

INTERPERSONAL PSYCHOTHERAPY IN RUSSIA: REMEMBERING PAST LOSSES OF THE HEART, KEEPING MINDFUL OF THE CULTURE OF MELANCHOLY, AND RECONNECTING WITH A SUPPORTIVE SOCIAL ENVIRONMENT

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SUMMARY

Background: The dissolution of the Soviet Union brought economic instability and variety of social changes, resulting in fluctuating suicide rates and highlighting the national phenomenon of a melancholy cultural trait across the general population. The socio-political changes in Russia post-1991 led to increased rates of depressive and stress-related disorders, as well as opening avenues for integrating foreign psychotherapeutic methods, including Interpersonal Psychotherapy (Klerman-Weissman IPT), into the treatment of mental disorders. This narrative review explores the adaptation and efficacy of IPT in Russia, particularly for depressive and stress-related disorders.

Material and methods: We assembled key PhD theses related to the topic of IPT use in Russia. One such study involved 120 female patients aged 23-45 years with adjustment disorders, treated at the Omsk Rehabilitation Treatment Hospital. Participants were divided into an IPT group (n=80) and a control group (n=40) receiving treatment as usual (TAU). The IPT group underwent 12-16 individual sessions, each lasting 60 minutes, held twice a week. The main study group was further divided into four sub-groups based on specific interpersonal problems: loss of loved ones, interpersonal conflicts, social role changes, and social isolation.

Results: Both groups showed improvement in anxiety, dyssomnia, and motor retardation, with the IPT group demonstrating more sustained improvement. At the 8-week endpoint, full recovery from depression was observed in 50% of the IPT group, compared to only 20% in the TAU group. The IPT group also showed significant improvements in coping strategies, with a notable decrease in avoidance behaviors and an increase in problem-solving strategies, also targeting melancholy national phenomenon via training acceptance skills and practicing an active life position to aware the self-responsibility and achieve a of well-being state of emotional balance. The group IPT method was also experimentally combined with the person-oriented (reconstructive) psychotherapy, which has a long and successful history of within the group format, and has enabled shortening of the standard course of person-oriented reconstructive treatment.

Conclusions: IPT method has proven efficacy in treating depressive and stress-related disorders in Russia, by addressing deeper pathogenetic levels of mental and behavioral formations. The Russian Society of Psychiatrists and Russian Psychotherapy Association have recommended its broader implementation in Russian mental health institutions, and has included IPT in the Russian National Guidelines for Psychiatry.

Key words: adjustment disorder – avoidance behavior – coping strategies – cultural trait - depressive reaction - interpersonal psychotherapy - loss of a loved one - melancholy - stress-related disorders – social role - social isolation

Abbreviations: CSI - Coping Strategy Indicator; HDRS - Hamilton Depression Rating Scale; KW-IPT - Klerman G.L., Weissman M.M. interpersonal psychotherapy; SRRS - Social Readjustment Rating Scale; TAU – treatment as usual

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INTRODUCTION

Current Russian issues, cultural background, and the national traits

The context of national melancholy, fluctuating suicide rates associated with the increase of depressive and other stress-related disorders due to the variety of social changes, and economic instability in the country after the dissolution of the Soviet Union, all converge in pointing to the high need of psychological assistance for the general population and the broader use of psycho-

logical methods for treatment of mental disorders (Bellman & Namdev 2022). Indeed, psychotherapy has a long tradition in Russian clinical practice related to mental and nervous diseases (Neznanov & Karvasarsky 2008). Whereas the Moscow Medical School of Psychiatry traditionally emphasized biological views of mental illness, the Medical School of Leningrad, propagated the biopsychosocial balancing paradigm, and transferred this personality-focusing knowledge when teaching past generations of mental health professionals (Erichiev et al. 2021). After reversion to its historical

name, Saint Petersburg continues to host the leading federal institution “V.M. Bekhterev National Medical Research Center for Psychiatry and Neurology” (NMRCPN), which has acted as the WHO collaborating centre for studies of stress-related disorders over the last decades. Since the post-soviet period, psychotherapy techniques have become less directive and authoritarian, with a greater insight-orientation to assist people with their intrapersonal innate conflicts and interpersonal problems (Havenaar et al. 1998). State psychotherapy is offered in (i) health care institutions, e.g., general somatic and psychiatric hospitals, psychoneurological dispensaries, clinics, health centres; (ii) social security institutions, e.g., orphanages and assistance centres; (iii) educational institutions, e.g., schools, kindergartens, and centres of correction; (iv) institutions in the Department of Family and Youth affairs, e.g., orphanages, centres, and services for family support, and (v) municipal institutions, such as departments of custody and guardianship, - including assistance to indigent families in large cities and metropolitan areas. On the other hand, private psychotherapy is generally provided by medical (psychological) centres and institutes, professional associations (Russian Psychotherapy Association, and the Professional Psychotherapeutic League), and by private clinics and independent professionals (Bebtschuk et al. 2012).

MATERIAL AND METHODS

The Interpersonal Psychotherapy (IPT) implementation in Russia: IPT-adaptations to the adjustment disorders in females, its proven efficacy to treat depressive disorders, and the short-term group IPT for stress-related disorders

The socio-political changes of 1991 opened a new era in the psychotherapy of mental disorders in the newly formed Russian Federation, offering the possibility of intensive professional exchanges. The selection and implementation of effective foreign psychotherapeutic methods into the treatment of mental disorders in Russia was stated as one of the leading mental health institutional priorities, when the NMRCPN prepared the first edition of the Russian language “Psychotherapy Encyclopedia” under the supervision of the chief psychotherapist of the Ministry of Healthcare of the Russian Federation, Professor Boris D. Karvasarsky (Karvasarky 2006). Around that time, Dr. S.V. Makovenko wrote his Ph.D. dissertation guided by Professor V.A. Tashlykov, which aimed to provide a framework to implement Interpersonal Psychotherapy IPT developed by G.L. Klerman and M.M. Weissman (1992) method into depression treatment in Russia. There had hitherto been no IPT manuals available Russian translation. However, using the basic article describing the main principles of IPT prepared for the “Psychotherapy Encyclopedia” and articles from various English-language professional journals, enabled Dr. S.V. Makovenko to elaborate a

program of psychotherapy based on the IPT main principles for his Ph.D. study design (Klerman & Weissman 1992, Makovenko 2000). The main objective of the study was *the implementation of IPT into the treatment regimen for adjustment disorders* (ICD-10 criteria for F.43.21) (Ababkov et al. 2007). 120 female patients with adjustment disorders aged 23-45 years were enrolled into the treatment program based at the Omsk Rehabilitation Treatment Hospital in Siberia. Patients were randomly assigned to the main group (n=80; treated with group IPT setting: a total of 12-16 individual sessions, each lasting 60 minutes, and held twice a week), and a control group (n=40; treatment as usual (TAU) consisting of a combination of rational psychotherapy and Schultz autogenic training (Übungsscheft für das autogene training - a desensitization-relaxation technique elaborated by German doctor J.H. Schultz in 1932 and traditionally used across mental health services in Russia since 1985 (Karvasarsky 2006, p.758) in the same setting). According to the IPT recommendations and based on the semi-structured clinical interview & Social Readjustment Rating Scale (SRRS) (Holmes & Rahe 1967) data, the main study group (n=80) was divided into four problem-focused sub-groups: (I) a sub-group of 22 patients who had lost loved ones more than four months previously; (II) 20 patients for whom interpersonal communication conflict was a key problem; (III) 19 patients for who social role change was the main problem; and (IV) 19 patients suffering mainly from social isolation. Participants were characterized by the coping strategies of avoidance (Coping Strategy Indicator (CSI) (Amirkhan 1974) score: IPT – 32.7, TAU – 28.7), along with low CSI scores of the coping strategies of problem-solving (15.5, 17.3) and for seeking social support (11.9, 12.4).

RESULTS

Both groups showed an improvement with respect to anxiety, dyssomnia and motor retardation, but with different trajectories of changes and outcomes. After initial 4 weeks TAU group showed significant fluctuations in outcomes while IPT group demonstrated more gradual but sustained improvement superior to TAU group (at week 8, the end-point, a full recovery from depression was observed in 49.8 and 20%, instable mood in 33.2 and 40% and persistent depression in 16.6% and 40% in the IPT and TAU groups, according to HDRS scores, respectively (Makovenko 2000)). The average CSI scores of the avoidance coping strategies decreased to 15 for IPT group, compared to 22.4 for controls ($p<0.01$), and the increase of problem-solving strategies scores was also significantly higher in IPT group as compared to TAU (29.2, 20.6, $p<0.01$). Both groups showed similar improvement in their strategies of seeking for social support (25.2, 27.2; n.s.).

DISCUSSION

In the authors' opinion, a higher level of social stress was the major reason of prolongation and chronicity of depressive states in Russian patients in the context of deficient social support institutions, financial problems, increasing requests for emotional resilience and physical strength in the workplace, high working pressure, and the continuous social changes nationwide during the 1990s. Based on his findings author suggested that the IPT was engaging targets at a deeper pathogenetic level of mental and behavioral formation of the depressive state. Among the four IPT subgroups, only the group with problems of social isolation has much worse response to treatment associated with higher risks of psychotherapy contract termination, reactions of negative transfer, discovering past intensive trauma, and a tendency to resist directives to reduce their social distance, whereas the subgroups with the problems of loss, interpersonal conflicts and social role/position changes showed the benefits.

The IPT intervention in the study group unveiled some specific challenges in the system of "therapist-patient" interactions arising from the social background and cultural attitudes, as well as the trans-generational repetition of the interpersonal patterns related to family communication styles. The type of family relationships in Russia has been evolving along with changing traditions, such that a patriarchal type family structure predominated before World War II. In the postwar era and extending until the 1980s, there emerged a more child-centered type of family, placing greater emphasis on the welfare of children, the preservation of the institution of official marriage for the sake of children, and encouraging the formation of multigeneration families living together. Since the turn of the century, age-old family national traditions are steadily disappearing, with the decline of the previous totalitarian ideology: "the system of coercion, in which a person had to forget about himself, his desires, intentions, and needs in everyday life, both in behavioral and in spiritual terms, and which has influenced family relationships". This structure is slowly changing to enable individuals to choose their own style of social relationships resulted in greater freedom of marriage and divorce, later age of marriage for both men and women, preferential predominance of 'civil marriage', a later first birth, and fewer number of children, a striving for equality between women and men in marriage. Other traits include an increase in childless families, efforts by young families to live separately from the older generation, the emergence of tolerance for same-sex unions, and a more public discussion of issues including family violence, social abandonment, and suicidal behaviour (Karvasarsky 2006, Varga 2011). These difficulties should be understood as presenting additional targets for psychotherapeutic interventions

within the IPT framework. This trial IPT implementation in Russia suggests a number of important national and even general patient interpersonal characteristics and impact messages, which should be taken into consideration before implementation on a broader scale:

- Patients with excessive affiliative interpersonal behavior who try to build close friendship with psychotherapist.
- Patients with defensive interpersonal behavior who consider the treatment situation as a serious defeat or a personal failure.
- Patients overwhelmed with social distress.
- Patient who considers his/her state as incurable.
- Patients with excessive interpersonal deficits who are afraid of becoming (more) lonely.
- Patients with hostile interpersonal impact who worry about losing their feeling of control.
- Patients who avoid positive interpersonal experience and ignore his/her own needs.
- Patients who come late and/or miss the sessions.
- Some patients with interpersonal and communicative deficits who are silent.
- Patients who need help in role transition and request to invite his/her significant other for the psychotherapeutic session to help them to change interpersonal pattern with the important ones.
- Patients who have interpersonal problems with expression of their feelings, mostly in relation to expression of anger and assertive behavior.
- Patients with the lack of motivation because in Russia alternative form of "magic" treatment are very popular and more meet the patients' interpersonal expectations that the problem will be fixed by someone else with the use of supernatural forces (Semichyov 1975, p. 115).

All these practical issues mentioned above were integrated into the IPT treatment process. The work of psychotherapy with those who had suffered the loss of a loved one was targeting to help the individual pass all the stages of mourning together with the therapist, expressing their feelings related to the lost relationship or death, and promoting insight into the patient's innate conflicts. One of the most typical problems was connected with the expression of negative feelings, especially anger, as a part of the grieving process; people tend to employ ignorance and positive experience, while avoiding negative emotions that are culturally considered as a betrayal of the dead close one. Patients with the interpersonal conflicts with spouse, or children typically perceived the psychotherapist as a very important person, who could help them to overcome obstacles against relationships as equal partners. Patients with focus on changes in their social role such as divorce or loss of employment most often had difficulties related to avoidance and neglecting the

needs of others, which present a precise focus for the psychotherapy. Those with social isolation problems, key issues presented as absent or problematic experience of certain feelings, silence or reticence to speak, missing sessions, and premature termination of therapy.

Overall, IPT demonstrated a notable efficacy in improving patients' problem-solving and coping strategies, while reducing avoidant behavioral patterns. The results of this Ph.D. thesis recommended the IPT method for implementation into the standards of treatment of adjustment disorders in Russia in early 2000.

Subsequently, *the IPT method was also experimentally combined with the person-oriented (reconstructive) psychotherapy*, which has been practicing for long time by the St. Petersburg school of psychotherapy *within the group format*. Focusing on the treatment of neurotic & stress-related disorders and being enabled to shorten the standard course of person-oriented reconstructive treatment when using group IPT, this combined method has been suggested in another Ph.D. study conducted by E.A. Kolotilshikova (2004). Due to its proven efficacy the IPT (Makovenko 2000) has been included into the Russian National Guidelines for Psychiatry as a method of psychotherapy recommended for depression treatment, being described in the chapter on Psychotherapy (Vasileva & Neznanov 2021).

CLINICAL VIGNETTE

She arrived frozen from Siberia, and her melancholy has finally melted due to learning a new style of interpersonal assertive behavior in Saint Petersburg

A 30 y.o. female patient entered therapy complaining on being tired, annoyed, and dissatisfied most of the time during the last 5 months. She worried about her low productivity, and she complained of having to force herself to perform her daily tasks. Because of her fatigue, she had stopped visiting the gym, which had been a source of joy for her. She also reported that couldn't feel pleasure taking part in any other activities. Furthermore, she complained of anxiety and excessive worries, for example, about making a mistake or forgetting to undertake some important job-related task because of her poor concentration. She had fitful sleep and waking at 5.30 am with very unpleasant anxious feelings, and an inability to go back to sleep. She also had lost 12 kg, and complained of heaviness in the body, which she feared could be cancer symptoms, having read recently about the death of a young celebrity from cancer.

The patient has grown up in an isolated town in Siberia, and had moved to Saint Petersburg to study economics in the Saint Petersburg State University. She had always distinguished results at exams and had started working at a large international company just after graduation. She described herself as being a bit

shy, hardworking, friendly, optimistic person, who always had many friends, but had begun to feel isolated as most of her friends had married, and had ceased to share common interest with her friends anymore. She had come to ignore their invitations because she felt herself uncomfortable being without partner among the couples and families with children. She had always had close relationships with her nuclear family members and visited them several times per year. After her last visit home, she had a feeling that she had disappointed her mother, because she wasn't married, didn't have children, and it is her mother's grandiose social failure if she would be stigmatized being spinster forever.

Here IPT psychotherapy started with psychoeducation about depression. The patient was sure that depression meant sadness and emphasized that she didn't cry at all. She accepted her HDRS score as an objective proof of illness and this helped her to overcome her initial resistance to understand depression as an illness like other somatic diseases. The patient was provided with information about depression's high prevalence, and strikingly realized that many celebrities described their depression. Also, it was very supportive for her to obtain information that childbearing after age 28 is not nearly so problematic as in Russian beliefs.

Further on in the sessions, there was discussion about how her depression related to her life events. The patient reported that she had difficulties to say "no" at work, and consequently had a higher work burden than others. Her annual assessments always exceeded company expectations, but she still did not seek any benefits or promotion. She would have liked to have a friendly relationship, but usually felt too tired at the end of the day to contemplate social activities. Discussion during psychotherapy sessions on how the patient could help herself and reorganize her work-load by sharing common responsibilities with others, at a time when she was recovering from her depression, her main IPT focus was identified as so-called "interpersonal assertive behavior", as far as she had interpersonal disputes at work about salary and responsibilities, she had difficulty in asserting herself so was always angry, guilty, upset because she worked much harder than the others but could not get what she wanted. Indeed, the patient had extreme difficulties to assert her needs during interpersonal encounters. A few sessions were spent in discussing the anger signal function, namely that healthy persons usually feel angry when their borders are violated, and that this experience is a signal that one should take some action for oneself. It took some time to encourage the patient to acquire appropriate behavioral skills and to learn to distinguish between aggressive, pushy treatment of others and the matter of justified assertiveness. The patient gradually learnt that in the interpersonal context it was possible to express her own way of seeing things in a manner respectful of

others. A few sessions were dedicated to find out which interpersonal situations were particularly problematic for her, and what behaviors needed the most attention. It was very important to identify and to address maladaptive culture-specific beliefs and attitudes, which had led patient to be too passive and submissive. The focus here has been set on how she might defend her own needs, express her requests, set personal boundaries, and insist on balanced sharing of the work and responsibilities with others. She was also guided to share with her relatives that she suffered from depression, thereby obtaining appropriate support. The patient was then surprised to learn that her mother had experienced a postpartum depression, and to receive affirmation that her mother understood how she felt. Also a Russian culture-specific issue that people often consider depression as a shameful secret was discussed. After coming to understanding that a depression can distort perception of interpersonal relationships, she proceeded to reactivate contacts with her friends, thus providing a source of additional social support. The turning point in the therapy was a planned face-to-face meeting with the boss, who to the patient's great surprise acceded to all her requests, instead of blaming for raising the issue. Finally, the further implementation of the newly learned interpersonal behavior skills was discussed. The patient understood that she has avoided relationships with men because a fear of being exploited and was prepared to apply her newly learned assertiveness behavior with men. As a result, she started dating young men, active proposing to meet again if she liked the man. The separation from the therapist posed a serious challenge. It was thus very important that the therapist had helped her to understand the connection between her frustration, anger, and depression.

CONCLUSIONS AND FUTURE PERSPECTIVES

In this narrative, we find that IPT has demonstrated its efficacy and successfully adapted for the treatment of depression, and stress-related disorders, and has been translatable to a group format of treatment in Russia since the late 1990s. Establishing the method and study for patients with neurotic, adjustment, and stress-related disorders design was the topic of two Ph.D. dissertations at the NMRCPN and proved its efficacy in populations of Russia (Makovenko 2000, Kolotilshchikova 2004). Over the years, the IPT has been widely used in the NMRCPN, in private practice, and by many professionals across the country who had obtained their psychotherapy training in Saint Petersburg. The IPT method is described within a chapter of the "Psychotherapy Encyclopedia" over its several editions (Karvasarsky 2006), along with a detailed guide to methodological recommendations for treatment for

patients with neurotic and stress-related disorders (ICD-10 criteria F4) (Ababkov et al. 2007). Finally, IPT has been officially recommended as an effective method for treatment of depression by the National Guidelines for Psychiatry in the Russian Federation (Vasileva & Neznanov 2021). Russian psychotherapists are keen to collaborate with the International IPT Association to upgrade and exchange their knowledge and skills, and to promote this method for broader use in Russia and around the world.

Limitations of the study

Study provides a narrative review describing the subject of IPT development in national perspective and its efficacy in patients with stress-related disorders, however, further research is required to clarify the methodology of studies related to efficacy of psychotherapy, in common, and prove efficacy of each method, like IPT, in particular. Nevertheless, our paper provides unique data on IPT implementation into mental health institutions in Russia and its critical review which have never been published and, thus, ever available for English-speaking audience of readers.

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Contribution of individual authors:

Daria Smirnova & Anna Vasileva reviewed materials on the topic of IPT published across literature in Russian language, explored PhD theses issued by and available at the library of a dissertation council of V.M. Bekhterev National Medical Research Center for Psychiatry and Neurology in Saint Petersburg, as well as written the primary draft of the manuscript.

Anna Vasileva has written a vignette / a clinical case report based on her professional experience of clinical practice using IPT techniques.

Petr Morozov & Nikolay Neznanov contributed to the text revision and, in particular, enriched the sections of Discussion and Conclusions with their critical remarks.

Daria Smirnova, Nikolay Neznanov & Anna Vasileva and revised the final version of the manuscript before submission.

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