

# International Perspectives on Psychotherapy

Stefan G. Hofmann

Editor

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# Introduction: International Perspectives on Psychotherapy

After returning from Wilhelm Wundt's laboratory in Germany, Lightner Witmer introduced the term *Clinical Psychology* in an article published in *The Psychological Clinic* (Witmer, 1907). In this article, he explained:

While the term 'clinical' has been borrowed from medicine, clinical psychology is not a medical psychology. I have borrowed the word 'clinical' from medicine, because it is the best term I can find to indicate the character of the method which I deem necessary for this work (p. 251).

Witmer, who later became one of the cofounders of the *American Psychological Association*, thought that the goal of clinical psychology should be similar to that of medicine to improve the human condition (Witmer, 1897). This notion significantly expanded the boundaries of the young discipline, which was primarily defined by experimental psychology to simply study the nature of psychological phenomena (McReynolds, 1997).

Despite the early call for intervention and prevention of human suffering, training in clinical psychology primarily focused on psychological assessments during the first half of the twentieth century. The emphasis shifted more toward intervention after World War II, when there was a greater need for clinicians. However, psychoanalysis dominated the field of psychotherapy during those early years. Furthermore, early editions of the *Diagnostic and Statistical Manual* were firmly rooted in psychoanalytic concepts with little to no empirical support. This changed with the publication of the DSM-III (APA, 1980) and especially the DSM-III-R (APA, 1987) when psychoanalysis began to lose its dominance on the psychiatric classification system. Moreover, behavior therapy became more prominent with work by Skinner (1969), Wolpe (1958), and many others demonstrating the clear efficacy of applying theory-based behavioral principles toward modifying maladaptive behaviors. The focus on empirical evidence for treating mental disorders was further strengthened with the integration of cognitive ideas into what has become known as cognitive behavioral therapy (CBT; Beck, 1970). Since then, CBT evolved into a broad family of empirically supported treatments that share a mature set of principles and techniques firmly rooted in theoretical models and supported by empirical evidence (for an overview, see Hofmann, Asmundson, & Beck, 2013).

These developments raised obvious and important question about how to develop training models for future generations of clinical psychologists. In the USA, the 1949 Boulder conference marked one of many important milestones in this developmental process. The consensus of this conference was to officially recognize that clinical psychology training programs should emphasize both the practice and the science of the profession, which became known as the *scientist-practitioner model* (Raimy, 1950). Today, the APA defines *clinical psychology* as

The psychological specialty that provides continuing and comprehensive mental and behavioral health care for individuals and families; consultation to agencies and communities; training, education and supervision; and research-based practice. It is a specialty in breadth—one that is broadly inclusive of severe psychopathology—and marked by comprehensiveness and integration of knowledge and skill from a broad array of disciplines within and outside of psychology proper. The scope of clinical psychology encompasses all ages, multiple diversities and varied systems (APA, 2016).

This broad definition acknowledges the diverse field of clinical psychology. It includes services to individuals and groups from all ethnic, cultural, and socioeconomic backgrounds. A similar approach has been pursued by the Association for Psychological Science (APS), which places a relatively greater emphasis on the science of clinical psychology. Contemporary clinical psychology is a reflection of today's complex society. Although the USA has had a major role in the development of this discipline, there have been many influences from across the world that contributed to its current state. However, trainings of mental healthcare professionals have been primarily limited to a specific geographic region and culture. The objective of this book is to compare the status of clinical psychology in different countries across the world. The primary goal is to learn from each other in order to further advance the field of clinical psychology worldwide.

The first two chapters provide a general and condensed introduction of psychopathology and classification (Chap. 1 by Sharon Eldar, Angelina F. Gómez, and Stefan G. Hofmann) and psychotherapy approaches (Chap. 2 by Barbara Depreeuw, Sharon Eldar, Kristina Conroy, and Stefan G. Hofmann). These chapters are followed by a review of clinical psychology in the various regions of the world, including North America (Chap. 3 by Elaine S. Lavin and Lata K. McGinn), Central Europe (Chap. 4 by Ilse Kryspin-Exner, Oswald D. Kothgassner, and Anna Felnhöfer), Eastern Europe (Chap. 5 by Daniel David and Simona Stefan), Latin America (Chap. 6 by Carmem Beatriz Neufeld and Anelisa Vaz de Carvalho), South Korea (Chap. 7 by Sunyoung Kim and Hyun Kim), China (Chap. 8 by Jianping Wang, Zhiyun Wang, and Meng Yu), Australia (Chap. 9 by Caroline Hunt), Africa (Chap. 10 by Maxine F. Spedding, Dan J. Stein, and Katherine R. Sorsdahl), and the Middle East (Chap. 11 by Asala Halaj and Jonathan D. Huppert). Chapter 12 by Jennifer Prentice, Keith Dobson, and Janel Gauthier discusses ethics from a global perspective.

Mental health knows no borders, and effective treatments should similarly travel freely across the globe. My hope is that this volume contributes to the globalization

of mental health by initiating an exchange of ideas between different countries, continents, and cultures. The world is getting smaller. The globalization of clinical psychology has the potential to enhance well-being for each and every member of the human species.

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*Therapy* (2017, with Deborah Dobson, Guilford Press) and the *Handbook of Cognitive-behavioral Therapies* (Guilford Press). In addition to his research in depression, Dr. Dobson has written about developments in professional psychology and ethics and has been actively involved in organized psychology in Canada, including a term as President of the Canadian Psychological Association. He is a Past-President of both the Academy of Cognitive Therapy and the International Association for Cognitive Psychotherapy. Dr. Dobson is also a Principal Investigator for the *Opening Minds* program of the Mental Health Commission of Canada, with a focus on stigma reduction related to mental disorders in the workplace. Among other awards, he has been given both the Canadian Psychological Association's Award for Distinguished Contributions to the Profession of Psychology and the Donald O. Hebb Award for Distinguished Contributions to the Science of Psychology.

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