
Benevolent spokespersonship as a barrier to deinstitutionalisation in Bulgaria

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Abstract

Recently two important documents appeared – the report of *Validity Foundation* on deinstitutionalisation in Bulgaria (2021)[1] and the report of the European Committee for the Prevention of Torture (2020).[2] One of the key conclusions of the first is that the attempts to address institutionalisation started 20 years ago and no real advance has been made. The latter additionally reveals that the rights and dignity of patients in Bulgarian psychiatric establishments and social care homes are still not adequately protected, but also that practices of obvious cruelty, abuse, and humiliation are widespread.

What is surprising in this quite bleak situation is that patient or carers' activism is largely missing and mobilisations from below are virtually non-existent in present-day Bulgaria. In this context, the aim of this presentation is to share the results from a conducted research on the specificities of the historical process that led to this non-participatory state of mental health activism in Bulgaria. I argue that the absence of patient activism is at least partially linked to the way in which mental health advocacy emerged and developed locally. It was appropriated from the very beginning by the mental health professionals and was strategically staged as a benevolent gesture on their part aiming to give a voice to the patients and to speak on their behalf. What is distinctive is that they framed it as naturally ensuing from a *shared* experience – both of patients and professionals – of stigmatisation, marginalisation, and lack of recognition by the state and the general public. Thus, the imagery of *common interests* was constructed – crucial tactics, which additionally affirmed the conviction that mental health professionals are trustworthy spokespersons.

This framing of the relationship between professionals and patients first appeared during the last decade of state socialism and was additionally cemented thanks to the broader political transformations after its demise. The new liberal and democratic rhetoric, which came in vogue after 1989, and stressed rights, informed consent, and empowerment created the appearance that mental health advocacy is undergoing progressive changes. In the same time, however, its core logic remained intact. Thus, this toxic model of benevolent spokespersonship traveled unquestioned across the different political constellations. This model is alive and well also today despite all deinstitutionalisation efforts and the ratification of the CPRD.

The research is based on content analysis (Hsieh and Shannon 2005; Krippendorff 2003) of textual data that includes academic journals, textbooks, and monographs in psychiatry and social work. Additional sources are the websites of the leading NGOs in the field.

Alcoff, Linda. 1991-92. "The Problem of Speaking for Others." *Cultural Critique*, 20:5–32.

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Rashed, Mohammed A. 2016. *Madness and the Demand for Recognition A philosophical inquiry into identity and mental health activism*. Oxford: Oxford University Press.

Pels, Dick. 2000. *The intellectual as a stranger: studies in spokespersonship*. London: Routledge.

Validity Foundation 2021. *Deinstitutionalisation and Life in the Community in Bulgaria. A Three-Dimensional Illusion*.

Council of Europe, Committee for the Prevention of Torture 2020. *Report to the Bulgarian Government on the visit to Bulgaria carried out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment*.