

Morbidity and Sadism in Psychiatry

By Benjamin Wagener on January 17th 2014.

I would like here to talk about something that is quite recurrent in psychiatric care but that should not be so. Apart from various things that should seriously be put in question in psychiatric treatment there is the fact, often observed, that the patients and the psychiatric environment (i.e., doctors, therapists, nurses and others) find some complaisance in between the morbidity that is inherent to mental illness and the sadism of the care givers.

It may perhaps appear to be a little bit too strong to speak about such sadism but by observation of facts this is something that is often present, especially in psychiatric hospitals. This sadism may be here seen in a broad sense but this is truly of sadism that it should be spoken of. The recurrence of bad psychiatric treatments and care over medical History speak for this. All along the History of Psychiatry and of psychiatric hospital there have been stories of a combined morbid-sadist atmosphere that of course the patients were suffering of in addition to their illness. This is something that somehow has changed a lot and perhaps many psychiatrists would deny it in our days but I think it would be a dishonest lie.

The point is that there is a big psychological issue with respect to the Doctor-Patient relationship in Psychiatry. Mental illness with the consequences it can have is something that inspires fear, that is not understood and that by the way cannot be well managed partially because of the psychological barrier we put in front of it. A psychiatrist can difficultly enter and perceive the mental disorder of a patient because it would require a kind of assimilation and understanding of the disorder that one would normally simply reject. This has many consequences especially the difficulties in managing care.

In such inaccurate care, a morbid situation settled were finally the patient has only the possibility to endorse his/her own morbid illness and were the psychiatrist become sadistic to insist about the various badly perceived collateral effects of illness. This is something that a normal professional should avoid at any price but in the facts many psychiatrists satisfy themselves with their sadistic point of view. Especially because this sadistic aspect has indeed some regulatory effect on the patient by containing him/her in his/her illness and by insisting about the presence of the illness, recognition of this illness appearing important for psychiatrists.

The impact on the patient is deep and can be traumatic. Having some disorder is something, been helped in order to manage this disorder and improved is important but been stigmatized because of this is something else that has nothing to do with Medicine. Moreover, the aspects of mental illness are something that is very often unclear and that

can be misunderstood in various ways by unaware persons. This is especially true in the public opinion and in the conception of mentally ill persons by the society.

A mentally ill person is a full human being with some difficulties; he/she should be helped both for him/herself and for the society, not stigmatized in a completely absurd way.

Anyway, despite the common and various mistakes done by Psychiatrists that are recurrent but explainable over the History of Medicine, the Psychiatric sector always tends to broadcast a good image to the public while insisting on the dramatic sides of mental illness and so being completely depreciating for their patient. Said more clearly: psychiatrists are Doctors, Professors, educated and socially integrated persons while their patient are crazy persons in a very complicated social situation, this make the naturally tensed inter-relation between the psychiatrists and the patients much more in the favor of the psychiatrists. A patient in psychiatry can very often be seen just has representing nothing, nothing human, nothing social. This is already a problem but the worse is that psychiatry is more or less settled this way, in this sadistic way.

The morbidity that is inherent to mental illness is something that should be managed carefully. One can recognize in almost any kind of mental disorder a particular aspect of morbidity. Being broadly said either morbidity with respect to oneself or with respect to the relation to others, as being medically recognized as illnesses this is something essential in the conception of mental disorders themselves.

This morbidity is one of the main psychological sights that go against a normal mental health. The point is that in mentally ill persons this is something with which they have a personal inner understanding and conception. The big problem that appears is when this morbidity is not managed because the psychiatrists do not grasp it. The worse is when the psychiatrists moreover settled this morbidity because it is one of the main aspects that may differ from mental health.

This co-morbid situation is of course something that is especially bad for psychiatry and medicine. We can easily imagine that patients that would be nonetheless relieved from this sadism but moreover taken care of their morbid symptoms could improve a lot even in the cases of hard diagnoses. From this point of view I would like to say **how psychiatry can be a desperate case of Medicine** because for almost the beginning of psychiatry and till nowadays there are never been any clear view about the key aspect of healing and curing a patient.

This last thing is something that should be seen with the importance it has. Psychiatry is a sector of Medicine, the main aspects of Medicine is to help, care and cure. This is something that should become important in Psychiatry as it should always have been: **HEALING.**