



SUSIE ROTCH

Psychologist and Psychotherapist
BA, TSTC, Dip Crim, MACE, MAPsS

2 Tyalla Crescent,
Toorak, Vic. 3142
Ph. 03 9822-4595

There is an old joke in psychiatry: "If they are early they are Anxious, if they are late they are Aggressive and if they are on time they are Obsessive". In other words any behaviour can be medicalised as psychiatric with the right, or rather wrong, mindset. Any dissenting voice can be stigmatized as highly conflictual and labeled as Personality Disordered in order to invalidate it.

It has been recognised for decades in Occupational Psychology that the functionality of an organization can be seen in its ability to handle what philosophers call its "righteous nuisances". The righteous nuisances or whistleblowers are those who are sufficiently committed to justice, to correct procedure and to the goals of the organization to which they belong, to complain if these are deviated from. As such whistleblowers serve a vital function in keeping the organization on track.

Unfortunately if the organization has a culture of bullying the issues raised by whistleblowers can, and too often do, call forth repressive strategies by those exposed as incompetent or corrupt. Such strategies aim to force the whistleblower to remain silent or to conform with possibly corrupt, illegal or dysfunctional practices. Those named by the whistleblower may try to eliminate him or her from the organization altogether. Sometimes the whistleblower is accused of wrong doing as dismissed for being bad. Sometimes he or she is labeled with a psychiatric diagnosis and labeled as mad.

Organizations have referred their staff to psychiatrists without benefit of a general practitioner's intervention, which is a step required by the Health Department. In effect the organization's lawyers diagnose inconvenient truth telling as mad, and then enlists a compliant psychiatrist to add verisimilitude to their diagnosis.

Whistleblowers are placed in a pernicious double bind. If they attend the psychiatric appointment they are likely to be diagnosed as mad. If they don't attend then they are non-compliant and may be disciplined for being bad.

The person who does have genuine psychological problems will often welcome a referral (through appropriate channels) to a helping professional. Of course the whistleblower will not. The whistleblower knows that a referral under these circumstances to a psychiatrist is double bind and a gross abuse of organizational and medical power.