

## Curing Psychiatry by Healing Childhoods

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### Abstract

*This paper builds on its three immediate predecessors – [a] on irrationality, [b] on how a mere two sessions eliminated 17 years of panic attacks, and [c], on how violence, femicide and war, defy logic. These three health-revitalising themes are here reinforced, using the novel concept of “child-perils” – i.e. terrors which persist long into adulthood, where, by definition, they are already 100% out-of-date. Every human infant, without exception, comes into this troubled world, quadriplegic – suckling being the one and only action any neonate, whomsoever, can reliably accomplish, unaided. Weaning on to “solid” food is a challenge every child and every parent must not only face, but overcome, if the infant and our species is to thrive. Being weaned emotionally, commonly spoken of as “standing on your own two feet”, is here termed “Healing Childhoods” – a process of emotional maturation even more vital, if our species is to survive. The paper then summarises outcomes with 30 individuals, as reported by trainees, generally after a single session. What is striking, is that though their training entailed as little as 6 months’ weekly webinars, the success rate they report reaches over 90% – an outcome unheard of (and this paper would argue, unobtainable) via conventional approaches – i.e. until psychiatry is “cured”. The paper concludes, by re-emphasising the unavoidable need for the non-medical public, to step up and insist that doctors and policy-makers acknowledge the dire role that child-perils do play, and will continue to play, not only in mental healthcare – but throughout social, indeed global affairs.*

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Figure 1 : “child-peril?”

### Introduction

<sup>[1]</sup>BE WARNED – IF YOU ASK THE NEXT DOCTOR YOU MEET, to cure Bernard – he’s the one on the left in Figure 1 – prepare to be disappointed. By contrast, trainees from my recent webinars, know exactly what to do – and given a fair wind, would generally need only one session.

<sup>[2]</sup>Doctors today, are handicapped – which is why psychiatry especially, needs curing. Unhappily, they’re taught to prioritise your DNA and to dogmatically misdirect you away from past trauma, which leads them (and us) to neglect soul-destroying mental agonies, like Bernard’s.

<sup>[3]</sup>This paper argues that the medical

profession, especially psychiatrists, have been brain-washed into believing that emotions are intrinsically airy-fairy, such that “feelings” are far too indefinable and unscientific to respond to reason – which exposes us all, to the obvious perils of the current over-prescribing of pain-killers for the mind.

<sup>[4]</sup>If you try and point out, as this paper does, that this medical myopia amounts to professional negligence, then well-oiled excommunicating mechanisms slip smoothly into action, ensuring your unorthodox views receive little or no air-time – whence the appeal in this paper, by a long-experienced consultant psychiatrist, for help from the non-trained public.

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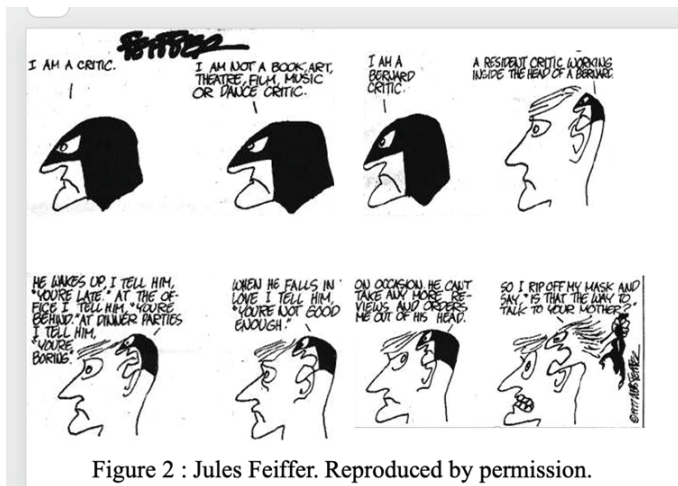


Figure 2 : Jules Feiffer. Reproduced by permission.

[5] In 1977, Jules Feiffer, a best-selling cartoonist, captured the point, graphically. His strip, Figure 2, demonstrates a clarity of observation of Bernard's woes that puts far too many psychiatrists, psychologists, and healthcare policy-makers to shame.

[6] This simple-seeming graphic poses three pressing questions, which contemporary psychiatry would be hard pressed to answer. (1) Is Bernard in AGONY? (2) If so, why? i.e. where does his paralysing symptom come from? That's to say, what's the medical diagnosis? And, most vital of all – (3) What's the cure?

[7] To the untrained, but sympathetic eye, answers to the three questions just posed, are so obvious, it makes you weep. (1) Bernard's agony is so gross, you have to work hard to not-see it. (2) According to Feiffer's version of reality, Bernard's debilitating symptom comes exclusively from a factor normally hidden from view – a resident parent-figment, currently built into Bernard's head.



Figure 3 : inside his head

Figure 3, he skilfully blends Bernard's parent-figment, with the whole of Bernard himself. Though his mother necessarily saved his life in infancy, she need no longer still persist, inside his head. It's a shame doctors have failed to grasp the same level of nuance and subtlety that Feiffer captures with such skill.

[9] So to the most important question – (3) What's the cure? Now here the untrained observer is streets ahead of today's orthodoxy. Like any other painful medical condition – unless you know where the pain is coming from, i.e. are accurate in your diagnosing – then you will have no possible way of knowing what a “cure” would even look like, let alone how best to apply it. Here, following points made in earlier papers, the obvious cure is, somehow, to agree with Bernard on a way to empower him to answer his mother's perilous question – “Is that the way to talk to your mother?”, with a confident, but entirely

gentle, “YES”.

[10] This represents a radical change from the time when his mother did have full charge of his life. It was then that his adult carers did indeed have within their sole hands, whether or not he would survive to see another day. We have all been 100% dependent in this way – though not all of us have acquired emotional independence, and learnt that what we humans need, is inter-dependence.

[11] Can it really be that simple? Can all psychiatry, including crime, feasibly be summarised in three words – “children are impressionable”? Well, once the very fundamentals of medical practice are questioned in this way, then different considerations apply, as discussed further below.

## Method

[12] It would be folly to suppose that the methodology underlying the training given during those weekly webinars could effectively be conveyed, via the written word. Emotions are fluid, as is consciousness to which, alone, they give direction – and fixed words on a page are not.

[13] There are immovable philosophical arguments as to why this will always be the case – but these, though vital, are best presented elsewhere. Nevertheless, having outlined where this approach differs from that currently obtaining, a number of rules-of-thumb might assist. It is prudent to note at this point that I have closed my clinic, and no longer treat patients – a move that was triggered by the GMC, the UK medical licencing authority, wilfully prosecuting me in 2016, because a single patient (referred to as “Ahmed” in an earlier paper) defied psychiatric illwisdom, and expressed himself delighted with my 70 minute intervention with him.

[14] Nevertheless, to give some flavour of the training sessions, I include here three brief rules-of-thumb.

## Rule-of-thumb : ONE

[15] NEVER BLAME THE PARENT. Figure 3 shows why. Bernard's figment is an integral part of Bernard's mind, here embedded in his very silhouette, courtesy of Feiffer's outstanding observational skills. The objective may be, indeed it overtly is, to enable the sufferer to live a life, emotionally independent of any parental influences, one way or the other – the fact remains, that up to that point, Bernard has never known life without a built-in parental figment. You and I might wish he could be more emotionally independent – but many in Bernard's position think that even suggesting that, amounts to insisting they can only do so by cutting their life-saving emotional umbilical cord. Even contemplating that, tends to rouse huge emotions – since doing so, would, they believe with all their being, be impossible for them to survive. Indeed, they tend to denounce any allusions in this direction as a “hoax” – an inimical, or deadly hoax at that.

[16] Doing so prematurely, they have learnt from bitter personal experience, risks an inevitably fatal outcome. As it is in real life, with real umbilicals, when cut prematurely. Child-perils may belong to yesteryear – but they did warn of impending death then – the sole task of any intervention is to convince the sufferer that the foundation stones about how to keep themselves alive, which they have always previously relied upon, are now obsolete. This relies, in logic, on the fact that childhoods are now over, taking all and every child-peril with them.

## Rule-of-thumb : TWO

[17] Never offer to replace the Parental Figment already inflicting disabilities, with another – even when pressed to do

so – a pressure Freud himself, found he was unable to resist. One of my favourite aphorisms applies here in full – “parenting keeps infants alive, and adults insane.”

### Rule-of-thumb : THREE

[18] The key ingredient in all this is AGENCY – here used as a technical term. Where this is transferred effectively from parent to growing child, then emotional maturation comes more easily. The deficit in agency is precisely what my trainees seek to remedy. It is what’s needed to heal any childhood. It may be that I need to rename this approach – Mental-Midwifery.

[19] Not a single human infant, without exception, is born with even passing control of any single bodily muscle – except, of course, their tongue. If their tongue didn’t do what they wanted, they’d starve – suckling being the defining characteristic of every single mammalian newborn, simply by definition.

[20] Which leads to the task of weaning – first on to “solid” food, next on to “agency”.

[21] Moving on from relying on breast milk as a means of staying alive, is a challenge every child and every parent must not only face, but overcome, if the infant and our species is to thrive.

[22] Being weaned emotionally, i.e. gaining self-confidence, self-esteem, self-agency – commonly spoken of as “standing on your own two feet” – is the real meaning behind “Healing Childhoods”. Every child must move on from suckling to self-sufficiency – not only for nutrition, but for bodily, domestic, social, indeed global, health.

[23] Agency is required to be actively passed from parent to child – a transfer that is incumbent on every human ever born. In those childhoods where this transition fails, or is incomplete – these require to be, in the terms of this paper, “healed”.

### Results

[24] In conventional medical publications, this section details all the data which supports the medical innovation or research results, being described. The more solid, the more objective, the least influenced by personal or subjective bias – the better. As described in the preceding publication, a cast iron, 100% scientific procedure is, and has been, readily available for 30 years, with astonishingly little costs, in either time or funds.

[25] There it was labelled the “Parkhurst Proof”. The full details are spelt out in paper [c]. Scientifically speaking it’s known as the “waiting list control”. Criteria for entering the study were strict – an absence, or substantial reduction of these qualifying issues, over the subsequent 30 years would be hard for any impartial observers to discard.

[26] With an irony that we could well do without, the thrust of this paper is that the medical profession suppresses evidence, when it finds it contradicts life-long practices. Now whether that originates from child-perils or not, I leave to the more confident reader.

[27] Here we turn to a more recent illustration, one in which I played no direct part at all. This client, code-named “Nora”, is 58. She was seen exclusively by one of my trainees, who she attended for “relaxation therapy”. Then after only 2 sessions, she texted in, to say she was now – (1) sleeping better; (2) has more energy; (3) has lost 3kgs; (4) feels excited about every day; (5) is handling stress better; (6) a tic I had apparently developed when stressed has now disappeared; (7) but most amazing is that I have not used my Asthma medication since our session... [solid use for 40 years, now none, for over a year]; (8)

I can Breathe!!; (9) I cannot thank you enough; (10) and will be forever grateful .

[28] How many health workers receive such eulogies? And how many would like to? If it was possible for Nora, why not for everyone else? But don’t take my word for it, take Nora’s.

[29] Just look at the number of symptoms covered here. **Insomnia** (1) – far too many can’t get to sleep without drugs and/or alcohol. **Depression** (2) and (4) – anti-depressant usage is rife – and these drugs are notoriously difficult to stop, once you’ve started. What are doctors thinking of? **Obesity** (3) – almost half the population in rich countries eat too much – why? Could it be comfort food? **Asthma** (7) – breathing keeps you alive – why did Nora need powerful, and hazardous drugs, for 40 years, to keep breathing? **Stress** (5) and (6), is a killer – it’s well known to inflict many diseases – how can it be cured so fast? Finally, (9) and (10) – how many are as gushing as this, about their mental healthcare? Wouldn’t more like to be? Does this require re-evaluating GLP-1s, their impact, their inherent likelihood to be addictive? Or does it increase the need for non-medics to re-evaluate child-trauma, and the child-peril which tends to follow therefrom.

[30] Next come the tabulated results, reported enthusiastically by my trainees, on a wide range of presenting problems. Their websites are listed below, so that the range of problems which come their way can be assessed. I asked them to rate their client’s final outcome –

W – worse;  
N – no change;  
M – moderate;  
G – good;  
E – excellent.

[31] “Duration” is the length of time, in years, that they had suffered that problem. What is striking is the fact that estimates of emotional age, i.e. the age at which both consensually agreed, the client was still operating, emotionally – this was discussed openly between client and trainee. There was no mockery, no sneering, in fact no denigration or patronising whatever.

[32] The “light-bulb-moments” reveal a consistent pattern, best summed up as their delight in acquiring agency – it is precisely this explicitly non-parental support which has led to such a high level of success – only one “N” or “no change”, in 30, which represents a success rate of over 90%.

[33] An increased awareness of the hazardous nature of tackling such an entrenched profession – bear in mind that my friend and colleague Robert Whitaker labelled it “INSTITUTIONALLY CORRUPT”, and that was published by the Harvard Ethics Centre. Woweee.

[34] What is quite astonishing is that few other interventions in the entire medical gamut, even come close – which is why I felt empowered, and indeed impelled to venture into this difficult medical territory. I would suggest that since over 700 years of suffering were cleared in a session or two – then surely we, as a community, not only doctors, can hardly justify throwing this novel approach out, because it fails to comply with some “standard” practice or other.

[35] I challenge all – medical and other healthcare workers, and indeed members of the general public who have read thus far – are you really prepared to let past doctrines stand in the way of a better evaluation of an approach that is logical, consensual, brief, and yet save hundreds of years of suffering? Nora had



40 years of potent asthma medication – are other breathing symptoms similar in origin? Nocturnal apnoea comes to mind. The sufferer cannot know – any more than Bernard did – else they’d long ago have sorted it. But surely, we would be wrong to withhold finding out?

[36] Here are the 30 cases, tabulated.

ID	AGE	Duration	Emotional age	outcome
1	29 F	21	8	G
2	58 F	50	6	G
3	59 M	53	6	E
4	60 M	48	12	G
5	45 F	38	7	M
6	51 M		8	E
7	61 M	55	6	E
8	75 F		8	N
9	34 M		3	G
10	61 F	49	12	G
11	46 F	34	12	G
12	58 F	20	8	E
13	59 M	42	6	E
14	58 F		16	G
15	51 M		5	G
16	37 M	29	8	E
17	26 F		8	E
18	49 F		13	G
19	24 M	8	8	M
20	36 F	10	10	E
21	60 M	5	5	G
22	59 F	9	9	E
23	27 F	10	10	E
24	71 F	10	10	E
25	62 F	55	7	E
26	37 F	35	14	E
27	60 F	40	12	G
28	58 F	55	3	E
29	42 F	44	8	E
30	19 F	10	8	E

## Discussion

[37] AGENCY has never been optional – not if you want to stay alive. Clock-Work-Universe philosophers, or other fatalistic scientists, keep insisting that choice, or wishful thinking, is illusory. They pretend, because they haven’t looked closely enough, that life can go on perfectly well without it. BUT, everything in the biosphere will tell you, if you are prepared to re-learn, that if you want to stay alive – then make sure you exercise the built-in agency, the intrinsic ability to react, to adjust, which you, like every other single living organism past, now, or in the future comes endowed with. They know, something too many ‘experts’ do not – that without it, they’re dead. Ask any doctor – how do you confirm that the patient has died? – distinct lack on that individual’s part of the ability to

REACT to external changes, to external stimuli. If you look closely, or indeed at all, it’s only dead things that do nothing, when adverse circumstances hit. Living things defy science. And agency has, so far, defied it too.

[38] Suppose that there is a single remarkable molecule, unacknowledged by far too many, that has withstood the vicissitudes of aeons of time – yet remains as identical today, as it did, when it first appeared, out of the blue, 600,000,000 years ago.

[39] Known by those who acknowledge its very existence, as Nature’s Semi-Conductor – for the first time in our remarkable biosphere, it was this molecule, and this molecule alone, which enabled cells to join together. Without it, multicellular organisms simply couldn’t be.

[40] But watch closely – change one of its 56 constituent atoms, even by as little as one nanometre, and the whole thing no longer works. Without it, living organisms such as ourselves, wouldn’t be. And of course, as any nutrient aware consumer will tell you, the bulk of our thinking tissue consists of this astonishing molecule.

[41] Can I tell you, that both DHA and silicon chips “tame” electrons for us? But, and this is something far too many scientists, let alone doctors, fail to grasp – if you synthesised DHA in a test-tube, you’d fail. The beautiful shape you see in Figure 4 is one that Life builds – it does so on purpose, it puts it together to

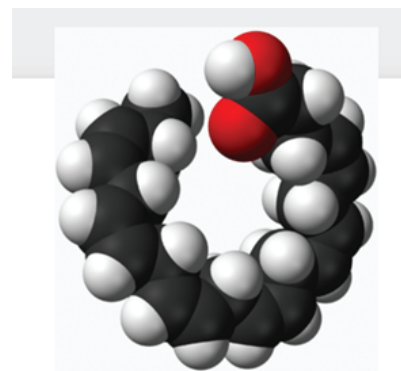


Figure 4 : DHA, the miracle molecule

preserve life, to enable adaptation, to empower agency – but, as you may note, it is rather too easy to get carried away. Unhappily such hyperbole has led these awesome facts to be discounted, on scientific grounds, without fully appreciating the miraculous nature of DHA or of the organisms which build it, reliably,

every time, and for rather a long time, at that.

[42] It is important to include here some highly technical language, since sadly for us all, technicians in the field of science, tend to dismiss these details as more “art” than “science”. So, skip the next bit, if statistics are not your strong suite.

[43] Technically speaking – DHA is known as “*all-cis*-DocosaHexaenoic Acid”. Note the “*all-cis*”. The statistical probability that six consecutive double-bonds in any given fatty acid will be all ‘*cis*’, and none ‘*trans*’, is less than chance ( $p < 0.02$ ). The chances of *all-cis*-docosahexaenoic acid (DHA) recurring in quantity over geological time are infinitesimal. The chance of it appearing in the first place, at random, simply does not comply with the facts. So where do you think it comes from?

[44] Suffice it to say, that whatever your answer to that last question, please enlist the bulk of this section to look any contrary scientist, or doctor, in the eye and ask them how they’d answer it. And while they’re fumbling, philosophically, press home the point that – in all the biosphere, only those organisms that are alive, exercise agency to remain that way – adapt or perish. We happen to be the only species that actively seeks to apply the latter to our fellows.

## Conclusion

<sup>[45]</sup> Agency defies extinction. This statement may be about to be tested to destruction. This paper lays substantial blame on today's orthodox psychiatry. It has aimed to show how desperately psychiatry today needs curing.

<sup>[46]</sup> We are dealing here with elusive verbal concepts. But their elusivity does nothing to justify the following. How else do you explain that, 45 years ago its near cousin "reaction" was deliberately and explicitly eliminated from the preeminent psychiatric textbook. Intrepid readers who have persevered to this point should again, show the following textual quote to any and every psychiatrist they meet, as also to any law-makers gullible enough to be persuaded that emotions cannot be tamed. If electrons can, why not "feelings"? Here is a verbatim quote from DSM-IV p xvii –

<sup>[47]</sup> "DSM-II was similar to DSM-I, but eliminated the term reaction."

<sup>[48]</sup> Four pages later, so desperately are these psychiatrists in need of re-humanising, that they even exclude something which crippled both Freud and indeed "Pat" in paper [b] – "death of a loved one." Is psychiatry now beyond cure?

## Acknowledgements

The fact that my two trainees responded so enthusiastically, and with such an unprecedented level of success, after merely

weekly webinars proved a serious stimulus for me to try and bring their success to a wider circle. Joan Randell is at <https://relaxhypnotherapy.com.au>; and Magdalena Lyle at <https://energie4therapy.com.au>.

## Conflicts of Interest

The author declares that he had no conflict of interest in reporting and publication of this paper. He also wishes to reiterate, that having closed his clinic, he is not looking to increase his medical practice hereby. No financial incentive impelled its publication. The hope is that the efficacy reported here, will stimulate wider interest, which will in turn, become more widespread.

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