Wolfgang Spitta

Professional Profile – Theoretical Foundation and Ways of Working

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1. Self-Understanding

Wolfgang Spitta is a specialist physician in psychiatry and has worked freelance as a therapist, counsellor and coach since 1989 – twelve of those years as a Staff Counsellor with the United Nations. He is based in Bonn, Germany, and works with individuals as well as, on occasion, couples and families, both in person and online, including internationally.

His starting point is not a particular school of thought, but a clear aim: to help people develop a more sustainable relationship with themselves and with others, and to do so in a way that returns them to independent agency as quickly as possible, rather than fostering ongoing dependence on support.

This aim is deliberately independent of any single therapeutic school. As set out below, it can be consistently located within a current, neuroscientifically grounded model of therapeutic effectiveness. This is not a decorative afterthought but the reason why an integrative, context-sensitive way of working is not methodological indecision, but a professionally well-founded position in its own right.

2. Theoretical Framework

2.1 Starting Point: Why “Method” Alone Does Not Explain Effectiveness

Psychotherapy research has faced a robust but uncomfortable finding for decades: across very different schools of therapy – psychodynamic, systemic, behavioural – controlled studies find broadly comparable effect sizes (the so-called “Dodo Bird Verdict” – named after the scene in Alice in Wonderland in which a race with no clearly identifiable winner is declared won by everyone – supported empirically, among others, by the work of Bruce Wampold). At the same time, so-called common-factors research identifies a stable set of cross-school effective factors: a trusting therapeutic relationship, empathy combined with unconditional positive regard, and genuine collaboration rather than instruction.

For practice, this does not mean that method is irrelevant – rather, that the decisive question is not “which school?”, but: what mechanism actually underlies change, and how can it be brought about deliberately in each individual case?

2.2 Predictive Processing as an Explanatory Model of Therapeutic Change

A model increasingly discussed as an answer to this question comes from the neuroscience of perception: the predictive processing model (associated, among others, with Mark Solms and Karl Friston). It describes how the brain does not passively record reality, but actively

predicts it from an internal, experience-based model – using incoming sensory information primarily to confirm or correct that model on an ongoing basis.

Applied to therapy: people bring experience-based predictive models about themselves and about relationships, often shaped early in life – models that were once relevant to survival and appropriate at the time, but no longer fit the current context. One example: an early-learned pattern such as “closeness means being needed” is carried over into a current relationship where it does not objectively apply, yet is subjectively experienced as reality. Change, in the therapeutic sense, then means updating such an inner model – not primarily the acquisition of new knowledge.

2.3 Two Axes of Effectiveness: Safety and Precision

For such a model update to take place, this framework holds that two conditions are required – conditions that recur independently throughout the literature:

- **Safety:** A setting in which a person can loosen their habitual protective and defensive patterns enough for their own predictive error to become perceptible at all. This corresponds closely to Donald Winnicott’s concept of the “holding environment” and to what common-factors research describes as a sustaining therapeutic relationship.
- **Precision:** A deliberate, new experience tailored to the specific flawed model in question – not diffuse warmth, but an intervention that hits precisely the point where the old model and current reality diverge, and makes that difference perceptible in the person’s experience.

This two-axis framework explains why different schools can be similarly effective at their core despite very different-looking techniques: each establishes the same two conditions by different routes. It also provides a criterion for which tool is appropriate at a given moment – not according to school affiliation, but according to whether it is most effective at establishing safety or precision.

2.4 Levels of Model Updating: Verbal and Subcortical

An important distinction concerns the level at which a flawed predictive model is encoded. Models formed during a life stage with already-developed linguistic, cognitive and emotional differentiation can be reached and updated through language-based, cognitively reflective approaches. Models formed before this development was complete – in particular before the age of two – are, by contrast, encoded not linguistically but somatically and subcortically, and are only partly accessible through a purely conversation-based approach, regardless of how skilled that conversation is.

The two in-depth approaches central to Spitta’s practice both reach into this preverbal domain, though in different ways. Family constellation work accesses it spatially and physically, through the position and experience of representatives within a system – effective even where a matter was never put into words. Brainspotting operates still more explicitly

below the level of language: as a non-verbal, body-based method, it addresses the preverbal domain directly, without the detour of a narrative or spatial representation. This distinction is why it makes sense to keep, alongside conversation-based approaches, dedicated access points that work at the subcortical rather than the linguistic level (see 3.2).

3. An Integrative Way of Working, as a Consequence

On this basis, Spitta's integrative way of working can be described as the consistent application of the model set out above – not as methodological eclecticism.

3.1 Safety: Relationship and Stance

- **Genuine Equal Footing:** Spitta meets clients not as an expert who judges them, but as an equal counterpart who genuinely engages with the process the client sets – with no methodological agenda for how a conversation "ought" to unfold.
- **Purpose-Led, Autonomy-Oriented Stance:** Support is consistently oriented towards a specific, concrete concern rather than an open-ended therapeutic relationship. The appropriate intensity of support is explicitly clarified with the client at first contact, rather than being prescribed. Safety also arises from the fact that control over the form and intensity of support remains with the client.
- **No Rush to Pathologise:** Precise clinical differentiation here serves not labelling but safety: a premature or imprecise diagnosis can itself become a threat. Differentiation without a drive to pathologise creates the space in which a client can show themselves in the first place.

3.2 Precision: Targeted Forms of Intervention

- **Images and Analogies as Precise Interventions:** For Spitta, analogies and images are not rhetorical decoration but deliberately placed interventions: a well-fitting image shifts not knowledge but the underlying model – and often works faster than direct confrontation, because it engages experience rather than argument.
- **Pattern Recognition Without Imposition:** Patterns across different areas of life are recognised and offered, not imposed. This is not a minor teaching point: a model update requires that the person recognise their own predictive error themselves – an interpretation delivered from outside produces, at best, insight, but not change.
- **Constellation Work as a Targeted, Not Default, Tool:** Family constellation work is an embodied, highly precise form of confrontation with one's own relational model – particularly indicated for multigenerational and complex relational dynamics where a purely cognitive, language-based understanding reaches its limits. The understanding a constellation produces is explicitly not primarily intellectual in nature; rather, it is experienced intuitively and viscerally as accurate – a distinct, non-verbal way of knowing. Equally part of this competence is the deliberate decision not to use a constellation where this advantage does not apply in a given case.

- **Brainspotting as Access to Preverbally Encoded Trauma Models:** Brainspotting is a trauma-therapeutic method based on the neurophysiological assumption that traumatic experiences are encoded as activated neural networks, which the brain ordinarily processes on its own – much like the body's own wound healing. In certain traumas, this self-regulation does not succeed; in effect, "blind spots" arise that the brain cannot locate unaided. Through the observation that a particular eye position correlates with the activation of these networks, the relevant area can be located deliberately; the actual regulatory process then proceeds as the body's own self-healing, rather than as an interpretation imposed from outside. The method is particularly indicated where classic language-based therapy cannot structurally engage – above all with traumas from before the completion of linguistic and emotional differentiation (see 2.4), which are encoded somatically rather than narratively.
- **Pragmatic, Action-Oriented Focus:** Sessions end, wherever possible, with a concrete next step. This makes a model update verifiable in everyday life, rather than leaving it at the level of insight alone – for Spitta, in-depth work and practical guidance are not in tension but functionally complement one another.

4. Areas of Competence

4.1 Clinical Judgement

Spitta's specialist medical training allows precise differentiation between psycho-reactive states and structural, clinically significant conditions requiring treatment – for instance, between a situational depressive mood and a clinically relevant depression, including a clear statement of when psychotherapy alone is not sufficient and a psychiatric assessment is required. This differentiation is applied reliably and without a drive to pathologise – when in doubt, the approach is cautious rather than quick to label.

4.2 Competence in Bringing Things to a Close

A recurring pattern, well evidenced across very different contexts: Spitta supports clients in bringing phases, relationships or therapeutic processes to a dignified close, rather than leaving them open or unresolved. This ranges from separation and grief processes, through the conclusion of ongoing therapeutic support, to clearly reasoned declines of professionally attractive but structurally unsuitable options. This competence is closely linked to the aim of autonomy: a well-managed ending is the evidence that support is no longer needed.

4.3 Understanding of Organisational Politics

Across a range of clients in leadership and decision-making positions, a recurring pattern emerges: success or failure within organisations often depends less on professional competence than on an understanding of the underlying distribution of power, coalition-building and unresolved conflicts of objectives. Spitta brings his own consulting experience

to bear here, making this political dimension transparent before a substantive solution is developed – as a distinct level of analysis alongside the professional one.

5. Client Spectrum and Settings

The client spectrum is broad and brings together several recurring constellations:

- Individuals in life crises, decision points and periods of transition, both professional and personal.
- Couples, including those in relationship crises, separation and reorientation processes.
- Parents of minor children – both in their own parenting role and, where appropriate, in direct conversation with the child.
- People with complex, sometimes intergenerational family dynamics and histories of trauma.
- Entrepreneurs, self-employed professionals and executives, including with generational and succession issues and organisational-political decision situations.
- International professionals and executives in demanding organisational contexts (including the United Nations, multinational companies, and NGOs).
- People in institutional and religious special contexts, where classic therapy and counselling settings reach their limits.
- Professional groups and organisations, in the context of talks and training sessions.

Support takes place both in person in Bonn and via video, including for clients based abroad.

6. Background and Qualifications

- Specialist physician (Facharzt) in Psychiatry.
- In practice as a therapist and counsellor since 1989.
- Twelve years as a Staff Counsellor with the United Nations.
- Training in Systemic Therapy and Counselling (Fritz B. Simon, Gunthard Weber).
- Training in Solution-Focused Brief Therapy (Steve de Shazer).
- Training in Systemic Constellation Work (Gunthard Weber, Stephan Hausner, among others).
- Training in Conflict Management and Negotiation (George Kohlrieser).
- Training in Brainspotting (Gerhard Wolfrum).
- Conducts constellation workshops in Germany and internationally (including Luxembourg, Georgia, Austria and Belgium).
- Regular talks and training sessions for professional groups and associations.

- Further training in symptom-based constellation work planned.
- Practice based in Bonn; works in person and online, including internationally.

7. How This Is Presented

7.1 Answer to “Which Method Do You Work With?”

“I work integratively – that is, I don’t follow a particular school, but rather whatever, in a given moment, achieves two things: enough safety for you to really show yourself, and enough precision for something to genuinely change. To that end, I draw on therapeutic conversation, systemic thinking and a pragmatic orientation. Constellation work is part of that toolkit whenever it brings more clarity, in a given case, than conversation alone.”

7.2 Short Description (Website / Professional Referral)

“Wolfgang Spitta, a specialist physician in psychiatry, supports people through phases of life in which finding orientation becomes difficult – in decisions, crises, and endings. His way of working is integrative and follows a clear operating principle: change happens where there is enough safety for someone to show themselves, and enough precision for something to genuinely shift. This is carried by a consistently systemic underlying stance – more constructivist in conversation, more phenomenological in constellation work – complemented, where the concern calls for it, by Brainspotting. His aim is swift capacity to act, not lasting dependence.”

This professional profile is the condensed, external version; the anecdotal working collection (Profil Wolfgang, updated on an ongoing basis) remains in use internally as a working document. As at: August 2026, Version 1.0.