



THE LIE CALLED PSYCHIATRY

A Plain-English Guide to 100 Years of Medical Myth

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Modern medicine demands lab work, tissue samples, and physical proof. When *The Broadside* went looking for the hard science behind psychiatry, we found a very different story: one built not on biological breakthroughs, but on observation and PR. Here is what the record shows.

PHILIPPE PINEL: DOCTORING THE SOUL WITHOUT A LAB

The word psychiatry literally translates to the "doctoring of the soul," but it did not start in an anatomy lab.

In the late 1700s, French physician Philippe Pinel made history by unchaining asylum patients. He treated them with kindness instead of cruelty. This approach, called "moral therapy," was compassionate and decent, but it was not biological science. It offered comfort, yet it never identified a physical disease or cured a bodily illness.

From day one, modern mental health care was built on observing how people behave on the outside, rather than measuring what is happening inside the human body.

FREUD AND BERNAYS: MEDICINE BY MARKETING

Psychiatry took its modern shape in Vienna with Sigmund Freud. Freud believed that adult emotional problems came from buried childhood memories. He presented theories and interpretations, but he did not provide blood work, tissue samples, or laboratory proof.

The reason Freud's ideas conquered American culture was not biological evidence; it was public relations.

Enter Edward Bernays, Freud's nephew twice over: his mother was Freud's sister, and his father was the brother of Freud's wife. Bernays worked for the U.S. government's World War I propaganda office, the Committee on Public Information, and went on to be known as the father of modern PR. He taught corporations and governments how to shape public perception to sell cigarettes, soap, and political campaigns. In his 1928 book *Propaganda*, he wrote: "The conscious and intelligent manipulation of the organized habits and opinions of

the masses is an important element in democratic society.” Using his uncle's ideas, Bernays helped market the concept of psychiatry directly to the American public.

If a branch of medicine cannot prove its claims in a lab, it has to win by controlling the narrative. Psychiatry became accepted as medicine because it was sold as medicine.

THE DSM: DIAGNOSIS BY COMMITTEE

When you visit a cardiologist, they run an EKG and draw blood. When you visit an oncologist, they run scans and biopsies. But when you visit a psychiatrist, they do not test your brain or check your cells; they open a catalog.

The Diagnostic and Statistical Manual of Mental Disorders (DSM) is the field's official rulebook. It is not a textbook of physical pathology; it is a list of behavioral descriptions voted into existence by committees.

- There is no blood test for clinical depression.
- There is no brain scan for ADHD.
- There is no lab panel for bipolar disorder.

Even Dr. Thomas Insel, the former director of the National Institute of Mental Health (NIMH), conceded this fundamental flaw in 2013:

"The weakness is its lack of validity. Unlike our definitions of ischemic heart disease, lymphoma, or AIDS, the DSM diagnoses are based on a consensus about clusters of clinical symptoms, not any objective laboratory measure."

WOMEN: THE PRIMARY TARGETS OF A MALE BASELINE

Women account for the majority of psychiatric patients and the majority of psychiatric prescriptions. Yet western medicine has historically treated female physiology as an afterthought.

What Was Actually Happening	What Women Were Told
Estrogen & progesterone shifts	"You have a clinical mood defect"
Unaddressed thyroid dysfunction	"You have chronic depression"
Chronic cortisol & nervous burnout	"You have an anxiety disorder"
Real trauma, grief, and exhaustion	"You have a chemical imbalance"

Psychiatry counted women but never studied them. Women were enrolled in the trials, but a 2010 review of depression drug trials found that half never checked whether the results were different for women, and fewer than 1% of registered trials even planned to. In 2001, federal auditors found that 8 of the 10 prescription drugs pulled from the U.S. market since 1997 posed greater health risks for women. Instead of investigating reproductive endocrinology, nutritional status, metabolic burnout, or nervous system safety, clinics hand women psychoactive drugs that were never designed for their biology.

NATIVE WOMEN: DENIED CARE, HANDED LABELS

Nowhere is the failure of institutional health care more visible than in Native communities.

- **The Health Deficit:** Native women's life expectancy was 69.2 years in 2021, nearly 10 years shorter than the 79.1 for American women overall. For all Native people it was 65.2, versus 76.1 for the U.S. as a whole. Native women die of cervical cancer at twice the rate of white women, and at more than four times the rate in the Northern Plains. Native babies die before their first birthday at twice the rate of white babies.
- **The Provider Gap:** Mental health help is scarce. In the late 1990s, there were about 101 Native mental health professionals for every 100,000 Native people, compared with 173 per 100,000 for white Americans.
- **The Historic Harm:** During the 1970s, between 25% and 50% of Native women were forcibly sterilized under Indian Health Service (IHS) and Medicaid programs, often coerced under threats of losing basic benefits.

Today, while basic physical care, nutritional support, and hormone testing are underfunded or denied, behavioral labels and psychotropic pills are readily distributed. Youth suicide attempt rates among Native teens remain 2.5 times the national average. Writing a psychiatric prescription is cheap; fixing broken health infrastructure requires accountability.

FUNDED BY WOMEN, PROFITING FROM SYMPTOMS

Women are the economic backbone of American healthcare.

- Women manage over 80% of consumer purchasing decisions for their households.
- Women account for 54% of personal health care spending: about \$1.8 trillion in 2020.
- Women schedule the family appointments and fill the family prescriptions.

The irony is staggering: the very demographic funding the pharmaceutical engine is the demographic most dismissed by it. Women pay top dollar for quick 15-minute consultations, only to receive medications that were never checked against their biology to treat symptoms that were never physically investigated.

There is a bitter irony in this history. Pinel helped begin the modern psychiatric era by unchaining patients and replacing cruelty with kindness and conversation. Yet what followed was not a century of biological discoveries explaining mental illness. The historical record instead includes forced sterilization, institutional control, involuntary experimentation, electroshock, sensory deprivation, and other interventions imposed on people who were often powerless to refuse them. Psychiatry began by taking off the chains. Over the next century, some of its institutions found new ways to put them back on.

THE HISTORICAL SHADOW: STERILIZATION AND CONTROL

Psychiatry's history includes dark chapters of institutional social control:

- **The Eugenics Movement:** In early 20th-century America, psychiatric and psychological authorities helped draft laws that led to the forced sterilization of more than 60,000 citizens, targeting poor women, disabled individuals, and racial minorities.

- **Buck v. Bell (1927):** The U.S. Supreme Court formally upheld state-sponsored forced sterilization, with Justice Oliver Wendell Holmes writing: "Three generations of imbeciles are enough."
- **Pre-War Europe:** In Germany, psychiatric authorities laid the legal and medical groundwork for mass sterilizations and the killing of institutionalized patients before wartime atrocities began.

When medicine separates behavior from biological data, diagnostic labels quickly become tools to manage inconvenient people.

PROJECT MKULTRA AND UNTESTED TRIALS

During the 1950s and 1960s, prominent psychiatrists partnered with the CIA in Project MKUltra. Researchers at major academic institutions administered massive doses of LSD, applied continuous electroshock, and enforced sensory deprivation on patients, prisoners, and citizens without valid consent.

The legacy of fast-tracking chemicals into vulnerable populations continues in modern consumer trials. Most psychiatric medications are approved based on short, six-to-eight-week clinical trials using handpicked, stable participants. They are rarely evaluated long-term on people facing real-world trauma, grief, poverty, or severe physical exhaustion.

RETHINKING ATTENTION, STRESS, AND DOPAMINE

When someone struggles with focus, restlessness, or emotional burnout, standard psychiatry labels them with Attention-Deficit/Hyperactivity Disorder (ADHD) and prescribes a stimulant.

Authors like John Gray offer a clearer, biologically grounded alternative: what we call ADHD is frequently a state of chronic dopamine and nervous system depletion.

- **The Stress Drain:** Unrelenting stress floods the body with cortisol. High cortisol suppresses dopamine, the primary neurotransmitter responsible for motivation, focus, and drive.
- **The Hormonal Link:** Sex hormones directly modulate neurotransmitter availability. Estrogen supports dopamine and serotonin pathways, which explains why focus and emotional stability fluctuate dramatically during hormonal shifts.
- **The Natural Repair:** When individuals restore basic sleep architecture, prioritize protein pacing, reduce screen overload, and experience genuine human connection, dopamine production recovers naturally.

THE MISSING BIOLOGY: WHAT ABOUT THE HORMONES?

For decades, the public was told that mental distress is caused by a "chemical imbalance" in the brain. Yet when patients ask which chemicals are out of balance, psychiatry has no lab test to show them.

The chemicals that actually regulate sleep, energy, mood, and mental stamina are hormones and neurotransmitters, including estrogen, progesterone, testosterone, thyroid hormone, and cortisol.

When a woman sits in a clinic with heart palpitations, brain fog, fatigue, and sudden tears, she is usually experiencing an autonomic and hormonal shift. When the clinic writes an antidepressant script without ordering a full thyroid or sex-hormone panel, the patient's actual biology is ignored.

RESTORING HEALTH WITHOUT THE LABELS

True health requires seeing the whole person: structural biology, emotional history, and human purpose.

Chronic Stress / Trauma / Hormonal Shift	
↓ Cellular & Nervous Drain ↓	
Standard Care	Root Repair
• 15-Minute Visit • Checklist Label • Chemical Pill	• Full Hormone/Thyroid Panel • Restored Sleep & Nutrition • Nervous System Regulation

Emotional suffering is real, but slapping a lifelong behavioral label on a depleted body does not address the underlying breakdown. Real healing starts by investigating the physical chassis: evaluating cellular nutrition, testing endocrine health, restoring nervous system safety, and respecting the human spirit.

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