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Chapter I
KOMITAS AND HIS TIME PERIOD

KOMITAS: PAST AND PRESENT PSYCHOLOGICAL FORMULATIONS

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The topic of this paper is the Artist’s self before and after 1915.

In 1915, Komitas Vardapet (Komitas, for this paper) was unexpectedly apprehended at night, taken to police station, then to central prison in Constantinople, without cause, with a slew of Armenian intellectuals and community leaders. The next day, the “prisoners” were transported by train to Ayash prison (including Komitas’s good friend, poet, Siamanto) and to Chankiri armory, where Komitas was taken. Komitas was one of the few, who was released back to Constantinople from Chankiri, while the great majority of the “prisoners,” including his good friends were killed, thus starting the massacres which were later referred to as the Genocide of Armenians.

Upon his return to Constantinople, Komitas showed signs of acute stress, followed by signs of post–traumatic stress disorder (PTSD). These symptoms are now considered natural reactions to the life–threatening fears he encountered during his sudden apprehension, imprisonment and exile. Komitas’s concentration wavered and he could no longer teach at the Armenian school in Constantinople; he was thus deprived of the only income that would pay his rent. He no longer had the income from the private students of music, nor from concerts he once used to give. The proceeds from his concerts were kept by a committee, for the founding of a conservatory in Constantinople; his rent was paid out of these proceeds to a member of the committee, who was his landlord. Panos Terlemezian¹ and Komitas had rented the house owned by Edward Karaguezian in 1910. In 1911, he had written to Etchmiatsin asking to stop his meager salary since he supported himself. In 1914, Terlemezian

¹ Panos Terlemezian (1865–1941) is an Armenian painter and a close friend of Komitas.

had joined the Van defense forces; therefore, Komitas covered the rent all by himself. In 1914, Turkey had already joined WWI and most male singers in Komitas's chorus were either drafted or escaped to Bulgaria. Besides, group gatherings were discontinued by Armenians for security reasons. Thus, Komitas could not assure an income; the monies saved from his concerts had already dwindled before his exile. Upon his return, the landlord had sent word that Komitas should pay rent or risk eviction; the idea of being homeless added to his stress.

His close friends understood his situation, although he tried not to reveal it, and they often invited him to dinner. In December of 1915, he submitted an essay, "The State of the Nation," to *Amenun Daretsuytseh*, that came to be published in 1919 and that became his last published essay². In 1916, while delivering a sermon on the anniversary of the Genocide³, his voice trembled and he was distracted for a moment surprising some in the audience⁴. Komitas, the jovial, fun-loving genius had changed. Also in 1916, his friend, publisher, Asdvadzadour Harents invited him to spend three months at his summer home, where in the comfort of an Armenian family he worked on dances for piano, considered by musicologists to be one of his important genres. While Komitas showed signs of acute stress, he was able to continue producing music. However, his mental health deteriorated, when he returned to

² **Կոմիտաս Վարդապետ**, Ազգին վիճակը, *Ամենուն Տարեցույցը*, խմբ.՝ Թեոդիկ, Կ. Պոլիս, 1919, էջ 61 [**Komitas Vardapet**, The State of the Nation, in *Comprehensive Year-Guide*, edited by Teodik, Constantinople, 1919, p. 61].

³ Psychologists consider anniversaries of traumatic events very difficult periods for survivors.

⁴ **Յ. Կարապետեան**, Կոմիտաս Վարդապետ (յուշեր), *Հայաստանի կոչնակ*, 1935, դեկտեմբերի 14, էջ 1185–1186 [**H. Karapetyan**, Komitas Vartabed (Memories), *Hayastani Kochnak*, 1935, 14 Dec., p. 1185–1186]. **Կ. Ուշագլեան**, Ինչպե՞ս փլուցվեց Վարդապետը. յուշեր Կոմիտասի հիանդության շրջանին (1915–1919), *Արածանի (Փարիզ)*, խմբ.՝ Շ. Միսաքեան, 1940, 1, էջ 70–71 [**G. Ooshaklian**, How Great Master Collapsed: Memories on Komitas's Disease Period (1915–1919), *Arac'ani*, ed. Sh. Misakian, Paris, 1940, p. 70–71]. **Ա. Մեսրոպյան**, Հուշեր, *Կոմիտասը ժամանակակիցների հուշերում և վկայություններում*, խմբ.՝ Գ. Գասպարյան, Երևան, «Մարգիս Խպենց-Փրիսթինֆո», 2009, էջ 389 [**A. Mesropyan**, Memories, in *Komitas in Contemporaries' memories*], ed. by G. Gasparian, Yerevan, Sargis Khachents–Printinfo, 2009, p. 389].

the indefinite conditions of his independent life in Constantinople. The landlord sent word, again, that he had to pay rent in order to avoid eviction. A friend noted that the raisins, which he liked to serve with tea were moldy, suggesting that he could not afford to buy fresh raisins. Finally, his concerned friends, including Dr. V. Torkomian⁵, who was exiled and released with him—decided to hospitalize Komitas without his consent – at La Paix French Psychiatric Hospital used by Turkish Military after WWI.

In the fall, he was hospitalized and the next day, his house was emptied, household items were sold or distributed, his music sheets and notes were placed in five boxes⁶ and taken to the Patriarchate for safe keeping.

It is noteworthy that Dr. V. Torkomian, a well-meaning friend, who was not a psychiatrist, forbid Komitas from “working”⁷ [i.e., composing or writing]. Hagop Sirouni, a teacher friend of Komitas, who later wrote in *Etchmiadzin* periodical, raised a question as to why Komitas was not taken to the Armenian psychiatric hospital, headed by psychiatrist, Dr. Kh. Boghosian, also an exilee, stating that Komitas would have gotten fine care there, instead, he was taken to a Turkish Military hospital! The negative significance of this choice remains to be explored. How can an individual traumatized by the actions of a government, accept treatment by doctors of this same government, how can he develop trust in them? In fact, Komitas reportedly refused to talk to doctors at *La Paix* Military Psychiatric Hospital.

⁵ In the United States, volunteers are brought in from a considerable distance to a trauma site in order to provide crisis intervention to traumatized individuals. In Komitas’s case, Dr. Torkomian undertook his care, even though he had been exiled with Komitas.

⁶ Some of the boxes were identified and taken to Soviet Armenia; the fate of the rest is only surmised: either forever lost or sent to Paris for publication, to generate money and support his hospitalizations.

⁷ In the past, experts believed that remembering past activities would stir memories of the trauma, which should be avoided. Currently, experts believe that the memories of traumatic event cannot be as bad as the events themselves, and the traumatized is encouraged to remember and process the events.

It was not possible for me to clarify the exact date of Komitas's hospitalization in Constantinople. It is possible that he was admitted at La Paix in 1916 and again, in 1917. His compatriot Garo Ooshaklian's statement suggests 1916, and Dr. Mazhar Osman notes May 25, 1917 as the date of admission. It is possible that he was released to the care of a relative in Gurucheshmeh village, then re-hospitalized in 1917. In time, more data will perhaps be available and clarify dates.

Recently discovered archival material⁸ indicates that in 1917 a request was presented to the Turkish Interior Minister to allow Komitas's passage to Europe for treatment purposes. The request was granted, yet Komitas was not sent until the spring of 1919. In 1918, Dr. Mazhar Osman, a Nobel Laureate with interests in eugenics & castration of mental patients to control propagation, became the director of *La Paix* Military Psychiatric Hospital. There is no indication that Komitas knew about Dr. Osman's expertise. In 1919, he was placed on a boat with two students, claiming to have been invited to a conference; in Marseille, Arshag Tchobanian, editor of *Anahid* and his good friend met Komitas and escorted him to the *Surb Hovhannes Megerdich* Church in Paris. Komitas was kept under observation, then committed to *Ville Évrard Pavillion* by the Caretaking Committee headed by Komitas's long-time friend, Margaret Babayan.

After a stay of two and a half years, his treating psychiatrist, Dr. M. Ducosté noted that the patient was self-sufficient, needed only a room and a psychiatrist who had the time to talk with him. In 1923, Komitas's fate changed even more with Dr. Ducosté's transfer to *Ville Juif* asylum (*asile*) for hopeless patients. While at *Ville Évrard*, Komitas kept asking visitor-friends for his rights: his keys, his notes; at *Ville Juif* he seems to have resigned to his plight.

⁸ **Գ. Յակոբեան**, Կոմիտաս Վարդապետի մասին անտիպ թղթածրար մը Թուրքիոյ վարչապետարանի օսմանեան արխիւներու մէջ, *Ազդակ*, 2017, մայիսի 1 [**K. Hagopian**, An unpublished document about Komitas Vardapet in Ottoman archives in the Turkish archives of the City Hall, *Aztag*, 2017, May 1].

The Caretaking Committee, on the recommendation of Dr. Torkomian, inquired whether Komitas could be sent to Vienna for talk therapy, and housing at the *Mekhitarist Abbey*⁹ was considered. The Committee later noted that Komitas could not be transferred since he was in an agitated state; the possibility of the brotherhood having refused to take responsibility was also suggested. Similarly, the Armenian seminary in Jerusalem did not extend an invitation stating that there were no psychiatrists in Jerusalem. Alas, he was not sent to Jerusalem where Armenian refugees had found refuge and where his “milk–sister,” cousin Marig lived. At the time, talk therapy was burgeoning with Freud and Bleuler and had he been sent to Vienna, he may have had a different fate. In the absence of such a transfer, the *Ville Juif* asylum became the Committee’s option of choice. Psychiatrist, L. F. Hovhannessian, who was knowledgeable in the French mental health law, explained that the doctors had to either release a patient or justify his placement in a psychiatric institution, thus the many diagnoses.

Dr. Hovhannessian, who studied Komitas’s mental health for her dissertation, maintained that the Caretaking Committee often times dictated treatment. Indeed, correspondence kept at *Ville Juif* archives suggests that. As Doctor Lwoff’s [chief psychiatrist at *Ville Juif*] children’s music teacher, Margaret Babayan, a member of the Caretaking Committee had leverage and a voice in Komitas’s treatment. It seems that Ms. Babayan, who was always loyal to Komitas, tried to help him by playing music, thinking that reviving his memory would bring Komitas back; yet, Komitas had uttered, “Stop! I do not need that!”

Komitas spent the rest of his life at this asylum, until his death in 1935; he died of an infection on the dorsal region of his foot. *Penicillin* was already discovered, yet, apparently it was not in use at this institution. A urine test was “negative” for diabetes. He received shock treatments and hot presses (*pensement*).

⁹ In Mechitaristengasse 4, ten–minutes–walk from Sigmund Freud’s home–office in Vienna.

One hundred years ago, mental illness was assessed differently than nowadays, when traumatized patients, even psychiatric patients are kept in the community with the use of medications. Freud would have treated Komitas's traumas with talk therapy; he may even have formulated a new theory of genocide trauma, different from his family-of-origin-trauma theory.

Instead, in Constantinople, Komitas's treatment by Dr. Torkomian consisted of the administration of tranquilizer. It is doubtful that Komitas received or accepted treatment at *La Paix*, where doctors should have recognized shell shock or Post Traumatic Stress Disorder (PTSD); there is a suggestion that Komitas refused to talk, particularly to Doctors. At *Ville Évrard*, treatment consisted of isolation and rest in a private environment; at *Ville Juif*, he received housing and shock treatments. It is possible that after being at this institution for years, he was given social responsibilities; a visitor reported that he bragged of being in charge of patients there. The possibility of his feeling in charge of a unit as a symptom of a delusion is not well substantiated without reality-based facts.

After knowing Komitas for 13 years, Dr. P. Ducosté wrote, "*I do not remember the diagnosis, I think they said, 'chronic delusion,' 'paranoid dementia,' 'paraphrenia.' Cognitive impairment is less noticeable, but since the patient does not say a word, it is difficult to know him.*"¹⁰ The treating doctors knew that Komitas was highly respected by the Armenian community, based on his visitors, yet, they did not know how to interpret his sense of greatness other than to consider him delusional. In order to properly assess delusion, a psychiatrist would have to interview the patient, stressed Dr. L. F. Hovhannessian, without it, it is not possible to diagnose delusion. The psychiatrists' diagnosis of "chronic delusion" is therefore not supported. "Paranoid" refers to Komitas's suspiciousness, a common consequence of PTSD and not

¹⁰ M. Ducosté, Lettre à Melle Babaian, [on Villejuif letterhead], Villejuif archives (1932, October 24).

one that necessarily suggests psychosis and schizophrenia, since it is a personality characteristic. There is a suggestion that Komitas was suspicious even before 1915, since he trusted the copying of his musical notes only to two individuals, Margaret Babayan and Dikran Chituni.

“... Dementia” and “paraphrenia” suggest cognitive deterioration. Dr. Ducosté notes that “*cognitive impairment is less noticeable*,”¹¹ suggesting that there may have been some cognitive impairment. In my opinion, Dr. Ducosté made reference to what we now call signs of institutionalization. Having spent nineteen years in institutions, it would not be surprising that Komitas showed signs of institutionalization, from lack of stimulation, even if he remembered dates of lent, raised interesting issues, and impressed visitors with his reasoning. In his summary statement, Dr. Ducosté himself had difficulty clarifying cognitive deterioration since Komitas did not say much. It is just surprising that a psychiatrist would not know the diagnosis of a patient over a decade of treatment!

Several visitors wrote that they considered Komitas sane, yet, the fact that he was in a psychiatric hospital, became proof that Komitas had a severe mental illness, that he was “mad.”

In psychology, the lay term, “mad” refers to a patient’s inability to reality test and inability to think logically. Komitas was able to reality test, after the initial years of his acute mental state; he was able to think logically, too. His responses to visitors¹² did not indicate any thought disorder. He tended to accept visitors he had not known previously and refuse to see old acquaintances. Whether he was embarrassed of his state we shall never know. He exhibited angry and depressed mood, yet, never attacked anyone physically. His anger at his friends for having prevented him from returning to his home was founded in reality, as was his anger at the Turkish government. As a spiritual leader, he had

¹¹ Ibid.

¹² See M. Karakashian, *Komitas: Victim of the Great Crime*, Yerevan, “Zangak” publication, 2014.

moral responsibility to protect his flock, which he had not been able to do. He could not retaliate; he was helpless. His depression, similarly was founded in reality, considering that to this day, over a century later, the Armenian people is still angry and depressed over the Genocide. Moreover, Komitas, having lost his mother and then father at a very young age, had familial pre-disposition for depression.

The National Alliance of Mental Illness defines mental illness as “*a condition that affects a person’s thinking, feeling or mood...*”¹³ Komitas’s thinking seems to have been intact, his affect was blunt or angry, his mood was depressed. As stated before, these responses are shown by Armenians around the world in reference to the 1915 Genocide. His condition failed to fit any known mental disorder. The effects of long-term institutionalization after a significant psychological trauma are considered in reference to his cognitive state. Yet, in the absence of face to face interview, it is not possible to determine the effects with certainty.

The main point is that Komitas, who was a creative genius, who had hypomanic characteristics, was jovial and friendly, drastically changed after 1915. Dr. Hovhannessian calls this change a “rupture” in Komitas’s self, considering that before and after 1915 he was dramatically different.

The old belief that Komitas was “mad” lingered on in Soviet Armenia and the Diaspora until 1991, when Dr. Louise Fauve Hovhannessian raised a new possibility that Komitas had not been “mad.”

Arshag Tchobanian, Komitas’s good friend, noted that a French Military physician he met in Beirut and then in Adana, told him that Komitas’s mental condition was incurable. Tchobanian also states that close friends knew that Komitas had an alcoholic legacy, had “strangeness”, but that it did not interfere with his creativity; had he not had the disturbing experiences toward the end of the war, he

¹³ www.nami.org/Learn-More/Mental-Health-Conditions, retrieved on Nov. 7, 2017.

would have continued as before.¹⁴ Perhaps Tchobanian’s impression contributed to the biased diagnosis. Komitas’s cousin stated that his father drank out of heartache, after losing his wife, Takouhi; and the priest–relative at Kutahya stated to editor and friend, Hrand Hrahan,¹⁵ who found refuge in Kutahya, that his father was never a drunkard, that he merely enjoyed a drink, he never lost his balance and fell on pavements, as was related by some. What is clear is that after a century and in the absence of scientific evidence, it is impossible to derive a valid conclusion that Komitas’s father was an alcoholic or that Komitas was indeed manic depressive, as defined today.¹⁶

Dr. Hovhannessian holds that Komitas exhibited signs of PTSD for 8 years, from 1915 to 1923, then signs of depression.¹⁷ I agree with her. My research led me to also conclude that Komitas who enjoyed recognition and a high position in Constantinople society lost it all in 1915; he realized that his “friends”, who meant well, did not understand his situation; he was disappointed that his landlord demanded rent when he did not work. He gave up his fight, resigned to withdrawal¹⁸, fell deep into depression and showed indifference or anger. He stated, “*I now sing only to myself and very softly...*”.¹⁹ In 1921, he had asked the priest of *Soorp Hovhannes Megerdich Church*, “*Tell me, is the work*

¹⁴ Ա. Չոպանեան, Կոմիտաս Վարդապետի «բանաստեղծութիւն»ները, *Աստիկ*, 1939, տասներորդ տարի, թիւ 3, սպրիլ–մայիս, էջ 1–10 [A. Tchopanean, Poems by Komitas Vardapet, in *Anahit*, Paris, 1939, April–May, year 10, No. 3, p. 1–10].

¹⁵ Հ. Հրահան, *Կոմիտաս. Կյանքն ու գործունեութիւնը* (Հուշեր), Երևան, ԳԱԹ, Կոմիտասի ֆոնդ 82, ձեռագիր, էջ 17 [H. Hrahan, *Komitas: Life and activity*. Yeghische Charents Museum of Literature and Art, Komitas Fund, No. 82, Yerevan, 1949, manuscript, p. 17].

¹⁶ Manic depression is currently treated with medication.

¹⁷ L. F. Hovhannessian, Le Reverend Père Komitas, Moine et Musicien Armenien (1869–1935), *Journal de l’UMAF*, 1993, 65, 14–24.

¹⁸ Read P. Terlemezyan’s report of his visit in 1921 in *Karakashian* 2014, p. 123.

¹⁹ As told to painter Panos Terlemezian. Published in *Կոմիտասը ժամանակակիցների հուշերում [Komitas in the Memories of Coevals]*, 2009, p. 261.

that I died for immortal?” and appeared calm hearing the Reverend say, “You are immortal, Komitas!”²⁰

Over the past century, with the advent of prescriptions and research-based new information, conceptions of mental illness and normalcy have changed; current formulation of Komitas’s mental state looks at the minds of creative people, who may exhibit ideosyncracies, may behave counter to society’s rules, yet who feel free to create. Moreover, individual differences seem to be tolerated more and more in present society, than a century ago. Therefore, Komitas’s ways would be considered part of the normal continuum. Current formulation also looks at Komitas’s family history: having lost his mother at a very young age, he had the pre-disposition to PTSD. His grandmother and aunts had cared for him as it was customary in Armenian families. His childhood was described as that of a depressed boy, who stayed outdoors, tended to be distracted and absent minded, attributed to his orphan-hood.²¹ Yet, I have not found any reference to little Soghomon having been “mad” in childhood. It is reported that he sang to kids, who intended to fight with him; they loved his singing; he thus entertained them. He surely was difficult to manage during his formative years by a busy extended family, who was overcoming famine in central Turkey.²² While PTSD diagnosis is part of DSM V, it is considered an appropriate reaction to an unusual situation. This suggests that the triggering factor is not internal (not physiological, not genetic), but external, traumatic experiences. PTSD is the brain’s manner of responding to outside threat. It is not craziness.

Often times, suspiciousness follows PTSD and is often generalized. For example, Komitas was weary of policemen, since he was escorted to

²⁰ M. Karakashian 2014, p. 125.

²¹ Հ. Հրահան, *Կովիդիսու. Կյանքն ու գործունեությունը*, էջ 22–23:

²² As stated by Hekimian. H. Hekimian, Soghomon’s childhood in Kütahya and his school days, *Nayiri* Weekly, 1980, no. 19–20, September. Hekimian was from Kütahya, and Soghomon opened his heart to him a few days after he arrived in Etchmiadzin.

his exile by policemen, one of whom had not even allowed him to drink water before the mules did! As an example of suspiciousness, we should listen to Komitas, who reported that his bowl of soup was inferior to other patients' at *La Paix* Turkish Military Psychiatric Hospital, where once he had found a piece of rope.

Komitas's reality testing was compromised under the threat of eviction in addition to his PTSD, when a neighbor's girl found him talking to himself in the garden.²³ Lack of reality testing and thought disorder are indicators of mental illness, yet, such symptoms may mask PTSD. It is my belief that it was compromised for a short period after 1915 when his income dwindled and his eviction or homelessness became a possibility. Komitas, not having a family and a home was very sensitive to homelessness. In *Komitas: Victim of the Great Crime*, I also entertained the possibility that not having an income and drinking mainly tea may have given Komitas a caffeine condition.

In sum, there are currently considerable differences in the treatment of PTSD compared to a century ago. Presently, medications make treatment in the community possible. In addition, the conception, definition, and treatment of PTSD have changed. PTSD is not “craziness.” It is a normal reaction to an abnormal situation that were Komitas's exile and the Armenian Genocide. We now know that an unresolved early trauma (i.e., in Komitas's case, the early loss of his mother, then of his father), pre-disposes the individual to PTSD; talk therapy, in addition to medication, is needed to help the survivor process his unresolved traumas. None of this was available to Komitas a century ago.

In Soviet Armenia and the Diaspora, the image of the silent Komitas became the symbol of the Genocide, the helplessness of the Armenian people to be heard and to achieve their rights. Komitas became the victim of the Genocide, even though he did not necessarily consider himself a victim. He merely lost hope and withdrew. In addition, by

²³ Հ. Սարգսյան, Մեռ օր մը, Հունուս, 1935, 2946, էջ 3 [H. Sarkissian, A Black Day, Harach, 1935, 2946, p. 3].

being considered “mad,” Komitas validated the traumatic nature of the Genocide. And thus, the Armenian people equated his mental condition to the severity of the Genocide. If Komitas became “mad,” then the Genocide was very disturbing and “maddening.”²⁴

Abstract

The article presents characteristics of Komitas’s self before and after 1915. The topic is the artist’s self as interpreted from a psychological perspective. It describes the traumas Komitas underwent and their possible effects on his behavior, which came to be referred to as “mad.” The article presents the circumstances of his hospitalizations, treatments he received in Constantinople and Paris, doctors’ opinions, and clarification of the terms “trauma” and “mad” in current understanding.

A point is made on differences in diagnoses and treatment methods between early XX century and current psychological approaches, on inconsistencies in reporting by his contemporaries, on varying opinions and reports that characterize the genius that Komitas was.

References located in Armenia and the Diaspora were used, including records at psychiatric institutions in Paris, in an effort to be comprehensive.

Keywords: catastrophic trauma and its sequelae, psychological analysis, psychological conceptions of treatment over time.

²⁴ Note: the author takes full responsibility for the opinions and choice of references in this article.

ԿՈՄԻՏԱՍ. ԱՆՑԵԱԼ ԵՎ ՆԵՐԿԱՅ ՀՈԳԵԲԱՆԱԿԱՆ ՁԵՒԱԿԵՐՊՈՒՄՆԵՐԸ Ամփոփում

Մելինե Գարագաշեան (ԱՄՆ)

գիտությունների դոկտոր, գործող հոգեբան

Այս յօդուածը կը ներկայացնէ Կոմիտաս Վարդապետի անձի առանձնա-
յատկութիւնները՝ 1915–է առաջ և վերջ: Նիւթը արուեստագէտի անձն է, հոգե-
բանական տեսանկիւնէն մեկնաբանուած: Յօդուածը կը նկարագրէ այն հո-
գեցնցումները, որոնց Կոմիտաս ենթարկուեցաւ, և որոնք պատճառ եղան իր
«խէնթ» որակման: Յօդուածը կը նկարագրէ Կոմիտասի հիւանդանոց դրուելու
պայմանները, իր ստացած խնամք–բուժումը, բժիշկներու կարծիքները և «հո-
գեցնցում» ու «խէնթ» հասկացողութիւններուն պարզաբանումը:

Նկատի առնուած են XX և XXI դարերուն ընդունուած հոգեբանական ակ-
տաճանաչումներն ու բուժման ընդունուած մօտեցումները, ոչ հոգեբայժ ժա-
մանակիցներու տարբեր տպաւորութիւնները, տեսակէտները, որոնք կը յատ-
կանշեն այն հանճարը, որն էր Կոմիտաս Վարդապետը:

Ուսումնասիրութեան համար օգտագործուած են սփիւռքեան և հայաս-
տանեան աղբիւրներ, ներառեալ Փարիզի հոգեբուժական հաստատութիւննե-
րու արխիւները:

Բանալի բառեր՝ կադաստրոֆիկ հոգեցնցում և հետևանքներ, հոգեբա-
նական վերլուծում, հոգեբանական դարմանում ժամանակներու ընթացքին:

КОМИТАС: ПСИХОЛОГИЧЕСКИЕ ФОРМУЛИРОВКИ ПРОШЛОГО И НАСТОЯЩЕГО

Резюме

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В статье представляется характеристика личности Комитаса до и после 1915 года. Тема – это личность художника, интерпретируемая с психологической точки зрения. Описываются травмы Комитаса и их возможные последствия на его поведение, в результате которых его иногда характеризовали как «безумного». В статье представлены обстоятельства госпитализации и лечения Комитаса в Константинополе и Париже, мнения врачей и разъяснения терминов «травма» и «безумство» в современном понимании.

Делается вывод о различиях в диагностике и методах лечения в начале XX века и в современных психологических подходах в Северной Америке, о несоответствии в сообщениях современников Комитаса, о различиях мнений и информации, которые характеризуют гения, которым он был.

В статье были использованы источники, находящиеся в Армении и диаспоре, включая архивные материалы психиатрических учреждений в Париже.

Ключевые слова: катастрофическая травма и ее последствия, психологический анализ, психологические концепции лечения в течение времени.