

# The Psychiatrist from Hell

by Lanny Beckman

**P**ublic opinion tends to be wary of psychiatrists, either because they possess special powers capable of penetrating our darkest secrets, or because they possess no special powers whatsoever. The issue has been reopened to public scrutiny by the Gutowski affair.

Dr. Willi Gutowski is a Chil-wack psychiatrist and born-again funda-mental-ist Christian. He mixes his religion and psychiatry freely, and holds beliefs which make the label "headshrinker" seem merely

descriptive. Gutowski diagnoses some of his patients as suffering from demonic possession. In such cases, exorcism is often his treatment of choice.

These practices earned Gutowski a brief suspension from psychiatry in 1989, but an examination by the College of Physicians and Surgeons of BC found him fit, and his licence was restored.

He is again under investigation by the college, not merely because of his demonological diagnoses and treat-

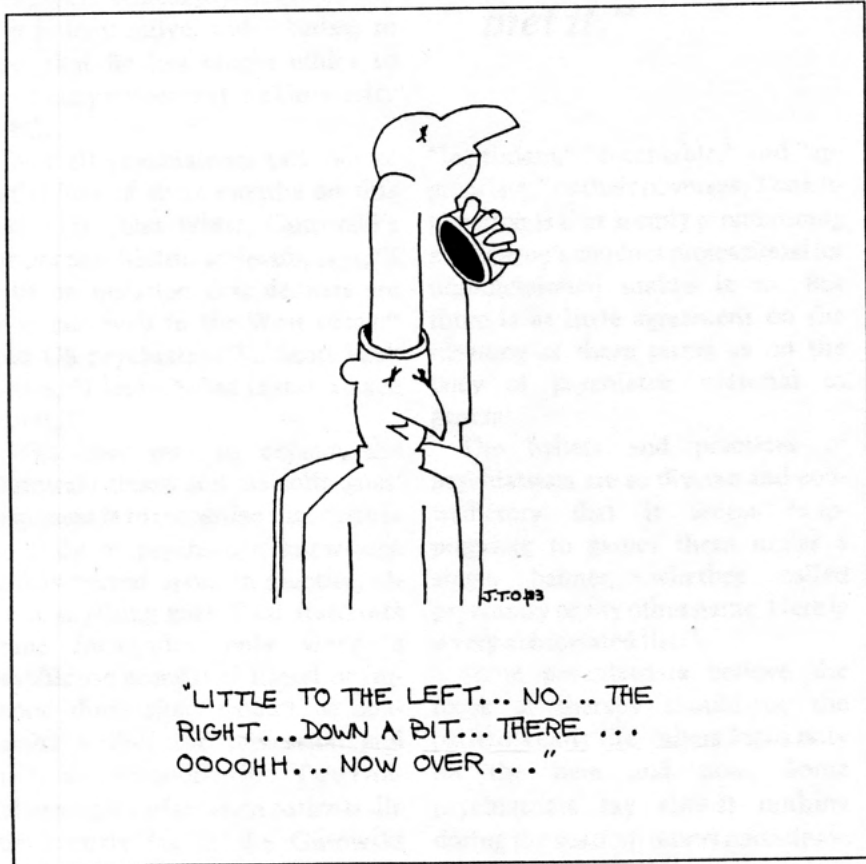
ments, but because the prognoses that follow from them have often proven tragic. The investigation was launched after provincial coroner inquiries were initiated into the deaths of five of Gutowski's former patients, four of whom died in a four-month period.

The responses of Gutowski's colleagues to his misadventures are revealing. Dr. Diane Watson, chairman of the section of psychiatry of the BC Medical Association, says a psychi-atrist's "personal views should not be imposed on a therapeutic relationship." Demonic possession, she claims, "is not a legitimate diagnosis," and adds that she has "concerns about the ethics of (using) it."

Watson may be expressing only her personal opinions since the BCMA, curiously, has no official policy on demonology. In fact, because Gutowski was exonerated by the college two years ago, its decision might imply tacit recognition of satanically induced psychopathologies.

Whatever the case, psychiatrists are entitled to their opinions, and they have expressed them, sometimes in agreement with Watson, sometimes not, often ~~with~~ both.

Dr. Werner Pankratz, president of the Canadian Psychiatric Association believes it is inappropriate for a psychiatrist to push his religion on an unsuspecting patient (agreeing with Watson). However, fusing religion and psychiatry might be ac-



ceptable if the psychiatrist is up front about it (apparently disagreeing with Watson). And in some cases, "it might be helpful" for a doctor to pray with the patient, provided it doesn't consume the entire therapy session (where the last proviso comes from is anyone's guess).

Dr. Stanley Semrau's thinking on the subject follows a path similar to Pankratz's. Exorcism is "outside what is considered acceptable or legitimate treatment," he says. However, though Semrau is "loath to even say it," he does admit there may be times when a diagnosis of demonic possession could legitimately be made. Though it would raise "serious ethical questions," he says, "I'm willing to allow for some possibility if it were handled in a highly discreet and professional manner."

Semrau's thoughts provide a good example of ethical psychobabble.

It is instructive, and sobering, to note that he has taught ethics to psychiatry students at the University of BC.

Not all psychiatrists talk out of both sides of their mouths on this issue. Dr. John White, Gutowski's former psychiatric professor, says, "I have no question that demons are alive and well in the West today." And US psychiatrist M. Scott Peck writes, "I know Satan is real. I have met it."

The best way to explain the Gutowski fiasco and his colleagues' responses is to recognize that there is no body of psychiatric knowledge widely agreed upon. In practice, almost anything goes. Real restraints come into play only when a psychiatric scandal of illegal or immoral dimensions cannot be contained within the profession and spills out into public view. Two typical examples arise when patients die suspiciously (as in the Gutowski

case), or when sexually abused patients lay charges against their psychiatrists (at least two such cases, involving Dr. James Tyhurst and Dr. Clive Ryan, have been brought before Vancouver courts in the past year.)

The P.R. wing of psychiatry usually responds to profession-threatening crises with a blizzard of terms from its damage control dictionary. Terms like "professional," "ethical,"

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"legitimate," "acceptable," and "appropriate," or their obverses. The implication is that simply pronouncing a colleague's conduct professional (or unprofessional) makes it so. But there is as little agreement on the meaning of these terms as on the body of psychiatric material in general.

The beliefs and practices of psychiatrists are so diverse and contradictory that it seems inappropriate to gather them under a single banner, whether called psychiatry or any other name. Here is a very abbreviated list:

Some psychiatrists believe the focus of therapy should be the patient's early life, others focus only on the here and now. Some psychiatrists say almost nothing during the session, others participate

actively. Some regularly prescribe psychoactive drugs, others do not. Some urge the patient to express strong emotion, others urge only calm reflection. Some believe dream analysis is vital, others regard dreams as irrelevant.

Some psychiatrists testify for the prosecution, diagnosing the accused as sane, others testify for the defence, diagnosing insanity. Some believe sex with a patient is a breach of ethics, others say it can be therapeutic for the patient. Some believe family members must be included in the therapeutic process, others never meet with the family. Some believe mental illness is the basic subject matter of psychiatry, others believe there is no such thing as mental illness.

And there are some psychiatrists who believe satanic forces, demonic possession and exorcism are essential psychiatric ideas, others believe these concepts belong to a primitive past and, in practice, can seriously endanger fragile patients, yet others waffle.

Demonic possession is a crackpot idea, and Gutowski, though clearly a troubled man, is a pure charlatan. When psychiatry, which bills itself as a branch of scientific medicine, is willing to entertain even the possibility of demons, it has already fallen into a morass of moral and intellectual bankruptcy.

Psychiatry was born, in part, as an enlightened rebellion against religious madness, with its diagnosis of heresy and the burning of blasphemers in order to save them. If Dr. Pankratz and Dr. Semrau can reach into the past to rehabilitate the diagnosis of demonic possession, there is no canon of science or reason that stands between it and a therapy of fire. In the Gutowski affair, psychiatry has come almost full circle.