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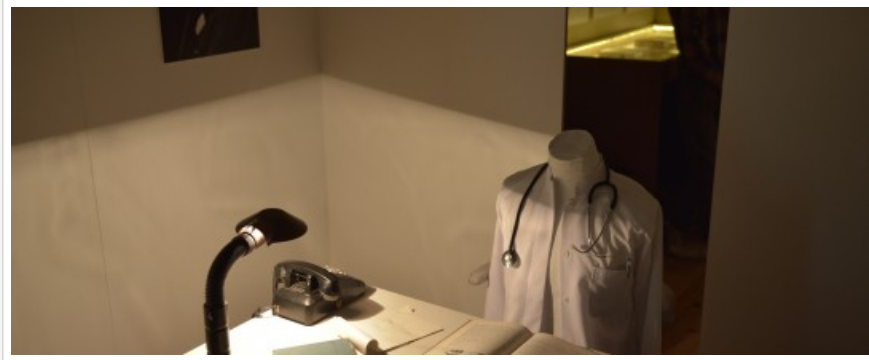
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Interview with US Student Researcher Julian Chehirian



On September 24, 2015, US Student Researcher Julian Chehirian gave a presentation to a standing-room-only crowd at the Red House to launch his exhibit "Excavating the Psyche: The Social History of Psychiatry in the People's Republic of Bulgaria." The exhibit, which ran until October 9, included his research findings, archival photographs, textbooks, and medical equipment, as well as a multimedia installation. Julian, who was born in the US to Bulgarian artists who had emigrated from Sofia and Tryavna, became interested in psychiatry while volunteering at a psychiatric hospital in the US. This experience prompted the young American University graduate to explore the history of psychiatry in Bulgaria, especially during the socialist period.

How did you become interested in psychiatry, and psychiatry in Bulgaria in particular?

I can trace my interest in psychiatry to my past curiosity about philosophies of mind and language. I wanted to know more about the embodied development of human subjectivity and so I began to learn about psychoanalysis with an interest in its clinical application. Over time I sensed that this discipline, despite being so intellectually satisfying, has little to do with the ways in which contemporary Americans most often make sense of moments of distress, upheaval and of mental illness. While working as a volunteer at a psychiatric hospital I was able to observe the current and dominant model for understanding and treating individuals whose interior experience deviates heavily from the social norm. This paradigm is a biomedical one. Analysis and care is directed at biological, physiological and neurological dimensions of an experiential problem.

The history of psychiatry in Bulgaria interests me because in a period of just sixty years (from 1890 to 1950) you can observe a rapid series of transformations to the theoretical and clinical structure of care for mentally ill individuals. In 1888 the first functional Bulgarian psychiatric clinic was unveiled in Sofia. In the first decades of the 20th century cutting edge European biomedical and psychoanalytic methods were introduced. A national psychiatric network was constructed and expanded. In 1944 this system underwent structural and ideological transformations no less significant than the changes occurring in the period of early 20th century modernization. The 'psyche' and 'self' were rejected as significant concepts for the theorization and treatment of mental illness. Attention turned, instead, to the material (e.g. biological, physiological) underpinnings of these dimensions of experience. In 1950 a codified Soviet psychiatric model was introduced, solidifying the dominance of a scientific paradigm distinct from the cultural and intellectual underpinnings of western European psychology. Within one's lifetime the horizon of possibility for mentally

ill individuals changed so radically. When I realized that little has been written about this history in current scholarship it became clear to me that I should work on it.

We tend to think of psychology and psychiatry as relatively “modern” fields – Freud himself lived until 1939, for example. How deep are the roots of psychiatry in Bulgaria?

I have been interested in an anthropological field that is called ethnopsychiatry. From reading ethnographies about mental health practices around the world I can see that ‘psychiatry’, broadly conceived, encompasses a spectrum of different practices concerning themselves with abnormality of mind, behavior and consciousness. As a field closely tied to medicine, western psychiatry is indeed modern. Psychology and psychiatry, insofar as they are cultural responses to problems of human psychological diversity, pre-date the contemporary western form of those disciplines, which indeed in that sense are modern fields! If we take into account pre-modern traditions concerned with the study of human psychology, as well as pre-modern psychiatric practices, they are deeply rooted in Bulgaria’s past. I have come across information about a tradition known as *Bogomilstvo*, as well as a practice known as *bayane*, from which it seems that there were rich spiritual and folk traditions concerning themselves with the interior state of the individual. There is a church in Melnik called St. Antoni. There you can see a supporting column around which are handcuffs. It is said that ‘possessed’ and deviant individuals were left for overnight stays beneath the altar. Pre-modern traditions included herbal medicine, baths, prayers, as well as seclusion in churches and monasteries. By the end of the Ottoman period we can see the emergence of modern European medical-psychiatric practices. This was definitely solidified by the founding of psychiatric clinics in Varna and in Sofia.

How did Bulgarian psychiatry change under socialism?

The new communist leadership centralized medical services. It outlawed private practice and purged hospitals and medical universities of politically questionable individuals. In the early years following 1944 there was a wave of repressions for doctors and medical students. Many were stripped of their ability to continue their professions or to become practitioners. This “sanitizing” in the medical community fortified the position of the Communist party in professional circles, emboldening party-member psychiatrists to harass colleagues with ideas diverging from Marxist-Leninist ideology. Psychoanalysis was subject to an ideological rejection. When it was mentioned it was in a critical light. Also, academic and scientific exchanges with Western Europe were re-routed to the USSR. The coordination of Bulgarian and Soviet psychiatries became more and more clear in the late 1940s and early 1950s, with textbook prefaces making this implicit fact explicit. In attempts to align psychology and psychiatry with Marxist-Leninist social ideology, mental illness was theorized in paradoxical ways: as an inheritance of capitalism (with neuroses and depressions), or as a physical deformation that could be shifted through physiological intervention (as with heavier deformations or deviations from the norm).

Have you found evidence that psychiatric treatment was used as a tool to quell dissent in socialist Bulgaria?

Yes, and it is complicated. Unlike with the former USSR and Romania, for example, where abuses of psychiatry have been brought into the light, in Bulgaria these things are unfortunately still a secret. Part of the reason for this is positive: abuses did not occur at the same rate or constancy. Patients who were enclosed in psychiatric wards against their will but who were not really there for treatment fell into a strategic category of criminal psychiatry—a sphere of practice which already accounted for the isolation and mistrust of such individuals in a therapeutic setting. During my Fulbright research period I was able to identify several inlets to the question of political abuses of psychiatry in Bulgaria. It is a project unto itself—one that I hope to return to in future field work in Bulgaria.

What strategies did doctors and patients use to explore alternative treatments?

Several Bulgarian psychiatrists made use of therapeutic frameworks that interacted with the contents of the psyche, but which were not overtly incompatible with a Pavlovian, physiological explanation of their functionality. Such systems were viable alternatives due to their abstraction from the logic and rhetoric of Freudianism. Simultaneously, they encouraged the analysis of one’s subjectivity towards the resolution of psychotrauma.

In the 1960s, a group of psychiatrists commissioned to produce a critical evaluation of Freudianism produced an interesting series of developments: some of them left Bulgaria and became psychoanalytic practitioners abroad. Others stayed in Bulgaria and began to practice individual-focused psychotherapy in secret after working-hours. These

practitioners, in addition to the Danube psychiatric symposiums of the 1970s, opened up new horizons and new alternatives for practitioners and patients alike after the comparatively stringent orthodoxy to the Soviet model in the 50s and 60s.

How has Bulgarian psychiatry changed post-communism?

Psychiatrists today have the freedom to be interested in alternatives to textbook psychiatry and to allow it to inform and shape them as practitioners. Nevertheless, the communist-era rejection of a psychosomatic approach to analysis and treatment of psychological and somatic conditions continues to affect Bulgarian medicine and psychiatry today. For example, in the National Health Care System, a consultation with a psychiatrist is timed to be the same as with other medical specialists—10 or 15 minutes. This practice from the socialist period remains in place. Psychiatry continues to be a medical rather than a humanist discipline, with a biomedical and pharmacological approach being dominant models. However, there is a renaissance of psychoanalytic, individual-centric therapies unfolding, with practitioners and associations popularizing these more open-ended and narrative forms of interaction between individuals and therapists.

Can you talk more about the exhibit at the Red House itself? What was the concept behind the installation? What items did you decide to include and why?

There were two approaches taken in this exhibition about the social history of psychiatry in Bulgaria. The idea was to demonstrate how at different moments in the recent past, individuals with atypical experiences were set against a differing horizon of cultural and scientific possibility for making sense of those experiences. The first approach taken up by the exhibition can be called 'material history'. I assembled a chronology of texts from 1933 to 1989—showcasing how the clinical and theoretical framework within the psychiatric profession changed over the course of five significant phases that I chart out (Liberation-1944, 1944-1950, 1950-1975, 1975-1989). The idea was to show artifacts of a shifting and evolving landscape for practitioners studying mentally ill individuals, and for individuals having experiences that are documented in these clinical literatures. Also displayed by these texts were photographs from three periods of Bulgarian psychiatry: the modernization period of the early 20th century, photographs from the Karlukovo and Lovech hospitals in the 1960's, and psychiatric portraits from the 1970's. This portion of the exhibition strove to trace the outlines or contours of the psychiatric discipline (and in this way to help us to imagine the differing possibilities for self-understanding available to individuals in contact with psychiatric care).

The installation had a different purpose. It was a speculative reconstruction of an encounter between a psychiatrist and a patient in an outpatient clinic during the peak of the strictly biomedical Soviet model (1950's-60's). During the period when I first began to work out ideas for a multimedia exposition of my research, I was interested in the interpersonal interactions between practitioners and patients in a clinical setting. Specifically, I was interested in clinical knowledge as a mediation of an intersubjective experience. I often met with psychiatrists in Sofia in their offices. In one such clinical space there was an object that I eventually took notice of. It was a medicine cabinet. What is a medicine cabinet doing in a space devoted to the analysis of the human mind? I realized that I had stumbled into a clarifying concept—a literal representation, as well as a metaphor for the medicalization of psychological distress in the People's Republic of Bulgaria. I acquired a cabinet and began to fill it with objects: instruments and apparatuses used in the field of medicine to gain empirical insights into the state of the body. Pills—Blood pressure meter—Cardiograms—Thermometer—Syringe—Needles—Testing Strips—Surgical instruments. I began to think about the clinical space that had contained and contextualized the cabinet.

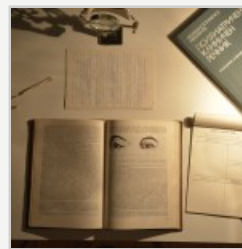
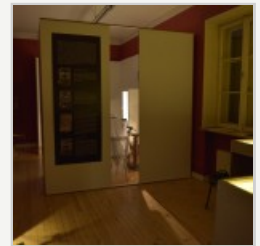
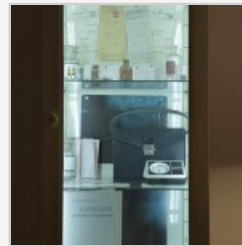
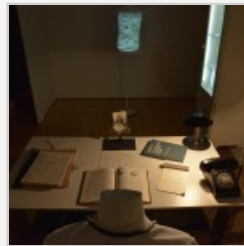
Representing time and process was one of the complications that I ran into. It also demanded a creative solution that turned into one of the most interesting dimensions of the installation. In thinking of how to represent clinical dynamics, I began to storyboard the encounter. I got Dylan Burchett, a composer, to create the sonic equivalents of these interior and interpersonal experiences. The end result was an exciting collaboration. Over the course of 16 minutes, four significant phases of experience can be observed within the space: I. Developing the Subject, II. Trauma Emerges, III. Consultation, IV. Beyond the Session.

What reactions have you heard from Bulgarians about the exhibit?

The exhibition was met with a surprising amount of enthusiasm and curiosity. A truly remarkable range of people attended: psychiatrists, mental health professionals, students from the humanities and social sciences, historians, journalists, high school students and

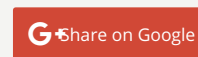
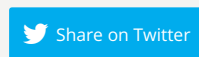
artists. The turnout indicated to me that there is a widespread interest in questions about the history of psychiatry in Bulgaria. I had hoped that the lack of written material about this history would be reflected in a positive turnout, but I don't believe that I was prepared for the very personal interest that many of the visitors seemed to have. Journalists from radio, print, and online publications focused on different aspects of the project and the research that generated it.

I sense that there is something about a project that deals with how individuals have made sense of themselves in the recent past (and the ways that institutions have made sense of them) that provokes curiosity about current identities and experiences—that raises questions about the present-day experience of being an individual in Bulgaria.



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