The main goal of the current chapter is to describe the past, present, and future status of counseling and psychology practice and research in Kyrgyzstan. The authors consider psychological counseling to be an evolving profession mirroring changes in the structure of the nation, as well as social transformations and conflicts. The development of mental health service in Kyrgyzstan is an example of how the interaction of traditional culture and the modern state have influenced contemporary mental health service in a very complex way. Although the future directions of psychology and counseling in Kyrgyzstan cannot be envisaged with certainty, it is our intention to highlight in this chapter current trends in the fields of counseling and psychology and make a prediction on the course of these developing fields in Kyrgyzstan.

COUNTRY BACKGROUND

The field of psychology in Kyrgyzstan cannot be understood without a full exploration of the historical and social context. Kyrgyzstan's ambiguous relationship with Russia before the Communist Revolution of 1917, its shared communist history, its unexpected independence after the collapse of the Soviet Union in 1991, and its current political chaos have greatly influenced the development of a national character, a complex identity informed by a hierarchy of values representing the Self in a sociocultural context. All these circumstances contribute to societal expectations of when it is appropriate for a Kyrgyz person to seek psychological help. General attitudes toward mental health reflect complex interrelations among the historical background, cultural diversity,
political situation, economic status of the country, and even its landscape.

Geographic and Economic Data

Kyrgyzstan is a physically beautiful landlocked country in Central Asia, with an important geopolitical position for main world powers, such as Russia, China, and the United States. The extent of the Kyrgyz Republic (KR) is 199,900 square kilometers, spreading over 900 kilometers from east to west and over 425 kilometers from north to south. Mountains constitute about 90% of the land, which is on average 1,500 meters above sea level. Kyrgyzstan is located in the northeast of Central Asia and borders Uzbekistan in the west, Kazakhstan in the north, and Tajikistan in the south and southwest, with a wide border with Eastern Turkistan in the southeast.

Demographic Situation

As of May 2008, the population was 5,309,000 (latest data); 65% are of a Kyrgyz ethnic background, whereas Russian, Uzbek, Korean, and other Central Asian ethnicities are represented by smaller percentages. The population growth is low, which can be explained by historical events, migration processes, and decreasing rates of fertility. During the national liberation movement in 1916, prior to Kyrgyzstan becoming a Soviet Republic, approximately 54% of the adult population of Kyrgyzstan was killed; in some rural places (Naryn and Issyk-Kul provinces), this percentage was even greater, at 72%. During the Second World War, approximately 370,000 Kyrgyz people were sent to the battlefront to fight for the Allied Forces, and a fourth of them were killed. Therefore, there is a sense of durability and stamina among the Kyrgyz citizens who survived such hardships. This power of endurance is not compatible with help-seeking behaviors associated with contemporary psychology and counseling. Migration has also negatively affected Kyrgyzstan. In 2001, there were 27,200 emigrants from Kyrgyzstan, mostly ethnic Russians (62%). Although the average life expectancy is 68.1 years, the level of maternal and infant mortality is quite high (22.7 infants per 1,000 people) despite a birth rate consistent with other Asian states, where the number of children is the sign of health and happiness of the family. Public health efforts have been focused on children's health and reducing infant mortality; therefore, we may expect the fields of counseling and psychology to increasingly emphasize child development and mental health.

Political Structure

The official political structure of Kyrgyzstan is defined by the constitution of 1993. According to this framework, Kyrgyzstan is an independent, unitary, democratic, judicial state, which has a single constitution, as well as legislative, executive, and judicial systems. The legislative power is held by the parliament (Jogorku Kenesh), executive power by the prime minister and his cabinet, and judicial authority by the constitutional, supreme, and regional courts. There has been some decentralizing of power and transfer of authority to the municipal structures of cities and countries. The constitution has been changed four times since 1993. The official political structure covers informal clan and tribal relationships, which play an important role in power structures in Kyrgyzstan. Some years ago the term Kyrgyzchlyk came into popular usage to criticize a system of promoting relatives in the sphere of public administration or bribing top officials. The public health system, which includes mental health, is part of the system that was considered corrupt.

Cultural Diversity

One of the main characteristics of the geographical, political, and cultural context of Kyrgyzstan is “splitting,” sometimes referred to by mental health professionals as “social schizophrenia.” There are two regions (the North and the South) of Kyrgyzstan that are quite different historically, religiously, politically, and even psychologically. The capital of the Kyrgyz Republic is Bishkek, which is situated in the North. It is still heavily influenced by Russian culture, and the majority of the Russian population in
Kyrgyzstan is concentrated there. Kyrgyz people who live in Bishkek and its surrounding areas (the “urban Kyrgyz”) use Russian as their first language. The southern capital of Kyrgyzstan, Osh, is mostly under Uzbek influence, which makes it quite different from the North in tradition, cuisine, and dress. In addition, a middle class is only just forming, and the gap in socioeconomic level and quality of life between the Kyrgyz sociopolitical elite class and lower-income citizens is immense. The official cost of groceries per person per month is 3,000 som (about $80) though official salaries on average range from 2,000 to 3,500 som.

Shifting gender roles in modern Kyrgyzstan are of great interest to international and local social organizations. Traditional Kyrgyz culture dictates a patriarchal family structure and minimal involvement of women in the political and social life of the state. The strict hierarchical structure of a Kyrgyz family allows “mild” forms of domestic violence that are considered necessary for keeping order among women and children, who are in subordinate roles. The expression kizil kancha (bloody lash) is often used to describe a man who maintains a tight control over his wife. The Russian proverb “He beats her when he loves her” is also a popular saying in Kyrgyzistan and reinforces societal acceptance of violence to maintain order in relationships.

After the collapse of the Soviet Union, the majority of men became unemployed and women became financially responsible for the family. During the transitional period following independence from the Soviet Union, women were generally more flexible than men in adjusting to the new market system. It was not uncommon to find a woman who was a secondary schoolteacher during Soviet times becoming an entrepreneur or a small business owner posttransition; such innovation by women contributed significantly to the economic stability of families.

This reversal of gender roles has caused a tension between traditional and progressive views on the family; it has contributed to the perception of Kyrgyz women as potential leaders in the social development of the country as well as to strong resistance from those wishing to retain traditional family and social structures. Until the elections of January 16, 2007, there was an evident discrepancy between the number of nongovernmental organizations (NGOs) devoted to women’s rights and the absence of women in the Kyrgyz government. However, following a recent election, the number of women in the Kyrgyz parliament is now 25.4%, up from 0%.

Splitting also exists between modern and official mental health services and ancient healing practices, between science and traditional understandings of consciousness, and between official organized religions and shamanism, which we discuss below.

**CULTURAL AND EPISTEMOLOGICAL ASSUMPTIONS AND HISTORY OF THE COUNSELING AND PSYCHOTHERAPY PROFESSIONS IN KYRGYZSTAN**

There are two quite different streams of epistemological assumptions of psychotherapy and counseling in Kyrgyzstan: The first is closely connected with traditional healing practice and is referred to as "natural Kyrgyz folk psychotherapy." The second is recognized by the official government and is rooted in universities and training academies and has its origins in Soviet and now Russian psychotherapy, which is less popular than folk psychotherapy among Kyrgyz people.

One of the main challenges for specialists in psychology and counseling is the prestige of folk healing in Kyrgyzstan. For example, 89% of patients who visit the Psychotherapeutic Clinic and approximately 100% of patients in the other mental health wards of the Kyrgyz Republic Center of Mental Health have met traditional healers prior to seeking psychotherapy (Molchanova & Aitpaeva, 2008). Official Kyrgyz medical organizations try to discourage access to traditional healers by portraying "shamanism" as negative in the mass media, but statistical data show this to be ineffective: The number of traditional palm readers in the sacred sites of Issyk-Kul and Talas has doubled since 2005, and psychological problems have been the main
reasons cited by individuals seeking help (Molchanova & Aitpaeva, 2008).

**Folk Healing**

Folk healing is so embedded in the culture and appears so natural that its effectiveness does not require any proof or scientific explanation; people simply believe the methods of folk healers. Belief in folk healing is supported by the apparent positive effects of healing therapies at mazars (sacred sites), described in oral histories of miraculous healings (Aitpaeva, 2006). Shared beliefs about the world, passed on through myths and oral histories, are typical ways of perceiving reality among Kyrgyz people and inform social attitudes and behaviors.

A unique combination of ancient beliefs and Islam is a characteristic feature of contemporary spiritual life in Kyrgyzstan (Light, 2008). Religious ideas of the ancient Middle East penetrated deep into Central Asia and significantly influenced Siberian and Central Asian shamanism, contributing to its contemporary practice. With the arrival of Islam as the main religion in Central Asia, the peoples of Kyrgyzstan chose to merge the two influences; there was a fusion of the official religious ideological system of Islam with local pagan religious philosophical systems. The overwhelming majority of rural Kyrgyz people and spiritual leaders consider themselves Muslims although they also practice a shamanistic spiritual life. This type of Islam blended with shamanism is typical and widespread in Kyrgyzstan but not commonly recognized or acknowledged. Current Islamic leaders, however, consider this type of Islam “impure.”

Traditional healing in Kyrgyzstan is very heterogeneous. It includes ancient Turkic beliefs of shamanism within the traditional spiritual practices of Umai-Eme (Mother), Khan-Tegri (Father), a daemonic being called Albarsta, worshiping spirits of predecessors and their mazars, and fetishization (worshiping) of traditional objects. The Kyrgyz continue to have some religious beliefs specific to paganism. Rites, rituals, and relics from prehistoric times as well as elements of totemism, animism, and shamanism are still preserved in Kyrgyz traditional culture. To this day, there are several types of healers, practicing at mazars (Adylov, 2008).

A Kuuchu, which literally means “the one who chases away,” is similar to a shaman in his shared use of rituals. Shamans are able to communicate with spirits by using altered states of consciousness to enter a “different” reality of the spirits. The ancient Kuuchu was a combination of a pagan (priest) and a daryger (doctor), but unlike a shaman, a Kuuchu did not differ from other members of society in the clothes he wore or in his daily activities. Yet the Kuuchu was required to wear white clothing to be able to fully communicate with spirits during rituals. The Kuuchus are keepers of the Kyrgyz shamanistic traditions and are subdivided into “white,” associated in traditional Kyrgyz culture with purity, high status, and good health, and “black,” which does not have positive associations. The Kuuchus use a variety of symbols in their work. Stripes and pendants symbolize an image of the arbak, the protector. Pendants in the form of tails (candoleck) symbolize a strong mythical beast resembling a bear. A knife and a kameba (whip) are symbols of protection from evil spirits. The Kuuchus set rhythms during collective magic rituals with an asatayak—a special stick, symbolizing life. Different household items and foods symbolize change. Kuuchus are rare and live almost exclusively in rural areas.

Bakshys consider healing to be their main profession; they are religious men and women who observe all rites and teachings of Islam. Like the Kuuchus, Bakshy men wear white robes with long sleeves that cover the body and use an asatayak; however, they also have beards. Female patients frequently give presents such as headscarves to Bakshys in appreciation of their healing power. When engaged in healing processes, a Bakshy must wear a long white robe, which is the traditional national style. Men frequently wear a white tiibeteika (an embroidered skull cap) even when wearing ordinary clothes, whereas Bakshy women wear white headscarves. At times, they wear medical robes. Wandering Bakshys (Dwana) dress in old clothes, sometimes in rags. Like Kuuchus, Bakshys use oral folk stories, messages, or poetry; develop their own style of language; and are known for skillfully introducing unique proverbs into their speech. These
healers are believed to be endowed with eloquent poetic skills by the spirits. Many healers believe the first appearance of a spirit is indicated when a person gains the gift of poetic improvisation. Among the Kyrgyz, poetic talent is considered a gift endowed from above. Combining poetry and the knowledge of myths and healing folklore, Bakshy and Kuuchu shamans are skillful healers. Music and rhythm are important in healing rituals as well. The rhythm is set by an astakajak, and many healers play the kumuz, which is a traditional three-stringed instrument. The healing process starts with calling for spirits, and music and motet (singing songs) are used.

Asian medical traditions, such as the Chinese, Korean, Tibetan, and other traditions strongly influenced the healing practices of the Tabys. A Tabyb or zahbar (doctor) is a healer who uses medication alongside traditional and Islamic cures and is able to heal dislocated bones and fractures using a diagnostic procedure based on testing the pulse. The Tabys have their own classification of diseases ("cold and hot ones"), medications to cure them, and nonmedical methods (such as acupuncture).

A Kioz-achyk ("the one who sees visions") is a clairvoyant man who is considered able to foresee the future, solve something from the past, and diagnose diseases. He works with people who are having difficulty making choices, who have been robbed, who struggle with interpersonal problems, and those who have been diagnosed with a disease or illness. Kioz-achyk engage in healing only on a part-time basis. Healers of this group are not considered by traditional healers to have as comprehensive a practice as Bakshys or Tabys. Typically, they have an "opening" (disclosing) by spirits during their sleep or in a trance with a more experienced healer, but they have insufficient knowledge of mythology and of the basics of pagan Turkic and Islamic traditions for interpretation. Some engage in new forms of practice, actively studying with more advanced healers, whereas others who may have completed training actively practice healing without sufficient experience and knowledge (Adylov, 2008). According to an ancient Turkic belief, all healers possess an arbak (the spirit of an ancestor), who perceives by using a third eye and "sees" human diseases.

Folk Healing Methods in Kyrgyzstan

The healing process proceeds in two directions—one is aimed at the patient, the second is aimed at the healer himself. It is not surprising that most frequently healers are the healthiest members of their community. A vital element of a healer's practice with a client is mysteriousness, which has several components. In the healer-patient dyad, the former is the main source of information and emotional support, whereas the latter is in need and may be unsure and anxious. The healer reads prayers in Arabic, which are mysterious for Kyrgyz patients, whose language is Kyrgyz. The healer's use of mythology, talismans (tumars), special places of healing (e.g., yurts), and ritual costumes are common and may contribute to the placebo effect of folk psychotherapy.

Exorcisms take place with the use of hypnotization. A healer looks closely into the left eye of a patient. This method has been in practice for a long time, and it helps the healer concentrate completely on expressing particular phrases while watching the patient. Fixing the gaze of the patient on the bridge of the healer’s nose produces the same effect. Experienced psychotherapists also use these methods when moving patients into a trance. Other methods include fixing a patient's gaze on a burning candle, a sparkling item, or beads or having a patient maintain a certain pose. For enhancement of the hypnotic impact, a healer can apply a touch.

Views on Psychopathology Among Kyrgyz Citizens

Several cognitive models inform different views on psychopathology in Kyrgyzstan (Solotonkin, 1997). The first, a “natural model of reality,” includes a belief in the interconnectedness of human beings with nature. Humans and nature are considered inseparable, and so if a separation appears to occur, the results are psychologically damaging. This model of reality includes a strong belief in the close connection between the health of Kyrgyz people and their spiritual practices. For example, talented poets, such as akyn, recite improvisational poetry, whereas tellers (manaschi) of the
ancient Kyrgyz epic *Manas*, the guardians of sacred sites, are considered able to connect to the unseen world through different states of consciousness and work within a sacred time (e.g., Thursdays are traditionally considered to be sacred days) marked by rituals and symbols. Akyn, manaschi, and the guardians of sacred sites understand this work as a call to accept a spiritual mission, which diverges from the modern rational understanding of reality embedded in contemporary Western counseling. According to many folk stories, people who do not accept their spiritual mission are afflicted with serious disorders or even death.

The “natural model” of reality also maintains that there exist a minimum of two worlds (Adylov, 2008). The first is our natural one, which is considered accessible to everyone. The second world is the reality of spirits (arbaktar), and only a few persons are able to communicate with them. Those persons have to exist between two realities and mediate communication between spirits and common people. According to these beliefs, psychopathology is the “result of a misunderstanding of the spirits’ demands.” For example, hypochondriasis is often interpreted as the spirit’s desire to help a person in the process of self-actualization, and the spirits’ task is to bring the person around to the right way. In some cases, the person with a conversion disorder is considered to be “punished” by the spirits or to have the “devil eye on him or her.” An initial psychotic episode is usually considered a “spiritual emergence,” and a patient generally has to visit a number of traditional healers before a psychiatrist takes care of him or her.

The mechanical model considers psychopathology to be a result of brain malfunction (Solojenkin, 1997). Diagnosing psychopathology in such cases is quite difficult due to the presence of alexithymia and a general denial of psychological problems. For example, depressive symptoms are considered laziness, and people who believe in this model seldom become clients of a psychotherapist. The quality of memory is perceived to be the main sign of human psychic health or disability. Those who subscribe to the “mechanical model” of reality and struggle with memory problems prefer to seek the help of neurologists rather than psychotherapists.

A “distress-model” of psychopathology (Solojenkin, 1997) is often subscribed to by urban citizens in Kyrgyzstan. According to the distress-model, psychopathological symptoms are the result of traumatic or stressful events in everyday life. People who believe this particular model often use psychological terminology to describe their conditions (i.e., stressful event, depression, anxiety). The common expression “all disorders are due to feeling upset” highlights the root of psychopathological symptoms as resulting from stressful periods in life.

**Presenting Problems and Attitudes About Help Seeking and Help-Seeking Behaviors**

Clients presenting problems, such as with languages, reflect cognitive structures in the human mind: What people consider to be psychological disorders or problems are closely related to what they are capable of understanding. Language structures are a way of thinking and perceiving the world, according to Sapir and Whorf (Kay & Kempton, 1984), so presenting problems depend on the available lexicon.

The Kyrgyz language reflects the history and the complexity of the Kyrgyz people. For instance, Kyrgyz people have more than 130 definitions of ages of horses, cattle, and sheep; many definitions for weather; and a rich lexicon for defining family relationships and qualities of family members. Perhaps due to a history of manual labor, Kyrgyz people find it difficult to express emotional states in their own language. There are no equivalent words for mood, depression, or anxiety in Kyrgyz; all these concepts are captured by “I feel badly” without any clear definition of what, where, and why this sense of feeling badly is. This phenomenon can be considered a cultural alexithymia, a lack of ability to express emotions verbally (Nemiah & Sifneos, 1970), and makes diagnosing mental disorders difficult.

In combination with the cognitive models of reality previously discussed, the help-seeking behavior of Kyrgyz individuals is quite predictable. The first (and often the last) person they would like to see is a traditional healer. In some cases, a traditional healer is the one person who can refer the client to a specialist.
in the mental health field. The types of psychological problems people present to traditional healers reflect the most important values of Kyrgyz society today (Adylov, 2008). The main cluster of problems is family difficulties, for example, complicated relationships between mothers and daughters in law, and infertility. Other presenting problems are alcohol-related or business failures. Somatic (or somatoform) symptoms often serve as the impetus for people to go to a traditional healer after receiving ineffective treatment from general medical specialists. Psychotic symptoms rarely send a person to visit a traditional healer. But if there is a case, a qualified specialist in “natural folk medicine” usually advises a patient to see a mental health specialist. Based on a long-term study of healers and their occupational activities, Adylov described the professional conduct of healers. The first and most important criterion is that healers refer to medical doctors if medical intervention is warranted.

The situation in official psychotherapy, however, is different. The usual client of a psychotherapist or counselor is an urban citizen who believes that he or she has a “psychological problem.” It’s important to say that this idea, so common in Western culture, has only recently become a part of Kyrgyz contemporary usage, mainly due to the influence of mass media. Before the dissolution of the Soviet Union, people rarely used terms such as stress, frustration, or breakdown. These terms were rare in Soviet culture. For example, the words of a very popular Soviet song states that a Soviet person should have “a fiery motor instead of heart.” In other words, to be depressed or anxious means having a weak will, which is abnormal and shameful. Understandably, during Soviet times, psychotherapists were the least likely choice for individuals with affective symptoms. Typically, help-seeking behavior included an initial visit to a medical doctor, then a neurologist, and then a medical specialist such as an endocrinologist or an oncologist. As the “last hope,” an individual might seek out a healer followed by a psychotherapist when he or she believed “I have nothing to lose.” Close relatives of a patient usually initiated visits to mental health specialists on behalf of the patient.

The situation has been changing during the past 10 years. The terms emotional stress, feelings, psychological problems, and even intrapsychic conflict have become more and more popular, and the professions of the psychologist and psychotherapist are increasing in social prestige. Now, there is a social need for qualified counselors, although a discrepancy exists between the clients’ expectations that their problems will be immediately solved by hypnosis and the actual outcomes and goals of counseling.

**OFFICIALLY RECOGNIZED PSYCHOTHERAPY AND PSYCHOLOGICAL COUNSELING**

There are two main psychotherapeutic schools of thought in post-Soviet Russia—the Moscow and St. Petersburg traditions. The differences between these approaches to mental health services mirror the difference between these two capitals of the former Soviet Union. The fundamentally scientific and centralized Moscow school is relatively traditional in its approach, whereas the St. Petersburg school, the “window” to Europe, is reasonably open to new approaches in psychiatry and psychotherapy.

The development of psychotherapy in Kyrgyzstan was influenced mainly by the St. Petersburg school and mostly associated with two individuals, Nikolay Kantorovich and Valery Soljenkin. To this day, there is no well-developed psychological counseling service in Kyrgyzstan; until the early 1980s, the concepts of psychotherapy and psychological counseling were synonymous to what was referred to as “small psychiatry,” which was created by dividing disorders into “severe” and “mild” ones. Specialists in “small psychiatry” were dealing with “mild” or “neurotic” psychopathology, which mostly included neuroses, connected with stress and somatoform disorders (F4 of ICD-10), personality disorders (F6), and eating disorders (F5). “Big” psychiatry includes schizophrenia (now F2), dementia (F0), bipolar affective disorder (F3), mental retardation (F7), and those disorders associated with aging processes such as dementia, depression, and paranoia. Now, they are referred to as recurrent depressive disorder (also
in F3) and chronic paranoid disorder (F2). Until 15 years ago, there was a clear distinction between “neurosis” and “psychosis” in the Kyrgyz mental health system.

Nikolay Kantorovich was the head of the Department of Psychiatry at the State Kyrgyz Medical University in the 1960s and 1970s and was a true follower of the St. Petersburg approach. His focus was on the psychological underpinnings of symptom formation. And he became the author of the first two monographs in psychology published in the Kyrgyz Republic, *Medical Psychology* (Kantorovich, 1966) and *Psychogenesis* (Kantorovich, 1972). Proper psychotherapeutic treatment during Kantorovich's era included hypnotherapy, meditation, and so-called rational therapy, a Soviet prototype of cognitive therapy, including Socratic dialogue and other methods of changing patients' cognitive structures. Kantorovich also founded the first psychotherapeutic department in the Republic Center of Mental Health. His former student, Galina Glotova, became the first head of this department, which was focused on “small psychiatry” or “neurosis.” The transformation of psychotherapy over time is reflected in the evolving terminology used to describe the psychotherapeutic department for the more than 40 years it has been in service. Originally referred to as a “sanatorium and spa treatment department,” it was later transformed into the “department for hypnotization.” In the 1990s, the renamed “psychoanalytic department” was informally referred to as the “psychotherapeutic department,” that term being used to this day. However, there is still no difference between the concepts of “hypnotization,” “psychoanalysis,” and “psychotherapy” in most people’s minds.

Sultan Usupov, another follower of Kantorovich, introduced group therapy methods into psychotherapy. He used Joseph Moreno's psychodrama approach (Moreno, 1999) for the treatment of neurotic disorders and was one of the founders of “collective and group psychotherapy.” The name of this particular method reflects the interactions between the group (collective) and the individual during Soviet times. An individual was considered part of the group (Soviet collective), and adaptation processes were thought impossible without the development of collective interest. One can note some similarities between the concepts of “collective interest” and “social interest” in Alfred Adler's theory (Adler, 1999). However, during the Cold War period, there was no available information about mainstream world psychotherapy, so the psychotherapeutic approaches of the first specialists in Kyrgyzstan were based primarily on their own experience and partly on tidbits of accessible information about Western psychotherapeutic methods (Solojenkin, 1997).

The most important changes in the structure of Kyrgyz official psychotherapy were initiated by Solojenkin. At the beginning of the 1990s, psychotherapy services were centralized in the only psychotherapeutic department of the Republic Center of Mental Health. Solojenkin, who was the chief psychiatrist and psychotherapist of the Kyrgyz Republic, was instrumental in the creation of psychotherapeutic centers in both urban and rural regions of Kyrgyzstan. He developed the first theoretical model of psychotherapy in Kyrgyzstan—the concept of personality-environment interaction (Solojenkin, 1989)—based on his own work with patients with psychosomatic disorders, primarily myocardial infarction. This model emphasizes the reciprocal influences of various social factors on the development and functioning of the person as well as his or her ability to self-disclose and engage in self-reflection. During psychotherapeutic work, the main focus is on changing lifestyle and personal behavior, working with the “I-concept” and the individual's perspective of the world. The client-therapist relationship is characterized by collaboration.

**Models of Official Psychotherapy and Counseling Employed in Modern Kyrgyzstan**

Currently, the state psychotherapeutic service is still perceived to be a part of psychiatry. Counseling is in the early stages of development, and there is no clear distinction between counseling and psychiatry or between “psychotherapist” and “psychiatrist,” although differences are understood by professionals.
During the past several years, there have been several trends in the development of modern psychotherapy in Kyrgyzstan. Gestalt therapy has become more popular in Kyrgyzstan within the past 8 or 9 years. The group of psychotherapists working from this approach have been trained both in theory and practice by Gestalt psychotherapists of GATLA (the Gestalt Association of Los Angeles), Russian Gestalt practitioners from the Moscow Institute of Gestalt and Psycho Drama, directed by Nikolay Dolgopolov, and the Gestalt Institute of St. Petersburg, headed by Elena Ivanova. The Society of Gestalt Therapy Development in Kyrgyzstan is led by Alexander Eremeev, a GATLA-certificated Gestalt therapist.

Neurolinguistic programming (NLP) has become increasingly popular in Kyrgyzstan in the past several years. The use of NLP is common for drug abuse problems, psychological dependencies, obsessive-compulsive disorders, phobias, and other disorders. The faculty of psychiatry and psychotherapy at the Kyrgyz Medical Academy and Slavic University and the majority of practicum sites offer training courses in NLP.

In Kyrgyzstan, there are no official training opportunities in the fields of spiritual psychology and transpersonal psychology although there are therapists who practice from these approaches. The largest private psychotherapeutic center in Kyrgyzstan ("Doctor Nazaraliev’s Center") specializes in alcohol and drug abuse problems and has been using transpersonal psychology for the past 2 years. Though the preliminary results of its treatment program, "The Seventh Sky," are very encouraging, research on its effectiveness is at the beginning stages.

Professional Issues

Nikolay Kantorovich founded the Society of Kyrgyz Psychiatrists and Medical Psychologists in 1966. Renamed the Kyrgyz Psychiatry Association (KPA), it has a division of medical psychology and psychotherapy. Solojenkin was the president of KPA from 1996 to 2006, followed by Abdjalal Begmatov, the Director of the Republic Center of Mental Health. As a nonprofit organization, KPA is devoted to the destigmatization of patients with mental health disorders and to the development of mental health services in Kyrgyzstan, primarily through educational activities. Certification, licensure, and other processes are under the control of the powerful Ministry of Health, which presents significant bureaucratic challenges for counselors seeking professional licensure. Psychotherapists in private practice or private centers must become licensed. Those working in public mental health institutions only need medical or specialist degrees. There is no private psychiatry practice, but many psychiatrists have a private practice as psychotherapists.

The first professional psychological (nonmedical) association was founded in 1968 by Aaron Brudny (PhD), but with the collapse of the Soviet Union, the society discontinued its activities due to a lack of financial and social support. The association was called the Kyrgyz Department of Psychological Science of the USSR. It held regular meetings to discuss different issues of the science of psychology. Currently, the Kyrgyz psychological community is reviving the psychological association, which needs renewal as an association and new sources of funding.

Training Paradigms

In the absence of universal training paradigms for psychotherapy and counseling psychology, each university in Kyrgyzstan has its own training model and curriculum, and they differ significantly from one another. The proliferation of universities, academies, and schools is quite common in the post-Soviet states. Bishkek alone has 18 universities, 20 institutes, and 9 academies for higher education. Eight of them have their own psychology departments. National State University, Slavic University in Kyrgyzstan, American University in Central Asia, and the Kyrgyz State Medical Academy are worthy of special attention because these four represent the main training paradigms.

Both National State University (NSU) and Slavonic University (SU) offer courses leading to specialist degrees in psychology (5 years of study), which are
different from a Bachelor of Arts degree. After graduating from the universities, the individual may continue his or her study at a graduate level (Aspirantura) or begin to work as a psychologist in the field. The training focus is primarily on psychological theories and research, and less attention is given to practice. There is no specialization in counseling.

The Kyrgyz State Medical Academy offers a specialization in psychotherapy on graduation from a 2-year course of postgraduate training following 6 years of general medical education. The psychology department of the American University in Central Asia (AUCA) offers a Bachelor of Arts course in psychology modeled on an American system; it includes three main tracks: counseling, industrial/organizational, and general psychology. AUCA graduates work in organizations (e.g., crisis and AIDS centers and the Republic Center of Mental Health) and in graduate programs in psychology, gender studies, and psychiatry in the United States, Russia, and Central Asia.

Status of Psychological Research

The collapse of the Soviet Union isolated local psychologists from the academic and research centers in Russia and opened up access to specialists from the West. As a result, Kyrgyz psychologists have had opportunities to visit their international counterparts, participate in international conferences, engage in joint research projects, and increasingly publish their work in Western scholarly journals. Despite obstacles such as a lack of language skills and a lack of knowledge of how to publish in Western journals (e.g., APA style, ethical standards and procedures), scholarly work by Kyrgyz psychologists has contributed to the general pool of knowledge in counseling and psychology, including in the West. In the development of psychology as a science in the Kyrgyz Republic, influential studies have been published that have made their authors well-known locally and abroad. Among them is Aaron Brudny, who has published more than 300 articles, reports, and books, including The Semantics of Language and Human Psychology (Brudny, 1972), A Science to Understand (Brudny, 1996), A Space for Opportunities (Brudny, 1999b), A Psychology of Hermeneutics (Brudny, 1999a), and Personetika (Brudny, 2003).

Other famous psychologists include Nina Palagina, well-known for her work in child psychology and the psychology of ethnicity. Her publications include The Psychology of Ethnicity: Theory and Methods (Palagina, 2001), Multi-Ethnic Education in Kyrgyzstan (Palagina, 2003), Games and Exercises in Early Childhood (Palagina, 1985), Preschool Play (Palagina, 1989), and Imagination at its Source (Palagina, 1997). Other prominent Kyrgyz researchers include Aigul Aldasheva, Erik Orozaliyev, Sergey Fateev, and Chinara Shakeeva.

Common Research Methodologies in Kyrgyzstan

The current academic psychological community in Kyrgyzstan faces many challenges in conducting research. In some universities, all the professors are required to publish a certain number of academic articles, whereas in others there is no such minimum. It is common for a university professor to break his or her own dissertation into smaller pieces and publish them as separate articles to fulfill the requirement. Thus, one research project may span a number of publications despite the lack of original data. This common occurrence may be attributed to a lack of financial support to conduct new research and a lack of time due to high teaching loads. The Kyrgyz faculty typically teach four or five 2-hour classes per day, including Saturdays, excluding preparation time or research.

Research is firmly rooted in positivism in Kyrgyzstan, which explains the prevalence of quantitative research studies over qualitative ones. A very small percentage of research is based on experimental methods. Again, this is understandable given the lack, if not absence, of resources, including well-equipped laboratories.

Diagnostic and Assessment Tools

Chapter F of the 10th edition of International Statistical Classification of Diseases (World Health
Organization, 1994) has been the basic diagnostic and assessment system of mental disorders in Kyrgyzstan since 1991. Other diagnostic and assessment instruments include a wide range of psychodiagnostic tools, which are available in Russian or were created by Russian psychologists. The most popular psychodiagnostic techniques that measure the level of affective symptoms include the Zung Depression Scale, the Spielberger-Khanin Anxiety Scale, and Hamilton's clinical scales. Common personality assessment tools, adapted for the Russian-speaking population by the V. Bekhterev Scientific Research Center in St. Petersburg are the MMPI (Minnesota Multiphasic Personality Inventory), adapted by Sobchik (1990), the PF-16 (Cattell's 16 Personality Factors), and projective techniques, including the Rosenzweig Frustration Test, the Lusher Farbwhai Test, and the Draw a Person Test.

The absence of standardized, reliable, and valid diagnostic and assessment tools in Kyrgyzstan means that Kyrgyz psychologists resort to (a) working with nonverbal projective techniques and (b) performing the procedure of back-to-back translation of the available tests while adhering to ethical guidelines.

Ethical Issues

The Kyrgyz psychological community has only recently started making efforts to establish an ethical framework for teaching, practice, and research. However, it is too early to speak about any significant impact of these efforts on guiding the ethical practice of research and clinical work in Kyrgyzstan. Kyrgyz research in psychology, as well as in other social sciences, is not bound to any institutional ethical regulations. Exceptions are those local research projects being managed or led by international scholars, who abide by the requirements of their in-country institutional review boards. Local researchers rely on their own conscientiousness and awareness of research ethics in conducting their studies. To date, no professional psychological agency or association in the country has taken a leadership role in developing and implementing a code of ethics for the psychological community, and so there is no guarantee that psychologists abide by international standards.

To establish an ethical culture of research in psychology, a 2-year project (August 2005–June 2007) was initiated by a group of psychologists from Kyrgyzstan (representing psychology departments from different universities, practicing psychologists, students, and others) with facilitation by an American colleague and psychologist, Sharon Horne. Drawing on existing and developing ethical codes in Canada, the United Kingdom, the United States, and Turkey, the group developed a draft version of the Kyrgyz Code of Ethics. This code is based on five general principles: respect for the rights of man, privacy, professionalism and competency, responsibility, and integrity. The working group constructed an action plan to further advance this document, ensure its effectiveness, and, as an ultimate goal, create an organization (association, committee, or agency) to put it into effect.

PREDICTIONS ABOUT THE FUTURE OF PSYCHOLOGY AND COUNSELING IN KYRGYZSTAN

Trends in the evolution of Kyrgyz psychotherapy and counseling make it possible to speculate about future developments that incorporate both Western and Eastern models of helping. The first trend is the development of cognitive and eclectic approaches to counseling as integration between different branches of psychological counseling in modern Kyrgyzstan continues. The appearance of a new generation of Kyrgyz counselors with Western educational degrees facilitates connections with Western specialists in psychotherapy and their entry into world psychological societies. Therefore, Kyrgyz psychology will continue to be shaped by Western developments.

A second trend is the conflict over how to resolve the presence of two healing traditions. "Folk counseling" (traditional healing practice) and official psychology and psychotherapy are sometimes viewed as opposing poles of how mental phenomena are perceived and understood. A rapprochement of the two different perspectives has been considered
problematich. There have been movements to render the official mental health service the dominant approach in Kyrgyz society and relegate traditional healing practice to the past. Given the popularity of traditional healing in Kyrgyzstan, however, this seems to be an impossible aim for the near future.

One of the ways of solving this problem is known well by the patients of the Republic Center of Public Health, who are typically comfortable seeking help from both doctors and traditional healers. They separate the cause of a disorder from its symptoms. The cause of the disorder is usually explained within the framework of a traditional mystical paradigm (e.g., as the disturbance of the connection between nature and humans), and so only a traditional healer is able to help with the initial suffering. The symptoms of the disorder, however, continue even after a healer's intervention, thus necessitating the help of a mental health professional. Patients make sense of this by maintaining that the cause of their disorder is spiritual but that the medical practitioner or psychotherapist may be able to help with the “extracted roots” of the disorder. This compromise between folk and official psychotherapy is important in treatment for patients who find themselves in both worlds.

Another way of integrating the two is using the methods of traditional healers in scientific applications of mental health treatment. Milton Erickson’s method of informational overload, for example, has its roots in Latin American “magic” techniques. This method is used by psychologists today and is considered to be effective. Inclusion of folk methods within contemporary psychotherapy requires comprehensive research of the treatment components of folk psychotherapy before they can be applied in official applications of psychotherapy. This method is far from ideal, however, because it removes a major component of the healing process, the mystical belief system of the healer and his or her healing rituals. For example, if a psychiatrist in a formal counseling session were to use the rhythmic knocks of an asatyrak (special stick) in therapy, he or she may not be taken seriously.

Another possibility is to appreciate the positive aspects of folk counseling and to try to use them in contemporary mental health practice (Koss-Chioino, Leatherman, & Greenway, 2003). For example, The Therapist-Spiritist Training Project in Puerto Rico (Koss-Chioino, 2005) brings together two worldviews on healing: a traditional one, used by folk healers, and an official medical approach. One of the results of the project was the development of the emotional regulation mechanisms that are used during the interaction between a medium-healer and patient. This confluence of different perspectives on treatment resulted in a new system of training far richer than the sum of its two parts and allowed the preservation of both approaches in the healing process. This approach could lead to the dissolution of false borders between “natural” and “formal” counseling in Kyrgyzstan and create a culturally relevant form of helping for Kyrgyzstan.

CONCLUSION

Psychological counseling is a rather new branch of mental health service in Kyrgyzstan. During the Cold War period, Soviet academic psychology and Western psychotherapeutic approaches were developing separately. The concept of “psychological counseling” did not exist until the middle of the 1990s. The influence of the official Russian school, on the one hand, and the prestige of traditional folk healing practice, on the other, are creating a unique prototype of Kyrgyz psychological counseling, which is a product of both psychotherapy and traditional healing.

The integration of contemporary Kyrgyz helping methods with modern scientific applications dictates the development of new and progressive techniques of psychological help. For example, crisis phone lines, which are nonexistent in Kyrgyzstan, should be developed. Such new helping methods will require cooperation between Kyrgyz and Western health care specialists, who have greater experience in this area.

Another area of development is the growing importance of PTSD treatment. Centers that can help with the treatment of PTSD will be important due to the unstable political situation in Kyrgyzstan and because the country serves as a place of refuge
for people escaping the political crises of Afghanistan, Tajikistan, and Chechnya. Domestic violence is increasingly being viewed as a psychological issue; several crisis centers were established during the last couple of years in Bishkek, and they are gaining in popularity among Kyrgyz citizens.

The status of counseling in Kyrgyzstan has been evolving over the past few years. This sphere of mental health service is facing many challenges connected with its cultural specificity and the Soviet past. Counseling is in a good position to move forward as an important field in Kyrgyzstan because it is less stigmatized than psychiatry or psychotherapy and it integrates aspects of folk counseling and Western approaches. In addition, because of its rich tradition in informing Soviet and post-Communist science, Kyrgyz counseling and psychology will continue to make important contributions to psychology worldwide.

REFERENCES