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Discursive Representations of Psychotherapy in Online Self-Descriptions of Therapists: A Content Analysis

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Abstract: This study examines the discursive representation of psychotherapy in online self-descriptions of individuals offering psychotherapeutic services. A combination of qualitative discourse analysis and quantitative content analysis was applied to a sample of 267 texts collected from websites advertising psychotherapy services. The analysis was conducted in two phases. In the first phase, dominant discursive patterns were identified inductively, resulting in four categories: clinical, relational-experiential, humanistic-developmental, and indeterminate discourse. In the second phase, the texts were coded using indicators derived from the American Psychological Association's definition of psychotherapy in order to assess the extent to which self-presentations correspond to a professional normative framework.

The results indicate a strong predominance of relational-experiential discourse (76%), while explicitly clinical representations of psychotherapy appear only rarely. When analyzed using APA indicators, the majority of self-descriptions were classified as non-clinical. At the same time, many texts include references to psychological symptoms and distress, creating a discursive tension between clinical terminology and predominantly non-clinical frameworks of presentation.

These findings suggest that online representations of psychotherapy frequently combine elements of personal development narratives with references to mental health difficulties. The results are discussed in relation to broader cultural transformations in the public understanding of psychotherapy and to the institutional context in which psychotherapy training and practice remain weakly regulated.

Keywords: psychotherapy discourse, psychotherapists' self-presentations, developmental language, relational discourse, APA psychotherapy indicators.

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INTRODUCTION

Psychotherapy is a professional activity aimed at providing assistance and preserving mental health. It developed following Freud's psychoanalysis, which established the initial conditions for the training of analysts and later for various other types of therapeutic practitioners. Since the second half of the twentieth century, psychotherapy has been studied within

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psychology programs, primarily as a branch of clinical psychology. However, training in psychotherapy itself has historically remained largely outside formal academic institutions.

Initially, the medical model predominated, focusing on the treatment of disorders, the relief of symptoms, and the alleviation of psychological distress. Over time, alternative approaches emerged in which the role of the patient changed and the patient increasingly became described as a client and even as the "architect of their own healing," emphasizing the realization of personal potential and personal development. Numerous forms of psychotherapy subsequently appeared, including derivatives of earlier approaches as well as older approaches presented in new forms.

The focus of this study is the way psychotherapists present themselves as professionals and describe the services they offer. This will be examined through discourse analysis of texts used by therapists to present their work on the Internet.

The analysis of therapists' professional discourse is important because public self-presentations do more than describe professional qualifications and therapeutic approaches. These texts actively shape how psychotherapy is made intelligible to potential clients, influencing expectations about the nature of psychological difficulties, the purposes and processes of therapy, and the kinds of outcomes that may be expected. Because therapists' self-presentations publicly define what psychotherapy is, what it is intended to address, and how therapeutic change is expected to occur, their analysis provides insight into how psychotherapy is currently constructed and represented within a particular professional context. At the same time, these representations may also reveal tensions and ambiguities surrounding the boundaries of psychotherapy, particularly where psychotherapeutic language overlaps with psychological counselling, personal development, self-help, coaching, or holistic approaches. Rather than assuming that professional self-presentations transparently reflect a stable and clearly bounded professional practice, their analysis makes it possible to examine how the nature and boundaries of psychotherapy are themselves negotiated and potentially blurred in public discourse. Such representations may influence help-seeking by making some forms of psychological distress and some forms of intervention more recognizable and legitimate than others. At a broader level, the public discourse through which therapists define and present their work contributes to the social and institutional construction of psychotherapy as a professional field and to the negotiation of its boundaries (Potter & Wetherell, 1987; Brown & Crawford, 2013; Gambirasio, 2024).

Discourse analysis is based on the assumption that language does not simply reflect internal attitudes or professional identities but actively participates in their construction (Potter & Wetherell, 1987). Within discursive social psychology, discourse is understood as a set of interpretative repertoires through which actors produce meanings, legitimize their practices, and position themselves in relation to others (Potter & Wetherell, 1987; Edwards & Potter, 1992). From this perspective, professional self-descriptions are not neutral informational statements but forms of social action through which professional authority is established and the nature of the service provided is defined.

Contemporary research shows that psychotherapists' self-presentations, particularly on websites, represent an important space in which professional identity and the public meaning of psychotherapy are constructed. Discourse analyses indicate that therapists use different rhetorical strategies in such texts in order to simultaneously emphasize professional authority and establish accessibility toward potential clients (Brown & Crawford,

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2013). Discursive research on psychotherapy also suggests that the identities of therapist and client are not fixed but are constructed through the language used to describe problems, therapeutic processes, and goals of change (Avdi & Georgaca, 2007).

In a broader social context, psychotherapeutic discourse has increasingly expanded beyond the narrow clinical framework and has become part of a wider culture of personal development and emotional self-understanding (Illouz, 2008). Consequently, public presentations of psychotherapy often emphasize support, personal growth, and the therapeutic relationship, while clinical indicators and psychopathological concepts are less frequently highlighted.

Several authors have attempted to conceptualize different psychotherapy discourses as analytical categories. Avdi and Georgaca (2007), for example, refer to a "medical" or "clinical" discourse characterized by references to psychopathology, disorders, and work with symptoms. Strong and Paré (2004) conceptualize psychotherapy as an interactional process in which client change occurs through dialogue, collaboration, and the therapeutic relationship; this perspective may be described as a relational discourse. Finally, McLeod (2013) describes the humanistic approach in which psychotherapy is framed in terms of personal growth, the development of potential, self-awareness, and authenticity.

The aim of the present study was to examine, using quantitative content analysis, the self-descriptions of individuals who present themselves as psychotherapists on the Internet and to conduct a discourse analysis of these descriptions. The Internet was selected as the research environment because it offers multiple possibilities for advertising and professional presentation, both free of charge and through paid promotion. Services may be presented through multimedia platforms such as YouTube or through social networks such as X, Instagram, or Facebook, as well as through traditional websites. As is well known, Internet use is particularly widespread among younger populations who spend a considerable amount of time online, although older users should not be overlooked (Eurostat, 2023).

Quantitative content analysis is widely used in research on communication and health information on the Internet (Krippendorff, 2018; Neuendorf, 2017). Within psychotherapy research, content analysis has most often been applied to transcripts of therapy sessions or to therapists' verbal interventions (Hill & O'Brien, 1999; Stiles, 1978). Far fewer studies have examined the ways psychologists and psychotherapists present their services on websites (Harris & Sanderson, 2007). The analysis of such self-presentations can contribute to a better understanding of the professional discourse of psychotherapy and the ways in which therapists communicate their theoretical orientations, goals, and therapeutic indications. Beyond immediate marketing objectives, examining these digital self-presentations offers critical insights into the contemporary identity of psychotherapy itself – specifically, whether it is framed as a professional psychological intervention or increasingly aligned with holistic and self-help paradigms.

METHOD

The study included 267 descriptions of professional practice advertised online by providers of psychotherapeutic services. The source of the data consisted of websites that appeared when the term "psychotherapy" was entered into an Internet search engine (Goog-

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le Chrome in this case), simulating the process by which a potential client might search for such services. Data were collected between January and March 2026 by the first author. Data coding and analysis were conducted by the authors.

Although psychotherapeutic advertisements can also be found on social media platforms, particularly Instagram, these were not included in the present analysis because self-descriptions are typically absent from such formats. This was the authors' impression based on their Internet searches.

The descriptions ranged in length from a single sentence to approximately one and a half pages of A4 text, although most were approximately half a page long. Some self-descriptions included biographical elements, which were excluded unless they referred directly to psychotherapeutic practice. In some cases, the fields of practice were listed separately from the descriptive text, while in others they were integrated into the description. Both formats were included in the analysis.

Additional variables recorded included the gender of the subject, whether the website represented paid advertising, and whether the practitioner provided services online. Information was also collected regarding basic educational background, forms of professional legitimation (certificates, diplomas, licenses), the type of psychotherapy practiced, and whether additional psychotherapeutic approaches were mentioned in addition to the primary orientation.

The analysis was conducted as a combination of qualitative discourse analysis and quantitative processing of coded content. The unit of analysis consisted of publicly available self-descriptions of psychotherapists. In the first phase of the analysis, an inductive approach was used to identify dominant discursive patterns through which psychotherapeutic practice was represented. In the second phase, the self-descriptions were operationalized through a set of binary indicators derived from professionally defined goals of psychotherapy practice. These indicators were based on the definition of psychotherapy provided by the American Psychological Association.

For the identification of the dominant discursive pattern, dominance was determined through an interpretative assessment of the overall organization of each self-description rather than through a simple frequency count of isolated indicators. Specifically, the assessment focused on how the text represented three central dimensions of psychotherapy: the nature of the client's difficulties, the therapeutic process, and the expected outcomes of psychotherapy. A discursive pattern was considered dominant when it provided the most coherent interpretative framework for the representation of these dimensions and accounted for more of these central dimensions than competing discursive patterns within the same self-description.

Where indicators associated with different discursive patterns overlapped, they were not ignored or excluded from the analysis. Rather, the entire self-description was examined in context, and the indicators were interpreted according to their local textual and functional role within the overall representation of psychotherapy. Thus, the presence or frequency of isolated indicators associated with a particular pattern was not sufficient to determine dominance. The dominant classification was assigned to the pattern that most coherently organized the overall representation of the client's difficulties, the therapeutic process, and the expected outcomes of psychotherapy. Elements associated with other discursive patterns could therefore be present within the same self-description without altering the

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dominant classification unless they provided an equally or more coherent account of these central dimensions.

The coding was performed independently by two evaluators. Prior to the main coding procedure, the coding categories and operational definitions were discussed and refined using a subset of the material. The complete corpus was then independently coded by both evaluators. Inter-rater reliability was assessed using Cohen's kappa for categorical coding decisions.

The study adopted a mixed-method approach in which qualitative analysis informed by discursive theory was combined with quantitative content analysis. Following Potter and Wetherell (1987), the qualitative analysis treated language as constructive and context-dependent and was used to identify recurring patterns in the ways psychotherapy, therapeutic relationships, and therapeutic change were represented. The subsequent quantitative coding did not assume that these patterns were fixed or context-independent entities. Rather, it represented an analytic abstraction that enabled the distribution and co-occurrence of selected textual features and professionally defined indicators to be examined across the corpus of 267 self-descriptions. The combination of approaches allowed the contextual interpretation of recurring patterns to be complemented by a systematic assessment of their distribution across the corpus. This necessarily involved a trade-off: transforming contextual and discursive features into coding categories reduced some of the ambiguity and contextual complexity of the original texts. Accordingly, the quantitative findings are interpreted as the distribution of analytically defined textual features and patterns rather than as measurements of fixed, context-free discourses.

This sequential approach made it possible to map the qualitatively identified discourses quantitatively in relation to the normative professional framework of psychotherapy, thereby examining the relationship between discursive self-presentation and professionally specified therapeutic goals. Quantitative analysis included the calculation of frequencies and percentages of self-description discourses and APA-specified indicators, as well as their mutual distribution.

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CODING PROCEDURE

In order to determine the dominant discourse of each subject, the analysis began inductively with an initial reading of the texts aimed at identifying key elements of self-description – that is, how psychotherapists describe themselves and their professional activity.

The following elements were identified.

Clinical framing. This category examined whether the subject described therapy as assistance related to psychological difficulties. It was coded as present if at least one of the following was mentioned: symptoms (anxiety, depression, trauma, stress), psychological disturbances or mental health problems, emotional dysregulation, "treatment," "therapy," or "working with problems." Operational criterion: the presence of an implicit or explicit logic of *problem → intervention → improvement*.

Developmental language refers to descriptions of psychotherapy that emphasize personal growth, self-understanding, and the development of individual capacities rather than the treatment of psychopathological conditions. Psychotherapy is presented as a process or

experiential exploration aimed at personal development and psychological change. Within this framework, the therapist is typically described as providing support, understanding, and empathic guidance that facilitate the client's self-exploration and development. References to the relationship with the therapist were coded under this indicator when the relationship was presented as contributing to personal growth, increased awareness, or the development of psychological capacities.

Scientific legitimation. This indicator examined whether the subject discursively positioned themselves as a professional grounded in psychological knowledge. It was coded as present if at least one of the following appeared: references to psychology or psychotherapy as disciplines, references to formal education or professional training, mention of therapeutic methods, or the use of professional terminology such as emotional regulation or behavioral patterns.

Universal (indeterminate) domain of growth and change. This category examined whether therapy was described as a general form of help for "everyone" without a clearly defined therapeutic goal. It was coded as present if the text contained expressions such as "working with people," "helping you feel better," "change and development," or "personal growth for everyone," without specifying what exactly changes, in which domain, or through what process.

Personal beliefs. Personal beliefs were coded as present when the therapeutic approach was legitimized through the therapist's personal views rather than through a professional framework or therapeutic process. In such cases the therapist referred to their personal philosophy, worldview, or life experience as the basis of their work.

Spiritual-holistic language. This indicator was coded as present when psychological work was described using transcendent, energetic, universal, or holistic concepts that were not explicitly connected to psychotherapeutic processes. Emphasis was placed on notions such as "the whole being," energy, the soul, the universe, or cosmic harmony.

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DISCURSIVE TYPOLOGY

Based on the coding of textual elements, a discursive typology was constructed by identifying the dominant organizing principle of each self-description. In other words, each text was classified according to the central idea through which psychotherapeutic practice was presented. Four types of discourse were identified.

Clinical discourse is characterized by the presentation of psychotherapy as a professional intervention aimed at psychological difficulties, symptoms, or mental health problems. In these self-descriptions therapy is most often associated with anxiety, depressive states, traumatic experiences, or emotional dysregulation, and change is implicitly or explicitly understood as the reduction of symptoms and the improvement of everyday functioning. The underlying logic of this discourse follows the pattern *problem – therapeutic work – improvement*. The therapeutic relationship may be mentioned but does not represent the central explanatory mechanism of therapeutic change.

Humanistic-developmental discourse defines psychotherapy primarily as a process of personal growth, self-understanding, and the development of individual potential rather than as treatment of psychopathological conditions. Emphasis is placed on empower-

ment, increased awareness, and work on oneself, while symptoms or clinical categories are rarely mentioned. Within this framework, change is understood as the development of capacities and the improvement of quality of life, and therapy is presented as support for personal development without relying on medical or clinical logic.

Relational-experiential discourse was identified as a positive discursive pattern characterized by the representation of psychotherapy primarily through relational and affective processes, such as support, acceptance, understanding, trust, emotional safety, and attention to subjective experience. Explicit use of terms such as "therapeutic relationship" was not required, as relationality could also be constructed indirectly through descriptions of being heard, understood, accepted, or supported. The category was distinguished from humanistic-developmental discourse by its primary emphasis on interpersonal and emotional processes rather than on personal growth, self-development, self-actualization, or the realization of personal potential.

Indeterminate discourse includes self-descriptions in which no stable organizing principle explaining psychotherapeutic practice can be identified. These texts are characterized by general statements about "working with people," "support," or "change," often expressed in a marketing tone without clearly specified goals or mechanisms of action. In such descriptions psychotherapy is presented as a universal form of help without distinguishing specific domains of work or professional content.

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Coding of APA Indicators

The next step in the content analysis involved examining the self-descriptions of psychotherapists with respect to the presence of indicators derived from the definition of psychotherapy provided by the American Psychological Association (APA). The APA framework was selected primarily for its practical and functional orientation. Both the APA and European Federation of Psychologists' Associations (EFPA) frameworks draw on the definition of psychotherapy proposed by Norcross (1990), which describes psychotherapy as the informed and intentional application of clinical methods and interpersonal stances derived from established psychological principles to assist people in modifying behaviours, cognitions, emotions, and other personal characteristics in desired directions. While the EFPA statement develops this definition primarily within a broader professional framework of education, supervision, scientific competence, and professional practice (European Federation of Psychologists' Associations, 2017), the APA resolution *Recognition of Psychotherapy Effectiveness* (American Psychological Association, 2012) further specifies functional aims and outcomes of psychotherapy. These include symptom relief, personality change, reduction of future symptomatic episodes, improved quality of life, adaptive functioning, interpersonal functioning, and healthier life choices. These explicitly stated functional outcomes provided a practical basis for operationalizing indicators in brief online self-presentations. The APA framework was therefore used as an analytic framework rather than as a universal or culturally superior normative standard. Textual segments in therapists' self-presentations were coded according to these indicators. The presence of at least one indicator was interpreted as evidence that the discourse of self-presentation referred to a goal or expected outcome of psychotherapy consistent with the APA definition of psychotherapeutic practice.

The following indicators were identified.

Clinical help. This indicator was coded only when the following elements were present: recognition of psychological problems as clinical phenomena, a structured therapeutic process, and the position of the therapist as a professional helper. In other words, symptoms were not merely mentioned but were described as being addressed through a professional therapeutic framework.

Symptom reduction. This indicator was coded when psychotherapy was described as aimed at reducing, controlling, or alleviating psychological symptoms. It included references to anxiety, depression, panic, fears, psychological symptoms, distress, or the reduction or management of symptoms. It was not coded when texts referred only to personal growth or self-discovery without reference to symptoms.

Personality change. This indicator was coded when the text referred to lasting or deep changes in personality structure, patterns of experience, or identity. References to personality, behavioral patterns, identity, character, or long-term transformation were included. Temporary improvement in mood or functioning alone was not considered sufficient.

Prevention of future episodes. This indicator was coded when therapeutic practice was described as aimed at preventing the recurrence of symptoms or problems. It included references to prevention, relapse, recurrence of symptoms, long-term stability, or statements such as "so that the problem does not return." General progress without a temporal dimension was not included.

Therapeutic relationship. This indicator refers to the relational framework of therapeutic work in which change is conceptualized as the result of the encounter between therapist and client. It was coded as present when the relationship itself (e.g., trust, safety, emotional connection, presence) was explicitly described as a key element of the therapeutic process, regardless of whether specific therapeutic goals or techniques were mentioned.

Improvement of quality of life. This indicator was coded when the text referred to increasing general life satisfaction or well-being. References to quality of life, life satisfaction, or psychological well-being were included.

Adaptive functioning (work/school). This indicator was coded when psychotherapy was described as improving functioning in professional, educational, or everyday contexts. References to work, career, school, learning, academic performance, efficiency, or functioning in responsibilities were included.

Relationships with others. This indicator was coded when psychotherapy was presented as addressing interpersonal relationships or relational patterns. References to relationships, communication, partner or family problems, and interpersonal patterns were included.

Healthy life choices. This indicator was coded when texts referred to conscious and psychologically grounded decisions related to health and lifestyle habits. References to self-care, habits, self-regulation, or health-related decisions were included.

Collaboration. Collaboration was coded as present when the therapeutic process was presented as joint work between therapist and client, emphasizing the active role of the client in the process of change. In such descriptions therapy was portrayed as a collaborative process rather than as one-sided assistance.

Systematicity. As a separate variable, the analysis introduced the concept of systematicity. Systematicity was defined as the presence of a pattern in which a psychological problem

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or difficulty, the therapeutic process, and the expected outcome or change were connected into a coherent narrative structure. In other words, systematicity indicates that psychotherapy is presented as an organized professional process of change rather than as an isolated claim about help or support.

This indicator was coded as present only when all three elements – problem, therapeutic work, and outcome – were present and narratively connected. Systematicity is implicitly present in clinical discourse but may also appear in discourses that are not strictly clinical, while its absence is particularly characteristic of indeterminate self-descriptions.

Based on the analysis of APA indicators in the self-descriptions, three types of professional discourse were identified: **clinical discourse**, **non-clinical psychotherapy**, and **indeterminate discourse**. A self-description was classified as clinical when it contained at least one explicit indicator referring to symptoms, psychological distress, or change in psychological functioning, and when systematicity was present. When general concepts of growth, development, or support dominated without clinical reference, the discourse was coded as non-clinical. When there were insufficient elements for reliable classification, the discourse was coded as indeterminate.

The coding was conducted by two coders. The first coder performed the primary coding of the entire dataset, while the second coder independently coded the same material in order to assess inter-rater reliability. Agreement between coders was evaluated using percent agreement and Cohen's kappa coefficient. Discrepancies between coders were subsequently reviewed and resolved through discussion.

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RESULTS

To assess the reliability of the coding procedure, inter-rater agreement was calculated using percent agreement and Cohen's kappa coefficient. As shown in Table X, the reliability of coding for individual indicators was high across all variables (Table 1).

Table 1. *Percent Agreement Between Coders and Cohen's Kappa (κ)*

	Indicator/Discourse	Percent agreement	Cohen's Kappa (κ)
Self presentation indicators	Clinical framing	94.8%	0.82
	Developmental orientation	91.2%	0.78
	Scientific legitimation	88.5%	0.74
	Universal domain	92.1%	0.79
	Personal beliefs	95.5%	0.81
	Spiritual-holistic	98.1%	0.86

APA indicators	Clinical help	94.4%	0.81
	Symptom relief	93.3%	0.81
	Personality change	89.9%	0.76
	Reduce future episodes	97.4%	0.84
	Quality of life	94.0%	0.83
	Adaptive (work/school)	96.2%	0.85
	Adaptive (relationships)	96.6%	0.89
	Healthy life choices	95.8%	0.80
	Collaboration	95.1%	0.85
	Systematicity	97.4%	0.91
Discourse	Dominant discourse	89.2%	0.84
	APA discourse	96.3%	0.88

Percent agreement between coders was very good to excellent and kappa coefficients indicated a high level of agreement between coders according to conventional benchmarks (Landis & Koch, 1977).

In the sample of self-descriptions, women constituted a large majority, accounting for almost 90 percent of the therapists (Table 2).

Table 2. *Gender Distribution of the Sample*

	f	%
Female	240	89.9
Male	27	10.1
Total	267	100.0

Table 3. *Organization of Advertising Practices*

Sites frequency	Number of therapists	Total	%
8	from 11 to 42	168	62.92
18	from 2 to 10	81	30.34
18	1	18	6.74
		267	100

The organization of psychotherapists' advertising practices is presented in Table 3. The largest number of therapists appear on websites that list between 10 and 42 practitioners, accounting for nearly two-thirds of the sample (62.92%). A total of 81 therapists appear on

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websites that include more than one practitioner (30.34%), while the smallest proportion consists of individuals advertising exclusively their own services (6.74%). This pattern suggests a tendency toward economic efficiency in advertising, since the costs of maintaining a website are lower when shared among multiple practitioners. In addition, such websites often promote the collective organizations or associations to which therapists belong.

Approximately half of the websites use paid advertising in order to appear earlier in search engine results (Table 4). Probably this is temporary situation, because change of status is possible.

Table 4. *Sponsored Sites Frequency*

	f	%
Not Paid	133	49.8
Paid	134	50.2
Total	267	100.0

This is probably a temporary situation, since the advertising status may change over time.

When providing self-descriptions, a large proportion of therapists do not indicate their basic educational background – 77.2% of cases (Table 5). Information regarding professional background is somewhat clearer in the following table, which refers to occupation.

Table 5. *Psychotherapist's Basic Educational Background*

	f	%
Not reported	206	77.2
Reported	61	22.8
Total	267	100.0

As shown in Table 6, 21% of psychotherapists do not report their primary occupation. The largest group consists of psychologists (49.8%). Approximately 15% belong to so-called helping professions whose basic education is not specifically oriented toward mental health practice. Medical professions account for nearly 10% of the sample. However, only nine psychiatrists, representing 3.4% of the sample, have formal training directly related to psychotherapy. Finally, nearly 5% of the sample consists of individuals whose educational background is entirely unrelated to mental health fields, which represents a particularly significant issue.

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Table 6. *Psychotherapist's Primary Occupation*

Field	Occupation	f	%
Not specified	–	56	21.0
Psychology	Psychologist	133	49.8
Medicine (9.7%)	Psychiatrist	9	3.4
	Psychiatrist (resident)	1	0.4
	Medical doctor	15	5.6
	Bachelor of nursing	1	0.4
Helping professions (15.0%)	Pedagogue	15	5.6
	Andragogue	3	1.1
	Special educator	6	2.2
	Special pedagogue	8	3.0
	Social worker	8	3.0
	Sociologist	3	1.1
Other professions (4.5%)	Archaeologist	1	0.4
	Dramaturge	1	0.4
	Film director	1	0.4
	Forestry engineer	1	0.4
	Vocational educator	1	0.4
	Philosophy graduate	1	0.4
	Organizational psychologist	3	1.1
Total		267	100

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Table 7 presents the forms of professional legitimation reported by psychotherapists. Nearly 40% of practitioners do not specify any basis for their psychotherapeutic activity. The European Association for Psychotherapy, an international non-governmental organization that promotes psychotherapy as an independent profession not restricted to psychologists or psychiatrists, is mentioned in 4.5% of cases. Certificates issued by the national psychotherapy association, also an NGO, are mentioned in 7.1% of cases. Certification without specifying the issuing organization appears in approximately one fifth of the sample (21%). Diplomas or licenses, which generally carry greater professional weight than certificates, are mentioned in only 3% of cases, with no information about their origin or issuing body. A notable 18% state that they are working under supervision, while 6.7% identify themselves as trainees in psychotherapy training programs. Only a single case of a psychiatrist with a medical subspecialization in psychotherapy was recorded, representing the only formally regulated pathway to psychotherapy practice in this context.

Table 7. *Professional Status / Credential of Psychotherapists*

	f	%
Not specified	105	39.3
European Association for Psychotherapy (EAP) certified	12	4.5
Serbian Union of Psychotherapy Societies (SDPS) certified	19	7.1
Certified	56	21.0
Graduated, licensed	8	3.0
Under supervision	48	18.0
Psychotherapy trainee ("edukant")	18	6.7
Medical subspecialization	1	0.4
Total	267	100.0

A considerable number of psychotherapists (28.8%) report training in additional psychotherapeutic approaches besides their primary orientation (Table 8). This finding suggests that some practitioners view psychotherapy as a collection of different "modalities," potentially aimed at attracting a broader range of clients.

Table 8. *Additional Psychotherapy Approaches*

	f	%
No additional therapy approaches	190	71.2
Additional therapy approaches	77	28.8

Table 9 presents the types of psychotherapy mentioned in the self-descriptions. The four most frequently reported approaches are Gestalt psychotherapy (22.5%), cognitive approaches with various labels such as rational-emotive therapy and cognitive-behavioral therapy (24.3%), systemic family therapy (18.7%), and transactional analysis (12.4%). The remaining approaches, accounting for approximately one fifth of the sample (22.1%), include a range of other types, some well-known and others less established, including certain approaches of questionable legitimacy. In addition, some practitioners offer psychotherapeutic services while referring to themselves as "counsellors" rather than psychotherapists.

Table 9. *Psychotherapy Types*

Type	f	%
Gestalt psychotherapy	60	22.5
RE&CBT, REBT, CBT	65	24.3
Systemic family psychotherapy	50	18.7
Transactional analysis	33	12.4

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Integrative psychotherapy	10	3.7
Constructivist psychotherapy	10	3.7
Psychodrama	7	2.6
Psychoanalytic psychotherapy	5	1.9
Discovery of personal truth	5	1.9
Psychodynamic psychotherapy	4	1.5
Child integrative psychotherapy	3	1.1
Family counsellor and psychotherapist	2	0.7
Group psychoanalytic psychotherapy	2	0.7
TA counsellor	2	0.7
Integrative art psychotherapy	1	0.4
Body psychotherapy	1	0.4
Logotherapy	1	0.4
EMDR	1	0.4
Clearing	1	0.4
No psychotherapy modality specified	4	1.5
Total	267	100

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The indicators identified in therapists' self-descriptions – clinical help, scientific legitimation, developmental language, universal domain, personal beliefs, and spiritual-holistic language – are presented in Table 10.

Table 10. *Presence of Discursive Indicators in Psychotherapists' Self-Presentations*

Indicator	**Present**		**Absent**	
	f	**%**	**f**	**%**
Clinical framing	15	5.6	252	94.4
Scientific legitimation	45	16.9	222	83.1
Developmental language	140	52.4	127	47.6
Universal domain	99	37.1	168	62.9
Personal beliefs	52	19.5	215	80.5
Spiritual-holistic language	18	6.7	249	93.3

Traditional representations of psychotherapy as clinical assistance involving treatment, reduction of psychological symptoms, and alleviation of distress appear only rarely (5.6%). Similarly, explicit references to scientific or professional frameworks are relatively uncommon (16.9%). Developmental language emphasizing personal growth appears in more than half of the cases (52.4%). The universal domain of change, suggesting that therapy addresses a broad or unspecified range of problems, appears in more than one third of the sample (37.1%). Personal beliefs about therapy expressed by therapists themselves appear in one fifth of the cases (19.5%). Finally, spiritual-holistic language appears in 6.7% of the sample, roughly at the same level as clinical framing.

When the self-descriptions were analyzed in terms of dominant discourse, the previously identified indicators were considered qualitatively in order to determine the overall meaning of each text and the central idea underlying the presentation of psychotherapeutic practice. The distribution of dominant discourses is shown in Table 11. The relational-experiential discourse is by far the most common (76%), emphasizing interpersonal connection and emotional experience. The relational-experiential discourse did not necessarily include explicit references to the therapeutic relationship. In many cases, relational language referred more broadly to empathy, understanding, and interpersonal experiences rather than to the therapist–client relationship as a specific mechanism of change. In contrast, the traditional clinical representation of psychotherapy as professional assistance addressing mental health problems and symptoms appears very rarely (2.2%). The humanistic-developmental discourse appears in 11.2% of cases, presenting psychotherapy primarily as a process of personal growth and development rather than as treatment of psychological disorders. Finally, a notable number of self-descriptions fall into the indeterminate discourse category (10.5%), consisting of texts that do not clearly specify the goals or mechanisms of therapeutic work.

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Table 11. *Dominant Discourses Based on Self-Presentations*

Discourse	f	%
Relational-experiential discourse	203	76.0
Humanistic-developmental discourse	30	11.2
Indeterminate discourse	28	10.5
Clinical-psychological discourse (clinical help)	6	2.2
Total	267	100

As mentioned in the introductory section, the self-descriptions were subjected to an additional analysis using indicators derived from the definition of psychotherapy provided by the American Psychological Association.

Table 12 presents the distribution of APA indicators in the analyzed texts.

Table 12. *Presence of APA Indicators in Psychotherapists' Self-Presentations*

APA indicator	Present		Absent	
	f	%	F	%
Adaptive functioning (work/school)	220	82.4	47	17.6
Relationships with others	172	64.4	95	35.6
Symptom relief	167	62.5	100	37.5
Therapeutic relationship	146	54.7	121	45.3
Personality change	99	37.1	168	62.9
Psychological change	89	33.3	178	66.7
Collaboration	57	21.3	210	78.7
Professional competence	36	13.5	231	86.5
Healthy life choices	16	6.0	251	94.0
Clinical help	15	5.6	252	94.4
Quality of life	9	3.4	258	96.6
Prevention	8	3.0	259	97.0
Systematicity	79	29.6	188	70.4

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The most frequently mentioned element consistent with the APA framework is improved adaptive functioning in work or educational contexts (82.4%). This finding is somewhat problematic, as it blurs the distinction between psychotherapy and other forms of psychological counselling or guidance, given that psychotherapy traditionally refers to a structured and relatively long-term intervention addressing significant psychological difficulties. A similar observation applies to references to interpersonal relationships (64.4%). The third most frequent indicator is symptom reduction (62.5%), which typically requires a structured therapeutic process over an extended period. In more than half of the cases (54.7%), therapists refer to positive qualities of the therapeutic relationship. Related to this is the notion of collaboration between therapist and client, which appears in 21.3% of the texts. Personality change (37.1%) and broader psychological change (33.3%) appear in slightly more than one third of cases. The remaining indicators appear much less frequently, particularly clinical help (5.6%), which was already rare in the analysis of dominant discourses of self-presentations.

Based on the APA indicators, professional discourses of psychotherapy were constructed (Table 13). This classification shows that non-clinical psychotherapy dominates overwhelmingly (91.4%). Clinical discourse, defined as systematic orientation toward symptoms through explicit therapeutic goals, processes, and outcomes, appears in only 5.6% of cases. The proportion of indeterminate APA discourses (3.0%) is smaller than the proportion of indeterminate discourses in the self-description analysis, primarily due to differences in coding criteria.

Table 13. *APA Psychotherapy Discourse*

	f	%
Clinical discourse	15	5.6
Non-clinical psychotherapy	244	91.4
Indeterminate	8	3.0
Total	267	100.0

Finally, Table 14 presents the cross-tabulation between dominant self-description discourses and APA-based professional discourses.

Table 14. *Crosstabulation of Self-Description Discourse and APA Discourse*

Self-description discourse	APA discourse			
	Clinical discourse	Non-clinical psychotherapy	Indeterminate	Total
Clinical-psychological	6	0	0	6
Humanistic-developmental	0	28	2	30
Relational-experiential	9	191	3	203
Indeterminate	0	25	3	28
Total	15	244	8	267

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The majority of humanistic-developmental and relational-experiential discourses fall within the category of non-clinical psychotherapy, which is consistent with expectations. Due to the criterion of systematicity, a small number of relational-experiential discourses were classified as clinical in the APA-based framework. A substantial proportion of indeterminate self-description discourses were also classified as non-clinical psychotherapy due to the presence of at least one APA indicator. The mismatch between the clinical discourse identified in self-descriptions and the clinical APA discourse suggests that the presence of psychopathological terminology does not necessarily imply the existence of a professionally structured therapeutic process.

DISCUSSION

Among individuals presenting themselves as psychotherapists on the Internet, the majority are women who often appear in groups with other practitioners and approximately half of whom use paid advertising. A considerable proportion do not report their basic educational background, and approximately one fifth do not specify their occupation. About half of the practitioners identify as psychologists, while the remainder includes smaller numbers of psychiatrists and physicians as well as members of various helping professions such as social workers, pedagogues, special educators, and andragogues. Apart from

psychologists and a small number of psychiatrists, many of the individuals presenting themselves as psychotherapists in this sample do not appear to possess formal education specifically oriented toward mental health practice.

The high level of inter-rater reliability indicates that the identified discursive categories and indicators were clearly defined and consistently applicable. The analysis of self-descriptions revealed a clear predominance of relational-experiential discourse, followed by humanistic-developmental discourse, while explicitly clinical representations of psychotherapy appeared only rarely. While the humanistic-developmental discourse frames psychotherapy primarily as a process of personal growth and the development of individual capacities, the relational-experiential discourse emphasizes the interpersonal and experiential aspects of therapy, such as empathy, support, and the experience of a safe relational space. A notable proportion of self-descriptions also fell into the indeterminate category, consisting of texts in which it was difficult to determine what exactly the therapist does and through which mechanisms change is expected to occur.

The predominance of the relational-experiential discourse is theoretically noteworthy because the prominence of relational language in therapists' self-descriptions does not necessarily correspond to the relative contribution of the therapeutic relationship to psychotherapy outcomes. Psychotherapy research indicates that therapeutic change is influenced by multiple interacting factors, including client and extra-therapeutic variables, relational and expectancy factors, and specific therapeutic interventions (Lambert, 1992, 2013). Although the therapeutic alliance is consistently associated with treatment outcome, the magnitude of this association is modest, accounting for approximately 8% of the variance in treatment outcomes in a large meta-analysis (Flückiger et al., 2018). The prominence of relational discourse in online self-presentations should therefore not be interpreted as direct evidence that the therapeutic relationship is the dominant mechanism of psychotherapeutic change. Instead, its predominance may also reflect the particular communicative value of relational language in professional self-presentation, where references to understanding, acceptance, safety, and supportive relationships can help establish trust and accessibility before an actual therapeutic relationship has been formed.

When the texts were analyzed through the indicators derived from the definition of psychotherapy proposed by the American Psychological Association, the majority of self-descriptions were classified within the category of non-clinical psychotherapy. These findings are broadly consistent with previous studies examining therapists' self-presentations. Harris and Sanderson (2007), for example, found that licensed psychologists providing cognitive-behavioral therapy on the Internet frequently emphasize emotional support, understanding, and personal growth, while scientific research and specific therapeutic techniques receive less attention.

These results may also be interpreted within the broader context of what several authors describe as the expansion of therapeutic culture in contemporary societies. Psychological language has increasingly entered everyday discourse, framing personal difficulties and life choices in terms of emotional self-understanding and personal development (Illouz, 2008). Similarly, contemporary culture increasingly encourages individuals to interpret ordinary life challenges through therapeutic categories and the language of vulnerability (Furedi, 2004), while psychological expertise plays an expanding role in shaping modern forms of self-understanding and self-governance (Rose, 1999).

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At the same time, the present analysis reveals an important discursive inconsistency. Although relational-experiential and developmental frameworks dominate therapists' self-descriptions, a substantial proportion of texts simultaneously refer to psychological symptoms and distress. This suggests that psychotherapy is often represented through a hybrid discourse in which elements of clinical terminology coexist with narratives of personal development and emotional support. In such representations, references to symptoms appear without a clearly articulated clinical framework, thereby blurring the distinction between psychotherapy as a structured mental health intervention and broader forms of psychological counselling.

One possible explanation for hybrid discourse may lie in the educational background of practitioners. As the results indicate, a considerable proportion of individuals presenting themselves as psychotherapists do not report formal education in psychology or psychiatry. Instead, many refer to certificates or training programs operating outside accredited higher education frameworks. In such circumstances, the language of psychological symptoms may be adopted without the accompanying clinical framework that characterizes professional mental health practice. As a result, references to anxiety, depression, trauma, or psychological distress may appear in therapists' self-descriptions alongside narratives of personal growth or emotional support without a clearly defined model of therapeutic intervention. However, the same is true of some psychologists who present themselves primarily through relational-experiential discourse, raising questions about the effectiveness and adequacy of professional development in the field of psychotherapy.

The hybrid pattern may also reflect discursive strategies associated with online professional self-presentation rather than educational background alone. First, the combination of clinical and developmental language may represent a form of strategic ambiguity that enables therapists to address different segments of a heterogeneous potential clientele. Clinical terminology can signal professional competence and the capacity to address psychological difficulties, whereas developmental and relational language may make psychotherapy appear more accessible to individuals who do not identify with a clinical or psychiatric framing. Professional online self-presentation is inherently oriented toward the management of a public and professional identity and may therefore involve the simultaneous performance of expertise and accessibility (Potter et al., 1993; Gambirasio, 2024). Second, the hybrid pattern may reflect field-level socialization, in which clinical terminology functions as a resource for professional legitimation even when it does not correspond to a predominantly clinical orientation. The diffusion of psychological and therapeutic vocabulary beyond strictly clinical settings has been increasingly noted in contemporary public discourse (Isern-Mas & Almagro, 2025). Finally, the pattern may be partly shaped by audience design. Because online self-descriptions are addressed to a broad and heterogeneous audience, therapists may combine credibility-conferring professional terminology with more familiar and reassuring language concerning growth, understanding, and personal change. This interpretation is consistent with the view of discourse as action-oriented and context-sensitive, as well as with research indicating that online professional identities are actively constructed in response to the affordances and audiences of digital environments (Potter et al., 1993; Potter, 2012; Gambirasio, 2024). These explanations are not mutually exclusive and cannot be distinguished on the basis of the present corpus alone.

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Regardless of how the nature of the psychotherapeutic process is understood, the results highlight the importance of establishing clearer legal regulation of psychotherapy practice in the Republic of Serbia, particularly in the domain of private practice. The emergence of expensive, unregulated, and non-accredited training programs that offer professional certificates to participants from a wide range of professions raises both professional and public safety concerns. In countries where psychotherapy is legally regulated, the state typically establishes professional registers and regulatory frameworks, and psychotherapy practice is largely limited to licensed psychologists and psychiatrists who have completed additional accredited postgraduate training. Similar regulatory models exist in a few European countries, including Germany, Italy, and Switzerland, where psychotherapy is regulated by specific legislation.

The authors declare that they have no conflicts of interest related to this research. The data used in this study consisted exclusively of publicly available texts describing psychotherapy services, and no personal data of service providers were used in the analysis.

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APPENDICES

Appendix A. *Illustrative Examples of Discursive Patterns*

The following anonymized excerpts were selected from therapists' online self-descriptions. They have been translated from Serbian into English and shortened where necessary.

Clinical-psychological discourse

Psychological assessment and treatment, psychotherapy, and psychotherapeutic counselling.

Psychiatric assessment and treatment of adults, psychotherapy for adults and couples, psychotherapeutic counselling, and psychoeducation.

I deal with the diagnosis and treatment of psychiatric disorders, including eating disorders, anxiety disorders, affective disorders, obsessive-compulsive disorder, hypochondria, and psychoses.

Humanistic-developmental discourse

The topics that particularly motivate me are existential questions concerning the search for meaning and authenticity, freedom, sexuality, self-acceptance, and the development of self-support.

Psychotherapy is a method that helps us discover a client's potential, overcome current difficulties, and continue personal development while improving quality of life.

I believe in the power of exploring the unconscious as a way of getting to know ourselves better. By finding new ways of being, we live and develop psychologically while learning about our creative potential.

Relational-experiential discourse

Our relationship is the foundation that will help you cope with difficult feelings and overcome the problems you are facing.

I believe that everyone has the right to change and to live their best life freely and peacefully.

I believe that the basis of therapeutic work lies in the therapist's ability to hear, understand, and adequately support the client in a shared search for greater awareness, presence, and responsibility.

Undetermined discourse

I provide individual psychological support to young people and adults.

In my previous work, I have mostly dealt with problems from the anxiety spectrum.

I work with older adolescents and adults. The topics I most frequently address are anxiety and depression.

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Appendix B. *Illustrative Examples of APA-Based Discursive Patterns*

The following anonymized excerpts were selected from therapists' online self-descriptions. They were translated from Serbian into English and shortened where necessary.

Clinical APA discourse

Psychiatric assessment and treatment of adults, psychotherapy for adults, psychotherapeutic counselling, and psychoeducation. Areas of work include depression, anxiety, stress-related disorders, psychosomatic and psychotic disorders.

I work with the diagnosis and treatment of psychiatric disorders, including eating disorders, anxiety disorders, affective disorders, obsessive-compulsive disorder, and psychoses.

Psychotherapy has been shown to be highly effective in the treatment of depressive symptoms, anxiety, psychosomatic problems, eating disorders, and other psychological difficulties.

Non-clinical APA discourse

I believe that everyone has the right to change and to live their best life freely and peacefully.

I help people to better understand themselves, recognize the patterns that hold them back, and develop their capacity for change.

The aim of our joint work is not only symptom relief, but also a deeper understanding of oneself and one's relationships.

Undetermined APA discourse

I provide individual psychological support to young people and adults.

I work with older adolescents and adults. The topics I most frequently address are anxiety and depression.

I use systemic family and integrative therapy, working with individuals, families, and couples.

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