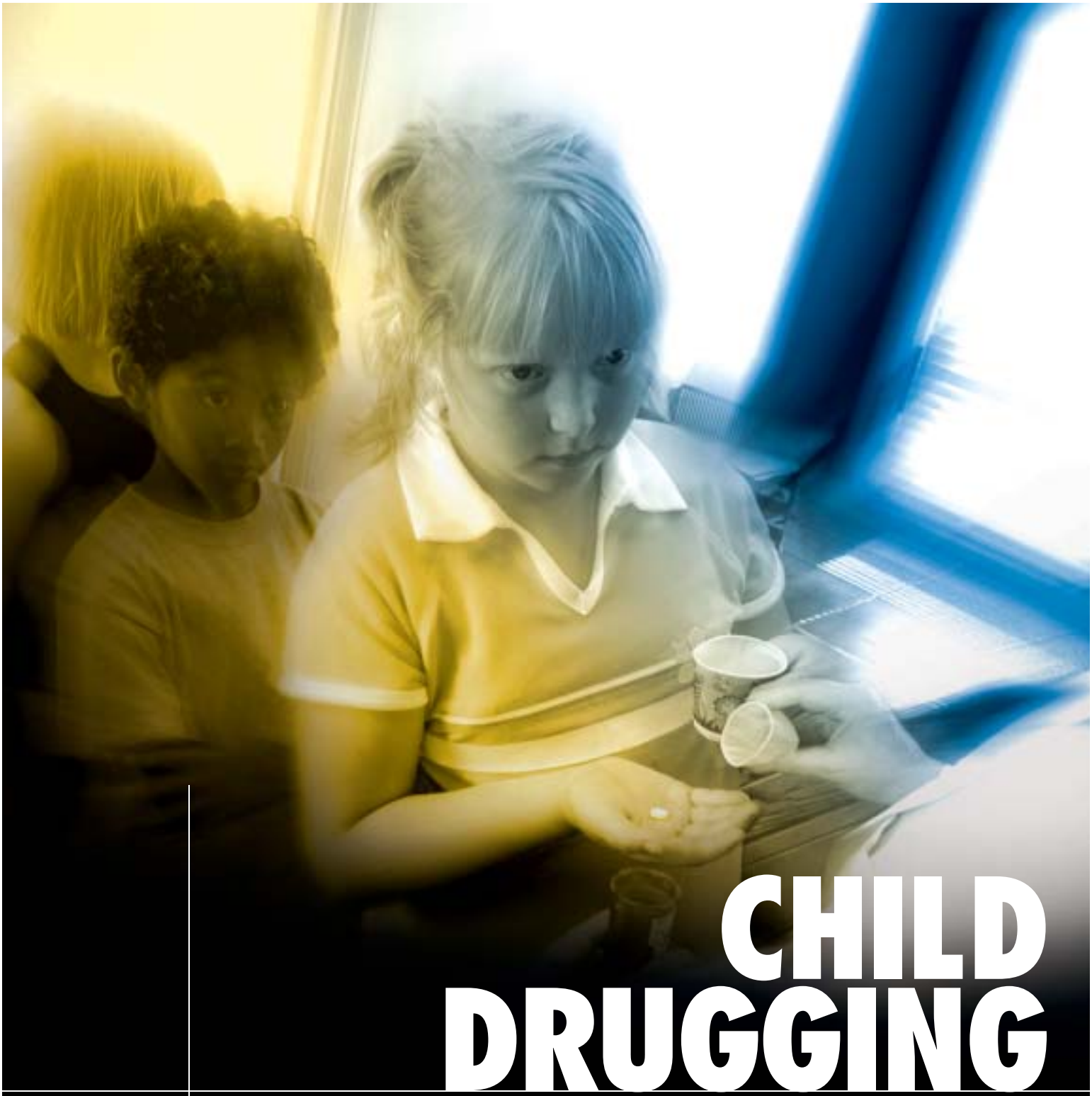

CHILD DRUGGING

Psychiatry Destroying Lives

Report and recommendations on
fraudulent psychiatric diagnosis and
the enforced drugging of youth

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.

CHILD DRUGGING
PSYCHIATRY DESTROYING LIVES

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INTRODUCTION
Betraying Our Children

Newspaper articles often trumpet the "wonders" of modern day psycho-pharmaceutical research for the treatment of childhood learning and emotional "problems" and "disabilities."

They sound reasonable. They sound convincing—science again conquers our material universe for the benefit of mankind. Who could possibly argue with making a *normal* life possible for those in trouble?

Daniel's parents would. And so would Cory's. They would argue vehemently and passionately. And with an estimated 17 million school children worldwide said to have a mental disorder that requires them to be chemically restrained by powerful mind-altering psychiatric drugs, they are far from alone.

> "Contrary to psychiatric opinion, children are not 'experimental animals,' they are human beings who have every right to protection, care, love and the chance to reach their full potential in life. They will only be denied this by psychiatry's verbal and chemical straitjackets."
>
> — Jan Eastgate

Who are Daniel and Cory and why do their parents disagree? They are children who are not only unable to lead normal lives because of so-called "miracle" drugs; they are tragically no longer with us at all, because of those drugs.

I invite you to analyze the above illustration more closely from the point of view of children, because the reality and the labels may not reflect the same thing when it comes to psychiatry's "drugs of the moment."

Reflect on several of the words and how they are used. Take "normal," for example. You probably have your own idea of what a normal sort of life is. Does it involve the consumption of addictive, mind-altering and potentially dangerous psychiatric drugs? Does it involve a total reliance on such drugs to remain normal?

What about the word "medications?" Does it ease your mind by conjuring up images of some benign cough syrup prescribed by a kindly family doctor? Nothing could be further from the truth. A psychiatric medication is a very powerful addictive drug.

Then there is the term "scientific," often used by psychiatry to add legitimacy to its pronouncements. According to the *World Book Dictionary*, the word implies "systematic; accurate; exact." Those characteristics have nothing to do with psychiatry or, for that matter, its cousin, psychology.

Examples of other words which suffer at their hands are "values," "right," "wrong," "safe," even "education."

This is the subtle propaganda of the psychiatrist and psychologist at work—the redefinition of words. Somehow in their hands, things just seem to get all twisted about and eventually fall apart.

The trouble is that their worldwide propaganda on the subject of children and education has thoroughly duped well-meaning parents, teachers and politicians alike, that "normal"—there's that word again—childhood behavior is no longer normal; that it is a mental *illness*. And further, that only by continuous, heavy drugging from a very early age, can the "afflicted" child possibly make it through life's worst.

Who would have thought 40 years ago that we could have come to this? Nevertheless we *are* here, and the harsh reality is that because of it, precious young lives all over the world are at serious risk, permanently damaged, even lost to us.

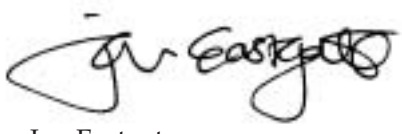
Contrary to psychiatric opinion, children are not "experimental animals," they are human beings who have every right to expect protection, care, love and the chance to reach their full potential in life. They will only be denied this from within the verbal and chemical straitjackets that are psychiatry's labels and drugs.

We are publishing this report, *Child Drugging—Psychiatry Destroying Lives*, to expose the lies and propaganda at work, to provide a perspective and information not made readily available to parents and others concerned, and most importantly to help bring sanity and control back to the care and nurturing of our children.

Children are our future.

There is nothing less at stake here than our very future itself.

Sincerely,



Jan Eastgate
President
Citizens Commission on
Human Rights International

IMPORTANT FACTS

1. In 1879, German psychologist Wilhelm Wundt declared Man to be an animal, with no soul. With this, he laid the foundation for modern psychology and psychiatry.

2. In the U.S. and elsewhere, strong and effective scholastic-based systems were compromised. Psychologist Edward Lee Thorndike said phonics, multiplication tables and formal writing were "wasteful."

3. In the 1940s psychiatrists G. Brock Chisholm (Canada) and John Rawlings Rees (Britain), co-founders of the World Federation for Mental Health, said, psychiatrists had carried out a "useful attack" on the "teaching profession" and that the goal of "effective" therapy was the elimination of the concept of "right and wrong."

4. By the 1960s (and ever since), psychological programs were introduced into schools. Psychiatrists claimed that three sources of stress had to be eliminated from schools: 1) school failure, 2) a curriculum centered around academics, and 3) disciplinary procedures.

5. Psychologists and psychiatrists have insinuated themselves into positions of authority in the educational field and completed an almost total overthrow of the subject, turning schools from places of learning into "mental health clinics."

CHAPTER ONE
Dismantling Workable Education

Teen suicides have tripled since 1960 in the United States. Today, suicide is the second leading cause of death (after car accidents) for 15- to 24-year-olds. Since the early 1990s, millions of children around the world have taken prescribed antidepressants that U.K. and U.S. authorities have now branded as suicidal agents. In September 2004, a U.S. Congressional hearing into these drugs found that not only do studies show the drugs are ineffective in children, they can drive them to suicidal behavior and hostility.[1]

Walk into an average British, Australian, Canadian or U. S. school or even some Mexican schools today, and you could be forgiven for thinking that you had walked into a mental health clinic, as kids line up for their daily stimulant drug dosage. Look closer and you will find a black market drug trade run by schoolchildren, dealing in the very same drugs being prescribed for supposed learning difficulties.

After edging upwards for more than a century, U.S. national Student Aptitude Test (SAT) scores have plummeted since 1963, when psychological programs and psychiatric drugs entered the classroom. In South Africa, since the introduction of psychological curricula, school examination results for 1997 showed a national pass rate of only 47%, which was down from 1994's rate of 58%.

> "[W]e have made a useful attack upon a number of professions. The two easiest of them naturally are the teaching profession and the Church."
>
> — John R. Rees, Co-Founder World Federation for Mental Health

To appreciate the current influence of psychiatric and psychological thinking and practice over the schools and families of the world, it is essential to understand how their doctrines have achieved such an iron grip on the field of education. The story begins more than a century ago.

In 1879, German psychologist Wilhelm Wundt founded "experimental psychology." He declared Man to be an animal, with no soul, that *thought* was merely the result of *brain* activity and that "consciousness is of no avail until these are derived from *chemical* and *physical* processes."[2] [Emphasis added]

Key players who subsequently implemented Wundt's theories into education were: Edward Lee Thorndike, John Dewey, James Earl Russell, James Cattell and William James.

Thorndike performed some of the earliest experiments in "animal psychology." Maintaining Wundt's "man is an animal" view, he investigated the mechanisms of learning by studying not humans, but chickens, rats and cats. In his 1929 book, *Elementary Principles of Education*, Thorndike stated: "Artificial exercises, like drills on phonetics, multiplication tables, and formal writing movements, are used to a wasteful degree. Subjects such as arithmetic, language, and history include content that is intrinsically of little value. Nearly every subject is enlarged unwisely to satisfy the academic ideal of thoroughness."[4]

At the turn of the 20th century, Sigmund Freud, with his emphasis on promiscuity and immorality, bolstered the "man is an animal" view. Despite the appalling lack of scientific foundation, his theories—many made under the influence of cocaine and now largely discredited—had an enormous impact in many countries. Educator and author Beverly Eakman points out, "Freudian psychology...runs through the *Mental Hygiene* and *New Education* movements."[5]

Later, influential figures like Thorndike made their intentions clear: "It will, of course, be understood that directly or indirectly, soon or late, every advance in the sciences of human nature will contribute to our success in controlling human nature. …"[6]

One of these "advances" was called "Whole Word," a "reading" program developed by James Cattell, who had been Wundt's assistant for three years and became the president of the American Psychological Association. Phonics were ignored, and children were forced to memorize nearly every word without understanding the logical sequence of letters or sounds.

> "Most people today suspect that education is not really about literacy, 'basics,' or proficiency at anything. What is less well understood is that there exists... throughout the industrialized world, what can best be described as an 'illiteracy cartel' — ostensibly aimed at furthering 'mental health.'"
>
> — Beverly Eakman, author, educator

Using Schools to Create a Mental Health State

Clifford Beers, a former psychiatric patient, formed the National Committee on Mental Hygiene in the United Kingdom in 1909. The Committee's "Program for the Prevention of Delinquency" helped create "child guidance clinics" (psychiatric counseling) around the globe; it was the driving force behind the entry of mental hygiene concepts into schools. "If we are going to prevent dependency, delinquency, insanity, and general inadequacy," wrote Ralph Truitt, the head of the Committee's Division of Child Guidance Clinics in 1927, "...[T]he school should be the focus of our attack."[7]

And attacked it was.

Sixty years later, in a report to the U.S. Secretary of Education, the National Commission on Excellence in Education stated, "If an unfriendly power had attempted to impose on America the mediocre educational performance that exists today, we might well have viewed it as an act of war."

What the Commission did not realize was that an attack on the school system had been launched and was still in operation. Proclaiming the strategic objectives of global psychiatry before Britain's National Council of Mental Hygiene in 1940, psychiatrist John R. Rees, who would soon after co-found the World Federation for Mental Health (WFMH), left no doubt that he and his peers had their sights set on education: "[W]e have made a useful attack upon a number of professions. The two easiest of them naturally are the *teaching profession* and the Church; the two most difficult are law and medicine."[8] [Emphasis added]

Another WFMH co-founder, psychiatrist G. Brock Chisholm, furthered the attack by using schools to eliminate morals: "The training of children is making a thousand neurotics for every one that psychiatry can hope to help with psychotherapy," he said in 1945. "We have swallowed all manner of poisonous certainties fed us by our parents, our Sunday and day school teachers.... If the race is to be freed from its crippling burden of good and evil it must be psychiatrists who take the original responsibility."[9]

At a WFMH inaugural conference, psychiatrists identified the family unit, long the primary stabilizing influence of society, as a target for direct assault: "The family is now one of the major obstacles to improved mental health, and hence should be

weakened, if possible, so as to free individuals and especially children from the coercion of family life."[10]

In the 1960s and '70s, psychological programs known collectively as Outcome Based Education (OBE) were introduced into schools. Psychiatrists and psychologists, who directed the philosophy of OBE, claimed that three sources of stress had to be eliminated from schools: 1) school failure 2) a curriculum centered around academics and 3) disciplinary procedures. School failure was the chief villain, they said, leading to "feelings of inferiority," behavior problems like truancy and an unsocial attitude.[11]

Arm in arm, psychology and psychiatry set the stage for the collapse of education at a profit to them. In 1962, they received nearly a billion dollars in the United States alone for their role in education.

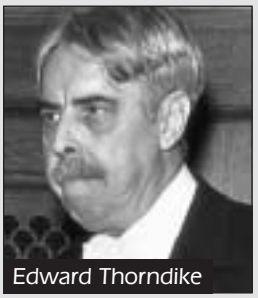
By 2002, funds channeled to them through "special education" for psychiatrist-defined "learning disabilities" had reached $28 billion. However, the U.S. Department of Education found that 40% of the children being spuriously labeled with these "disorders" had simply never been taught to read.

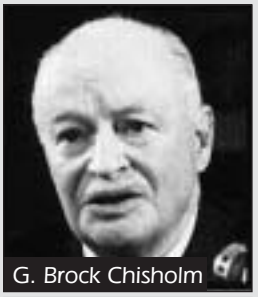
Preaching their false and disturbing creed, the new "behaviorists" have successfully insinuated themselves into positions of authority in schools and completed an almost total overthrow of education. As a result, our once strong and effective scholastic-based systems have been seriously compromised, and with them, the impressive results of better years.

Author and educator Beverly Eakman states, "Most people today suspect that education is not really about literacy, 'basics,' or proficiency at anything. What is less well understood is that there exists in this country, and indeed throughout the industrialized world, what can best be described as an 'Illiteracy Cartel'—ostensibly aimed at furthering 'mental health.' This cartel derives its power from those who stand to benefit financially and politically from ignorance and educational malpractice; from the frustration, the crime, the joblessness and social chaos that mis-education produces."[12]

A History of Betrayal: Subversion of Education

Psychiatrists and psychologists in the last century opened the door to chaos in the classroom by undermining morality and self-respect, relegating schools to testing grounds for perverse theories and treating children as animals to be trained and conditioned.


Edward Thorndike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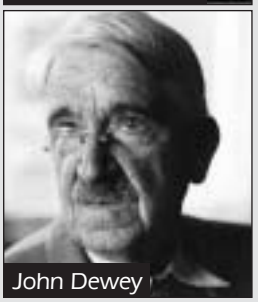
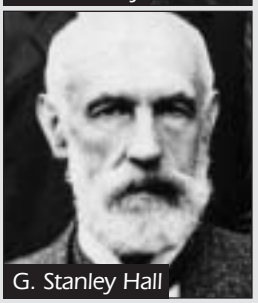

John Dewey


G. Stanley Hall

Edward Lee Thorndike, animal psychologist, experimented on monkeys, rats, cats, mice, chickens and other animals, then applied his techniques to children. He stated, "It will of course, be understood that directly or indirectly, soon or late, every advance in the sciences of human nature will contribute to our success in controlling human nature."

Paul Schroder, professor of psychiatry, addressed the first conference of the German Society for Child Psychiatry and Therapeutic Education in 1940, attended by the elite of Nazi psychiatry, and proclaimed: "Child psychiatry has to ... help to integrate (hereditarily) damaged or inadequate children for their own and the public's good into the community and the general economic process" and recognize the early existence of a disorder and potential harm to society.[13]

J.R. Rees, co-founder of the World Federation for Mental Health (WFMH), spoke of psychiatry permeating every education activity and boasted that it had made a "useful attack" upon the "teaching profession" for the purpose of promoting "our particular point of view."

G. Brock Chisholm, co-founder of the WFMH, said, "If the race is to be freed from its crippling burden of good and evil it must be psychiatrists who take the original responsibility."

John Dewey, psychologist and promoter of the "man is an animal" theory, labeled the urge to teach children to read early in life a "perversion," and advocated that schools should take on the role of social, rather than academic, institutions.

G. Stanley Hall, first president of the American Psychological Association, explained education for the masses was not necessary. "We must overcome the fetishism of the alphabet, of the multiplication tables, of grammar," he said. "It would be no serious loss if a child never learned to read."

James Cattell, a later American Psychological Association president, theorized that "little is gained by teaching a child sounds and letters as the first step to being able to read." His "whole word" reading method proved to be disastrous, crashing literacy rates everywhere it was used.

Manfred Müller-Küppers, of the German Society for Child and Adolescent Psychiatry, asserted in the 1970s that there should be "no provisions for school attendance without child psychiatric examinations."[14]

The influence is still prevalent. In 2003, psychiatrists and psychologists advised a U.S. New Freedom Commission on Mental Health to recommend, "[T]he early detection of mental health problems in [school] children … through routine and comprehensive testing and screening."

IMPORTANT FACTS

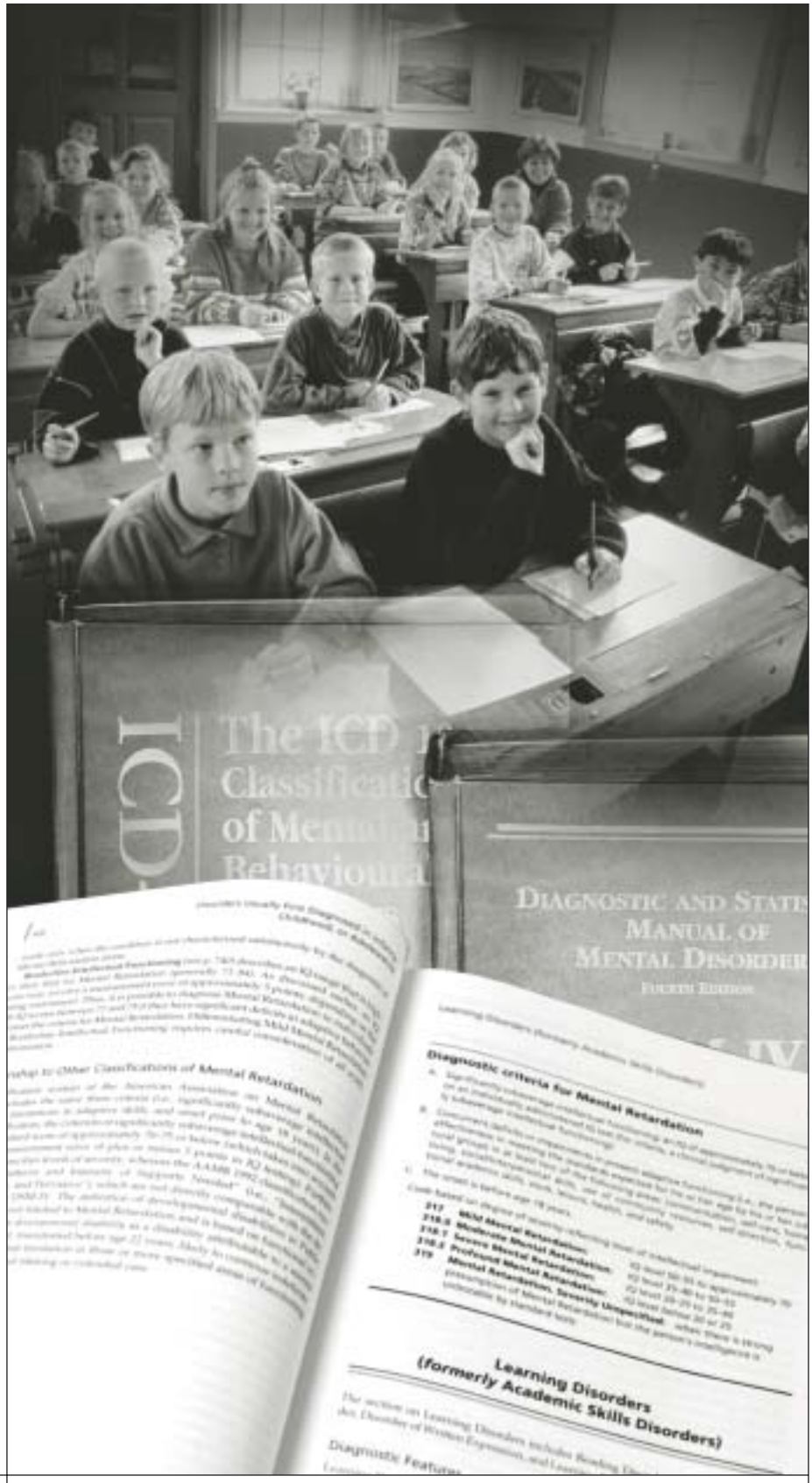
1. In 1865, Zurich psychiatrist Wilhelm Griesinger falsely claimed that all mental problems must be diseases of the brain. Undeterred by the absence of proof to this day, psychiatry built a multi-billion dollar empire on this false science.

2. In the late 1800s, German psychiatrist Emil Kraepelin was first to label and codify human behavior as "disorders" while acknowledging that psychiatry had no effective treatments or cures.

3. In 1952, the American Psychiatric Association's (APA) *Diagnostic & Statistical Manual of Mental Disorders (DSM)* contained only three "disorders" for infants or children. By 1980, there was a nearly ten-fold increase in the number of child disorders.

4. In 1987, "Attention Deficit Hyperactivity Disorder" (ADHD) was literally *voted* into existence by APA committee members and enshrined in the *DSM.* Within a year, 500,000 children in America alone were diagnosed with it.

5. 17 million schoolchildren worldwide have now been diagnosed with so-called mental disorders and prescribed cocaine-like stimulants and powerful anti-depressants as treatment.



The creation of bogus learning disorders as listed in psychiatry's Diagnostic and Statistical Manual of Mental Disorders (DSM) *enables psychiatrists to label and drug millions of children at great profit.*

CHAPTER TWO
Inventing Psychiatric 'Diagnoses'

Until the 1800s, the notion of the "lunatic" being sick was a foreign one. He was strange in his behavior, perhaps destructive, but explanations as to *why* did not necessarily center on a physical malfunction.

In 1865, however, Zurich psychiatrist Wilhelm Griesinger claimed that since most of the nerve coverage was in the brain, all mental problems must be diseases of the brain. Undeterred by the absence of proof to this day, psychiatry has since industriously built a multi-billion dollar empire with no more than an empty deck of cards.

> "The empire of child psychiatry was erected on a moral fault line, namely, the assumption that 'juvenile delinquency' is a disease that the child psychiatrist is especially qualified to diagnose and treat. But delinquency is not a disease, like diabetes…. It is simply an invidious, incapacitating status ascribed to a misbehaving minor."
>
> — Thomas Szasz,
> Professor of Psychiatry Emeritus

Smoke and Mirrors

Successfully masquerading as a science requires that certain appearances be maintained. It was German psychiatrist Emil Kraepelin, a Wundt student, who first devised a system of codification of human behavior, while simultaneously acknowledging that psychiatry had *no effective treatments or cures for most psychiatric disorders.*[15] [Emphasis added]

Over a century later, things haven't changed. In 1995, Rex Cowdry, then-director of the U.S. National Institute of Mental Health (NIMH) admitted, "*We do not know the causes [of any mental illness]. We don't have methods of 'curing' these illnesses yet.*"[16] [Emphasis added]

Since Kraepelin, the number of psychiatric condemnations of human behavior has steadily expanded. Today, they are codified in the American Psychiatric Association's (APA) *Diagnostic and Statistical Manual of Mental Disorders (DSM)* and the *International Classification of Diseases (ICD)*, mental disorders section. First published in 1952 with a list of 112 maladies, the 1994 issue of *DSM-IV* specifies more than 370 disorders.[17]

In 1987, "Attention Deficit Hyperactivity Disorder" (ADHD) was literally *voted* into existence by a show of hands of APA committee members and enshrined in *DSM-III-R*. Within one year, 500,000 children in the United States alone were diagnosed with this.[18] Today, the number of American children being labeled as having "ADHD" has risen alarmingly to 6 million.

Internationally, the number of children diagnosed with ADHD, also called hyperkinetic disorder in Europe, or deficits in attention,

Numerous books show that health and educational problems alone can cause attention and behavioral problems, thereby discrediting the "ADHD" learning disorder monopoly.

motor control and perception (DAMP) has been skyrocketing since the 1990s. Between 1989 and 1996, France experienced a 600% increase in the number of children labeled "hyperactive."

Symptoms of ADHD include: 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, climbs or talks excessively and interrupts or intrudes on others (e.g., butts into conversations or games). In 1999, the U.S. Surgeon General's report on mental health said that the "exact etiology (cause) of ADHD" is still "unknown."

> "ADHD is not like diabetes and Ritalin 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."
>
> — Dr. Mary Ann Block, author of *No More ADHD*

Dr. Louria Shulamit, a family practitioner in Israel, says, "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."[19]

In 2002, Assistant Professor Eva Karfve, a Swedish sociologist and author, disputed any validity to this disorder: "The claim that ADHD is biologically caused or stems from a metabolic disturbance in the brain is not scientifically founded in any way."

Dr. Fred A. Baughman, Jr., a pediatric neurologist, says that "the frequency with which

"'Biological psychiatry' has yet to validate a single psychiatric condition/diagnosis as in abnormality/disease or as anything 'neurological,' 'biological,' 'chemically imbalanced' or 'genetic.'"

— Dr. Fred A. Baughman, Jr., Pediatric Neurologist, 2002

'learning disorders' and 'ADHD' are diagnosed in schools is proportional to the presence and influence within the schools of mind/brain behavioral diagnosticians, testers and therapists."

Today, American schools spend at least $1 billion a year on psychologists who work full-time to diagnose students.[20] Annually, $15 billion has been spent on the diagnosis, treatment and study of these so-called "disorders." The sales of stimulants alone to control the symptoms of ADHD have now reached $1.3 billion annually.

Fred Shaw, Jr., a former Los Angeles deputy sheriff who now runs several California group homes for boys (alternatives to prison), tells this story: "A boy was brought to the home, diagnosed as ADD [Attention Deficit Disorder] by a psychologist. I asked the young man some questions: 'What's the longest you've ever talked with a girl on the phone?' Three to five hours. 'Do you remember what she said?' Yes, quite well. 'How long can you play a video game?' Eight hours straight. 'What about reading books?' From the beginning to end—the ones he *liked*. He also played full games of basketball. So it appeared to me that he could pay attention to anything that he was *interested* in."[21]

Tana Dineen, a Canadian psychologist and author of *Manufacturing Victims*, says psychology is neither a science nor a profession, but an industry that turns healthy people into victims to give itself a constant source of income.[22] In the 2001 revision of her book, she added, "The Psychology Industry is not concerned about, and would prefer to overlook, the damage it wreaks not only on users but also on society as a whole."[23]

Having infiltrated and secured positions of trust and authority within the education system, and set the scene for a patterned onslaught of psychiatric diagnosis, psychiatry unleashed its next, most dangerous and most lucrative weapons on our youth—addictive, psychotropic drugs posing as medication.

"The Psychology Industry is not concerned about, and would prefer to overlook, the damage it wreaks not only on users but also on society as a whole."

— Tana Dineen, psychologist and author, *Manufacturing Victims*, 2001

IMPORTANT FACTS

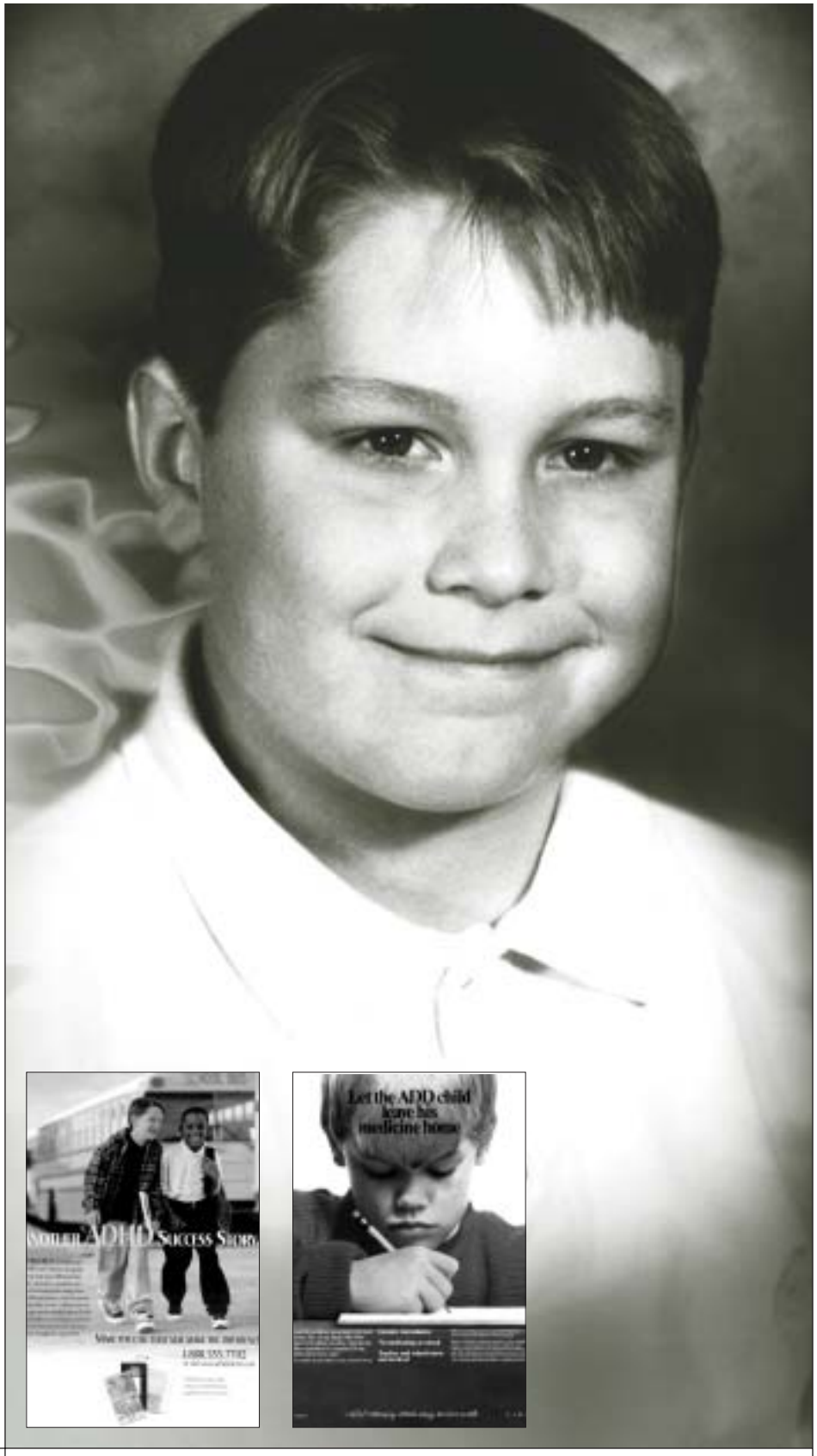
1. Psychiatrists *theorize* that mental problems stem from a "chemical imbalance" in the brain or are the result of a "neurobiological disorder" to justify the administration of powerful mind-altering drugs.

2. Children 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 looks like.

3. With millions of children fraudulently labeled with "ADHD," psychiatrists are creating a generation of drug addicts. The manufacturer of one stimulant prescribed for "ADHD" admits *it is a drug of dependency.*

4. Millions of children and adolescents are also taking antidepressants that British, Australian, European and U.S. drug regulatory agencies have warned can cause suicide.

5. The rise in gratuitous and murderous violence amongst youth is linked to the introduction of and increases in violence-inducing drugs being prescribed to them.



Matthew Smith was forced by his school to take a psychiatric stimulant to help him "focus" better. However, in 2000, at age 14, he died of a heart attack that a coroner attributed to the prescribed stimulant. More and more children are being diagnosed with ADHD, a "disease" that has never been clinically proven to exist. Widespread marketing has been partly responsible for the increase.

CHAPTER THREE
Child Drug Pushing

When James was first diagnosed with attention deficit disorder, his mother refused to put him on psychiatric drugs and transferred him to another school. James' records followed him, however, and counselors at the new school urged a psychological evaluation be done. Diagnosis: ADD. Treatment: psychiatric drugs.

Matters soon deteriorated. "At school, my boy was labeled, drugged and almost died," his mother said. Three days after being put on the drug she received an urgent call from the school that her son was having severe chest pains and had to be rushed to the hospital. The doctors told her it was a reaction to the drug. When she stopped giving her son pills, the danger passed.[24]

James was lucky. Millions of children around the world just like him are not.

> "With no abnormality in the 'ADHD child,' the pseudo-medical label is nothing but stigmatizing, and the unwarranted drug treatment that invariably follows, a physical assault. The 'medication' typically prescribed for ADHD and 'learning disorders' is a hazardous and addictive amphetamine-like drug."
>
> — Dr. Fred A. Baughman, Jr., Pediatric Neurologist, 2002

Dr. Baughman reports: "The following children are no longer hyperactive or inattentive—they are dead. Between 1994 and 2001, I was consulted, medically or legally, formally or informally, in the following death cases: Stephanie, 11, prescribed a stimulant and died of cardiac arrhythmia; Matthew, 13, prescribed a stimulant and died of cardiomyopathy [disease of heart muscle]; Macauley, 7, prescribed a stimulant and three other psychiatric drugs, suffered a cardiac arrest; Travis, 13, prescribed a stimulant and suffered cardiomyopathy; Randy, 9, given a stimulant and several other drugs and died from cardiac arrest; Cameron, 12, prescribed a stimulant and died from hypereosinophilic syndrome [abnormal increase in white blood cells]. This is a high price to pay for the 'treatment' of a 'disease' that does not exist."

The Hoax of "Chemical Imbalance"

Through massive promotion and marketing campaigns, psychiatric drugs are increasingly prescribed as the panacea for life's inevitable crises and challenges.

Psychiatry's most recent campaign is the theory that all mental problems stem from a "chemical imbalance" in the brain, or "neurobiological disorder."

Psychiatrist David Kaiser is unequivocal about the lie of neurobiological disorder: "Modern 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."[25]

In 2001, Ty C. Colbert, Ph.D., author of *Rape of the Soul: How the Chemical Imbalance Model of Modern Psychiatry Has Failed Its Patients*, said, "As with all other mental disorders, there is no biological test or biological marker for ADHD." He cites the U.S. National Institutes of Health Consensus Conference on ADHD that concluded, "As with all other emotional disorders, however, researchers have vigorously attempted to find proof that ADHD is caused by a chemical imbalance, but have come up with nothing."[26]

> "As with all other emotional disorders, however, researchers have vigorously attempted to find proof that ADHD is caused by a chemical imbalance, but have come up with nothing."
>
> —Ty C. Colbert, Ph.D., author of *Rape of the Soul*

When this idea of a "chemical imbalance" is successfully used to secure the cooperation of unwitting parents, it establishes a dangerous precedent. "These children believe they have something wrong with their brains that makes it impossible for them to control themselves without using a pill," says Dr. Baughman.[27]

By "pill" of course is meant hazardous and addictive amphetamine-like stimulants or antidepressants like Selective Serotonin Reuptake Inhibitors (SSRIs).

With millions of children fraudulently labeled with "ADHD," psychiatrists are creating a generation of drug addicts. The manufacturer of methylphenidate (Ritalin) admits *it is a drug of dependency.*[28] And addictive drugs spawn a culture of drug dealing and abuse. Ritalin and other stimulants are now sold illicitly in schools in numerous countries for $2 to $10 a pill.[29] More potent than cocaine, children crush the tablets and snort it. "Quite a few have tried it. Most of the lads (boys) 'bomb' it by smoking it, some mix it up with glucose and snort it," Simon, a 14-year-old New Zealand student said.[30] In Britain, children as young as six are becoming hooked on a psychoactive stimulant sold illegally by child dealers.[31]

Worldwide production of methylphenidate increased from 2.8 tons in 1990 to 15.3 tons in 1997. In Mexico, sales of this stimulant rose 800% between 1993 and 2001.

Australia reports a stimulant prescription rate for children increasing 34-fold in the past two decades. Some 250,000 prescriptions for dexamphetamine, which outsells Ritalin, were written in 2003.[32] In 2002, the Council of Europe Parliamentary Assembly said the highest rates of methylphenidate consumption in Europe were in Switzerland, Iceland, the Netherlands, the United Kingdom, Germany, Belgium and Luxemburg. In Britain the stimulant prescription rate for children soared 9,200% between 1992 and 2000.[33]

A further 1.5 million children and adolescents are taking SSRI antidepressants in the United States.[34] In Canada, the number of girls aged 15 to 18 taking antidepressants almost doubled between 1998 and 2002.[35] In Britain, the number of prescriptions for antidepressants has also more than doubled in 10 years.[36]

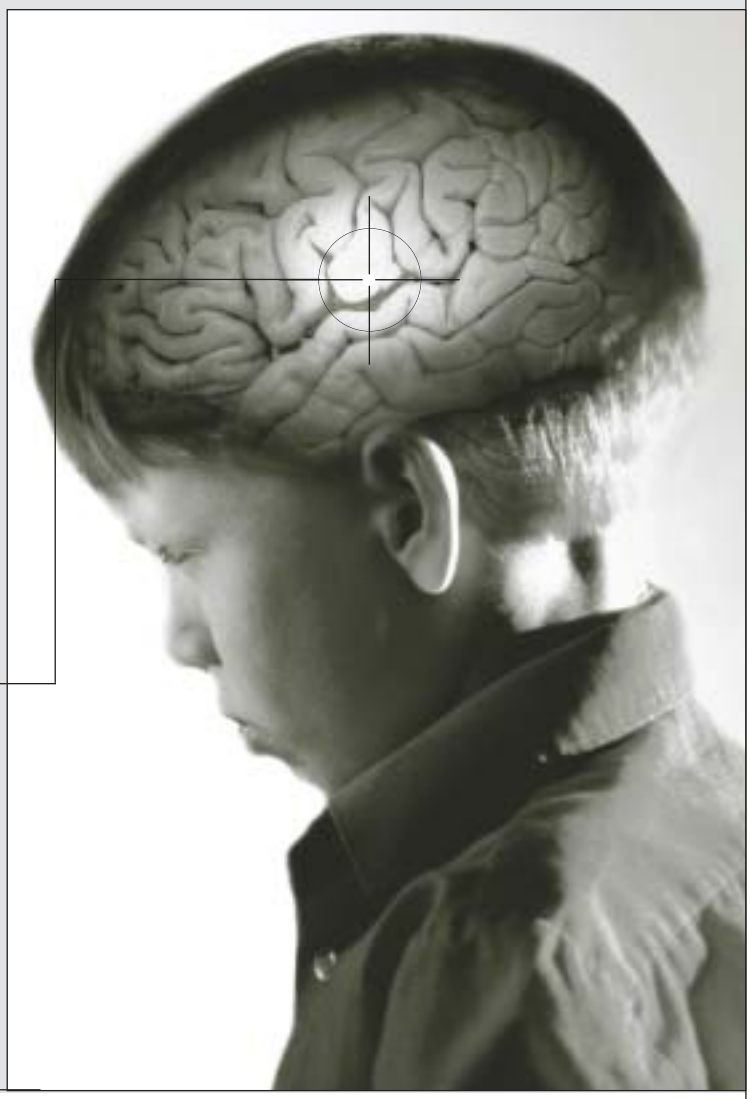
In today's school in Queensland, Australia, schoolchildren no longer line up for milk, but queue for drugs to control their "behavior problems." Teachers spend their days dispensing

INSIDE LOOK

The Myth of Chemical Imbalance

As presented in countless illustrations in psychiatric and medical journals, the brain has been dissected, its parts labeled and analyzed, while the public has been assaulted with the latest psychiatric theories of how the physical and chemical composition of the brain determines behavior, mental disorders or disabilities. What is missing, in all this, is scientific fact.

> "[T]here are no tests available for assessing the chemical status of a living person's brain." Also, no "biological, anatomical or functional signs have been found that reliably distinguish the brains of mental patients. "
>
> — Elliot S. Valenstein, Ph.D., Biopsychologist



"medication."[37] It is not a job that they enjoy. As one teacher remarked, "As an early childhood teacher it breaks my heart to have to administer [these drugs] to children as young as three and then to see them spend their day in a zombie-like state."[38]

The results for children have been catastrophic.

Thomas Moore, author of *Prescriptions for Disaster,* said that the current use of drugs like Ritalin is taking "appalling risks" with a generation of kids. The drug is given, he said, for "short-term control of behavior—not to reduce any identifiable hazard to [children's] health. Such large-scale chemical control of human behavior has not been previously undertaken in our society outside of nursing homes and mental institutions."[39]

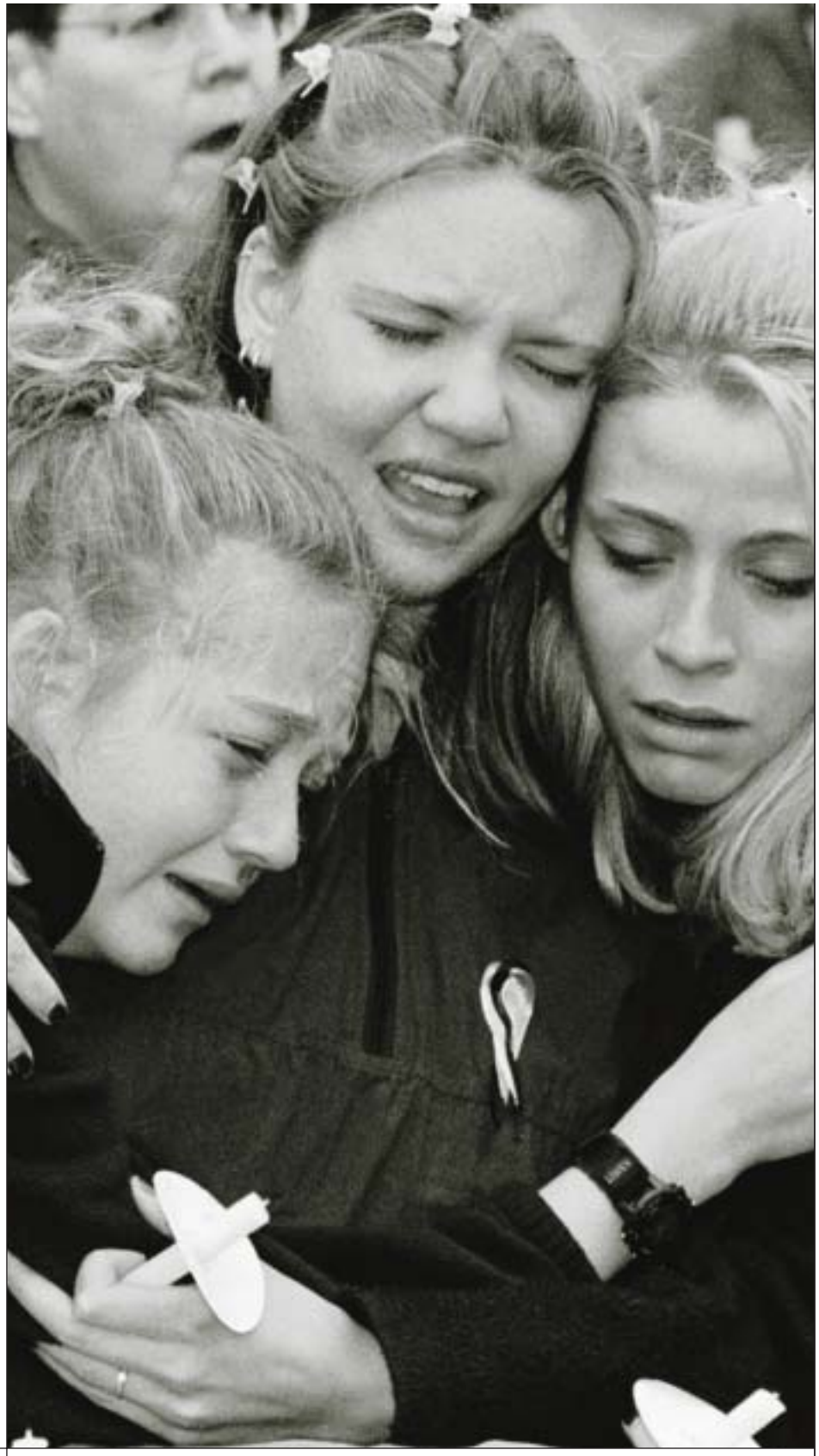
IMPORTANT FACTS

1. The psychological program "values clarification" emerged from Germany and was introduced into U.S. classrooms in the 1960s under various names, including Outcome Based Education (OBE).

2. At least five teens responsible for U.S. school massacres had undergone psychological behavior modification school programs like "death education," including Columbine High School shooters, Eric Harris and Dylan Klebold.

3. In Japan, the destructive impact of psychological and psychiatric programming in schools was highlighted by the case of a teacher dressing up as a terrorist and bursting into his classroom, terrifying children in an effort to "teach" them about violence.

4. Beverly Eakman, an educator and bestselling author, makes clear that the agenda of psychiatrists and psychologists is to "jettison systematic academic knowledge" in favor of manipulative psychological programs and dangerous psychotropic drugs.



Psychiatric drugs and psychological practices were behind the violence in U.S. high schools such as the shooting in Columbine, Colorado (above) in 1999 and have been implicated in teen violence in other countries.

CHAPTER FOUR
Eradicating Right and Wrong

In March 1998, Andrew Goldon, 11, and cousin Mitchell Johnson, 13, sounded the alarm at Westside Middle School in Arkansas, prompting students and teachers to crowd into the courtyard. Then the two boys opened fire, randomly shooting at their victims, killing four students and one teacher.[40]

In Germany, during final preparations for school examinations in 2002, an expelled student killed 18 people and then himself. In Japan, a 14-year-old beheaded his 11-year-old friend, while another teen stabbed an elderly neighbor to death because he wanted to experience killing someone.[41] A drastic increase in school violence has been reported in Japan, Canada, Israel and France.[42] In the U.K., there are now special schools for disruptive, sometimes violent youngsters who have been permanently excluded from other schools.[43]

> "The re-interpretation and eventual eradication of the concept of right and wrong … are the belated objectives of practically all effective psychotherapy.... Psychiatry must now decide what is to be the immediate future of the human race. No one else can."
>
> — G. Brock Chisholm, psychiatrist and Canada's Deputy Minister of Health and Welfare, 1945

There are many possible explanations why—violence on television, the accessibility of guns and other weapons among them.

Yes, children can be influenced by violence on TV. Yes, guns are accessible. So are knives. They were also available 40 years ago, and children didn't go out and coolly commit premeditated massacres with them.

To discover the true reason, it is necessary to examine modern schools, especially the programs for teaching moral values. In education in the United States, morals have been heavily and adversely focused upon since 1967, when "values clarification" first appeared in schools.

"Values clarification" initially emerged from Germany and was introduced into United States' classrooms under various names: sensitivity training, encounter groups, self-esteem training, moral reasoning, conflict resolution and critical thinking, to name a few. None are any more than mental techniques designed to modify behavior—or more bluntly, alter young people's values.[44]

Children and teenagers are manipulated and molded with the purpose of bringing about certain desired psychological "outcomes." This process involves breaking down and subtly invalidating the child's already acquired values—in particular, his family's values — and replacing them with the idea that there is no set right or wrong, only personal opinion.

Tom DeWeese of the American Policy Foundation tells the story of a 9-year-old boy who "told his mother that he ranked lumberjacks in the same class as murderers and bigots" after a values clarification class. "These psychologically-based

programs are harming children. ... It's mind control from womb to tomb," said DeWeese.[45]

According to William Kilpatrick, author of *Why Johnny Can't Tell Right From Wrong*, "[N]o time is spent providing moral guidance or forming character. The virtues are not explained or discussed, no models of good behavior are provided, no reason is given why a boy or girl should want to be good in the first place."[46]

Educator Beverly Eakman describes the impact of psychiatric and psychological influence on schools: "Their clear and stated agenda has been to jettison systematic, academic, knowledge-based curricula."[47]

At least five teens responsible for school massacres had undergone psychological behavior modification school programs like "death education" or "anger management."

The Arkansas school health and social science curriculum included "conflict resolution" classes emphasizing that students "examine the possible causes of conflict in schools, families and communities" and "demonstrate strategies to prevent and manage conflict in healthy ways." The Westside Arkansas school shooting was triggered by one of the boys breaking up with a girlfriend, which he apparently "solved" by coldly killing his fellow students. And while "anger management" is claimed to teach individuals to control their aggression and anger, in one class, a boy beat up a classmate so badly that six days later the boy was still in hospital.[48]

Death education, a psychological experiment that has been used in many countries since the 1970s, requires children to discuss suicide, and write their own wills and epitaphs. One U.S. "death education" (euphemistically called "forensic education") class involved taking students to a deserted river shoreline to observe a mock crime scene complete with a "dismembered mannequin in the car trunk, a severed arm in a grocery bag and a bloody hacksaw."[49]

In Kyoto, Japan, in a bizarre attempt to educate children about violence, a teacher disguised in a cap and sunglasses, and brandishing a 20-inch metal rod, burst into a class of 11-year-olds sending them stumbling over desks and chairs trying to escape.[50]

These young felons murdered 22 people between them after being subjected to psychiatric or psychological behavior modification techniques and drugs.

Concerned parents and educators cite Columbine High School shooters Eric Harris and Dylan Klebold as prime examples of the failure of "anger management" and "death education."

Harris was taking an antidepressant that can cause violent mania. He and Klebold had attended court-ordered psychological counseling, including "anger management." Further, Harris was told to imagine his own death. He later dreamt that he and Klebold went on a shooting rampage in a shopping center. After turning the story of his dream in to his teacher, Harris and Klebold acted it out by killing a teacher, their classmates and themselves.[51]

By combining a value-neutral system or "anger management" together with a heavy emphasis on the "educational" use of violence-inducing, psychiatric drugs, one has created a powder keg waiting for a spark.

SPECIAL REPORT

What Is Really Happening in Class?

Today, students are often screened or "profiled" by using questionnaires that inquire about their own and their parents' attitudes and behaviors. This includes such questions as how many times they've used cocaine or had sexual intercourse.[52]

One U.S. "teen screen" program surveys students with questions such as, "Has there been a time when nothing was fun for you and you just weren't interested in anything?"[53] The child can then be referred to a psychologist or psychiatrist and, usually, prescribed drugs. Joseph Glenmullen of Harvard Medical School, said the questionnaires of symptoms used to "diagnose" depression "may look scientific," but "are utterly subjective measures."[54]

The drugs prescribed for "depression" are known to cause violent and suicidal behavior. 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 issued a similar warning, as did Australian, Canadian and European agencies, while in September, an FDA advisory committee recommended a "black box" warning about suicide be prominently placed on SSRI bottles.

The warning came too late for Matt Miller and Cecily Bostock. Matt hanged himself in his bedroom closet after one week of starting to take an SSRI antidepressant. Cecily stabbed herself in the chest with a kitchen knife two weeks after she began taking an antidepressant.[55] "To die in this violent, unusual manner without making a sound … [the drug] must have put her over the edge," said Cecily's mother, Sara.

A "black box" warning fails to address the magnitude of the problem as more children die from drugs that are FDA approved for, and then prescribed for, fictitious disorders. Moreover, psychiatric drugs and school programs are also linked to the rise in murderous violence amongst youth. Psychotic episodes and violent behavior are associated with chronic stimulant abuse.[56] At least 5% of patients taking SSRIs suffer "commonly recognized" side effects, including agitation, anxiety, aggression, hallucinations and depersonalization.[57]

Violence by teens that have been taking psychiatric drugs cannot be ignored. A sampling of such crimes includes: In February 2004, 15-year-old Andreas of Germany shot and killed his foster father after years of psychiatric treatment; he was taking prescribed psychotropic drugs. On May 17, 2004, 19-year-old Ryan Furlough of Maryland was convicted of the 2001 first-degree murder of a friend; Ryan was on a prescribed antidepressant at the time. In Japan, in July 1999, two boys, aged 15 and 16, stabbed a 16-year-old, while taking a sedative (sleeping pill) because it made them "invincible."

Educator Beverly Eakman's advice is, "Give the mental health industry a leave of absence from our nation's homes and schools."[58]

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Citizens Commission on Human Rights
RAISING PUBLIC AWARENESS

Education is a vital part of any initiative to reverse social decline. CCHR takes this responsibility very seriously. Through the broad dissemination of CCHR's Internet site, books, newsletters and other publications, more and more patients, families, professionals, lawmakers and countless others are becoming educated on the truth about psychiatry, and that something effective can and should be done about it.

CCHR's publications—available in 15 languages—show the harmful impact of psychiatry on racism, education, women, justice, drug rehabilitation, morals, the elderly, religion, and many other areas. A list of these include:

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CITIZENS COMMISSION ON HUMAN RIGHTS
The International Mental Health Watchdog

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

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"Put a value-neutral system together with a heavy emphasis on the 'educational' use of violence-inducing psychiatric drugs, and you have a powder keg waiting for a spark."

— *Jan Eastgate, President*
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