

Psychiatric Times.
COUCH IN CRISIS

Moving Beyond Hatred of Psychiatry: A Brave Voice Speaks Out

By Ronald W. Pies, MD | 24 de mayo de 2012

Sometimes I wonder if hatred of psychiatrists is one of the few remaining forms of acceptable bigotry. If the vitriol on many anti-psychiatry Web sites is any indication, the answer may be yes.

No, I'm not comparing psychiatrists to ethnic or racial minorities, or claiming that we deserve anybody's sympathy. And I'm not talking about vigorous but constructive criticism of psychiatry, much of which is justified.¹ I'm talking about the kind of visceral, rage-ridden hatred that makes the hairs on your neck stand up, or sends your heart plummeting to your stomach.

"I hate shrinks. Shrinks should die. Shrinks are evil." These are the kinds of comments recently cited by a brave, young woman who blogs under the *nom de plume*, Natasha Tracy. I generally oppose the use of pseudonyms among bloggers, particularly health care professionals who hide behind fake names to launch cowardly attacks on their colleagues. But "Ms. Tracy," who is not in the health care field, convincingly explains the safety concerns that led her to adopt this pen name.

It turns out that Ms. Tracy has been diagnosed with bipolar disorder, and has been writing about her illness with courage and candor for about two years.² As a specialist in bipolar disorders, I can say that Natasha's understanding of this illness is more accurate and sophisticated than that of many physicians I have encountered over the past 30 years. But more than that: she shows uncommon wisdom and deep compassion, when it comes to discussing psychiatrists and psychiatry. Here are a few excerpted remarks from Natasha's essay, "[Hatred of Psychiatry Doesn't Create Change](#)":²

"I hate shrinks. Shrinks should die. Shrinks are evil." . . . OK I get it, you don't like psychiatrists. Personally, I would find a more intelligent way to express an argument, but your point is clear nonetheless. You're ranting. I get that. I rant. We all do. It's a healthy expression of the frustration seen when dealing with so many things outside of our own control. But at some point you have to stop hating, wishing for murder, and committing moral condemnation and actually do something useful . . . When we say we "hate" something what we really mean is our emotions have overwhelmed us to the point where we no longer think rationally. Something you "hate" can't be redeemed, can't be made better and contains no shades of grey . . . Hatred is a mucky darkness that lets you scream and yell all day but doesn't let you move on to affect the thing you "hate."

. . . I have to engage with psychiatry in order to be a functioning human being. I understand [that] for all its faults, and yes, there are many, psychiatry saves lives every day. I understand [that] psychiatry gave me, and so many others, a life. And I understand blind hatred doesn't help me get any better . . . people need to

*engage the psychiatric system to treat their mental illness . . . I believe in: educating people, empowering people . . . encouraging patients to take their doctors to task . . . making people more active in their own health care [and] reducing prejudice.*²

Those last two words are particularly important. Prejudice is a net that ensnares not only those who suffer from severe psychiatric illness, but also many of us who care for these individuals.³ Natasha is a member of the *Society of Participatory Medicine*, a non-profit organization dedicated to “. . . a cooperative model of health care that encourages and expects active involvement by all connected parties (patients, caregivers, healthcare professionals, etc.) as integral to the full continuum of care . . .”⁴ This is certainly a worthy model of healthcare, and one that ought to inform—and reform—psychiatry. But it is a model supported by *mutual respect*—it cannot stand on a foundation of hatred and prejudice.

The Roman statesman and Stoic philosopher, Seneca (4 BCE–65 CE) lived in turbulent times and knew firsthand of hatred’s toxic effects. He wrote that,

*Hatred is not only a vice, but a vice which goes point-blank against Nature . . . Hatred makes us destroy one another. Love unites, hatred separates. Love is beneficial, hatred is destructive. Love succors even strangers; hatred destroys the most intimate friendship. Love fills all hearts with joy; hatred ruins all those who possess it. Nature is bountiful; hatred is pernicious. It is not hatred, but mutual love, that holds all mankind together.*⁵

I do not know if Natasha Tracy has gone through the philosophy of Seneca; but Seneca’s philosophy has clearly gone through her.

Acknowledgments: My thanks to Dr. Glen Gabbard for his counsel on the premise of this piece; and to the Web site, www.healthyplace.com for permission to quote from Natasha Tracy’s blog.

References

1. Pies R. How American psychiatry can save itself: part 2. *Psychiatr Times*. Mar 1, 2012 www.psychiatrictimes.com/display/article/10168/2040753.
2. Tracy N. Hatred of psychiatry doesnt create change. <http://www.healthyplace.com/blogs/breakingbipolar/2011/05/hatred-of-psychiatry-doesn%E2%80%99t-create->. Accessed May 24, 2012. [Note: ©2012 HealthyPlace.com, Inc. All rights reserved.]
3. Sartorius N. Guidance on how to combat stigmatization of psychiatry and psychiatrists. *World Psychiatry*. 2012;11:61-62.
4. Society for Participatory Medicine. <http://participatorymedicine.org/>.
5. Davis CH. *Greek and Roman Stoicism and Some of Its Disciplines*. Boston: Herbert B. Turner & Co.; 1903.