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BOOK REVIEW

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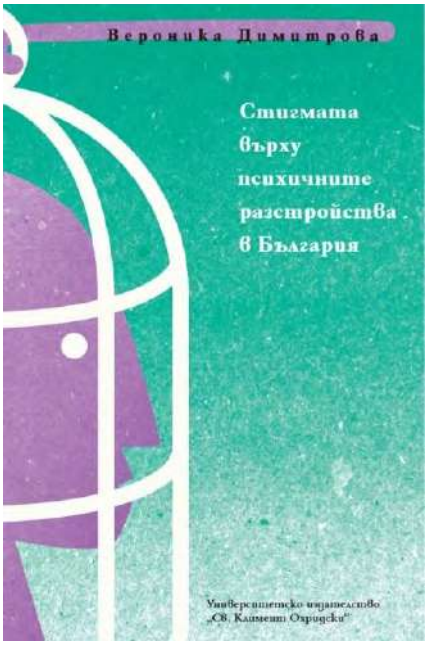
From the Side of the "Weak Opposite": The Double Stigma on Mental Suffering[1]



Abstract: *The review discusses the monographic study* The Stigma on Mental Disorders in Bulgaria *[Стигмата върху психическите разстройства в България] by Veronika Dimitrova. The book examines how mental disorders are stigmatised in Bulgarian society and explores what it means to be perceived as 'mentally ill' or to 'bear mental illness' within this context. Dimitrova emphasizes the social construction of stigma and highlights the double burden faced by individuals with mental disorders – stemming both from the condition itself and from the societal labelling and marginalisation it entails. The sociological analysis employs a combination of qualitative and quantitative methods to investigate public attitudes toward mental disorders and those affected by them. It also sheds light on the complex relationships these individuals develop with their condition and with their*

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identities as 'ill', 'disabled', or 'patients'. While the author briefly outlines the legacy of the Bulgarian socialist regime in relation to psychiatric care, she challenges this legacy by giving voice precisely to those who have usually remained unheard until now.

Keywords: *mental disorders; illness; stigma; psychiatric care; disability.*

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When discussing the attribution of *affirmative*, *negative*, or *deviant identities* as forms of social categorisation, one encounters the binary logic of so-called "strong" and "weak" opposites – such as 'the rational' and 'the insane', or 'the healthy' and 'the ill'.[2] The latter are typically framed by normative culture as deprived or inherently lacking some aspect of "normalcy", and are therefore often positioned outside the bounds of full agency and responsibility within the shared world of the *sensus communis*. This book seeks to unpack the structural mechanisms and discursive predications that place individuals with mental disorders on the "weak side" of this binary divide, while simultaneously creating space for their own voices to emerge. In this respect, Veronika Dimitrova's monograph "The Stigma on Mental Disorders in Bulgaria"[3] represents a significant and timely contribution. Her study is developed within the framework of the project "Mental Health and Social Inequalities", which engages with mental suffering along three main dimensions: its representation in media discourse, public attitudes toward mental disorders, and, crucially, the lived experiences of those diagnosed with such conditions (p. 9).

Dimitrova continues this exploration within the theoretical framework of stigma – understood as a mark or attribute whose negative social perception may come to dominate or "swallow" one's identity. In classical academic literature, stigma is often treated as a subject of secrecy, concealment, or impression management, wherein the individual or group attempts to "pass" as 'normal'. At the very beginning of the book, Dimitrova asks not whether mental disorders are stigmatised in Bulgarian society – an assumption the reader quickly comes to share –

[2] Or 'the adult' and 'the child', etc. (cf. Deyanov, 2006).

[3] Вероника Димитрова. (2025). *Стигмата върху психичните разстройства в България*. София: УИ „Св. Климент Охридски".

but rather *how* this stigmatisation operates and with what consequences (ibid). Her focus is especially on conditions that, unlike diagnoses such as 'dementia' or 'mental retardation' (in the author's terms), lack an organic correlate – rendering them more resistant to medical 'taming'. As she argues "there is a dynamic relationship between the disorder itself and the individual, ranging from acceptance to rejection of the diagnosis, from incorporating the diagnosis into one's identity to limiting it to a distinct social role, from normalisation to normification and information control about the disorder itself in various ways, etc. This relationship is mediated by a number of institutional mechanisms, images and frameworks" (p. 121-122). The author examines these dynamics across two principal domains – theoretical and empirical.

The first part of the book offers a detailed overview of the sociological "scaffold" underpinning the study, structured around an adapted reading of classical works such as Erving Goffman's "Stigma: Notes on the Management of Spoiled Identity" (1963) and Kai T. Erikson's "Patient Role and Social Uncertainty" (1957). The author adopts a multiperspective and updated interpretation of these foundational concepts, engaging with a range of contemporary authors among whom Patrick Corrigan, Bruce G. Link and Ian Hacking.[4] The study is strongly influenced by the Chicago School of Sociology, as it situates concepts such as *illness* and *mental disorder* within social, cultural, and historical interpretive frameworks that mediate between everyday lay knowledge and (bio)medical expertise.[5] While the latter is positioned as the official or dominant discourse – analysed primarily through the lens of *medicalisation* – Dimitrova convincingly demonstrates that this field is not

[4] While in their majority they provide in-depth analyses of the social labels and effects of stigmatisation, it is noteworthy that the used standardised terminology retains, somewhat uncritically, a dominant discursive reliance on the (negative) institutional language of deviation.

[5] Throughout this review, I will try to adhere to the term 'disorder' as the principal designation – both because it appears in the book's title and because it aligns with the official clinical categorization employed by the "Diagnostic and Statistical Manual of Mental Disorders" (cf. APA, 2022). The book does not clarify whether the terms 'disorder', 'illness', and 'disease' are used interchangeably. My impression is that, while these terms represent conceptually differing forms of categorisation, they are operationally treated as equivalent in the study from a narrative point of view, albeit with an implicit differentiation between lay and expert discourses. A more explicit articulation of the research strategy in this regard would be beneficial, particularly in clarifying *who* speaks about the(ir) experience, *how*, and *through what discursive framework* of legitimisation, as such demarcations may also mark nuances in the attitude towards the condition.

insulated from the value-laden implications of everyday thinking. These normative undercurrents shape the entire process of *seeking*, *uncovering*, and *living with* a diagnostic label. In this context, the author engages with the concept of stigma across a broad spectrum of associated terms – such as "label", "stereotype", and "deviation" – while attending to the affective dimensions that they carry (e.g., fear, disapproval, suspicion).

The book also critically addresses the institutional logic that governs the diagnostic trajectory, revealing how individuals are positioned within a 'plexus' of interlocking roles: for instance, (psychiatric) examination leading to the role of the ill; hospitalisation to that of the patient; and certification of labour incapacity to the role of the disabled. These roles can act as "identity hooks" to which the 'Self' becomes tethered. While they may offer certain forms of practical alleviation from one's societal responsibilities, Dimitrova argues that they can also restrict the individual's horizon of possibilities. The author tries to illuminate these aspects with regards to the current landscape of the psychiatric care in Bulgaria, which still reflects the legacy of the "[s]ocialist institutional psychiatry [that] was influenced by the main trends in the Soviet Union and was built primarily on the principles of segregation and paternalism, despite declared attempts to create dispensaries" (p. 205).

Since Dimitrova emphasises the range of individual adjustment strategies – or the so-called 'moral career', that embodies a reflexive attitude towards the disease, the use of Goffman's concepts is analytically justified.[6] In her words, "[t]he stakes of the analysis in this book are to contain the processes that invisibly marginalise people with mental disorders, if we perceive recovery not only in a health sense, but as a process tied to identity – it is the experience of learning to live with the illness despite the illness" (p. 201). As she demonstrates, this relationship is often ambivalent: encountering the label of 'mentally ill' can be a stigmatising and even traumatic event, yet adopting the dominant medical framing of one's experience may also open a path toward what she terms "therapeutic optimism" – the belief that, even if a condition

[6] While it is evident that she follows the Goffmanian terminological apparatus – particularly through the use of notions such as 'the Self' – a more detailed theoretical engagement with the concept could be beneficial. Working with biographical interviews offers the opportunity to explore the attribution of stigma as a *performative act* (cf. Bourdieu, 1991), to explore the dynamic process of *identity construction* in the process of biographical narration, and further – to open space for an existential inquiry into the question of *who* one is beyond a constructivist or psychological interpretation (see Arendt, 1958: 179, 181).

cannot be fully cured, it can be managed or controlled through medical and/or communal means.

The second, empirical, part of the monograph is devoted to such narratives. The first two chapters of this section (Chapters Six and Seven) examine how individuals experience and make sense of their diagnosis. Dimitrova and her team collected 87 biographical interviews with individuals in remission from various mental disorders, as well as with their close relatives, to illuminate this aspect. The author adheres to the widely accepted distinction between 'severe' and 'common' mental disorders.[7] Regarding the former, she focuses primarily on individuals diagnosed with schizophrenia or bipolar affective disorder. Based on their testimonies, Dimitrova concludes that in these disorders the degree of stigma internalisation is substantial, and the biographical narratives are deeply marked by the presence of the illness, often perceived as a fate.[8] In such cases, the family often serves as a protective shell, and the disorder becomes an integral aspect of the individual's identity. Hospitalisation and pharmacological mitigation of the condition are the main therapeutic strategies.

In contrast to the over-institutionalisation of severe mental disorders, the cluster of diagnoses, referred to as 'common' comprises conditions for which "no institutional forms of support exist or [they] are only partially covered by the system for providing mental health services in the country" (p. 165). The primary interlocutors in this section include individuals with alcohol addiction participating in Alcoholics Anonymous,[9] as well as people experiencing anxiety or panic disorders, obsessive-compulsive disorder, and depression. Dimitrova observes a notable tendency: such experiences might remain unrecognized as a 'legitimate disorder' by both laypeople and medical professionals. Alcohol dependence, for instance, is often interpreted not as a psychiatric issue, but as a manifestation of weak willpower or failure, even by physicians and therapists. Similarly, in the case of anxiety and panic disorders, their prevalence and familiarity among the population might dull

[7] Here, Dimitrova employs the established demarcation, which differentiates between two distinct measurement criteria: quality and frequency.

[8] The author provides several examples of such framing: adopting biomedical interpretation of the illness as a genetic predisposition; as a consequence of one's stressful life circumstances or social environment; or as divine punishment by God.

[9] As noted by the author, this is a group with established forms of organization and a shared narrative framework for making sense of one's condition. Further research could involve a comparison with individuals that are not engaged in such communities.

sensitivity to the individual experience as a genuine form of hardship and obscure the individual need for professional help-seeking.[10]

This notion resonates strikingly with Pierre Bourdieu's concept of *social suffering* – a burden that arises not only from the objective social conditions of one's life but also from its banalisation. Such distress is often seen as "ordinary" and unworthy of special recognition or intervention. As Bourdieu notes: "not even the deepest preliminary knowledge could lead to true comprehension if it were not accompanied both by an attentiveness to others and an openness towards them rarely met within everyday life. We normally tend, in fact, to accord to the relatively ritualized talk of relatively common troubles an attention merely as empty and formal as the 'How are you?' which triggers it off. We have all heard stories of struggles […], which we apprehend through categories of perception which, by reducing the personal to the impersonal, the unique drama to the commonplace, permit a sort of economizing of thought and emotion, in brief, of comprehension." (Bourdieu, 1996:23).[11] This dynamic, as Dimitrova insightfully points out, can lead to what she terms the "stabilisation of the medical model" (p. 262) – a process by which individuals adopt and internalise the clinical framework as a means of explaining and legitimising their condition. The lack of strong institutional grip – since the respondents in this cluster usually turn to private practice or alternative support networks – is described by Dimitrova both as a hurdle and as a condition that loosens the *secondary deviance* (in Howard Becker's terms) associated with being diagnosed and labelled as 'mentally ill'. Such findings could lead to the assumption that, in the case of severe mental disorders, one's experience may be framed as radically different and, therefore, difficult to comprehend or make intelligible. Nevertheless, the relatively higher level of tolerance (p. 261) and shared experiential similarities in the so-called common mental disorders also do not necessarily guarantee genuine understanding on the part of others.

The final two chapters of the monograph focus specifically on public attitudes toward mental disorders. Dimitrova employs an adapted version of the CAMI III (Community Attitudes to Mental Illness) questionnaire, combined with 15 semi-structured interviews.

[10] In this sense, the dynamics between (opposing) interpretive frameworks – such as 'moral deviance' versus 'medical condition' – are particularly interesting, especially in light of concepts like the *medicalisation of mood* (cf. Rose, 2006).

[11] For an examination of different forms of social vulnerability in that respect, see for example Mineva, Tasheva, 2019.

Through this methodological approach, she aims to explore both how society perceives individuals with mental disorders and how mental illness is constructed through the lens of stigma. The results are difficult to homogenise or generalise; nevertheless, I will highlight two key findings. The first concerns the expressed "need to change the system for serving people with mental disorders" (ibid) and to humanise institutional care – an issue raised both by public opinion and by individuals with mental disorders themselves. This opens up a valuable conversation about the ambiguous place of psychiatric services in contemporary Bulgarian society, and suggests a need for reconceptualising care in more pluralistic and socially responsive ways. The second relates to Dimitrova's thesis that within Bulgarian society, mental disorders may be stigmatised due to their association with more severe conditions – such as schizophrenia – particularly through the notion of "danger."[12] However, the collected data exposed another prevailing image, one shaped by affiliation with organic mental disorders – and more specifically, with "mental retardation." According to Dimitrova, this links the public perception of mental disorder with the notion of *incompetence*. This frames a different form of deviation, one that may align more closely with infantilisation than, for example, criminalisation (cf. Kanoushev, 2020). Such an understanding may be reinforced not only by the closed, paternalistic nature of institutional care but also by a system of social services, which to some extent predisposes the pairing and equating of the categories 'disorder' and 'disability', and those of 'social support' with 'social benefits'. And, as she also points out, this may relieve individuals of certain social obligations, but at the same time, it can undermine their sense of agency.

In conclusion, Veronika Dimitrova's book offers a complex study of a complex issue. It tries to challenge common perceptions and draws on the life-trajectories of real individuals, illustrating the diverse ways

[12] A striking recent example of the 'in principle acceptance under the condition of no real contact,' as identified by the researcher, can be seen in the protests in late 2024 against the construction of a centre for people with disabilities in a residential neighbourhood in Varna. These reactions were fuelled by social anxieties and (deliberate) misinformation. One of the protesters stated: "We have nothing against this centre, but maybe it doesn't belong here because it's right on the boulevard", and another one adds: "Personally, I am afraid if there would be people with intense or severe mental retardation. What do we do if these people go out and walk around the neighborhood?", retrieved from https://bntnews.bg/news/zashto-grazhdani-se-obyaviha-protiv-izgrazhdane-na-dneven-centar-za-hora-s-uvrezhdaniya-vav-varna-1298566news.html, last visit 22.07.2025.

in which people negotiate their relationship with the disorder. It is an original work conducted within a research community with a clear interest in what is happening on the side of the "weak opposite".

Bibliography

American Psychiatric Association (APA). (2022). *Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR)*. USA: American Psychiatric Association.

Arendt, H. (1958). *The Human Condition*, Chicago: The University of Chicago Press.

Bourdieu, P. (1991). *Language and Symbolic Power*. Cambridge: Polity Press.

Bourdieu, P. (1996). Understanding. *Theory, Culture & Society*, Vol. 13(2), pp. 17-37.

Deyanov, D. (2006). Performativnata logika na ideologicheskia diskurs. V: Grekova, M., Kabakchieva, P. (ed.) *Otvad disciplinarnite (samo)ogranichenia. Sbornik v chest na prof. Elena Mihailovska*. Sofia: Universitetsko izdatelstvo "Sv. Kliment Ohridski". [**Деянов, Д. (2006)** Перформативната логика на идеологическия дискурс. В: Грекова, М., Кабакчиева, П. (съст.). *Отвъд дисциплинарните (само)ограничения. Сборник в чест на проф. Елена Михайловска*. София: Университетско издателство „Св. Климент Охридски"].

Kanoushev, M. (2020). Psychiatric Expertise and Criminal Stigma. *Critique and Humanism*, 53(2), pp. 9-38 [in Bulgarian].

Mineva, M., Tasheva, M. (sast.) (2019). Sotsialnata uyazvimost: sotsioanalitichni aspekti. Plovdiv: UI "Paisiy Hilendarski" [**Минева, М., Ташева, М. (съст.) (2019).** *Социалната уязвимост: социоаналитични аспекти*. Пловдив: УИ „Паисий Хилендарски"].

Rose, N. (2006). Disorders without Borders? The Expanding Scope of Psychiatric Practice. *BioSocieties*, 1(4), pp. 465-84.