

# CITIZENS COMMISSION ON HUMAN RIGHTS

The Citizens Commission on Human Rights (CCHR) was established in 1969 by the Church of Scientology to investigate and expose psychiatric violations of human rights, and to clean up the field of mental healing. Its co-founder is Dr. Thomas Szasz, professor of psychiatry emeritus and an internationally renowned author. Today, CCHR has more than 130 chapters in over 30 countries. Its board of advisors, called Commissioners, includes doctors, lawyers, educators, artists, business professionals, and civil and human rights representatives.

CCHR has inspired and caused many hundreds of reforms by testifying before legislative hearings and conducting public hearings into psychiatric abuse, as well as working with media, law enforcement and public officials the world over.

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## PSEUDOSCIENCE PSYCHIATRY'S FALSE DIAGNOSES



A Public Service Report from  
Citizens Commission on Human Rights



"Making lists of behaviors, applying medical-sounding labels to people who engage in them, then using the presence of those behaviors to prove they have the illness in question is scientifically meaningless. It tells us nothing about causes or solutions. It does, however, create the reassuring feeling that something medical is going on."

— John Read, senior lecturer in psychology, Auckland University, New Zealand, 2004



## RECOMMENDATIONS

- 1 Government, criminal, educational, judicial and other social agencies should not rely on the DSM and no legislation should use this as a basis for determining the mental state, competency, educational standard or rights of any individual.
- 2 Establish rights for patients and their insurance companies to receive refunds for psychiatric treatment which did not achieve the promised result or improvement, or which resulted in harm to the individual.
- 3 If you or a relative or friend have been falsely imprisoned in a psychiatric facility, assaulted, abused or damaged by a mental health practitioner, seek attorney advice about filing a civil suit against any offending psychiatrist and his or her hospital, associations and teaching institutions.

**Caution:** No one should stop taking any psychiatric drug without the advice and assistance of a competent non-psychiatric medical doctor.



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- 4 John Read, "Feeling Sad? It Doesn't Mean You're Sick," *New Zealand Herald*, 23 June 2004.
- 5 Lawrence Stevens, J.D., "Does Mental Illness Exist?" undated article, <http://www.mental-healthfacts.com/antipsychiatry/exist.htm>.
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- 7 "Ten Things That Drive Psychiatrists to Distraction," *The Independent* (United Kingdom), 19 Mar. 2001.
- 8 Bruce D. Levine, Ph.D., *Commonsense Rebellion: Debunking Psychiatry, Confronting Society* (Continuum, New York, 2001), p. 277.
- 9 Lisa M. Krieger, "Some Question Value of Brain Scan; Untested Tool Belongs in Lab Only, Experts Say," *The Mercury News*, 4 May 2004.
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- 11 Paul Campos, "Beware Timeless Malady; Witch Hunt," *Deseret News*, (Utah), 6 July 2003.
- 12 *Op. cit.*, Tana Dineen, pp. 155–156.
- 13 Sydney Walker III, M.D., *A Dose of Sanity* (John Wiley & Sons, Inc, 1996), p.14.
- 14 Lorrin M. Koran, *Medical Evaluation Field Manual*, Department of Psychiatry and Behavioral Sciences, Stanford University Medical Center, California, 1991, p. 4.

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cies as part of the medical examination” and “if indicated, perform selective evaluative laboratory testing.”

People suffering from mental disturbance should first obtain a full and searching medical—not psychiatric—examination. According to the California Department of Mental Health *Medical Evaluation Field Manual* (1991), “Mental health professionals working within a mental health system have a professional and a legal obligation to recognize the presence of physical disease in their patients ... physical diseases may cause a patient’s mental disorder [or] may worsen a mental disorder.”

Dr. Julian Whitaker, author of the respected *Health & Healing* newsletter, says: “When psychiatrists label a



“When a child’s behavior is labeled as a disease they believe they have something wrong with their brains that makes it impossible for them to control themselves without using a pill.”

— Dr. Fred A. Baughman Jr,  
a pediatric neurologist and  
Fellow of the American  
Academy of Neurology

Psychiatry would prefer to say or imply that only brain-based, mental “illnesses” can affect irrational behavior or thinking, that they need long-term, if not life-long care, and that they are incurable. These falsehoods have been so successfully disseminated throughout the mental health system and amongst the public, that countless numbers have become trapped as lifelong patients of psychiatric and psychological services.

These falsehoods must be exposed.

## INTRODUCTION ‘DISEASE’ BY PSYCHIATRIC OPINION AND DECREE

Have you ever heard of the following *mental* disorders: reading disorder, disruptive behavior disorder, disorder of written expression, mathematics disorder, caffeine intoxication, nicotine withdrawal disorder, non-compliance with treatment disorder, or “physical abuse of a child problem” and “sexual abuse of a child problem?”

These are a few of the 374 mental disorders that are listed in the American Psychiatric Association’s (APA) *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)* or in the mental disorders section of the World Health Organization’s *International Classification of Diseases (ICD)*.

Depicted as diagnostic tools, the *DSM* and *ICD* are not only used to diagnose mental and emotional disturbances and prescribe “treatment,” but also to resolve child custody battles, discrimination cases based on alleged psychiatric disability, augment court testimony, modify education and much more. In fact, whenever a psychiatric opinion is sought or offered, the *DSM* or the *ICD* are presented and increasingly accepted, as the final word on sanity, insanity and so-called mental illness.

Canadian psychologist Tana Dineen reports, “Unlike medical diagnoses that convey a probable cause, appropriate treatment and likely prognosis, the disorders listed in *DSM-IV* [and *ICD-10*] are terms arrived at through peer consensus”<sup>1</sup>—literally, a vote by APA committee members—designed largely for billing purposes.

Lynne Rosewater, a psychologist who attended a *DSM* hearing presided over by one of the manual’s leading architects, psychiatrist Robert Spitzer, reported, “[T]hey were having a discussion for a criterion about Masochistic Personality Disorder and Bob Spitzer’s wife, [a social worker

and the only woman on Spitzer's side at that meeting] says, 'I do that sometimes' and he says, 'Okay, take it out.' You watch this and you say, 'Wait a second, we don't have a right to criticize them because this is a 'science'?'<sup>2</sup>

Dr. Margaret Hagen, psychologist and author is blunt about the real motive that lies behind the DSM voting system: "If you can't come up with the diagnosis, you can't send a bill."<sup>3</sup>

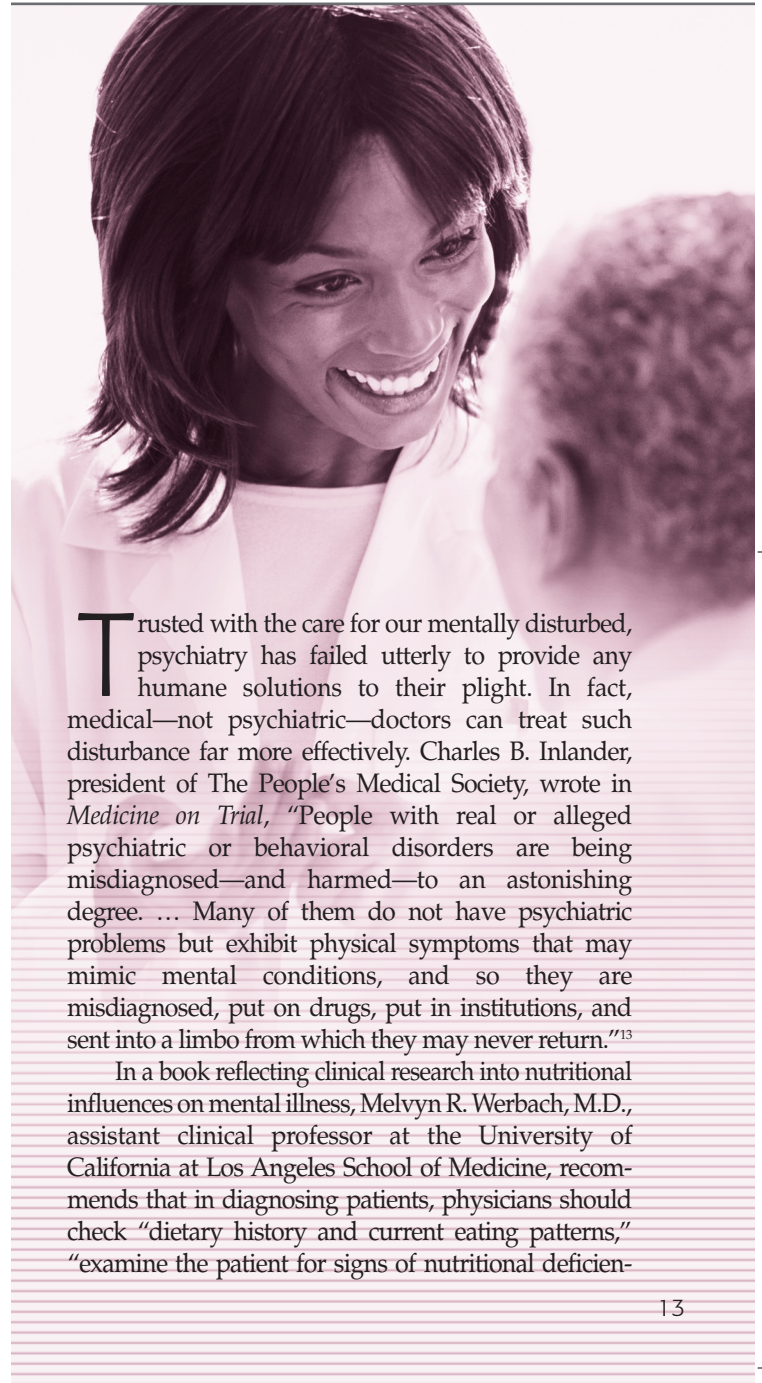
Refuting any medical validity to DSM, in 2004, John Read, senior lecturer in psychology at Auckland University, New Zealand said, "More and more problems have been redefined as 'disorders' or 'illnesses,' supposedly caused by genetic predispositions and biochemical imbalances. Life events are relegated to mere triggers of an underlying biological time-bomb. Feeling very sad has become 'depressive disorder.' Worrying too much is 'anxiety disorder.' Excessive gambling, drinking, drug use or eating are also illnesses. ... Making lists of behaviors, applying medical-sounding labels to people who engage in them, then using the presence of those behaviors to prove they have the illness in question is scientifically meaningless. It tells us nothing about causes or solutions. It does, however, create the reassuring feeling that something medical is going on."<sup>4</sup>

DSM has become so widely relied upon within society that it has taken on the aura of scientific fact. Millions now use and believe in its diagnostic abilities, never once suspecting that the whole premise and the system itself are fraudulent. These people are at risk of making seriously wrong, even fatal, turns in either their own lives, or the lives of others.

This publication fills in the very large and deliberate gaps left by psychiatric propaganda about its key claim to "scientific" fame, the DSM.

Jan Eastgate  
President,  
Citizens Commission  
on Human Rights International

## CHAPTER THREE A WORKABLE MENTAL HEALTH SYSTEM



Trusted with the care for our mentally disturbed, psychiatry has failed utterly to provide any humane solutions to their plight. In fact, medical—not psychiatric—doctors can treat such disturbance far more effectively. Charles B. Inlander, president of The People's Medical Society, wrote in *Medicine on Trial*, "People with real or alleged psychiatric or behavioral disorders are being misdiagnosed—and harmed—to an astonishing degree. ... Many of them do not have psychiatric problems but exhibit physical symptoms that may mimic mental conditions, and so they are misdiagnosed, put on drugs, put in institutions, and sent into a limbo from which they may never return."<sup>13</sup>

In a book reflecting clinical research into nutritional influences on mental illness, Melvyn R. Werbach, M.D., assistant clinical professor at the University of California at Los Angeles School of Medicine, recommends that in diagnosing patients, physicians should check "dietary history and current eating patterns," "examine the patient for signs of nutritional deficien-

around since the 1800s, it donned a “scientific” mantle with the introduction of the *DSM* in 1952. The entire gist of psychiatric testimony is that the criminal is not responsible for committing the crime.

Yet, according to the *DSM-IV*, itself, “When the *DSM-IV* categories, criteria, and textual descriptions are employed for forensic purposes, there are significant risks that diagnostic information will be misused and misunderstood.”

It is “not sufficient to establish the existence for legal purposes of a ‘mental disorder,’ ‘mental disability,’ ‘mental disease,’ or ‘mental defect,’” in relation to competency, criminal responsibility or disability.

The late Jay Ziskin, a psychologist who led a movement to eliminate psychiatry from the court system, stated in a 1988 paper, “Studies show that professional clinicians do not in fact make more accurate clinical judgments than laypersons.” It’s about as reliable as predicting the future by gazing at a crystal ball.

Psychiatrists and psychologists have touted their unscientific opinion in our courts and in the process, the “pursuit of truth, the whole truth and nothing but the truth has given away to reams of meaningless data, fearful elaborate speculation, and fantastic conjecture. Courts resound with elaborate, systemized, jargon-filled, serious sounding deceptions that fully deserve the contemptuous label used by trial lawyers themselves: junk science.”<sup>12</sup>

When a psychiatrist testifies that a criminal is insane based on “junk science” and should be acquitted or treated instead of imprisoned, justice is subverted into serving the individual instead of the group. In this way, psychiatrists have succeeded in weakening,



Testifying for the defense, psychologists claimed that the Menendez brothers (later convicted) suffered from “learned helplessness” when they opened fire on and murdered their parents with shotguns.

## CHAPTER ONE A SCIENTIFIC FRAUD



DIAGNOSTIC AND STATISTICAL  
MANUAL OF  
MENTAL DISORDERS  
FOURTH EDITION

DSM-IV™

In a significant departure from medical diagnosis, psychiatric diagnoses are devoted to categorization of symptoms only, not the observation of actual physical disease. None of the diagnoses are supported by scientific evidence of biological disease or mental illness of any kind.

Imagine a medical doctor treating high blood pressure or diabetes, who cannot even define what it is. Now consider that not one psychiatrist can scientifically define what he is supposedly “treating.”

On schizophrenia, the *Diagnostic and Statistical Manual of Mental Disorders* admits, “Even if it had tried, the Committee could not establish agreement about what this disorder is; it could only agree on what to call it.”

Psychiatric diagnoses are a combination of social engineering and “what’s good for business.” In 1973, APA committee members voted—

5,584 to 3,810—to cease calling homosexuality a mental disorder after gay activists picketed the APA conferences.

Lawrence Stevens, a former Assistant District Attorney in California, commented: “If mental illness were really an illness in the same sense that physical illnesses are illnesses, the idea of deleting homosexuality or anything else from the categories of illness by having a vote would be as absurd as a group of physicians voting to delete cancer or measles from the concept of disease.”<sup>5</sup>

In 1994, psychiatrist Norman Sartorius, president of the World Psychiatric Association (1996-1999), declared at a meeting of a congress of the Association of European Psychiatrists, “The time when psychiatrists considered that they could cure the mentally ill is gone. In the future the mentally ill have to learn to live with their illness.”<sup>6</sup>

— Dr. Norman Sartorius,  
former president of the World  
Psychiatric Association

The following year, after more than \$6 billion (€4.9 billion) in taxpayer money had been poured into psychiatric research, psychiatrist Rex Cowdry, director of the U.S. National Institute of Mental Health, agreed with the WPA chief: “We do not know the causes [of mental illness]. We don’t have the methods of ‘curing’ these illnesses yet.”

It is not surprising, therefore, that in 2001, when Simon Wessley, professor of psychiatry at King’s College and the Maudsley Hospital, South London, organized a poll and vote by 150 mental health specialists from around the globe to determine the 10 worst publications in psychiatry’s history, among them was the fourth edition of *DSM*. The poll determined, “If you are not in the *DSM-IV*, you are not ill. It has become a monster, out of control.”<sup>7</sup>



prescribes a drug.”

“If there is no valid test for ADHD,” Dr.

“If there is no valid test for ADHD, no data proving ADHD is a brain dysfunction ... why in the world are millions of children, teenagers and adults ... being labeled with ADHD and prescribed these drugs?”

Block adds, “no data proving ADHD is a brain dysfunction ... why in the world are millions of children, teenagers and adults ... being labeled with ADHD and prescribed these drugs?”

Beverly Eakman, best-selling author and president of the U.S. National Education Consortium, provides this answer: “These drugs make children more manageable, not necessarily better. ADHD is a phenomenon, not a ‘brain disease.’ Because the diagnosis of ADHD is fraudulent, it doesn’t matter whether a drug ‘works.’ Children are being forced to take a drug that is stronger than cocaine for a disease that is yet to be proven.”<sup>10</sup>

In his 2002 book, *The Culture of Fear*, Barry Glassner, a sociologist at the University of Southern California, said the *DSM* makes children good candidates for imprisonment in psychiatric wards if they do any five of the following: argue with adults, defy adult requests, do things that annoy others, lose their tempers, become easily annoyed, act spiteful, blame others for their mistakes, get angry and resentful or swear.<sup>11</sup>

According to Dr. Thomas Szasz, “delinquency is not a disease, like diabetes. ... Although the term juvenile delinquency implies that the child so diagnosed is guilty of a misconduct, the diagnosis is often made in the absence of any proof that the accused child actually disobeyed authority or broke the law.”

#### FALSE TESTIMONY IN OUR COURTS

One of the greatest harms perpetrated by the use of the *DSM* is reliance upon it for the “insanity” defense in our courts. While this defense has been

## CHAPTER TWO JUNK SCIENCE

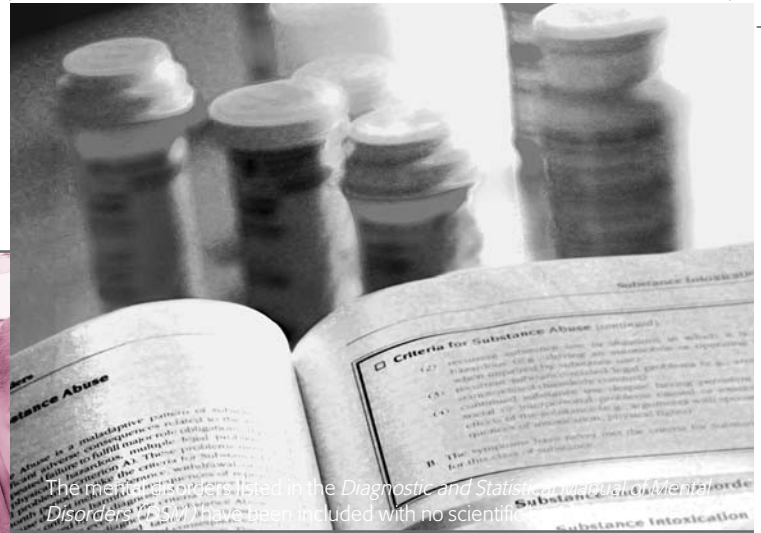


**M**ore and more frequently, psychiatrists and psychologists tell parents that their child suffers from a disorder affecting his or her ability to learn—called a Learning Disorder (LD), Attention Deficit Disorder (ADD), or most commonly today, Attention Deficit Hyperactivity Disorder (ADHD).

*DSM-IV* lists the ADHD symptoms as: fails to give close attention to details or may make careless mistakes in schoolwork or other tasks; has difficulty sustaining attention in tasks or play activities; fails to complete schoolwork, chores, or other duties; often fidgets with hands or feet or squirms in seat; often runs about or climbs excessively.

Virtually all children have enough symptoms to get a *DSM* label. As a result, 17 million children worldwide are now prescribed some form of dangerous psychotropic drug.

Dr. Mary Ann Block, author of *No More ADHD*, points out that “The psychiatrist does not do any testing. The psychiatrist listens to the history and then



The criteria listed in the *Diagnostic and Statistical Manual of Mental Disorders (DSM)* have been included with no scientific

Today, the *DSM* “monster” is used to:

- Determine a parent’s or individual’s mental fitness.
- Remove a child from the custody of his or her parents.
- Determine a prospective employee’s ability to do a job.
- Deprive a person of his or her right to vote in some countries.
- Determine if a person is fit to plead “guilty” in a criminal trial.
- Incarcerate a defendant indefinitely in psychiatric care rather than find him guilty of a crime and sentence him to a finite sentence.
- Prevent a person from being released from jail or paroled.
- Invalidate a person’s will.
- Break legal contracts and override a person’s wishes regarding business or property.
- Involuntarily incarcerate a person in a psychiatric institution where electroshock treatment and drugs can be forcibly administered.
- Force a person to continue taking powerful, nerve- and brain-damaging drugs while living in the community.
- Defraud a person’s health insurance.
- Bill insurance companies for psychiatrists sexually assaulting their patients, while calling it “therapy.”

## THE 'CHEMICAL IMBALANCE' FRAUD

The cornerstone of psychiatry's disease model today is the theory that a brain-based, chemical imbalance causes mental illness. Popularized by marketing, the notion is no more than psychiatric wishful thinking. As with all of psychiatry's mental "disease" models, it has been thoroughly discredited by researchers, medical doctors, and even psychiatrists and psychologists.

In 2002, Dr. Thomas Szasz, professor of psychiatry emeritus, stated: "There is no blood or other biological test to ascertain the presence or absence of a mental illness, as there is for most bodily diseases. If such a test were developed (for what, theretofore, had been considered a psychiatric illness), then the condition would cease to be a mental illness and would be classified, instead, as a symptom of a bodily disease."

Bruce Levine, Ph.D., psychologist and author of *Commonsense Rebellion* concurs: "Remember that no biochemical, neurological, or genetic markers have been found for attention deficit disorder, oppositional defiant disorder, depression, schizophrenia, anxiety, compulsive alcohol and drug abuse, overeating, gambling, or any other so-called mental illness, disease, or disorder."<sup>8</sup>

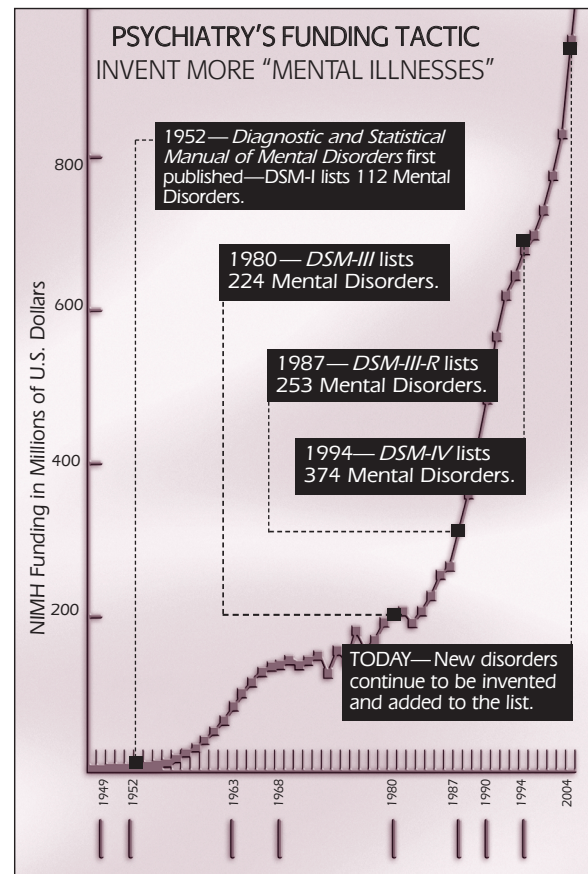
While psychiatrists now also claim that brain scans can detect certain mental disorders, a May

BOGUS BRAIN THEORY: Presented in countless illustrations in popular magazines, the brain has been dissected and labeled and analyzed, while assailing the public with the latest theory of what is wrong with it. What is lacking, as with all psychiatric theory, is scientific fact. As Dr. Elliot Valenstein Ph.D., (right) explains, "There are no tests available for assessing the chemical status of a living person's brain."



2004 article in *The Mercury News*, says that many doctors warn that the use of such scans is "unethical" and "dangerous," quite apart from not being scientifically validated. "The \$2,500 (€2,040) evaluation offers no useful or accurate information."<sup>9</sup>

Despite the abundance of alleged biochemical explanations for supposed psychiatric conditions, Joseph Glenmullen of Harvard Medical School is emphatic: "...not one has been proven. Quite the contrary. In every instance where such an imbalance was thought to have been found, it was later proven false."



The tactics of psychiatrists inventing more and more mental disorders for inclusion in *DSM* has garnered the U.S. National Institute for Mental Health (NIMH) more than a billion in government appropriations—with no commensurate benefit to society.