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A Primer on Medical Gaslighting

Analysis by A Midwestern Doctor | February 06, 2023

STORY AT-A-GLANCE

- The medical industry has a vested interest in concealing injuries from its products
- A cruel but common method for accomplishing this is medical gaslighting
- Two of the most common diagnoses use to gaslight patients severely injured by the COVID-19 vaccines are "anxiety" and "functional neurologic disorder"
- Most doctors do not intend to gaslight their patients, but this behavior is an almost inevitable consequence of of their training and the modern practice of medicine. A patient understanding their perspective helps make it possible for doctors to see that patient's medical injuries

One of the classic ways an abuser controls their prey is to manipulate the environment so that the abused individual begins doubting their own observations regardless of what is occurring in front of them.

In the 1944 movie, Gaslight, this was accomplished by the villainous husband (played by Charles Boyer) adjusting the intake to gas-powered lights (causing them to flicker) and simultaneously denying that any change was occurring to his mentally abused wife (played by Ingrid Bergman). The term gaslighting originated from this classic movie.

In modern times, this is accomplished by having medical providers all echo the same message that a patient's injury has nothing to do with the pharmaceutical (or other medical procedure in question). Most commonly, it instead is argued that the symptoms

they are experiencing are due to pre-existing psychiatric issues the patient has (e.g., anxiety), which are treated with medications that often create additional issues.

Before we go any further, I want to emphasize just how miserable this is to go through as an injured patient. Imagine what it would be like if (due to the medical injury) the world you had previously known collapsed around you and every single person you trusted (including your friends and family who defer to the judgment of "experts") told you that it was all in your head and you just needed psychiatric help. It's a perfect recipe for going insane.

For example, let's consider the recent experiences of Maddie De Garay in the pivotal Pfizer trial that was used to argue for the safety of the COVID-19 vaccines in the adolescent population:

*Note: This was clipped from **episode 280 of the Highwire** which we shortened (e.g., much of what she had to deal with in the hospital was cut out) so her story could reach a broader audience.*

Although Maddie's experience was atrocious, it was sadly not unique and many others **had similar experiences in the COVID-19 vaccine trials**. Similarly, I have heard many similar stories from other people **who were harmed by the medical system**.

Pharmaceuticals are inherently toxic. For example, most medications work **by inhibiting enzymes** (which are essential for life) and because of how interconnected the body is, this inhibition will create a variety of unintended consequences.

Similarly, most vaccinations function by making the immune system (often with the aid of toxins that help provoke that response) have an unnatural and narrowly focused response to a target substance.

The creation of this immune response unfortunately also often creates dysregulation within the immune system as this provocation can cause the immune system to be diverted away from attacking things it is supposed to address (e.g., microbes and cancers), while simultaneously triggering it to attack the body's own tissue.

Since toxicity has always been inherent to the practice of allopathic (Western) medicine, the profession has gradually come up with a playbook to prevent its inevitable medical injuries from sabotaging business. This has essentially been accomplished by doing the following:

- Telling patients the adverse events they experienced either are not occurring or are unrelated to the toxic pharmaceutical.
- Developing an elaborate scientific apparatus that provides evidence refuting the link between these injuries and pharmaceuticals on the market, while concurrently training the population to defer to the scientific consensus rather than trusting their own observations.
- Making competing forms of medicine that lack a similar degree of inherent toxicity illegal, therefore making the only choice within the existing medical monopoly be a toxic form of medicine (similarly consider how allopathic medicine is always considered to be the best form of medicine every other approach must find a way to measure up to).

  This is also why we have the doctrine in allopathic medicine that every treatment has risks and the treatments are chosen because its benefits outweigh its risk (as opposed to just exploring systems of medicine without those risks).

All of this in turn results in the tragic phenomenon known as medical gaslighting, or as some like to put it “allopathic medicine gaslights you to death.”

Why Can’t Doctors Diagnose Medical Injuries

I have found numerous documented examples of medical gaslighting stretching back to the late 1700s and in each case, typically only a minority of the medical profession is willing to acknowledge the injuries that are occurring could be linked to their pharmaceuticals.

At the same time, it's rare for me to meet doctors I consider to be evil; on the contrary, most tend to be remarkably intelligent and well-intentioned individuals who genuinely want the best for their patients.

At this point, I believe medical gaslighting is a natural consequence of our training. Since the therapeutic toolbox of allopathic medicine is quite limited, most doctors cannot practice their craft without administering unsafe pharmaceuticals to their patients, and thus for the sake of their self-identity, they must fully believe in their pharmaceuticals (this subject was discussed further here).

It is an enormous personal investment to become a physician and it is extremely difficult for someone who goes through that to acknowledge that much of what they learned is highly questionable.

Similarly, no well-intentioned doctor wants to harm a patient, and since they often do, the reflexive psychological coping mechanism is to deny the possibility of each injury that occurs (discussed further here).

This first dawned on me at the start of my medical education when one of our professors inserted a tirade against anti-vaxxers into his lecture and concluded his argument with "… and just think about it. Do you really think pediatricians would vaccinate their patients if they thought vaccines could harm them?"

Although widespread denial of the harms that Allopathy causes likely explains some of my profession's predilection for gaslighting, I do not believe it is the primary issue. Instead, I believe it is a result of the training doctors receive making them unable to recognize medical injuries.

The Origins of Medical Blindness

Because the human body is immensely complex, humans in every era face significant difficulties in being present to everything that is occurring within a human being. Most medical systems address this challenge by creating diagnostic models which simplify

the immense complexity present in each patient down to the key things that must be focused upon to positively affect patient wellbeing.

The downside to this approach is that there will always be things in each patient that lie outside the diagnostic model being used to evaluate them. When this happens, those things understandably will not be recognized (unless the medical practitioner innately can perceive a complexity that transcends the limitations of their diagnostic model, something the majority of the population is not capable of).

In the case of allopathic medicine, we are taught a diagnostic model that is excellent for identifying many things (particularly indications for prescribing pharmaceutical drugs). However, our model also fails to notice many other things which are critical for health and wellness.

For example, much of medicine is taught by having a series of lists to memorize that are plugged into linear algorithms. Because this requires breaking many complex subjects into a binary "yes" or "no," many important things that lie between these two polarities get lost in translation.

This is the easiest to illustrate with the nervous system (but the issue is by no means exclusive to it). When evaluating it, one of the things we are all taught to do is quickly check if the twelve cranial nerves are functioning normally (e.g., can you swallow, make a smile, or follow a finger with your eyes).

Frequently, although the cranial nerves are "generally normal" they will have some difficulty firing (e.g., at some point in the motion arc as the eyes travel side to side, they will jump instead of moving smoothly). These "minor" deficits often have a significant impact on a patient's quality of life, but in most cases (except when evaluated by certain neurologists or neurosurgeons), the function of those nerves will be noted as normal and ignored.

One of the most common signs of a vaccine injury is a subtle cranial nerve dysfunction (discussed further here). While these are very easy to recognize if you are trained to look for them, that training does not exist within allopathic medicine, and as a result,

most physicians simply cannot see the large number of vaccine injuries occurring around them.

Simplifying Illness

The cranial nerve example unfortunately is only one of many areas where a complex presentation of symptoms is simplified into a box that excludes an inconvenient diagnosis from ever being recognized. Another common way this boxing occurs is when an authoritative diagnosis is used to define a complex phenomenon without actually stating what it is.

For example, many disorders in medicine are simply symptoms written in Latin. Dermatitis quite literally translates to “inflammation of the skin,” and in most cases is simply treated with a cream that suppresses that inflammation.

Conversely, in many other medical systems, inflammation of the skin is recognized as an important sign of something being awry in the body, and the exact character and location of the inflammation are focused upon to identify and address the root cause of that inflammation (to some extent this is recognized in dermatology, but even there it occurs nowhere to the degree that it should).

Similarly, “migraine” headaches, although not exactly Latin, **falls into a similar boat**. While many things can cause migraines (e.g., they are very frequent after COVID-19 vaccine injuries) their cause is rarely focused upon, and instead, the standard medical approach is to throw pharmaceuticals at them until something improves the headache.

In my medical practice, I frequently treat migraines. In these patients, I find over and over that they have seen numerous doctors (including highly regarded specialists). Despite this, it is very rare anyone they saw was able to recognize the diagnostic signs or aspects of their history that point to the root actual cause of their headaches, and thus, not surprising that they will simply be prescribed more and more medications in the hope one will work.

Framing the Iatrogenic Debate

Iatrogenesis is the term for any type of illness or medical complication resulting from a bad reaction to medical care (e.g., a complication from a surgery or a pharmaceutical). A common pattern I've observed for decades is everyone denying a particular iatrogenic complication exists (e.g., "there is no evidence"), and then once overwhelming evidence exists that it does, it will be acknowledged.

Once this happens, the harm from the drug will be reframed so that only the accepted harm can be bad and an underlying assumption is created that nothing else is a possible complication.

For example, **fluoroquinolones** (e.g., Cipro) are fairly toxic antibiotics that can severely harm people and are frequently given for many minor infections (e.g., urinary tract infections) where their corresponding toxicity is simply not justified.

In medical school, everyone learns that a tendon rupture (something unique and hard to ignore) is a side effect of these drugs, and as a result, when doctors evaluate for harms, they will look for that but not be able to recognize most of the other **well-documented** complications from them.

My favorite recent example of this reframing occurred with the J&J COVID-19 vaccine. At the start of Operation Warp Speed, I hypothesized that a major goal was to get mRNA technology onto the market since it held the promise of trillions of dollars in future revenue for the pharmaceutical industry (but since there were safety challenges with it, nothing short of an "emergency" would be able to break the barrier to human testing).

Because of this, I suspected that once vaccine safety concerns emerged, a non-mRNA COVID-19 vaccine would be thrown under the bus to make the mRNA technology look "safe." This is what then happened with the J&J vaccine when six cases of an extremely unusual blood clot being linked to that vaccine caused the **FDA and CDC** to pause its administration **for 11 days**.

By doing so, it created the perception the FDA was monitoring for vaccine side effects with a fine-tooth comb and was willing to pull the vaccine if it caused a rare side effect in a very small number of people.

Nothing could be further from the truth as the mRNA vaccines have caused far more blood clots than the J&J vaccine. Similarly, investigation after investigation shows the FDA is ignoring the endless deluge of red flags from the COVID-19 vaccines.

Unfortunately, this ploy worked, and in the odd instances where I hear a doctor willing to debate the safety of the vaccines, one of the most common arguments they still utilize is that if the FDA was willing to temporarily pause J&J after six blood clots, there is no possible way a larger unaddressed problem exists with the mRNA vaccines.

Psychiatric Complications and Iatrogenic Injuries

As the above points have shown, a variety of factors work against doctors being able to recognize the presence of medical injuries. The question then becomes, how will the injuries that inevitably occur be explained?

As you might imagine, the default strategy is to fold the injury into an amorphous diagnosis which (instead of allopathic medicine) can take the blame for the medical injury and then put that label on everyone with the injury. Typically this is done with psychiatric diagnoses, but recently COVID-19 infections have also been appointed to that role (both of these diagnoses were used to gaslight patients **in the clinical trials for those vaccines**).

The earliest references to this gaslighting I have found were at the time of Freud, where his new model of psychoanalysis was used to explain the complex symptoms observed within patients doctors otherwise had difficulty making sense of. However, as detailed in **The Age of Autism: Mercury, Medicine, and a Man-Made Epidemic**, an outside evaluation of Freud's case studies suggests those patients' problems actually arose from mercury poisoning.

Mercury, despite being extremely toxic, was used by the medical profession for centuries (and to some extent still is). Frequently, individuals with mercury poisoning would develop a wide array of complex diseases which included neurological and psychiatric complications (which like many other conditions were often attributed to "female hysteria").

Freud's message that these complications were the fault of the patient (e.g., as a result of unresolved sexual desires) rather than the physician was an immensely appealing message to the medical profession, and as a result, became the party line.

Ever since this time there has been a systemic failure to recognize that neurologic damage can produce psychiatric symptoms. Instead, neurologic symptoms are viewed as a manifestation of a pre-existing psychological illness that must be treated with psychological counseling and psychiatric medications.

One of the best examples of this issue is "Functional Neurological Disorder" (FND) which recognizes that something is wrong with the brain, but since **no explanation can be found**, it is assumed to have been due to pre-existing psychiatric conditions.

If you review the National Institute of Health's description of FND, you will see that the above description is no exaggeration, and it is extremely sad to hear about the experiences vaccine-injured patients go through since FND is one of the most common diagnoses they receive.

When I look at FND cases, the cause of the disorder (e.g., seizures) can frequently be found, but since neurologists (including friends of mine) do not want to consider the actual cause, the tests needed to diagnose it are often not ordered or even known about by the doctors attending to the patient.

If you review Maddie's story, you will note that this is also exactly what happened to her and her permanent paralysis from the vaccine was labeled as FND resulting from a psychiatric condition. Because of this gaslighting, she was not able to get appropriate care when her neurological reaction to the vaccine was occurring (that would have prevented permanent disability).

I believe this occurred because the chief investigator was fully aware that a severe neurologic reaction to a single participant would have made the vaccine too dangerous for children to take, so he decided to gaslight Maddie so her injury would not need to end up in the trial. Sadder still, Maddie's experiences were not unique, and their experiences that indicate systemic fraud in the vaccine trials were detailed **here**.

Another common symptom doctors place the blame for medical injuries on is "anxiety." The two major problems with this process are:

- Failing to recognize that having a life-changing injury will normally create distress, and similarly failing to recognize that being collectively gaslighted by medical providers is not good for anyone's mental health.
- Pharmaceutical injuries frequently cause tissue damage that will trigger anxiety.

Sadly, very few doctors recognize that damage to the nervous system (which is a common toxicity of pharmaceuticals) can also create psychiatric disturbances. Instead, they only can recognize that psychiatric distress can often worsen neurologic symptoms, but do so without also realizing that it is much rarer for psychiatric distress to be the originating cause of a neurologic issue.

Similarly, many common psychiatric disorders have organic causes (e.g., chronic undiagnosed infections, traumatic brain injuries, or nutritional and metabolic deficiencies). However, in most cases, psychiatrists prescribe medications based on the symptoms a patient presents with (e.g., you are depressed so you need Prozac) rather than looking at the underlying cause.

I believe this is because doing the former pays well but the latter typically does not and is not emphasized in a psychiatrist's training.

In addition to neurological damage frequently creating psychiatric complications (e.g., vagal dysfunction creating anxiety), damage to other organ systems can as well (Chinese medicine does an excellent job of mapping these correlations out). One of the best examples I have seen with the COVID-19 vaccines relates to the heart and I have had variations of the following conversations multiple times since 2021:

Friend: I have been having severe anxiety attacks since I got the vaccine. My heart starts beating rapidly, and I start to have pain in my chest. I never had this problem before, but now everything makes me anxious and it's so hard for me to be calm.

Me: You should get your heart looked at.

Friend: What do you mean? Everyone told me it was anxiety due to stress.

Me: Trust me, you need to get your heart looked at.

(Time passes)

Friend: How did you know I had myocarditis?

Damage to the heart (or the vagus nerve) will often create an irregular heart rate and chest pain, and these palpitations often provoke anxiety. Unfortunately, since these symptoms are also triggered by anxiety, when they are observed, doctors will often default to a diagnosis of anxiety and look no further.

Conclusion

There are essentially two models of medical practice which are followed:

- The paternalistic model (where you are expected to unquestioningly trust and comply with everything the doctor tells you).
- The collaborative model where the physician is your partner in working towards health.

Although the paternalistic model was the standard for most of allopathic medicine's history, in recent times, there has been a push for the collaborative model. Presently, many patients are seeking out collaborative physicians (especially since system doctors have to spend so much time going through checklists that there is little time for actual engagement with their patients), and the market is economically rewarding physicians who are making this change.

A key misconception much of the public holds about doctors is that we are infallible beings (which is a key justification for the paternalistic model). In reality, once you peer behind the lab coat, we struggle with many of the same issues you all do too. Being able to genuinely recognize this and respectfully treat the physician you see as a fellow human being is one of the most effective strategies for initiating a collaborative doctor-patient relationship.

Although doctors sometimes gaslight injured patients for self-serving reasons (e.g., to protect Pfizer's vaccine in its clinical trials or under the misguided belief it will protect a doctor from a lawsuit), I believe the majority of cases occur because the doctors simply cannot see the injury occurred. As a result, these doctors believe they are doing the best for the patient when in reality they are just gaslighting them.

One of the largest issues in our modern era is how disconnected we have become from ourselves and others. Within the doctor-patient relationship, this disconnection makes it much less likely a physician will be able to recognize what is happening in a patient (e.g., a medical injury) or feel compelled to go to bat for them while every other healthcare provider is gaslighting them.

When people ask me for their best options to avoid being gaslighted, I thus suggest pursuing one of the following options:

1) See a physician who you pay directly (rather than one who takes insurance). This business model matters because it forces the doctor to have a collaborative doctor-patient relationship and stay in business (no one will pay to see them if they just get gaslit). I am a big believer in the statement "you get what you pay for" and if only see system doctors who base their practice around insurance payments, you often do not get a good outcome.

   For example, I had a patient recently who I felt exemplified this issue. He had what I felt was a relatively straightforward problem that had significantly impacted his life for **25 years**. When I reviewed his history, he told me he had seen a dozen (insurance-taking) doctors, many of whom promised they could fix the problems

with elaborate procedures from their specialty (all of which did nothing or made his issue worse).

What was striking about his story was that **only one of them** had ever even performed an extensive evaluation (e.g., talking with him about the history of his disease) to try to figure out what was causing the problem.

2) However, while seeing a private-pay physician often is an excellent investment, many patients simply cannot afford to do so. In this case, the ideal scenario is to find an insurance-taking physician through word of mouth who has earned a reputation for forging collaborative doctor-patient relationships. Unfortunately, these recommendations are hard to come across and typically these doctors will have full practices that are hard to get into.

3) The third (and often the only available option is to take the initiative to forge a collaborative relationship with the doctor through having a respectful demeanor where you treat the doctor as a fellow human being rather than "the doctor."

   In general, this approach will be the most effective on doctors who recently completed their medical training (everyone becomes more rigid with age, plus their practices are not yet full), and in medical settings where the doctors get longer per visit (you can't really build a collaborative relationship in 10-15 minutes).

Regardless of the option you choose, it is also often important to provide the documentation to support the occurrence of your medical injury. This includes records establishing a timeline of the injury following the medical therapy and scientific literature substantiating the link between the two.

Physicians in turn (especially younger ones) will be the most receptive to considering this link if it is presented in a composed and thoughtful way rather than a confrontational manner, because like every other human they tend to become defensive. Given how upsetting the process of being gaslighted is, maintaining this demeanor can be extremely challenging.

Sadly though, it is necessary because doctors are trained to see these injuries as being psychological in nature, and a patient expressing their completely justifiable feelings about the situation will often feed into the doctor's erroneous perceptions about the patient's mental health.

About the Author

A Midwestern Doctor (AMD) is a board-certified physician from the Midwest and a longtime reader of Mercola.com. To find more of AMD's work, be sure to check out **The Forgotten Side of Medicine** on Substack.