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**ABSTRACT FOR PAPER, "CAN BRIEF THERAPY WORK IN UKRAINE?"
(ЕСТЬ ЛИ МЕСТО КОРОТКОСРОЧНОЙ ТЕРАПИИ В УКРАИНЕ?)**

Підхід терапії, спрямованої на швидке рішення, займає все більш важливу роль в сучасній психотерапії. На відміну від традиційних моделей лікування, орієнтованих на проблему і відхилення, даний підхід являє собою пряму структуру, спрямовану на вирішення. Метод, представлений в статті, презентує емпатійну паралель християнської терапевтичної орієнтації, коли визнається, що у людини, яка одержує допомогу, є надія, і що Бог бере участь, діє в житті цього клієнта. Даний метод може бути застосований в Україні. Він апелює як до культури жителів України, так і до проблем, властивим цій країні і тим, з якими українці стикаються в обстановці 21 століття.

Ключові слова: психотерапія, культура, Бог, християнська психотерапевтична орієнтація

Подход терапии, направленной на быстрое решение, занимает всё более важную роль в современной психотерапии. В отличие от традиционных моделей лечения, ориентированных на проблему и отклонение, данный подход представляет собой прямую структуру, направленную на решение. Метод, представленный в статье, представляет эмпатическую параллель христианской терапевтической ориентации, когда признаётся, что у человека, получающего помощь, есть надежда, и что Бог участвует, действует в жизни этого клиента. Данный метод может быть применим в Украине. Он апеллирует как к культуре жителей Украины, так и к проблемам, присущим этой стране и тем, с которыми украинцы сталкиваются в обстановке 21 века.

Ключевые слова: психотерапия, культура, Бог, христианская психотерапевтическая ориентация

Brief therapies occupy a more and more prominent role in contemporary psychotherapy. The brief solution focused therapy (BSFT) model presents a straightforward structure for focusing on solutions as opposed to the problem and deficiency model presented by traditional treatment approaches. BSFT presents an empathetic parallel to a Christian therapeutic orientation, recognizing there is hope for the client, and that God works in the lives of clients. The BSFT orientation presents opportunities for utilization in Ukraine. BSFT appeals to both the cultural characteristics of Ukrainians, and to the unique problems faced here in the 21st century.

Keywords: psychotherapy, Culture, God, Christian psychotherapeutic orientation environment.

We come together at this conference to consider how we Christian psychologists can best utilize our talents for the purpose of serving the people of Ukraine who suffer mentally, emotionally and spiritually. Epidemiologists have found that at any moment, over 17% of Ukrainians are experiencing a mental disorder (research measured only mood, anxiety, alcohol & impulse control disorders. Bromet, Gluzman, et. al. 2005). The lifetime prevalence of these mental disorders is 35%, including 26% who will experience alcohol abuse and dependency.

Over one-third of Ukrainians will suffer from a mental disorder in their lifetimes. This represents a nearly impossible challenge for health care systems, but at the same time a great opportunity for the body of Christ to connect with people who might not ever have contact with the church.

And how should we serve them? Psychoanalysis was practiced here since Freud's time. Then, Soviet psychiatry and psychology changed the paradigm radically. In the second half of the 20th century, the humanistic psychologies became familiar here, highlighted by a visit by Carl Rogers to the Soviet Union shortly before his

death. Later, the systems therapies became known in this part of the world. Now in Ukraine, we can find many of the major therapeutic orientations: psychodynamic, humanistic, existential, behavioral and eclectic therapies, and now Christian psychology.

Of course Christian care for the suffering goes back to the beginning of the church. The pastoral care tradition prepared the world for the introduction of psychotherapy in the mid-19th century. Of course the church fathers earlier led the way, and many of their writings show very sophisticated awareness of the human change process and knowledge of ministering to soul and spirit.

Our conferences, and this movement of Christian psychology is continually exploring the questions related to the intersection of psychology and Christian theology. Fruitful work is being done around the world toward answers to this issue. But, a uniquely Ukrainian Christian psychology will be needed to address this culture in this era in history.

What might work in Ukraine? Can psychologists simply send the texts of Rogers, Jung, Binswanger and Minuchino to a translator? Would this be the answer for training psychologist to effectively serve the people of

Ukraine? To simply translate would be useful, but will certainly not be sufficient.

Let us consider the recent growth of the brief therapies as one orientation that can have applications to Christian psychology, and can have applications for Ukraine.

The brief therapies arose from various sources. We can trace the development of the widely used brief therapies, from the psychodynamic, systems, narrative and constructivist streams. The systems theorists contributed heavily to the current brief therapies. Systems therapy thinking followed the cybernetic, information systems and general systems theories (Yarhouse & Sells, 2008).

The general systems theories, also known as information systems and cybernetic theories are a relatively recent trend in the sciences. General systems theory is a field that studies the theory of theories of the sciences. General systems theory (GST) encompasses artificial intelligence, chaos theory, as well as traditional academic disciplines such as the hard sciences, the social sciences and philosophy. This general systems paradigm differs from the empirical process with its generally linear analysis of experimental data (Heylighen, Joslyn & Turchin 1999). In contrast, a system operates in a non-linear fashion, dependent upon the interactions of its components. General Systems Theory deals

On an abstract level, with general properties of systems, regardless of physical form or domain of application... GST provides a way to abstract from reality; simplifying it while at the same time capturing its multidimensionality. As an epistemology it structures not only our thinking about reality but also our thinking about thinking itself (Skyttner, 2002, 36).

In the 1950's Gregory Bateson, Donald Jackson, Jay Haley, and John Weakland constructed a theory of schizophrenia utilizing a systems perspective. From their work with families of schizophrenics, they developed the theory of the 'double bind' conflict in families (Bateson, G., Jackson, D., Haley, J., & Weakland, J. 1956).

In his own category is the work of the psychiatrist, Milton Erickson. His use of hypnotism is well known, but he also practiced a unique early form of brief therapy. One of his biographers described his work as "an experimental therapist transferring ideas from hypnosis into therapeutic procedures where one might not expect to find them" (Haley, 1973, 12).

Erickson used techniques that have now become familiar to therapists. Among these are, encouraging resistance, communicating in metaphors, pacing and encouraging relapse.

From the work of the Mental Research Institute came the view that family dysfunction is a problem with the *process* in interaction sequences. A cycle is at work, and the dysfunction involves family members attempting to cope using the same solution again and again – a solution which maintains the problems (Piercy, Sprenkle, Wetchler, 1996).

Other family systems theories include Salvador Minuchin & his colleagues. They found that the *organization* of some family systems was related to the development of psychosomatic symptoms (Minuchin, Rosman, & Baker, 1978). The system organization tended to maintain and reinforce the symptoms. Minuchin's theory became Structural Family Therapy.

Haley and Madanes and their Strategic Family therapy aim to reorder the family's interactions. They describe the presenting problem as representing a metaphor for the actual problem in the family system. Haley writes that the term strategic therapy developed in the 1950's and was simply a description of a therapy where the therapist takes responsibility for directly influencing people. In other words, strategic therapy in this sense allows and expects the therapist to plan and carry out interventions. Previously, psychoanalytic and client centered therapies saw being directive, and taking actions and taken by therapists as manipulation.

All this leads us to the 60's and 70's and the fashioning of various brief therapy theories. Earlier, brief therapies were seen as superficial when compared with traditional therapies. But in that era of change, many new psychotherapies were emerging, and the field of psychotherapy became more comfortable with eclecticism. And, research showed the effectiveness of the brief therapies, leading to their gradual acceptance in the psychological community.

Psychodynamic brief therapies propose strict selection criteria for patients entering therapy. To be successful in their therapy, the client must be above average in intelligence, have at least one meaningful relationship, be able to interact well with the therapist, be able to express feeling, have motivation to work hard in therapy and have a specific chief complaint. Based on these strict criteria, it could be argued that a brief therapist would necessarily achieve results with clients, due to screening out clients who would be less able to participate meaningfully in the therapeutic process.

Let us consider one type of brief therapy, brief solution focused therapy. One of the prominent theorists and practitioners in brief solution focused therapy (BSFT) was Steve de Shazer. He synthesized earlier brief and systems therapies to develop BSFT. De Shazer described the therapy situation itself as a system, made up of subsystems (de Shazer, 1991). He defines three components to the therapy process: a therapist subsystem, a client subsystem, and the problem to be solved, or the solution to be developed. Finally, there is the continual interaction among these three.

Brief solution focused therapy moves away from a focus on problems. Instead, the solution focused therapist is concerned solely with pursuing solutions. He accepts the client's complaint, and accepts the client's definition of what a satisfactory resolution would be.

Where the client often describes the problem as "always happening" (de Shazer, 1978, 58) the therapist

knows there are times when the problem is not taking place. For the patient this is trivial, but for the therapist, this is the entry into solutions. Those times and circumstances when the problem is not occurring are called exceptions. BSFT concentrates on what the client is already doing that works.

Walter and Peller (1992) begin with the hypothesis that in brief solution focused therapy there is always the assumption that there are solutions. Moreover, there always will be more than one possible solution. Solutions can be constructed, or invented, rather than discovered. These solutions are constructed together by the client and the therapist.

Walter and Peller outline three overall steps in the progression in the work with a client. First, the therapist must "find out what the client wants" (Walter and Peller, 1992, 6). So often, we know that clients come and tell us what is going wrong. It takes time and work to help the client begin to define what it is they want to see, instead of what they do not want.

Secondly, there are the exceptions. Remember, the problem is not happening every moment. Together the therapist and the client determine what is taking place when the problem is not occurring. The therapist and the client examine exactly what is happening when the problem is not taking place. The client can be directed to do more of that, to do more of whatever is happening when the problem is not present. In other words, "look for what is working and do more of that" (Walter & Peller, 1992, 6).

Finally, they write that although it may seem obvious, the client is able to begin to act in new and different ways. Instead of simple persistence in solving a problem by repeating actions that do not lead to success, Walter and Peller (1992, 6) say, "Do something different".

BSF therapists even found that information about the problem is really not required in the solution focused therapy process. Only talk about solutions and solution construction are necessary in order to bring clients to achieving their goals.

Christian psychologists have expressed their reservations regarding solution focused therapy and its assumptions. Solution focused theorists readily acknowledge that they base their solution construction approach on the concepts of constructivism. Briefly, constructivism is "an approach that direct[s] attention at the role of human beings as social actors" (Golinski, J., 2005, vii). Constructivism is a worldview where knowledge is viewed as a human product, not an expression of an external reality.

Yount (2010) writes that constructivism can be categorized in terms of cognitive constructivism, social constructivism and radical constructivism. He also makes the distinction between objective constructivism and subjective or relativistic constructionism. In objective constructivism, "reality is *derived* from the world of experience... [and in] relativistic constructivism... reality

is *created* from the world of experience" (Yount, 2010, 248). Radical constructivism represents the form that most Christians will not accept. Radical constructivism incorporates the tenets of individuals creating their own reality, free expression of self and radical individualism.

Christians can acknowledge that solution focused therapy doesn't necessarily lean toward radical constructivism. Brief solution focused therapy is highly pragmatic and essentially amoral. BSFT theory is not well developed in its understanding of the individual, the family, of dysfunction and of health (Yarhouse & Sells, 2008). And, the pragmatism of brief solution focused therapy does not emphasize empathy or encourage a therapist walking with a client through their suffering.

Strengths of brief solution focused therapy include in its emphasis on a client's or a family's strengths. There is creativity in its use of language for finding solutions. It does not dwell on problems, but rather is used for building-up one another, that in itself a God-honoring position.

Charles Kollar (1997) describes the optimistic and expectant position of a solution focused therapist as one that mirrors the faith and hope a Christian has for the future, as Jeremiah wrote, "I know the plans I have for you, plans to prosper you and not to harm you, plans to give you hope and a future." The solution focused therapy as practiced by a Christian sees the client as having all the resources he needs in God.

Before the client comes to the counselor, God has already been "present and active in the life" of that person (Benner, 2003). The counselor expects that their questions always will lead to discovering God's presence and grace which is already active in the client's life. Change becomes an action of the counselor, who *co-creates* a solution, along with the client, and the Holy Spirit. The revising of constructs in the forming of solutions is likened to the renewing of the mind in Christian sanctification.

Like other psychotherapeutic orientations, solution focused therapy contains hazards for Christian psychologists. The careful Christian therapist has the responsibility to evaluate the theories underlying the techniques from any orientation. At the same time, the Christian must use all the resources God has made available for serving the client and build up the body of Christ.

What about Ukraine? Is solution focused brief therapy the right approach to use in Ukraine? Does it appeal to Ukrainians, and specifically to Ukrainian Christians?

Today there is a discussion in the Christian community regarding the use of psychological theories and therapies within the church. That is an important and interesting discussion but it will not be the focus of this paper. Suffice to say, there is a movement among Christians of calling for appropriate utilization of psychology. And the attendance at this conference illustrates the strength of this movement in the church. But the question here is, how would brief solution focused therapy work in Ukraine? Is it appropriate for this culture at this time?

There are a number of factors which argue against the use of BSFT, many of them are blocks toward utilization of mental health treatment itself. First among these reasons is trust. Due to many factors, there is a very low level of trust in mental health providers and mental health treatments. Social acceptance of psychotherapy is dependent on the degree to which people can trust those with whom they would seek services. In research in the business sphere, 89% of entrepreneurs agreed that someone "can only trust people you know well", and 11% would trust someone who is not a relative or a friend. Korozhov, G. (2005).

Some of this suspicion of mental health treatment arises from difficulties inherent in the Soviet system of mental health treatment. Psychotherapy had virtually not been utilized in the time of the Soviet Union. For example, there were 250 clinical psychologists in the entire Soviet Union in 1978 (Lauterbach, 1978).

As late as the year 2000, there were approximately 700 registered psychotherapists in Ukraine, along with approximately 400 trainees (Deurzen 2001). In the last 12 years more therapists have been trained, but recent history shows the thin foundation on which psychotherapy is built here.

It is well known that psychiatry was abused and was an instrument of state control. In the post-Soviet years, charlatans and frauds operated. This contributed to suspicion of health care system, especially mistrust of mental health care (Voytenko, 2005). Soviet citizens had been characterized as waiting for experts to tell them what to do (Barnett 1998).

Mental health treatment in those days involved institutionalization and segregation (Barnett 1998). The mentally ill were stigmatized, and were considered a nuisance. There was and still is the perception among many that anyone meeting with a psychologist must be abnormal, severely mentally ill (Почему в Украине не популярны психологи, 2012).

It is important to consider the personal characteristics and attitudes of Ukrainians, in relation to the utilization of mental health services. One feature of the Ukrainian character is a tendency toward being isolated (Eramolaev, A. Levtsun, A. Lenisenko, S. 2011). With this isolation flows distrust of others. Additionally, research suggests low ambition, conformity and lack of belief in one's own effectiveness among Ukrainians.

Quoting Shen (1999), Voytenko notes that when "coping with the drastically changed social and economic conditions, the average Ukrainian retreats into a defensive posture passively coping with, instead of actively confronting, adversities" Voytenko (2005, 7). Further, "the country's population is plagued with pervasive feelings of disappointment, apathy, and hopelessness" (Voytenko, 2005 p 13).

In Ukraine, relatively few who need psychological services seek treatment. Of Ukrainians with mood disorders, only 14% of men and 17% of women sought

professional help, with the majority going to a general practitioner (Standing & Zsoldos, 2001).

Other factors mitigate against Ukrainians utilizing the services of psychologists. Because of the recent history of free socialized medicine, health insurance has never been readily available either for physical health, or for mental health care. As a result, fees, even moderate fees may seem unjustifiable for many except the well-to do (Yakushko, 2005). And, Ukrainians' knowledge of psychology and psychotherapy is limited (Почему в Украине не популярны психологи, 2012).

On the other hand, there are conditions in Ukraine that would foster acceptance and utilization of psychotherapy, specifically BSFT. Mass media portrayals of psychotherapy are generally positive. Psychotherapy is presented as a status event. Those with disposable income who lean toward European and western values are more likely to seek psychological help (Yakushko 2005).

Apart from psychotherapy, a large number of people contact traditional indigenous healers for mental health problems. They too have received much media attention in recent years. Not a few Ukrainian newspapers carry columns which discuss marriage problems, depression or drug and alcohol abuse and the work of folk healers.

Christianity remains resilient in Ukraine today. Of its population, 66% describe themselves as religious. 61% of Ukrainians describe themselves as Orthodox, 9% are Catholic, and 5% belong to the "other" faith category. ("Church Strength in Ukraine," 2002). As the nation identifies itself with Christianity, helps Christian psychotherapy can appear to be less strange and threatening.

Geert Hofstede is an organizational culture and cross-cultural researcher. In his research for multinational corporations, he developed five dimensions of national culture that he studied in over 40 countries. Two of these national culture dimensions are salient for this discussion.

One scale is known as the Masculinity index. In Hofstede's research a high level of masculinity leads to a culture that will be aggressive and assertive. A culture that is low on this index would be a more feminine culture, with inclinations toward cooperation, modesty, caring for the weak, valuing the quality of life and being consensus-oriented (Hofstede, 2001).

On the masculinity scale Ukraine is relatively low. A large Ukrainian sample received a score of 13, compared to Russia with -5; Belarus, -3; and at the higher end, Japan 95; China, Germany and Great Britain with 66. If Ukraine is indeed modest and caring as defined by this scale, Ukraine would be accepting of BSFT & therapy in general due to a tendency for cooperation and consensus.

The second of Hofstede's scales is Individualism. Its opposite, Collectivism, represents a preference for a tightly-knit framework in society in which individuals can expect their relatives or members of a particular in-group to look after them in exchange for firm loyalty. The scores

of a large group of Ukrainians place them in the center of this category. A society's position on this dimension is reflected in whether people's self-image is defined in terms of "I" or "we."

Ukrainians scored 51. High on the independence scale are the United States (91) and Australia (90); low on this scale are Pakistan, 14 and China, 20. Therefore Ukraine appears to be neither sharply individualistic nor collectivistic (Hofstede, 2001). Ukrainians would appear to be accepting of the process of co-constructing of solutions.

I would add three factors based on my own observations while living in the former Soviet Union. At a Bible Institute where we taught, a student questioned the need to plan for more than one session with any client. He said that traditionally, someone would go to the Orthodox priest, and ask their question. The priest would then answer. The answer would be the right answer, and the person would leave, with the problem having been solved. This expectation of a short-term encounter with a church authority may show that brief therapy might meet a general society-wide expectation.

Secondly, it would be hard for me to say how many times I have heard the statement that a Slavic country needs "a strong leader." People have explained that the Slavic nations have a history of following a strong leader, have become used to a strong leader, and many want a strong leader. Someone looking for a leader would seem to respond well to a directive form of therapy.

A final observation is that BSFT is not a complicated field of study. A BSFT therapist need not spend years in learning the basics of BSFT. The question was posed, is BSFT appropriate for this culture? If the answer is yes, then having more practitioners ready sooner than later would be a benefit to the culture.

This is not to say that BSFT is easy, shallow, or simple. Certainly a church leader considering training in counseling skills must have a solid foundation in understanding people, and have a firm grasp of the skills that a counselor must have. Then the prospective counselor ought to have a considerable period of time in training as an intern, in order to solidify their learning, and see from actual practice how the human change process actually proceeds.

But, with a basic foundation, an individual could become prepared to practice BSFT in a considerably shorter time than someone preparing to practice, say, psychoanalysis, Adlerian therapy, object relations therapy, or psychodrama.

The original question was, "can brief therapy work in Ukraine?" My answer is, yes it can.

Ukrainians will follow the leadership of a competent trustworthy guide. They expect a short process.

And, there is a need. "Most Ukrainians feel that they do not have access to acceptable healthcare services in their neighborhood – 82 per cent of women and 79 per cent of men" (Standing G. & Zsoldos, L. 2001, p. 3).

The church has a unique opportunity at this time to provide soul care, at a time when there are inadequate mental health services in the country (Voytenko, 2005). With the great amount of mental, spiritual and emotional problems, psychologists, pastors and lay counselors must be trained.

The economic and societal barriers are significant. And the church is not uniformly convinced of the need for psychological services.

Brief solution focused therapy does work, and it can work here, but some time is needed. Time is needed to build up trust of psychotherapy in society at large. Time is needed to build up trust with the church and its people.

Time is needed to raise the level of professional skills among Christian psychologists. And time is needed for psychology, psychiatry, the medical profession and the medical system to rebuild an efficient support structure, an efficient health care system.

Finally, Christian psychology must become contextualized for Ukraine. Contextualization is a complex process of translating concepts that goes far beyond verbally translating concepts. Hesselgrave & Rommen, (2000, p. 200) describe contextualization in missions as the "attempt to communicate the message [of God's revelation in scripture]... that is meaningful to respondents in their respective cultural and existential contexts."

Ukrainians themselves will do the best contextualization of Christian psychology for Ukraine in the coming years. I look forward with anticipation to what God will do in Ukraine for those who suffer in soul and spirit, through Christian psychology.

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