Russia—

Mental Health Care: Then and Now

KARIN JORDAN, PHD
ALEXANDER MAKHNACH, PHD

Mental health care in Russia has been influenced by political and socio-cultural circumstances, and has gone through a number of transformations, beginning with four pioneers in psychotherapy:

1. Tokarsky, who focused on hypnotherapy teaching at Moscow University and wrote *The Therapeutic Use of Hypnotism* (1890);
2. Bechterer continued the work of Tokarsky and began group therapy with alcoholics, later bringing "rational therapy" (based on the work of Dubois) to Russia;
3. Sechenov first formulated the idea of conditional responses in 1863, later made famous by Pavlov (1849-1936), and has influenced psychotherapy greatly; and
4. Vigotsky believed that a person's psyche needed to be understood from a social/historical perspective rooted in Piaget's early work (Havenaar, Meijler-Iljina, van der Bout & Melnikiv, 1998).

The Soviet Union was an authoritarian state in which psychiatric services became "politicized," according to Dr. Sergei Kosiakov, who is in charge of the Peveralsk Psychiatric Hospital outside Yekaterinburg (BBC News, 2003). Soviet psychiatry was used to enforce uniformity and became an "instrument of power in the totalitarian state" (Havenaar, Meijler-Iljina, van der Bout & Melnikov, 1998 p. 504). This meant that psychiatrists had the ability to give a mental health diagnosis, prescribe psychotropic medications, and could place someone in a psychiatric hospital without any outside contact, because of a political view that was not acceptable to the Kremlin (BBC News, 2003).

Beginning in the 1930s, and carrying over into the 1970s, Western psychotherapies were unpopular in the Soviet Union. During this time, Freudian psychoanalysis was forbidden in Russia, and the only acceptable theory was Pavlov's. Also during this time, there was a desire to find new solutions for treatment, resulting in such approaches as:

1. Emotional Stress Therapy (Rozhnov,

PETE TURNER/GETTY IMAGES

1985) (used in conjunction with other therapy and preceded some other forms of therapy) was used to create a state of both emotional and physiological arousal, achieved through methods such as using intermittent warm and cold baths

2. Rational Therapy (Pankov, 1971), a combination of Beck's (1976) Cognitive Therapy for depression, along with Ellis' (1962; 1994) Rational Emotional Therapy, but differs in that it does not focus on the relationship of emotions and cognition. It remains a popular therapy approach today, and proceeds through three phases:
   a. *relaxation*, achieved through hypnosis and tranquillizers,
   b. *exploratory*, connecting symptoms to life events, personal traits, and conflict, and
   c. *reconstruction*, developing new patterns of behavior; and
3. Suggestive Psychotherapy (Slobodianek, 1977), popular then and still in use today, it can be achieved through suggestions given while awake, or by using electrodes that supply low voltage to the temples, inducing a healing/relaxing sleep, or through a combination of electrodes applied to the skin and a low dose of tranquilizers, or suggestion while tranquilized, or in a hypnotic trance (hypnotherapy rooms can be dimly lit with relaxing music, while the therapist gives pos-

Training for Russian Mental Health Workers

	EDUCATION (MA, PhD, or MD)	**EDUCATIONAL SETTING** (University/Institute/Other)	**YEARS** of Clinical Training and/or Teaching/Research
Psychiatrist	Physician with 6 years of training in general practice, followed by Ordinatura (1 year, earning the title of Psychiatrist). After Ordinatura, Psychiatrists can continue their education in Aspirantura (like doctoral courses, lasting 3 years) writing and defending a dissertation, and then earning the scientific title of Candidate in Medical Sciences (the equivalent of a PhD.)	Medical Institute (or University, or Academy — difference in the title depends on the status of the institution).	6 years (Doctor of General Practice). The last year is subordinatura in psychiatry. After graduation, one more year in a mental hospital or other relevant place is required. This continuing education is known as Ordinatura.
Psychologist	5 years of training, obtaining the Diploma of Higher Education. Can be trained in the psychology department at a University or institute. After receiving a Diploma of Higher Education, one can continue education in "Aspirantura" (like doctoral courses), lasting 3 years and including a dissertation and its defense. Receives the scientific title: Candidate in Psychological Sciences, the equivalent of the PhD. Several universities have 2 levels of training: Bachelor of Psychology (4 years of training) and Master of Psychology (2 years)	University training. After 5 years, receives the Diploma of Higher Education.	5 years
School Psychologist	Psychologist (Diploma of Higher Education). Several universities have 2 levels of training: Bachelor of Psychology (4 years of training) plus Master of Psychology (2 years). There are two ways to obtain the Diploma: (a) through the four year BA, and two year MA, or (b) through the 5 year traditional program.	Pedagogy Institute, Department of Preschool Pedagogy and Psychology (or Pedagogy and Psychology). The tile of the department varies from institute to institute. Before the 90s, all pedagogic institutes were called institutes. Now, most of them have University in their title, and are more independent from the state and since the 90s, can call themselves anything they prefer.	5 years
Social Worker	The same as all students in Higher Education – can be in a university or pedagogic university. Has the same Aspirantura (doctoral courses), receiving Candidate of Social Sciences after 3 years of training.	University	5 years
MFT	Not applicable	Not applicable	Not applicable

itive messages to the client through earphones) (Havenaar, et al. 1998).

4. Autogenic Training (AT) was a very popular relaxation-based technique in the 1960s–70s. It was originally used with athletes in training, and subsequently with people who worked in adverse environmental conditions, as well as in psychiatric hospital settings. It was based on the treatment of neurosis originally proposed by German doctor J. Schultz (1973). Several research and practical applications of AT were made in the Soviet Union at that time (Romen, 1970; Filatov, 1979; Svyadosch, 1982).

In the years of Perestroika, many American, as well as Western European psychotherapy approaches were introduced to Russia (Gessen, 1997). During this time, an interest in Neuro-Linguistic-Programming (NLP) developed, not only due to its structure and organization, but also because the level of expertise that therapists could reach is structured, ranging from practitioner, to master, and finally to trainer. Several NLP training facilities were established in Moscow and later in other larger Russian cities (Gessen, 1997). This approach was very applicable to various contexts, such as the police, army, business, and high schools. During this time, an interest developed in nonverbal methods such as psychodrama and psychogenetic psychotherapy (Havenaar, et al. 1998). This was a time when explorative psychotherapy became more popular. According to Karvassarsky, (1985) psychogenetic psychotherapy is an example of explorative psychotherapy, which focuses on the concept of "otnoshenia" (relationship). In psychogenetic psychotherapy, the emphasis is on gaining insight about the relationship between human beings and their environment. Conflict, according to this theory, arises when a person cannot meet the demands put upon them and then has contradictions internally and in interpersonal relationships (Karvasarsky, 1985).

During this time period, there was no family therapy. In departments of psychology in the universities, family psychology was offered as a primarily theory-oriented course, although some psychologists started working with children and adolescents and invited parents to receive parenting education. At that time, most psychologists were very enthusiastic about transactional analysis due to the 1988 release of the Russian translation of Eric Berne's book, *Games People Play: The Psychology of Human Relationships* (1964). Group therapy became a therapeutic aid, used mostly in psychiatric hospitals for people with "light" diagnoses such as neurosis and depression. A variety of techniques began to be used to help clients express their emotions, such as projective drawings, role-plays, and psychogymnastics (mime and pantomime). Despite the acceptance of using more non-directive techniques, the preference was still on being more directive, with structured, in-session themes as well as structured homework assignments (Karvasarsky, 1985).

The Central Institute for Advanced Medical Training in Moscow was set up under the professorship of psychotherapist V.E. Rozhnov (Havenaar, et al. 1998). In St. Petersburg, there was the Bekhterev Institute of Psychiatry and Neurology under the professorship of B.D. Karvassarsky (Havenaar, et al. 1998). Later, the Center for Psychotherapy was developed and V.E. Rozhnov became its chief (Havenaar, et al. 1998). This was a time of authorship of several textbooks, such as *Psychotherapy in Clinical Practice*, *Psychotherapy*, *Handbook of Psycho-therapy*, and the *Moscow Psychotherapeutic Journal* (begun in 1992), *Independent Psychiatric Journal* (begun in 1991), *Russian Psychoanalytic Bulletin* (begun in 1991), *Family Psychology and Family Psychotherapy* (begun in 1997), and the *Journal of Practical Psychology* (begun in 1996). Before Perestroika, there were a few Soviet psychiatric and psychological journals, such as *Korsakov's Journal of Neurology and Psychiatry* (begun in 1901), *Voprosy Psychologii* (Issues of Psychology) (begun in 1955), *Psikhologitchesky Zhurnal* (Psychological Journal) (begun in 1980). A journal typically covered many fields; for example, the *Psychological Journal* addressed such subject matter as personality psychology, psychophysics, cross-cultural psychology, social psychology, developmental psychology, psychotherapy, and cognitive psychology.

Today, mental health practice in Russia is changing on many levels, originating with a new federal law called Psychiatric Assistance and Guarantees of Citizens' Rights, which protects the rights of individuals with mental illness. Mental health care is a rapidly growing field in which several new scientific societies have been established, as well as a number of new professional journals. As part of this change, clinical psychology has been included as a profession in the National Register of Professions, and psychiatrists are no longer the only providers of mental health services. Psychologists, who had previously served as researchers and testers, and were seen as "supplemental to psychiatry," now provide services in the areas of divorce, drug and alcohol addictions, poverty and unemployment, gangs, and school dropouts (Daw, 2002, p.1) as well as trauma. Their role in psychiatric hospitals is limited to assisting physicians and they may not function independently. At the same time, it is the psychologists who often have more exposure to Western psychotherapy, and are often more open to trying out new approaches and techniques. It is important to acknowledge that many psychology programs, especially in state universities, focus their training on research rather than clinical service delivery in such areas as trauma therapy. New mental health disciplines (such as social work) have been introduced in Russia, yet despite the growth of the field, there is still a lack of qualified training facilities.

Before 1991, there were only six psychology departments at state universities in all of Russia. Today, degrees in psychology are awarded by both universities and pedagogical institutes. As the number of programs has grown, so has the number of trained psychologists, however as there is no accreditation and licensure, it has also given opportunities for "fly-by-night" programs to spring up and train psychologists or other mental health professionals (psychotherapists, social workers, and school psychologists). There are no state-approved titles or status for

professionals who have psychological training rather than medical (such as marriage and family therapists and psychotherapists). This means that there are no standards of training, selection, or practice requirements. Another complication is the cost associated with such training. As Russia has moved away from communism, the emergence of freedom has brought responsibilities, such as paying for one's education, and this has become problematic. Professors' salaries have been cut up to 40%, resulting in many needing to hold multiple jobs, making it a challenge to devote time to research and other activities that would advance the mental health field (Daw, 2002).

The titles and training of Russian mental health professionals (psychiatrist, psychologist, school psychologist, social worker and marriage and family therapist) differ significantly from those of American professionals, and must not be confused with those held by professionals in the United States. For example, in Russia the title *psychotherapist* (officially recognized since the 1970s) requires having at least two to three years experience as a psychiatrist, before starting some specialized coursework in psychotherapy lasting between three and six months. To illustrate these differences, the table illustrates the training for Russian psychiatrists, psychologists, school psychologists, social workers and Marriage and Family Therapists (MFT).

Because there is no title protection or licensure for any mental health professions in Russia, some call themselves "psychologists" without the proper training and often provide harmful therapy (Daw, 2002). Russian training, which is primarily theory and research-based and lacks practical application, is well grounded in Western psychotherapeutic schools of thought. Russian criticism of these Western psychotherapeutic schools includes the "emphasis on the intrapsychic aspect of psychopathology and little attention was paid to social factors" (Havenaar, et al., Melnikov, 1998, p. 502).

It is important to acknowledge that there are both similarities and differences between the psychotherapeutic practices between the United States and Russia. The differences are that (Havenaar, et al. 1998):

- In Russia, psychotherapeutic practices operate generally from a medical model, in which psychiatric syndromes are used to assess progress (diagnostic formulations from a psychotherapeutic frame are not used)
- In Russia, psychotherapeutic practices focus primarily on the individual, contrary to their theoretical emphasis on the importance of social relations (little focus is placed on group and/or family systems)
- In Russia, psychotherapeutic practices focus on education and pedagogy in therapy and put the therapist in the role of authority (therapy is seldom process-oriented, with a trusting therapist/client relationship)

Despite the differences identified, it is important to remember that Russian therapists convey support and understanding to the client (Havenaar, et al. 1998).

It is believed that even today, the totalitarian structure of the Soviet Union continues to impact Russian mental health

services. Dr. Vadim Gourn, who runs the adult Peveralsk Psychiatric Hospital believes that Russian therapists are challenged in helping Russians deal with years of repression, guilt, and shame (BBC News, 2003). They lack codes of ethics and regulation regarding confidentiality, resulting in client confidentiality not always being maintained, and therefore a reluctance on the part of many Russians to obtain mental health services. Psychotherapy has the reputation of being associated with mental disturbance, medication, and psychiatry, and not with help and assistance. Because of this, as well as the history of the use of psychiatry during the Soviet era, people often search out family and friends rather than formal psychotherapy for help with their issues, or they turn to the informal healers that are still popular in Russia. Among educated people in the large cities, psychotherapy is becoming more and more desirable for obtaining help with an acting-out child, rebellious teenager, or relatives at risk (alcohol or gambling addiction, relationship problems, loss and grief issues, fear, etc.). Today, most high school teachers and family physicians see psychologists as a source of help. This is a good change in Russian life, even though most Russians have no clear picture of the differences in mental health professions and how they can help.

Only time will tell in what direction Russian mental healthcare will move. It has been influenced by political and socio-cultural circumstances, and these influences will no doubt continue. Mental health services remain less popular than in the United States, and this is believed to be at least partially related to the times when psychiatry was heavily politicized. It is important that any visiting professionals from the United States or Western Europe understand this and be responsive to political and socio-cultural situations, and sensitive to the concerns they raise. ❍

KARIN JORDAN, PHD, is associate professor and chair of the Graduate Department of Counseling at George Fox University, Newberg, Oregon. Jordan is a Clinical Member and an Approved Supervisor of the AAMFT.

ALEXANDER MAKHNACH, PHD, is with the Center for Psychotherapy and Counseling, Moscow, Russia.

REFERENCES

BECK, A.T. (1976). *Cognitive therapy and the emotional disorders*. New York: International Universities Press.

BERNE E. (1964). *Games people play: The psychology of human relationships*. Penguin Books.

DAW, J. (2002). Psychology around the world. [Electronic version]. *Monitor of Psychology, 23* (6). Retrieved November 23, 2004, from http://www.apa.org/monitor/jun02/russia.html

ELLIS, A. (1962). *Reason and emotion in psychotherapy*. New York: Lyle Stuart.

ELLIS, A. (1992). *Reason and emotion in psychotherapy* (rev. ed.). New York: Carol

FILATOV A.T. (1979). *Autogennaya trenirovka* [Autogenic Training]. Kiev: Zdorovia.

GESSEN, M. (1997). *Psychotherapy while-u-wait: Russia's newest fad*. Retrieved November 23, 2004 from http://slate.msn.com/id/3125/

HAVENAAR, J.M., Meijler-Iljina, l., van der Bout, J. & Melnikiv, A.V. (1998). Psychotherapy in Russia: Historical backgrounds and current practice. *American Journal of Psychotherapy, 52* (4), 501-513.

KARVASARSKY, B.D. (1985). *Psikhoterapiya* [Psychotherapy]. Moscow: Meditsina.

PANKOV, D.V. (1979). *Ratsionalnaya Terapia* [Rational therapy] *in: Handbook on Psychotherapy*. Tashkent: Meditsina.

ROMEN A.S. (1970). *Samovnushenie I ego vliyanie na organism cheloveka* [Self-suggestion and its influence upon human organism]. Alma-Ata: Kazakhstan.

ROZHNOV, V.E. (1985). *Handbook of psychotherapy*. Tashkent: Meditsina

RUSSIA'S MENTAL HEALTH SERVICES. BBC News UK Edition (2003). Retrieved November 23, 2004 from http://news.bbc.co.uk/1/hi/health/3026648.stm

SCHULTZ J.H. (1973). *Das autogene Training*. Stuttgart: Thieme Verlag.

SLOBODIANEK, A.P. (1977). *Psychotherapy, suggestion, hypnosis*. Kiev: Zdorovia.

SVYADOSCH A.M. (1982). *Nevrosy*. 3rd Edition. [Neuroses]. Moscow: Meditsina.