



ERODING JUSTICE

Psychiatry's Corruption of Law

Report and recommendations on
psychiatry subverting the courts
and corrective services

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IMPORTANT NOTICE

For the Reader

The psychiatric profession purports to be the sole arbiter on the subject of mental health and “diseases” of the mind. The facts, however, demonstrate otherwise:

1. PSYCHIATRIC “DISORDERS” ARE NOT MEDICAL DISEASES. In medicine, strict criteria exist for calling a condition a disease: a predictable group of symptoms and the cause of the symptoms or an understanding of their physiology (function) must be proven and established. Chills and fever are symptoms. Malaria and typhoid are diseases. Diseases are proven to exist by objective evidence and physical tests. Yet, no mental “diseases” have ever been proven to medically exist.

2. PSYCHIATRISTS DEAL EXCLUSIVELY WITH MENTAL “DISORDERS,” NOT PROVEN DISEASES. While mainstream physical medicine treats diseases, psychiatry can only deal with “disorders.” In the absence of a known cause or physiology, a group of symptoms seen in many different patients is called a *disorder* or *syndrome*. Harvard Medical School’s Joseph Glenmullen, M.D., says that in psychiatry, “all of its diagnoses are merely syndromes [or disorders], clusters of symptoms presumed to be related, not diseases.” As Dr. Thomas Szasz, professor of psychiatry emeritus, observes, “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.”

3. PSYCHIATRY HAS NEVER ESTABLISHED THE CAUSE OF ANY “MENTAL DISORDERS.” Leading psychiatric agencies such as the World Psychiatric Association and the U.S. National Institute of Mental Health admit that psychiatrists do not

know the causes or cures for any mental disorder or what their “treatments” specifically do to the patient. They have only theories and conflicting opinions about their diagnoses and methods, and are lacking any scientific basis for these. As a past president of the World Psychiatric Association stated, “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.”

4. THE THEORY THAT MENTAL DISORDERS DERIVE FROM A “CHEMICAL IMBALANCE” IN THE BRAIN IS UNPROVEN OPINION, NOT FACT. One prevailing psychiatric theory (key to psychotropic drug sales) is that mental disorders result from a chemical imbalance in the brain. As with its other theories, there is no biological or other evidence to prove this. Representative of a large group of medical and biochemistry experts, Elliot Valenstein, Ph.D., author of *Blaming the Brain* says: “[T]here are no tests available for assessing the chemical status of a living person’s brain.”

5. THE BRAIN IS NOT THE REAL CAUSE OF LIFE’S PROBLEMS. People do experience problems and upsets in life that may result in mental troubles, sometimes very serious. But to represent that these troubles are caused by incurable “brain diseases” that can only be alleviated with dangerous pills is dishonest, harmful and often deadly. Such drugs are often more potent than a narcotic and capable of driving one to violence or suicide. They mask the real cause of problems in life and debilitate the individual, so denying him or her the opportunity for real recovery and hope for the future.

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PSYCHIATRY'S CORRUPTION OF LAW

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INTRODUCTION

Destruction of Justice

This report is a detailed examination of the fierce assault on the justice system that has occurred over the past six decades — and not only by criminals. There is a hidden influence in our courts, one which, while loudly asserting its expertise and desire to help, has instead betrayed our most deeply held values and brought us a burgeoning prison population at soaring public costs. That influence is psychiatry and psychology.

The eminent Thomas Szasz, professor of psychiatry emeritus at the State University of New York, Syracuse, comments that today “the phenomenon of psychiatrists examining persons to determine whether or not they are responsible is [a] common feature of our social landscape. ...”¹ At the same time he recognizes that

psychiatry is “the single most destructive force that has affected society within the last 60 years.”

Shocking? No doubt. But also well-reasoned and insightful. Dr. Szasz is an internationally acclaimed author of over 30 books. He has both the experience and the stature to declare that the psychiatric profession has been gradually but steadily undermining the foundations of our culture—individual responsibility, standards of achievement, education and justice. The bottom line, he says, is that “... psychiatrists have been largely responsible for creating the problems they have ostensibly tried to solve.”

Between 1965 and 2001, the U.S. violent crime rate for under 18-year-olds increased by more than 147%, and for drug abuse violations, by over 2,900%.² Violent crime rates throughout the European Union, Australia and Canada have

recently begun to equal and even surpass those in the United States.³ Between 1975 and 2000, crime also rose 97% in France, 145% in England, and 410% in Spain.⁴ Sweden now has a crime victimization rate 20% higher than the United States.⁵ And a study of seven Russian prisons found that 43% of the inmates had injected drugs. Of those, more than 13% started in prison.⁶

The rehabilitation of criminals is a long-forgotten dream. We build more prisons and pass even tougher laws in the belief that these will act as a deterrent. Meanwhile, honest people are losing faith in justice itself as they see vicious criminals avoid conviction through the use of bizarre and incomprehensible defense tactics.

In the 1940s, psychiatry’s leaders proclaimed their intention

to infiltrate the field of the law and bring about the “re-interpretation and eventually eradication of the concept of right and wrong.”

The rule of law and a functioning and fair system of legal administration sets apart enlightened democracies from totalitarian states. Citizens have the right to rely on the system for their peace and safety.

Looking back, psychiatrist Karl Menninger’s jubilant declaration that a 1954 decision by the Federal Court of Appeals in Washington, D.C. was “more revolutionary in its total effect” than the Supreme Court decision on ending the segregation of African-Americans from Whites now has a prophetic quality. He was referring to the ruling that held a mentally defective person is not criminally responsible for unlawful acts.

In the 1940s, psychiatry’s leaders proclaimed their intention to infiltrate the field of the law and bring about the “re-interpretation and eventually eradication of the concept of right and wrong.”

The decision triggered an immediate increase in psychiatric courtroom testimony in the United States and spread rapidly around the globe. The cumulative impact of this trend on justice has since occupied legal scholars, criminologists and public policy experts all over the world. The consensus is that the “total revolutionary effect” has been a massive erosion of public confidence in the justice system’s ability to mete out swift and equitable justice.

Menninger had reason to rejoice. The ruling followed less than a decade after the leading psychiatrists of the day—Menninger being one of them—had set out to infiltrate the legal profession as part of their strategic plan for a global psychiatry. G. Brock Chisholm, who, with John Rawlings Rees, was co-founder of the World Federation for Mental Health (WFMH), bluntly told his peers at the time: “If the race is to be freed from the crippling burden of good and evil it must be psychiatrists who take the original responsibility.”⁷

Reacting to Chisholm’s pronouncement, Samuel Hamilton, advisor to the Public Health Service and president-elect of the American Psychiatric Association (APA), equated him with a “prophet of old” presenting the “New Jerusalem’ in which we shall all live.”⁸

Rees was unabashedly blunt when he stated, “Public life, politics and industry should all of them be within [psychiatry’s] sphere of influence. ... If we are to infiltrate the professional and social activities of other people I think we must imitate the Totalitarians and organize some kind of fifth column activity! ... Let us all, therefore, very secretly be ‘fifth columnists.’” Rees considered that the fields of law and medicine were the “two most difficult” to “attack.”⁹

And attack they did, with the consequence that today, because of their influence, the system is failing. Now it is up to the many conscientious, hardworking and increasingly disheartened people within the system to realize this and rid it of these destructive intruders.



In this report, we hope to help you understand how this occurred. We show how psychiatry’s ideologies and actions have contributed to today’s failing criminal rehabilitation and increasing crime rate.

Finally, we propose to reverse these trends. We trust that the information will help those of goodwill and integrity correct a system that is failing its citizenry. The decent, the productive, the vast majority of us, deserve no less.

Sincerely,

A handwritten signature in black ink, appearing to read "Jan Eastgate". The signature is fluid and cursive.

Jan Eastgate
President,
Citizens Commission
on Human Rights International

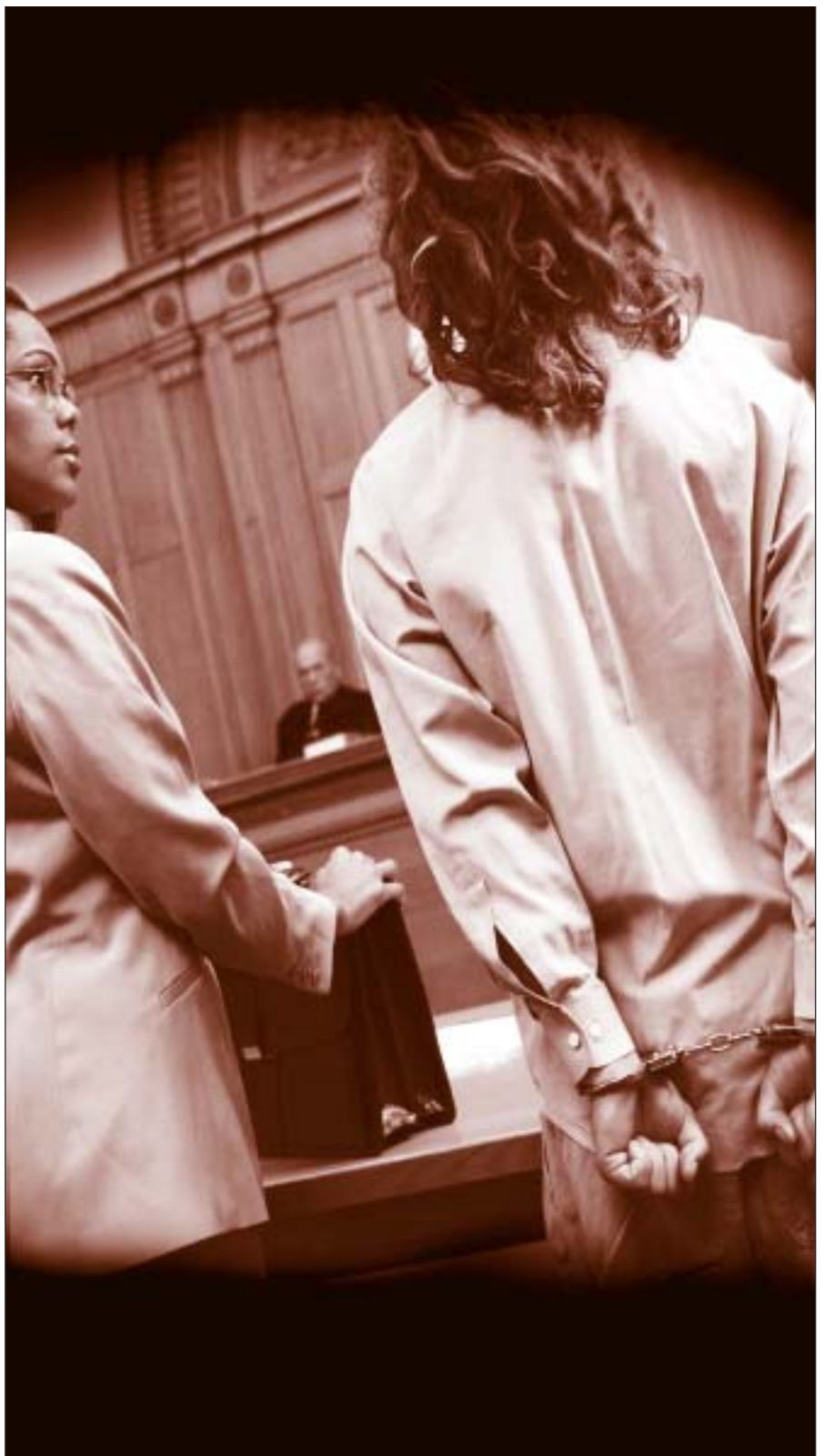
IMPORTANT FACTS

1 Psychiatry's and psychology's influence in the courtroom has eroded the once-firm basis of justice: the differentiation of right and wrong.

2 The psychiatric "insanity defense" and its derivatives have done the most damage.

3 Psychiatric "expert" witnesses are widely criticized for providing testimony to suit their clients' purposes.

4 Psychiatry is not based on science and has failed to cure insanity (despite taxpayer funding in the billions of dollars) and should no longer be accepted as an authority by our courts.



By negating personal responsibility and denying the concepts of right and wrong, psychiatry and psychology have perverted the justice system.



CHAPTER ONE

The Breakdown of Law and Order

Celebrated nineteenth century humorist and author Mark Twain noted, “Insanity is certainly on the increase in the world, and crime is dying out. ... Formerly if you killed a man, it was possible that you were insane—but now if you ... kill a man it is *evidence* that you are a lunatic.”

Once there was the idea that a person is responsible for his own actions. It is an idea that has gone the way of the dinosaur.

Take this case of prominent Virginia attorney T. Brook Howard—an all-too-common scenario. His client admitted to having kidnapped a 30-year-old woman, holding her hostage for over nine hours, during which period he repeatedly sexually assaulted her.

With great conviction, Howard explained to the judge and jury that what the victim had experienced—the abduction, the psychological torture and the repeated rapes—were not his client’s fault. A psychiatrist’s testimony said his client just couldn’t help himself; that it was an “irresistible impulse.”

On the basis of the psychiatrist’s grotesque testimony, the rapist was acquitted.

If criminals are able to evade the conse-

quences of their actions through this type of perversion of the principles of justice, then the very tool that society has to protect itself has been obliterated.

Thomas Szasz in his book, *The Myth of Mental Illness*, is uncompromising on this point: “The introduction of psychiatric considerations into the administration of the criminal law—for example, the insanity plea and verdict, diag-

nososes of mental incompetence to stand trial, and so forth—corrupt the law and victimize the subject on whose behalf they are ostensibly employed.”¹⁰

Insanity Defense

Although the insanity defense is introduced in less than 2% of all criminal trials, it is one of the most controver-

sial and hotly debated issues in American and British criminal law. Professor Francis Allen said of it, “The issue of criminal responsibility has attracted more attention and stimulated more controversy than any other question in the substantive criminal law.”¹¹

■ Dr. Margaret Hagen, Ph.D., a Boston University lecturer in psychology and law, says that there only appears to be a low percentage of insanity defense use, “The statistics are true

“Although psychiatry clothes itself in the trappings of science and seeks to influence the standards by which we decide criminal responsibility, strict reliability in its diagnoses is rare.”

— Ralph Adam Fine,
Trial judge, author of *Escape of the Guilty*



“Why not just flip pennies or draw cards? Why not put on a blindfold and choose without being able to identify the patients? It could hardly hurt [a diagnostic] accuracy rate that hovers at less than one out of three times correct”

— Dr. Margaret Hagen, Ph.D.,
author of *Whores of the Court, The Fraud of Psychiatric Testimony and the Rape of American Justice*, 1997

when we look only at straight cases of Not Guilty by Reason of Insanity.” But what changes the picture significantly are defenses such as “diminished mental ability,” which induce prosecutors to bring a lesser charge as well as cases in which the alleged mental condition reduces the amount of time served.¹²

■ According to trial judge Ralph Adam Fine in *Escape of the Guilty*, “Although psychiatry clothes itself in the trappings of science and seeks to influence the standards by which we decide criminal responsibility, strict reliability in its diagnoses is rare.”¹³

■ Chief Justice Warren Burger was incensed about the lack of a scientific basis for psychiatrists’ testimony, whose opinions were therefore in conflict with each other: “No rule of law can

possibly be sound or workable which is dependent upon the terms of another discipline whose members are in profound disagreement about what those terms mean.”¹⁴

■ Jeffery Harris, Executive Director of the U.S. Attorney General’s Task Force on Violent Crime, observed, “What amazes me is that in any trial I’ve ever heard of, the defense psychiatrist always says the accused is insane, and the prosecuting psychiatrist always says he’s sane. This happened invariably, in 100% of the cases, thus far exceeding the laws of chance. You have to ask yourself, ‘What is going on here?’ The insanity defense is being used as a football ... and quite frankly, you’d be better off calling Central Casting to get ‘expert psychiatric testimony’ in a criminal trial.”¹⁵



“The introduction of psychiatric considerations into the administration of the criminal law—for example, the insanity plea and verdict, diagnoses of mental incompetence to stand trial, and so forth—corrupt the law and victimize the subject on whose behalf they are ostensibly employed.”

— Thomas Szasz, professor of psychiatry emeritus

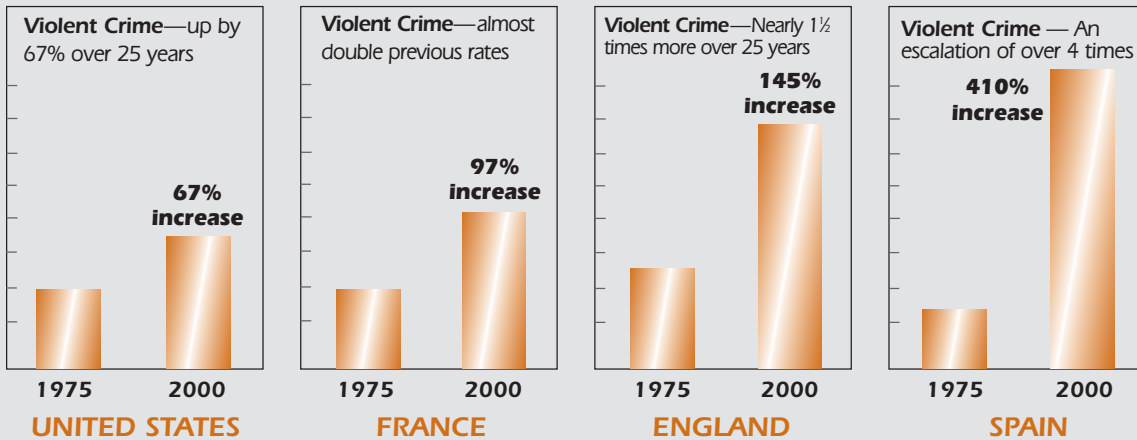
■ Professor Szasz adds, "It is unlikely that toxicologists would be tolerated in courts of law if one would observe that he found a large quantity of arsenic in the body of a deceased person, and another stated that he found by the same operation none. Yet this sorry spectacle is commonplace in regard to psychiatric findings."¹⁶

■ Dr. Hagen, who authored *Whores of the Court, The Fraud of Psychiatric Testimony and the Rape of American Justice*, says: "Why not just flip pennies or draw cards? Why not put on a blindfold and choose without being able to identify the patients?"

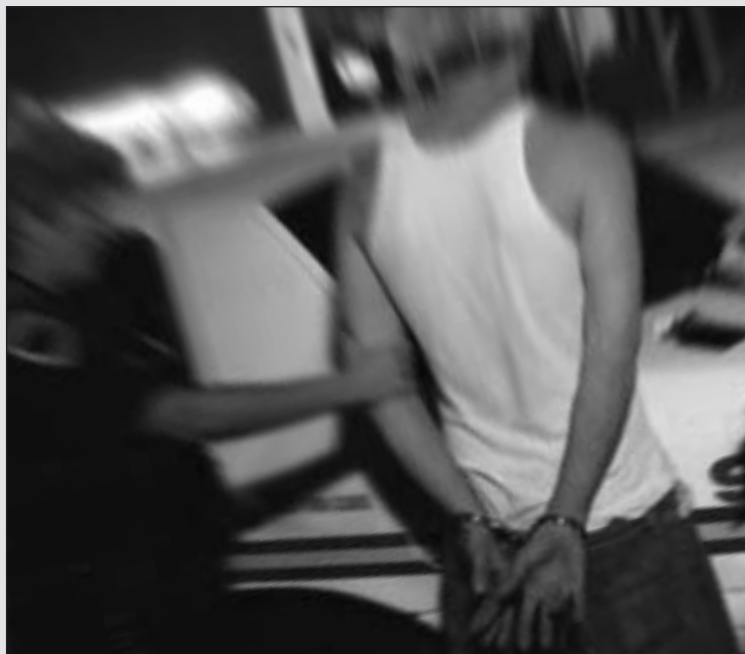
It could hardly hurt [the diagnostic] accuracy rate that hovers at less than one out of three times correct. ... There is no psychological cure for the desire to beat up women, to rape and murder them. The very idea that [psychology] today could even pretend to such an ability is ludicrous"¹⁷

In view of such eminent good sense, how is it that we face the absurd situation of psychiatrists testifying to excuse the wrongdoers' actions? Especially in view of the fact they have proven beyond doubt their inability to agree with each other, let alone cure anyone.

UNDERMINING THE LAW Crime and Violence Soar



Psychiatry's increasing influence in criminal justice has produced only escalating crime rates internationally. Although incapable of either predicting future dangerousness or of rehabilitating criminals, psychiatrists still testify in court on behalf of the highest bidder, asserting that offenders are not responsible for what they have done, but are instead "victims" of fictitious mental disorders. The result is rising crime, as lawbreakers are put back on the streets to wreak more havoc, unrepentant and uncorrected.



INSANITY DEFENSE

The Beginning of the End



Benjamin Rush

In 1812, the “father of American psychiatry,” Benjamin Rush, wrote his *Medical Inquiries and Observations upon the Diseases of the Mind*, claiming crime to be a curable disease. Viewing murder and theft as symptoms of this disease, he sought to have the perpetrators transferred from the control of policemen to that of psychiatrists.¹⁸ Prior to this, the insanity plea was a legal, not a “medical” decision.

1843: The McNaughton case was the first famous legal test for insanity. Englishman Daniel

McNaughton shot and killed the secretary of the British Prime Minister, believing that the Prime Minister was conspiring against him. The court acquitted McNaughton “by reason of insanity” and he was placed in a mental institution for the rest of his life.

1924: Nathan Leopold and Richard Loeb, two young Americans from affluent families, were charged with the senseless killing of a younger companion. Prominent psychiatrists, including William Alanson White, the president of the American Psychiatric Association (APA), were hired by the families to

explain the state of mind of the offenders. Dr. White testified that the young men’s murderous behavior was the “product of impulses contrary to their conscious ideals but expressive of certain strange unconscious strivings that, for reasons not clear, overwhelmed their control.” Never questioning the lack of science to this, the Court of Appeals for the District of Columbia adopted the defense of “irresistible impulse” — an impulse that could “override the reason and judgment and obliterate the sense of right and wrong.”

Using the case as a springboard, Dr. White and the American Psychiatric Association recommended that a psychiatrist be attached to every criminal

and juvenile court and every penal and correctional institution, that no sentence for any felony be made without a psychiatric report, and that a psychiatric evaluation be conducted on every prisoner convicted of a felony before he was released, or before he was placed on parole or transferred to another institution. Consequently psychiatric departments were established in juvenile courts and prisons.



Judge Bazelon

Judge Bazelon “... succeeded in deforming liberty by ostensibly reforming criminology and psychiatry—an enterprise whose worth he ... gravely misjudged, partly by thinking that it is good, when it is evil, and partly by believing that it rests on new discoveries when in fact it rests on old deceptions.”

— Dr. Thomas Szasz, psychiatrist, author of *Psychiatric Slavery*, 1977

1954: The landmark Durham decision established psychiatry solidly in the court systems and set the precedent for the rest of the world. On July 13, 1951, Monte Durham, a 23-year-old man with a long criminal and psychiatric history, was tried



Psychiatric “expert” testimony was used by attorney Clarence Darrow (left) in 1924 to successfully argue that confessed killers Leopold and Loeb (below) were not responsible for their acts.

and convicted of housebreaking, despite his insistence that he was not guilty by reason of insanity. That presiding Judge David Bazelon of the U.S. Court of Appeals in Washington, D.C., overruled this decision, turned the standard of right or wrong on its head and opened the door wide for psychiatric testimony in the courts was not a coincidence. He was undergoing psychoanalysis himself.²⁰

1957: Abe Fortas, a court-appointed defense attorney (later Associate Justice on the U.S. Supreme Court), assessed the impact of the Durham decision stating: “... [T]he law has recognized modern psychiatry. ... Its importance is that it is a charter, a bill of rights, for psychiatry and an offer of limited partnership between criminal law and psychiatry.”²¹

1966: Another judgment by Bazelon established “the right of a mental patient to appropriate treatment”²² Psychiatrists interpreted this as their right to *enforce* treatment.²³ Professor Szasz points out

that it is not surprising that Bazelon became a “much-decorated hero” of psychiatry, receiving both a Certificate of Commendation and an award from the APA. Bazelon was “one of the most prominent advocates of psychiatric coercion concealed as care and cure. He ... succeeded in deforming liberty by ostensibly reforming criminology and psychiatry—an enterprise whose worth he ... gravely misjudged, partly by thinking that it is good, when it is evil, and partly by believing that it rests on new discoveries when in fact it rests on old deceptions.”²⁴

Today: Psychiatric “experts” are paid an average of \$3,600 (in the U.S.) per day to testify for whomever is willing to foot the bill.



Nathan Leopold and Richard Loeb

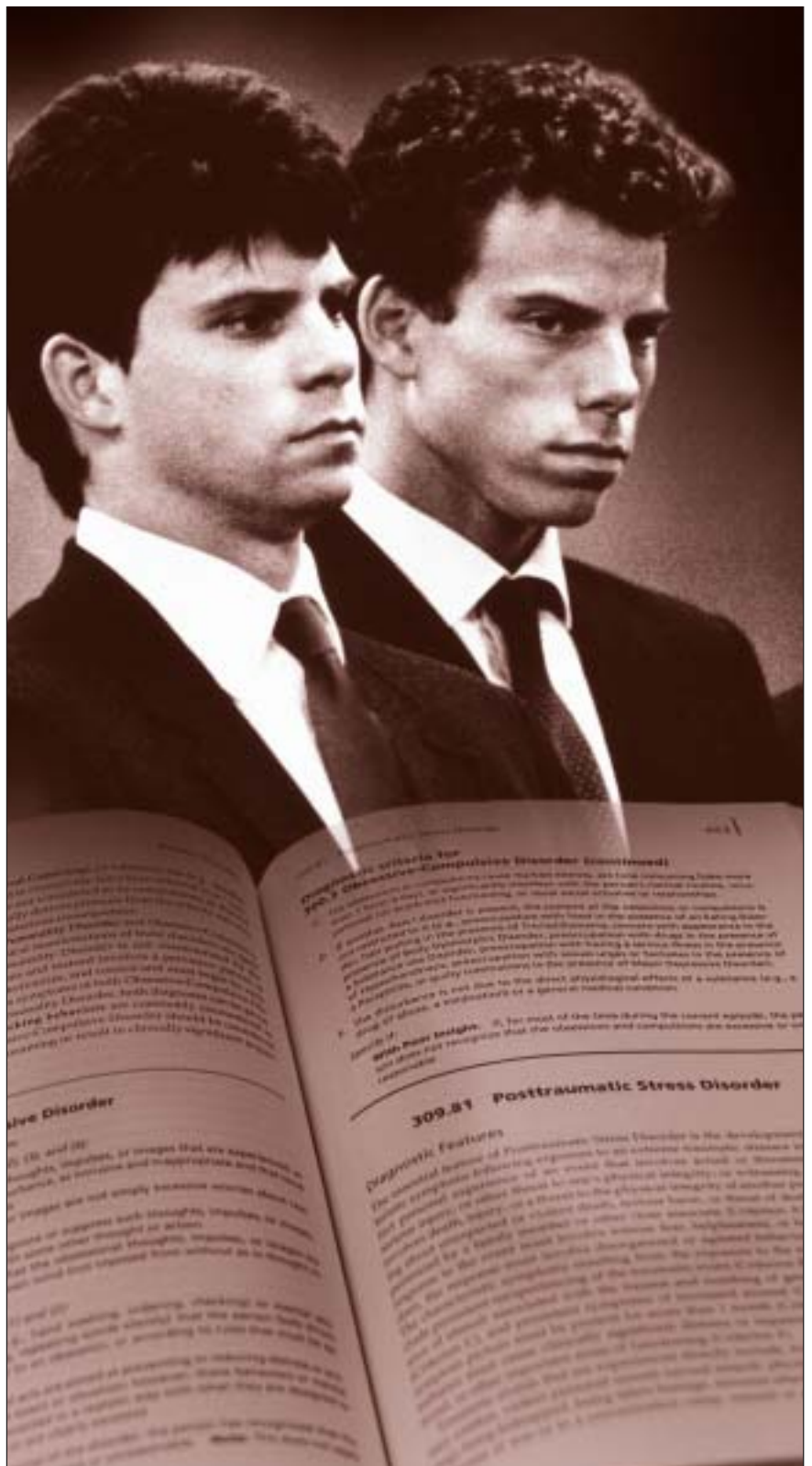
IMPORTANT FACTS

1 According to the American Psychiatric Association's *Diagnostic & Statistical Manual of Mental Disorders IV (DSM-IV)* when its mental disorder descriptions "are employed for forensic purposes, there are significant risks that diagnostic information will be misused and misunderstood."

2 Psychiatry, using the same *DSM*, has warped the justice system to protect criminals instead of protecting society from criminals. The APA and psychiatric associations in other countries stand by and do nothing.

3 A survey conducted on the Australian judiciary about their views of "expert" witnesses found widespread lack of confidence in psychiatry as a forensic tool.

4 According to a 1988 paper written by a psychologist, "studies show that professional clinicians do not in fact make more accurate clinical judgments than lay persons."



Testifying for the defense, psychologists claimed that the later-convicted Menendez brothers suffered from "learned helplessness" when they opened fire on their parents with shotguns.



CHAPTER TWO

The Science of Fraud

In a 1962 article in the *Northwestern Law Review*, psychiatrist Alfred Baur cited a case where his hospital received a patient for a three-month observation before he was to go on trial. Baur and two colleagues concluded that he had “no mental disorder.” The court, however, appointed two private psychiatrists to give their expert opinions. One announced that the patient was a paranoid schizophrenic; the other said he was merely in a paranoid state. Come the trial, the hospital psychiatrists testified that the patient was not insane, while the two court-appointed psychiatrists insisted that he was.

The final irony in this ludicrous situation was, as Baur reported, “The jury thereupon found the man ‘not guilty by reason of insanity’ and ‘still insane’ and then

committed him to the hospital which had just found him without mental disorder.”²⁵

In 1994, an amazed world watched two California juries become hopelessly deadlocked in the trials of Erik and Lyle Menendez, adult brothers who had brutally murdered their parents in the family’s \$4 million (€3.3 million) home. A team of psychiatrists, psychologists and therapists were hired to build their defense. Utah psychologist Ann Tyler testified that the brothers suffered from “learned helplessness” as a result of intense, repeated abuse. Another psychologist, John Wilson, claimed the boys had “post-traumatic stress disorder.”

One of the jurors remarked, “I don’t think the

general public thinks the jury is any more than a bunch of idiots.” So what did manage to paralyze the two sets of twelve men and women? It was the fact that no two psychiatrists could agree on the boys’ mental diagnosis and the psychiatric notion that criminality is excusable.

After two trials, the brothers were convicted. But questions continued about the role of psychiatrists and psychologists in our courts. An essay on the case by Margaret Carlson, published in

TIME magazine, said: “Victimology has turned to be the winning tactic of our era. In the Menendez case, the law has been so stretched that an ‘unreasonable’ belief that one is in danger of serious harm—one no sane person would harbor—can be sufficient grounds for

“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.”

— *DSM*, American Psychiatric Association, 1994

self-defense. How did we go from a society that distinguished right from wrong to one that understands all and punishes nothing?”²⁶

The answer lies in the goal for psychiatry delineated by C. Brock Chisholm, co-founder of the World Federation for Mental Health (WFMH)—that therapy be aimed at eliminating the concept of right and wrong—and, bolstering this, the American Psychiatric Association’s *Diagnostic and Statistical Manual of Mental Disorders (DSM)* and the mental disorders section of the *International Classification of Diseases (ICD-10)*.

“Unlike medical diagnoses that convey a probable cause, appropriate treatment and likely progn-

sis, the disorders listed in *DSM-IV* [and *ICD-10*] are terms arrived at through peer consensus—a vote by APA committee members—and designed largely for billing purposes, reports Canadian psychologist, Dr. Tana Dineen.²⁷ In other words, there is no objective science to it.

As Dr. Margaret Hagen points out: “... Our legal system has been told that clinical psychology is a *scientific* discipline, that its theories and methodology are those of a mature science, and our legal system has believed it. Given the deplorable state of the ‘science’ of clinical psychology, that is truly unbelievable.”²⁸

In a survey conducted on the Australian judiciary about their views of “expert” witnesses, Dr. Ian Freckelton, one of the nation’s leading authorities on the medico-legal maze, found a widespread crisis of confidence in psychiatry as a forensic tool. Judges “think it’s a soft science,” he said, noting the *DSM* has strict caveats against its use in court.

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

Studies show that psychiatrists and psychologists do not make more accurate clinical judgments than laypersons.³⁰ Consider the case of Vincent “the Chin” Gigante, the boss of a New York crime family, convicted of racketeering and murder conspiracy. Feigning mental illness for more than 30 years, whenever he went to trial, the mobster hired psychiatrists who testified that he suffered from “paranoid schizophrenia, dementia and Alzheimer’s

Disease.” In 2003, Gigante admitted he was a fake and had knowingly—and easily—misled the highest paid psychiatrists for three decades.³¹

When imagined “mental disorders” absolve the guilty of their crimes through an insanity defense (e.g., “pyromania disorder” for arson; “pedophilia disorder” for child molestation), and wholly fictitious conditions are created to convict the innocent (e.g., feeding imaginary recollections of child molestation to patients who then accuse their parents and others under the fabricated “repressed memory” syndrome), society is truly in trouble. And when criminals are acquitted because psychiatrists swear they are insane, only to be sent to psychiatric institutions

where their violent madness will become aggravated by drugs, then the totalitarian brave new world—free of moral restraint as envisioned by WFMH co-founders Drs. Rees and Chisholm—has been realized.

As long ago as 1884, the New York Court of Appeals stated that

“twelve jurors of common sense and common experience” would do better on their own than with the help of the hired experts, “whose opinions cannot fail to be warped by a desire to promote the cause in which they are enlisted.”³² Since then there has been the long and well-established tradition of psychiatrists and psychologists selling themselves for a sizeable profit to the point where “the pursuit of truth, the whole truth and nothing but the truth” has given way 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.”³³

Yet during trials, in sentencing, in probation hearings, psychiatrists are still called upon for their opinions. And, sadly, these opinions are considered.

“...Our legal system has been told that clinical psychology is a *scientific* discipline..., and our legal system has believed it. Given the deplorable state of the ‘science’ of clinical psychology, that is truly unbelievable.”

— Dr. Margaret Hagen, Ph.D.

LIES IN THE COURT

Manufacturing Excuses

In her book, *Manufacturing Victims*, Canadian psychologist Dr. Tana Dineen, provides the following examples where psychologists and psychiatrists were paid to pathologize criminal behavior. Numbers in parentheses indicate the *DSM-IV* classification code.

■ **Telephone scatologia (302.90):** A psychiatrist argued that Richard Berendzen, forced to resign his presidency of American University after being arrested for making obscene phone calls, suffered from paraphilia (perverted sexual behavior).

■ **Sleepwalking disorder (307.46):** This diagnosis was used successfully in the 1980s defense of a Canadian man charged with the murder of his wife's parents, after he drove 15 miles across Toronto in the middle of the night to commit the act.

■ **Somatoform disorder (330.81):** A university professor was ordered to pay his adult daughter \$1,500 (€1,239) per month until he retires because she is unable to work due to a "disorder" that makes her focus on her physical disability.

Not all of psychiatry's bizarre defense arguments have made it into the *DSM*, yet they still hold weight in our courts. For example:

■ **Clerambault-Kandinsky syndrome:** A psychologist testified that a chief judge of New York State, charged with extortion and threatening to kidnap the teenage daughter of his ex-lover, "was manifesting advanced symptoms of CKS," described as involving an irresistible lovesickness or "erotomania."

■ **Cultural psychosis:** A defense lawyer in Milwaukee argued that a teenage girl charged with the shooting and killing of another girl during an argument over a leather coat suffered from "cultural psychosis" which caused her to think that problems are resolved by gunfire.

■ **Fan Obsession Syndrome:** First invoked by psychiatrist Park Elliot Dietz in 1992 to defend Robert Bardo, who had murdered actress Rebecca Schaeffer.

■ **Gone with the Wind Syndrome:** Named after the movie and used by rape experts to explain why

rapists believe sex has to be spontaneous and done after some resistance on the part of the woman.

■ **Superjock Syndrome:** This formed a part of the O.J. Simpson trial. Dr. Susan Forward, the therapist who treated Simpson's murdered wife, Nicole, testified for the prosecution that the likelihood of Simpson's guilt was based on her unproven theory that athletes, especially superstars, are prone to violence when frustrated.



The prosecutor in O.J Simpson's case used the "Superjock Syndrome" theory during his trial, with a psychologist asserting superstar athletes are prone to violence when frustrated.

■ **Accounting Anxiety:**

In 2003, a Norwegian psychologist claimed he suffered from "accounting anxiety" to explain why he had violated financial and tax laws.

■ **Moral Insanity:**

In 1998, psychiatrist William Cone was sentenced to 133 years in prison for sexual and deviate sexual assault of two female patients. Cone claimed that he suffered from "moral insanity" brought on by his "obsessive preoccupation with work, power and perfection"³⁴

This might explain why, in 1995, New Mexico state senator Duncan Scott proposed an amendment to a psychiatrist and psycholo-

gists' licensing bill, which read:

"Whenever a psychologist or psychiatrist testifies during a defendant's competency hearing, the psychologist or psychiatrist shall wear a cone-shaped hat that is not less than two feet tall. The surface of the hat shall be imprinted with stars and lightning bolts. Additionally, the psychologist or psychiatrist shall be required to don a white beard that is not less than 18 inches in length and shall punctuate crucial elements of his testimony by stabbing the air with a wand."³⁵

The amendment was approved by the Senate but was rejected by the New Mexico House of Representatives.

On a more serious note, Dr. Szasz says: "Crimes are acts we commit. Diseases are biological processes that happen to our bodies. Mixing these two concepts by defining behaviors we disapprove of as diseases is a bottomless source of confusion and corruption."³⁶

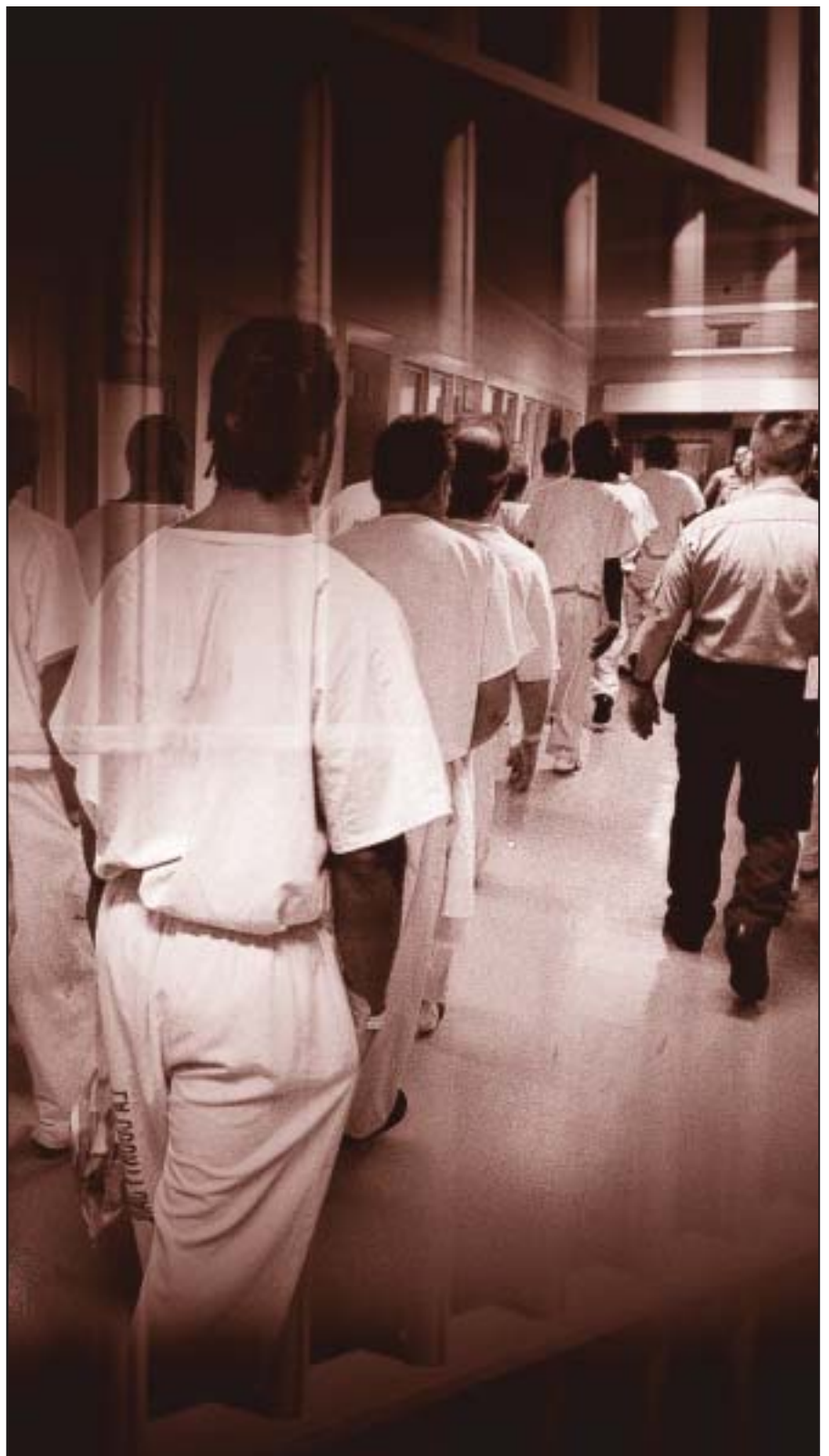
IMPORTANT FACTS

I With each new failure to rehabilitate the criminally insane, psychiatry merely asks for more money because of the “seriousness of the situation.”

2 A research project by the California Department of Corrections into the effectiveness of one of its ongoing counseling programs found that at least half of the participants wound up back in jail within three years of parole.

3 A major part of the treatment for prison inmates is a regimen of powerful psychotropic drugs, despite numerous studies showing that aggression and violence are tied to their use.

4 In a 1979 murder trial, *Estelle vs. Smith*, the U.S. Supreme Court held, “Psychiatric testimony on the issue of future criminal behavior distorts the fact-finding process.”



Research found that 78% of paroled prisoners who received psychological counseling, later experienced continuing problems with the law and more than half of those wound up back in jail.



CHAPTER THREE

Rehabilitation Failures

In a 1995 *Los Angeles Times* article on juvenile crime, Vincent Schiraldi, founder and executive director of the Center on Juvenile and Criminal Justice, a San Francisco think tank, wrote, “We should start holding the [justice] system accountable. If two out of three Toyotas broke down within a year of coming out of the factory, Toyota would be out of business. But if two out of three kids coming out of juvenile institutions re-offend, we build bigger juvenile institutions.”

And it *is* time to hold the psychiatrists and psychologists in our penal system responsible.

As the self-appointed “experts” on human behavior, rehabilitation is their job. They are paid for precisely this function. In and of themselves, prisons are simply warehouses where men and women can be kept so that they no longer harm society. The job of rehabilitation—making productive citizens out of inmates—is a job that has been taken on, at great expense to the taxpayer, by psychiatry.

And, as usual, in the face of imposing failure, their response has been to ask for yet more money because of the “seriousness of the situation.”

However, a close inspection of the facts reveals their ineptitude:

■ A long-term research project by the California Department of Corrections into the effectiveness of

an ongoing counseling program in one of their medium-security prisons found that, within three years of parole, 78% of the men who had received psychological counseling experienced further minor and major problems with the law or had returned to prison.³⁷

The job of rehabilitation—making productive citizens out of these criminals—is a job that has been taken on at great expense by psychiatry. As usual, in the face of imposing failure, its response has been to ask for yet more money because of the “seriousness of the situation.”

A major part of the treatment for prison inmates is a regimen of powerful psychotropic drugs, used less for rehabilitation than for managing and disciplining them.

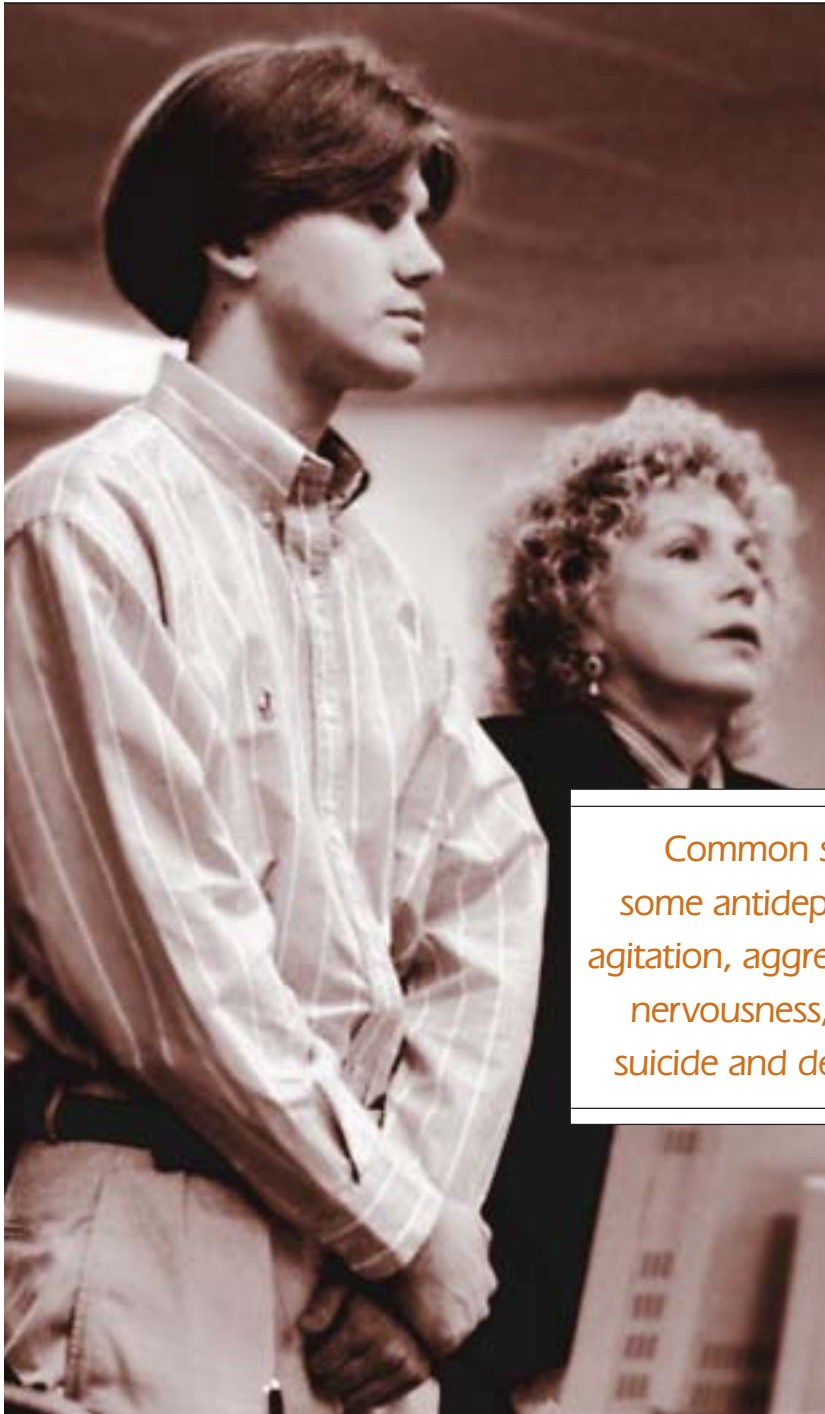
■ A 1975 Canadian study on the effects of psychiatric drugs on prisoners discovered that “violent, aggressive incidents occurred significantly more frequently

in inmates who were on psychotropic [mind-altering, psychiatric] medication than when these inmates were not on psychotropic drugs.”³⁸

■ A 1990 study determined that 50% of all fights in a psychiatric ward could be tied to drug-induced akathisia (an inability to keep still), a side effect often causing assaultive, violent behavior.³⁹

■ Another study concluded that moderate-to-high doses of one major tranquilizer made half of the patients markedly more aggressive. Patients described being tormented by “violent urges to assault anyone near” and wanting to kill “the motherf_____s.”⁴⁰

■ A 2000 Swedish study of 47 juvenile delin-



Common side effects of some antidepressants include agitation, aggression, anxiety and nervousness, hallucinations, suicide and depersonalization.

Jeremy Strohmeyer, 18 years of age and found guilty of murdering a 7-year-old, had no history of violence before being prescribed psychiatric drugs.

quents found that 40% were acute abusers of a tranquilizer—known as a “fear reducer” and “date rape” drug—that enabled them to commit extremely violent crimes.⁴¹

■ At least 5% of the users of Selective Serotonin Reuptake Inhibitor (SSRI) antidepressants suffer “commonly recognized” side effects that include agitation, anxiety and nervousness, aggression, hallucinations and depersonalization.⁴²

■ Antipsychotic drugs, which are frequently given prisoners, may temporarily dim psychosis but, over the long run, make patients more biologically prone to it.⁴³

The authors of the book, *The Effectiveness of Correctional Treatment*, report, “Medical methods may be practical expedients for controlling behavior in the institution, but this should not be confused with ‘curing’ disruptive behavior.”⁴⁴

Yet psychotropic drugs are now given to incarcerated youths and adults. Instead of rehabilitating the inmate so that he can become a productive member of society, these drugs

make it even more difficult for him to escape the dwindling spiral of criminality and can induce violent behavior, for which psychiatrists should be held accountable.

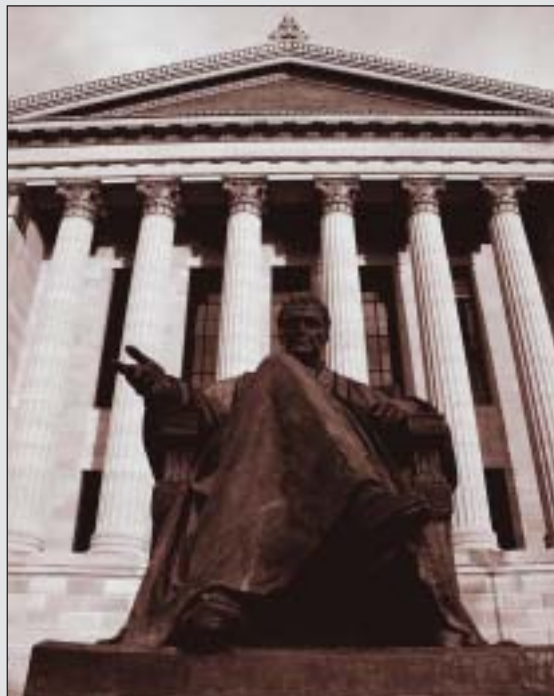
As Professor Thomas Szasz says: “Psychiatrists—and only psychiatrists—have a

professional duty to protect mental patients—and only mental patients—from harming themselves or others. Hence, if a person under psychiatric care kills himself or someone else, his psychiatrist may be held responsible civilly or criminally for the deceased person’s wrongful death.”

UNSAFE PASSAGE

Predicting Dangerousness?

At the 1994 sentencing of a convicted child killer to life in prison, Winnipeg Associate Chief Justice Oliphant quoted a report written long before the crime by the Director of Forensic Psychiatry for the Province of Manitoba. In 1989, predicting the dangerousness of the defendant, the director had written: "There is nothing to indicate that he is an antisocial individual and he is not prone to expressions of aggression or violence ... I do not feel that he represents a physical threat to ... the community in general ... he is not, in my opinion, a dangerous person."⁴⁵



Psychiatric opinion and theories have no place in our halls of justice.

After reading this aloud in his court, Justice Oliphant adjudicated, "My comment, having read this, and viewing what has transpired since, is that psychiatry can certainly *not* be described as a *science*." [Emphasis added].

In the courtroom, case after case proves the inability of psychiatrists to predict the acts of criminals.

In a 1976 article in the *Rutgers Law Review*, authors Henry Steadman and Joseph Cocozza concluded, "There is no empirical evidence to support the position that psychiatrists have any special expertise in accurately predicting dangerousness."

With twenty more years of research to draw from, Terrence Campbell wrote in a 1994 article in the *Michigan Bar Journal*, "The accuracy with which clinical judgment predicts future events is often little better than random chance. The accu-

mulated research literature indicates that errors in predicting dangerousness range from 54% to 94%, averaging about 85%."⁴⁷

An American Psychiatric Association task force admitted as much in its 1979 Amicus Curiae Brief to the U.S. Supreme Court, in which it stated, "It has been noted that 'dangerousness' is neither a psychiatric nor a medical diagnosis, but involves issues of legal judgment and definition, as well as issues of social policy. Psychiatric expertise in the prediction of 'dangerousness' is not established and

clinicians should avoid 'conclusory judgments in this regard.'"⁴⁸

In response, the Supreme Court rendered the opinion that, "the professional literature uniformly establishes that such predictions are fundamentally of very low reliability, and that psychiatric testimony and expertise are irrelevant to such predictions. In view of these findings, psychiatric testimony on the issue of future criminal behavior only distorts the fact-finding process."

In 2002, Kimio Moriyama, vice president of the Japanese Psychiatric Association further admitted, "... [I]t is impossible for [psychiatric] science to tell whether someone has a high potential to repeat an offense."⁴⁹

Despite such admissions, the concept of "dangerousness" is still used in courts and during involuntary commitment procedures of so-called "mental patients."

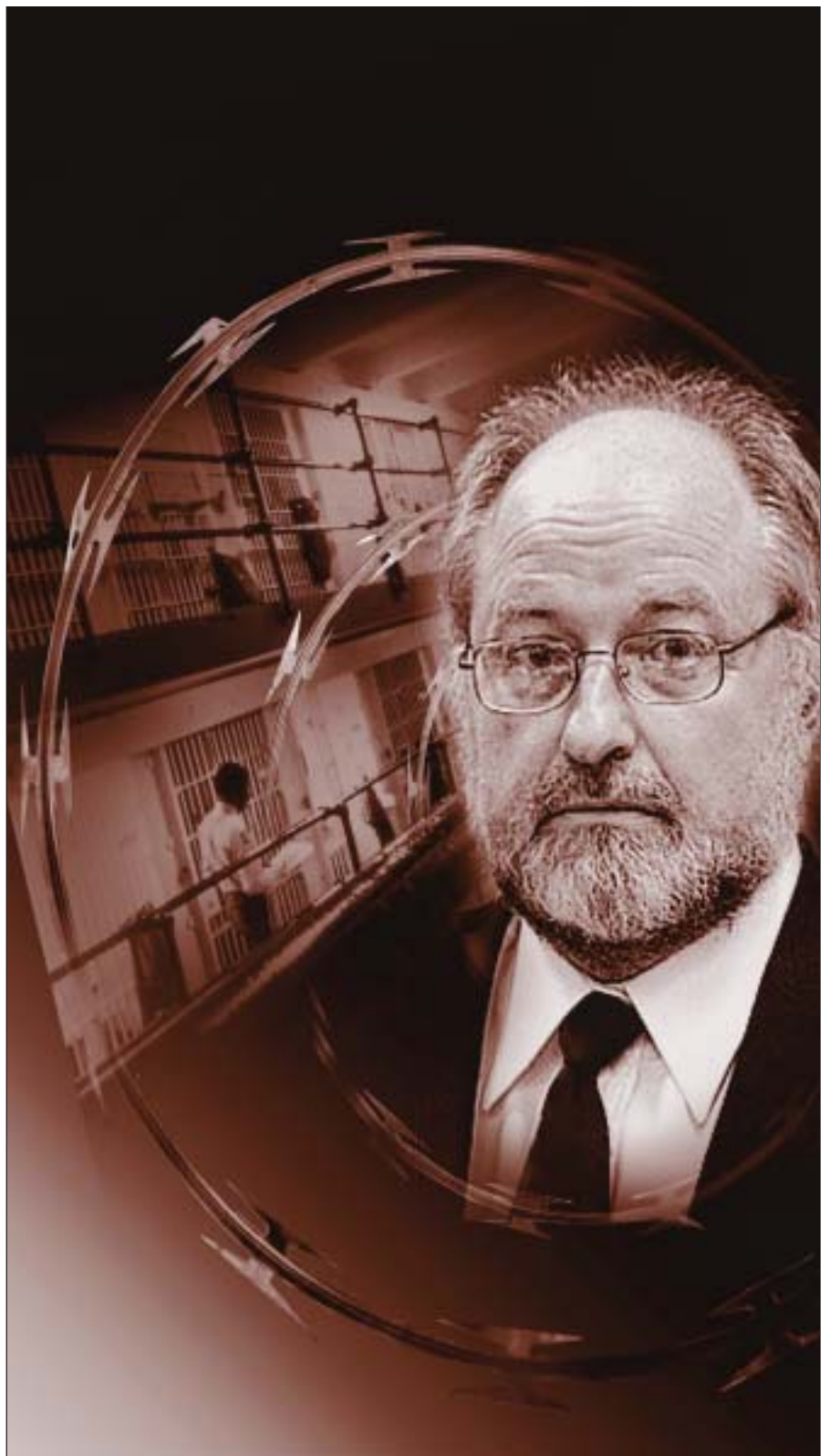
IMPORTANT FACTS

1 Ten percent of all psychiatrists admit to sexually abusing their patients.

2 According to a 2001 report, one out of every 20 clients who had been sexually abused by their therapist was a minor.

3 Psychiatry and psychology have the dubious distinction of having more than 25 statutes specifically designed to address the increasing number of sex crimes committed by its members.

4 Psychiatrists and psychologists are over-represented in the healthcare industry for convictions for fraud, sexual abuses and other crimes.



In June 2002, psychiatrist Colin Bouwer, the former head of psychological medicine at the University of Otago, New Zealand, was sentenced to life imprisonment for murdering his wife.



CHAPTER FOUR

Crime Amongst the 'Experts'

It is an old maxim that if a person wants to break the law with impunity he must become the law—a maxim taken to heart by psychiatrists.

We have shown in this report that psychiatrists and psychologists are willing to blatantly twist logic in an effort to invent an apology for a peer's crimes. What is left to present are the facts that demonstrate that these professions have a disproportionately high proclivity towards crime. In many cases, those who have acted as apologists for fellow psychiatrists' crimes, were later exposed and arrested for similar criminality.

What most offends people's natural sense of justice and understanding of right and

wrong are psychiatric efforts to downplay even crimes against children.

Consider the advice of clinical professor of child psychiatry, Richard Gardner, who was quoted in a 1999 Washington, D.C. *Insight* news magazine, saying, "Society's excessively moralistic and punitive reactions toward pedophiles ... go far beyond what I consider to be the gravity of the crime." Gardner proposes that pedophilia serves procreative purposes.⁵⁰

The following statistical information throws

light onto the question how such an attitude is possible among a profession that claims to deal in mental health.

According to a 2001 study, one out of every 20 clients who had been sexually abused by their therapist was a minor, the average age being seven for girls and 12 for boys.⁵¹ The youngest sexually molested child was three.

Of the 650,000 psychiatrists and psychologists worldwide today, at least 10% of them admit to sexually abusing their patients; 65,000 "professionals" whose "therapy" admittedly includes sexual abuse.

Of the 650,000 psychiatrists and psychologists worldwide today, at least 10%, or 65,000, admit to sexually abusing their patients. Some studies estimate that the figure is as high as 25%.

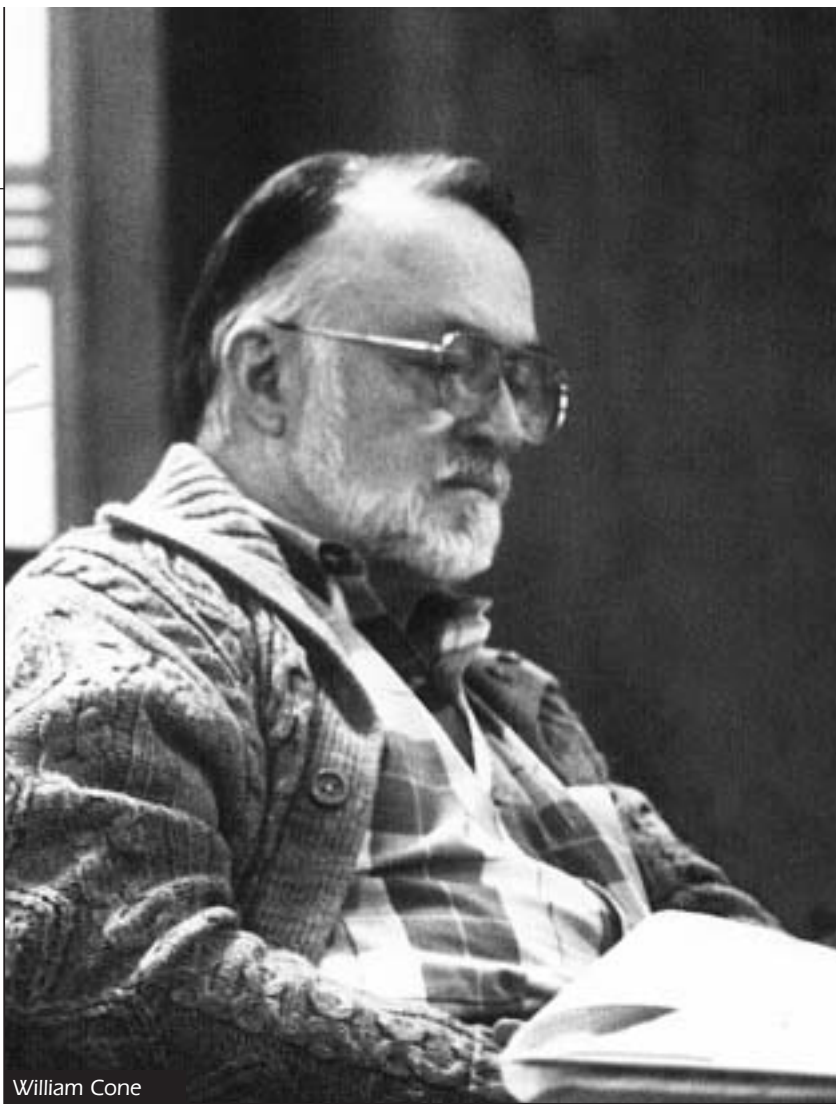
A 1997 Canadian study of psychiatrists showed that up to 10% had sexually abused their patients; 80% of those were repeat offenders. Many had

already undergone personal analysis or psychotherapy in an unsuccessful effort to rehabilitate themselves.⁵²

In a 1999 British study of therapist-patient sexual contact among psychologists, 25% reported having treated a patient who had been sexually involved with another therapist.⁵³

Psychiatry and psychology have the dubious distinction of having more than 25 statutes specifically designed to address the increasing number of sex crimes committed by its members.

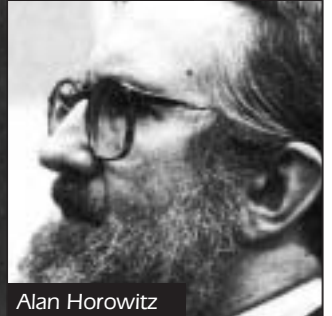
The cumulative jail sentences of the psychiatrists and psychologists shown on these two pages for rape and other crimes total more than 165 years.



William Cone



Donald Persson



Alan Horowitz



Louis Tsavaris

The following is a very small sample of the types of convictions for sexual crimes:

■ In 1992, Alan J. Horowitz, a New York psychiatrist, was sentenced 10 to 20 years for sodomizing three boys aged seven to nine, and for sexually abusing a 14-year-old girl. Horowitz defended himself saying that he was a “normal pedophile.”

■ Missouri psychiatrist William Cone, sentenced in 1998 to 133 years in prison for sexual assault of two women, had told his victims they were weaned too early and required “re-parenting” by having sex with him.

■ Donald Persson, a Utah psychologist,

described himself as a “moral” person when he was sentenced in 1993 to 10 years imprisonment for the rape of a 12-year-old girl.

■ On December 10, 2002, U.K. psychiatrist Christopher Allison was jailed for 10 years for the rape and sexual abuse of six patients.⁵⁵

■ On July 4, 2002, London psychiatrist Kolathur Unni was jailed for 18 months for the sex attack on a female patient during a hypnotherapy session. Unni had a history of sexual assaults on patients and had been struck off the medical register in New Zealand for similar incidents.⁵⁶

■ On July 24, 2002, Danish psychologist,

Bjarne Skovsager (54), was sentenced to six years in prison for numerous and severe sexual abuses—including sodomy and indecent exposure—against three boys between the ages of seven and 11. Skovsager was ordered to pay compensation to each boy. The judge who sentenced him stated, “You have had a relationship of trust with the family which you systematically and severely exploited ...”⁵⁷

A study of Medicaid and Medicare insurance fraud in the United States, especially in New York, between 1977 and 1995, showed psychiatrists to have the worst track record of all medical disciplines.⁵⁸

Here are some of their convictions for fraud and murder in the U.S. and beyond:

■ In 1998, South African psychiatrist, Omar Sabadia, was sentenced to a 65-year jail sentence for murdering his wife to collect her \$600,000 (€495,827) life insurance policy, after squandering his savings in gambling. He arranged the killing through one of his patients.⁵⁹

■ Virginia psychiatrist, Robert C. Showalter was an expert defense witness in criminal cases until he lost his license to practice for forcing male patients to masturbate in front of him, which he called “masturbation

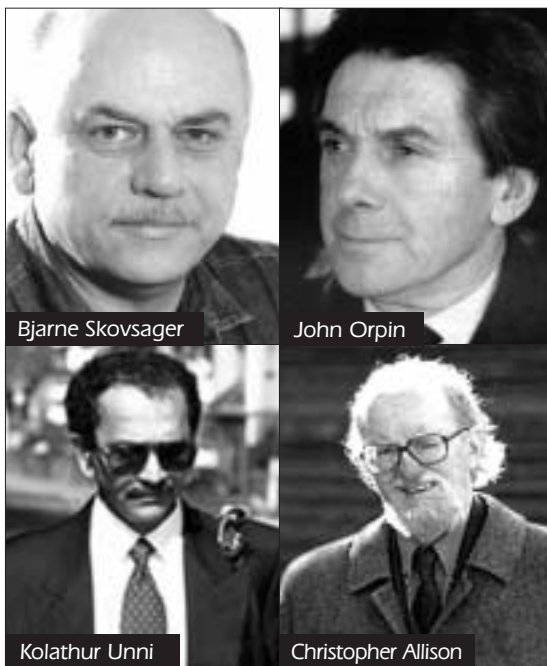
therapy.” In 1999, he was convicted of overbilling insurers, sentenced to six months of house arrest, two years probation, and fined \$20,000 (€16,527).⁶⁰

■ In 2000, German psychiatrist Otto Benkert was sentenced to 11 months in jail, suspended in lieu of probation, fined over \$176,000 (€145,443) and ordered to pay \$704,683 (€582,335) in compensation for defrauding the university where he worked as the Chief of Psychiatry.⁶¹

■ On August 6, 2002, Canadian psychotherapist Michael Bogart was sentenced to 18 months in prison for defrauding the government of \$924,000 (€763,573) in insurance billings for non-existent psychotherapy sessions—he had billed for therapy sessions while he was vacationing in Europe, New Zealand, Las Vegas and New York.⁶²

■ In June 2002, psychiatrist Colin Bower, the former head of psychological medicine at the University of Otago, New Zealand, lost a court appeal and was sentenced to life imprisonment for murdering his wife.⁶³

■ In November 2003, Ivan Zagainov, a psychiatrist in the Czech Republic, was sentenced to 13 years in jail for the strangulation murder of a 15-year-old female patient.⁶⁴



“You have had a relationship of trust with the family which you systematically and severely exploited....”

— Judge sentencing Danish psychologist Bjarne Skovsager, 2002

IMPORTANT FACTS

- 1** Psychiatry's involvement in the justice system is a colossal failure that has come at great cost to society.
- 2** Psychiatric influence must be removed from our courts in order to restore effective justice.
- 3** The rehabilitation of criminals into useful members of society cannot occur if psychiatrists and psychologists continue to undermine the concept of personal responsibility.
- 4** Because of the complete lack of scientific validity, legal and medical experts recommend eliminating psychiatric and psychological testimony from the courts.



Our court system must be freed of psychiatry and psychology's insanity and diminished capacity defense.



CHAPTER FIVE

The Return of Justice

When psychiatry entered the justice and penal systems, it did so under the subterfuge that it understood man, that it knew not only what made man act as he did, but that it knew how to improve his lot. This was a lie.

Psychiatry has had the opportunity to prove itself but has instead proven to be a colossal failure. The cost to society has been catastrophic, not only in terms of money.

Psychiatry was posed as a solution and became a problem.

The first step is to remove psychiatric influence from the courts, police departments, prisons and schools.

Compassion decrees that the criminal must be given the opportunity to face up to what

he has done and reform himself to become a productive member of the group. In this way justice benefits the individual and society.

Psychiatry's attempt to eradicate the concept of right and wrong and thereby destroy personal responsibility by inventing excuses for the most flagrant misconduct, undermines the justice system.

Thomas Szasz warned: "We have to restore the idea of responsibility, which is corrupted and

confused by psychiatry, by the idea that something happened to you when you were a child and therefore you are not responsible 30 years later."

Contrary to psychiatric ideology, man is not just another helpless creature, without will or conscience, to be manipulated according to someone else's design. Underneath whatever confusions he may have, he knows he has the courage to confront and solve his problems, and he knows he has the ability to discern between what is right and what is wrong. And underneath it all, he knows it is the ultimate betrayal to try and persuade him otherwise.

Dr. Margaret Hagen, Ph. D., a Boston University lecturer in psychology and law says: "Judges and juries, the people alone, must decide questions of insanity, competence, rehabilita-

tion, custody, injury and disability without the fraudulent interference of so-called psychological and psychiatric experts.

"A democratic society imposes exactly these burdens on the average man and woman and on our judges and legislators. It is time that we give up our attempts to hand off the weight onto the shoulders of professional decision makers. It is past time that we throw out the whores and take back the courts and the justice system."⁶⁵

"We have to restore the idea of responsibility, which is corrupted and confused by psychiatry, by the idea that something happened to you when you were a child and therefore you are not responsible 30 years later."

— Professor Thomas Szasz



RECOMMENDATIONS

Recommendations

- 1** First and foremost it must be recognized that every person is responsible for his or her own actions and must be held accountable for their actions.
- 2** State and federal legislators should repeal any laws permitting the insanity defense and diminished capacity pleas.
- 3** Judges, attorneys or law enforcement officers need to ensure that psychiatric evidence is removed from the courts and that psychiatrists and psychologists are no longer afforded "expert" status. Let the judges and jurors decide questions of criminal intent as they did before psychiatrists introduced illogical ideas about what is right or wrong.
- 4** Remove psychiatrists and psychologists as advisors or as counselors from police forces, prisons and criminal rehabilitation and parole services. Because psychiatrists have no scientific foundation for their claims, do not permit them to render opinions about or to treat drug addiction, criminal behavior and delinquency, or to probe for alleged dangerous behavior.
- 5** Prosecute as a criminal offense any and all cases of physical damage caused through psychiatry's use of electroshock, brain surgery or abusive drug "treatment."
- 6** Individuals who have been abused by a psychiatrist, psychologist or psychotherapist should file a police report about every incident of psychiatric assault, fraud or other crime they become aware of and send CCHR a copy of the complaint.



MISSION STATEMENT

THE CITIZENS COMMISSION ON HUMAN RIGHTS

investigates and exposes psychiatric violations of human rights. It works shoulder-to-shoulder with like-minded groups and individuals who share a common purpose to clean up the field of mental health. We shall continue to do so until psychiatry's abusive and coercive practices cease and human rights and dignity are returned to all.

**Dennis Cowan—Health Care
Fraud Investigator, USA:**

"I would like to congratulate the Citizens Commission on Human Rights for its consistent work in exposing fraudulent and harmful practices in the field of mental health. The CCHR staff is a dedicated group. Their expertise, publications, and reports are a tool for any investigator conducting investigations into mental health fraud or other criminal activity in the system. CCHR's work and materials also alert consumers and the public about the degree of mental health fraud and abuse and that they, too, can easily become a victim of it."

**Robert Butcher—Barrister and
Solicitor, Western Australia:**

"I have worked with CCHR since 1980 and I know them to be a dedicated organization. Often legislation is passed without any significant community input. CCHR has certainly not allowed that to happen with regards to mental health

legislation. CCHR has written submissions to government on mental health law reform, raised public awareness about mental health issues and has encouraged and activated others in their effective efforts to bring about a better, fairer and more workable system."

**Chris Brightmore—Former Detective
Chief Superintendent, Metropolitan
Police, United Kingdom:**

"I am acutely aware of the evil that malicious, or even misguided, psychiatrists are capable of if their activities are not carefully monitored. This is the crucial role that CCHR so heroically performs. In May 2001, I had the great pleasure and privilege of opening the Fraud section of CCHR's exhibit in Los Angeles. After touring the exhibition, which I must say is one of the most impressive I have ever seen, and looking over the accomplishments of CCHR, I can see why some psychiatrists regard the organization's growing strength with considerable apprehension."

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Citizens Commission on Human Rights International

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. Today, it has more than 130 chapters in over 31 countries. Its board of advisors, called Commissioners, includes doctors, lawyers, educators, artists, business professionals, and civil and human rights representatives.

While it doesn't provide medical or legal advice, it works closely with and supports medical doctors and medical practice. A key CCHR focus is psychiatry's fraudulent use of subjective "diagnoses" that lack any scientific or medical merit, but which are used to reap financial benefits in the billions, mostly from the taxpayers or insurance carriers. Based on these false diagnoses, psychiatrists justify and prescribe life-damaging treatments, including mind-altering drugs, which mask a person's underlying difficulties and prevent his or her recovery.

CCHR's work aligns with the UN Universal Declaration of Human Rights, in particular the following precepts, which psychiatrists violate on a daily basis:

Article 3: Everyone has the right to life, liberty and security of person.

Article 5: No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment.

Article 7: All are equal before the law and are entitled without any discrimination to equal protection of the law.

Through psychiatrists' false diagnoses, stigmatizing labels, easy-seizure commitment laws, brutal, depersonalizing "treatments," thousands of individuals are harmed and denied their inherent human rights.

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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