



PSEUDOSCIENCE

Psychiatry's False Diagnoses

Report and recommendations
on unscientific fraud perpetrated
by psychiatry

Published by
Citizens Commission on Human Rights
Established in 1969





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.

PSEUDOSCIENCE

PSYCHIATRY'S FALSE DIAGNOSES

CONTENTS

Introduction: "Disease" by Psychiatric Opinion and Decree	2
Chapter One: A Scientific Fraud.....	5
Chapter Two: Junk Science in Our Schools	11
Chapter Three: False Testimony in Our Courts	15
Chapter Four: A Workable Mental Health System	19
Recommendations	23
Citizens Commission on Human Rights International	24



PSEUDOSCIENCE
Psychiatry's False Diagnoses



INTRODUCTION

'Disease' by Psychiatric Opinion and Decree

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

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

Depicted as *diagnostic tools*, the *DSM* and *ICD* are not only used to diagnose mental and emotional disturbances and prescribe “treatment,” but also to resolve

child custody battles, discrimination cases based on alleged psychiatric disability, augment court testimony, modify education, and much more. In fact, whenever a psychiatric opinion is sought or offered, the *DSM* or the *ICD* are presented and, increasingly accepted, as the final word on sanity, insanity, and so-called mental illness.

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

The “science-by-vote” procedure is as surprising to a layperson as it is to other health professionals, who have witnessed *DSM* voting meetings. “Mental disorders

are established without scientific basis and procedure,” a psychologist attending the *DSM* hearings said. “The low level of intellectual effort was shocking. Diagnoses were developed by majority vote on the level we would use to choose a restaurant. Then it’s typed into the computer. It may reflect on our naiveté, but it was our belief that there would be an attempt to look at the things scientifically.”²

In 1987, a “self-defeating personality disorder” was voted in as a provisional label. Used to describe

“self-sacrificing” people, especially women, who supposedly choose careers or relationships that are likely to cause disappointment, the “disorder” met with such protest from women it was subsequently voted out of *DSM-IV*.³

Lynne Rosewater, a psychologist who attended a *DSM* hearing presided over by one of the manual’s leading architects, psychiatrist

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

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

Robert Spitzer, reported, “[T]hey were having a discussion for a criterion about Masochistic Personality Disorder and Bob Spitzer’s wife, [a social worker and the only woman on Spitzer’s side at that meeting] says, ‘I do that sometimes’ and he says, ‘Okay, take it out.’ You watch this and you say, ‘Wait a second, we don’t have a right to criticize *them* because this is a ‘science’?”⁴

Dr. Margaret Hagen, psychologist and author of *Whores of the Court: The Fraud of Psychiatric Testimony and the Rape of American Justice* is blunt about the real motive that lies behind the *DSM* voting system: “If you can’t come up with the diagnosis, you can’t send a bill.”⁵

According to Professors Herb Kutchins and Stuart A. Kirk, authors of *Making Us Crazy*, “Far too often, the psychiatric bible has been making us

crazy—when we are just human.” The “bitter medicine” is that *DSM* has “attempted to medicalize too many human troubles.”⁶

Kutchins and Kirk further state that people “may gain false comfort from a diagnostic psychiatric manual that encourages belief in the illusion that the harshness, brutality, and pain in their lives and in their communities can be explained by a psychiatric label and eradicated by a pill. Certainly, there are plenty of problems that we all have and a myriad of peculiar ways that we struggle ... to cope with them. But could life be any different?”

Paul R. McHugh, professor of psychiatry at the Johns Hopkins University School of Medicine said that because of the *DSM*, “Restless, impatient people are convinced that they have attention deficit disorder (ADD); anxious, vigilant people that they suffer from post-traumatic stress disorder (PTSD); stubborn, orderly, perfectionistic people that they are afflicted with obsessive-compulsive disorder (OCD); shy, sensitive people that they manifest avoidant personality disorder (APD), or social phobia. All have been persuaded that what are really matters of their individuality are, instead, medical problems, and as such are to be solved with drugs. ... And, most worrisome of all, wherever they look, such people find psychiatrists willing, even eager, to accommodate them. ... In its recent infatuation with symptomatic, push-button remedies, psychiatry has lost its way not only intellectually but spiritually and morally.”⁷

In June 2004, John Read, senior lecturer in psychology at Auckland University, New Zealand wrote, “More and more problems have been redefined as ‘disorders’ or ‘illnesses,’ supposedly caused by genetic predispositions and biochemical imbalances. Life events are relegated to mere triggers of an underlying biological time-bomb. Feeling very sad has become ‘depressive disorder.’ Worrying too much is ‘anxiety disorder.’ Excessive gambling, drinking, drug use or eating are also illnesses. So are eating, sleeping, or having sex too little. Being painfully shy has become ‘avoidant personality disorder.’ Beating people up is ‘intermittent explosive disorder.’ Our *Diagnostic and*



Statistical Manual of Mental Disorders has 886 pages of such illnesses. ... Making lists of behaviors, applying medical-sounding labels to people who engage in them, then using the presence of those behaviors to prove they have the illness in question is scientifically meaningless. It tells us nothing about causes or solutions. It does, however, create the reassuring feeling that something medical is going on.”⁸

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

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

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

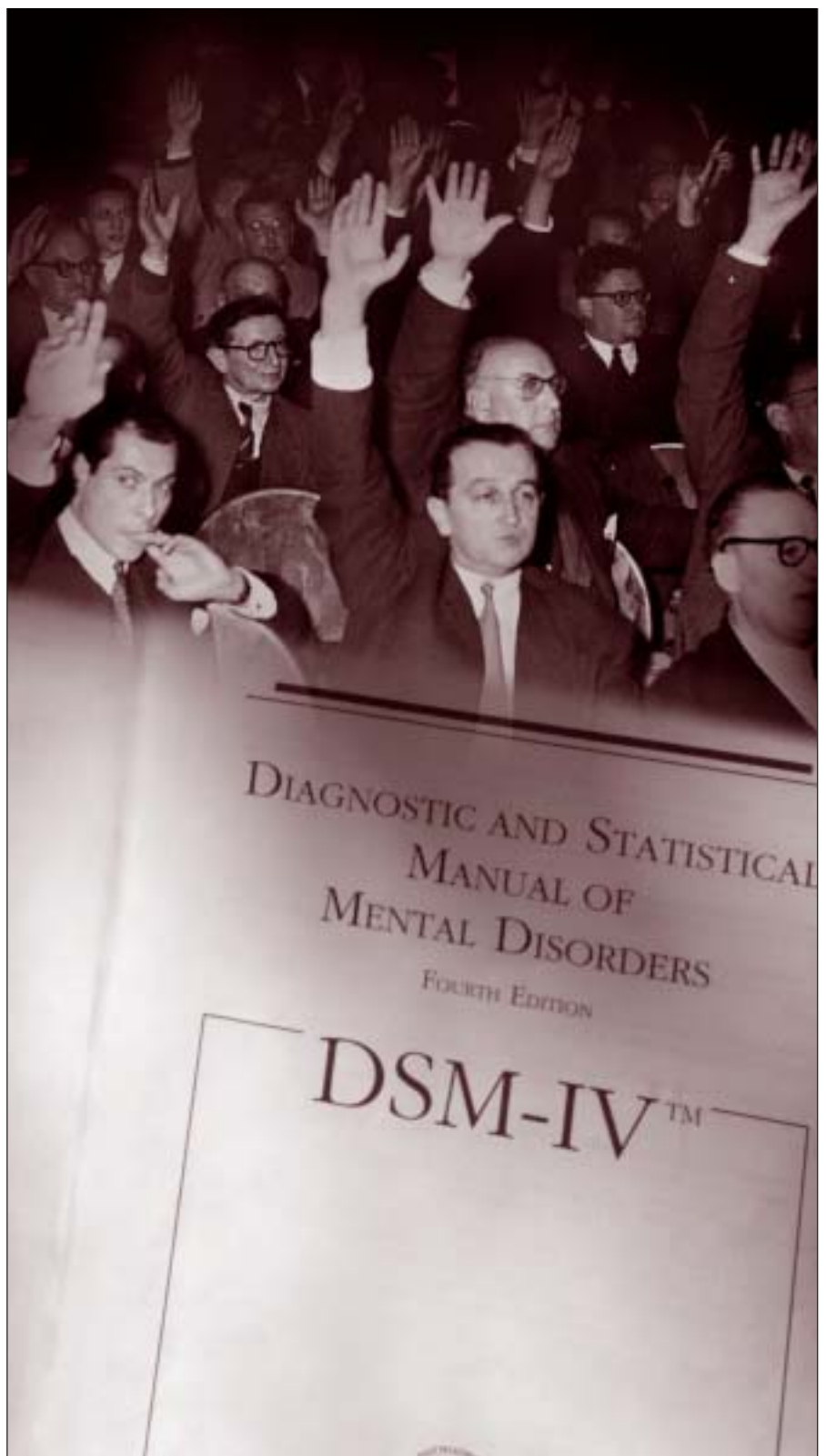
1 Simon Wessley, professor at King's College and the Maudsley Hospitals, South London, organized a poll and vote by 150 mental health specialists from around the globe. In their professional opinion the *DSM* was one of the 10 worst publications in psychiatry's history.

2 Mental "disorders" are voted into and out of existence based on factors that have nothing to do with medicine. In fact, psychiatry admits that it has not proven the cause or source of a single mental "illness".

3 The theory that a "chemical imbalance" causes "mental illness" has been thoroughly discredited.

4 While psychiatrists claim that brain scans can detect certain mental disorders, there is no scientific proof and medical experts say that such assertions are unethical.

5 The APA's *Diagnostic and Statistical Manual of Mental Disorders (DSM)* states the term "mental disorder" continues to appear in the volume "because we have not found an appropriate substitute."



Psychiatric disorders are voted into existence and published in the Diagnostic and Statistical Manual of Mental Disorders (DSM). In 2001, an international poll of mental health experts voted DSM-IV as one of the 10 worst psychiatric publications of the millennium, "a monster, out of control."



CHAPTER ONE

A Scientific Fraud

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

Margaret Hagen, Ph.D. points out: “There are a great many ways to do science badly, and the junk science that makes up the bulk of the body of ‘knowledge’ of clinical psychology manages to exemplify every one of them. ... 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.”

Herb Kutchins and Stuart A. Kirk, authors of *Making Us Crazy*, state: “There are indeed many illusions about *DSM* [*Diagnostic and Statistical Manual of Mental Disorders*] and very strong needs among its developers to believe that their dreams of scientific excellence and utility have come true, that is, that its diagnostic criteria have bolstered the validity, reliability, and accuracy of diagnoses

used by mental health clinicians.”

Their dreams have remained an illusion.

The deepening reliance upon *DSM* in many social sectors is under increasing attack because of its lack of scientific validity.

Psychiatrist Matthew Dumont, who has written about *DSM*'s hollow pretensions to scientific authority, cites the APA's inability to even define a mental disorder: “They say: “...while this manual provides a classification of mental disorder...no definition adequately specifies precise boundaries for the concept...They [APA] go on to say: ‘...there is no assumption that each mental disorder is a discrete entity with sharp boundaries between it and other mental disorders or between it and no mental disorder.’”¹⁰

“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.”

— Dr. Norman Sartorius,
former president of the World
Psychiatric Association, 1994

Psychiatrists Cannot Define 'Mental Disorder'

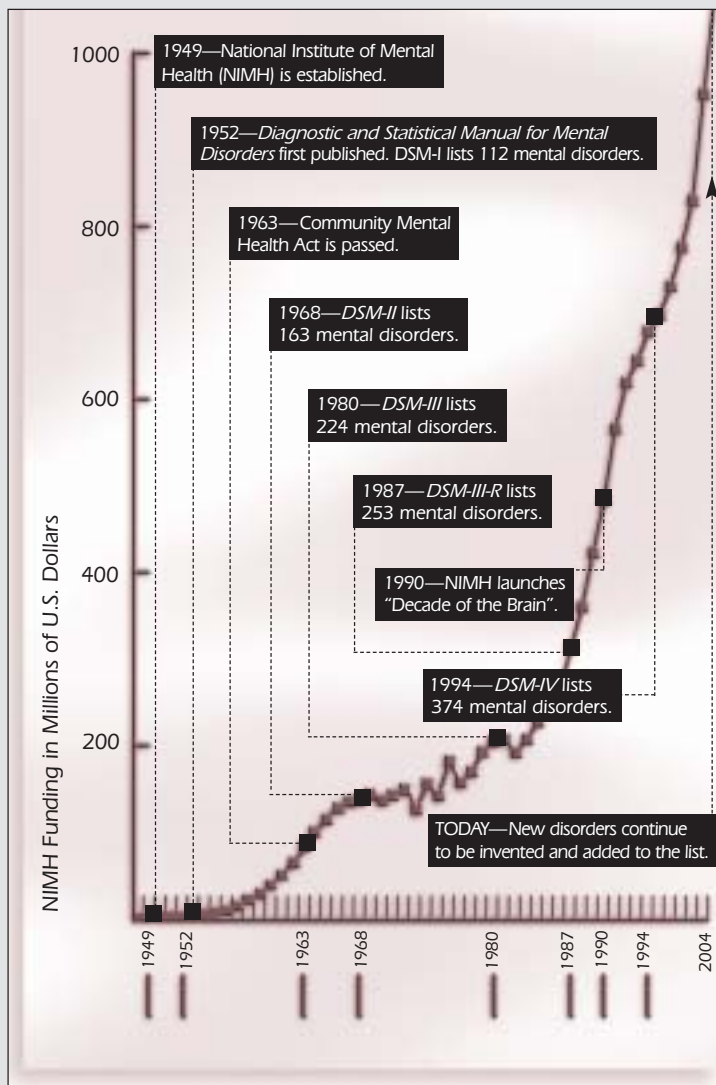
Imagine a medical doctor treating high blood pressure or diabetes, who cannot even define what it is. Now consider that not one psychiatrist can define what he is supposedly “treating.”

■ On schizophrenia, the *DSM-II* admitted, “Even if it had tried, the Committee could not establish agreement about what this disorder is; it could only agree on what to call it.”

FUNDING TACTIC

Invent More 'Mental Illnesses'

With the dual tactics of psychiatrists inventing more and more mental disorders for inclusion in the *Diagnostic and Statistical Manual of Mental Disorders (DSM)*, and initiating expansion campaigns to increase market penetration—such as the 1963 Community Mental Health Centers Act and the 1990 “Decade of the Brain,” the U.S. National Institute for Mental Health (NIMH) has garnered millions in government appropriations—with no commensurate benefit to society.



■ In *DSM-III* psychiatrists said there is no satisfactory definition that specifies precise boundaries for the “concept ‘mental disorder.’ ... For most of the *DSM-III* disorders ... the etiology [cause] is unknown. A variety of theories have been advanced ... not always convincing—to explain how these disorders come about.”

■ *DSM-IV* claimed the term “mental disorder” continues to appear in the volume “because we have not found an appropriate substitute.”

■ According to Allen J. Frances, professor of psychiatry at Duke University Medical Center and chair of the *DSM-IV* Task Force, “There could arguably not be a worse term than mental disorder to describe the conditions classified in *DSM-IV*.”

■ Psychiatric diagnoses are a combination of social engineering and “what’s good for business,” never medicine. In 1973, APA committee members voted—5,584 to 3,810—to cease calling homosexuality a mental disorder after gay activists picketed the APA conferences.

■ Lawrence Stevens, a former Assistant District Attorney in California, commented: “If mental illness were really an illness in the same sense that physical illnesses are illnesses, the idea of deleting homosexuality or anything else from the categories of illness by having a vote would be as absurd as a group of physicians voting to delete cancer or measles from the concept of disease.”¹¹

■ In 1994, psychiatrist Norman Sartorius, later president of the World Psychiatric Association (1996–1999), declared at a meeting of a congress of the Association of European Psychiatrists, “The time when psychiatrists considered that they could cure the mentally ill is gone. In the future the mentally ill have to learn to live with their illness.”¹²

■ In 1995, after more than \$6 billion (€4.9 billion) in taxpayer money had been poured into psychiatric research, psychiatrist Rex Cowdry, director of the U.S. National Institute of Mental

Health, agreed with the WPA chief: "We do not know the causes [of mental illness]. We don't have the methods of 'curing' these illnesses yet."

■ Dr. Thomas Dorman, a member of the Royal College of Physicians of the United Kingdom and Canada, wrote, "In short, the whole business of creating psychiatric categories of 'disease,' formalizing them with consensus, and subsequently ascribing diagnostic codes to them, which in turn leads to their use for insurance billing, is nothing but an extended racket furnishing psychiatry a pseudo-scientific aura. The perpetrators are, of course, feeding at the public trough."¹³

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

PERMEATING SOCIETY

The DSM* Influence

* *Diagnostic and Statistical Manual of Mental Disorders*

In 2001, Simon Wessley, professor of psychiatry at King's College and the Maudsley Hospital, South London, organized a poll and vote by 150 mental health specialists from around the globe to determine the 10 worst psychiatric publications in psychiatry's history. Among them was the fourth edition of *DSM*. The poll determined, "If you are not in the *DSM-IV*, you are not ill. It has become a monster, out of control."¹⁴

Today, the *DSM* "monster" is used to:

- Determine a parent's or individual's mental fitness.
- Remove a child from the custody of his or her parents.
- Determine a prospective employee's ability to do a job.
- Deprive a person his or her right to vote in some countries.
- Determine if a person is fit to plead "guilty" in a criminal trial.
- Incarcerate a defendant indefinitely in psychiatric care rather than being found guilty of a crime and serving a finite sentence.
- Prevent a person from being released from jail or paroled.
- Invalidate a person's will.
- Break legal contracts and override a person's wishes regarding business or property.
- Involuntarily incarcerate a person in a psychiatric institution where electroshock treatment and drugs can be forcibly administered.

- Force a person to continue taking powerful, nerve- and brain-damaging drugs while living in the community.
- Defraud a person's health insurance.
- Bill insurance companies for psychiatrists sexually assaulting their patients, while calling it "therapy."

The mental disorders listed in the Diagnostic and Statistical Manual of Mental Disorders (DSM) have been included with no scientific basis or proof.



BLAMING THE BRAIN

The 'Chemical Imbalance' Fraud

"There's no biological imbalance. When people come to me and they say, 'I have a biochemical imbalance,' I say, 'Show me your lab tests.' There are no lab tests. So what's the biochemical imbalance?"

— Dr. Ron Leifer
New York psychiatrist

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

■ Diabetes *is* a biochemical imbalance. However, "the definitive test and biochemical imbalance is a high blood sugar balance level. Treatment in severe cases is insulin injections, which restore sugar balance. The symptoms clear and retest shows the blood sugar is normal," said Joseph Glenmullen of Harvard Medical School. "Nothing like a sodium imbalance or blood sugar imbalance exists for depression or any other psychiatric syndrome."

■ In 2002, Dr. Thomas Szasz, professor of psychiatry emeritus, stated: "There is no blood or other biological test to ascertain the presence or absence of a mental illness, as there is

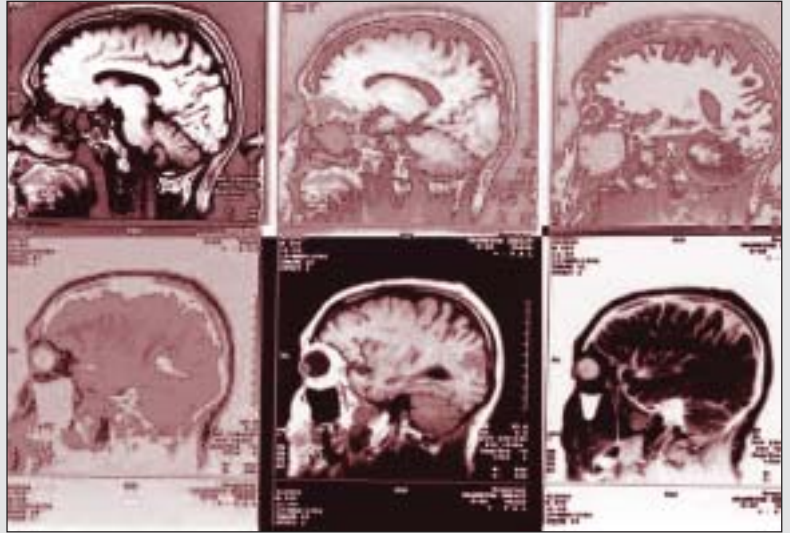


Elliot Valenstein

BOGUS BRAIN THEORY

Presented in countless illustrations in popular magazines, psychiatric researchers have dissected, labeled and analyzed the brain while assailing the public with the latest theory of what is wrong with it. What is lacking, as with all psychiatric theory, is scientific validity. As Dr. Elliot Valenstein explained, "[T]here are no tests available for assessing the chemical status of a living person's brain."

The Scam of Brain Scans



“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.’”

— Edward Drummond, M.D., Associate Medical Director at Seacoast Mental Health Center in Portsmouth, New Hampshire

for most bodily diseases. If such a test were developed (for what, theretofore, had been considered a psychiatric illness), then the condition would cease to be a mental illness and would be classified, instead, as a symptom of a bodily disease.”

■ 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.’”¹⁵

■ Bruce Levine, Ph.D., psychologist and author of *Commonsense Rebellion* concurs: “Remember that no biochemical, neurological, or genetic markers have been found for attention deficit disorder, oppositional defiant disorder, depression, schizophrenia, anxiety, compulsive alcohol and drug abuse, overeating, gambling, or any other so-called mental illness, disease, or disorder.”¹⁶

■ Elliot Valenstein, Ph.D., author of *Blaming the Brain*, is unequivocal: “[T]here are no tests available for assessing the chemical status of a living person’s brain.”¹⁷

■ Psychiatrist David Kaiser said, “...[M]odern psychiatry has yet to convincingly prove the genetic/biologic cause of any single mental illness. ... Patients [have] been diagnosed with ‘chemical imbalances’ despite the fact that no test exists to support such a claim, and ... there is no real conception of what a correct chemical balance would look like.”¹⁸

Claims or suggestions that today’s brain imaging technology has proven that mental illness is caused by diseases or chemical imbalances in the brain are pure psychiatric fancy.

■ Steven Hyman, director of the U.S. National Institute of Mental Health admits that use of such brain scans produce “pretty but inconsequential pictures of the brain.”

■ While psychiatrists claim that brain scans can now detect certain mental disorders, a May 2004 article in *The Mercury News* says that many doctors warn that the use of such scans is “unethical” and “dangerous,” quite apart from not being scientifically validated. “The \$2,500 (€2,040) evaluation offers no useful or accurate information.”

■ Quoted in the same article, psychiatrist M. Douglas Mar said, “There is no scientific basis for these claims [of using brain scans for psychiatric diagnosis]. At a minimum, patients should be told that SPECT is highly controversial.”²⁰

■ “An accurate diagnosis based on a scan is simply not possible. I wish it were,” stated Dr. Michael D. Devous from the Nuclear Medicine Center at the University of Texas Southwestern Medical Center.²¹

■ Dr. Mark Graff of the California Psychiatric Association, candidly admitted, “The history of medicine is littered with lovely procedures that end up not working at all. We wish there was a test that is so easy and definitive. But first we want independent confirmation that it works.”²²

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

IMPORTANT FACTS

1 17 million children worldwide are now prescribed some form of psychotropic drug because of *DSM*-style "diagnoses," none of which have scientific merit.

2 Psychiatry's list of symptoms for "ADHD" contains behaviors that almost *all* children exhibit.

3 The primary drug used to treat "ADHD" is highly addictive, with suicide being a major complication of withdrawal.

4 Millions of children are prescribed antidepressants, one of which has been associated with more deaths and other serious adverse effects than any other drug in history.

5 In 2003 and 2004, regulatory agencies in Britain, Australia, Canada, Europe and the U.S. warned doctors not to prescribe certain antidepressants for under-18-year-olds because of the risk of suicide.



A new breed of drugs has moved into mainstream society, propelled by bad psychiatric science and "learning disorders" that list childhood behavior as mental "illnesses." The result is a virtual epidemic of drug use creating childhood dependence on psychiatric prescription drugs and a bitter toll in crime, violence and ruined lives.



CHAPTER TWO

Junk Science in Our Schools

In most countries there are very few families or teachers whose lives have not been interrupted in some way by the widespread drugging of children with prescribed, mind-altering drugs. Seventeen million children worldwide are now prescribed some form of psychotropic drug.

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

DSM-IV lists the ADHD symptoms as: fails to give close attention to details or may make careless mistakes in schoolwork or other tasks; work is often messy or careless; has difficulty sustaining attention in tasks or play activities; fails to complete schoolwork, chores or other duties; often fidgets with hands or feet or squirms in seat; often runs about or climbs excessively in situations in which it is inappropriate; is often “on the go”; often talks excessively; and interrupts or intrudes on others (e.g., butts into conversations or games).

Using these criteria, nearly every child could be diagnosed as “suffering” from ADHD.

Pushing Dangerous Drugs

According to psychiatrist and neurologist Dr. Sydney Walker III, author of *The Hyperactivity Hoax*, “A child who sees a *DSM*-oriented doctor is almost assured of a psychiatric label and a prescription, even if the child is perfectly fine. ... This willy-nilly labeling of virtually everyone as mentally ill is a serious danger to healthy children, because virtually

all children have enough symptoms to get a *DSM* label and a drug. And, of course, *DSM* labeling is a danger to ill children, whose true diagnoses remain undiscovered and untreated.”

The drugs prescribed to children are not safe and effective; on the contrary, they are dangerous and addictive. The *Physicians’ Desk Reference Guide* reports increased heart rate and blood pressure

“Blood flow delivers the necessary energy source (glucose) to the brain. The brain cannot function without glucose. It has been observed that many children who take Ritalin (or other stimulants) exhibit zombie-like behavior.”

— Ty C. Colbert, psychologist,
author of *Rape of the Soul: How the Chemical Imbalance Model of Modern Psychiatry Has Failed its Patients*

can result from the use of the major stimulant drug that is used to “treat” ADHD.²³ Suicide is a major complication of withdrawal from this stimulant and similar amphetamine-like drugs.²⁴ The U.S. Drug Enforcement Administration (DEA) warned that taking Ritalin predisposes the user to cocaine’s reinforcing effect—in other words, addiction.

Psychologist Ty C. Colbert, author of *Rape of the Soul: How the Chemical Imbalance Model of Modern*

What Experts Say About ADHD



"These drugs make children more manageable, not necessarily better. ADHD is a phenomenon, not a 'brain disease.' Because the diagnosis of ADHD is fraudulent, it doesn't matter whether a drug 'works.' Children are being forced to take a drug that is stronger than cocaine for a disease that is yet to be proven."

— Beverly Eakman, best-selling author and president of the U.S. National Education Consortium, 2004



"ADHD is not like diabetes and [the stimulant used for it] is not like insulin. Diabetes is a real medical condition that can be objectively diagnosed. ADHD is an invented label with no objective, valid means of identification. Insulin is a natural hormone produced by the body and it is essential for life. [This stimulant] is a chemically derived amphetamine-like drug that is not necessary for life. Diabetes is an insulin deficiency. Attention and behavioral problems are not [stimulant] deficiency."

— Dr. Mary Ann Block, author of *No More ADHD*



"A child who sees a DSM-oriented doctor is almost assured of a psychiatric label and a prescription, even if the child is perfectly fine. . . . This willy-nilly labeling of virtually everyone as mentally ill is a serious danger to healthy children, because virtually all children have enough symptoms to get a DSM label and a drug. And, of course, DSM labeling is a danger to ill children, whose true diagnoses remain undiscovered and untreated."

— Dr. Sydney Walker III, author of *The Hyperactivity Hoax*



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

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

Psychiatry Has Failed Its Patients, explains that Ritalin restricts blood flow to the brain: "Blood flow delivers the necessary energy source (glucose) to the brain. The brain cannot function without glucose. It has been observed that many children who take Ritalin (or other stimulants) exhibit zombie-like behavior."²⁵

Millions of children are also prescribed antidepressants, especially Selective Serotonin Reuptake Inhibitors (SSRIs). In 2003, the British medicine regulatory agency warned doctors not to prescribe SSRI antidepressants for under 18-year-olds because of the risk of suicide. The following year, the U.S. Food and Drug Administration (FDA) issued a similar warning, as did Australian, Canadian and European agencies. In September 2004, an FDA advisory panel took this further, recommending that a "black box" warning be prominently placed on SSRI bottles, emphasizing the fact that the drugs can cause suicide. But this warning does not go far enough. Children are dying, are killing others or being turned into addicts because of these and other psychiatric drugs. Their future will only be safeguarded when the unscientific "mental disorders" they are diagnosed with are abolished and dangerous psychotropic drugs are prohibited. Over a 10-year period, one SSRI was associated with more hospitalizations, deaths, or other serious adverse reactions reported to the U.S. Food and Drug Administration than any other drug in history.²⁶

Regarding the ADHD Diagnosis

In 2004, Beverly Eakman, best-selling author and president of the U.S. National Education Consortium, stated: "These drugs make children more manageable, not necessarily better. ADHD is a phenomenon, not a 'brain disease.' Because the diagnosis of ADHD is fraudulent, it doesn't matter whether a drug 'works.' Children are being forced to take a drug that is stronger than cocaine for a disease that is yet to be proven."²⁷

Dr. Louria Shulamit, a family practitioner in Israel, said, "ADHD is a syndrome, not a disease (by definition). As such, it is diagnosed by symptoms. The

symptoms of this syndrome are so common that we can conclude that all children, especially boys, fit this diagnosis.”²⁸

Dr. Fred A. Baughman Jr, a pediatric neurologist and Fellow of the American Academy of Neurology, tells parents, teachers and children that they have been horribly betrayed when a child’s behavior is labeled as a disease.²⁹

Psychiatrists misleadingly argue that ADHD requires “medication” in the same way that diabetes requires insulin treatment.

Dr. Mary Ann Block, author of *No More ADHD*, points out that “The psychiatrist does not do any testing. The psychiatrist listens to the history and then prescribes a drug.” She states further: “ADHD is not like diabetes and [the stimulant used for it] is not like insulin. Diabetes is a real medical condition that can be objectively diagnosed. ADHD is an invented label with no objective, valid means of identification. Diabetes is an insulin deficiency. Attention and behavioral problems are not a [stimulant] deficiency.”

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

Psychiatrists have also redefined teen behavior as a mental “disease” with disorders such as “Conduct Disorder” and “Oppositional Defiant Disorder.”

In his 2002 book, *The Culture of Fear*, Barry Glassner, a sociologist at the University of Southern California, said the *DSM* makes children good candidates for imprisonment in psychiatric wards if they do any five of the following: argue with adults, defy adult requests, do things that annoy others, lose their



“*DSM* makes children good candidates for imprisonment in psychiatric wards if they do any five of the following: argue with adults, defy adult requests, do things that annoy others, lose their tempers, become easily annoyed, act spiteful, blame others for their mistakes, get angry and resentful or swear.”

— Barry Glassner, sociologist at the University of Southern California

tempers, become easily annoyed, act spiteful, blame others for their mistakes, get angry and resentful or swear.³⁰

According to Dr. Thomas Szasz, “Because the mental diseases that supposedly afflict children are undeniably misbehaviors, and because the child mental patient

is in an even more helpless position than the adult mental patient, child psychiatry is a doubly problematic enterprise.”³¹ Furthermore, “delinquency is not a disease, like diabetes. ... Although the term juvenile delinquency implies that the child so diagnosed is guilty of a misconduct, the diagnosis is often made in the absence of any proof that the accused child actually disobeyed authority or broke the law.”

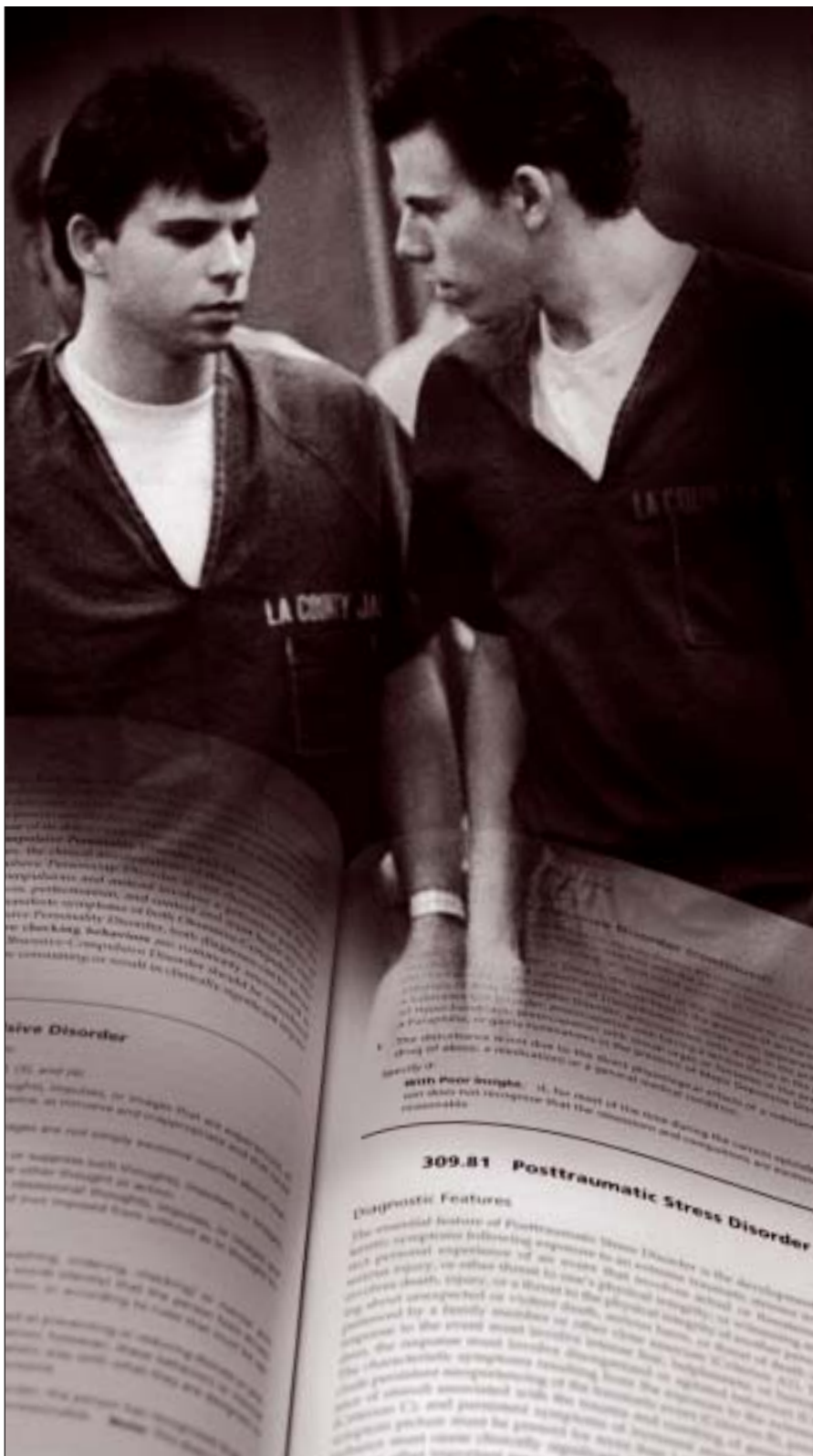
IMPORTANT FACTS

1 In legal matters, psychiatrists rarely agree in their diagnoses of a witness, defendant, etc.

2 According to the *DSM* itself, when the "(mental disorder) descriptions are employed for forensic purposes, there are significant risks. ..." It is "not sufficient to establish the existence for legal purposes of a 'mental disorder,' in relation to competency, criminal responsibility or disability."

3 In 2003, *The Psychiatric Times* published an article calling the *DSM* "a laughingstock for the other medical specialties."

4 It is a psychiatric invention that criminality is excusable due to insanity.



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



CHAPTER THREE

False Testimony in Our Courts

One of the greatest harms perpetrated by the use of the *DSM* is reliance upon it for the “insanity” defense in our courts. While this defense has been around since the 1800s, it donned a “scientific” mantle with the introduction of the *DSM* in 1952. The entire gist of psychiatric testimony is that the criminal is not responsible for committing the crime. Psychiatry’s dilemma is that rarely can its members agree on what criminal responsibility means.

The problems created by this have plagued the court system for decades. Forty years ago, 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 diagnosis. After inspection, one announced that the patient was a paranoid schizophrenic; the other said he was merely in a paranoid state. During the trial, the two hospital psychiatrists testified that the patient was not insane, while the two court-appointed psychiatrists insisted that he was.

The ludicrousness of this situation was underscored, as Baur reported, by the fact that “the jury

thereupon found the man ‘not guilty by reason of insanity’ and ‘still insane’ and committed him to the hospital which had just testified it had found him without mental disorder.”

In 1994, two California juries become hopelessly deadlocked in the trials of Erik and Lyle Menendez, adult brothers who had brutally killed their parents in the family’s \$4 million (€3.2 million) home. A team of psychiatrists, psychologists, and therapists were hired

to build their defense. One psychologist testified that the brothers suffered from “learned helplessness” as a result of intense, repeated abuse. Another psychologist claimed the boys had “post-traumatic stress disorder.”

The deadlock came about because of the psychiatric notion that criminality is excusable and that no two psychiatrists could agree on the boys’ mental diagnosis.

■ According to the *DSM*, 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,’ ‘mental disease,’ or ‘mental defect,’” in relation to competency, criminal responsibility or disability.

“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., 1997

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

■ Authors of *Making Us Crazy*, Kutchins and Kirk found "ample reason to conclude that the latest versions of DSM as a clinical tool are unreliable and therefore of questionable validity as a classification system."

■ Dr. Hagen is forthright about psychiatrists and psychologists redefining criminal behavior as "disease": "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. ... 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. ..."³²

In 1884, more than a hundred years ago, the New York Court of Appeals already concluded that "twelve jurors of common sense and common experience" would do better on their own than with the help of hired experts, "whose opinions cannot fail to be warped by a desire to promote the cause in which they are enlisted."³³

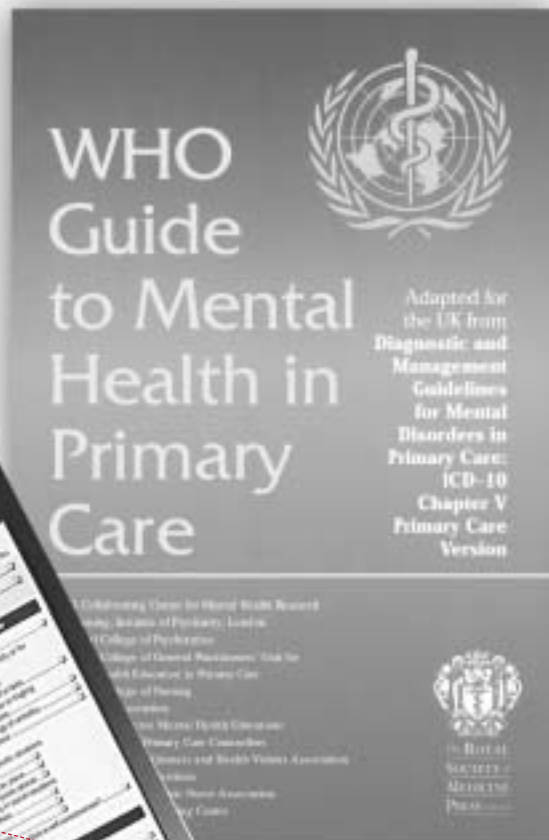
However, psychiatrists and psychologists have been "warping" their opinion in the courts ever since. In the process, the "pursuit of truth, the whole truth and nothing but the truth has given way to reams of meaningless data, fearful elaborate speculation, and fantastic conjecture. Courts resound with elaborate, systemized, jargon-filled, serious-sounding deceptions that fully deserve the contemptuous label used by trial lawyers themselves: junk science."³⁴

Justice is the action taken on an individual by

a society after that person has violated society's legal and criminal codes. It is an action taken by the group to ensure its own survival. When a psychiatrist testifies that a criminal is insane based on the "junk science" in the DSM, and should be acquitted or treated instead of imprisoned, justice is subverted into serving the individual instead of the group. In this way, psychiatrists have succeeded in weakening, even negating, the only legal means that society has to protect itself from criminal elements.

BUILDING THE BUSINESS

In 1998, psychiatry penetrated the physician's domain with the release of the World Health Organization's "Guide to Mental Health in Primary Care" kit, designed to facilitate and promote a medical doctor's use of psychiatric behavioral checklists for diagnosing mental "disorders." Psychiatry's lack of scientific merit was compensated for by invasive and "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.

LIES EXPOSED

Dismantling the DSM 'Monster'

Marginalized by the field of medicine because of its lack of scientific credentials, psychiatry today works hard to create an apparent scientific image for its diagnostic system, the *DSM*, and the use of prescription psychiatric drugs.

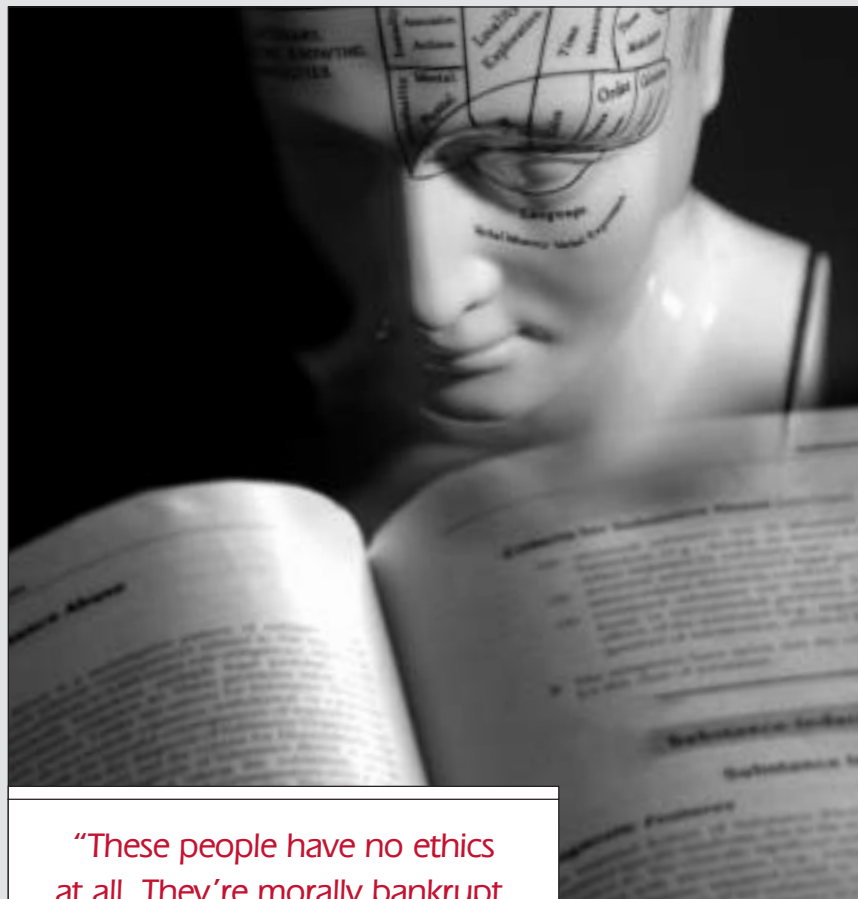
In 1998, the World Health Organization (WHO) produced a "Mental Disorders in Primary Care" kit that was distributed internationally to make it "easier" for primary care physicians to diagnose mental illness.³⁵ Based on the *DSM-IV* and *ICD-10*, the kit was designed to garner more business for the mental health system and involved doctors checking off a list of patient symptoms to "diagnose" a mental disorder. They would also act as referral agents to psychiatrists who would treat the more "serious" disorders.

As a result of such marketing efforts, general practitioners now prescribe up to 80% of antidepressants.

Peter Tyrer, professor of community psychiatry at Imperial College, London, stated in 2003: "I always say that *DSM* stands for the Diagnosis of Simple Minds; it provides what Americans [psychiatrists] call 'operational criteria' for the diagnosis of conditions. Basically, if you have a certain quota then you have the condition. It has led to a tickbox mentality. Well, you are a bad clinician if you have to do that. Doctors should be finding out about the person."³⁶

Doctors are certainly finding out about the sham of psychiatry and its diagnostic invention:

In April 2003, in a *Psychiatric Times* article entitled, "Dump the *DSM*," psychiatrist Paul Genova said



"These people have no ethics at all. They're morally bankrupt. They're like the grave robbers in old England who provided cadavers for the medical schools."

— Paul McDevitt, Massachusetts counselor speaking about mental health fraud, 1993

that psychiatric practice is governed by a diagnostic system that "is a laughing-stock for the other medical specialties."

J. Allan Hobson and Jonathan A. Leonard, authors of *Out of Its Mind, Psychiatry in*

Crisis, A Call for Reform, stated: "... *DSM-IV*'s authoritative status and detailed nature tends to promote the idea that rote diagnosis and pill-pushing are acceptable."³⁷

"Many of the new 'sufferings of the soul,'" which is how Swiss psychiatrist Asmus Finzen tags many of the *DSM* "disorders," are nothing more than normal ups and downs in life. Being isolated gets inflated to "antisocial." Natural sadness has also been classified in psychiatry as an "adaptation disorder."³⁸

It is vital that medical practitioners universally reject the *DSM* diagnostic system as a pseudo-medicine and as a danger to their patients.

IMPORTANT FACTS

1 Patients with actual physical conditions are routinely misdiagnosed with psychiatric disorders, drugged and institutionalized.

2 Numerous studies show that undiagnosed physical problems can cause behavioral and emotional problems.

3 According to UCLA medical professor, Melvyn R. Werback, physicians diagnosing mental illness should check the patient's dietary history and other nutritional factors.

4 One state's mental health evaluation field manual says that mental health professionals have a "legal obligation to recognize physical disease" that "may cause a patient's mental disorder...."

5 Proper medical screening by non-psychiatric diagnostic specialists could eliminate more than 40% of psychiatric admissions.



The emphasis of any mental health solution must be based on workable mental healing methods, beginning with a non-psychiatric medical examination of the patient and a diagnosis of any treatable physical ills affecting mental well-being.



CHAPTER FOUR

A Workable Mental Health System

Trusted with the care for our mentally disturbed, psychiatry has failed utterly to provide any humane solutions to their plight. In fact, medical—not psychiatric—doctors can treat such disturbance far more effectively. Charles B. Inlander, president of The People’s Medical Society, wrote in *Medicine on Trial*, “People with real or alleged psychiatric or behavioral disorders are being misdiagnosed—and harmed—to an astonishing degree. ... Many of them do not have psychiatric problems but exhibit physical symptoms that may mimic mental conditions, and so they are misdiagnosed, put on drugs, put in institutions, and sent into a limbo from which they may never return. ...”³⁹

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

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

The following is a small sample of literature and studies showing that undiagnosed, physical problems can be causing unwanted behavioral and emotional problems:

■ W.V. Tamborlane, professor of pediatrics at the Yale University School of Medicine, reported that when 14 healthy children were given a dose

of sugar equivalent to two frosted cupcakes for breakfast, adrenaline levels rose to ten times their baseline levels, suggesting “children may be prone to such symptoms as anxiety, irritability and difficulty concentrating following a sugar meal.”⁴⁰

■ A high-protein, low-carbohydrate and sugar-free diet has helped reduce excessive activity in children. In a study conducted on 20 “learning disabled” children who were placed on such a diet, 90% showed widespread

improvements in hyperactive symptoms.”⁴¹

■ “Children with early-stage brain tumors can develop symptoms of hyperactivity or poor attention. So can lead- or pesticide-poisoned children. So can children with early-onset dia-

“Mental health professionals working within a mental health system have a professional and a legal obligation to recognize the presence of physical disease in their patients ... physical diseases may cause a patient’s mental disorder [or] may worsen a mental disorder. ...”

— California Department of Mental Health Medical Evaluation Field Manual, 1991



betes, heart disease, worms, viral or bacterial infections, malnutrition, head injuries, genetic disorders, allergies, mercury or manganese exposure, petit mal seizures, and hundreds—yes *hundreds*—of other minor, major, or even life-threatening medical problems. Yet all these children are labeled hyperactive or ADD,” said psychiatrist and neurologist Dr. Sydney Walker III, author of *The Hyperactivity Hoax*.

■ Professor Stephen J. Shoenthaler, Ph.D., a California State University criminologist, conducted a study at 12 juvenile correction institutions and 803 public schools, in which the researchers increased fruits and vegetables and whole grains and decreased fats and sugars in children’s diets. The juvenile institutions exhibited 47% less “antisocial behavior” in 8,076 confined juvenile delinquents. In the schools, the academic performance of 1.1 million children rose 16% and learning disabilities falls 40%.⁴²

■ Studies show the frequency with which physical illnesses are misdiagnosed as “mental illness”—in one study, 83% of people referred by clinics and social workers for psychiatric treatment had undiagnosed physical illnesses; 42% of those diagnosed with “psychoses” were later found to be suffering from a medical illness, 48% of those diagnosed by psychiatrists for mental treatment had an undiagnosed physical condition. Another study found that 76% of patients with certain types of cancer exhibited supposed psychiatric symptoms as a first indicator of the physical illness.⁴³

■ Several diseases closely mimic schizophrenia, fooling both patient and physician. Dr. A. A. Reid lists 21 conditions, beginning with an increasingly common one, “the temporary psychosis brought on by amphetamine drugs.” Dr. Reid explained that drug-induced psychosis is complete with delusions of persecution and hallucinations, and “is often indistinguishable from an acute or paranoid-schizophrenic illness.”⁴⁴

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

(Continued on page 22)

FALSE DIAGNOSIS

Real Remedies Can Save Lives

The following individuals were falsely diagnosed with a *DSM* mental disorder and then prescribed psychiatric drugs, only to find out later that they had an undiagnosed, untreated and purely physical complaint.

■ “When I was 18, I spent three weeks in a mental hospital for what I was told was ‘depression.’ I was on psychiatric drugs for ten months after that. The drugs made me feel lethargic, impatient and irritable. They also clouded my thinking [but] I was so convinced by the ‘experts’ that I had some fundamental brain chemistry problem and that their drugs were my only hope. Years later I was diagnosed with chronic fatigue syndrome as well as debilitating food allergies! This was the cause of my so-called depression.”

■ A psychiatrist diagnosed a young girl who had trouble making friends, was irritable and had stopped eating, as suffering from an eating disorder. She was prescribed an antidepressant, became suicidal, was given more psychotropic drugs and her condition worsened. She was then diagnosed with “personality disorder not otherwise specified” and “borderline personality disorder.” “Nothing made sense,” the mother said. The more they treated her, the worse her problems became. A proper medical exam later found she suffered two infections, one whose symptoms include brain inflammation and impaired thinking. The medical doctor determined she was not “mentally ill.” Once treated with antibiotics, she recovered.

■ “My wife Dianne was experiencing mood swings and erratic behavior. Without any physical examination, psychiatrists labeled her mentally ill and gave her tranquilizers and antidepressants. She got worse and worse while my insurance company paid and paid. ... One day she was so ill that I had to rush her to a hospital emergency ward. Only then did we find the truth: she was suffering from a rare liver disease. Mistreated for all those months, she ended up with permanent physical damage and has to walk



“Charlie” was a child who suffered violent mood swings and had low grades. Labeled as “hyperactive,” he was put on Ritalin. But after a thorough physical [and] proper medical treatment, his “hyperactive behaviors cleared, his aggression and tantrums stopped, and his grades went up.”

with a cane, has difficulty speaking and has brain damage. ... People need to receive proper medical testing before they are labeled, drugged and thrown into the psychiatric system.”

■ “Charlie” was a 10-year-old who suffered violent mood swings, yelled obscenities, kicked his sister, couldn’t control

his temper at school, and had low grades. He was labeled as “hyperactive.” His mother was told, “You have two choices: give him Ritalin, or let him suffer.” Charlie was put on Ritalin, but a second medical opinion—based on physical examination and thorough testing—discovered he had high blood sugar and low insulin. “Either condition, if uncontrolled, can lead to mood swings, erratic behavior, and violent outbursts—the very symptoms ‘hyperactive’ Charlie had exhibited,” Dr. Sydney Walker III stated. After proper medical treatment, his “hyperactive behaviors cleared, his aggression and tantrums stopped, and his grades went up.”



“When psychiatrists label a child or [adult], they’re labeling people because of symptoms. They do not have any pathological diagnosis; they do not have any laboratory diagnosis; ... it’s totally unscientific.”

— Dr. Julian Whitaker, author of the respected *Health & Healing* newsletter

cause a patient’s mental disorder [or] may worsen a mental disorder. ...”⁴⁵

Dr. Julian Whitaker author of the respected *Health & Healing* newsletter, says: “When psychiatrists label a child or [adult], they’re labeling people because of symptoms. They do not have any pathological diagnosis; they do not have any 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.”

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

These falsehoods must be exposed.





RECOMMENDATIONS

Recommendations

- 1** Mental health homes 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. Government and private funds should be channeled into this rather than abusive psychiatric institutions and programs that have proven not to work.
- 2** Establish rights for patients and their insurance companies to receive refunds for psychiatric treatment which did not achieve the promised result or improvement, or which resulted in proven harm to the individual, thereby ensuring that responsibility lies with the individual practitioner and psychiatric facility rather than with the government or its agencies.
- 3** Clinical and financial audits of all government-run and private psychiatric facilities that receive government subsidies or insurance payments should be done to ensure accountability and statistics on admissions, treatment, and deaths, without breaching patient confidentiality, should be compiled for review.
- 4** Establish or increase the number of psychiatric fraud investigation units to recover funds that are embezzled through the mental health system.
- 5** Government, criminal, educational, judicial and other social agencies should not rely on the *DSM* and no legislation should use this as a basis for determining the mental state, competency, educational standard or rights of any individual.



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.



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.

Dr. Julian Whitaker, M.D.,
Director, Whitaker Wellness Institute,
California, author of "Health & Healing":

"CCHR is the only nonprofit organization that is focused on the abuses of psychiatrists and the psychiatric profession. The over-drugging, the labeling, the faulty diagnoses, the lack of scientific protocols, all the things that no one realizes is going on, CCHR has focused on, has brought to the public's and government's attention, and has made headway in stopping the kind of steam-rolling effect of the psychiatric profession."

Dr. Giorgio Antonucci, M.D., Italy:

"Internationally, CCHR is the only group that effectively fights and puts an end to psychiatric abuse."

The Hon. Raymond N. Haynes,
California State Assembly:

"The contributions that the Citizens Commission on Human Rights International has made to the local, national and international areas on behalf of mental health issues are invaluable and reflect an organization devoted to the highest ideals of mental health services."

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CCHR's Commissioners act in an official capacity to assist CCHR in its work to reform the field of mental health and to secure rights for the mentally ill.

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

Published as a public service by the Citizens Commission on Human Rights

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PHOTO CREDITS: Page 9: Tom & Dee Ann McCarthy / Corbis; page 14: LA Daily News / Corbis; page 20: David Buffington / Getty; page 21: Jim Cummins / Getty; page 22: Tom & Dee Ann McCarthy / Corbis.

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“In short, the whole business of creating psychiatric categories of ‘disease,’ formalizing them with consensus, and subsequently ascribing diagnostic codes to them, which in turn leads to their use for insurance billing, is nothing but an extended racket furnishing psychiatry a pseudo-scientific aura. The perpetrators are, of course, feeding at the public trough.”

*— Dr. Thomas Dorman, member
of the Royal College of Physicians of the
United Kingdom and Canada*