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**The Development of Psychiatry and Psychoanalysis  
in Post-totalitarian and Transitional Societies**

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Dear Chairman, dear colleagues,

I am going to speak mostly about Russian experience. But, there are some reasons to suppose that all post-Soviet countries have the same problems and specific features.

In Soviet times (till the end of 1970-s) psychiatric textbooks stated that there were no neuroses in the USSR, because the USSR was declared “a new type of society, which had no social basis for the neurosis - the disease of the rotten West”. Psychology, psychotherapy and psychoanalysis were suppressed in the USSR in 1930-s, because they release individual’s potentials and bring him freedom, and “new power” cannot accept it. All types of psychic activity were explained by reflexes, the theory developed by academic Pavlov. It can be difficult to imagine for our Western colleagues, but before 1966 we had no such profession as psychologist at all, and before 1985 we had no such profession as psychotherapist.

Then in 1966 the situation changed. The reason was not humanization of our society but rather technical progress. New psychological knowledge was demanded. So in 1966 the first psychological departments were opened in Soviet Universities. Psychotherapy was introduced to medicine in 1975, but it was a kind of experiment only. The positions of psychotherapists were installed in state clinics, but there were only two hundred psychotherapists for the whole country. Population of our country at that time was two hundred and twenty million. There was no educational system for psychotherapists, and no possibility to learn from experience of other countries. The USSR was expelled from all international psychiatric societies for practicing punitive psychiatry. There had been no connections to foreign psychotherapeutic societies since 1924. Medical doctors and general public perceived psychotherapy as ordinary talking or chattering. So, when experimental introduction of psychotherapy began, only the worst general practitioners or surgeons were ordered to become psychotherapists.

Directors of state clinics thought: “X. is incompetent dentist (for example), so I will send him to have chat with patients”. These specialists hadn’t any psychotherapeutic

education and training. So, psychotherapy was perceived as a second-rate profession. Only now, thirty years later, the situation begins to change.

Experimental introduction of psychotherapy had lasted for ten years. Only in 1985 Ministry of Health included psychotherapy in the list of medical professions. Any medical doctor after one or three months of theoretical education could get a state certificate of psychotherapist. In the process of such training he learned 44 psychotherapeutic methods, so he could declare himself a specialist in any of them, but in reality only hypnosis and rational therapy were used in practice. There were no psychoanalysis, no behavioral therapy, no gestalt-therapy. In this eclectic way the first two thousand specialists had been trained from 1985 to 2008. It was called multimodal approach. This kind of training is still used in Russia. The period of training is longer now, it is about one year, but they still study the same 44 methods of treatment. Such specialists know something about all forty four methods, but have never practiced any of them. Such training doesn't include personal therapy and supervisions. So, most of these specialists got their state certificates without applying these methods in practice, without seeing any patients, without being in a patient's role themselves.

Lack of adequate understanding of the situation led to methodological problems and created the problem of staff. There are about 16000 psychiatrists in Russian state clinics now and about 2000 psychotherapists. The ratio is: one psychotherapist to eight psychiatrists. As I know, in most Western countries there are five to seven psychotherapists to one psychiatrist. In Russia there isn't any legislation in the field of certification of psychotherapists. It led to the fact that thousands graduates of psychological departments who had no special psychotherapeutic training began to practice "psychotherapy" how they understood it (as maybe you know, we have no private psychiatry in Russia).

Psychologists also entered the field of private psychotherapeutic practice. It is not regulated by the state law, but it is not forbidden. Psychologists and medical doctors begin to practice in private setting (as psychotherapists) for many reasons. They can be inspired by new profession or fulfill the demand of society. But financial aspect is important, too.

Psychotherapist in a state clinic sees about 12 patients per day, and his salary is about 200 euros per month. Psychologist or psychotherapist in private practice sees about 4-6 patients per day and he also receives 200 euros, but per day, not per month. The reason for such difference in payment is connected to confidentiality: state therapist must report to his clinic director, private one has responsibility to the patient only.

In general, the money psychotherapist earns doesn't depend on his qualification but rather on society's demand for psychotherapy. The level of this demand is very high, as it usually happens when there are reforms in society and people are traumatized. That is why there are a lot of fortunetellers, wizards, shamans, black and white magicians in Russia now. Ministry of Health gave official certificates of healers to 300000 (three hundred thousand) of them, and there are many more without any official registration. And there are only 14-16 thousands specialists who had at least minimal training (I mean, psychologists and state psychotherapists), while the population of the country is one hundred and forty million. The ratio is: one specialist to ten thousand people. In most western countries, as far as I know, the ratio is: one specialist to about one thousand people. That's why we joke that a psychotherapist would never suffer from unemployment in Russia.

In the beginning of 1990-s serious problems appeared in Russian mental health care: 1) huge growth of psychopathology in population; 2) growing demand of population for psychotherapy and psychological correction; 3) lack (or, frankly speaking, even absence) of specialists, 4) no systematic training for them; 5) unprecedented expansion of pharmacological companies which offer their panacea to the psychiatrists and to the public; 6) because of the financial difficulties the number of inpatients in mental hospitals became thirty percent less. These patients were discharged for outpatient treatment. But the outpatient psychiatric help was not well-developed in our country; 7) psychotherapy in Russia is sub-specialty of psychiatry, so any psychiatrist can declare himself a psychotherapist. Salary of a state psychiatrist is very low - about 400 euros per month; that is why the psychiatrists took also positions of psychotherapists themselves in their clinics (it is additional money). So, mental hospitals were left without psychotherapists at all.

Besides, we (as psychoanalysts) had additional problem: very low status of psychoanalysis which was perceived as "too much sexualized and outdated" treatment. All our further actions were directed at solution of these problems.

Since 1988 the first psychotherapeutic associations have appeared in Russia, most of them psychoanalytically oriented. They were greeted with ironic and a bit aggressive responses. In 1989 professor Rozhnov, prominent psychiatrist in Soviet hierarchy told me: "Don't hurry. All of you psychoanalysts will be in jail soon". But psychoanalysis was accepted with great interest in society and non-state psychotherapeutic circles.

After creation of the first psychoanalytic societies we established relationships with our European and American colleagues. We also translated and published the main Freud's works and works of his followers. We paid attention to psychological education of

general public; we tried to avoid using psychoanalytic jargon difficult for understanding even for colleagues and we spoke rather ordinary language like the first psychoanalysts did. When we spoke to governmental officers we did the same. In 1998 total amount of psychoanalytic literature published in Russia was fifty million copies. Previously, only Lenin's work had been published in such amounts. Before that, Freud's ideas were criticized by scientists who had never read his books. People, who were inspired by psychoanalysis in the end of 80-s read Freud's works photocopied from old editions (published in the beginning of the XX-th century). So, it is not correct to say that psychoanalysis was completely destroyed in the USSR. It went underground but it survived. Many of my friends were such underground Freudians. In 1991 we established the first private psychoanalytic university. It provided students with four years of psychoanalytical education. It was theoretical knowledge only for people with higher education. But in 1996 an institution of professional training was established. It included personal analysis and supervisions. The standards of professional training were set for three statuses: specialist, training analyst and supervisor.

At the same time the first psychoanalytic clinics were opened. Let me mention that in 1996 we had about six patients a day, and now in our Psychoanalytic University in St-Petersburg the specialists see about 70-100 patients a day. During these years psychoanalytic clinics were opened in Moscow, Khabarovsk, Novosibirsk, Rostov and dozens of other Russian cities and towns. The quality of their work is not the same everywhere, but it is normal problems of growth; the same was in Europe in 1930-s.

In 1998 we realized that together we can do more, and seventeen psychoanalytic societies in Russia were united in National Federation of Psychoanalysis. Since then it has become the most influential organization in the field. The Federation has its Statute, Ethical Code, requirements for standards of professional training, requirements for public accreditation of specialists and affiliation of other professional societies.

About one thousand and five hundred specialists have had theoretical psychoanalytic education. They work in different areas – in Universities, banks, advertising companies, newspapers, publishing houses and in business. National Psychoanalytic Federation has about 400 members now, and only 150 of them are in clinical practice. In 2008 (it is 12 years after professional training system was established), there are 62 certified specialists, 37 training analysts and 22 supervisors. About one hundred candidates are on their way to get status of specialist.

Our specialists are in the process of development and accumulation of practical experience, but their level now is not much different from level of their Western

colleagues. Anyway, we speak the same psychoanalytic language – and we understand that the only psychoanalytic language is our practice.

We could not have achieved this if we hadn't got the help from our Western colleagues. For many years we have been assisted by specialists from IPA, IAAP, EPF, NAAP and many national associations from France, Germany, Italy, the UK, the USA and other countries. I can mention a lot of names, but it would take all the time of my presentation, as hundreds of specialists have visited us and provided us with invaluable help. Some of these specialists had worked in Russia for years.

Psychoanalysis became second main method of psychotherapy in Russia. Fifteen years ago (1993) 72% of Russian psychotherapists identified themselves as multimodal, the second were hypnologists – 15%, and 13% could not identify themselves. Now (to 2008) 57% are multimodal, 27% are psychoanalytic or psychodynamic, 24% are cognitive-behavioral, 17% are rational therapists, 14% are suggestive therapists, and 5% are gestalt-therapists. Totally we have more than one hundred percent here because some therapists chose two approaches from the list. Specialization and development of different directions of psychotherapy are continued.

Ethic atmosphere in Russian psychoanalytic community was influenced by our respectable German colleague Professor Horst Kaechele with his "Statement about reforms in psychoanalytic education and training". Specialists know but I will repeat some of the critics of modern psychoanalytic education and training (from article by Otto Kernberg<sup>1</sup> too). It is over-domination of psychoanalytic institutions, whose traditions and caste structure are perceived as more important than people. In fact, candidates are forced to have long treatment instead of learning their future profession (as if - only insane people come to our specialty). As our French colleagues say, to become a psychoanalyst you must be very sick and very rich. It seems to me that we overcame these problems to some degree and have made some reforms in professional education and training. In particular:

- Psychoanalytic education and professional training are independent areas in Russia. They are connected only for those who intend to specialize in clinical practice.
- Candidates themselves choose training analysts and supervisors.
- Candidates decide themselves if they continue their personal analysis after fulfilling standard requirements or not. This idea met a lot of resistance, but now only fifteen percent candidates stop after they meet standards, and eighty five percent continue their personal analysis and they have in average two-three

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<sup>1</sup> Kernberg O.F. Current Status of Psychoanalysis // Journal of the American Psychoanalytic Association. 1993. # 41, pp. 45-62.

times more hours than it is required. But it is their own choice, and it creates absolutely different ethical climate in professional training area.

- Training committee awards status of specialist to candidates who fulfilled standards of training and got reports about their work from at least three supervisors (two of them are on permanent basis).
- Training committee usually awards statuses of training specialist and then supervisor at least in three years after the previous one on the basis of individual estimation of every candidate. Supervisors estimate a specialist's theoretical education and practice. Personal analyst makes no judgment; he just informs that the candidate fulfilled the standard.

There are some shortcomings, but much more positive results. While psychoanalytic community in Western countries anxiously admits death of psychoanalysis (for example, six to ten candidates a year come to a typical American psychoanalytic training institute); while professional literature is full of doubts about adequacy of psychoanalysis to contemporary life – our community grows actively. The person who comes to get a new profession should not be treated against his will. Some of our patients visit us for months, some for years. But the person who wants to become a psychoanalyst is inevitably analyzed during a few years. Is he always sicker than other patients? Let me repeat that we rejected this conservative and even abusive and humiliating system.

What have we achieved in the result of these twenty years? In average, Russian psychoanalysts are twice younger than their Western colleagues; we have no doubt about the fact that psychoanalysis meets the demand of the public – the number of our patients has increased 15 times in 10 years; there are more than 600 students from eleven countries in our Psychoanalytic University (East European Psychoanalytical Institute), more than 120 of them are at final stages of their professional training. The number of practicing specialists has become 7 times bigger in the last 10 years.

While our Western colleagues try to comprehend some incomprehensible processes in society which undermine the status of psychoanalysis and try to find a way to integration, we began with analyzing structure and system of professional training; we refused authoritarian “cast” system, we rejected over-domination of psychoanalytical institutions and we excluded excessive competition between different approaches in psychoanalysis. We made honest conclusion: it is not question of methodology – it is question of power. It was not too easier to do it.

These ideas were shared by a number of our Western colleagues, I mean a new international association – European Confederation of Psychoanalytic Psychotherapies (ECP), which was established in Vienna in 2003 by psychoanalysts from Austria, Belgium, Germany, Hungary, Lithuania, France, Ireland, Italy, Romania, Russia, Slovenia, Switzerland, UK and Ukraine. Now we have in this organization some more countries and I am sure that this process will be continued. The main principle of our organization is: “Everybody who works with transference and resistance is our colleague”. There are more than one hundred members of this international organization in Russia now (to 2008).

In this presentation I didn't mention many difficulties of modern psychoanalytic movement in Russia. Let me make some short conclusions. After twenty years of work we can say that psychoanalytic psychotherapy became really professional in Russia and we see slow process to another level of cooperation between psychiatry and psychotherapy. “Resistance to psychoanalysis” continues, but it is not so intense as before. And it cannot influence the development of psychoanalysis in Russia.

Thank you for your attention.