An Interview with Julian Chehirian

Psychiatry and its Social History in Communist Bulgaria

Julian Chehirian, a young American scholar, presented his research on a thrilling, yet understudied field in Bulgarian social sciences: the social history of psychiatry and psychopathology under communism. His lecture was based on the findings of his ten-month period of anthropological fieldwork and archival research conducted in Bulgaria as a US Fulbright grantee in 2014–2015.

Julian Chehirian's (American University in Washington, D.C) special interests are anthropologies of consciousness and social histories of science and medicine, and his work is on the intersections of individual embodied experience and abstracted bodies of scientific knowledge about human minds and bodies. His past and present work examines philosophical and psychoanalytic concepts of intersubjectivity (psycho-developmental and psycho-social) as they can be applied to the study of social and political dimensions of experience.

The Body Speaks: Excavating Psychological Crisis in the People's Republic of Bulgaria

What are the human and cultural consequences of a government's standardisation or suppression of approaches to mental healthcare? The lecture offered a critical inquiry into the social history of psychiatry and psychotherapy in Bulgaria. In 1950, a meeting of the Soviet Academy of Sciences catalysed a totalising transformation of psychiatry in the Eastern Bloc. An aggressively empirical, materialist and bio-physiologically oriented Pavlovian framework was declared at that meeting to be the only scientific approach to the study of psychology and the treatment of mental illness. In Bulgaria the decree was mirrored by a local Pavlovian committee and a re-orienting of national mental healthcare institutions and practices. 'Western', 'bourgeois', psychoanalytic and individual-centric therapeutic methods were suppressed. Theoretical and pedagogical materials were censored. The lecture examined how a communist-era restructuring of Bulgarian psychopathology affected individuals-in-crisis, seeking help and understanding about distressing psychological and bodily experiences. It explored how the suppression of an integrated psychosomatic approach to diagnosis and therapy led to a theoretical and experiential shift in the perceived locus of an individual's psychopathological symptoms. The lecture demonstrated how from the 1950s and onward the body increasingly became a surface for symptomatic 'idioms of distress' that narrowed both individuals' means of articulation and psychiatrists' methods of interpretation and diagnosis.

What sparked your interest in the state of psychiatry and its history in communist Bulgaria?

Julian Chehirian: I studied the philosophy of language, mind and psychology as a university student. I eventually became interested in psychoanalysis as an intellectual tradition and a clinical practice. I became aware, however, that the current paradigm for mental healthcare in the United State is predominantly biomedical, pharmacological and cognitive-behavioural. This had little in common with psychoanalysis. I turned my attention to medical psychiatry as one of the dominant approaches to understanding and treating individuals with divergent, unstable and traumatic forms of experience. I began to work at a psychiatric hospital in Washington, D.C. – the first federally run institution of its type in the United States. I was able to both help individuals in my community and to observe how individuals' interior worlds were being understood and problematised clinically in that environment. This furthered my interest in the varying historical approaches used to identify, analyze and treat problems in an individual's body and mind. I had read reports by the Bulgarian Helsinki Committee and Amnesty International concerning structural issues with Bulgaria's mental health care system. I did not know much at all about the history of psychiatry in Bulgaria. My initial research and conversations with Bulgarians suggested that it was an underexamined issue—especially the legacy of psychiatry

during the communist period. While at first I was curious about the exploitation of psychiatric care for the political repression of individuals, over time I became increasingly interested in contributing to our broader understanding of the social experience of mental illness and the social history of psychiatry in Bulgaria, both of which have had turbulent and varied recent histories.

Bulgaria, as a member country of the Eastern Bloc, was under Soviet influence. Did you have any prior knowledge of the state of the art of mental care in the former Soviet Union?

J. Ch.: I studied the intellectual history of psychology in Russia and the Soviet Union. Preceding an explicit shift of interest away from the soul and towards the examination of the material and physiological underpinnings of human experience, heretical discourses in the Orthodox church made way for materially and bodily-focused speculations about the relationship between mind, soul and body. While Pavlov is known as the 'patron saint' of Soviet psychology, there was a longstanding tradition of interest in connections between physiology and psychology in Russia. The canonisation of Pavlov and his research is best represented by the 1950 'Pavlovian Session' of the Soviet Academy of Sciences. My research in Bulgaria was stimulated by the question of how this crucial event was mirrored in other socialist countries. This session affirmed the unity of Pavlov's scientific teachings and Marxist-Leninist ideology and also differentiated the 'true' Pavlovian teaching from unorthodox interpretations. While this was the ideological narrative behind Soviet psychology and psychiatry, in practice these disciplines were empirical. My study of a Soviet psychiatric textbook from the 1940s indicated the total domination of physiological and pharmacological methods of treatment.

What impact did the Soviet model of psychiatry leave on Bulgarian practice?

J. Ch.: Bulgaria was one of the last countries in Eastern Europe to develop a modern medical psychiatric tradition. The period after the country's Liberation from Ottoman rule to 1944 was explosive in terms of growth and development, with the first psychiatric clinic opening in 1888. After the communist takeover in 1944 there was a reorganisation of the health services. Private practice was outlawed and an ideological reassessment of western psychological theory was initiated. Towards 1950, a Soviet model (*Pavlosvsko uchenie*, i.e. the Pavlovian doctrine) became a standard for the instruction of students of psychiatry and for the scientific community. Alternatives to a bio-physiological approach to the analysis and treatment of pathological conditions, such as individual or group-based talk therapy, were censored and suppressed. The repression was not completely successful, however. Certain practitioners (like Prof. Nikola Shipkovenski) endured harassment and persecution and contributed novel ideas that stimulated uniquely Bulgarian clinical approaches within the Soviet framework. If these were the effects of the Soviet model on the psychiatric profession, what about its effects on individuals who were in need of psychiatric consultation and treatment? The regime's practical and intellectual control over psychiatric science and clinical practice led to a reduction of the spectrum of possible therapies that individuals could access. Psychological distress became a medical issue requiring medical intervention in a medical environment. Psychiatric consultations in a polyclinic, for example, were subject to a ten-minute limitation – the same period of time allotted to other medical consultations. A Marxist-Leninist understanding of mental illness as a symptom of the capitalist system led to the marginalisation of social discourses about mental illness. During the communist period and still today, many Bulgarians suffer from lighter forms of mental illness but do not seek out help because of stigmatisation and disbelief that they have a problem. Heavier forms of mental illnesses form a social and cultural reference point for *ludost* (madness) and *ludnitsi* (lunatic asylums).

What were the major differences between the Western and Soviet models in psychiatry?

J. Ch.: One major difference with the Soviet model was its institutional context—a centralised, government-run healthcare system. This differs greatly from a free-market model, where private practitioners can offer a broad spectrum of treatments. The repression of psychoanalytic theories and methods in the Soviet bloc is a significant difference. Both Western and Soviet psychiatries developed along biomedical trajectories in the twentieth century, although it seems that there was a significant split in the development of psychology in these two worlds. In the Soviet world it sought to confirm Marxist-Leninist philosophy and ideology, whereas in the West it became a diverse and popular clinical alternative to pharmacological treatment (self-help books, on one end, and cognitive behavioral psychology, on the other, are examples). I don't mean to say that the abundance of possibilities for mental health care in a free market system were available to everyone in Western societies. Social class position limits individuals' access to opportunities for care. The insurance industry is an analogue to an institution that mediates individuals' access to practitioners and treatments.

Did you locate any material proving the use of psychiatry for political repression in Bulgaria? Can you think of similar practices in the United States?

J. Ch.: I encountered testimonies of Bulgarians who were subjected to involuntary treatment. These were often marginalised characters falling within a broad spectrum – an anarchist, a vagrant traveller, a homeless man, and Nikola Kazakov, the younger brother of the Bulgarian artist Dimitar Kazakov 'Neron'. Some were victims of unnecessary psychiatric hospitalisation.

The political abuse of psychiatry in communist Bulgaria has not been studied seriously and systematically yet. Dr Kiril Milenkov, a psychiatrist who worked at the *Fourth Kilometre* hospital, offers us some starting points. He notes that there was a special ward, purportedly for the criminally insane, which psychiatrists on duty could not enter without the presence of a militia guard. The militia would not allow private consultations between these patients and their doctors. Psychiatrists were not allowed to make changes to their treatment plan. These were serious infractions upon one of the core principles of medical care in the Western world – confidentiality. The government's presence in this almost sanctified context is telling. Dr Milenkov tells us that artifacts of abuse, such as hospitalisation documents, are either non-existent or have been since destroyed. He also notes that practitioners of his generation are seldom willing to speak of these occurrences.

In the United States there is an awareness of psychiatric abuse, neglect and excess (as with lobotomy). In the nineteenth and twentieth centuries, minorities who did not integrate well were sometimes placed into assimilating institutions which included boarding schools and psychiatric hospitals. Native American and black American communities have been victims of institutional mechanisms for homogenising differences in their languages and cultures.

What are your most interesting research findings here?

J. Ch.: One of the most interesting questions emerging from my research is: what effects have the transformations of psychiatry and psychotherapy in Bulgaria had on people? How did these structural changes affect the trajectory of their illness, their understanding of it, and their potential to improve? A fascinating part of my research here has been talking to individuals who, at some point in their lives, had been in need of help to deal with psychological distress and instead were confronted with isolation. My most interesting findings have been interviews with individuals about their experiences with psychiatric care and psychotherapy. While an exhibition that I organised at the Red House in September 2015 examined the social history of psychiatry from a structural point of view, I have also been collecting these individual narratives and testimonies. I am also interested in the status of talk-therapy during the communist period. I learned that a group of practitioners in the 1970s practiced individual-based talk therapy in secret, after official working hours, with adults in a children's clinic in Sofia. I learned about ways in which Bulgarian practitioners practiced psychoanalytic therapies by encoding their rationale in the necessary empirical and physiological discourse of the time.

Your lecture at CAS was very well-attended. Did you receive questions or comments which would prove useful for your further studies?

J. Ch.: There were great questions from people from different walks of life – psychiatrists, sociologists, anthropologists, journalists. Dr Daniela Koleva made a stimulating comment on what I had addressed as 'aggressive materialism' toward the study of mental problems. She mentioned that in the 1970s there had been a significant debate in the Soviet Union about materialism and the body which had been taken up philosophically. This is a topic which I would definitely like to explore. Another excellent question was about work therapy and to what extent it was practiced here. A study conducted in Vermont on hospitalised schizophrenic patients revealed that work might be fantastically effective as a therapeutic strategy. In Bulgaria, work therapy was part of the psychiatric practice. However, from what I read, it lacked proper organisation in hospitals.

What are your academic plans once you return to the United States?

J. Ch.: I may continue my study by examining the social history of mental illness in the United States. In general I would like to continue working at the intersection of anthropology and the histories of science and medicine. My next step may be a PhD programme. Let's see where things will take me.

Interviewed by the Editor