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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PSYCHIATRIC HOAX
THE SUBVERSION OF MEDICINE

A Public Service Report from
Citizens Commission on Human Rights

INTRODUCTION
THE MANIPULATION OF MEDICINE

In 1998 Alan I. Leshner, psychiatrist and former head of the National Institute of Drug Abuse stated: "My belief is that today, you [the physician] should be put in jail if you refuse to prescribe S.S.R.I.s [antidepressants] for depression."[1]

Why should a physician be jailed for refusing to prescribe an antidepressant for "depression"?

I have spoken to hundreds of physicians and thousands of patients, while helping to expose numerous psychiatric violations of human rights. However, until recently, the thought had never occurred to me that physicians' rights might also be under assault.

Many primary care physicians have acknowledged there are numerous physical conditions that can cause emotional and behavioral problems, and the vital need to check for

RECOMMENDATIONS

1. Install a full complement of diagnostic equipment in mental health facilities to locate underlying and undiagnosed physical conditions. Ensure the hiring of non-psychiatric medical doctors to perform this function.

2. Until they are scientifically validated, disqualify the 374 mental disorders in the *DSM/ICD* from insurance coverage.

3. Investigate the impact of psychiatric fraud and malpractice suits on general medicine and non-psychiatric physician insurance premiums.

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

This publication was made possible by a grant from the United States International Association of Scientologists Members' Trust.

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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."

In 1998, the Swedish Social Board cited several cases of disciplinary actions against psychiatrists, including one in which a patient, for *five* years, had complained to psychiatric staff of headaches, dizziness and staggering when he walked. A proper medical check-up revealed that he had a brain tumor.

Dr. Thomas Dorman says, "…Clinicians should first of all remember that emotional stress associated with a chronic illness or a painful condition can alter the patient's temperament. In my practice I have run across countless people with chronic back pain who were labeled neurotic. A typical statement from these poor patients is 'I thought I really was going crazy.'"[16]

Dr. Thomas Dorman says "…Clinicians should remember that emotional stress associated with a chronic illness or a painful condition can alter the patient's temperament."

Dr. L.M.J. Pelsser of the Research Center for Hyperactivity and ADHD in Middelburg, The Netherlands, found that 62% of children diagnosed with "ADHD" showed significant improvements in behavior as a result of a change in diet over a period of three weeks.

There are far too many workable alternatives to psychiatric drugging to list them all here. Psychiatry on the other hand, would prefer to say there are none. That leaves a medical practitioner with a choice between fact and fiction, between cure and coercion, and between medicine and manipulation.

We have every respect for medicine practiced as medicine, in a spirit of honest, ethical endeavor, and with due consideration to primacy of the patient's needs and health. However, we have every argument with the seduction and contamination of medicine by medical pretenders whose abject failures threaten to pervert not only the honor and value of medicine, but to wreck the lives of millions of patients who simply came to medicine for help.

them first. It follows then that relying on an antidepressant to suppress emotional symptoms, without first looking for and correcting a possible underlying physical illness, could simply be giving patients a chemical fix, while leaving them with an illness that could worsen.

What if a primary care physician or family practitioner correctly diagnosed and cured such a physical illness and the depression ended *without* psychoactive drugs? Could that physician then be accused of being unethical, or even be charged and jailed for the "criminal medical negligence" of not prescribing an antidepressant?

Crazy, you say? Couldn't happen? Well, perhaps. But it seems the day has come when a good physician can be accused of being *unethical* for practicing *ethical* medicine. Today, a physician, specialist or otherwise, can be criticized, bullied and treated like a "fringe" dweller for practicing traditional, workable, diagnostic medicine.

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This information is provided with physicians in mind, particularly those who would just like to practice non-psychiatric medicine, who are driven by a high and caring purpose in the best of Hippocratic tradition, and who want to be left to get on with the job of caring for people's health to the best of their ability.

For wherever psychiatry meddles, it is extremely destructive of certainty, pride, honor, industry, initiative, well-being and sanity. These are qualities that we must fight to preserve for all patients; *and for all physicians.*

Jan Eastgate
President,
Citizens Commission
on Human Rights International

CHAPTER ONE
GOOD BUSINESS, BAD MEDICINE

At his school, Matthew Smith was forced to take a psychiatric stimulant. At age 14, he died of a heart attack attributed to the prescribed drug. Widespread marketing has helped create an increase in ADHD diagnoses, for a "disorder" that has never been proven clinically to exist.

At age 7, Matthew Smith (above) was diagnosed through his school as having Attention Deficit Hyperactivity Disorder (ADHD). His parents were told that he needed to take a stimulant to help him focus. Initially resistant, Matthew's parents were also told that non-compliance could bring criminal charges for neglecting their son's educational and emotional needs. The parents yielded to the pressure.

On March 21, 2000, while skateboarding, Matthew died from a heart attack. The coroner determined that his heart showed clear signs of small blood vessel damage caused by stimulant drugs and concluded that he had died from the long-term use of the *prescribed* drug.

Despite psychiatric claims to the contrary, the practice of prescribing cocaine-like drugs to the world's children is far removed from conclusive science.

In 1998, a U.S. National Institutes of Health (NIH)

CHAPTER FOUR
WHICH WAY TO GO?

Physicians are trained to heal. They really want to help," states David B. Stein, Ph.D., associate professor of psychology. "They often claim that they don't have an alternative—that the only way to help … children is with drugs. Besides, parents and teachers are constantly at their throats for them to write prescriptions. They want their disruptive kids under control immediately. Some doctors dislike doing this; many wish for an alternative."[15]

With psychiatric diagnoses and treatments increasingly impacting on people's lives through primary care medicine, the alternatives need to be emphasized. The California Department of Mental Health *Medical Evaluation Field Manual* states: "Mental health professionals working within a

asymptomatic and functioning well," as compared to only 18% of the patients in the prosperous countries.[14] Neuroleptics were clearly implicated in the significantly inferior Western result.

The late Dr. Loren Mosher was the chief of the U.S. National Institute of Mental Health's Center for Studies of Schizophrenia. In 1971, he opened Soteria House in California as a place where young persons diagnosed with "schizophrenia" lived medication-free.

Dr. Mosher reported: "The experiment worked better than expected. At two years post-admission, Soteria-treated subjects were working at significantly higher occupational levels, were significantly more often living independently or with peers, and had fewer readmissions."

In the Institute of Osservanza (Observance) in Imola, Italy, Dr. Giorgio Antonucci treated dozens of violent and restrained schizophrenic women. Dr. Antonucci released them from their confinement, spending many hours each day talking with them. All psychiatric "treatments" were abandoned. Patients were stable and discharged from the hospital and many were taught how to work and care for themselves for the first time in their lives. Dr. Antonucci's superior results also came at a much lower cost. Such programs constitute permanent testimony to the existence of both genuine answers and hope for the seriously troubled.


Giorgio Antonucci

Dr. Giorgio Antonucci, second from right, and the patients he salvaged with communication and compassion.

Conference of the world's leading ADHD proponents was forced to conclude that there is no data confirming ADHD as a brain dysfunction. The conference admitted that, "Our knowledge about the cause or causes of ADHD remains largely speculative."

Dominick Riccio, executive director of the International Center for the Study of Psychiatry and Psychology says, "They would need to show me a direct causal relationship between any brain chemical and the symptoms of ADHD. … They have gone through the dopamine hypothesis. They have gone through the serotonin hypothesis. None of them has a causal relationship."[2]

According to Dr. William Carey, a highly respected pediatrician at the Children's Hospital of Philadelphia, "The current ADHD formulation, which makes the diagnosis when a certain number of troublesome behaviors are present and other criteria met, overlooks the fact that these behaviors are probably usually normal."[3]

"Such large-scale chemical control of human behavior has not been previously undertaken in our society outside of … mental institutions."
— Thomas Moore

Thomas Moore, author of *Prescriptions for Disaster* warns that the current use of drugs like Ritalin is taking "appalling risks" with a generation of kids. The drug is given for "short-term control of behavior—not to reduce any identifiable hazard to [children's] health. Such large-scale chemical control of human behavior has not been previously undertaken in our society outside of nursing homes and mental institutions."

Psychiatrists argue that the source of ADHD is a chemical imbalance. However, Elliot Valenstein, Ph.D. says, "[T]here are no tests available for assessing the chemical status of a living person's brain."[4] Dr. Joseph Glenmullen of Harvard Medical School states, "In every instance where such an imbalance was thought to have been found, it was later proven false."[5]

In 2004, psychiatrist M. Douglas Mar also debunked the theory that brain scans can help diagnose mental disorders, stating: "There is no scientific basis for these claims [of using brain scans for psychiatric diagnosis]."[6] Dr. Michael D. Devous of the Nuclear

Medicine Center at the University of Texas South Western Medical Center agreed, "An accurate diagnosis based on a scan is simply not possible."[7] In 2001, Ty C. Colbert, Ph.D., added his voice: "As with all mental disorders, there is no biological test or biological marker for ADHD."[8]

DANGEROUS DRUG EFFECTS

There are numerous health risks and other inconsistencies associated with the prescription of mind-altering drugs for so-called ADHD or other "learning disorders." *The Physician's Desk Reference Guide* says increased heart rate and blood pressure can result from using Ritalin to "treat" ADHD. In August 2001, the *Journal of the American Medical Association* reiterated that Ritalin acts like cocaine.

Long-term detrimental side effects may appear after years of drug use and during drug withdrawal. "The adverse effect on growth hormone is so regular and predictable that it can be used as a measure of whether or not [the stimulant] is active in the child's body." "Even a child's sexual maturation is impaired."[9]

According to neurologist and psychiatrist Sydney Walker III, author of *The Hyperactivity Hoax,* "While studies indicate that the drug (Ritalin) is probably only a weak carcinogen [cancer causing agent], increasing the future cancer risk of millions of children—even a little bit—is not something to be done lightly. Another recent report warns that [Ritalin] 'may have persistent, cumulative effects on the myocardium (thick muscle layer that forms most of the heart wall).'"

Millions of children and adolescents worldwide are also taking Selective Serotonin Reuptake Inhibitors (SSRI) antidepressants. In 2003, the British medicine regulatory body warned doctors not to prescribe SSRIs to under-18 year olds, citing suicide risks. In October 2004, the U.S. Food and Drug Administration ordered that a prominent "black box" warning about potential suicide risk be placed on SSRI bottles. However, all psychotropic drugs place children at risk of their lives and should be prohibited.

By accepting psychiatry's system of diagnosis and treatment, general medicine itself may face risk and controversy as the failures of that system become more obvious.

reports the patients that Kraepelin diagnosed with dementia praecox were suffering from a global medical disease, *encephalitis lethargica* [brain inflammation causing lethargy]: "These patients walked oddly and suffered from facial tics, muscle spasms, and sudden bouts of sleepiness. Their pupils reacted sluggishly to light. They also drooled, had difficulty swallowing, were chronically constipated, and were unable to complete willed physical acts."

Psychiatry never reviewed Kraepelin's material to see that schizophrenia was simply an undiagnosed and untreated physical problem. "Schizophrenia was a concept too vital to the profession's claim of medical legitimacy….The physical symptoms of the disease were quietly dropped…What remained, as the foremost distinguishing features, were the mental symptoms: hallucinations, delusions, and bizarre thoughts," says Whitaker.

Psychiatry remains committed to calling schizophrenia a mental disease despite, after a century of research, the complete absence of objective proof that it exists as an actual disease or physical abnormality.

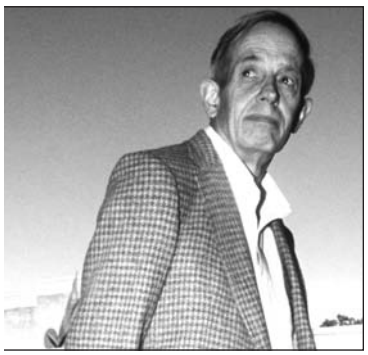
Although omitted from psychiatry-sponsored history books, numerous compassionate and workable medical programs for severely disturbed individuals have not relied on heavy drugging.

In the film, "A Beautiful Mind," Nobel Prize winner John Nash is depicted as relying on psychiatry's latest breakthrough drugs to prevent a relapse of his "schizophrenia." This is Hollywood fiction however, as Nash had not taken any psychiatric drugs for 24 years and had recovered naturally from his disturbed state.

In a study over eight years, the World Health Organization found that patients in three economically disadvantaged countries—"India, Nigeria, and Colombia—did dramatically better than patients in the United States and four other developed countries." Indeed, after five years, "64% of the patients in the poor countries were

Internationale Neuro-psychopharmacologicum, the U.S. National Institute of Mental Health and the World Psychiatric Association—to garner support from physicians.[12] The World Health Organization produced a "Mental Disorders in Primary Care" kit that was distributed internationally, to make it "easier" for primary care physicians to diagnose and medicate mental "disorders."

Based on the *DSM-IV* and *ICD-10*, the kit was aimed at increasing business for the mental health system. What psychiatry lacked in science was being compensated for with marketing.



While Nobel Prize winner John Nash is depicted in the Hollywood film "A Beautiful Mind" as recovering from "schizophrenia" using the latest psychiatric drugs, Nash refutes this fiction. In fact, he had not taken psychiatric medications for 24 years and recovered naturally from his disturbed state.

The marketing includes an unholy alliance with the pharmaceutical industry. Pat Bracken and Phil Thomas, consultant psychiatrists and senior research fellows with the University of Bradford in the United Kingdom, state, "Psychiatry is a major growth area for the pharmaceutical industry. By influencing the way in which psychiatrists frame mental health problems, the industry has developed new (and lucrative) markets for its products."

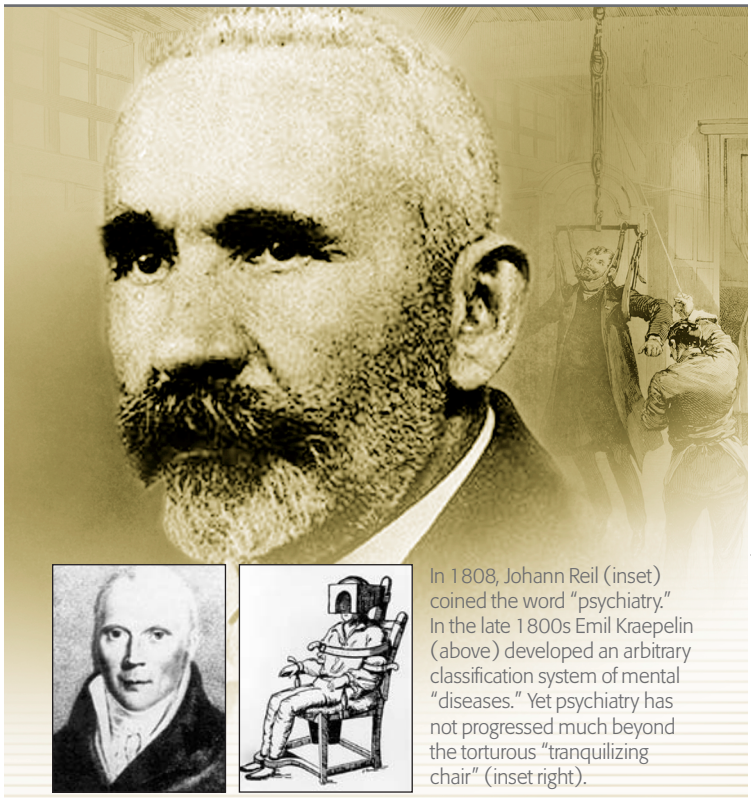
HARMING THE VULNERABLE

While psychiatry seeps deeper into general medicine through the spread of the *DSM* and psychotropic drugs, most people still consider that psychiatry's main function is to treat patients with severe, life-threatening mental disorders.[13]

Here, the psychiatrist deals with the "disease" first tagged as *dementia praecox* by Kraepelin in the late 1800s, then as "schizophrenia" by Swiss psychiatrist Eugen Bleuler in 1908.

Robert Whitaker, author of *Mad in America*,

CHAPTER TWO
PSYCHIATRY VERSUS MEDICINE



In 1808, Johann Reil (inset) coined the word "psychiatry." In the late 1800s Emil Kraepelin (above) developed an arbitrary classification system of mental "diseases." Yet psychiatry has not progressed much beyond the torturous "tranquilizing chair" (inset right).

While the appearance of Virchow's *Cellular Pathology as Based upon Physiological and Pathological Histology* in 1858 firmly established medicine's scientific credentials, psychiatry was still fumbling around with brutal treatments and the lack of any systematic approach to mental health. The absence of an equivalent system of diagnosis for mental problems contributed greatly to psychiatry's poor reputation.

The development of the sixth edition of *International Classification of Diseases* in 1948, which incorporated psychiatric disorders for the first time, and the publication of the *Diagnostic and Statistical Manual of Mental Disorders*

(*DSM*) in 1952, were first attempts to create a semblance of systematic diagnosis. Politically voted in was a system of classification that was completely foreign to anything medicine had seen before. Most notably, the *DSM* was devoted to the categorization of symptoms only, not disease. Also, none of the diagnoses were supported by objective scientific evidence.

Psychiatrist David Kaiser states, "Symptoms by definition are the surface presentation of a deeper process. … However, there has been a vast and largely unacknowledged effort on the part of modern (i.e., biologic) psychiatry to equate symptoms with mental *illness*." He says he would be a "poor psychiatrist" if the only tool he had for treatment was a prescription pad for medications which may "lessen symptoms," but which "do not treat mental illness." He is left, he said, "still sitting across from a suffering patient who wants to talk about his unhappiness."[10]

In their 1997 book *Making Us Crazy*, Professors Herb Kutchins and Stuart A. Kirk said that the transformation of psychiatry's diagnostic manual is a "story of the struggles of the American Psychiatric Association to gain respectability within medicine and maintain dominance among the many mental health professionals."

Dr. Julian Whitaker, author of the respected *Health and Healing* newsletter says psychiatrists "do not have any pathological or laboratory diagnosis; they cannot show any differentiation that would back up the diagnosis of these psychiatric 'diseases.' Whereas if you have a heart attack, you can find the lesion; if you have diabetes, your blood sugar is very high; if you have arthritis it will show on the X-ray. In psychiatry, it's just crystal-balling, fortune-telling; it's totally unscientific."

DSM's contrived system of diagnosis and the inevitable assignment of a psychoactive drug prescription is the singular "expertise" that psychiatry has to offer.

Dr. Glenmullen observed, "As they gain momentum, use of the drugs spread beyond the confines of psychiatry and they are prescribed by general practitioners for everyday maladies."

Today, psychiatrists claim that general medical practitioners (GPs) prescribe 75% of SSRIs. Not that this wasn't anticipated. In 1989, an American Psychiatric Association "Campaign Kit" told APA members, "An increase of psychiatry's profile among non-psychiatric physicians can do nothing but good. And, for those who are bottom line oriented, the efforts you spend on building this profile have the potential to yield dividends through increased referrals."[11]

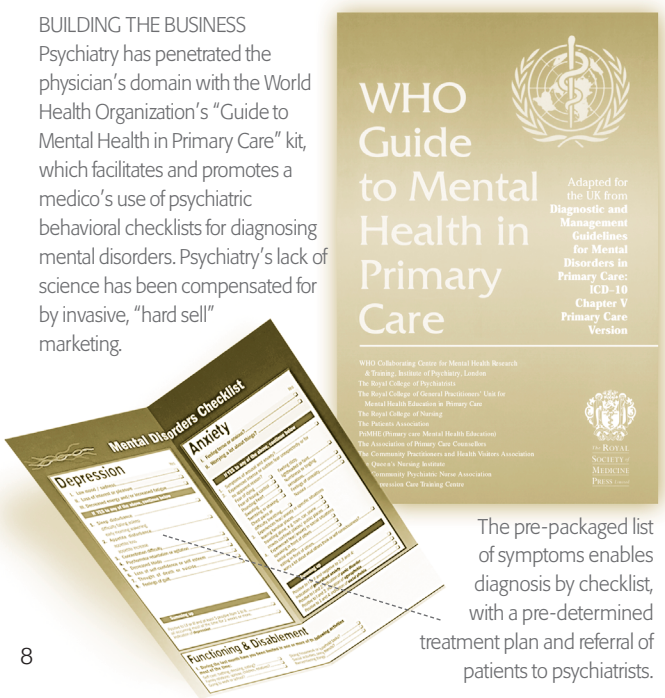
A decade later, psychiatrists made a concerted effort—primarily through the Collegium

"Diagnosing someone as schizophrenic may appear scientific on the surface, especially when biopsychiatry keeps claiming that a genetic brain disease is involved. But when you step back and observe from a distance what these researchers are really doing, you wonder how they can justify their work. ... This is not science."

— Ty C. Colbert, Ph.D., *Blaming Our Genes*, 2001

BUILDING THE BUSINESS

Psychiatry has penetrated the physician's domain with the World Health Organization's "Guide to Mental Health in Primary Care" kit, which facilitates and promotes a medico's use of psychiatric behavioral checklists for diagnosing mental disorders. Psychiatry's lack of science has been compensated for by invasive, "hard sell" marketing.



The pre-packaged list of symptoms enables diagnosis by checklist, with a pre-determined treatment plan and referral of patients to psychiatrists.