

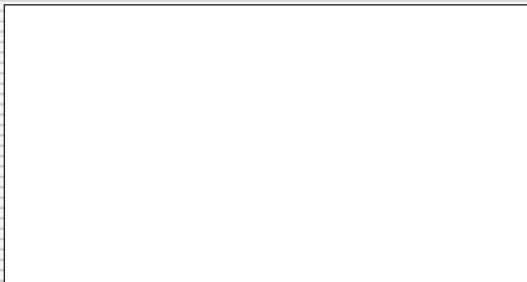
CITIZENS COMMISSION ON HUMAN RIGHTS

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.

FOR FURTHER INFORMATION:

CCHR International
6616 Sunset Blvd.
Los Angeles, CA, USA 90028
Telephone: (323) 467-4242
(800) 869-2247 • Fax: (323) 467-3720
www.cchr.org
e-mail: humanrights@cchr.org



SCHIZOPHRENIA

PSYCHIATRY'S FOR PROFIT 'DISEASE'



A Public Service Report from
Citizens Commission on Human Rights

INTRODUCTION IN DESPERATE NEED OF HELP



Life can sometimes be a real challenge. It can get very rough indeed. A family faced with a seriously disturbed and irrational member can become desperate in their attempts to resolve the crisis.

To whom can we turn when this happens? According to psychiatrists, you should consult them as the mental health experts. But that is a deception, as many people who have turned to them in the hope of finding answers to their personal dilemmas have discovered.

Dr. Megan Shields, a practicing family physician for more than 25 years warns: "Psychiatrists know nothing about the mind, treat the individual as no more than an organ in the head (the brain) and have about as much interest in spirituality, standard medicine and curing, as an executioner has in saving lives."



RECOMMENDATIONS

- 1 People in desperate circumstances must be provided proper and effective medical care. Medical, not psychiatric attention, good nutrition, a healthy, safe environment and activities that promote confidence will do far more than the brutality of psychiatry's drug treatments.
- 2 Mental health facilities must be established to replace coercive psychiatric institutions. These must have medical diagnostic equipment, which non-psychiatric medical doctors can use to thoroughly examine and test for all underlying physical problems that may be manifesting as disturbed behavior.
- 3 If you or a family member or friend has been coercively treated or abused by a psychiatrist, consult a lawyer to determine your right to prosecute criminal-ly and civilly the responsible psychologists or psychiatrists, their colleges and associations.

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.

1. Robert Whitaker, *Mad in America: Bad Science, Bad Medicine, and the Enduring Mistreatment of the Mentally Ill* (Perseus Publishing, New York, 2002), p. 166.
2. *Ibid.*, p. 203.
3. Ty C. Colbert, *Rape of the Soul, How the Chemical Imbalance Model of Modern Psychiatry has Failed its Patients* (Kevo Publishing, California, 2001), p. 106.
4. L. Jeff, "The International Pilot Study of Schizophrenia: Five-Year Follow-Up Findings," *Psychological Medicine*, Vol. 22, 1992, pp. 131-145; Assen Jablensky, "Schizophrenia: Manifestations, Incidence and Course in Different Cultures, a World Health Organization Ten-Country Study," *Psychological Medicine*, Supplement, 1992, pp. 1-95.
5. *Op. Cit.*, Whitaker, p. 182.
6. *Ibid.*, p. 188.
7. David Grounds, et. al., "Antidepressants and Side Effects," *Australian and New Zealand Journal of Psychiatry*, Vol. 29, No. 1, 1995.
8. "Acute Drug Withdrawal," *PreMedicines Information Bulletin*, Aug. 1996, modified 6 Jan. 1997.
9. Elliot S. Valenstein, Ph.D., *Blaming the Brain* (The Free Press, New York, 1998), p. 225.
10. Stephen Soreff, M.D. and Lynne Alison McInnes, M.D., "Bipolar Affective Disorder," *eMedicine Journal*, Vol. 3, No. 1, 7 Jan. 2002.
11. Joseph Glenmullen, M.D., *Prozac Backlash* (Simon & Schuster, NY, 2000), p. 206.
12. *Ibid.*, p. 196.
13. Studies on file with CCHR, from *Journal of Clinical Psychiatry* (1886), *Archives of General Psychiatry* (1978), *American Journal of Psychiatry* (1967).
14. Patrick Holford and Hyla Cass, M.D., *Natural Highs* (Penguin Putnam Inc., New York, 2002), pp. 125-126.

PHOTO CREDITS: 2: Peter Turnley/Corbis; 8: NewsPix (NZ); Reuters News Media Inc./Corbis; AP Wide World Photos.

© 2004 CCHR. All Rights Reserved. CITIZENS COMMISSION ON HUMAN RIGHTS, CCHR and the CCHR logo are trademarks and service marks owned by Citizens Commission on Human Rights. Printed in the U.S.A. Item #FLO19137

treatment had undiagnosed physical illnesses; in another study, 42% of those diagnosed with “psychoses” were later found to be suffering from a medical illness, and in a further study, 48% of those diagnosed by psychiatrists for mental treatment had an undiagnosed physical condition.¹³

Several diseases closely mimic schizophrenia, fooling both patient and doctor. An *Archives of General Psychiatry* study lists 21 such conditions, beginning with an increasingly common one, “the temporary psychosis brought on by amphetamine drugs.” Study author Dr. A. A. Reid, explains that drug-induced psychosis is complete with delusions of persecution and hallucinations, and “is often indistinguishable from an acute or paranoid schizophrenic illness.”¹⁴

As an example, “Mrs. J,” diagnosed as schizophrenic after she began hearing voices in her head, had deteriorated to the point where she stopped talking and could not bathe, eat or go to the toilet without help. A thorough physical exam determined she was not properly metabolizing the glucose that the brain needs for energy. Once treated, she dramatically changed. She completely recovered and shows no lingering trace of her former mental state.

In a wish list for mental health reform, author Robert Whitaker stated, “At the top of this wish list, though, would be a simple plea for honesty. Stop telling those diagnosed with schizophrenia that they suffer from too much dopamine or serotonin activity and that the drugs put these brain chemicals back into ‘balance.’ That whole spiel is a form of medical fraud, and it is impossible to imagine any other group of patients—ill say, with cancer or cardiovascular disease—being deceived in this way.”

Mental healing treatments should be gauged on how they improve and strengthen individuals, their responsibility and their spiritual well being—without relying upon powerful and addictive drugs. Treatment that heals should be delivered in a calm atmosphere characterized by tolerance, safety, security and respect for people’s rights.

A workable and humane mental health system is what the Citizens Commission on Human Rights (CCHR) is working toward.

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 himself refutes the film’s portrayal of him taking “newer medications” at the time of his Nobel Prize award. Nash had not taken any psychiatric drugs for 24 years and had recovered naturally from his disturbed state.

This is not to suggest that anyone taking prescribed, psychotropic drugs should immediately discontinue with them. Due to their dangerous side effects, no one should stop taking any psychiatric drug without the advice and assistance of a competent non-psychiatric, medical doctor.

We wish to highlight however, that there *are* solutions to serious mental disturbance that avoid the serious risks and flaws inherent in psychiatric theory and practice.

There is abundant evidence that real physical illness, with real pathology, can seriously affect an individual’s mental state and behavior. Psychiatry completely ignores this weight of scientific evidence, preferring to assign all blame to illnesses and supposed “chemical imbalances” in the brain that have never been proven to exist, and limits all practice to brutal treatments that have done nothing but permanently damage the brain and the individual.

The information in this publication is a warning for people who may be experiencing serious difficulties in life, or know of someone who is, and who are looking for answers.

Jan Eastgate
President
Citizens Commission on
Human Rights International

“Psychiatrists know nothing about the mind, treat the individual as no more than an organ in the head (the brain) and have about as much interest in spirituality, standard medicine and curing, as an executioner has in saving lives.”

— Dr. Megan Shields, family physician, advisory board member of CCHR International

CHAPTER ONE HARMING THE VULNERABLE

CHAPTER THREE ACHIEVING REAL MENTAL HEALTH



"disturbed wards have virtually disappeared"

Many hospitals have found that

THORAZINE*

Most people consider that psychiatry's main function is to treat patients with severe, even life-threatening mental conditions. The most pronounced is that condition first called *dementia praecox* by German psychiatrist Emil Kraepelin in the late 1800s, and labeled "schizophrenia" by Swiss psychiatrist Eugen Bleuler in 1908.

However, Robert Whitaker, author of *Mad in America*, says the patients that Kraepelin diagnosed with *dementia praecox* were actually suffering from a virus, *encephalitis lethargica* [brain inflammation causing lethargy] which was unknown to doctors at the time: "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."¹

Psychiatry never revisited 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

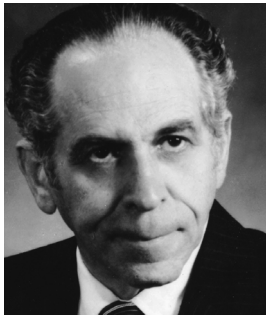


Psychiatrists promote mental health as being of equal priority to physical health. To continue this analogy, just as physical health would be the outcome of effective physical healing, so would mental health have to be the outcome of effective mental healing.

Under the management of psychiatry today, there is no mental *healing*. Logically this means that psychiatry achieves no improvement in mental *health*.

It is a matter of sound medical fact that undiagnosed physical illness or injury can trigger emotional difficulties. Dr. William Crook, in his book *Detecting Your Hidden Allergies*, says those bothered by irritability, depression, hyperactivity, fatigue and anxiety, need an immediate full medical physical examination and a complete test for food allergies that could cause precisely those mental changes in a person.

One study concluded that 83% of people referred by clinics and social workers for psychiatric



"Schizophrenia is defined so vaguely that, in actuality, it is a term often applied to almost any kind of behavior of which the speaker disapproves."

— Dr. Thomas Szasz, professor of psychiatry emeritus,

tions, he is emphatic: "[N]ot 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."¹²

Dr. Ty C. Colbert, Ph.D., author of *Blaming Our Genes*, says, "We know that the chemical imbalance model for mental illness has never been scientifically proven. We also know that all reasonable evidence points instead to the disabling model of psychiatric drug action. Furthermore, we also know that the research on drug effectiveness/efficacy are unreliable because drug tests only measure efficacy based on *symptom reduction, not cure.*"

In his book, *The Complete Guide to Psychiatric Drugs*, published in 2000, Edward Drummond, M.D., Associate Medical Director at Seacoast Mental Health Center in Portsmouth, New Hampshire, stated, "First, no biological etiology [cause] has been proven for any psychiatric disorder...in spite of decades of research...So don't accept the myth that we can make an 'accurate diagnosis'...Neither should you believe that your problems are due solely to a 'chemical imbalance.'"

Dr. Szasz points out: "If schizophrenia, for example, turns out to have a biochemical cause and cure, schizophrenia would no longer be one of the diseases for which a person would be involuntarily committed. In fact, it would then be treated by neurologists, and psychiatrists would then have no more to do with it than they do with Glioblastoma [malignant tumor], Parkinsonism, and other diseases of the brain."

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.

Psychiatrists remain committed to calling "schizophrenia" a mental disease despite, after a century of research, the complete absence of objective proof that it exists as a physical brain abnormality.

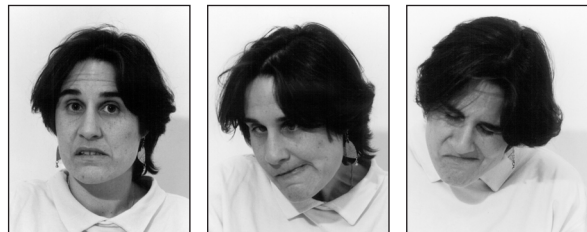
The neuroleptics (nerve-seizing drugs), also known as antipsychotics, prescribed for so-called schizophrenia were first developed by the French to numb the nervous system during surgery. Psychiatrists learned very early on that neuroleptics cause Parkinsonism and symptoms of encephalitis lethargica, the very problem Kraepelin had misidentified and called dementia praecox.²

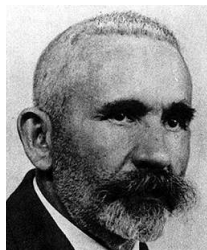
The drugs damage the extrapyramidal system (the extensive complex network of nerve fibers that moderates motor control), resulting in muscle rigidity, spasms and various involuntary movements.³

The drug-induced side effect tardive dyskinesia (*tardive*, meaning "late" and *dyskinesia* meaning, "abnormal movement of muscles") is a permanent impairment of the power of voluntary movement of the lips, tongue, jaw, fingers, toes and other body parts and has appeared in 5% of patients within one year of neuroleptic treatment.

Researchers and psychiatrists also knew the risk of "neuroleptic malignant syndrome," a potentially fatal toxic reaction where patients break into fevers and become confused, agitated and extremely rigid. An estimated 100,000 Americans have died from it.

DRUG DAMAGE: The major tranquilizers (antipsychotics) damage the extrapyramidal system (the extensive complex network of nerve fibers that moderates motor control), resulting in muscle rigidity, spasms and various involuntary movements. The muscles of the face and body contort, drawing the face and body into bizarre contortions.





"Psychiatrist Emil Kraepelin (left) put the final medical seal on irrational behavior by naming it and categorizing it. ... His classificatory system ... has been the ticket of admission for irrational behavior into medicine."

— Psychiatrist E. Fuller Torrey

In a study over eight years, the World Health Organization found that patients in three economically disadvantaged countries — "India, Nigeria, and Colombia — were doing 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 asymptomatic and functioning well," in contrast, only 18% of the patients in the prosperous countries were.⁴ Neuroleptics were clearly implicated in the significantly inferior Western result.⁵

Increasing public awareness that neuroleptics "frequently caused irreversible brain damage threatened to derail this whole gravy train," Whitaker says. In response, new "atypical" [not usual; having less effect on the EPS system] drugs for schizophrenia were introduced in the 1990s, promising fewer side effects.

However, the atypicals actually have even more severe effects: Blindness, fatal blood clots, heart arrhythmia (irregularity), heat stroke, swollen and leaking breasts, impotence and sexual dysfunction, blood disorders, painful skin rashes, seizures, birth defects and extreme inner-anxiety, restlessness and violence.

In 2003, *The New York Times* reported that the atypicals may cause diabetes, "in some cases leading to death." Dr. Joseph Deveaugh-Geiss, a consulting professor of psychiatry at Duke University, said that the diabetes link "is looking a lot like what we saw 25 years ago with [tardive dyskinesia]."

Today, psychiatry clings tenaciously to antipsychotics as the treatment for "schizophrenia," despite their proven risks and despite studies that show that when patients stop taking the atypicals, they improve.

DRUG-INDUCED VIOLENCE

Psychiatrists blame violent crime on a patient's

caused by a "brain-biochemical imbalance." Quietly, but firmly, she asked what evidence they had that there was something wrong with his brain. They said his mood and behavior indicated a serious problem. She asked how they knew this was caused by brain chemistry. Her grandson was quickly transferred to a unit that offered "talking therapies" instead of drugs. "Imagine the same situation in oncology: you are told that you look like you have cancer, offered no tests, and told you will have two operations, followed by radiotherapy and a course of drugs that makes your hair fall out. The idea is preposterous. ... Next time you are told that a psychiatric condition is due to a brain-biochemical imbalance, ask if you can see the test results," said Newnes.

Depression: The *DSM* says that five out of nine criteria must be met to diagnose depression, including criteria such as deep sadness, apathy, fatigue, agitation, sleep disturbances and appetite change. Even psychiatrists are concerned about such attempts to "make an illness out of what looks to be life's normal ups and downs."

Harvard Medical School's Joseph Glenmullen says, "[T]he symptoms [of depression] are subjective emotional states, making the diagnosis extremely vague."

Glenmullen advises that the superficial checklist rating scales used to screen people for depression are "designed to fit hand-in-glove with the effects of drugs, emphasizing the physical symptoms of depression that most respond to antidepressant medication. ... While assigning a number to a patient's depression may look scientific, when one examines the questions asked and the scales used, they are utterly subjective measures based on what the patient reports or a rater's impressions."¹¹

While there has been no shortage of biochemical explanations for psychiatric condi-

Patients are betrayed when told their emotional problems are genetically or biologically based. Elliot Valenstein, Ph.D., says that "while patients may be relieved to be told that they have a 'physical disease,' they may adopt a passive role in their own recovery, becoming completely dependent on a physical treatment to remedy their condition."⁹

There are numerous other conditions that psychiatrists have defined as diseases and through which they make millions of dollars in insurance reimbursement, government funds

"First, no biological etiology [cause] has been proven for any psychiatric disorder. ...

So don't accept the myth that we can make an 'accurate diagnosis'... Neither should you believe that your problems are due solely to a 'chemical imbalance.'"

— Edward Drummond, M.D., author of *The Complete Guide to Psychiatric Drugs*, 2000

and profits from drug sales.

"Bipolar Disorder": Psychiatry makes "unproven claims that depression, bipolar illness, anxiety, alcoholism and a host of other disorders are in fact primarily biologic and probably genetic in origin ... This kind of faith in science and progress is staggering, not to mention naïve and perhaps delusional," says psychiatrist David Kaiser.

Bipolar Disorder is supposedly characterized by alternating episodes of depression and mania—thus, "two poles" or "bipolar." In January 2002, the *Medicine Journal* reported: "The etiology [cause] and pathophysiology [functional changes] of bipolar disorder (BPD) have not been determined, and no objective biological markers exist that correspond definitively with the disease state." Nor have any genes "been definitively identified" for BPD.¹⁰

Craig Newnes, psychological therapies director of a Community and Mental Health Service in Shropshire, England, related the story of three psychiatrists who told a feisty grandmother that her grandson had bipolar disorder

failure to continue his or her medication, while *knowing* that extreme violence is a documented side effect of both taking psychiatric drugs and withdrawal from them.

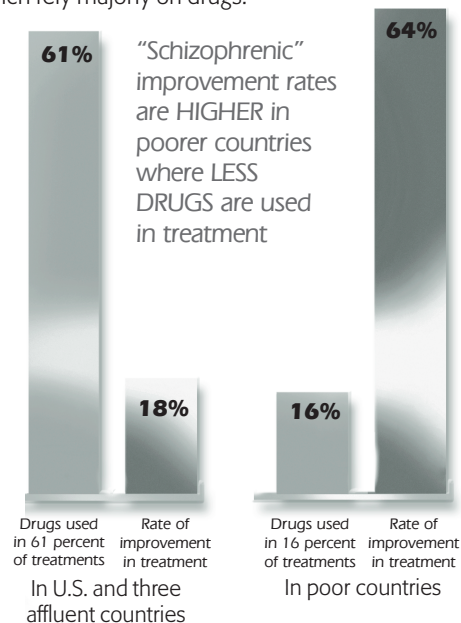
Antipsychotic drugs temporarily dim psychosis but, over the long run, make patients more biologically prone to it. A second effect is a side effect called *akathisia* [*a*, without + *kathisia*, sitting; an inability to keep still]. This side effect has been linked to assaultive, violent behavior.

A 1990 study determined that 50% of all fights in a psychiatric ward could be tied to akathisia. Patients described "violent urges to assault anyone near."⁶

In 1995, nine Australian psychiatrists reported that patients had slashed themselves or become preoccupied with violence while taking Selective Serotonin Reuptake Inhibitor antidepressants (SSRIs): "I didn't want to die, I just felt like tearing my flesh to pieces," one patient told psychiatrists.⁷

Treating 'Schizophrenia': A Comparison Between Countries

Several World Health Organization studies have shown that the "schizophrenia" improvement is much greater in poorer countries which employ much less psychotropic drugs in treatment, as opposed to affluent nations which rely majorly on drugs.



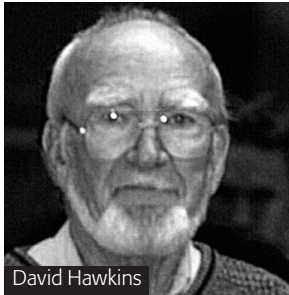
WITHDRAWAL EFFECTS

In 1996, the National Preferred Medicines Center Inc. in New Zealand, issued a report on "Acute drug withdrawal," saying that withdrawal from psychoactive drugs can cause 1) rebound effects that exacerbate previous symptoms of a "disease," and 2) new symptoms unrelated to the condition that had not been previously experienced by the patient.⁸

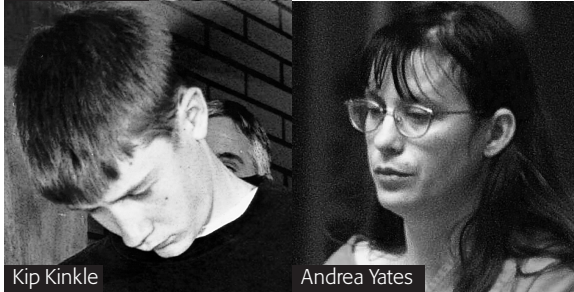
Dr. John Zajecka reported in the *Journal of Clinical Psychiatry* that the agitation and irritability experienced by patients withdrawing from one SSRI can cause "aggressiveness and suicidal impulsivity." In *Lancet*, the British medical journal, Dr. Miki Bloch reported that patients became suicidal and homicidal after stopping an antidepressant, with one man having thoughts of harming "his own children."

On May 25, 2001, Judge Barry O'Keefe of the New South Wales Supreme Court, Australia, blamed an antidepressant for turning a peaceful, law-abiding man, David Hawkins, into a violent killer (of his wife). Had Mr. Hawkins not taken the anti-depressant, the judge said, "it is overwhelmingly probable that Mrs. Hawkins would not have been killed..."

Psychiatrists *do* know the connection between psychotropic drugs and violence; they *do* know the dangers of individuals taking and withdrawing from them.



David Hawkins



Kip Kinkle

Andrea Yates

TREATMENT LINKED TO VIOLENCE: Medical experts argue that excessive dosages of certain psychiatric drugs induce violence. The killers shown here, all with no previous record of violence, acted while taking such drugs.

CHAPTER TWO DIAGNOSTIC DECEIT AND BETRAYAL



As a substitute for mental healing, the American Psychiatric Association (APA) developed the *Diagnostic and Statistical Manual of Mental Disorders-IV (DSM)*, a text that lists 374 supposed mental disorders. Psychiatrists not only admit that they have no idea of what causes these supposed "diseases," they have no scientifically validated proof whatsoever that they even exist as discrete physical illnesses.

Regarding "schizophrenia," psychiatrists openly state in the *DSM-II*, "Even if it had tried, the [APA] Committee could not establish agreement about what this disorder is; it could only agree on what to call it."

Thomas Szasz, professor of psychiatry emeritus, states: "Schizophrenia is defined so vaguely that, in actuality, it is a term often applied to almost any kind of behavior of which the speaker disapproves."