

The Most Dangerous Thing You Will Ever Do Is See a Psychiatrist

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March 2, 2020

The Most Dangerous Thing You Will Ever Do Is See a Psychiatrist.

Why? Because there is a near certainty you will be given a *neurotoxic psychiatric drug* or even *electroshock*; and because the information given to you will totally mislead you about your real problems and how to overcome them. Without realizing what is happening, you will be seriously at risk of becoming a lifelong prisoner of psychiatric drugs and the demoralizing misinformation provided by your doctor.

I am a psychiatrist and I have been watching my profession deteriorate for many decades. This is my most direct written statement about the dangers of stepping inside a modern psychiatrist's office. My conclusions are the culmination of mountains of research authored by me and by an increasing number of other psychiatrists, scientists and journalists.^{[1](#)}

How Psychiatric Drugs Take Your Mind Prisoner

When the brain is harmed by almost any widespread intrusion—multiple concussions and traumatic brain injury (TBI), severe infections (encephalitis), lightning strikes or electroshock treatment, and psychiatric drugs—the ultimate result is generalized harm to mental functioning. These global

injuries always include harm to the frontal lobes, the seat of consciousness, rationality, the ability to love and all our other highest human capacities.

Injury to the frontal lobes, whose functions also include self-insight or self-awareness, renders victims unable to personally assess the degree of harm being done to them. I have called this effect *medication spellbinding*—how psychiatric drugs render us unable to fully grasp the harm they are doing to us.²

All psychiatric drugs are potent neurotoxins that so disrupt higher mental functioning and emotional regulation that people taking them almost never have adequate awareness of how much harm the drugs are doing to their body, brain and mind, their energy and will power, and their overall quality of life.

Practicing psychiatry and psychotherapy in a university town, I have frequently found these impairments in otherwise very high functioning people. College and graduate students with high academic achievements, university professors, mathematicians, and scientists often barely suspect, or do not suspect at all, that they are not nearly functioning at their best. Their neurotoxins (erroneously called antidepressants, stimulants, antianxiety drugs, mood stabilizers or antipsychotic drugs) are wearing down their cognitive abilities, motivation, and emotional sensitivity.

With help they can identify the decline in their overall performance and quality of life; and if they have not been bombarded with multiple drugs for years at a time, they typically achieve complete recovery after withdrawing from the drugs. When drug-free, they can see the improvement in their mental functioning and quality of life. Tragically, this is not so for tens of millions of people who never realize how they are being harmed by their psychiatric drugs.

Withdrawal Symptoms Make Escape from the Drugs Extremely

Difficult

When stopping psychiatric drugs on their own, people can experience dangerous, frightening withdrawal symptoms, such as anxiety, agitation, depression and suicidal feelings, mistakenly leading them to believe that they need the drugs to stay sane.³

Misled by their doctors in countless ways, believing they need medical help, unaware of the dangers in abruptly stopping the drugs, convinced they are “mentally ill” when they are mentally impaired by neurotoxins—these unfortunate people understandably cannot break free of the psychiatric prison system in which they are unwittingly trapped.

The more drugs these victims are prescribed, the more difficult it becomes for them to appreciate what is happening to them or to muster the will power to protest. Even though they are slurring their words and walking like zombies, some will cling to their medication. Their brains are too impaired by neurotoxins for them to know what it is happening to them and they feel too intimidated to try living without the very chemicals that are destroying them.

Meanwhile, psychiatrists will frequently cover up what is happening by telling their patients and their families that the drugs are needed and that the obvious symptoms of brain injury are instead products of the patient’s supposed mental illness. In my experience, the worst psychiatrists are often the most prestigious with positions at places like the National Institute of Mental Health (NIMH) and at university medical schools. Why? Because they are among the most on the take from the drug companies.

Psychiatry Itself Is a Prisoner of Sorts

Psychiatry itself has become a willing, thriving prisoner of the pharmaceutical empire. Along with the fallacies of its

medical orientation and medical treatments, being indentured to the drug companies has caused much of psychiatry's drastic decline in recent decades.⁴

To begin remedying the prevalent drug-company driven psychopharmacology, I have offered what I call "principles of rational psychopharmacology."⁵ It is based on the brain-disabling principle,⁶ that all psychoactive substances, including psychiatric drugs, can only produce their sought-after effects by harming the function of the brain and mind, usually by blunting emotional responsiveness and engagement with life. The same, of course, is true of shock treatment.

Are Psychiatrists More Informed than Primary Care Physicians?

Since most psychiatric drugs are prescribed by primary care doctors and other non-psychiatrists—including family docs, internists, Ob-Gyns, pediatricians and nurse practitioners—some people are more wary of them than they are of psychiatrists. They think the psychiatrists know more about the drugs and will prescribe them more safely. This commonly held belief is dangerously false.

As a group, psychiatrists are by far the most arrogant and cavalier prescribers in the field of medicine. They commonly do things that your family doctor would feel is beyond his or her skill level and even unwise, such as starting patients on several drugs at once, giving multiple drugs at maximum doses or higher, changing and stopping drugs without a taper, and getting very angry when their patients complain or want help in lowering doses or getting off the drugs.

Less commonly, but at least as harrowing, many psychiatrists still refer people for electroshock or administer it themselves at the local psychiatric unit, where shock treatment makes tons of easy money for the shock doc, the anesthesiologist, and the hospital.

This is no exaggeration. *Going to a psychiatrist is the most dangerous thing most people will ever routinely do.* And as a psychiatrist, I advise against it, unless you have proof positive that the psychiatrist will talk with you instead of drugging or shocking you—which is highly unlikely.

Most psychiatrists have not been adequately trained and have little interest in talking with people about their lives and how to live more effectively and happily. They do not know how to do psychotherapy and are constitutionally unsuited for it because of their authoritarianism and their lack of empathy. In addition, they have false beliefs about genetic and biological causes, and the usefulness of drugs, that trash their own brains and undermine their patient's self-confidence, self-reliance and understanding of their problems.

Psychiatrists Are Extremely Ignorant About Life

Few psychiatrists have any awareness that a positive relationship is the safest and most effective way of helping someone who is suffering emotionally, regardless of the severity of their psychiatric diagnosis. For anyone to genuinely help another human being with emotional problems or “psychiatric disorders,” they must first understand the power of empathy and love. They must understand and address the trauma and neglect in childhood that underlies so much seemingly intractable adult suffering and incapacity. They must understand how social factors impact the experiences of children and adults, and how difficult it can then be to create egalitarian and loving relationships between men and women.

In other words, to know what they were doing, psychiatrists would need a broad education, an understanding of child development and attachment psychology, insights into family life and society, an understanding of abuse and trauma, and other knowledge of why and how people need help with their emotional and psychological life, sometimes falling into

despair or psychosis. Almost none of this is taught in a college premedical curriculum, medical school, and psychiatric residency—making many psychiatrists less informed about life than most of their patients who have some curiosity about psychology and who have not been rigorously indoctrinated and inducted into the inner sanctum of biological psychiatry.

Because they know so little and have so little to offer, psychiatrists must dumb down and misguide both themselves and their patients about what really makes people suffer and what really helps them recover and lead good lives. Instead of wisdom and understanding they rely on cookie-cutter diagnoses and drugs. The great majority of psychiatrists know no other way to make a living than to act as medication dispensing machines, cramming multiple patients into an hour for “med checks,” and collecting a steady stream of reimbursements from the insurance companies and government programs.

In addition to their ignorance, there is another powerful reason why psychiatrists know so little about their patients and what they need. People who control and abuse other people are always unwilling to have understanding, empathy and concern for them. That was nowhere more grossly obvious than in psychiatry’s organized, systematic murder of tens of thousands of mental patients in Germany in what has been called “the entering wedge” or prototype for the Holocaust.⁷ Even if today’s psychiatrists were caring and empathic in their youth, their years of training and the abuse they have heaped on their patients has rendered them incapable of offering informed, empathic, caring and even loving human services.

How Shock Doctors Make Escape Totally Impossible

Even when the brains and minds of patients are being obliterated by continuous electroconvulsive therapy (ECT), usually along with multiple drugs, shock doctors regularly lie by saying that the massive memory loss and cognitive

dysfunction is a result of their “mental illness.”⁸ The patients become so befuddled and helpless that it usually requires an outraged family member to intervene to stop the electroshock and the drugs.

As a medical expert against psychiatrists who perform ECT, I have seen this dismaying situation documented many times in medical records and in the depositions of the doctors. Fortunately, my scientific report in a 2018 case against a shock manufacturer recently contributed to forcing a settlement and an acknowledgment from the drug manufacturer that ECT can cause brain damage and widespread memory loss.⁹ But we have a long way to go before stopping this atrocity.

The Risk of Getting Physically Locked Up

Everywhere in America, and probably elsewhere in a world, any psychiatrist on an emergency basis can fill out a form that will require police authorities to lock you up.¹⁰ Sometimes it may require a second professional signature as well, but that is rarely hard to find. The technical basis for this unconstitutional and inhumane process is usually that the psychiatrist guesses that you are a “danger to self or others,” although there is no evidence that psychiatrists are particularly good at making this guess.

Once you are locked up, you become fair game for being involuntary committed by a rubber-stamp judge for a much longer time. The patient/defendants are almost always too drugged and too distressed to defend themselves or to look normal when being evaluated in these hearings, which are probably the nearest thing to a genuine kangaroo court in the Western World.¹¹

Psychiatry Is an Alternative Reality

Psychiatry has created an alternative reality or extreme state for itself,¹² based on drug company marketing slogans, false science, fake medicine, and fabricated claims of superior knowledge. Psychiatry has created for itself an alternative reality or extreme state that is more bizarre and unreal than those of most of the patients they claim to help. In psychiatry's worldview, people are nearly inanimate and devoid all higher human qualities—at least when in respect to why they are unhappy or suffering. Instead of being understood as struggling human beings, in essence no different than any other person trying to make their way through life, psychiatrists see their “patients” as afflicted by diseases comparable to malignancies of the brain that need to be wiped out or subdued.

Like cancer patients being given highly toxic drugs or radiation, the “collateral damage” is largely ignored or denied in the effort to wipe out the malignancy and to maintain the doctor's status. Unlike cancer patients, the neurotoxins are aimed at and inflicted upon entirely normal brain tissue, making it even harder for people who are already having a difficult time struggling to manage their lives.

It is a profoundly tragic irony: The personal realities of most people who see psychiatrists are not nearly as alternative, extreme or dangerous to others as the alternative realities of the vast majority of psychiatrists who live within a web of self-deceptions to justify poisoning and shocking the brains of the people who come to them for help.

Comparing the Good and the Bad

On February 19, 2020 Mary Neal Vieten, PhD, retired Navy Commander and founder and director of Warfighter Advance, was my guest on my weekly radio/TV hour. Warfighter Advance is the best program I have found for helping returning soldiers who are suffering from the emotional scars of war, along with the neurotoxic effects of multiple psychiatric drugs. Military

doctors have given a dozen or more psychiatric drugs *at a time* to many of these soldiers and yet Warfighter Advance training and education helps almost every single one of them leave their drugs behind while building better lives for themselves.

With intensive seminars, including a primary role for one of my books,¹³ Commander Vieten educates her military colleagues about the dangers of psychiatric drugs and how to safely withdraw from them. Her Warfighter Advance program also teaches its clients how medical concepts like “mental illness” and biochemical imbalances are both false and demoralizing.

Her stunning work and her presentation on my radio/TV hour inspired me to say it outright on the air: *As a group, psychiatrists are the most stupid people on Earth about human beings. They have to be stupid about people in order to go on harming them without experiencing guilt, shame and anxiety over what they do.*

Where and How to Get Help

If you feel in need of help for a mental health or psychological problem, one of the most dangerous things you could ever do is to choose to see a psychiatrist. If you want professional help, look for non-medical professionals, such as clinical social workers, clinical psychologists, marriage and family therapists, or mental health counselors. Even a good coach without professional credentials is likely to be safer and more helpful than a psychiatrist.

Read what therapists say about themselves on their Internet websites or on platforms that advertise therapists. Ask yourself, “Does this person seem kind and thoughtful, someone who will be a caring and empathic listener and possess wisdom and experience to share?”

Vet your potential therapists before meeting them by asking

questions on the phone before the first visit. Hearing their responses will be better than emailing or texting. Especially ask for a *guarantee* not to be pushed to take medications or to see a psychiatrist. That may weed out the first few professionals you call—and that's the way it should be.

Finding a good therapist can be as difficult as finding a good friend, so do not be afraid to shop. Always reserve your right to reject someone who does not seem like a good fit for you or fails to be respectful, understanding and helpful on the first visit. Yes, cancel your second appointment if you have doubts.

I believe that a good therapist should be so helpful on the first visit that you feel eager to return for the next session and that you should be drug-free enough to enjoy and benefit from the help.

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