day. I expect financial stability and a profession I can make a living with.”</p> <p>“I expect that I will be a good psychotherapist and that I will be happy doing this. I expect I will earn enough to have a comfortable life.”</p>
Social Context of Profession	<p>“Cooperation among psychotherapists and a good relationship between them.”</p> <p>“Be helpful to others and myself. Give meaning to the last third of my life and to my social environment.</p> <p>“A new profession, a new challenge, a new responsibility within the social context.”</p>

In clinical training, the discrepancy between idealized professional standards and the realities of practice becomes rapidly evident. Psychotherapy trainees often confront their own limitations, experience emotional distress, and encounter countertransference, which may result in significant self-doubt and perceived inadequacy. The persistence of perfectionistic internalizations can foster maladaptive coping strategies such as avoidance of supervision, concealment of difficulties, or consideration of attrition from the field. This intrapsychic conflict, rooted in unrealistic self-expectations, can undermine therapeutic efficacy and well-being. Thus, cultivating self-acceptance and normalizing imperfection are essential within training environments, as these practices promote resilience, facilitate professional identity development, and support sustained engagement in the complex demands of psychotherapeutic practice.

For training programs, addressing these unrealistic

self-expectations is a critical, though often subtle, aspect of professional development. It requires fostering an environment of psychological safety, where vulnerability is not only tolerated but actively encouraged. This can be achieved through:

- Normalizing imperfection: Openly discussing the challenges and emotional demands of the profession, while emphasizing that self-doubt and mistakes are a regular part of the learning process, even for experienced therapists.
- Promoting self-compassion: Encouraging students to treat themselves with the same kindness and understanding they would offer clients. This involves recognizing that personal struggles do not diminish one's capacity to be an effective therapist.
- Modeling authenticity: Supervisors and faculty members play a decisive role by openly sharing their own learning curves, challenges, and the importance of ongoing personal and professional development.
- Integrating self-care and resilience training: Equipping students with practical strategies for managing stress, preventing burnout, and maintaining their own well-being. This includes emphasizing the importance of personal therapy, peer support, and healthy boundaries.

By proactively addressing the illusion of the “perfect therapist”, training programs can help students develop a more authentic, resilient, and sustainable professional identity. This involves cultivating a realistic understanding of their own strengths and limitations, fostering a willingness to seek support, and embracing the ongoing

process of self-reflection and growth that is inherent in the practice of psychotherapy. Ultimately, a therapist who is comfortable with their own imperfections is better equipped to meet clients with genuine empathy and to navigate the complexities of the human condition with humility and wisdom.

5.2. The Process of Change and Development

The journey of becoming a psychotherapist is, above all, a process of significant change and personal development. It requires students not only to acquire knowledge and clinical skills but also to confront and reconfigure their own assumptions, motivations, and self-understandings. Expectations and representations brought into training, often shaped by age, personal history, and the desire to help others, are continuously challenged and reshaped through encounters with the complexities of theory, practice, and ethical responsibility. The *SFU Slovenia Psychotherapy Cohort Study* reveals that student expectations and representations, from the first semester of the bachelor's program (B1) to the fourth semester of the master's program (M4), follow very different patterns. Across these stages of study, early idealism and emotionally driven motivations gradually give way to more reflective, structured, and professionally grounded conceptions of psychotherapy. Situating student voices within a developmental framework shows how growth is fostered not only through theoretical knowledge and clinical practice but also through the ongoing negotiation between personal identity, professional demands, and the institutional environment in which training unfolds.

Student expectations and representations across cohorts

reveal differences in expressed motivations for entering the field. Students in the early stages of training, particularly those in the bachelor cohorts (B1, B3), often articulate idealistic and emotionally charged motivations. They tend to frame psychotherapy as a calling or a way to bring happiness and understanding to others. For example, one B1 student wrote: *“A Psychotherapist is a person who leads other people to happiness”*, while another emphasized: *“I expect to be successful at being a psychotherapist, so that I have the ability to solve other people’s problems”*. Similarly, students described the role in broad relational terms: *“A Psychotherapist helps people in crisis to understand their problems.”* These representations highlight a strong altruistic drive and a belief in the transformative power of therapy, but they rarely mention methodological rigor or systemic complexity.

By contrast, students in the later master’s stages (M1, M3) demonstrate a more sober, critically reflective, and ethically informed outlook. Their responses more often emphasize responsibility, the integration of knowledge, and awareness of limits. For instance, one M1 student reflected: *“At the beginning I was more focused on theory, then I decided I don’t want to work as a psychotherapist, but by working on myself and making changes in my own life I decided this is what I want and now I am looking forward to starting to work”*. Another master’s student noted the shift in stance: *“At the beginning, I took things on too easily, now I am aware of the responsibility and hard work”*. These later-stage voices reveal a growing capacity to integrate personal development with professional maturity, acknowledging the complexity of clinical practice beyond early idealism.

This shift in tone is supported by the cohort data, which shows that themes of systemic complexity, theoretical understanding, and critical realism appear with greater frequency

in responses from students nearing the completion of the program. These participants often view psychotherapy not only as a helping profession but as an intellectual and ethical discipline requiring sustained internal work and theoretical clarity. The following table illustrates how interview themes differ across three cohorts (B1, B3, M1), which correspond to students from early and later stages in the study:

Table 6. Thematic Emphasis by Semester

Themes	B1 (Early Bachelor)	B3 (Mid Bachelor)	M1 (Early Master)
Altruistic Motivation	High	Medium	Low
Self-Exploration	High	Medium	Low
Personal Therapy as a Tool	Low	Medium	High
Systemic Complexity	Low	Medium	High
Theoretical Understanding	Low	Medium	High
Idealization of Role	High	Medium	Low
Ethical Responsibility	Low	Medium	High

The differences between the early and advanced stages of study do not reflect a linear model of development but rather illustrate how age can influence the initial lens through which students interpret their training. Notably, the data also show that students at the beginning of the program are capable of significant developmental shifts when embedded in a robust educational environment. Several B1 and B3 students described a growing awareness of complexity and a move away from idealization by the midpoint of their training: *“[My representations] have changed. At the beginning of my studies, I was idealizing everything about psychotherapy; now I am more realistic.”* This transition highlights how even early-stage trainees, with appropriate support, can move from emotionally charged and idealized notions toward a more grounded and critical understanding of the profession.

5.2.1. The Arc of Transformation: From Idealism to Realism

The course of a psychotherapy student is fundamentally a process of significant transformation, an arc bending from initial idealism towards a more grounded and refined realism regarding the profession. This evolution is not merely an accumulation of knowledge but a substantial restructuring of one's professional identity, often accompanied by significant personal growth. At the outset, many students are drawn to psychotherapy with a romanticized vision, perhaps influenced by personal experiences of healing or a desire to replicate perceived successes. This early idealism, while a powerful motivator, often overlooks the inherent difficulties, ethical complexities, and emotional demands of sustained therapeutic work. The transition from this initial, often simplistic, understanding to a more sophisticated and realistic appreciation of the profession is a hallmark of practical training.

As students' progress through their training, they inevitably confront the realities of clinical practice. This involves grappling with the intractable nature of some human suffering, the limitations of therapeutic interventions, and the significant responsibility of holding another person's vulnerability. This confrontation often leads to a tempering of initial enthusiasm, which is replaced by a more sober, yet ultimately more resilient, understanding. The shift is marked by a growing awareness of the profession's demanding nature, both intellectually and emotionally. Students begin to recognize the emotional toll that empathic engagement can take, the importance of self-care, and the necessity of robust supervisory support to navigate challenging cases. This period of increasing realism is crucial for developing

professional humility, which involves recognizing the limits of one's own capabilities and the great ethical responsibility inherent in the therapeutic role. It is a maturation process in which the aspiring healer learns that genuine help often involves patience, persistence, and a willingness to sit with discomfort, rather than a quick fix or a dramatic cure.

For training programs, facilitating this transition from idealism to realism is paramount. Curricula should be designed to foster environments that encourage critical self-reflection and provide safe spaces for students to process their evolving perceptions. This includes structured opportunities for debriefing challenging clinical experiences, peer support groups, and individual supervision that addresses not only technical skills but also the emotional impact of the work. Early exposure to clinical realities —through supervised observation or carefully structured initial client contact—can be particularly effective in initiating this transition. By gradually introducing the complexities and demands of the profession, programs can help students develop a more robust and sustainable professional identity, one that is built on a foundation of realistic expectations and a deep appreciation for the delicate art and science of psychotherapy.

The table below illustrates the shifts in students' representations of the psychotherapy profession during their training, categorized by the nature of the change. The table clearly demonstrates the three main trajectories of change in student representations: positive growth towards realism, disillusionment, and perceived stagnation. The positive changes highlight a maturation of perspective, while the negative changes or disillusionments underscore the challenges some students face in reconciling idealized notions with the realities of practice. Though small, there

are also instances of no significant change, indicating that for some, the core representations remain broadly stable, albeit with a degree of deepened reflection.

Table 7. Changes in Representations of the Psychotherapy Profession

	Representative Quotes
Positive Change	<p><i>"They have changed. At the beginning of my studies, I idealized everything about psychotherapy; now I am more realistic."</i></p> <p><i>"I have changed a lot in the last 3 years. I have become more mature and now hold a different, broader view of many things."</i></p> <p><i>"At the beginning, I was more focused on theory, then I decided I didn't want to work as a psychotherapist, but by working on myself and making changes in my own life, I decided this is what I want, and now I am looking forward to starting to work."</i></p> <p><i>"Now I can see the bigger picture. I can understand it better; before, I was insecure."</i></p>
Negative Change / Disillusionment	<p><i>"Before I started, I had a higher opinion of psychotherapists, but now, as I have gotten to know more of them, I can see that their own paradigms limit them. I feel that they are afraid of their clients, and consequently, they feel the need to be in charge of the situation. That is the case with most of them, but there are a few exceptions."</i></p> <p><i>"I am rather disappointed because of the small and very slow changes in me."</i></p>
No Significant Change	<p><i>"There are no changes. However, I am thinking more about these things now."</i></p> <p><i>"They have not changed, but still, they are developing through the years."</i></p> <p><i>"There is no difference."</i></p>

The transformation from idealism to realism is a multifaceted process, affecting various aspects of a student's professional identity. Initially, students often hold an idealized view of the therapeutic relationship, seeing it as a harmonious and consistently positive interaction. As they gain experience, they encounter the realities of resistance, transference, countertransference, and the often

unpredictable nature of human behavior. This exposure to the complexities of the therapeutic dynamic forces a re-evaluation of their initial assumptions, leading to a more nuanced understanding of the challenges and rewards inherent in building and maintaining a therapeutic alliance. They learn that genuine connection often emerges from navigating difficult moments, and that the therapist's role involves not only empathy but also the skillful management of boundaries and the capacity to tolerate ambiguity and uncertainty.

Another significant aspect of this transformation are involves the student's perception of therapeutic outcomes. Initially, there may be an expectation of rapid and dramatic change, driven by a desire to make significant difference quickly. However, as students engage with real clients, they learn that therapeutic progress is often incremental, non-linear, and at times even elusive. Confronting the often-slow pace of change, as well as client relapses or limited progress, can be a source of initial frustration or disillusionment. However, it is precisely through these challenges that students develop a more realistic and resilient perspective. They learn to appreciate small victories, to understand the importance of long-term commitment, and to cultivate patience and perseverance in the face of complex human problems. This shift from an outcome-focused mentality to a process-oriented one is a critical marker of professional maturity, allowing therapists to remain engaged and effective even when immediate results are not apparent.

Furthermore, the transition from idealism to realism has a significant impact on the student's self-perception as a therapist. Initially, there may be an unconscious striving for perfection, a belief that a competent therapist must possess all the answers and be immune to personal struggles. As

they gain experience, they inevitably encounter their own limitations, make mistakes, and face moments of self-doubt. This confrontation with imperfection, while challenging, is essential to developing a more authentic and sustainable professional identity. They learn that vulnerability, humility, and the willingness to seek supervision and consultation are not signs of weakness but rather hallmarks of a responsible and ethical practitioner. The idealized image of the omniscient therapist gives way to a more realistic understanding of themselves as human beings engaged in a complex and often humbling endeavor. This process of self-acceptance and integration of their professional and personal selves is vital for preventing burnout and fostering long-term resilience in the demanding field of psychotherapy.

Finally, the arc of transformation from idealism to realism also encompasses a growing appreciation for the scientific and evidence-based foundations of psychotherapy. While initial enthusiasm might be rooted in anecdotal experiences or personal beliefs, students gradually learn the importance of empirical research for informing clinical practice. They begin to understand how different therapeutic modalities have been rigorously tested, and how treatment effectiveness is continually evaluated and refined. This shift involves moving beyond a purely intuitive approach toward one that integrates clinical judgment with scientific evidence, ensuring that their interventions are not only compassionate but also effective and ethically sound. This commitment to evidence-based practice is an essential component of professional realism, grounding the art of therapy in the scientific principles of psychological healing.

5.2.2. The Maturation of Empathy: From Sympathy to Clinical Attunement

One of the most significant shifts in the arc of transformation is the maturation of empathy, moving beyond a generalized, often sympathetic, understanding toward a clinically attuned and differentiated capacity for empathic engagement. Early-stage trainees often conflate empathy with mere affective resonance, i.e., experiencing parallel emotional responses to a client's distress. However, contemporary clinical literature emphasizes that such undifferentiated sympathy, while foundational, is inadequate for managing the various interpersonal dynamics inherent in therapeutic encounters (Dyche & Zayas, 2001; Levitt et al., 2022). An advanced capacity for empathy necessitates the integration of both cognitive and affective components, enabling practitioners to accurately interpret and respond to the layered intrapsychic and interpersonal presentations of clients. This sophisticated empathic attunement mitigates the risks of over-identification, emotional enmeshment, and therapist burnout, thereby fostering therapeutic efficacy and sustainability. The maturation of clinical empathy emerges through deliberate experiential learning, supervision, and reflective practice, forming an essential pillar in the trajectory of psychotherapist competence.

As training progresses, students learn to cultivate a more sophisticated form of empathy that involves both cognitive and affective components. Cognitively, they develop the ability to understand a client's perspective, to grasp their thoughts, feelings, and motivations without necessarily sharing those feelings themselves. This involves active listening, asking clarifying questions, and developing a sophisticated understanding of the client's unique narrative

and worldview. Affectively, they learn to resonate with the client's emotional experience while maintaining a necessary therapeutic distance, thereby preventing emotional overwhelm and ensuring that their responses are guided by clinical objectives rather than personal reactions.

This maturation of empathy is essential for several reasons. First, it enables therapists to accurately assess and conceptualize a client's presenting issues, moving beyond superficial symptoms to understand the underlying dynamics and unmet needs. Second, it fosters a deeper and more authentic therapeutic alliance, as clients feel truly seen, heard, and understood. Third, it allows therapists to navigate challenging emotional material without becoming overwhelmed or disengaged, maintaining their capacity for effective intervention even in the face of intense distress. Finally, it contributes to the therapist's own well-being, as differentiated empathy helps to prevent compassion fatigue and burnout by establishing healthy emotional boundaries. Training programs play a vital role in fostering this maturation of empathy. This can be achieved through:

- **Experiential learning:** Providing opportunities for students to engage in role-playing, simulated client sessions, and supervised clinical practice, where they can receive direct feedback on their empathic responses.
- **Personal therapy:** As discussed previously, personal therapy offers a unique opportunity for students to experience empathy from the client's perspective, deepening their understanding of its nuances and challenges.
- **Supervision:** Regular and rigorous supervision provides a safe space for students to process their

emotional reactions to clients, explore counter-transference, and refine their empathic skills under the guidance of an experienced mentor.

- **Theoretical grounding:** Integrating theories of empathy, attachment, and intersubjectivity into the curriculum, providing students with conceptual frameworks for understanding and cultivating empathic attunement.
- **Mindfulness and self-reflection practices:** Encouraging students to develop practices that enhance their self-awareness and emotional regulation, enabling them to maintain a balanced and attuned presence in the therapy room.

By intentionally cultivating a sophisticated and differentiated capacity for empathy, training programs can equip aspiring psychotherapists with a foundational skill that is essential for effective, ethical, and sustainable therapeutic practice. This maturation of empathy is not merely a technical skill but a crucial personal and professional development that underpins the very essence of helping relationships.

5.2.3. Shifting Focus: From Self to Patient and System

A critical developmental shift in the journey of a psychotherapy student involves a reorientation of focus: from primarily self-focused motivations to a broader orientation toward patient- and system-focused thinking. It is common for individuals to enter the field drawn by the allure of personal growth, a quest for deeper self-understanding, or even as a means to resolve their own life challenges. While these self-exploratory impulses can serve as valuable

catalysts, mature psychotherapeutic practice ultimately necessitates a significant transition toward centering the needs and lived experiences of clients. This evolution also involves recognizing that clients' difficulties do not exist in isolation, but are instead shaped by larger familial, social, and cultural systems. As students progress, they learn to situate individual struggles within these broader contexts, allowing for more holistic and effective therapeutic interventions.

As training progresses, students learn to move beyond their own internal frames of reference and cultivate a deeper empathy for diverse client populations. This involves developing the capacity to truly listen, to understand perspectives that may differ significantly from their own, and to suspend judgment in favor of genuine curiosity. The focus expands from individual pathology to include the relational, familial, and societal influences that shape a client's life. Students begin to recognize that psychological distress rarely exists in isolation but is often intertwined with complex family dynamics, cultural norms, socioeconomic factors, and broader societal stressors. This systemic lens allows for a more comprehensive case conceptualization, moving beyond a purely individualistic understanding of psychological problems to one that incorporates the intricate web of relationships and contexts in which the client is embedded. This shift is essential for developing a truly client-centered approach, where interventions are tailored not just to an individual's symptoms but to their unique life circumstances and cultural background. The ability to conceptualize cases systemically becomes a hallmark of mature professional thinking, enabling therapists to identify and intervene at multiple levels: individual, relational, and societal. It also fosters a greater appreciation for the

interconnectedness of mental health with broader social justice issues, encouraging therapists to consider their role not just as individual practitioners but also as agents of positive change within their communities.

The following table highlights how students’ focus evolves throughout their training, categorized by the type of change. Much like their shifting perspectives, students often find their expectations evolving: some experience positive development toward a more realistic and responsible view of the field, while others feel disillusionment when faced with unmet hopes related to coursework, faculty, or the realities of professional life. Meanwhile, a group of students reports little to no change in expectations, suggesting either a strong alignment from the outset or an experience that has not dramatically altered their outlook.

Table 8. Changes in Expectations Regarding the Psychotherapy Profession

	Representative Quotes
Positive Change	<p><i>“I am more and more interested in different modalities and theoretical knowledge and approaches.”</i></p> <p><i>“Yes. At the beginning of my studies, I focused on making myself happy, but now I would also like to help others.</i></p> <p><i>“They have changed a lot. Before, I thought theoretical knowledge was the most important, but now I know that you need to know a lot more than just theory.”</i></p> <p><i>“At the beginning, I took things the easy way; now I am aware of the responsibility and hard work involved.”</i></p>

Negative Change / Disillusionment	<p><i>"I expected more than I am getting currently. I thought I would be able to observe more therapy sessions ... I find some classes more interesting than others. I am missing the type of professors and attitude towards studying and students you can find in Vienna."</i></p> <p><i>"Lately, I have been disappointed in the work of the student office at our faculty. We cannot get clear answers from them; they are imprecise, uninterested and irresponsible."</i></p> <p><i>"I expected more. I expected more interesting classes. I feel we are not specific enough. However, I do like the fact that we can choose the modality we will study. I think this is a change."</i></p> <p><i>"I am disappointed in the studying program. I had greater expectations. The tuition is too high considering the education you get."</i></p>
No Significant Change	<p><i>"There is no difference except that the year will be finished soon."</i></p> <p><i>"Expectations are not different from what they were because I decided to do this study on my own."</i></p> <p><i>"Actually, I must take care of myself alone. I do not expect that from others."</i></p>

For training programs, fostering this shift requires intentional pedagogical strategies. Emphasis should be placed on systemic thinking and cultural competence throughout the curriculum. This can be achieved through case conceptualization exercises that require students to consider multiple levels of influence, group supervision that encourages diverse perspectives, and direct exposure to a wide range of client populations. Encouraging students to engage with community mental health initiatives, participate in advocacy efforts, or research health disparities can further broaden their perspective and solidify their commitment to a patient- and system-focused approach. By cultivating this broader perspective, training programs prepare students to become not just skilled clinicians but also socially conscious and ethically responsible professionals.

This reorientation from a self-focused to a patient- and

system-focused perspective is a cornerstone of professional development in psychotherapy. Initially, students may approach the therapeutic encounter with unconscious biases shaped by their own experiences and theoretical learning. They might inadvertently project their own values, assumptions, or unresolved issues onto the client, hindering their ability to truly understand the client's unique subjective world. The training process, particularly through personal therapy and rigorous supervision, helps students to identify and mitigate these self-referential tendencies. They learn to differentiate between their own emotional responses and those of the client, a critical skill for maintaining therapeutic objectivity and avoiding countertransference enactments. This process of self-differentiation allows for a more authentic and effective engagement with the client, where the therapist's presence is attuned to the client's needs rather than their own.

The shift towards patient-focused thinking involves a deepening capacity for empathy that extends beyond mere sympathy. It requires the ability to step into the client's shoes, to understand their internal world from their perspective, and to communicate that understanding in a way that resonates with them. This is not a passive process but an active, disciplined skill that is honed through practice and feedback. Students learn to pay meticulous attention to verbal and non-verbal cues, listen for underlying meanings, and to validate the client's experience without necessarily agreeing with their choices. This critical attunement to the client's subjective reality is essential for building trust, fostering rapport, and creating a therapeutic environment where genuine change can occur.

Furthermore, the evolution towards system-focused thinking broadens the therapist's lens beyond the

individual. Students begin to understand that a client's presenting problems are often symptoms of larger systemic dysfunctions, whether within the family, the workplace, or broader societal structures. They learn to identify patterns of interaction, communication breakdowns, and power dynamics that contribute to distress. This systemic perspective enables more comprehensive case conceptualizations and more effective interventions that address not only individual symptoms but also the relational and environmental factors that perpetuate them. For example, a student might initially focus on an individual's anxiety, but with a systemic lens, they may explore how family communication patterns or workplace stressors contribute to that anxiety. This broader understanding enables therapists to work collaboratively with clients to effect change at multiple levels, leading to more sustainable and holistic outcomes.

This systemic awareness also extends to an understanding of cultural competence and social justice. Students learn that a client's experiences are greatly shaped by their cultural background, socioeconomic status, race, gender, sexual orientation, and other intersecting identities. They recognize that systemic inequalities and discrimination can contribute to mental health disparities, and that their role as therapists involves not just individual healing but also advocacy for social change. This involves developing cultural humility, a lifelong commitment to learning about and respecting diverse cultural perspectives, and a willingness to challenge one's own biases and assumptions. By integrating social justice principles into their practice, psychotherapists become agents of positive change, working toward a more equitable and inclusive society.

5.2.4. The Development of Clinical Intuition through Deliberate Practice

As students shift their focus from themselves to patients and systems, they also begin to cultivate a central aspect of clinical expertise: the development of clinical intuition, which is not an innate gift but the result of deliberate practice and extensive experience. Initially, students rely heavily on theoretical frameworks and learned techniques, often applying them in a somewhat rigid or formulaic manner. While this foundational knowledge is essential, true clinical mastery involves the ability to integrate theory with practice in a flexible and responsive way, guided by a refined sense of what is happening in the therapeutic encounter. Clinical intuition can be understood as the capacity to quickly and accurately perceive subtle cues, patterns, and dynamics within the therapeutic relationship that may not be immediately apparent through conscious analysis. It involves a synthesis of theoretical knowledge, observational skills, and personal experience, allowing the therapist to make informed decisions and interventions in real time. This is not to say that intuition replaces deliberate reasoning; rather, it complements it, providing a rapid assessment that can then be further explored and validated through conscious reflection and theoretical understanding.

The development of clinical intuition is fostered through deliberate practice, which involves intentional engagement in activities designed to improve performance (Rousmaniere, 2024). For psychotherapy students, this includes:

- **Supervised clinical hours:** Direct engagement with clients under the guidance of experienced supervisors provides invaluable opportunities to apply theoretical knowledge, receive feedback, and refine clinical skills.

- **Case conceptualization:** Regularly engaging in the process of formulating comprehensive case conceptualizations, which involves integrating diverse information about the client, their history, and their presenting issues within a theoretical framework.
- **Reflective practice:** Dedicating time to reflect on clinical encounters, exploring what worked, what did not, and why. This can involve journaling, peer consultation, or individual supervision.
- **Feedback:** Actively seeking and integrating feedback from supervisors, peers, and even clients, which provides crucial insights into areas for growth and development.
- **Exposure to diverse cases:** Working with a wide range of clients and presenting issues helps students to develop a broader understanding of human experience and to recognize patterns across different contexts.

Through these deliberate practice activities, students gradually internalize theoretical knowledge into clinical skills, moving from conscious competence to unconscious mastery. This allows them to respond more spontaneously and effectively in the therapy room, guided by a refined clinical intuition that is grounded in both science and art. Training programs should explicitly emphasize the importance of deliberate practice and provide structured opportunities for students to engage in these activities, recognizing that clinical intuition is a cultivated skill rather than an inherent talent.

5.2.5. Deepening Understanding: Clinical, Ethical, and Societal Dimensions

As psychotherapy students progress through their training, their understanding of the profession undergoes a significant deepening, moving beyond superficial familiarity to an elaborate comprehension of its intricate clinical, ethical, and societal dimensions. This phase marks a critical transition from theoretical absorption to practical application, where abstract concepts begin to coalesce into actionable insights for effective therapeutic practice. Clinically, this deepening understanding manifests as a more sophisticated grasp of diagnostic frameworks, the complexities of psychopathology, and the diverse array of treatment modalities available. Students learn to move beyond a simplistic symptom-focused approach, developing the capacity to formulate comprehensive case conceptualizations that integrate developmental history, relational patterns, and underlying psychological dynamics. They begin to appreciate the subtle interplay of verbal and non-verbal communication, the significance of therapeutic ruptures and repairs, and the art of tailoring interventions to the unique needs of each client. This involves not just knowing what to do, but why and when to do it, a form of wisdom born from supervised practice and continuous self-reflection.

Ethical considerations, initially perceived as a set of rules to be memorized, transform into living dilemmas requiring careful deliberation and consultation. Students confront the complexities of maintaining boundaries, navigating confidentiality in challenging situations, and managing conflicts of interest. They learn that ethical practice is not merely about avoiding harm, but actively promoting the clients well-being and upholding the integrity of the

profession. This involves developing a strong ethical compass, informed by professional codes, legal mandates, and a deep commitment to client welfare. The ability to identify, analyze, and resolve ethical quandaries becomes a core competency, reflecting a mature understanding of the therapist's essential responsibility. Furthermore, students develop a heightened awareness of the societal dimensions of psychotherapy. They begin to understand the profession not as an isolated practice, but as an integral part of the broader healthcare system and a force for social good. This includes recognizing the impact of societal inequalities, cultural biases, and systemic injustices on mental health. The role of the psychotherapist extends beyond the individual consulting room to include advocacy for mental health awareness, destigmatization, and equitable access to care. This broader perspective fosters a sense of social responsibility, encouraging therapists to contribute to the well-being of communities and to challenge systemic barriers that limit access to mental health.

For training programs, fostering this deepening understanding requires comprehensive clinical placements that expose students to a diverse range of clients and presenting issues. Ethics courses should move beyond didactic instruction by incorporating case-based discussions and role-playing, allowing students to grapple with real-world ethical dilemmas. Integrating discussions on social justice, cultural competence, and public health within the curriculum can further enhance students' appreciation for the societal impact of their work. By providing opportunities for both intensive clinical practice and critical reflection on broader societal issues, training programs can cultivate psychotherapists who are not only clinically skilled but also ethically grounded and socially conscious.

This deepening understanding of clinical dimensions involves a transition from a theoretical grasp of psychopathology to a practical, subtle appreciation of its manifestations in real-world clients. Students learn that diagnostic categories are not rigid labels but rather descriptive frameworks that guide understanding and treatment planning. They develop the ability to conduct thorough assessments, to differentiate between various psychological conditions, and to recognize the interplay of biological, psychological, and social factors in the development and maintenance of mental health challenges. This clinical acumen is honed through supervised practice, where students learn to apply theoretical knowledge to complex, often ambiguous, clinical presentations. They gain experience in formulating dynamic case conceptualizations that go beyond superficial symptoms to address underlying conflicts, developmental traumas, and relational patterns. The art of therapeutic intervention, including the selection and implementation of appropriate techniques, becomes more refined as students learn to tailor their approach to the unique needs and preferences of each client. This involves not just mastering a repertoire of skills but also developing flexibility and creativity in adapting interventions in response to the evolving therapeutic process.

The ethical dimension of psychotherapy, initially perceived as a set of external rules, transforms into an internal moral compass that guides every aspect of practice. Students learn that ethical decision-making is rarely straightforward, often involving competing principles and complex dilemmas. They grapple with questions of confidentiality in situations involving risk of harm to self or others, the complexities of informed consent when working with vulnerable populations, and the challenges of maintaining professional boundaries in emotionally charged

therapeutic relationships. Through case discussions, ethical supervision, and exposure to real-world ethical challenges, students develop the capacity for ethical reasoning, learning to consult with colleagues, to weigh competing values, and to make decisions that prioritize client welfare and uphold the integrity of the profession. This deep ethical grounding is essential for navigating the inherent power differential in the therapeutic relationship and for ensuring that practice remains client-centered and responsible.

Beyond the individual client and the therapeutic dyad, students also develop a deep awareness of the societal dimensions of psychotherapy. They recognize that mental health is not merely an individual concern but is deeply intertwined with broader social, cultural, and political contexts. This includes understanding the impact of systemic inequalities, such as poverty, discrimination, and lack of access to resources, on mental well-being. Students learn to critically examine how cultural norms, societal expectations, and historical injustices can shape a client's experiences of distress and their access to care. This expanded perspective fosters a commitment to social justice, encouraging therapists to consider their role not just as individual practitioners but as advocates for systemic change. They may engage in community outreach, participate in policy discussions, or work to reduce the stigma associated with mental illness. This societal awareness transforms the psychotherapist into a socially conscious professional, committed to promoting mental health and well-being at both the individual and community levels.

5.2.6. The Integration of Theory and Practice: Beyond Rote Learning

A central aspect of deepening understanding in psychotherapy training is the seamless integration of theory and practice, moving beyond mere rote learning of concepts to a dynamic application of theoretical frameworks in clinical settings. Initially, students may perceive theory as an abstract body of knowledge, detached from the messy realities of human experience. However, as they progress, they learn that theory is not just descriptive but prescriptive, providing a lens through which to understand, interpret, and intervene in the therapeutic process. This integration involves several key stages. First, students move from simply memorizing theoretical constructions to understanding the underlying philosophical assumptions and the implications for clinical work. They begin to see how different theories offer distinct perspectives on human development, psychopathology, and the mechanisms of change. Second, they learn to apply these theoretical lenses to real-world clinical cases, using them to formulate comprehensive case conceptualizations, guide their assessment, and inform their intervention strategies. This involves a process of critical thinking, where students evaluate the strengths and limitations of different theories in relation to specific client presentations. Third, the integration of theory and practice is a reciprocal process. Clinical experience not only informs the application of theory but also refines and deepens theoretical understanding. As students encounter diverse clients and complex challenges, they may find that existing theories need to be adapted, expanded, or even challenged.

The iterative process of applying theory, reflecting on

its effectiveness, and refining one's understanding based on clinical outcomes is essential for developing a subtle and flexible approach to therapeutic work. For training programs, fostering this integration requires pedagogical approaches that bridge the gap between classroom learning and clinical practice. This includes:

- Case-based learning: Using real or simulated client cases to illustrate theoretical concepts and provide opportunities for students to apply their knowledge in a practical context.
- Supervised clinical placements: Providing extensive opportunities for students to work with clients under the guidance of experienced supervisors, who can help them connect theoretical concepts to their clinical experiences.
- Reflective practice: Encouraging students to engage in regular self-reflection, journaling, and peer consultation, which can help them to integrate their theoretical understanding with their personal and professional experiences.
- Integration seminars: Creating forums where students can discuss how different theoretical models inform their clinical work, and how their clinical experiences are shaping their theoretical understanding.
- Exposure to diverse theoretical orientations: Presenting students with a range of theoretical perspectives, encouraging them to critically evaluate different approaches and to develop their own integrated theoretical framework.

By prioritizing the integration of theory and practice, training programs can equip aspiring psychotherapists

with a deep and flexible understanding of their chosen profession. This ensures that their interventions are not only theoretically informed but also clinically relevant, ethically sound, and responsive to the unique needs of each client. It is through this dynamic interplay that students evolve from mere consumers of knowledge to thoughtful and effective practitioners.

5.3. The Influence of Individual Differences on Developmental Trajectories

While shared curricula and structured experiences provide a foundation for professional development, each student's journey through psychotherapy training remains deeply personal. The process of becoming a psychotherapist is shaped not only by what is taught but also by who the student is: their life history, personal outlook, and evolving sense of self. Training is experienced differently depending on where a student begins, what they bring with them, and how they make sense of the challenges they encounter. There are many ways in which these individual paths unfold, highlighting how development can take many forms within the same educational framework. The journey of professional development in psychotherapy is therefore not a monolithic experience; rather, it is critically shaped by the unique constellation of individual differences that each student brings to their training.

Various studies have revealed a range of personal characteristics that play a significant role in the professional development of psychotherapy students and trainee psychotherapists. Personal attributes such as personality traits (e.g., extraversion, neuroticism, conscientiousness), age, attachment strategies, and interpersonal style have been

shown to influence both positive (healing involvement) and negative (stressful involvement) aspects of professional growth. For instance, extraversion and job satisfaction tend to predict positive development, whereas neuroticism and certain personal backgrounds predict more stressful experiences (Evers, et al., 2019; Messina et al., 2018a). Motivation for entering training, often shaped by personal life experiences, including negative childhood experiences, also affects development and the choice of theoretical orientation, which in turn shapes training experiences and preferences (Messina et al., 2018a; Heinze, 2022). These individual factors influencing growth interact in complex and often unpredictable ways to influence the trajectory and depth of a student's evolving understanding of the profession. Each of these characteristics contributes distinct perspectives and resources to the learning process, shaping how students engage with theoretical material, participate in practical training, navigate clinical challenges, and integrate new insights into their developing professional identities.

Empirical research also indicates that the influence of personal characteristics and prior experiences on professional development tends to diminish as psychotherapy trainees advance through their educational programs and place greater emphasis on acquiring technical and methodological competencies. However, this attenuation is not permanent; upon entering professional practice post-graduation, the relevance of individual differences often resurfaces, underscoring their sustained significance throughout the therapist's professional lifespan (Carlsson & Schubert, 2009). Considering these findings, the implementation of individualized admission procedures that systematically evaluate applicants' personal attributes

may facilitate more meaningful professional development during training (Sundin & Ögren, 2011). Consequently, optimal psychotherapy training programs must integrate both personal and contextual variables when designing curricula and support systems, thereby accommodating diverse developmental trajectories and maximizing professional growth among trainees (Evers et al., 2019; Messina et al., 2018a; Rønnestad et al., 2018).

Among the many factors that shape how students experience and internalize their training, the *SFU Slovenia Psychotherapy Cohort Study* highlights the importance of age, prior education, and personal therapy. Each of these elements carries its own constellation of expectations, strengths, and potential blind spots. Older students often bring a richer reservoir of life experience, while younger trainees may offer greater flexibility and openness to new professional identities. Previous academic backgrounds can provide useful cognitive frameworks, though they may also reinforce limiting assumptions about the nature of helping professions. Personal therapy, meanwhile, serves not only as a transformative encounter but also as a reflective space through which students begin to engage more deeply with their own internal processes. These variables interact with the curriculum in unique ways, shaping the depth, rhythm, and direction of professional development.

5.3.1. Personal Characteristics

Although standardized curricula and structured experiential components establish a common framework for the professional development of psychotherapy trainees, the trajectory of each individual's formation is inherently idiosyncratic and deeply personal. The evolution into a psychotherapist is influenced not solely by the formal

content delivered, but also by the unique constellation of personal dispositions, life experiences, and ongoing identity development that each student brings to their training. The subjective interpretation of academic and clinical challenges, shaped by prior background, motivation, and self-reflective capacity, mediates how theoretical constructs and practical skills are assimilated. Consequently, professional maturation within the same educational context can manifest along diverse developmental pathways, underscoring the necessity of training models that are responsive to individual differences and adaptable to varied learner trajectories. This recognition of individual variability naturally extends to assumptions about broader group characteristics, such as age or prior education. While it may be tempting to generalize about which categories of students are more developmentally prepared for the demands of training, such assumptions often obscure the more nuanced and dynamic nature of professional growth.

Challenging simplistic assumptions about the relationship between demographic variables and professional maturity is essential for designing truly effective and responsive training programs. Intuition might suggest that older students, having accumulated more life experience, or those with advanced prior education, would inherently possess a more mature or sophisticated understanding of psychotherapy from the outset. However, empirical evidence from the *SFU Slovenia Psychotherapy Cohort Study* indicates that age, in itself, does not directly correlate with a more complex developmental trajectory in the context of psychotherapy training. Younger students, when immersed in a supportive and rigorous training environment, are demonstrably capable of achieving equally deep and refined professional insights. Their developmental paths may differ

in pace or initial perspective, but their capacity for deep learning and transformation is not inherently limited by chronological age. Similarly, the level of a student's initial education, whether at the level of a high school diploma or a university degree, has surprisingly little direct impact on the developmental process within psychotherapy training. While a strong academic background can certainly facilitate the absorption of theoretical knowledge, it does not predetermine the qualitative shift in professional identity that is central to becoming an effective psychotherapist.

In contrast, findings from the *SFU Slovenia Psychotherapy Cohort Study* indicate that among the various individual characteristics examined, personal therapy emerges as the most significant factor influencing the maturity and complexity of a student's views on psychotherapy. This experiential component serves as a unique crucible for self-reflection, emotional processing, and the integration of theoretical knowledge with lived experience. Students who undergo personal therapy gain an invaluable firsthand understanding of the therapeutic process from the client's perspective, which significantly enhances their empathy, capacity for self-awareness, and ability to navigate the intricate dynamics of the therapeutic relationship. It is through this deeply personal engagement that theoretical concepts cease to be abstract ideas and become embodied understandings, fostering a more layered, integrated, and mature professional outlook. The hours spent in personal therapy are not merely a requirement but a foundational element that cultivates the very qualities —self-awareness, emotional resilience, and deep appreciation for the client's journey—that define a competent and ethical psychotherapist.

These insights indicate the necessity for training programs

to adopt an individualized and developmentally informed approach to student education. A “one-size-fits-all” model, while administratively convenient, fails to account for the diverse entry points and unique learning needs of aspiring psychotherapists. While foundational knowledge and core competencies must be universally addressed, the application and integration of that knowledge will vary based on personal factors. This suggests a need for flexible learning pathways, personalized mentorship, and supervisory relationships that are attuned to the individual student’s developmental stage. The strong correlation between personal therapy and professional maturity further reinforces the critical importance of making personal therapy a central, and perhaps mandatory, component of training, ensuring sufficient hours and quality of engagement to facilitate deep personal work and foster the significant shifts in perspective that are essential for effective practice.

5.3.1.1. Age

Expanding on the influence of age, it is important to consider that while chronological age may not directly dictate the capacity for professional development, it does shape the personal context and interpretive frameworks that students bring to their training. Older students, for instance, often enter with a richer mix of personal and professional experiences that serve as a fertile backdrop for interpreting relational dynamics and human behavior. They may have encountered significant life challenges, raised families, worked in emotionally demanding roles, or held positions of responsibility. Such experiences can contribute to emotional maturity and groundedness, traits that influence their interpretation of clinical material and their interactions in training. Younger students, by contrast, may lack

this experiential grounding but frequently bring strengths of their own: a strong academic foundation, an ability to acquire new models quickly, and openness to feedback. Their identity structures are often more fluid, allowing for greater adaptability in response to training demands. In some cases, this may even facilitate more rapid development of technical and theoretical competencies. However, younger students may initially focus more heavily on self-exploration and idealized motivations, using the training process as a framework for identity formation as much as professional development.

Findings from the *SFU Slovenia Psychotherapy Cohort Study* highlight how these age-related developmental differences manifest within specific student cohorts in terms of their expectations and representations regarding different aspects of training and the profession. Empirical data from the study reveal some differences among students across five age groups: up to 19, 20–29, 30–39, 40–49, and 50 and above. While emotionally motivated reasons and relational ideals appeared across all age groups, the type of conceptual emphasis and the focus of student reflections varied somewhat by age:

- Younger students (especially those aged 20–29) were more likely to express idealized and emotionally charged expectations, with a strong emphasis on helping, healing, and the relational dimension of the therapeutic process. Their representations frequently reflected an aspirational orientation: statements about becoming someone who understands others, offers help, or facilitates growth. This group was also the most likely to describe psychotherapy in terms of personal development and self-awareness. For many,

training was not only a path to a profession but also a opportunity for deep self-exploration.

- Students aged 30–39 showed a greater emphasis on practicality and clinical work, often referencing their interest in specific techniques or therapeutic goals. Their representations combined emotional motivations with a growing concern for professional competence, suggesting a transition from idealism toward realism. This group often mentioned the desire to apply psychotherapy in concrete contexts such as healthcare, education, or social work, indicating a broader systemic awareness.
- In the 40–49 age group, responses continued to reflect a focus on clinical applicability but also introduced a more reflective tone, often grounded in prior life or work experience. Students in this bracket were more likely to refer to integrating theory with practice and showed a mature appreciation for the limits of psychotherapy, its responsibilities, and the importance of boundaries.
- Students aged 50 and older provided some of the most grounded and balanced perspectives, referencing both theoretical content and personal transformation while remaining critically engaged with the role of the therapist. They framed psychotherapy as a continuation or deepening of existing roles in helping professions, bringing a strong ethical and philosophical component to their understanding of the field.

Despite these differences, the study's findings reveal that age does not significantly influence the recurring themes in students' representations of the psychotherapeutic profession. Across age groups, from students under 20 to

those over 50, responses were distributed among different representational themes, namely clinical work and practice, theoretical knowledge, personal characteristics and experience, a combination of themes, and the social context of the profession. The proportions of these themes remained relatively stable across age brackets, indicating that age is not a determining factor in how students conceptualize the profession in terms of clinical, theoretical, personal, or systemic perspectives. This lack of statistical differentiation provides a key insight: while age may influence the tone, language, or examples used in student responses, it does not shape the structural complexity or thematic scope of their representations in a predictable or significant way. In other words, younger students do not demonstrate simpler or less integrated conceptualizations than their older colleagues. Similarly, older students do not show a clear pattern of more advanced or integrated representations.

This suggests that psychotherapy training, when delivered within a supportive and integrative educational environment, provides a developmental context strong enough to transcend age-related differences. Regardless of age, students are capable of articulating sophisticated, multidimensional understandings of the profession, often blending personal insight, clinical reasoning, and social awareness. Nevertheless, while age itself may not shape the category of student representation, it likely continues to inform the personal lens through which the training experience is interpreted. The practical implication for educators is to avoid assumptions about maturity or readiness based solely on age, and instead focus on supporting individual students' developmental needs as they emerge throughout the training process.

Training programs should, first and foremost, avoid

reductive assumptions about age and maturity. While older students may begin with a broader base of life experience and professional identity, this does not necessarily translate into greater adaptability or emotional openness. Likewise, younger students, though less experienced, may exhibit an exceptional capacity for insight, integration, and growth, particularly when supported by well-timed clinical practice, supervision, and personal therapy. Rather than treating age as a predictive factor for success, the cohort study suggests that age operates more as a moderator, shaping how students initially engage with training, what they prioritize, and how they interpret key experiences. Effective programs recognize this and ensure that pedagogical methods are responsive to developmental diversity, offering different forms of scaffolding, reflective opportunities, and learning challenges that resonate with students at various stages of personal and professional life.

5.3.1.2. Education

Students enter psychotherapy training from a wide range of educational backgrounds, including high school graduates, university degree holders, and individuals with advanced academic or professional experience in other fields. The significance of these prior educational paths remains a topic of ongoing debate, particularly regarding their influence on professional readiness and the overall depth of psychotherapeutic understanding. However, findings from the *SFU Slovenia Psychotherapy Cohort Study* suggest that previous educational attainment does not significantly determine the outcome of professional development during psychotherapy training.

Notably, the cohort study revealed no consistent pattern showing that students with higher formal education levels

(e.g., university degrees) developed faster or more deeply than those with less academic experience. The analysis of student responses across representational categories, ranging from clinical work and theoretical knowledge to personal characteristics and the social context of the profession, reveals a relatively balanced distribution across all educational groups. In fact, some students without a university background demonstrated equal or even greater openness to experiential learning, suggesting that academic history is only one of many factors shaping their development. While students with university-level education may enter with greater familiarity with academic discourse or research methodologies, this advantage does not necessarily translate into a more sophisticated or integrated understanding of psychotherapy as a profession. Even students whose highest prior education was high school were found to demonstrate reflective, clinically oriented, and multifaceted representations of the psychotherapeutic role. While some differences exist, such as university graduates being slightly more likely to offer responses that blend multiple perspectives, these differences are slight and inconsistent. They do not suggest a meaningful or reliable link between education level and the way students conceptualize the field.

Despite the variance in educational backgrounds, the distribution of students' initial representations of the profession, regarding clinical practice, theoretical knowledge, personal characteristics, and experience, as well as the combination of themes and the social context of the profession, remained surprisingly consistent across groups. The largest two subgroups, those with a high school education and those with a university degree, exhibited broadly similar patterns across all five representational categories. Both

tended to focus primarily on personal characteristics and clinical work, with only minimal attention to theoretical knowledge or systemic aspects of the profession. Notably, university graduates showed a slightly higher proportion of responses across different themes, suggesting an emerging integrative perspective. However, this difference was not significant enough to indicate a clear trend. The table below summarizes these patterns:

Table 9. Distribution of Representation by Educational Background

	Clinical work & Practice	Theoretical knowledge	Personal charac- teristics & Experience	A combination of different categories	Social context of profession
Gymnasium / High School	19%	13%	31%	18%	19%
Bachelor's / University Degree	17%	0%	35%	35%	13%
Master's / Doctorate Degree	23%	0%	57%	20%	0%
Parallel Programs	0%	0%	100%	0%	0%
Other	10%	32%	46%	0%	12%
Total	18%	15%	29%	21%	17%

While prior educational background in the cohort study did not determine the depth or success of professional development in psychotherapy training, it may have shaped the initial stance with which students approached their studies. Some students entered the program with a background in psychology or a related social science, while others came from fields such as education, medicine, law, or technical professions. These diverse starting points introduced variation in how students relate to theory, methodology, and the therapeutic process itself. Previous

education thus emerged as a contextual factor in students' reflections, often mentioned indirectly through how they imagined the profession. For example, one bachelor's student explained: "*It is a demanding profession; you need a lot of knowledge and experience to do it. It is a very meaningful profession*". Another master's student, reflecting from a more advanced standpoint, emphasized: "*You need to be well-educated and mature to be a good psychotherapist*". Such statements reveal how prior academic and professional experience can color outlooks, sometimes manifesting as a sense of confidence in theoretical engagement, and at other times as awareness of the maturity and effort required. The cohort findings suggest that while previous education did not linearly predict development, it did shape the content of students' expectations and representations: those with broader academic backgrounds often framed psychotherapy in terms of knowledge and expertise, while others emphasized responsibility, ethics, or the personal qualities needed for the work.

A set of themes has emerged related to how students experience the relevance or irrelevance of their prior education during psychotherapy training. The most frequent themes included:

- Supportive theoretical grounding: Previous education helps with understanding and integrating complex theoretical concepts.
- Overconfidence or bias: Prior education can create blind spots, particularly in students who assume their earlier training has sufficiently prepared them for therapeutic work.
- Shift in learning approach: Many students report that the experiential and introspective nature of

psychotherapy training requires them to adopt new ways of learning that differ from their earlier academic habits.

- **Bridging disciplines:** Several students emphasized how they gradually learned to draw on their previous education in creative and integrative ways.

Although individual experiences vary, a common theme is that students gradually come to recognize that their previous education is neither an automatic advantage nor a barrier. Instead, it functions as a resource to be re-evaluated, integrated, and sometimes set aside, depending on the demands of the training process.

Table 10. Student Reflections on the Role of Previous Education

Theme	Representative Quotes
Supportive theoretical grounding	<i>"I am more and more interested in different modalities, theoretical knowledge and approaches."</i>
Overconfidence or bias	<i>"At the beginning, I took things the easy way; now I am aware of responsibility and hard work."</i>
Shift in learning approach	<i>"They have changed a lot. Before, I thought theoretical knowledge was the most important, but now I know you need much more than just theory."</i>
Bridging disciplines	<i>"It is a demanding profession; you need a lot of knowledge and experience to do it. It is a very meaningful profession."</i>

The impact of prior educational background, while not a direct determinant of professional maturity, does shape a student's initial approach to learning and their preferred modes of engagement with theoretical material. Students with backgrounds in humanities or social sciences may be more attuned to narrative and qualitative approaches, while those from scientific or quantitative disciplines might initially gravitate toward empirical research and evidence-based practices. However, the transformative nature of psychotherapy training often transcends these

disciplinary boundaries. The process of becoming a psychotherapist requires a synthesis of diverse ways of knowing: intellectual, emotional, experiential, and intuitive. Regardless of their prior academic training, all students must learn to integrate theoretical knowledge with clinical practice, engage in deep self-reflection, and to develop a refined understanding of human experience that no single academic discipline cannot fully capture. The emphasis in training should therefore be on fostering this integrative capacity, rather than on privileging specific prior educational backgrounds. Programs should provide opportunities for students to bridge their existing knowledge with the unique demands of psychotherapy, encouraging them to draw upon their diverse intellectual strengths while also expanding their cognitive and emotional repertoires.

These findings from the *SFU Slovenia Psychotherapy Cohort Study* highlight the transformational power of the training process itself, suggesting that professional maturity is more closely shaped by the experiential and relational aspects of the curriculum, such as clinical practice and personal therapy, than by the level or type of prior academic achievement. Students enter programs with highly diverse academic backgrounds, most commonly with either a high school diploma (gymnasium-level) or a completed bachelor's degree. In designing effective training programs, educators should avoid assumptions about students' readiness based on their academic past. Instead, they should offer scaffolding that supports all students in bridging previous experience with new learning demands, particularly the shift from conceptual knowledge to embodied practice.

5.3.1.3. Personal Therapy

Among the most influential components of psychotherapy training is the student's own experience as a client. Personal therapy, in this context, serves not merely as a curricular requirement but as a vital developmental process that shapes how students interpret theory, engage with clinical practice, and construct their professional identity. Through engaging in personal therapy, students are allowed to confront their own internal dynamics, such as defenses, anxieties, and relational patterns, in a supportive and professionally guided setting. This process allows for direct, embodied experience of the therapeutic relationship, offering invaluable insight into the challenges and transformative potential inherent in the client's perspective. By navigating their own emotional landscape, students cultivate greater empathy, self-awareness, and resilience, developing a more sophisticated understanding of what it truly means to "hold space" for another person. Additionally, firsthand experience with issues like transference, empathy, and the gradual nature of change deepens their appreciation for the complexities of therapeutic work and enhances their capacity to engage authentically and ethically with future clients.

Findings from the *SFU Slovenia Psychotherapy Cohort Study* emphasize the developmental impact of personal therapy on student expectations and representations. While many students enter training with emotionally driven, idealized views of psychotherapy, often shaped by altruistic motives or personal experiences of suffering, those who have engaged in personal therapy tend to offer more grounded and integrated descriptions of the therapeutic process. Their responses more frequently reflect a balanced appreciation of both the emotional and technical aspects of the profession. These students are more likely to articulate the importance

of theoretical knowledge, therapeutic boundaries, and the inherent limitations of the therapist's role, suggesting that personal therapy cultivates not only empathy but also clinical realism. This experiential foundation allows them to approach the complexities of therapeutic work with greater humility and self-awareness, recognizing that change is often gradual and layered rather than immediate or absolute. As a result, personal therapy not only shifts student perspectives but also deepens their capacity to engage authentically and ethically within the therapeutic relationship, ultimately supporting their development into reflective and competent practitioners.

This difference is evident in both the language and the focus of student narratives. Students without prior experience in therapy tend to emphasize being a "helper," "healer," or "guide," often using emotionally charged vocabulary and expressing abstract ideals about their future role. Their narratives frequently focus on the aspiration to alleviate suffering or bring about positive change in others, sometimes reflecting a sense of personal mission or altruistic motivation. In contrast, students who have undergone personal therapy tend to frame the role of the therapist in more complex and finely grained terms. They often describe therapists as facilitators of insight, co-participants in a collaborative process, or mediators of emotional and cognitive change. Their representations are more frequently articulated through process-oriented language, highlighting the evolving, dialogical nature of therapeutic work and demonstrating a shift from outcome-based thinking, such as "to heal" or "to change someone", to an appreciation of therapy as an unfolding dialogue deeply rooted in theory, technical skill, and the complexities of interpersonal dynamics. This more sophisticated perspective suggests a

higher degree of integration between theoretical knowledge and lived experience, reflecting the developmental impact of personal therapy on professional development.

Table 11. Comparison of Student Representations by Personal Therapy Experience

Representative Quotes	Representative Quotes	Representative Quotes
Language and Tone	Balanced, reflective, and process-oriented	Emotionally charged, idealistic, aspirational
Therapist Role Representation	Facilitator of insight, co-participant, mediator of change	Helper, healer, guide
Focus of Responses	Integration of theory, practice, and self-awareness	Emphasis on empathy and personal traits
Prevalent Coded Categories	Theoretical Knowledge, Combination of Elements	Personal Characteristics, Clinical Practice
View of Therapeutic Process	Therapy as a slow, relational, ethically bounded process	Therapy as intuitive or outcome-driven transformation
Readiness for Clinical Work	Higher emotional readiness and integration of theory in practice	More anxiety about practicum and difficulty linking theory to practice

The thematic patterns from the cohort study support this qualitative distinction. Responses from students with personal therapy experience showed a higher prevalence of themes related to theoretical knowledge and the combination of elements, suggesting a more comprehensive perspective. Meanwhile, students without such experience were more concentrated in the themes of personal characteristics and clinical practice, often focusing on empathy and interpersonal presence without linking these traits to theoretical underpinnings or clinical technique. This developmental difference is not merely stylistic; it reflects a deeper integration of roles. Personal therapy appears to accelerate the student's movement from self-oriented to client- and system-oriented thinking, fostering the transition from

aspirational identification with the therapist role toward a more reflective and ethically grounded professional identity. It also functions as a corrective mechanism, challenging unrealistic expectations and softening magical thinking about therapeutic change.

Moreover, personal therapy introduces a strong experiential learning cycle, where students directly experience the limits of interpretation, the slow pace of emotional growth, and the discomfort of being deeply seen by another. Through these direct and often challenging experiences, students gradually learn to tolerate uncertainty, accept ambiguity, and understand that meaningful progress in therapy is often frequently gradual and non-linear. These encounters are invaluable because they foster humility, patience, and psychological resilience, all of which are traits essential for managing the emotional demands of therapeutic work and for strengthening the student's ability for empathy, self-reflection, and genuine engagement with clients. Additionally, this process helps students appreciate the complexity of change, recognize their vulnerabilities, and approach their future clinical roles with greater openness and self-awareness, ultimately enhancing their effectiveness as therapists.

Additionally, the influence of personal therapy extends well beyond simply increasing self-awareness or deepening empathy. Engaging in personal therapy appears to be a vital preparatory step for students entering clinical supervision, as it enhances their openness to feedback, supports their capacity for honest self-reflection, and fosters a deeper understanding of transference and countertransference dynamics in therapeutic relationships. Students who have participated in therapy, either before or during their training, frequently report not only a greater emotional readiness for practicum but also a more sophisticated integration of

theoretical concepts into their clinical work. This experiential foundation allows them to approach supervision with humility, curiosity, and resilience, making them more receptive to constructive critique and better equipped to translate feedback into meaningful professional growth. In this way, personal therapy serves as a catalyst for bridging the gap between theory and practice, ultimately shaping clinicians who are more adaptive, reflective, and effective.

Taken together, the cohort findings affirm the central role of personal therapy in shaping the depth, realism, and ethical clarity of student representations. While personal therapy may not entirely eliminate idealism (and, in fact, a certain degree of aspirational thinking remains valuable for motivation and growth), it clearly anchors the learning process in the student's lived emotional experience. This grounding effect enables trainees to integrate theoretical concepts with practical, emotionally resonant understanding, fostering a more refined and reflective clinical approach. Therefore, personal therapy should not be considered merely a supplementary or parallel process to formal training, but rather recognized as a foundational pillar of professional formation, with direct and far-reaching implications for curriculum design, pedagogical strategy, and the overall development of competent, ethical psychotherapists.

5.3.1.4. Conclusion: A Developmentally Informed Approach

Ultimately, the interplay of personal characteristics, such as age, prior education, and especially personal therapy experience, creates a rich and varied landscape of developmental trajectories within psychotherapy training. Recognizing and understanding these individual differences is not merely an academic exercise; it is a

pedagogical imperative. By adopting a flexible, individualized, and developmentally informed approach, training programs can optimize the learning experience for each student, fostering the growth of competent, ethical, and self-aware psychotherapists who are well-equipped to meet the diverse needs of their future clients. A one-size-fits-all approach fails to capture the complexity of human development or support the unique learning trajectories of individual students. Instead, training programs must adopt a flexible, developmentally informed stance, providing opportunities for personalized mentorship, reflective practice, and adaptive learning pathways. By recognizing and leveraging the diverse strengths and starting points of their students, educators can foster an environment where every trainee is empowered to develop into a competent, ethical, and self-aware psychotherapist. Ultimately, it is through this attention to individual differences, alongside a rigorous and integrative curriculum, that the field can ensure the preparation of practitioners who are not only knowledgeable but also attuned to the layered realities of human experience.

5.3.2. Non-Linear Growth and Disappointments

Despite the best efforts to tailor training to students' individual differences, the developmental course remains fundamentally non-linear. The expectation of continuous upward growth often stands in stark contrast to students' lived experiences, which feature not only periods of rapid progress but also phases of stagnation and even regression. The dominant narrative of professional development tends to assume a linear ascent toward greater competence and confidence. However, the reality of becoming a

psychotherapist is considerably more complex, marked by stretches of intense growth, periods of plateau, and, for some, episodes of serious disappointment. This non-linear trajectory was particularly evident in the study's findings, where students reported experiencing negative shifts or a sense of disillusionment during their training. Such experiences may emerge as feelings of being overwhelmed by the profession's complexity and emotional demands, a diminishing of initial idealism without an accompanying increase in realistic understanding, or difficulties reconciling deeply held personal values with the challenging realities and ethical dilemmas inherent in clinical practice.

The existence of these events highlights an important insight: professional development is not uniformly positive or a continuous upward curve. It emphasizes the significant psychological and emotional challenges inherent in the developmental process of becoming a psychotherapist. Students may confront their own vulnerabilities, biases, and limitations in ways they had not anticipated, leading to feelings of inadequacy, anxiety, or doubts about their suitability for the profession. The romanticized vision of helping others can clash with the often slow, arduous, and sometimes frustrating reality of therapeutic work, leading to a sense of disillusionment. This period of struggle, while potentially distressing, can paradoxically be an essential catalyst for fostering resilience, deepening self-awareness, and ultimately forging a more authentic and robust professional identity, provided that adequate support and guidance are available.

**Table 12. Student Experiences of Non-Linear Growth and
Disillusionment**

Experiences	Typical Student Descriptions
Emotional Overwhelm	Overwhelmed by complexity: Feeling emotionally exhausted or unprepared for the intensity of clinical work.
Loss of Idealism	Disappointment in profession: Realizing that the work is less life-changing or intuitive than imagined.
Intellectual Paralysis	Cognitive overload: Difficulty integrating conflicting theoretical models or keeping up with the volume of material.
Value Conflict	Ethical-moral dissonance: Struggling to reconcile personal values with clinical realities or ethical obligations.
Self-Doubt / Identity Crisis	Questioning suitability: Questioning one's fitness for the profession or re-evaluating their motivation to pursue it.
Emotional Spillover from Personal Therapy	Therapy-induced crisis: Encountering unresolved issues during own therapy that destabilize professional identity.
Motivational Decline	Decreased engagement: Diminished enthusiasm, sense of burnout, or disengagement from training.

For training programs, acknowledging and proactively addressing the potential for disillusionment is paramount. This requires creating robust support systems and fostering an environment where students feel safe to express their struggles and vulnerabilities without fear of judgment or academic penalty. Such support can include accessible mentorship programs, structured peer supervision groups, and individual counseling services tailored to the unique stresses of psychotherapy training. Furthermore, integrating content that realistically prepares students for the emotional and psychological demands of the profession, including discussions on burnout, vicarious trauma, and self-care strategies, is essential. Early and realistic exposure to the challenges of clinical work, coupled with strong, consistent

supervisory relationships, can help mitigate the intensity of negative experiences and transform them into opportunities for growth. By embracing the non-linear nature of development and providing comprehensive support for students navigating difficult periods, training programs can cultivate psychotherapists who are not only skilled but also emotionally resilient, self-aware, and capable of sustained, ethical practice.

Exploring further, it is important to understand the complex nature of the disillusionment experienced by some students. This is not simply a matter of unmet expectations, but rather an internal struggle that can challenge their core identity and sense of purpose. One common manifestation is the feeling of being overwhelmed by the sheer volume and complexity of theoretical knowledge, clinical skills, and ethical considerations. The initial enthusiasm for learning can give way to a sense of intellectual paralysis, as students grapple with the vastness of the field and the realization that mastery is a lifelong endeavor. This sense of overwhelm may intensify when students are confronted with theoretical models or clinical approaches that sharply contrast with their personal values or worldviews, leading to cognitive dissonance and deep intellectual disorientation. In addition, the pressure to integrate new perspectives while maintaining authenticity can prompt students to question not only their academic readiness but also their emotional resilience. These challenges, if not adequately addressed and supported, can result in a temporary loss of motivation, increased self-doubt, and a reevaluation of their commitment to the profession. For many, this period of struggle serves as a crucial developmental crossroads, ultimately fostering growth and greater self-awareness when navigated with proper support and guidance.

Another significant source of disillusionment stems from the emotional demands of clinical work. Students, often driven by a desire to help, may initially underestimate the emotional toll of engaging with human suffering, trauma, and distress. They may experience vicarious trauma, compassion fatigue, or burnout as they absorb the emotional weight of their clients' experiences. The idealized image of the therapist as an emotionally detached yet deeply empathetic figure can crumble under the weight of real-world clinical encounters, leading to feelings of inadequacy, anxiety, or even a desire to withdraw from the profession. This emotional strain is often compounded by the personal therapy component of training, which can unearth unresolved personal issues, forcing students to confront their own vulnerabilities and limitations in a deeply personal way. As students continue to process these intense emotions, they may also face challenges in maintaining healthy boundaries and in balancing their own well-being with professional responsibilities. The cumulative impact of these experiences can foster a sense of disillusionment, prompting students to reevaluate their career choice, question their resilience, and seek additional support to navigate the complex emotional terrain of psychotherapy training. Ultimately, these challenges highlight the need for robust support systems and emphasize the importance of self-care, supervision, and peer support to help students build the emotional stamina required for effective clinical practice.

Furthermore, struggles can stem from difficulties in balancing personal values and beliefs with the ethical and professional requirements of psychotherapy. Students may encounter situations where their personal moral compass clashes with professional guidelines, or where the realities

of clinical practice challenge their idealized notions of justice, fairness, or client autonomy. For example, navigating mandatory reporting laws, dealing with clients who engage in harmful or self-destructive behaviors, or working within systemic and institutional constraints that limit their ability to provide optimal care can lead to significant moral distress and a sense of compromise. These experiences may force students to grapple with ethical dilemmas, such as upholding client confidentiality while fulfilling legal obligations, or advocating for client needs within a system that imposes limitations. This ethical friction can be a source of disillusionment, leading students to question not only the integrity of the profession but also their personal sense of purpose and their place within it. Such internal conflict, if left unaddressed, can erode motivation and contribute to emotional exhaustion, making it essential for training programs to provide robust support and open dialogue around these challenges.

Training programs must recognize that these challenges and difficulties are not a sign of a student's unsuitability for the profession, but rather an indication of a critical developmental juncture. Periods of struggle, while painful, can be deeply transformational. When adequately supported, students who navigate these challenges often emerge with a more resilient, authentic, and deeply integrated professional identity. They develop a more realistic understanding of the profession's limitations, a greater capacity for self-compassion, and a deeper appreciation for the importance of self-care and peer support. The experience of disillusionment, when processed effectively, can foster a sense of humility and a more sophisticated understanding of the complexities of human change. Moreover, these challenging moments can catalyze ongoing growth by

encouraging students to confront their vulnerabilities and reassess their motivations, ultimately equipping them with greater emotional intelligence and adaptability as they progress in their clinical practice.

Therefore, training programs must proactively integrate strategies to support students through these non-linear phases of development. This includes:

- Creating safe spaces for vulnerability: Encouraging open discussion of struggles, doubts, and emotional reactions in supervision, peer groups, and dedicated forums.
- Providing realistic expectations: From the outset, clearly communicating the emotional and intellectual demands of the profession, including the potential for burnout and vicarious trauma.
- Strengthening mentorship and peer support: Establishing robust mentorship programs and fostering strong peer networks can provide invaluable emotional support and guidance during challenging periods.
- Integrating self-care and resilience training: Equipping students with practical strategies for managing stress, maintaining well-being, and preventing burnout.
- Normalizing struggle: Emphasizing that periods of doubt and disillusionment are a normal part of professional development, and that seeking help is a sign of strength, not weakness.

By embracing the reality of non-linear growth and proactively addressing the potential for disillusionment, psychotherapy training programs can transform moments of crisis into opportunities for personal and professional

development, ultimately cultivating a new generation of psychotherapists who are not only skilled but also deeply resilient, self-aware, and ethically grounded.

5.3.2.1. The Spectrum of Growth: From Transformation to Stagnation

The concept of non-linear growth in psychotherapy training extends beyond mere fluctuations in progress to encompass a broader spectrum of developmental outcomes. While many students experience substantial and positive transformations, others may encounter periods of stagnation, or even regression or persistent disappointment. Understanding this spectrum is vital for training programs seeking to tailor interventions and support systems effectively. At one end of the spectrum are students who demonstrate consistent growth, characterized by a rapid integration of theoretical knowledge, a deepening of clinical skills, and a robust development of their professional identity. Their journey may appear relatively smooth, marked by continuous positive feedback and a clear sense of progression. In the middle lies the majority of students, whose developmental path is characterized by periods of growth interspersed with periods of stagnation. During these plateaus, progress may seem slow or even imperceptible, leading to moments of frustration or self-doubt. However, these periods are often crucial for consolidating learning, integrating new insights, and preparing for the next phase of growth. With adequate support and encouragement, students typically overcome these plateaus and continue their developmental trajectory.

At the other end of the spectrum are students who experience significant challenges, leading to stagnation or even regression. This can manifest as persistent difficulty in applying theoretical concepts to clinical practice, an inability

to form effective therapeutic alliances, or a chronic struggle with emotional regulation in the therapy room. For some, this may be accompanied by disillusionment, where their initial enthusiasm wanes and they question the suitability for the profession. These students may require more intensive and individualized support, including additional supervision, personal therapy, or even a temporary pause in their training. The factors contributing to stagnation or regression are varied and can include:

- Unresolved personal issues: Deep-seated personal conflicts or traumas that interfere with the student's ability to engage effectively in the therapeutic process.
- Lack of self-awareness: An inability to recognize and process their own emotional reactions, biases, and limitations.
- Resistance to feedback: Difficulty in receiving and integrating constructive criticism, hindering their ability to learn from mistakes.
- Inadequate support systems: A lack of sufficient mentorship, supervision, or peer support to navigate challenging periods.
- Unrealistic expectations: Persistent adherence to idealized notions of the profession or themselves, leading to chronic disappointment when confronted with reality.

For training programs, recognizing the spectrum of growth and its underlying factors is paramount. Recognizing this spectrum is essential not only for educators but also for students themselves, who benefit from understanding that their developmental trajectory may not mirror that of their peers. Training programs should openly discuss

these varied experiences, thereby normalizing the diversity of growth patterns and encouraging honest reflection on personal challenges. By fostering transparency and dialogue around setbacks and stagnation, training programs can help dismantle the stigma often associated with struggle or regression in professional training. This requires:

- Early identification of struggling students: Implementing robust assessment and feedback mechanisms to identify students who may be experiencing difficulties early in their training.
- Differentiated support: Providing individualized support plans tailored to the specific needs of each student, which may include additional supervision, personal therapy, academic support, or referral to external resources.
- Promoting a growth mindset: Fostering a culture that views challenges and setbacks as opportunities for learning and growth, rather than as indicators of failure.
- Emphasizing resilience and self-care: Equipping all students with strategies for managing stress, preventing burnout, and maintaining their well-being throughout their demanding training course.

By acknowledging and actively addressing the full spectrum of growth experiences, a training program can create a more inclusive and supportive environment that maximizes the potential for all students to achieve their full professional capabilities. This approach involves recognizing that students' progress at different rates and encounter unique personal and professional challenges. By normalizing these diverse developmental pathways and

providing individualized support, such as early identification of difficulties, differentiated interventions, and the promotion of resilience and self-care, training programs ensure that no student is left behind. Ultimately, this nuanced understanding of developmental trajectories fosters a future psychotherapeutic workforce that is resilient, self-aware, empathetic, and highly competent in meeting the complex demands of the profession.

5.3.2.2. The Importance of Self-Compassion in Navigating Non-Linearity

In the face of non-linear growth and the potential for disillusionment, the cultivation of self-compassion emerges as a critical protective factor for psychotherapy students. Self-compassion, as defined by Neff (2003), involves treating oneself with kindness, understanding, and acceptance in moments of suffering, failure, or perceived inadequacy, rather than engaging in harsh self-criticism. It comprises three core components:

- self-kindness: being gentle and understanding with oneself;
- common humanity: recognizing that suffering and imperfection are part of the shared human experience;
- and mindfulness: observing one's thoughts and feelings without judgment.

For psychotherapy students, who are often highly conscientious and self-critical, the demanding nature of training can exacerbate tendencies towards perfectionism and self-blame. When confronted with clinical challenges, personal limitations, or the emotional toll of the work, students may engage in harsh self-criticism, leading to

increased anxiety, burnout, and a diminished sense of self-efficacy. This internal struggle can hinder their ability to learn from mistakes, seek support, and maintain their well-being. Cultivating self-compassion allows students to navigate these inevitable challenges with greater resilience and emotional regulation. When they treat themselves with kindness and understanding, they are better able to acknowledge their struggles without being overwhelmed by them. Recognizing their common humanity with other struggling students and even experienced therapists helps to reduce feelings of isolation and shame. Practicing mindfulness enables them to observe their difficult emotions without getting caught in a spiral of negative self-judgment.

Psychotherapy students can gain numerous benefits from practicing self-compassion. Those who practice self-compassion show increased resilience, allowing them to recover from setbacks and persevere through adversity. This trait also acts as a shield against burnout, as self-kindness and emotional regulation help protect students from emotional exhaustion and cynicism that accompany demanding training. Additionally, self-compassionate students are less self-critical, making them more open to feedback, more willing to take risks, and better able to learn from their mistakes. Moreover, therapists who nurture self-compassion often develop greater empathy for their clients, creating a more supportive and non-judgmental therapeutic environment. Finally, self-compassion enables students to accept their flaws and vulnerabilities, helping them develop an authentic and sustainable professional identity that isn't based on unrealistic standards of perfection.

For training programs, integrating the principles and practices of self-compassion into the curriculum is a crucial investment in the well-being and long-term effectiveness of

their students. This can be achieved through:

- Didactic instruction: Introducing students to the concept of self-compassion and its empirical benefits.
- Experience: Incorporating mindfulness and self-compassion practices into coursework, such as guided meditations, reflective journaling, and self-compassion breaks.
- Modeling by faculty and supervisors: Supervisors and faculty members can model self-compassion in their own professional lives by sharing their own struggles and demonstrating how they practice self-kindness and acceptance.
- Creating a supportive learning environment: Fostering a culture that values vulnerability, encourages open discussion of challenges, and provides non-judgmental support for students.
- Integrating self-care into the curriculum: Emphasizing that self-care is not a luxury but an ethical imperative for psychotherapists, and providing practical strategies for maintaining well-being.

By actively cultivating self-compassion, psychotherapy training programs can empower students to navigate the inherent challenges and non-linearities of professional development with greater resilience, authenticity, and wisdom. This benefits not only individual students but also contributes to the creation of a more compassionate and effective psychotherapeutic workforce.

5.4. Curriculum Components Supporting Transformation

The extensive transformation psychotherapy students undergo is actively guided and shaped by specific, intentionally designed curriculum elements. Alongside the theoretical foundations, an indispensable starting point in enabling students to frame their first experiences and anchor later learning, certain experiential components play a particularly decisive role. These include supervised clinical practice, personal therapy, peer groups, case conferences, and reflective exercises, all of which provide vital opportunities for applied learning, structured reflection, and supportive settings that allow students to connect theoretical knowledge with practical skills and personal understanding. Supportive supervision, personal therapy, and direct patient contact are consistently rated as the most important positive influences on development, while institutional conditions and negative supervisory experiences can impede growth (Carlsson & Schubert, 2009; Messina et al., 2018b; Orlinsky, Botermans, & Rønnestad, 2001).

Through these activities, students confront their limitations, recognize their achievements, and gradually shift from an initial idealistic viewpoint to a more realistic, patient-centered approach. In the cohort study, this shift is visible in students' own accounts, where early idealism gives way to more critical realism as supervised practice, personal therapy, and peer-based reflection begin to reshape their perspectives. The curriculum's focus on self-compassion, self-care, and collaborative learning further supports the development of resilience, emotional regulation, and a sustainable professional identity. Without these comprehensive elements, the developmental course from self-focus to

patient- and system-focused thinking would be significantly hindered, leaving students less equipped to handle the complexities of their future roles.

Table 13. Student Quotations on Shifts in Expectations and Representations

Stage	Theme	Student Quotations
B1 (early bachelor)	Idealistic motivations / clinical optimism	<i>"I expect to be successful as a psychotherapist, and that I will be able to solve other people's problems. I expect that in time I will be able to make a living by working as a psychotherapist."</i>
	Altruistic, relational emphasis	<i>"A psychotherapist is a person that leads other people to happiness."</i>
B3 (mid bachelor)	Emerging realism	<i>"They have changed. At the beginning of my studies I was idealizing everything about psychotherapy, but now I'm more realistic."</i>
	Persistent idealism, but tempered	<i>"I expect to help as many patients as possible and get some life experience along the way."</i>
M1 (early master)	Critical reflection on knowledge vs. practice	<i>"They changed a lot. Before I thought theoretical knowledge is the most important, but now I know you need much more than just theory."</i>
	Integrating complexity	<i>"At the beginning I was more focused on theory, then I decided I didn't want to work as a psychotherapist, but by working on myself and making changes in my own life I decided this is what I want, and now I am looking forward to starting to work."</i>
M3/M4 (advanced master)	Responsibility and realism	<i>"At the beginning I took the things the easy way, now I am aware of responsibility and hard work."</i>
	Disappointment / critical stance	<i>"I am disappointed in the studying program. I had greater expectations. The tuition is too high considering the education you receive."</i>
	Mature perspective	<i>"Now I can see the bigger picture, I can understand it better. Before, I was insecure."</i>

5.4.1. Supervised Clinical Practice

Supervised clinical practice serves as the foundation of

this transformation, acting as a bridge between classroom learning and real-world application. It provides a safe and structured environment where students can apply their evolving knowledge and skills with actual clients under the watchful guidance of experienced supervisors. Through this hands-on experience, students receive individualized feedback on their interventions, learn to navigate the intricate dynamics of therapeutic relationships, and gradually develop their own unique therapeutic style. Regular, reflective supervision not only helps students recognize their areas for growth and limitations but also encourages them to celebrate their achievements and progress. Engaging directly with clients allows students to connect theoretical concepts to real-life scenarios, deepening their understanding and competence. Importantly, the timing of these clinical placements is critical; they should be integrated into the curriculum after students have acquired foundational theoretical knowledge but still early enough in their training to fully benefit from intensive supervision, close mentorship, and the opportunity to incorporate feedback into their developing professional identities. Additionally, these placements expose students to a range of client presentations, helping them develop adaptability and versatility in their approach. The supportive environment fostered by supervisors also encourages students to confront challenges openly and to reflect on both their successes and difficulties as they progress toward becoming effective practitioners.

Expanding on the role of clinical practice under supervision, it is not merely about accumulating hours but about the quality and depth of the supervisory relationship. Effective supervision provides a vital bridge between theoretical knowledge and practical application. It offers a safe space for students to present their cases, explore

their interventions, and receive constructive feedback on their therapeutic style. Supervisors guide students in developing their clinical reasoning, identifying blind spots, and navigating complex ethical dilemmas. This iterative process of practice, reflection, and feedback is essential for honing clinical skills, building confidence, and fostering a sense of professional competence. The timing of clinical placements within the curriculum is also critical; they should be introduced when students have a foundational understanding of theory but are still early enough in their development to benefit from intensive guidance and to integrate feedback effectively. Programs should ensure that students are exposed to a diverse range of clients and presenting issues, allowing them to develop versatility and adaptability in their clinical approach.

The impact of supervised clinical practice is also deeply personal. Many students describe how their initial confidence or idealism was unsettled once they encountered the realities of client work, prompting both self-doubt and growth. As one B3 student reflected, *“In the beginning of my study I was idealizing everything about psychotherapy, now I’m more realistic”*. Similarly, a master’s student acknowledged, *“Before I thought theoretical knowledge is the most important, but now I know you need much more than just theory”*. These voices highlight how supervision does not merely refine technique but also reshapes professional identity, guiding students from emotionally driven assumptions toward more grounded, reflective practice. However, the process is not without risk: negative supervisory relationships, premature exposure to overwhelming cases, or lack of structured guidance can hinder development and leave students feeling discouraged. For this reason, the quality of supervision, the matching of cases

to developmental stage, and the creation of a supportive learning climate are just as important as the number of clinical hours.

5.4.2. Personal therapy

Personal therapy is frequently a required part of psychotherapy training, and evidence from the cohort study shows that it is the most influential factor in promoting professional growth and genuine understanding of psychotherapy. Instead of just learning theoretical concepts, personal therapy provides a thorough, life-changing experience that helps students truly feel and understand the therapeutic process. It serves a dual role: giving students firsthand experience as clients and creating an essential space for personal development and self-exploration.

By participating in their own therapy, students gain valuable insights into the dynamics of the therapeutic relationship, the unique challenges of being a client, and the powerful influence of personal history on current functioning. One student reflected on this shift: *“At the beginning, I was more focused on theory. Then I decided I didn’t want to work as a psychotherapist, but by working on myself and making changes in my own life, I decided this is what I want, and now I am looking forward to starting to work”* (M1-1). Such voices highlight how personal therapy helps students move beyond abstract knowledge toward an embodied sense of vocation. This hands-on learning deepens their empathy, improves their self-awareness, and helps them recognize and address their own biases, unresolved issues, and potential countertransference reactions; factors that could otherwise interfere with their effectiveness as therapists. As one student put it, *“He has to be empathetic, he has to have his issues sorted out, has to constantly work*

on himself and be in touch with new progress in psychotherapy". Another emphasized the centrality of self-awareness for competence: *"Empathy, wanting to help in crisis, responsibility, self-awareness, open-mindedness, reliability, knowledge"* (M3-3).

Experiencing therapy from the client's perspective provides students with essential lessons that cannot be learned from textbooks or classroom lectures. They come to understand what it means to be vulnerable, to struggle with change, to build trust in a therapist, and to realize that personal growth is often a slow and unpredictable process. One student described this developmental pivot: *"At the beginning of my studies, I was focused on making myself happy, but now I would like to help others as well"*. Here, the trajectory from self-focused to other-focused motivations becomes visible as personal therapy reshapes both identity and professional stance. Through these experiences, students develop genuine empathy for their future clients and learn to be more authentic and resilient in their therapeutic roles.

Beyond empathy, personal therapy provides a crucial space for self-exploration and the processing of one's own psychological landscape. Aspiring psychotherapists, like all individuals, carry their own histories, biases, and unresolved issues. Without conscious engagement with these internal dynamics, there is a significant risk of countertransference reactions, in which the therapist's own unconscious material interferes with the therapeutic process. Personal therapy provides a safe and confidential environment for identifying, understanding, and working through personal challenges, thereby enhancing the student's self-awareness and their ability to maintain therapeutic objectivity. It helps them to differentiate between their own emotional

responses and those of the client, a critical skill for ethical and effective practice.

Furthermore, personal therapy models the very process that students are learning to facilitate. They observe firsthand the therapist's techniques, management of boundaries, communication style, and ability to hold complex emotional material. This direct observation, coupled with their own subjective experience as a client, provides a powerful learning laboratory for integrating theoretical knowledge with practical application. It transforms abstract concepts, such as 'unconditional positive regard' or 'empathic attunement,' into tangible, felt experiences.

For training programs, the implications of personal therapy's critical impact are clear. It should not be viewed as a peripheral or optional component but as a central, non-negotiable element of professional training. This necessitates:

- **Mandatory personal therapy:** Requiring a significant number of personal therapy hours throughout the training period, ensuring sustained engagement with the process.
- **Quality of therapy:** Emphasizing the importance of engaging with experienced, ethical, and competent therapists for their own personal work.
- **Integration into curriculum:** Providing structured opportunities for students to reflect on their personal therapy experiences (while maintaining confidentiality) and to connect these insights to their theoretical learning and clinical practice.
- **Financial and logistical support:** Exploring ways to make personal therapy accessible and affordable for all students, recognizing the financial burden it can sometimes impose.

By prioritizing and supporting personal therapy, training

programs invest not only in the individual student's well-being but also in the quality and ethical integrity of the future psychotherapeutic workforce. It is through this personal journey that aspiring therapists cultivate the self-awareness, emotional resilience, and understanding of the human condition that are essential for navigating the complexities of the therapeutic endeavor.

5.4.3. Peer groups and group supervision

Peer groups play a vital, often underestimated, role in the developmental journey of psychotherapy students. These groups provide a unique forum for mutual support, shared learning, and the normalization of common struggles that arise during training. In a safe and confidential environment, students can discuss their clinical challenges, process their emotional reactions to clients, and receive feedback from peers who are going through similar experiences. One B3 student noted: *“[My representations] have not changed, but still they are developing over the years”*, reflecting the slow but steady awareness of growth that often emerges when experiences are shared and compared among peers. This collaborative learning environment fosters a sense of community, reduces feelings of isolation, and helps students develop their reflective skills.

An additional strength of peer groups lies in the balance between giving and receiving feedback. Students shift between being learners and contributors, discovering that articulating feedback to peers can be just as valuable for development as hearing it themselves. As one student remarked, *“At the beginning I took things the easy way, but now I am aware of responsibility and hard work”* (M3-10), illustrating how peer exchange and group reflection can accelerate recognition of responsibility and professional

seriousness.

Since peer groups are often paired with or complemented by group supervision, it is important to distinguish their contributions. Group supervision, facilitated by an experienced therapist or educator, provides structured oversight, expert feedback, and professional modeling. Peer groups, by contrast, operate in a more egalitarian manner, emphasizing solidarity, mutual recognition, and the normalization of uncertainty. Together, these two formats serve complementary purposes: supervision ensures clinical rigor and accountability, while peer groups nurture trust, openness, and resilience. As one student put it, *“More and more I am interested in different modalities and theoretical knowledge and approaches”*, illustrating how, through peer and group dialogue, curiosity and openness to diverse perspectives can grow.

The effectiveness of peer groups, however, depends on the presence of psychological safety. When groups are well-facilitated and free from competition or judgment, they allow students to share their vulnerabilities and uncertainties, transforming self-doubt into a shared learning resource. One M3 student admitted: *“Now I can see a bigger picture, I can understand it better; before I was insecure”* (M3-3). In this way, peer groups not only help students process their immediate challenges but also prepare them for the collaborative nature of professional life, where teamwork, dialogue, and mutual support are central.

By fostering a sense of belonging, encouraging reciprocal support, and nurturing reflective capacity, peer groups and group supervision together make an important contribution to the emotional well-being, professional identity, and long-term resilience of aspiring psychotherapists.

Through these collaborative processes, students not only gain validation and shared understanding from their peers but also learn to integrate feedback, manage self-doubt, and develop greater self-awareness. The combination of egalitarian peer engagement and expert-guided supervision creates a balanced environment that supports both personal and professional growth, equipping future therapists to navigate the complexities of clinical practice with confidence and empathy.

5.4.4. Reflective Practice and Self-Supervision

Beyond formal supervision and peer groups, the development of reflective practice and the capacity for self-supervision are fundamental curriculum components that support the ongoing transformation of psychotherapy students. Reflective practice involves the deliberate and systematic process of thinking about one's experiences, actions, and reactions to learn from them and improve future performance. Self-supervision, building upon reflective practice, refers to the ability to critically evaluate one's own clinical work, identify areas for growth, and seek appropriate resources or consultation when needed. Initially, students rely heavily on external guidance from supervisors. However, as they progress, the goal is to internalize the supervisory process, developing the capacity to critically examine their own clinical encounters. This involves asking themselves questions such as: What was my intention in that moment? How did the client respond? What theoretical concepts were at play? What were my own emotional reactions, and how did they influence the interaction? What could I have done differently? What did I learn from this experience?

Developing reflective practice and self-supervision skills

is essential for several reasons. Firstly, it fosters continuous learning and professional growth, as therapists are constantly learning from their own experiences. Secondly, it enhances autonomy and self-efficacy, empowering therapists to take ownership of their professional development. Thirdly, it contributes to ethical practice, as therapists are better able to identify and address their own biases, limitations, and potential ethical dilemmas. Finally, it promotes resilience and prevents burnout, as therapists learn to process challenging experiences and seek support when necessary. Training programs can foster reflective practice and self-supervision through:

- Journaling and reflective writing assignments: Encouraging students to regularly document and reflect on their clinical experiences, emotional reactions, and learning insights.
- Process recordings and video review: Providing opportunities for students to review their own clinical sessions, either individually or with a supervisor, to identify patterns, strengths, and areas for improvement.
- Mindfulness and self-awareness exercises: Integrating practices that enhance students' capacity for self-observation and emotional regulation.
- Training in self-assessment tools: Introducing students to frameworks and tools for evaluating their own clinical competence and identifying areas for further development.
- Modeling reflective practice: Supervisors and faculty members can demonstrate reflective practice in their own work, sharing their own learning processes and challenges.

By emphasizing reflective practice and self-supervision, training programs can equip aspiring psychotherapists with lifelong learning skills that extend beyond the formal training period. This approach ensures that they remain adaptable, ethical, and continuously evolving practitioners, capable of navigating the complexities of the profession with wisdom and integrity.

5.5. Implications for Curriculum Design

The journey of becoming a psychotherapist, as explored throughout this book, is a dynamic and thorough process, far removed from a simple accumulation of academic knowledge or technical skills. Rather, it constitutes a developmental process that fundamentally reshapes an individual's professional identity, gradually moving them from initial, often idealized, expectations of the field toward a more grounded, elaborate, and ethically informed understanding of the profession. This transformation is neither linear nor uniformly positive; instead, it is characterized by periods of self-reflection, challenge, and growth, with the integration of personal therapy, supervised clinical experience, and reflective practice serving as vital elements. The insights gleaned from the *SFU Slovenia Psychotherapy Cohort Study* emphasize the critical importance of recognizing and actively supporting this complex evolution, highlighting the need for training programs to foster an environment that accommodates the diverse trajectories and psychological demands inherent in this professional development.

We have seen how students typically embark on this path with a fervent desire to help others and a strong drive for personal growth, often accompanied by romanticized or emotionally driven views of the profession. These initial

representations, while powerful motivators, frequently lack a comprehensive awareness of the rigorous clinical, theoretical, and systemic demands inherent in psychotherapeutic practice. This initial idealism, while a valuable starting point, requires careful guidance and calibration within training programs to foster a more realistic and sustainable professional identity. Indeed, without such intentional scaffolding, students may find themselves ill-prepared for the numerous challenges they will encounter, including the emotional labor, ethical complexities, and ongoing self-reflection required for effective practice. Therefore, it is incumbent upon educational institutions to provide structured opportunities for students to critically examine and refine their early assumptions, facilitating a gradual transition from naïve enthusiasm to a mature, well-grounded professional stance that can withstand the inevitable challenges and ambiguities of clinical work.

The core of the student course lies in the arc of transformation, a shift from self-focused motivations to a patient- and system-focused thinking. This involves a deepening understanding of the profession's intricate clinical, ethical, and societal dimensions. The maturation of empathy, from a generalized sympathy to a clinically attuned and differentiated capacity, is a hallmark of this process. Essentially, this transformation is not accidental; intentionally designed curriculum components actively facilitate it. Clinical practice under rigorous supervision provides the crucible for applying theoretical knowledge to real-world complexities. Personal therapy offers a unique opportunity for self-exploration and the integration of theoretical concepts with lived experience, critically enhancing a student's self-awareness and professional maturity. Peer groups provide vital emotional support and a space for shared learning, while

reflective practice and self-supervision cultivate lifelong learning skills.

However, the developmental trajectory of becoming a psychotherapist is rarely a linear progression but is instead often marked by episodes of disillusionment, regression, or critical questioning of one's suitability for the profession. These psychological and emotional challenges, while at times distressing, are integral to the developmental process and can serve as paradoxical yet essential catalysts for growth, resilience, and the deepening of self-awareness, provided that robust support structures and sensitive guidance are in place. It is imperative for training programs to acknowledge and anticipate this full spectrum of developmental experiences, ranging from decisive transformation to periods of stagnation or even retreat. By doing so, educational institutions can more effectively tailor interventions and support systems to the diverse needs of trainees, with a particular emphasis on cultivating self-compassion as a critical protective factor that enables students to navigate challenges with greater psychological flexibility and professional maturity.

Individual differences, including variables such as age, prior educational background, and, most notably, personal therapy experience, play a decisive role in shaping the developmental trajectories of psychotherapy trainees. While age and previous academic attainment may inform students' initial conceptualizations and attitudes toward the profession, it is sustained engagement in personal therapy that emerges as the most salient determinant for cultivating advanced professional maturity and a sophisticated, subtle appreciation of the therapeutic process itself. This indicates the imperative for training programs to implement a genuinely individualized and developmentally attuned

pedagogical framework, one that not only acknowledges but also actively harnesses the unique constellation of strengths, experiences, and needs that each student brings to the learning environment. By adopting such an approach, educational institutions can more effectively foster the complex transformation required to cultivate competent, resilient, and ethically grounded psychotherapeutic practice.

The insights presented throughout this book offer clear and actionable implications for the design and implementation of psychotherapy training programs:

1. **Early and Realistic Exposure:** Introduce the complexities and demands of clinical practice, including ethical dilemmas and the emotional toll of the work, early in the curriculum. This helps temper initial idealism and foster realistic expectations, reducing risk of later disillusionment.
2. **Prioritize Experiential Learning:** Emphasize supervised clinical practice, personal therapy, and peer group participation as central, essential components of training. These experiential elements are crucial for integrating theoretical knowledge with practical wisdom and personal insight.
3. **Mandate and Support Personal Therapy:** Recognize personal therapy as a foundational element of professional maturity. Ensure sufficient hours and quality of engagement, and explore ways to make it accessible and affordable for all students.
4. **Foster Systemic and Cultural Competence:** Integrate systemic thinking, cultural humility, and social justice principles throughout the curriculum. Prepare students to understand clients within broader relational, societal, and cultural contexts.
5. **Cultivate Reflective Practice and Self-Supervision:**

Equip students with lifelong learning skills by promoting journaling, process recordings, and self-assessment. Encourage a culture of continuous self-reflection and critical evaluation of their own clinical work.

6. **Build Robust Support Systems:** Proactively address the potential for disillusionment and non-linear growth. Create safe spaces for vulnerability, strengthen mentorship programs, and provide accessible counseling services tailored to the unique stresses of psychotherapy training.
7. **Emphasize Self-Compassion and Resilience:** Integrate principles and practices of self-compassion and self-care into the curriculum. Normalize struggle and teach strategies for managing stress and preventing burnout, recognizing that self-care is an ethical imperative.
8. **Individualized Developmental Pathways:** Adopt a flexible and individualized approach to student education, recognizing that developmental trajectories vary. Provide personalized mentorship and supervision that are attuned to each student's unique needs and strengths.

The journey of becoming a psychotherapist is an extensive and often challenging process of personal and professional evolution, encompassing far more than the mere acquisition of technical skills or theoretical knowledge. It necessitates sustained engagement with one's own emotional landscape, the cultivation of reflective capacities, and the development of ethical discernment. By thoroughly understanding the typical developmental arcs of transformation, the influence of individual differences, including age, educational background, and personal therapy experience, and the

inherent potential for non-linear growth, training programs can transcend traditional pedagogical models. Such programs are then positioned to create dynamic learning environments that foster not only clinical competence but also wisdom, resilience, and a deeply rooted ethical commitment to the art and science of healing. Ultimately, the objective is to prepare psychotherapists who are not only skilled practitioners but also self-aware, compassionate, and uniquely equipped to navigate the various complexities of the human condition with integrity, humility, and broad understanding.

5.5.1. Developmental Stages in Training

The developmental course of psychotherapy students unfolds in discernible stages, each characterized by distinct motivations, challenges, and learning needs. While individual variation is considerable, research consistently shows that trainees enter programs with strong idealistic and emotionally driven expectations, and gradually progress toward more reflective, refined, and professionally grounded understandings of psychotherapy (e.g., Boswell & Castonguay, 2007; Rønnestad & Skovholt, 2013). This staged progression is also reflected in the findings of the *SFU Slovenia Psychotherapy Cohort Study*, where students' narratives reveal how early enthusiasm and altruism gradually give way to critical realism, systemic awareness, and ethical responsibility.

Boswell and Castonguay (2007) describe five developmental stages that provide a helpful lens for aligning curriculum design with the realities of student growth: preparation, exploration, identification, consolidation, and integration.

1. Preparation (early bachelor, e.g., B1): Students enter training with high levels of idealism and altruistic motivation. Their representations often emphasize empathy, healing, and emotional support: “*A Psychotherapist is a person who leads other people to happiness*” (B1 student). At this stage, curricula should honor such motivation while introducing students to the realities of therapeutic work. Didactic teaching can be paired with reflective seminars and guided peer discussions that challenge simplistic notions of “helping,” offering realistic portrayals of clinical complexity while protecting students from premature disillusionment. Observation of therapy or role-play, rather than full responsibility, provides a first glimpse into the demands of clinical practice.
2. Exploration (later bachelor, e.g., B3): Students begin to question their assumptions and encounter disillusionment. One B3 student noted: “*I expected more than I am getting currently ... I am missing a type of professors and attitude towards studying ...*” (B3 student). Another reflected, “*[My representations] have changed. In the beginning of my study, I was idealizing everything about psychotherapy, now I am more realistic*” (B3 student). Curricula at this stage should scaffold integration of theory, normalize disillusionment, and help students see setbacks as part of growth. Peer groups, reflective exercises, and mentoring are vital for navigating these tensions.
3. Identification (early master, e.g., M1): Students increasingly see themselves as therapists-in-training and begin to emphasize competence and responsibility. One reflected: “*At the beginning, I was more focused on theory, then I decided I don’t want to work*

as a psychotherapist, but by working on myself and making changes in my own life, I decided this is what I want, and now I am looking forward to starting to work" (M1 student). Another emphasized a shift: *"They changed a lot. Before I thought theoretical knowledge was the most important, but now I know you need to know a lot more than just theory"* (M1 student). At this stage, curricula should deepen supervised practice, expand group supervision, and encourage integration of theory with lived clinical experience, while personal therapy continues to consolidate professional identity.

4. Consolidation (advanced master, e.g., M3/M4): Students develop a more mature stance, recognizing the weight of responsibility and the complexities of practice. One said: *"At the beginning I easily took the things, now I am aware of responsibility and hard work"* (M3 student). Another reflected: *"Now I can see a bigger picture, I can understand it better; before I was insecure"* (M3 student). Curricula should challenge students with complex cases, systemic perspectives, and ethical dilemmas, while fostering resilience and self-compassion through advanced supervision and deliberate practice.
5. Integration (transition to practice): Although our cohort did not extend beyond formal training, signs of integration were already visible. Students began to anticipate the realities of entering the profession: *"I am still not sure because the profession is not legalized yet. I expect I will have an option working in some health institution or hospital"* (M1 student). Curricula can prepare students for this stage by emphasizing lifelong learning, reflective self-supervision, and continued ethical development.

Importantly, development is rarely linear. Some students described disappointment: “*Rather disappointed because of small and very slow changes in me*”, while others reported no significant changes or lingering uncertainty. These phases, while destabilizing, can become catalysts for growth if adequately supported by supervision, mentoring, and peer networks.

Everything considered, curricula that intentionally differentiate between the needs of early and advanced students, scaffolding idealism in the bachelor years and fostering critical realism and ethical responsibility in the master’s stages, are best positioned to support trainees through the protracted developmental course of becoming psychotherapists. By aligning educational design with the sequential stages of preparation, exploration, identification, consolidation, and integration, programs can cultivate graduates who are not only clinically competent but also reflective, resilient, and ethically grounded practitioners.

5.5.2. Balancing Personal and Professional Growth

One of the central challenges in psychotherapy training is finding a sustainable balance between the student’s personal growth and their professional development. The two dimensions are inseparable: the capacity to practice psychotherapy rests not only on theoretical competence and technical skills but also on the trainee’s ability to engage in ongoing self-exploration, self-regulation, and reflective awareness. In this sense, professional identity formation cannot be achieved without sustained engagement with the student’s own psychological landscape. The *SFU Slovenia Psychotherapy Cohort Study* repeatedly demonstrated

that students' representations of psychotherapy evolve in tandem with their own personal development. Early-stage trainees often enter with idealized notions of the therapist as a "*person that leads other people to happiness*" (B1), yet by later stages, many describe a shift toward realism and responsibility: "*At the beginning I took the things in an easy way, now I am aware of responsibility and hard work*" (M3). These transformations are not driven solely by coursework but are thoroughly shaped by experiential curriculum elements, such as personal therapy, reflective practice, and supervision.

Personal therapy occupies a unique place in this balance, functioning both as a safeguard against countertransference and as a developmental catalyst. By encountering themselves as clients, trainees gain direct experience of therapeutic processes, vulnerabilities, and resistance. The cohort study showed that many students considered therapy decisive for their self-understanding and professional clarity, echoing international evidence that positions personal therapy as indispensable for the formation of professional maturity. For curriculum design, this highlights the importance of making personal therapy a structured, mandatory, and longitudinal component of training, rather than an optional adjunct. Programs should ensure sufficient hours of therapy across the training years, encourage engagement with experienced and ethically grounded therapists, and provide reflective spaces where students can connect insights from personal therapy (without breaching confidentiality) to their emerging professional identity. In doing so, curricula recognize personal therapy not simply as self-care, but as an integral pedagogical tool for cultivating the reflective, resilient, and ethically attuned practitioners the field requires.

Reflective practice further anchors this balance by providing structured opportunities to process experience, examine emotional reactions, and link personal insight with theoretical concepts. Whether through journaling, self-assessment, or facilitated group reflection, reflective practices encourage students to maintain a stance of curiosity toward their own development and to cultivate habits of lifelong learning. Curricula can operationalize this by embedding reflective assignments into clinical seminars, requiring process notes that connect theory with practice, and integrating reflective journals into supervision discussions, thereby normalizing reflection as a core element of professional identity formation.

Supervision, in turn, serves as the most critical relational mirror in psychotherapy training. Within this space, trainees learn to articulate their clinical reasoning, recognize blind spots, and confront their limitations while also integrating feedback into their evolving therapeutic style. In the cohort study, supportive supervision was ranked as one of the most decisive influences on students' development, while negative or inconsistent supervisory experiences could impede growth and diminish confidence. Curriculum design must therefore prioritize the quality, consistency, and developmental sensitivity of supervision. This includes ensuring that supervisors are trained not only in clinical expertise but also in developmental pedagogy, structuring supervision to increase student autonomy gradually, and guaranteeing continuity of supervisory relationships across training years. Group supervision can further extend these benefits by fostering peer learning, exposing students to diverse perspectives, and providing a safe arena to explore ethical dilemmas. By embedding both individual and group supervision as core curricular pillars, programs create

an indispensable framework for transforming clinical experience into professional competence and resilience.

Basically, programs must be attentive to the risks of imbalance. An overemphasis on professional performance without adequate personal support can lead to burnout, perfectionism, or defensive practice. Conversely, if personal exploration is left unchecked or disconnected from professional frameworks, it can foster confusion about role boundaries or result in stalled professional development. Curriculum design must therefore ensure that personal therapy, supervision, and reflective exercises are not peripheral or optional, but are structurally embedded throughout the training years and explicitly linked to professional competencies. Developmental literature suggests that self-awareness is not merely an adjunct to training but the foundation upon which professional identity is built. A curriculum that systematically supports students in balancing their personal and professional growth through protected time for personal therapy, regular supervision, and embedded reflective practices cultivates not only technical competence but also the emotional resilience, humility, and authenticity that define ethical and effective psychotherapy practice.

The following table synthesizes how these three components, personal therapy, reflective practice, and supervision, can be operationalized within curricula to sustain this balance, supporting both the student's inner development and the outward formation of professional identity:

Table 14. Curriculum Components Supporting the Balance of Personal and Professional Growth

Curriculum Component	Support for Personal Growth	Support for Professional Growth
Personal Therapy	Promotes self-awareness; allows students to confront unresolved issues; fosters resilience and authenticity.	Enhances empathy through first-hand client experience; reduces risk of countertransference; strengthens ethical practice.
Reflective Practice	Encourages ongoing self-exploration; normalizes struggles; builds emotional regulation.	Links theory with lived experience; sharpens clinical reasoning; nurtures habits of lifelong learning and self-supervision.
Supervision	Provides relational feedback and support; mitigates feelings of isolation; validates personal struggles in training.	Refines clinical skills; develops professional identity; scaffolds ethical decision-making and boundary management.

5.5.3. Managing Expectations and Idealization

One of the most consistent findings of the cohort study was the prevalence of idealized representations among early-stage students. Many entering trainees imagined psychotherapy as a near-magical practice of *“leading people to happiness”* or *“solving problems with wisdom and empathy”*. These images, while motivating, often masked the realities of therapeutic work: its complexity, ethical boundaries, and frequent frustrations. As students advanced into the master’s cycle, their expectations became more sober and reality-based, marked by a recognition of responsibility, systemic constraints, and the emotional weight of practice. This trajectory demonstrates the need for curricula that actively engage with students’ idealism rather than relying solely on later experience to temper it.

Pedagogical strategies can address these dynamics by

normalizing and gradually reshaping idealism into professional realism. Early in the bachelor's program, structured seminars on the limits of therapy can help students critically examine cultural myths, popular media portrayals, and their own preconceptions. Ethics discussions, anchored in real case vignettes, offer opportunities to confront questions of power, responsibility, and the inevitability of imperfection in therapeutic outcomes. Role plays and simulated therapy sessions can further expose students to scenarios of therapeutic impasse, non-compliance, or disappointment, demonstrating that frustration is not a failure but an inherent part of the therapeutic landscape. Importantly, programs must avoid extinguishing students' initial enthusiasm. Idealism should be reframed as a valuable energy that sustains motivation through the rigors of training. Supervisors and mentors play a critical role in modeling how disappointment and doubt can be metabolized into reflective growth. The cohort study highlighted that phases of disillusionment are common; if these are anticipated and normalized, they can be used as developmental turning points rather than sources of discouragement.

Curriculum implications include embedding developmental sequencing: early stages should offer reflective spaces to deconstruct myths, while later stages should provide increased clinical responsibility under supervision, where students can integrate more complex, ethically grounded understandings of their role. By explicitly staging the transition from idealism to realism, training programs can transform disappointment into resilience and guide students toward a mature, grounded professional identity.

5.5.4. Integrating Theory and Practice

A central challenge in psychotherapy education lies

in ensuring that theoretical knowledge is not acquired in abstraction but becomes meaningfully connected to practice. Students often begin their training with limited awareness of how clinical concepts translate into the therapeutic encounter. Early responses from the cohort study illustrate this gap: many bachelor-level students described psychotherapy in broad, idealized terms: *“Psychotherapist helps people in crisis to understand their problems”* (B1), while advanced students increasingly recognized the importance of theory in shaping competent practice. One M1 student reflected: *“At the beginning, I was more focused on theory. Then I decided I did not want to work as a psychotherapist, but by working on myself and making changes in my own life, I decided this is what I want, and now I am looking forward to starting to work”* (M1). This shift highlights the developmental process through which theory is gradually integrated into lived professional identity.

Curricular design should therefore gradually provide opportunities for students to connect theory with practice. In the early years, students benefit from structured case discussions, guided role plays, and observation of therapy sessions, which allow them to see how abstract concepts take shape in real interactions. These formats provide a bridge between classroom learning and the lived realities of psychotherapy, preventing discouragement that may arise when theoretical material feels detached from professional goals. As students advance, curricula should provide increasing levels of clinical responsibility under close supervision. Progressive exposure, ranging from observation to co-facilitation and eventually to independent therapeutic work with clients, ensures that theoretical principles are continually tested and refined in practice. Supervision and reflective exercises are fundamental to this process, helping trainees

identify when theory illuminates practice and when rigid adherence may obscure the unique needs of a client.

The cohort study also suggests that integration is not a one-time event but rather an iterative process. Students described moments of disillusionment with theory: *“I expected more interesting classes. I feel we are not specific enough”* (M1), but later recognized the value of theoretical grounding when applied to clinical contexts. These fluctuations suggest that curricula should normalize periods of questioning while emphasizing that mastery develops from repeated cycles of theory, practice, and reflection.

For training programs, these findings suggest several important considerations:

- Early integration: Incorporating case discussions, role plays, and observation in the bachelor years to ground theoretical material in clinical reality.
- Progressive responsibility: Structuring a developmental trajectory of clinical work, ensuring students advance from observation to independent practice with appropriate supervision.
- Iterative reflection: Embedding cycles of practice and reflection so students continually revisit theoretical frameworks in light of new experiences.
- Support for disillusionment: Anticipating and normalizing frustration with theory by framing it as part of the developmental journey rather than a failure of learning.

By progressively linking theory and practice, curricula foster not only technical competence but also the reflective capacity to integrate complex knowledge into meaningful therapeutic action. This approach ensures that students graduate not as technicians applying formulas, but as

thoughtful practitioners who can flexibly apply theory to the diverse and unpredictable realities of clinical work.

5.5.5. Ethical and Professional Socialization

Becoming a psychotherapist entails far more than mastering clinical techniques; it requires the development of an ethical stance and a sense of professional responsibility. Students must learn to navigate the complexities of confidentiality, power dynamics, and client vulnerability, while also shaping their own professional identity within a broader institutional and cultural framework. Ethical and professional socialization is, therefore, a core task of psychotherapy education, and curricula must intentionally foster this process rather than leaving it to chance.

Findings from the cohort study highlight that early idealization of the profession often gives way to a more critical awareness of its ethical and societal dimensions. Students recognized both the meaningfulness and the responsibility of psychotherapy, but also noted risks of insufficient regulation and potential abuse in contexts lacking strong professional standards. These reflections highlight the importance of integrating ethical education throughout the curriculum, not merely as a standalone course, but as a cross-cutting theme that permeates clinical seminars, supervision, and case discussions. By embedding ethical considerations in various aspects of training, students are consistently exposed to the complexities of ethical decision-making in real-world contexts. This approach fosters a deeper understanding of professional responsibility and encourages the development of ethical awareness, ensuring that graduates are equipped to handle the challenges of clinical practice with integrity and maturity.

Mentoring plays a vital role in this socialization process. Experienced practitioners model how to embody ethical principles in daily clinical work, offering students not only technical guidance but also serving as a living example of professional integrity. The quality of supervisory relationships is especially influential: supportive, reflective supervision fosters ethical awareness and responsibility, whereas poor supervisory experiences can erode trust and hinder development. Peer groups can also contribute to ethical socialization by providing a space in which students can discuss dilemmas, test assumptions, and receive feedback from equals. These settings normalize uncertainty, reduce the isolation that can accompany ethical decision-making, and encourage the development of a professional voice. Institutional culture further shapes students' ethical and professional orientation. Programs that cultivate transparency, self-criticism, and openness to feedback implicitly teach students that professional competence includes the courage to question and the humility to acknowledge limitations. Conversely, institutions that overemphasize technical skills without creating a culture of ethical reflection risk producing practitioners who are clinically competent but ethically unprepared.

The implications for curriculum design suggest that training programs should consider the following approaches:

- Integrating ethics into all levels of teaching, supervision, and clinical work.
- Providing structured mentorship opportunities that emphasize the role modeling of ethical practice.
- Strengthening peer group structures to facilitate collective responsibility and shared ethical reflection.

- Attending to institutional culture, recognizing that the hidden curriculum (what students observe in faculty attitudes and institutional practices) critically shapes professional socialization.

By embedding ethical reasoning and responsibility into every layer of the curriculum, programs can ensure that graduates not only demonstrate technical competence but also the maturity and integrity required to uphold psychotherapy as a responsible, trustworthy profession.

5.5.6. Flexibility and Personalization

Psychotherapy training must not only ensure that all students acquire the core competencies of clinical practice, theoretical understanding, and ethical responsibility, but also create spaces for individualized pathways of growth. The *SFU Slovenia Psychotherapy Cohort Study* revealed that students enter training with diverse backgrounds, ages, and personal experiences that shape their motivations, expectations, and developmental trajectories. While some bring extensive prior education or life experience, others arrive younger, with less clinical exposure but often greater openness to new learning. These differences necessitate curricula that are both structured and adaptable.

Flexibility can be operationalized through modular and elective elements that allow students to pursue areas of special interest while still fulfilling shared professional requirements. For example, electives might focus on specific clinical issues, such as anxiety disorders, grief and bereavement, or addiction, or on particular client populations, such as adolescents in foster care, survivors of violence, or older adults facing loneliness and cognitive decline. These focused modules allow students to deepen

their expertise in areas aligned with their motivations and anticipated practice contexts, while the standard core curriculum ensures a strong foundation across theoretical models, ethics, and clinical competence. This balance of standardization and personalization strengthens both the integrity of the profession and the meaningfulness of individual learning.

The cohort findings indicate that personal therapy experience, prior education, and entry-level position in training shape students' expectations, representations, and their development. Some trainees arrive with previous experience as clients in therapy. This can influence their conceptions, sometimes in biased ways that reflect the particular style of one or a few therapists, but it can also mean they enter the program already more attuned to psychotherapeutic work. By contrast, students without prior therapy experience often bring more open perspectives, which, however, can also be biased. Students can form their views through cultural narratives, such as films, podcasts, or secondhand accounts, that may idealize or misrepresent the profession. Moreover, outlooks are most strongly associated with the early semesters, and less with age, since students enroll at different stages of life. Prior education does not linearly determine how expectations evolve, as the cohort study shows, but theory and earlier research suggest that educational background can influence the content of these representations, shaping whether they lean more toward humanistic ideals, scientific frameworks, or pragmatic career considerations.

Implications for curriculum design suggest several possible directions: programs should recognize the diversity of starting points and tailor support accordingly. Structured seminars early in training can explicitly surface and critically

examine the sources of students' expectations, whether these stem from personal therapy, media representations, life experiences, or prior education. Differentiated mentoring can help students contextualize their personal experiences without overgeneralizing them, while also guiding them towards developing realistic insights. Group learning formats can be deliberately mixed to include students of varied backgrounds, encouraging cross-pollination of perspectives and reducing blind spots. In this way, curricula can transform diversity in entry points into a pedagogical resource rather than a challenge. Personalization further entails recognition of students' psychological needs and vulnerabilities during training. Some will experience disillusionment, self-doubt, or crises triggered by personal therapy; others may thrive when faced with early clinical challenges. Curriculum design must anticipate this heterogeneity by providing flexible pacing, access to additional supervision, or optional support modules for those needing more structured containment, while enabling advanced students to take on greater responsibility and specialization earlier.

Ultimately, flexibility and personalization do not mean loosening professional standards but rather adapting the educational journey to the unique trajectory of each student. By embedding modular opportunities, differentiated supervision, and individualized mentoring within a robust framework of shared competencies, psychotherapy training programs can both respect student diversity and ensure the cultivation of competent, resilient, and ethically grounded professionals.

6. CONCLUSION

Modern psychotherapy education traces its origins to the training institutes of the early twentieth century, initially anchored in psychoanalysis and later diversified through the development of humanistic, systemic, and cognitive-behavioral schools, each of which established its own training models. Psychotherapy education has evolved in parallel with the profession's shifting conceptual foundations, its social recognition, and its ethical responsibilities. Early models of training were often rooted in apprenticeship-style arrangements, where novice therapists learned primarily through observation of senior practitioners, personal therapy, and gradual immersion in practice. As psychotherapy became increasingly professionalized in the twentieth century, education expanded into structured programs with theoretical coursework, supervised practice, and institutional regulation. Today, the field faces the dual challenge of honoring this heritage while also addressing the complexities of a pluralistic and rapidly changing clinical landscape. Psychotherapy education must prepare trainees not only to master a body of theoretical knowledge but also to cultivate the reflexivity, ethical discernment, and resilience required to practice responsibly in diverse and demanding contexts.

The central problem addressed in this book is how to design psychotherapy curricula that support the considerable developmental journey trainees must undertake as they transition from initial, often idealized motivations to grounded, ethically responsible, and professionally competent practice. The study at the heart of this volume, *the SFU Slovenia Psychotherapy Cohort Study*, sheds

light on how becoming a psychotherapist is not merely a matter of learning techniques, rather, it is a thorough developmental process that reshapes students' professional identity, personal outlook, and capacity for empathic, ethical engagement. This transformation, however, is not automatic. It must be carefully facilitated through curriculum design that anticipates and supports the different stages of growth, while also recognizing the non-linear and at times disorienting nature of the process. At its core, the challenge of curriculum design lies in reconciling three demands. First, psychotherapy education must provide students with a solid theoretical foundations, enabling them to situate their practice within coherent models of human functioning and change. Second, it must cultivate personal growth and self-awareness, equipping students to recognize and work through their own limitations, biases, and emotional responses. And third, it must foster clinical competence and ethical responsibility through supervised practice, peer learning, and reflection. The challenge lies in sequencing, integrating, and balancing all three dimensions across different stages of training.

The findings of the cohort study reveal recurring patterns in students' expectations, representations, and developmental arcs, which can significantly inform curriculum development. The study's outcomes show that, early in their training, students often approach psychotherapy with enthusiasm and emotionally driven motivations, including the desire to help, heal, and bring happiness to others. These ideals, while valuable, frequently obscure the complexity of therapeutic work and the ethical responsibilities of the profession. Without guidance, such idealism risks leading to disillusionment when trainees inevitably encounter the limits of therapy. In later stages of training, students display

greater realism, critical reflection, and professional humility. They begin to recognize that therapy is not merely about listening or caring but about navigating ambiguity, holding responsibility, and applying knowledge with discernment. Curriculum design must therefore meet students where they are: preserving motivation while challenging oversimplifications in the bachelor years and deepening critical realism and ethical maturity in the master's years.

The study also shows that transformation within psychotherapy training is neither linear nor uniform. Very few students progress straightforwardly toward professional maturity; instead, many encounter significant periods of disillusionment, disappointment, or even doubts about their suitability for the field. Far from representing failures, these crises are integral to the developmental process, reflecting the deep emotional and intellectual challenges inherent in the journey of becoming a psychotherapist. When these moments of rupture are adequately supported through supervision, peer groups, personal therapy, and reflective spaces, they can serve as powerful catalysts for resilience and deeper self-understanding. This highlights the critical importance of robust institutional structures that not only anticipate and normalize such experiences but also proactively prepare students to navigate them, ultimately fostering growth and long-term professional competence.

In the cohort findings, as well as in the international literature, personal therapy emerges as the single most influential factor in supporting the professional development of psychotherapy trainees. By encountering themselves as clients, trainees can experience firsthand the complex dynamics of vulnerability, resistance, and personal transformation that their future clients will face. This direct engagement not only fosters deep empathy but

also cultivates the self-awareness necessary to identify and manage countertransference, preventing it from interfering with therapeutic outcomes. Alongside personal therapy, supervised clinical practice provides a vital environment where theoretical knowledge is rigorously tested, refined, and integrated into each trainee's unique therapeutic approach. Furthermore, peer groups and reflective practices are essential, offering a supportive relational framework in which students can openly share burdens, discuss challenges, compare perspectives, and normalize the inevitable difficulties of training. Together, these curriculum elements serve as the foundational pillars that enable the transformation from novice to mature, resilient, and ethically grounded practitioner, ensuring that trainees are fully equipped for the demands of professional psychotherapeutic work.

Nevertheless, the study also highlights variation in how students experience these curriculum components, which is shaped by factors such as prior therapy, previous education, and life experiences. Students who have already undergone personal therapy may enter training with heightened awareness but also with biased representations shaped by a single therapeutic model. Others, lacking therapy experience, may draw instead on cultural representations, such as films, books, or secondhand stories, that idealize or distort psychotherapy. Older students often bring broader life perspectives, while younger students bring openness, yet both groups can face the pitfalls of early-stage idealism. These differences call for curricula that are not rigid but flexible, offering personalized mentoring and modular options that can accommodate diverse backgrounds while ensuring core competencies. The problem, then, is not simply to teach psychotherapy but to create curricula that accompany students through a developmental course

marked by growth, setbacks, and reorientations. It requires recognizing that training is both a personal and professional endeavor, one that reshapes identity as much as it builds competence. The central question guiding this book is therefore: How can psychotherapy education be designed to support this developmental process, honoring diversity in student backgrounds, sequencing learning across developmental stages, and integrating theory, practice, and self-awareness into a coherent path toward professional maturity?

Becoming a psychotherapist is far more than a technical education. It is a process of extensive personal and professional transformation, shaped by the interplay of individual experiences, curriculum structures, and institutional culture. The central role of education lies in guiding this growth from initial outlooks of idealism toward critical realism, professional competence, and ethical responsibility. The most influential curriculum elements driving this developmental shift are personal therapy, supervised clinical practice, and peer learning. Curricula need to scaffold development in a stage-sensitive manner. In the early years of bachelor's training, it must address and calibrate students' idealism, introduce ethically informed discussions of the limits of therapy, and offer safe yet realistic exposure to clinical realities. By the master's level, curricula should emphasize critical realism, systemic complexity, and professional humility, supported by intensive supervision, advanced case discussions, and reflective practices. Personal therapy should remain a central, non-negotiable component throughout, serving both as a safeguard against countertransference and a developmental catalyst.

For training programs, these considerations suggest several guiding principles for curriculum design:

- Differentiate between early and advanced stages, aligning learning tasks with developmental readiness.
- Balance personal and professional growth by embedding personal therapy, reflective practice, and supervision as core elements.
- Foster ethical and professional socialization through mentoring, institutional culture, and peer engagement.
- Accommodate diversity by offering modular and elective pathways that respect varied student backgrounds, experiences, and aspirations.
- Support resilience and sustainability by teaching self-compassion and normalizing the non-linear nature of growth.

The transformation of students into reflective, ethical, and competent psychotherapists is not only an educational task but also a societal one. The integrity of psychotherapy as a profession depends on how effectively training programs prepare students to meet the complex realities of practice, encompassing a range of emotional, intellectual, and ethical challenges. This preparation requires more than technical instruction; it demands that trainees engage in personal therapy, supervised clinical practice, and peer learning environments that foster ongoing self-examination and critical reflection. By cultivating depth, humility, and resilience in future therapists, institutions ensure that psychotherapy continues to make a meaningful contribution to human well-being in an era of shifting cultural and systemic demands. Ultimately, the responsibility for shaping capable therapists extends beyond the classroom, requiring institutions to create robust, flexible, and ethically grounded curricula that honor the diversity of student

backgrounds, support developmental growth through both successes and setbacks, and promote the highest standards of professional competence and humanity.

The course of becoming a psychotherapist is a demanding, humbling, and deeply transformative process that challenges students on both personal and professional levels. For students, it involves continually negotiating ideals, doubts, and the inherent complexities of human experience, often requiring them to confront their own vulnerabilities and beliefs. For educators and institutions, this journey demands thoughtful scaffolding, ethical stewardship, and flexible responsiveness to the diverse backgrounds and life experiences of trainees. The ultimate goal is not only to shape technically competent practitioners but also to cultivate self-aware, compassionate professionals who embody the integrity, resilience, and humanity at the heart of psychotherapy. By thoughtfully aligning curricula with this holistic vision, including personal therapy, supervised clinical practice, and peer learning environments, training programs contribute not only to the development of individual therapists but also to the collective strength, ethical grounding, and ongoing evolution of the profession itself.

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8. APPENDICES

8.1. Appendix A: Questionnaires

B1 (1st-semester Bachelor)

What kind of representations do you have of the profession of a “psychotherapist”?

Which characteristics, in your opinion, should a psychotherapist have?

To which of these characteristics do you personally assign the highest and to which the lowest value (weight)?

How do you currently assess your personal characteristics that you think are important for the PT profession and how do you think you can further develop them in the future?

What are your expectations of the PT profession?

According to your answers – what do you think is the purpose of psychotherapy?

B3 (3rd-semester Bachelor)

What kind of representations do you have of the profession of a “psychotherapist”?

If you compare these representations with those at the beginning of your study, were there any changes and if so, how have they changed?

Which characteristics, in your opinion, should a psychotherapist have?

To which of these characteristics do you personally assign the highest and to which the lowest value (weight)?

How do you currently assess your personal characteristics that you think are important for the PT profession and how do you think you can further develop them in the future?

What are your expectations of the PT profession?

If you compare your initial expectations (when you began your studies) and the expectations you have today, have they changed, and if so, in what way?

According to your answers – what do you think is the purpose of psychotherapy?

B5 (5th-semester Bachelor)

What kind of representations do you have of the profession of a “psychotherapist”?

If you compare these representations with those at the beginning of your study, were there any changes and if so, how have they changed?

Which characteristics, in your opinion, should a psychotherapist have?

To which of these characteristics do you personally assign the highest and to which the lowest value (weight)?

How do you currently assess your personal characteristics that you think are important for the PT profession and how do you think you can further develop them in the future?

What are your expectations from the PT profession?

If you compare your initial expectations (when you began your studies) and the expectations you have today, have they changed, and if so, in what way?

According to your answers – what do you think is the

purpose of psychotherapy?

M1, M3 (1st-semester Master, 3rd-semester Master)

What kind of representations do you have of the profession of a “psychotherapist”?

If you compare these representations with those at the beginning of your study, were there any changes and if so, how have they changed?

Which characteristics, in your opinion, should a psychotherapist have?

To which of these characteristics do you personally assign the highest and to which the lowest value (weight)?

How do you currently assess your personal characteristics that you think are important for the PT profession and how do you think you can further develop them in the future?

What are your expectations from the PT profession?

If you compare your initial expectations (when you began your studies) and the expectations you have today, have they changed, and if so, in what way?

According to your answers – what do you think is the purpose of psychotherapy?

In what time do you think you will finish your studies and get the certificate as a psychotherapist?

What do you think – are you well prepared (or sufficiently prepared) today for the profession of psychotherapist?

Are there any doubts or hesitations about your PT profession and if so, what are they?

8.2. Appendix B: Example Student Quotes

What kind of representations do you have of the profession of a “psychotherapist”?				
CATEGORIES	REPRESENTATIONS			
Category 1: Clinical work & practice	I believe that being a psychotherapist is a lot like being a doctor or a priest. A person confides in you and expects that you will try to understand him.	A psychotherapist helps people in a crisis to better understand their problems.	It's about working with patients and the therapeutic relationship. I'm referring to private practice.	It is a responsible job in which we are trying to find solutions for patients' problems and support their happiness.
	B1-2	B1-6	M1-3	B5-12
Category 2: Theoretical knowledge				
Category 3: Personal characteristics & Life experience	A psychotherapist is a person that leads other people to happiness.	Somebody who can empathize with a person and the situation that the person is in.	It's a very responsible profession; you shouldn't take it lightly. It's a combination of spontaneity, strictness and creativity.	Hard profession, you can gain a lot through it, sometimes it can be boring.
	B1-3	B3-1	B5-2	M3-8
Category 4: Combination of different categories	It's a demanding profession; you need a lot of knowledge and experience to do it. It is a very meaningful profession.	A very ethical person, with professional knowledge and responsibility, is capable of a healthy relationship.	It's courageous work with a lot of responsibility; it's about helping people with different psychological conditions; personal growth.	You need to be well-educated and mature to be a good psychotherapist. It's a part of the medical field in the sense of Inclusion and not integration.
	B1-5	B5-3	M1-1	M3-2

What kind of representations do you have of the profession of a “psychotherapist”?				
Category 5: Social context of profession	With no law regulating psychotherapy, everything is up to each individual (it's up to you to find clients, a place to work...). There is no stable income. I believe the standards for psychotherapists will eventually be legalized. Clients are currently not protected from abuse.	They are necessary in human society, but financially inaccessible to a lot of people. There should be a law defining psychotherapy. People still don't know what exactly psychotherapy is.	I think it is too restricted. I think that psychotherapists are trying to prove themselves to the public as scientists, because they feel insecure. They are lacking in self-criticism, it's obvious their methods are not working.	It's one of the most beautiful professions and one of the most responsible professions in our society at the same time.
	B3-4	B3-5	B5-1	M3-5

Which characteristics, in your opinion, should a psychotherapist have?				
CATEGORIES	CHARACTERISTICS			
Category 1: Clinical work & practice	Being a good listener, being able to understand your patients, steering patients on the right track.	Patience, empathy, having the capacity to work with clients.	Openness, ability of understanding people beyond your own feelings when working with them.	Open-hearted, free-thinking, empathetic, patient, and able to start and maintain healthy relationships with clients.
	B1-6	B3-6	B5-13	M3-5
Category 2: Theoretical knowledge				
Category 3: Personal characteristics & Life experience	You have to be able to listen, open-minded, kind, be interested in psychotherapy.	Calmness. Being able to listen. Empathetic. Have a smile on his face. Energetic.	Warmth, self-reflection, open-mindedness, humility, having a big heart, being humane, and empathy.	A lot of empathy, being able to listen.
	B1-3	B1-4	B3-2	M1-2
Category 4: Combination of different categories	Bright, educated, able to listen and lead a person through a crisis.	He has to be empathetic, have his issues sorted out, constantly work on himself, and stay in touch with new developments in psychotherapy.	Open-mindedness, empathy, being able to listen, being able to develop a healthy relationship with clients.	Empathy, wanting to help in crisis, responsibility, self-awareness, open-mindedness, reliability, knowledge.
	B1-2	B3-5	M1-1	M3-3
Category 5: Social context of profession				

What are your expectations about the profession of a “psychotherapist”?				
CATEGORIES	EXPECTATIONS			
Category 1: Clinical work & practice	I expect to be successful as a psychotherapist and to be able to solve other people's problems. I also expect that, in time, I will be able to make a living working as a psychotherapist.	I expect to help as many patients as possible and get some life experience along the way.	I expect that I will be successful in this job and that I will make my clients, as well as myself, happy.	Helping people be aware of their problems and solve them.
	B1-5	B1-6	B3-5	M1-1
Category 2: Theoretical knowledge	Knowledge and positive results.	I expect that by getting the degree I will have the necessary knowledge.		
	B3-7	M1-2		
Category 3: Personal characteristics & Life experience	I expect that I will be doing something that brings me joy while helping people solve their problems, which will give me the motivation to continue working.	Life satisfaction, doing something I love and at the same time helping others.	I expect to be successful in helping people and to be able to learn from failure.	I expect a feeling of fulfillment and hope to give others that feeling as well.
	B1-1	B3-3	B5-2	M1-5

What are your expectations about the profession of a “psychotherapist”?				
Category 4: Combination of different categories	My expectations are connected to permanent growth and work with patients and developing my theoretical knowledge at the same time.	That I will feel happy in my private life and in my profession, that I am going to train myself through new knowledge and that I will do this for living.	I am planning to have a private practice and expect to have patients every day. I also expect financial stability and to do this profession for a living.	I expect I'll be a good psychothera- pist and that I will be happy doing this. I expect I will earn enough to have a comfortable life.
	B1-11	B5-8	M1-3	M3-5
Category 5: Social context of profession	Cooperation among psy- chotherapists and good relationship between them.	Be helpful to others and myself. Give meaning to the last third of my life and to my social environment.	New profession, new challenge, new responsi- bility also in a social context.	I am still not sure because the profession is not legalized yet. I expect that I will have an option of working in some health institution or hospital.
	B3-6	B5-3	B5-12	M1-6

How has your representation of the psychotherapy profession changed?				
CATEGORIES	CHANGE OF REPRESENTATIONS			
1 (yes +)	They have changed. In the beginning of my studies, I was idealizing everything about psychotherapy, now I'm more realistic.	I have changed a lot in the last 3 years. I became more mature and have developed different, broader views on many things.	At the beginning I was more focused on theory, then I decided I don't want to work as a psychotherapist. But by working on myself and making changes in my own life I decided this is what I want to do and now I am looking forward to starting to work.	Now I can see the bigger picture, I can understand it better, before that, I was insecure.
	B3-4	B5-4	M1-1	M3-3
2 (yes -)	Before I started, I had a higher opinion of psychotherapists, but now, as I have gotten to know more of them, I can see that they are limited by their own paradigms. I feel that they are afraid of their clients and consequently feel the need to be in charge of the situation. That is the case with most of them, though there are a few exceptions.	Rather disappointed because of small and very slow changes in me.		
	B5-1	M3-8		

How has your representation of the psychotherapy profession changed?				
3 (no)	There haven't been any changes, but I think about these things more now.	They haven't changed, but they are still developing over the years.	There is no difference.	Not much apart from some new knowledge.
	B3-18	B5-3	M1-2	M3-1

How have your expectations of the psychotherapy profession changed?				
CATEGORIES	CHANGE OF EXPECTATIONS			
1 (yes +)	I am more and more interested in different modalities and theoretical knowledge and approaches.	Yes. At the beginning of my studies, I was focusing on making myself happy, but now I would like to help others as well.	They changed a lot. Before I thought theoretical knowledge is the most important, but now I know you need much more than just theory.	At the beginning, I took things the easy way, but now I am aware of responsibility and hard work.
	B3-7	B5-3	M1-1	M3-10
2 (yes -)	I expected more than I am getting currently, I thought I'll be able to observe more therapy sessions... I find some classes more interesting than others. I would like to mention I am missing a type of professor and attitude towards studying and students you can find in Vienna.	Lately I'm disappointed with the work of the student office at our faculty. We can't get clear answers from them, they are imprecise, uninterested, and irresponsible.	I expected more. I expected more interesting classes. I feel we are not specific enough. But I do like the fact that we can choose the modality we will study. I think this is change.	I am disappointed in the studying program. I had greater expectations. The tuition is too high for the education you get.
	B3-3	B3-4	B5-1	M3-6
3 (no)	There is no difference, except that the year is going to end soon.	My expectations are not different from before because I chose this field of study on my own.	Actually, I have to take care of myself alone; I do not expect that from others.	My expectations haven't changed. I expected that there would be a law relating to psychotherapy by now.
	B3-6	B5-9	M1-10	M3-6

