Let us consider the case of a "bad" psychiatrist to serve as a warning of where we can go wrong.

**PSYCHIATRIC VIEWS ON THE NEWS**

If you were asked to nominate the best psychiatrist in history, many people would come to mind. Some would choose Sigmund Freud for his pioneering ideas about our individual unconscious. Carl Jung, Freud’s early collaborator, would be another choice, for his ideas about our collective unconscious.

Emil Kraepelin, the founder of modern scientific psychiatry would be a suitable choice and Eugen Bleuler might come to mind for his contributions to the understanding of and for and coining the term “schizophrenia.”

In our time, Robert Jay Lifton has made major contributions to appreciating the psychopathology of societies and cultures. Or, how about any one of the psychiatrists we have eulogized in recent years? Patients might nominate their own psychiatrist who helped them. Feel free to nominate your choice in the comments section, and why.

If I were to ask you to nominate the worst psychiatrist, would you name someone? Would you even share that for fear it would shame our profession? Well, I did ask a list-serve of members of the American Psychiatric Association, but—not surprisingly—I did not receive any nominations.

When I asked that question, I had someone in mind. And it can be assumed that I believe that it is more beneficial than harmful to consider this because it potentially provides warnings of where we can go wrong.

**Contenders**

Surely, some of the named and unnamed psychiatrists who participated in the hospitalization of political dissidents in the Soviet Union would qualify, would they not? The same would go for China in more recent times. Similarly, there were psychiatrists who cooperated with the Nazis in the murder of psychiatric patients and others during World War II.

We also know that psychiatrists worked for the apartheid state of South Africa. That brings up one possible nominee, Aubrey Levin. Known as “Dr. Shock,” Levin is reported to have tortured gay soldiers in South Africa and sexually abusing patients in Alberta, Canada after he left South Africa, among other disreputable actions. Unfortunately, even in Canada, safeguards against such unethical behavior failed.

Yet, there is someone worse. He was in the news not long before my wife and I recently visited Serbia. Recall the internal war in 1999 that broke up the former country of Yugoslavia, culminating in the UN bombing of Belgrade, Serbia. Fifteen years later, the city, once damaged by war, is thriving again and the young people are optimistic.

Many elders, however, appeared more pessimistic, even traumatized. I had worked with some of those who emigrated to the US after the war. They reported the most horrific torture I had ever heard.

**And the winner is**

It is not surprising, then, that the elders left behind in Serbia were wary, given that someone who was supposed to help instead turned on them. That someone is Radovan Karadžić.

Much of his life has been analyzed by an Australian psychiatrist not subject to the Goldwater Rule that advises US psychiatrists not to assess a public figure they have not examined. As a former Bosnian Serb leader in the Bosnian war, Karadžić—who was trained as a psychiatrist—was accused of killing of thousands of Muslim men and boys as part of a so-called ethnic cleansing campaign in wartime Sarajevo. He authorized the siege of Sarajevo, and as part of that, reportedly shelled the homes of colleagues and killed patients in their beds in the hospital where he had worked.

Such actions are in clear violation of the World Psychiatric Association’s ethical guideline that psychiatrists should never be involved in any activity related to ethnic cleansing. In 1993, the American Psychiatric Association condemned him.
After 13 years on the run, Karadžić was captured in 2008. Actually, he was hiding plain sight, having grown a Santa-like white beard. He was active in a new age therapy that he called bioenergetics. His hiding in plain site suggests some continuing public support for him.

On March 23, 2016, after a long trial, a special UN court found Karadžić guilty of genocide and other crimes against humanity during his term as President of the Bosnian Serb Republic. He was sentenced to 40 years in prison.

The Australian psychiatrist who studied Karadžić’s concluded that many aspects of his personality were enigmatic. Not enough is known about his background, though there seem to be some similarities to that of Hitler and Stalin. Karadžić, too, grew up in marginal settings, had overbearing father, and failed to achieve desired goals.

In addition to being a psychiatrist, he was a poet, a troubadour, a serial seducer of women, a chicken farmer, businessman, gambler, petty criminal, and soccer coach—an unusual combination of seemingly humanistic and sociopathic activities. As a soccer coach, he used mass hypnosis, but the team still didn’t win. As a psychiatrist, patients complained that he was not interested in them and colleagues reported that he provoked psychotic patients.

Together, these features made up Karadžić—grandiose, impulsive, opportunistic, with a capacity for self-deception. Of course, he represents an extreme case of a psychiatrist gone bad. Fortunately, I know of no other psychiatrist in the US who even remotely resembled him.

**Lessons learned**

These characteristics may be worth keeping in mind for less striking ethical challenges and lapses. For example, Karadžić’s scapegoating of all Muslims in Bosnia should remind us not to allow Islamophobia to spread in society and psychiatry.

Also, there is a fine line between grandiosity and abuse of power in the clinical and administrative setting. Impulsiveness can make for poor decision-making. Opportunity to make more money may trump patient care needs in for-profit managed care. And self-deception allows a person to convince himself that he is doing good when he is not.

What we learn as psychiatrists can be used for good or bad. Understanding people’s weaknesses can allow us to exploit them. Knowing that people with narcissistic deficits will tend to idolize us allows us to potentially take advantage of patients.

Transference of childhood needs in therapeutic settings can tempt us to take financial or sexual advantage of patients. Medical directors with power can abuse staff and escalate burnout. Opposing societal pressures can be difficult.

Perhaps this example reminds you of other psychiatrists you know of—the worst or best. If others do come to mind, let us know so we can learn from it and prevent bad things happening to good people.

To our readers: As per our policy, we ask that comments be accompanied by your names and professional titles. -The Editors.

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**References:**


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