



Jeffrey E. Hansen, Ph.D.
NeuroFaith, LLC

An Open Letter to My Psychology and Psychiatry Colleagues: A Call to Restore Integrity in Mental Health Care

Dear Colleagues,

I write to you today not from a place of animosity but from a place of profound concern. I am both a clinical psychologist and a human being who cares deeply about the integrity of our professions — psychology and psychiatry — and the sacred trust we hold with those who seek our help. Yet, we are at a critical juncture. Our fields, once grounded in the pursuit of truth, healing, and human dignity, have become something else entirely.

Before I proceed, let me be clear: I recognize that there are many exceptional psychiatrists and prescribers who not only know the research but adhere to it faithfully, often saving lives through judicious prescribing and a deep understanding of both the benefits and limitations of psychotropic medications. Likewise, there are many therapists who do extraordinary work, fostering genuine healing and transformation. This letter is not meant to undermine or dismiss their efforts but rather to address broader systemic concerns that impact all of us.

For psychiatry, the pivot from patient-centered care to pharmacological dogma is undeniable. We sold the public the chemical imbalance myth, a theory that has been thoroughly debunked (Moncrieff & Cohen, 2022; Whitaker, 2010). We did so while knowing the research never conclusively supported it. Despite this, the narrative persists.

Why? Because it is profitable. Because it is convenient. And because it provides a simplistic, reductionist framework that allows for the rapid prescribing of psychotropic medications, often without a thorough evaluation of the root causes of a patient's distress (Davies, 2018; Gøtzsche, 2013; Kirsch, 2019).

The over-reliance on SSRIs is particularly concerning. Meta-analyses by Kirsch (2019) revealed that the majority of the efficacy of antidepressants can be attributed to the placebo effect, with only marginal differences between drug and placebo outcomes. Whitaker (2010) documents how long-term SSRI use can induce chronic depression, akathisia, and suicidality, especially in adolescents.

But the impact goes far deeper. What are we doing to our patients when we tell them that their suffering is the result of a broken brain, a chemical imbalance? What message does this send to children and adolescents, whose developing minds are particularly vulnerable to such narratives? We are creating a generation of passive recipients of psychiatric labels rather than empowering individuals to confront, process, and heal from their pain.

The disease model, which promotes the idea of a biochemical fix, fundamentally undermines the principles of self-agency, resilience, and personal growth. It tells patients — especially children —

that they are inherently broken, that they require medication to "fix" them, and that the source of their suffering is internal and immutable. This stunts growth, prevents true healing, and creates lifelong dependency on psychotropics without addressing the underlying trauma, loss, or disconnection that often drives their distress (Davies, 2018; Moncrieff, 2020).

We must ask ourselves, as clinicians, what we are truly doing when we pathologize children and adolescents, labeling them with diagnoses that carry lifelong implications and pushing them toward medication as a first line of treatment. We are implanting a disempowering narrative that may cripple their ability to navigate future challenges with resilience and self-efficacy.

The evidence base for long-term SSRI use in children and adolescents is alarmingly weak, and the harms are substantial (Gøtzsche, 2013; Moncrieff & Cohen, 2022). It is time to reconsider our approach and to ask ourselves whether we are truly serving our patients — or whether we are merely serving the interests of a system that profits from chronic dependence.

And What of Psychology?

Psychology, once a field rooted in depth, meaning, and the exploration of the human condition, has increasingly sold out to ideological capture. We now see practitioners doing therapy to a script, pushing political agendas, and prioritizing ideological conformity over authentic healing.

Where is the informed consent in pushing critical race theory, gender ideology, and other politically charged frameworks onto children and adolescents who lack the cognitive capacity to fully understand these complex, controversial constructs?

The DSM-5-TR: A Collusion of Convenience

The DSM-5-TR is a manual that purports to be scientific but is, in reality, a catalog of billing codes rather than a compendium of empirically validated diagnoses (Frances, 2013).

The DSM is not statistically validated in the way that genuine scientific instruments are. It is based on committee votes, not objective biomarkers or rigorous, replicable studies (Moncrieff, 2020).

Ponerology and Plutocracy: The Unseen Forces

If we are honest, we must ask: Who benefits from the current model of care? Who profits when both psychology and psychiatry are reduced to prescription pads and ideological scripts?

Pharmaceutical companies profit, not only from initial prescriptions but from the lifelong cascade of medications that follow — the antipsychotics to blunt antidepressant-induced mania, the benzodiazepines to counteract SSRI-induced akathisia, the stimulants to revive the cognitively blunted patient.

Andrew Łobaczewski, in his seminal work "Political Ponerology" (2006), examines how systems of power can be co-opted by individuals with severe psychological disturbances. He describes how pathocracies — rule by the psychologically disturbed — emerge when individuals lacking empathy infiltrate institutions, systematically eroding ethical norms and replacing them with ideological and

pathological agendas. Łobaczewski warns that such systems suppress dissent, distort truth, and pathologize critical thought as a means to consolidate control.

Michael Rectenwald, in "The Great Reset and the Struggle for Liberty" (2022), discusses how global elites leverage crises to consolidate power, creating what he terms a "corporate-socialist technocracy." Rectenwald emphasizes how the pharmaceutical industry, in collaboration with other powerful entities, perpetuates dependency by promoting chronic medicalization as the norm. In this framework, patients become lifelong consumers, not of healing, but of treatments that manage symptoms without addressing root causes.

Are we, as mental health professionals, so anesthetized to our own consciences that we cannot see this happening? Are we complicit in a system that reduces individuals to mere recipients of drugs and ideological narratives, rather than autonomous, empowered human beings capable of growth and self-actualization?

A Call to Wake Up

We are supposed to be critical thinkers, especially those of us with doctoral degrees. We are supposed to challenge dogma, not enforce it. We are supposed to heal, not prescribe a cocktail of psychotropics or ideological scripts that mask the underlying trauma, fear, or despair that drives our clients to seek help.

In Closing: A Call to Courage

I will choose to remain optimistic because I believe that deep within us, we will get to the soul of our professions. And we will turn this around — one provider, one psychologist, one psychiatrist at a time.

But someone has to speak first. And I urge you, along with me, to take a critical look at what we're doing, to ask the difficult questions, and to refuse to be silent in the face of harm and corruption. It is not too late to change. It is not too late to reclaim our professions, our integrity, and our purpose.

Primum non nocere. First, do no harm.

Together, we can do this.

Respectfully,

Jeff

Jeffrey E. Hansen, Ph.D.

Clinical Director, Holdfast Recovery

Founder and Director, NeuroFaith, LLC

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