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## Family and family therapy in Russia

MARINA BEBTSCHUK<sup>1,2</sup>, DARIA SMIRNOVA<sup>3</sup> & OLEG KHAYRETDINOV<sup>2,3</sup>

<sup>1</sup>Department of Psychotherapy, N.I. Pirogov Russian National Research Medical University, Moscow, Russian Federation,

<sup>2</sup>Institute of Integrative Family Therapy, Moscow, Russian Federation, and <sup>3</sup>Department of Psychiatry, Narcology,

Psychotherapy and Clinical Psychology, Samara State Medical University, Samara, Russian Federation

### Abstract

This article represents the information about family and family therapy in the context of culture, traditions and contemporary changes of social situations in Russia. The legislation of family rights are mentioned within items about marriage and family in the Constitution, Civil Code and Family Code of the Russian Federation which has changed during recent years. The definition of family and description of family structure are given through the prism of the current demographic situation, dynamics of statistics of marriage and divorce rates, mental disorders, disabilities and such phenomena as social abandonment. The actual curriculum, teaching of family therapy and its disadvantages, system of continuous education, supervision and initiatives of the Institute of Integrative Family Therapy in improvement of preparing of specialists who can provide qualified psychosocial assistance for the family according to the actual needs of society are noted. The directions of state and private practice of family counselling and therapy both for psychiatric patients and medical patients, for adults and children in a family systemic approach are highlighted with an indication of the spectrum of techniques and methods used by Russian professionals. The main obstacles and perspectives of development of family therapy in Russia are summarized.

### Introduction

In modern Russian language the definition of family usually describes a group of people who live together with immediate relatives and whose relationship might be formed by blood (parents and children, brothers and sisters) and by law (husband and wife, stepfather and stepson) (Ozhegov, 2008). Sometimes to denote a family or genealogy the word ‘*фамилия*’ is used (from Latin word ‘*familiae*’), which in the Russian language primarily means the surname or ‘the common name for members of the family’.

The current legislation of the Russian Federation does not contain a legal definition of family and the concept of ‘family member’ (Urumova et al., 2011; Ostashov, 2011; Family Code, 2011). Nevertheless, the family which is based on marriage has legal status in Russia as it is determined by law. The state supervises the activities of the family, protects its property and punishes violations of the laws about the family. The norms of the law about marriage and family in Russia are based on the norms of the Constitution

and Family Code of the Russian Federation (Urumova et al., 2011; Family Code, 2011):

- equal rights for men and women in family relations (the common property, mutual maintenance, in connection with a divorce, equal rights to the children, regardless of whether born in or out of wedlock),
- the availability of mutual rights and duties of family members,
- as a rule, family members live together, although the members of different families might act as the carriers of rights and duties regarding the family (e.g. responsibilities of former spouses on alimony or the maintenance of grandchildren with assistance of grandparents).

In fact, the Family Code of the Russian Federation legally recognizes the family if it is registered within the official marriage and regulates only this form of family. Any other form of cohabitation exists on a general civil basis (regulated by the Civil Code, not the Family Code) and is called a ‘civil marriage’.

In recent years, the norms of current laws about family underwent significant reforms. For the first time in Russia the new Family Code (2011) provides the norms of law on the agreement about the marriage contract, determines its content, the conditions of change, cancellation and recognition of the marriage contract to be invalid. Children are recognized as full members of family relations, are entitled to express their own opinion concerning their life, are authorized to defend their rights and interests without assistance, including applying to a court (the recognition of the child as an independent entity).

### Structure of the family in Russia

The resident population of the Russian Federation on 1 January 2010 was 141.9 million people (Institute for Demographic Research, 2010; FSS, 2011]. There are approximately 40 million families living in Russia (Statistics in Russia, 2008). According to the data of the national census the number of men who are married is 627 per 1000 population. The number of women who are married is 526 per 1000 population. Men most often marry (according to data of 2007) at the age of 25–34 years (538,131 men). Women marry more often at the age of 18–24 years (643,038 women) (Statistics, 2008). The average age of women who gave birth to a child in 2007 for the urban population was 27.3 years, and for the rural population 26.4 years (Goskomstat, 2010).

As in any other country, in Russia the formation, development and functioning of the family are specifically related to traditions and customs of the people. The patriarchal type of family dominated in Russia before the period of World War II. This type is characterized by a predominance of men in the house and the subordination of all other members to him in his family. The children-centred type of family became the dominant in the post-war years, since the late 1940s till the 1980s. The great importance of the welfare of children and the preservation of marriage because of children and for children characterizes such families. In recent decades there has been a trend towards the predominance of the partner type of family which is focused on equal contributions of the spouses in the functioning of family (Silyaeva, 2002).

The second half of the twentieth century has brought some of the following features in the development of the family in Russia (Varga, 2011):

- 1 Russian families often include several generations – grandparents, children and grandchildren. This is connected not only with Russian traditions, but also with the complexity of the acquisition of housing by young families.

- 2 The boundaries between subsystems of the family are diffuse, vague and unstructured. In other words, the power in the family is often owned by grandparents, so respectively, the younger generation's parents are in a subordinate position, which leads to a decrease of their authority in front of their children and difficulties in parenting appear.
- 3 The early death rate in men in Russia and the tradition of children to keep staying with mother after divorce lead to an absence of men in families through many generations. It can cause the delay of mental development of children, difficulties in sexual identification, high sensitivity to the state of the mother and a high attachment to her. These children generate an incomplete image of the family and family life and fix experience of many maladaptive behaviour patterns, beliefs and attitudes. It can also lead to an overload of the mother, both in physical and mental functioning, due to the forced realization of the role of both mother and father simultaneously.
- 4 Several generations of the family are dependent on each other, not only spiritually but also materially and in the household. The younger generation often have difficulties with employment and low salaries, do not have the financial opportunity to live separate from their parents, and depend on living conditions in the same territory. There is also a big problem as the state cannot provide the majority of families with places in kindergarten and young parents have to ask grandparents for assistance to take care of children. The older generation are usually the house owners and agree to help the younger generation with the upbringing of grandchildren while the younger generation are making careers. Very often the family has a common budget, as family members do not share or clarify financial responsibilities and home duties. The most common situation is when grandparents take all responsibilities for the household: buying food and cooking for the family and grandchildren, buying them clothes, satisfying needs, providing upbringing and playing the role of parents for two generations in the family system. Grandparents are often involved in the lives of children and grandchildren, avoiding the situations of their own spouse conflicts in difficult socioeconomic realities of the country. It facilitates dependence between generations and emphasizes the fact of the failure of younger generation to achieve both financial and emotional independence from parents.
- 5 The loss of age-old national traditions and family rituals, including related to the existing religions in Russia are observed.

- 6 The ideology of a totalitarian society in the Soviet Union has formed a system of coercion, in which a person had to forget about himself, his desires, intentions and needs in everyday life, in behavioural and in spiritual terms and which has influenced family relationships.

The previous ideology is now destroyed, and the new one is produced slowly, so it is very difficult for the individual to gain a sense of affiliation, protection and security. At the beginning of the twenty-first century the new trends in the family are beginning to emerge, these are:

- 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 significant number of children born out of wedlock,
- an increase in religious marriages,
- striving for equality between women and men in marriage,
- an increase in childless families,
- seeking ways for young families to live separately from the older generation,
- the emergence of tolerance for same-sex unions,
- the emergence of a public discussion of family issues (family violence, social abandonment, suicidal behaviour).

According to the Russian Family Code, the marriage union consists of only one woman and one man at the same time. Informal polygamous unions are not uncommon in republics of the North Caucasus, where the majority of the population are Muslim. Since 1999, the leaders of the republics (Ingushetia, Chechnya) have been trying to legalize this practice, referring to the traditions of their people and the situation of gender imbalance resulting from the two wars. In fact, only the first marriage is officially registered, the other marriages are issued in the mosque, through the rite which is called 'nikoh' (Sayyid Muhammad Rizvi, 2001). It should be noted that the high level of immigration (including illegal) into the central part of Russia from Central Asia (former Soviet Union) has begun to change the cultural environment in schools and other institutions towards the Muslim tradition of building a family.

Today in Russia the nuclear type of family consisting of a married couple with children or without them is dominant. The total fertility rate for a family in Russia is 1.4. Most families have only one child (34%), 15% of families have two children, 3% of families are large, 48% of families are childless; 800,000 women die in childbirth, 20,000 newborns and 60,000 children under the age of 1 year die annually (Ostashov, 2011).

There is a relatively high proportion of families (30%), consisting of a single parent with children, usually a single mother with a child (in 94% of cases). These families are formed due to divorce or death of a spouse, and as a result of births out of wedlock.

According to data of 2008 there were 1,179,007 marriages and 703,412 divorces registered in Russia, 8.3 marriages and 4.9 divorces per 1000 population. Among the causes of divorce are alcohol and drug abuse (51%), poor housing conditions (41%), financial trouble (29%). Duration of marriages in 2010 was about a year in 15% of families. The peak divorce rate is observed after 5–9 years of life together (28% of divorces) (Statistics of Russia, 2008; Statistics, 2008).

Experts point to the increase in the 'civil marriage' as a steady trend that has already led to approximately one third of children being born out of wedlock.

The number of abortions is definitely reduced, but still large: according to official statistics, 60% of pregnancies finish in abortion. So, in 2004 there were over 1,500,000 abortions, in 2008 the number was 300–350,000 less (Institute for Demographic Research, 2010; Goskomstat, 2010). Every seventh couple cannot conceive, which the World Health Organization describes as a social problem. (Philippov, et al, 1998)

An important problem of the Russian family is the growing rate of child and adolescent suicides. There are 19.8 cases of suicide per 100,000 child population. In recent years the suicide rate of population at the age of 10–14 years old is 3–4 per 100,000, at the age of 15–19 is 19–20 (FSI, 2009; Statistics, 2010).

Another social problem is the increase in the number of children left without parental care (748,000 orphans), in particular the sharp increase in child abandonment (with parents still alive). Today, the number of orphans is over 500,000. The reasons for child abandonment are cases of deprivation of parental rights (25%), rejection of the child by parents and transfer of parental rights to the state (60%), temporary placement of children by parents in children's homes and orphanages as a result of difficult material and economic situations of families (15%). The deprivation of parental rights is observed in the vast majority of families (90%) where mother and father suffer from alcoholism (FSS, 2011). Voluntary rejection of parenthood often occurs due to illness of the child, material and social difficulties and in single-parent families.

According to official data, 529,000 children under the age of 16 years old receive a disability pension (Statistica, 2007; Statistica, 2010). The main causes of childhood disability are:

- disease of the nervous system and sense organs: 52.45 (per 10,000 children under the age of 15 years),

- mental illness: 31.2, including 21.88 mental retardation,
- congenital anomalies: 28.2.

These disabilities add considerably to the burden on the family.

### Family therapy

The decrease of the average age of children (adolescents) making suicide attempts, the increase in 'social abandonment', the increased divorce rate and other manifestations of distress in the family sphere (alcoholism, family violence) indicate:

- the urgency for specialized targeted assistance for families in the form of family therapy. Family therapy is a necessary link in assisting the child and family, regardless of kind of the problem, region of residence, social status, family and types of the institutions that provide such kind of assistance,
- the increase of public demand for qualified specialized personnel able to provide this kind of assistance.

Today in Russia there is no standardized psycho-social (psychological) assistance for the family. The availability of this type of care in public institutions and private psychotherapy is low in large cities or metropolitan areas and is virtually absent in the medium, small towns and rural areas. In Russia, it was decided to separate medical, psychological and social models of psychotherapy (Karvasarsky, 2009), including family therapy. The institutions of various legal and departmental affiliations suggest family therapy in the system of care.

State psychotherapy is provided in:

- Health care institutions (hospitals, clinics, health centres). In the rare units of primary care network there is a specialist in the field of family counselling. In the institutions of mental health care professionals present short-term forms of psychotherapy, predominantly psycho-educational programmes for relatives of the mentally ill. In a small number of children's healthcare institutions family therapy is used for children and adolescents with mental and behavioural disorders, as well as with developmental disabilities. Psycho-educational programmes generally include discussion with family members and explanation of the signs and nature of mental disorders, elementary data on the mechanisms of action of psychopharmacological drugs, and the teaching of basic skills of communication with patients.
- Social security institutions (orphanages, assistance centres). A small number of institutions have a provider of psychological help on the staff.

- Educational institutions (schools, kindergartens, centres of correction) with a significant number of psychologists operate, but most of them are focused on assistance to the child.
- Institutions in the Department of Family and Youth Affairs (orphanages, centres and services of family support). In large cities and metropolitan areas assistance is provided to indigent families.
- Municipal institutions (institutions of family device – departments of custody and guardianship). A small number of institutions have specialized professionals.

Private psychotherapy is offered by:

- medical (psychological) centres and institutes,
- professional associations,
- private specialists.

In Russia, this type of service (family therapy) might be provided by staff having higher psychological and medical education, either 'psychological family counselling', and the other 'family therapy'. Knowledge, competencies and skills, received by university graduates in the field of family counselling, and personal maturity of young professionals are sufficient for practical work with the family. Most often, employees of public and private institutions obtain knowledge about family therapy or its elements, via eclectic psychotherapy which is limited by education (self-education), or by a certain method (school, approach) – analytic, existential-humanistic, cognitive-behavioural. In other cases, agency staff and private providers improve their skills in family therapy in a particular direction (e.g. the approach of Bowen, Milan school, strategic therapy by Nardone, system-phenomenological short-term therapy, narrative therapy). The last mentioned directions were chosen by providers, and application of these methods was implemented by the participation and training of therapists during short-term and long-term education programmes organized by invited foreign speakers in the early 1990s–2000s in Moscow, Russia.

The predominant model of assistance for the modern family is integrative systemic family therapy. The leading representative of this model in Russia for the past 15 years has been the Institute of Integrative Family Therapy (Moscow), which aims to implement post-graduate education (i.e. training) and practical assistance to the population (Romanov et al., 2010). One of the key objectives of the educational programme of the Institute is the training of professionals who can deal with both prevention of family problems and assistance in family crisis, and who possess a wide range of approaches, methods and techniques for individual selection of an algorithm of help for each child and each family regardless of symptoms, age, social status and region of residence.

The three-year educational programme of the Institute for Integrative Family Therapy (1100 hours) takes place in Moscow, regions of Russia, Ukraine and Kazakhstan, and is divided into five components:

- 1 observation of the work of teachers with real families, subsequent analysis and discussion of the therapeutic process,
- 2 obtainment of personal therapeutic experience by students when dealing with current state, family situation or family history,
- 3 work with a training group in perspective of group dynamics,
- 4 individual psychotherapeutic work of students with families and supervision of this work,
- 5 systematic work of students in groups of six or seven people for training exercises and discussion of clinical cases.

The thematic plan provides intramural supervision of 80–160 academic hours depending on the capabilities and needs of the region. Supervision is carried out in a situation of direct work with families in the training group under the observation of experienced teachers and creates a unique opportunity for directional formation of professional consciousness, skills and identification. Teachers make adjustments to the technical, tactical, organizational and personal aspects depending on the education and actual requests of professionals (Romanov et al., 2010). Almost every family is a potential client of the family therapist because each family can meet difficulties (or mental and physical symptoms) which require professional psychological assistance. We suppose that the psychology of the child cannot be evaluated outside the context of the family. That is why it is impossible to provide comprehensive medical, rehabilitative and preventive care for children with mental and developmental disorders without the participation of the family.

There are two methods of family therapy used in the psychological counselling of the family.

*Methods orientated on interaction during therapy sessions*

Circular interview (Selvini Palazzoli et al., 1975; Simon, 2001), the sculpture of the family (Satir, 1972; Sherman & Fredman, 1986), reflective team (Andersen, 1990), role play, psychodrama techniques (Moreno & Moreno, 1969; Holmes & Karp, 1991; Schutzenberger, 2003), metaphor, positive reformulation (Satir, 1972), regulation of the sequence of communications (Watzlawick et al., 1966), managing contract, the reconstruction of family history and many others.

*Methods orientated on interaction between therapy sessions*

Homework: prescription of symptoms, prescription of new rules and rituals (Haley, 1984; Papp, 1983; Madanes, 1981), family agreements (Stuart, 1969), behavioural tasks (Sherman & Fredman, 1986), genogram (Bowen, 1978).

The lack of family therapists in most of psychiatric hospitals in Russia excludes the opportunity of involvement of the family into the therapeutic algorithm. Nevertheless, the inclusion of parents in the therapeutic process demonstrates obvious advantages. From the perspective of systemic approach, the symptom is the manifestation not of a patient's disease but of family dysfunction. The hospitalization of the child confirms the confidence of parents in the presence of abnormalities in the child only, establishes pathological roles and behaviour patterns, moves out all the responsibility for recovery from parents to physicians. And finally, the lack of a network of rehabilitation institutions in Russia makes mandatory discharge of the child right from the hospital to his home and his family, where the old rules of family functioning often devalue the progress achieved due to therapy, cause a relapse and a new hospitalization.

The specificity of the work of family specialist is not the patient that is a symptom 'carrier' but that the whole family is the target of interventions of the systemic family therapist (counsellor). In this approach, the family is understood as a living open system, which operates according to certain laws, and all elements of this system are interrelated and influence each other. The systemic approach does not suppose that all members of the family are always present at every session (consultation). Professionals invite all family members living together for the first meeting presuming the idea that the experience of each family member is unique, each member is indispensable and information obtained from family members is equally important. In addition, during the first meeting the expert diagnoses, observes the real communication, existing coalitions, sharing of power, and much more. The presence of all family members at the first meeting makes it possible to clarify the plan of therapy regarding the interests and capabilities of each family member and open to each member. Further, depending on the stage of work, the family therapist might work with the whole family, or with a married couple, or just with the child or all children without adults, and even with the grandmother.

The systemic family therapist often focuses the attention on fathers, their role and importance for the family. The fact is that the majority of men in Russia refuse to go to psychologist either with their

own problems or the problems of their children. There is a higher stigmatization of mental disorders and consulting psychological assistance for men because of the widespread belief that these issues are connected with human weakness and that men should avoid the demonstration of weakness through the expression of anxiety, sadness or seeking for help. Just the emotion of anger is accepted as normal for expression in men. Husbands are often afraid of confirmation of their bad involvement in parenting which usually originates from the accusatory position of wives. It is a tradition in Russia for men to be resistant to emotional acceptance of family problems and discuss the spouse conflicts outside the family. Men feel some weak points of inability to satisfy financial requests due to socio-economic issues in the country and get depressed and lose the authority in the family by failing in the role of provider which is traditionally prescribed for the man in Russia. Usually it takes time and effort by demonstration of their position of respect to invite fathers for the session and involve them in the family therapy process.

According to statistics from the Institute of Integrative Family Therapy (Moscow), requests devoted to the problem of the child are initiated by mothers in 93% of cases, by grandmothers in 4%, representatives of child care, friends, godparents and other stakeholders in 2%, and by fathers (or stepfathers) in only 1% (Bebtshuk, 2010). However, further during therapy the fathers become actively involved in the support of the child and express gratitude to the systemic consultant for the respect of their position in the family. Families usually visit a therapist once a week, sometimes less. The duration of the session is 1–1.5 hours.

The majority of the sessions are held in conversational genre following the rules and using verbal techniques within the concept of the systemic approach. During this kind of session the family (or a client) and an expert are sitting in chairs opposite each other. Sometimes clients might be asked to draw, simulate complex situations using dolls or compose a story. Perhaps, the family will have to do homework.

Duration of therapy depends on many factors. One session is often sufficient, sometimes the work can continue for about a year. Often the consultant only provides something like impetus for change, and the family starts using its own strength and wisdom to cope with the problematic situation. Sometimes family members are asked to follow one or more sessions for the integration of occurring changes and consolidation of results.

In the Institute of Integrative Family Therapy the work with families with an ill child starts from a conversation with the dispatcher, followed by differential selection of a consultant for the family. At the first

consultation a specialist relying on the issues and tasks and together with the family decides on the format of further work: family therapy (prolonged counselling) or other forms of psychological treatment and support (e.g. group therapy for individual members of the family, or visiting so-called ‘intensives’).

One of the unique projects of the Institute of Integrative Family Therapy is the family psychological intensive camp, designed for comprehensive psychosocial rehabilitation of families with children suffering from mental disorders, behavioural problems and developmental abnormalities, including children disabled by mental illness. Regular sessions with each family psychologist and regular psychotherapy groups acting for children and adults provide contribution to the family as a system to achieve a higher level of interpersonal functioning, which allows younger children born after a disabled child to leave the group of risk of mental disorders manifestation.

As a result of the camp family therapy (individual and group therapy of a parent or parents) ability to form relations with a child (or teenager) with behavioural distortions is learned, the acceptance of a child’s illness is formed, family relations (primarily of spouses) are harmonized, and an active social life is restored. Parents find support among families with the same problems or just make friendship, which was absent because of the closure due to the painful symptoms of the child.

## Conclusions

Despite the fact that the state runs all the new programmes to support families in recent years (2008 was declared as Year of the Family, ‘Maternity Capital’, benefits for housing, support for large families), it is not yet possible to reverse the demographic and psychological situation in Russia. The facilities of child care belong not to a family but to a woman. While legislation supports the liability of mothers to bring up the child, the law that declares an equal right of the father and mother in child-upbringing is violated in practice.

Reduction and depletion of communication in the family, lack of emotional warmth, poor awareness of parents about the real needs and concerns of children, lack of cooperation in the family lead to difficulties in the development of children. At the same time there is the trend of shifting of parental roles to child care institutions, as well as to visiting staff (nurses, governesses) and, thus, the self-elimination of parents from the process of bringing up a child is observed.

The phenomenon which hinders the provision of psychological and psychiatric care in Russia is called mass psychophobia. For most people a visit to the psychiatrist is a negative and stressful event (since

the period of 'punitive psychiatry' in the USSR), and there are myths that stigmatized psychiatry and the psychological system of care in the minds of people. The consequences of this are the late detection of disease, insufficient work with families living with children and adults suffering from mental illness, and special difficulties in further rehabilitation and social reintegration of these persons.

It is necessary to promote the spreading of further information and public education about psychological assistance, as the traditional belief for the majority of Russians still sounds like 'do not wash your dirty linen in public'. Relying on statistics of divorce rate and child abandonment, one of the tasks of prevention activities with families and couples is to strengthen and maintain relations. In order to provide efficient operation of the social and psychological services it is necessary to improve the professional competence of specialists, including training on the systemic approach. A systemic view on problems and cooperation of specialists in various institutions is a basis for the prevention of antisocial behaviour among youths, child abandonment, alcoholism and drug addiction. The training of specialists in the field of family therapy, as a rule, is a private initiative of professionals. Related to this there are a lack of planned application of systemic family approach and contradictions in the interaction between professionals within one organization. It is advisable to motivate the leaders of relevant institutions to retrain not some specialists, but most of them on the subject of family therapy.

It is important to organize the interaction of institutions, teaching family therapy, with the aim to develop common standards in training, certification and supervision of specialists.

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