

Cognitive Dissonance and the Psycho-Pharmaceutical Industry

By [Dr. Gary G. Kohls](#)

Theme: [Science and Medicine](#)

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I have been writing a weekly column for Duluth's Reader since 2009. Many of those columns were about issues that should be of serious concern to mental health practitioners (and family practice doctors) whose practices often rely on the use of temporarily helpful but often permanently brain-disabling - and potentially addictive - psychiatric drugs for patients who complain of temporary emotional problems that can often be effectively treated - and even cured - by non-drug means.

The major themes that I have dealt with over the years have included:

- 1) the known dangers of the synthetic chemical drugs that alter the brain, psyche and soul;
- 2) the serious, often life-threatening withdrawal symptoms that can result when these drugs are suddenly stopped or too-rapidly tapered down (thus indicating that the drugs were dependency-inducing/addicting);
- 3) information about brain nutrient therapy for brain-malnourished or brain-damaged folks who may actually be neurologically-impaired and not simply mentally-impaired;
- 4) safer, non-toxic, non-drug alternative approaches to mental ill health;
- 5) information about the reality of combat and non-combat-induced psychological traumas (PTSD) as causative factors in neurological/mental ill health; and
- 6) the large variety of aspects of traumatic stress injuries that have been mis-diagnosed as "mental illnesses of unknown origin" and therefore simplistically and erroneously treated with potentially dangerous medications.

My writings have been inspired by my own clinical experiences with suffering, emotionally traumatized people in my independent holistic health care practice. Over a thousand patients had come to me having been diagnosed with a bewildering variety of "mental illnesses of unknown origin".



The vast majority of my patients (approaching 100%) had begun their tragic descent into psychological hell when they were victimized by acute and/or chronic psychological, emotional, physical, sexual and/or spiritual violence and neglect (battered child syndrome, battered woman syndrome, childhood or spousal domestic abuse, child neglect, clergy sexual abuse, combat-induced PTSD, etc, etc), all traumas that led them into America's psychopharmaceutical system, a system that has been dominated - starting in the 1950s with the first block-buster (and soon discredited) psych drugs like Thorazine and Valium. Those two drugs were among the first in a long line of brain-altering medications many of which were later found to be far more dangerous than first advertised and that are still being greedily manufactured by a long and growing list of highly profitable megacorporations, all undergirded by very conflicted, very pseudo-scientific "research" studies, misleading advertising, and cunning 24/7 promotion that is designed to brainwash both prescribers and "consumers".

I'm just one of a small number of out-financed, shouted-down, whistle-blower healthcare-givers and activists world-wide who have remained dedicated to their professional duty to warn the uninformed or deceived by going up against the overwhelming billion dollar dis-informational advertising campaigns that come from amoral transnational mega-corporations. It often seems like we are just crying out in the wilderness.

Sadly the cunning, well-financed ad agencies and corporate lobbyists behind the brain-washing are very successful at influencing the consumers of drugs who are told by attractive actors on TV to ask their doctors about the new medication.

Unbiased studies have repeatedly shown that prescribing practitioners are far more compliant than they care to admit when patients demand a prescription for drugs that they have seen advertised. After all, taking 2 minutes to write a prescription is easier and more profitable for a practitioner than taking 20 minutes to not write one. Doing a favor for a patient by simply writing a prescription can be a very welcome break in an otherwise busy, double-booked schedule.

The bottom line: the drug-industry designed, tested and controlled studies often get on a fast track to the Big Pharma-infiltrated FDA that demands neither long term safety studies nor evidence that the new investigational drug is not a mitochondrial toxin. Big Pharma - and every other transnational corporation that you can think of - are in the business for the money and for the profits for their shareholders and management teams - which is why they pay their CEOs, boards of directors, lawyers, lobbyists, spokespersons, drug salespersons and spin doctors so well.

The Hippocratic Oath - has the Big Business of Medicine made it Obsolete?

I took the Hippocratic Oath (Primum non Nocere: “above all, do no harm”) along with my University of Minnesota med school classmates in 1968 as we received our medical degrees. I have been inspired by a handful of altruistic psychiatrist-authors that have also tried to be true to that oath by informing their readers and patients about the hidden dangers of psychiatric medications. They include such author/lecturers as Thomas Szasz, Peter Breggin, Loren Mosher, Joseph Glenmullen, David Healy, Johanna Moncrieff, Grace Jackson and any number of other courageous mental healthcare-givers who have regarded it their sacred duty to warn the uninformed about the downside of brain-disabling and potentially addictive psychiatric drugs.

Psychiatric drugs are synthetic chemicals that are known to be bioaccumulative in the brain and body and that are also lethal at certain doses, especially in those usually unidentified 10% of patients whose liver enzymes are hereditarily incapable of fully detoxifying certain drugs. Psychotropic drugs may therefore be slowly poisoning the brains and bodies of hundreds of millions of unsuspecting humans who are at increased risk – even in the 90% of consumers whose liver function may be normal – of developing psychiatric drug-induced dementia, drug-induced suicidality, drug-induced violence and various other drug-induced neurodevelopmental disorders. (In case nobody has noticed, even America’s household pets are being treated with human psych drugs – thanks to the enormous propagandist power of the veterinary divisions of pharmaceutical and vaccine manufacturers).

The whistle-blowing psychiatrists mentioned above have consistently been ostracized by members of their own profession, especially the opinion-leaders in academic circles and research institutions that are most prone to the influence of corporate subsidies, grants, professional organizations and other sources of conflicts of interest. It seems that none of the good deeds of these courageous individuals has gone unpunished.

The Further a Society Drifts From the Truth, the More it Will Hate Those That Speak It

George Orwell understood the whistleblower’s dilemma when he said:

“The further a society drifts from the truth, the more it will hate those that speak it.” And that is where the concept of cognitive dissonance comes in. Being willfully blind, willfully uninformed or in denial is the easy path to take when confronted by new unwelcome truths that may lead to becoming ostracized by fellow humans. That comfortable path will lead to a state of blissful ignorance – and sometime a desire to join an angry mob of inquisitors – but no psychological stress. Being sane in an insane place is a dangerous place to be if the truth-seeker is surrounded by those who have been indoctrinated to believe in half-truths or outright lies.

Several years ago, the Reader published an open letter to me from a group of mental health practitioners who were actually (unintentionally, I’m sure) quite supportive of many of the points that I had been making about the flaws of the psychopharmaceutical industry. The letter writers actually recommended two important books that had inspired me to speak out, books that totally backed up what I had been writing about that had upset the group.

Those books included Dr Marcia Angell’s [The Truth About Drug Companies: How They Deceive Us and What to Do About It](#)(2004), and investigative journalist Robert Whitaker’s 2010 book [Anatomy of an Epidemic: Magic Bullets, Psychiatric Drugs and the Astonishing Rise in Mental Illness in America](#) (www.madinamerica.com).

(Dr Angell had been fired as Editor-in-Chief of the New England Journal of Medicine after she raised concerns about Big Pharma's dark influence on NEJM articles.) Angell became understandably quite unpopular when she wrote:

“...conflicts of interest and biases exist in virtually every field of medicine, particularly those that rely heavily on drugs or devices. It is simply no longer possible to believe much of the clinical research that is published, or to rely on the judgment of trusted physicians or authoritative medical guidelines. I take no pleasure in this conclusion, which I reached slowly and reluctantly over my two decades as an editor of The New England Journal of Medicine.”

I totally concur with Dr Angell's statement and thus implore concerned readers to Google her and the other authors mentioned above, read their books and articles and watch the many YouTube videointerviews that expose many of the unwelcome truths about BigPharma, starting with, and then expanding from, this site (that discusses Angell's book): http://www.youtube.com/watch?v=9I6_BkqjWN8. Also consider watching some of my videointerviews on YouTube by typing in “gary kohls” after accessing the YouTube site.

Cognitive Dissonance and the Drug Industry

Cognitive dissonance is the psychological discomfort that most thinking humans experience when their deeply held beliefs are contradicted by new information that disproves the old beliefs. Since it is impossible for most people to simultaneously hold two mutually exclusive beliefs, anxiety and confusion can result.

However, cognitive dissonance, especially in people that might have been brain-washed from childhood in dogmatic systems (especially close-minded, cult-like or faith-based ones [not to mention medical schools and residency programs whose curriculum may have been heavily influenced by the for-profit pharmaceutical industry]) that often results in denial, refusal to listen, and/or hostile responses to the bearer of the new information (ad hominem attacks). Indoctrinated humans tend to be very anti-intellectual and very easily ignore science and provable facts and don't feel compelled to even consider new truths.

Attacking (or, figuratively speaking, “killing”) the messenger of a new unwelcome truth, rather than rationally dealing with it, is a commonly used tactic when the new information can't be refuted using reason.

Ad hominem attacks have been used as a political tactic by infamous people like the fascist pre-war Joseph Goebbels, Adolf Hitler's Minister of Propaganda and Public Enlightenment, or, more recently, the irresponsible, scattershot ad hominem attacks of the Wisconsin Republican neo-fascist Senator Joe McCarthy - a bought and paid for politician for Big Oil, union-busting Big Businesses everywhere, Pepsi-Cola and Big Sugar during the early 1950s. It seems that the ad hominem attacks used by Goebbels and McCarthy are still in common use in today's slanderous and libelous name-calling from far right-wing American talk show hosts. Ad hominem attacks expose the name-caller's intellectual inability to refute the victim's truths however, but the attackers understand well that their shouting is effective at distracting many of their listeners from the real issues - at least until the next commercial break changes the subject and before the flaws in the illogic argument become apparent.

The blindered and blinkered supporters of anti-progressive and anti-democratic issues are easily distracted from hearing more than one side of important issues. So conclusions are

drawn from the one-sided opinion-leader that then enforces rigid, unexamined doctrinal beliefs that make the believers in the propaganda ripe for refusing to deal with new truths, such as the overwhelming scientific evidence for corporate-induced, global climate change.

It is Difficult to get a Man to Understand Something When his Salary Depends Upon his not Understanding it.

But cognitive dissonance is also rampant among America's psych drug prescribers, psych drug consumers, corporate-controlled politicians, corporate drug-makers and the corporate-controlled media. Whenever these groups are confronted with the fact that the drugs they once trusted and profited from were not as safe or as effective long-term as they had previously been brain-washed to believe, they can go into denial. Or as Upton Sinclair once said: *"It is difficult to get a man to understand something when his salary depends upon his not understanding it."*

Big Pharma and many of their willing and eager partners of the numerous medical industry trade groups that profit from quick-fix drug treatments (like the American Psychiatric Association and the American Medical Association, to name only two) have done cunningly effective, mass media work in discrediting potentially curative, non-drug approaches like psychotherapy, education, nutritional therapy, naturopathy, massage therapy, etc, all of which are regarded by BigPharma as dangerous competitors to their highly profitable and addictive drugs (whose inevitable side effects are often "treated" with more drugs to cover up the adverse effects).

The psychiatric whistle-blower-authors mentioned above are simply trying to achieve a tiny bit of balance to the over-represented corporate side of critically important issues. The reality is that we impotent and easily propagandized "consumers" and prescribers are in a fight-to-the-death David vs. Goliath situation. Tragically, in the current versions of the ancient Hebrew Bible myth, the corporate Goliaths represent less than 1% of the population but have 99% of the money, 99% of the politicians, 99% of the weapons, 99% of the advertising budget, and 99% of the favorable press coverage. And equally importantly - at least since the unethical and unconstitutional Citizen's United decision in 2011 - Goliath has a 5/9ths majority in the pro-corporate US Supreme Court.

"Whoever Pays the Piper, Calls the Tune"

Bob Dylan once wrote that "money doesn't talk, it screams". And Big Pharma (with its non-human corporate allies in Big Business, Big Psychiatry, Big Medicine, Big Insurance, Big Media and Big Food) has been out-talking, out-screaming, out-shouting and outspending the skeptics of the Big Lie agenda that labels temporarily distressed, brain-damaged, drug-intoxicated, addicted, brain malnourished or otherwise dysfunctional people with a permanent mental illness (of unknown origin) diagnosis that condemns them to swallow a cocktail of brain-disabling drugs for the rest of their lives.

One important step in this diabolical process was legalizing the previously illegal (and unethical) direct to consumer (DTC) advertising in 1996. (New Zealand is the only other nation in the world to have done so.) That was the year that millions of potential pill-popping "just gimme a pill doc" consumers started lining up at doctor's offices because of the laughable prime time psych drug commercials. But, in corporate America, whoever pays the piper calls the tune, and if you don't have a big enough advertising budget, you don't have a voice.

For the last several decades, 90% of the drug research in America has been designed, funded, published and totally controlled by the pharmaceutical industry's amoral multinational, multibillion dollar corporations, in whose interest it is to ensure - by hook or by crook - that its paid researchers and statisticians will massage the numbers enough to obtain results that will convince the co-opted FDA to approve the drug for marketing.

The Cymbalta Suicides

Indeed, both the lab animal and human (clinical) trials have often been so corrupted that only one or two modestly positive drug trials will be reported to the FDA, while the many trials that showed negative outcomes were shelved, never to see the light of day unless subpoenaed by a judge. In some cases, trials with serious negative results were still submitted to the FDA - such as the infamous Cymbalta "antidepressant" human trials (that resulted in 5 completed suicides in subjects that had been allowed in the study because they had no suicidal tendencies pre-treatment). Those 5 Cymbalta-induced suicides did not deter the FDA from granting Eli Lilly & Company marketing approval for that soon-to-be blockbuster drug (that was mainly introduced because Prozac was scheduled to lose its patent protection). FDA scientists, just like the rest of us, are not immune to cognitive dissonance when their job security is at stake.

It is no secret that most mainstream medical and psychiatric journals are heavily subsidized by multinational drug companies and medical device makers both through grants and advertising revenues. It is a fact that the Journal of the American Psychiatric Association was going bankrupt until Big Pharma stepped in and made it solvent - certainly with strings attached. Many mainstream medical journals have embarrassingly large amounts of inane drug advertising in them while at the same time, these journals allowed little to no space for the publication of research articles from researchers who had important, sometimes contradictory data to report. Submissions of negative animal research or human clinical trials are typically rejected if they refute the dogmas of sacrosanct industries.

The same conflicts of interest are on display at most medical conventions and conferences. These "educational" conferences are heavily subsidized by Big Pharma. Many physicians are embarrassed by - or appalled at - the large numbers of sponsoring pharmaceutical companies that are compelled to hand out free trinkets and food in order to attract visitors to their booths so that they can pitch their latest high-priced drug.

I have also observed that medical meetings that depend on pharmaceutical company financial support do not invite researchers who present information about non-drug alternatives that contradict drug and medical industry dogma. Whistle-blowers are not welcome at such medical meetings. Truth-tellers rain on Big Pharma's parade and thus are excluded. Only the pipers who are willing to play the pro-drug tune are allowed a voice at the table.

Whatever Happened to Fully Informed Consent?

I was taught in my medical school training that before prescribing a medication or procedure, a physician was ethically and medico-legally obliged to fully inform the patient about the potential hazards of the drug or procedure. Then the patient was to be given an opportunity to refuse or accept the prescription or procedure. Consent forms allowing surgical procedures were to be signed and the signature witnessed. Alternatives to the suggested treatment program were also to be offered.

Unfortunately, and tragically, obtaining fully informed consent before prescribing a drug no longer seems to be the standard of care in the Big Business of modern medicine, where high productivity, high clinic patient turnover, limited face-to-face time and high income-generation is the norm. Such efficiency prevents thoroughness and restricts the quality of the time that is needed to listen to the concerns of the patient. Stopping to fully discuss the potential dangers or drug-drug interactions (both short-term and long-term) of medications is often replaced by the handing out of computer-generated forms and a forced signature by the patient stating that they have been fully informed of the risks and that they now thoroughly understand the pros and cons. Corporate lawyers assure us that such short-cuts to real consent hold up in court.

My 40 years in the medical profession began with an emphasis on the importance of unbiased medical science, thorough history-taking, common sense, wisdom, listening carefully to patients complaints (and believing them), and in the ethics of the Hippocratic Oath. Gradually Big Pharma, Big Insurance, Big Medicine, and Big Business in general have taken control of the profession and instituted high productivity, economizing shortcuts, over-reliance on million-dollar workups and potentially very dangerous quick fix drugs. Those realities are good for high incomes for clinics and physicians but bad for good patient care.

Most of the patients that came to me in my holistic mental healthcare practice did so because they knew that they were both addicted to and simultaneously sickened by their psychiatric drugs (almost always involving combinations of two or more drugs, no combination of which, by the way, has ever been thoroughly tested for safety or efficacy - even in the animal labs).

Most of my desperate patients had already tried and failed to get off their drugs because of adverse drug effects and terrible withdrawal symptoms (always involving totally new neurological symptoms that hadn't been there prior to starting the drugs). I saw hundreds of patients in my practice who had never been informed that their drugs could cause permanent tardive dyskinesia, tardive dementia, drug-induced brain damage, drug-induced disabilities, temporary or permanent sexual dysfunction, irrational behaviors (including violence), suicidality, Parkinsonism, depression, mania, psychotic reactions, atrophy (shrinkage) of the brain, diabetes, obesity, insomnia, hyperlipidemia, loss of IQ points, loss of memory, etc, etc.

It is important to point out that the above list of serious and even life-threatening adverse effects have been documented again and again in the medical literature (even including the literature that was subsidized by the drug industry itself) but usually had not been mentioned by the prescribing physician. Most importantly, most of my patients had never been informed that they could become dependent on those substances and therefore might experience dangerous withdrawal symptoms when cutting down or going off the drug.

Obtaining fully informed consent is a time-consuming problem for modern medical practitioners, and it always has been. But, given

- 1) the thousands of drugs and potentially toxic vaccines that are being over-prescribed today;
- 2) the 3,600 virtually unreadable fine print pages in the PDR; and
- 3) the enormous complexities of the millions of possible combinations of two or more

drugs ingested by any given patient,

the problem has to be far worse now than when I was guilty of prescribing Big Pharma's synthetic chemicals decades ago (the toxic natures of which I had been kept unaware of through most of my career). Knowing what I know now, I shudder to think of the harm – even in those simpler times – that my choices in prescribing did to my unsuspecting patients.

Therefore, I consider it my duty to continue to warn others of such risks.

DISCLAIMER: Readers who are interested in reducing their psych drug use should consult their prescribing physician and not suddenly stop them. Stopping drugs suddenly can be more dangerous than starting them. They should consult a physician knowledgeable in neuroscience, brain nutrition and with experience in helping people safely and gradually discontinue psychiatric medications.

Dr Kohls is a retired physician who practiced holistic mental health care for the last decade of his career. He writes a weekly column for the Reader Weekly, an alternative newsweekly published in Duluth, Minnesota, USA. Several years of Dr Kohls' columns are archived at http://duluthreader.com/articles/categories/200_Duty_to_Warn.

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