SCHIZOPHRENIA

Psychiatry's For Profit 'Disease'

Report and recommendations on
psychiatric lies and
false diagnoses

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IMPORTANT NOTICE
For the Reader

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

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

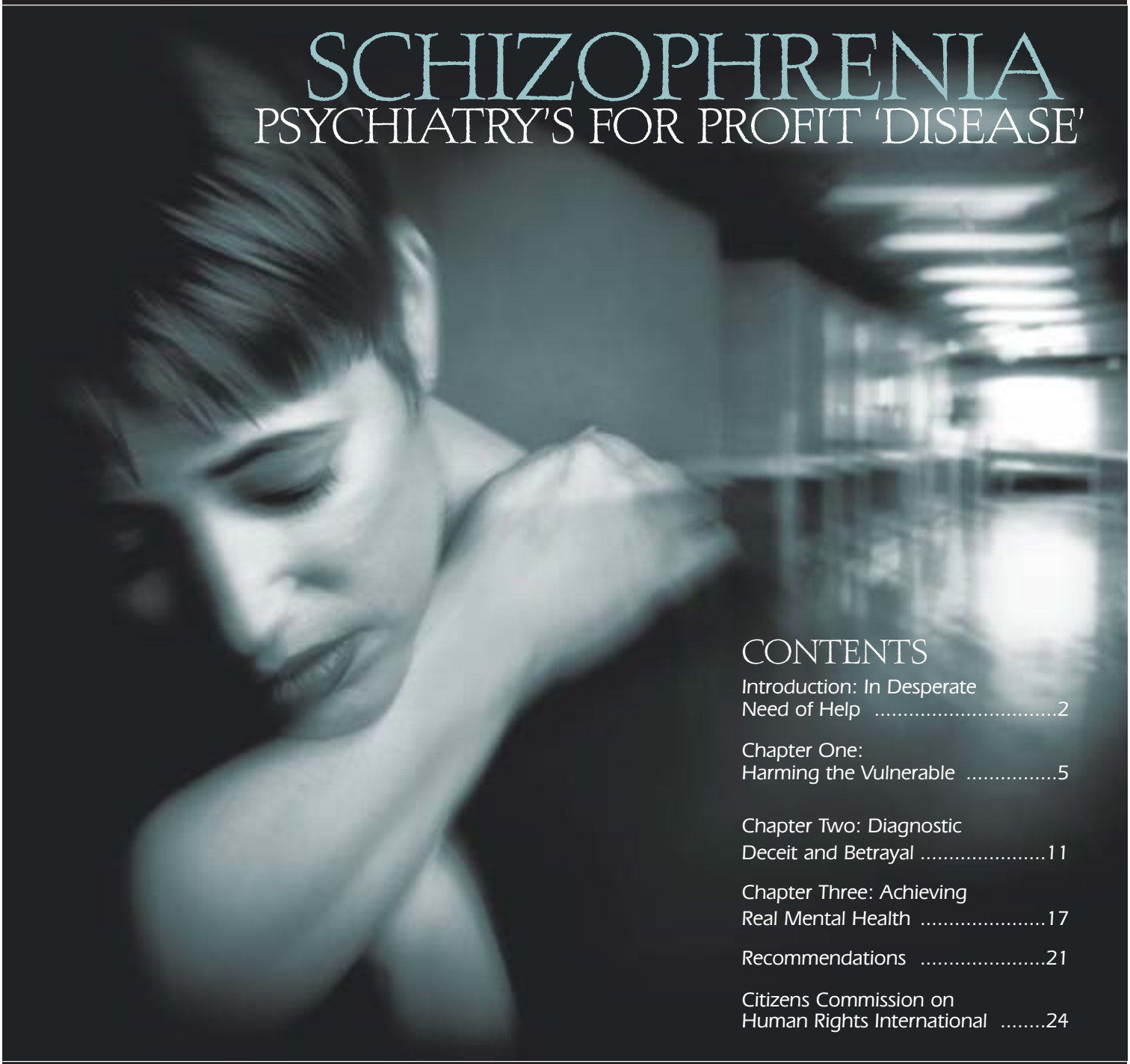
2. PSYCHIATRISTS DEAL EXCLUSIVELY WITH MENTAL "DISORDERS," NOT PROVEN DISEASES. While mainstream physical medicine treats diseases, psychiatry can only deal with "disorders." In the absence of a known cause or physiology, a group of symptoms seen in many different patients is called a *disorder* or *syndrome.* Harvard Medical School's Joseph Glenmullen, M.D., says that in psychiatry, "all of its diagnoses are merely syndromes [or disorders], clusters of symptoms presumed to be related, not diseases." As Dr. Thomas Szasz, professor of psychiatry emeritus, observes, "There is no blood or other biological test to ascertain the presence or absence of a mental illness, as there is for most bodily diseases."

3. PSYCHIATRY HAS NEVER ESTABLISHED THE CAUSE OF ANY "MENTAL DISORDERS." Leading psychiatric agencies such as the World Psychiatric Association and the U.S. National Institute of Mental Health admit that psychiatrists do not know the causes or cures for any mental disorder or what their "treatments" specifically do to the patient. They have only theories and conflicting opinions about their diagnoses and methods, and are lacking any scientific basis for these. As a past president of the World Psychiatric Association stated, "The time when psychiatrists considered that they could cure the mentally ill is gone. In the future, the mentally ill have to learn to live with their illness."

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

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

SCHIZOPHRENIA
PSYCHIATRY'S FOR PROFIT 'DISEASE'



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INTRODUCTION
In Desperate Need of Help

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

To whom can they turn when this happens?

According to psychiatrists, one should consult them as the mental health experts. But that is a deception, as many people who have turned to them in the hope of finding answers to personal dilemmas have discovered.

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

> "Psychiatrists know nothing about the mind, treat the individual as no more than an organ in the head (the brain) and have about as much interest in spirituality, standard medicine and curing, as an executioner has in saving lives."
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> — Dr. Megan Shields, family physician, advisory board member of CCHR International

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

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

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

In *theory,* any psychiatrist or psychologist who claims that "serious mental illnesses" are no different than a heart condition, gangrene of the leg or the common cold, is dealing in deception.

As Dr. Thomas Szasz, professor of psychiatry emeritus of the State University of New York, Syracuse, states, "If we are to consider mental disease to be like physical disease, we ought to have biochemical or pathological evidence." And if an "illness" is to be "scientifically meaningful, it must somehow be capable of being approached, measured or tested in a scientific fashion, as through a blood test or an electroencephalograph [recording of brain electrical

activity]. If it cannot be so measured—as is the case [with] … 'mental illness'—then the phrase 'illness' is at best a metaphor and at worst a myth, and that therefore 'treating' these 'illnesses' is an equally … unscientific enterprise."[1]

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

Knowing nothing about the mind, the brain, or about the underlying causes of serious mental disturbance, psychiatry still sears the brain with electroshock, tears it with psychosurgery and deadens it with dangerous drugs. Completely ignorant of what they are dealing with, they simply prefer the expedient approach of "throwing a hand grenade into a switchboard to fix it." It sounds and looks impressive, but in the process destroys a whole lot that's good and cures nothing but costs billions of taxpayers' dollars each year.

By destroying parts of the brain, the person is more tractable, but less alive. The original mental disturbance remains in place, just suppressed. This is psychiatry in action in the treatment of disturbed individuals.

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

There are alternatives to psychiatric treatment. Seek out and support them for they can repair and build. They also work. Avoid psychiatry because it only tears apart and destroys. And it never works.

Sincerely,

Jan Eastgate
President, Citizens Commission
on Human Rights International

IMPORTANT FACTS

1. "Schizophrenia" has no physical abnormality and, therefore, is not a *disease*.

2. The first patients to be diagnosed with schizophrenia were later found to have been suffering from a virus that caused inflammation of the brain resulting in bizarre behavior.

3. Neuroleptic (nerve seizing) drugs, used to treat schizophrenia, cause damage to the body's nervous system and result in permanent impairment and even death.

4. Treatment studies show much higher success rates in poorer countries (where neuroleptics were used on fewer patients) than in prosperous countries.

5. Studies show that extreme violence is a documented side effect of both taking psychiatric drugs and withdrawal from them.

CHAPTER ONE
Harming the Vulnerable

Most people consider that psychiatry's main function is to treat patients with severe, even life-threatening mental conditions.

The most pronounced is that condition first called *dementia praecox* by German psychiatrist Emil Kraepelin in the late 1800s, and labeled "schizophrenia" by Swiss psychiatrist Eugen Bleuler in 1908.

Psychiatrist E. Fuller Torrey reported that Kraepelin "put the final medical seal on irrational behavior by naming it and categorizing it. Irrational behavior could now hold its head up in medical company for it had names. … His classificatory system continues to dominate psychiatry up to the present, not because it has proven of value … [but] because it has been the ticket of admission for irrational behavior into medicine."[2]

> "Diagnosing someone as schizophrenic may appear scientific on the surface, especially when biopsychiatry keeps claiming that a genetic brain disease is involved. But when you step back and observe from a distance ... you wonder how they can justify their work. … This is not science."
>
> — Ty C. Colbert, Ph.D., *Blaming Our Genes*, 2001

However, Robert Whitaker, author of *Mad in America*, says the patients that Kraepelin diagnosed with dementia praecox were actually suffering from a virus, *encephalitis lethargica* (brain inflammation causing lethargy) which was unknown to doctors at the time: "These patients walked oddly and suffered from facial tics, muscle spasms, and sudden bouts of sleepiness. Their pupils reacted sluggishly to light. They also drooled, had difficulty swallowing, were chronically constipated, and were unable to complete willed physical acts."[3]

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

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

Drug Control

The neuroleptics (nerve-seizing drugs), also known as antipsychotics, prescribed for so-called "schizophrenia" were first developed by the French to numb the nervous system during surgery. Psychiatrists learned very early on that neuroleptics cause Parkinsonism and symptoms of encephalitis lethargica, the very problem Kraepelin had misidentified and called dementia praecox.[4]

The drugs damage the extrapyramidal system (EPS)—the extensive complex network of nerve fibers that moderates motor control—resulting in muscle rigidity, spasms and various involuntary movements.[5]

The drug-induced side effect *tardive dyskinesia* (*tardive*, meaning "late" and *dyskinesia* meaning,

MARKETING HARM FOR A PROFIT:

1950s – 1970s: Negative psychiatric drug publicity was countered with articles and advertisements in medical journals which routinely exaggerated the benefits of antipsychotic drugs, while blatantly ignoring their numerous risks.

"abnormal movement of muscles"), is a permanent impairment of the power of voluntary movement of the lips, tongue, jaw, fingers, toes and other body parts and has appeared in 5% of patients within one year of neuroleptic treatment.[6]

Researchers and psychiatrists also knew the risk of "neuroleptic malignant syndrome," a potentially fatal toxic reaction where patients break into fevers and become confused, agitated and extremely rigid. An estimated 100,000 Americans have died from it.[7]

To counter negative publicity, articles placed in medical journals regularly exaggerated the benefits of the new drugs and obscured their risks. Whitaker says that in the 1950s, what physicians and the general public learned about new drugs was tailored: "This molding of opinion, of course, played a critical role in the recasting of neuroleptics as safe, *antischizophrenic* drugs for the mentally ill."[8]

However, independent research outcomes were worrisome. In a study over eight years, the World Health Organization found that patients in three economically disadvantaged countries—India, Nigeria and Colombia—"were doing dramatically better than patients in the United States and four other developed countries." Indeed, after five years, "64% of the patients in the poor countries were asymptomatic and functioning well." In contrast, only 18% of the patients in the prosperous countries were doing well.[9]

Western psychiatrists responded by arguing that people in poorer countries simply didn't have schizophrenia at all. However, a second follow-up study using the same diagnostic criteria reached the same conclusion.[10] Whereas only 16% of the patients were maintained on neuroleptics in the poor countries, in prosperous countries, the figure was 61%. Neuroleptics were clearly implicated in the significantly inferior Western result. Western experience also showed that relapse rates were lower for non-drugged patients than drugged patients.[11]

Not until 1985 did the American Psychiatric Association issue a warning letter to its members, and then only after several highly publicized lawsuits that "found psychiatrists and their institutions negligent for failing to warn patients of the drug-related risk, with damages in one case topping $3 million [€2.4 million]."

The reason for this silence had nothing to do with the practice of medicine. The initial investment in chlorpromazine (a neuroleptic) in 1954 was $350,000 (€285,598). By 1970 it was generating revenues of $116 million (€95.6 million) a year.

"In the 1800's German psychiatrist Emil Kraepelin (left) put the final medical seal on irrational behavior by naming it and categorizing it. … His classificatory system continues to dominate psychiatry up to the present … because it has been the ticket of admission for irrational behavior into medicine," psychiatrist E. Fuller Torrey observed.

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

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

One of the atypicals had been tested in the 1960s and found to cause seizures, dense sedation, marked drooling, constipation, urinary incontinence, weight gain, respiratory arrest, heart attack and rare sudden death. When introduced into Europe in the 1970s, the drug was withdrawn because it caused agranulocytosis (a potentially fatal depletion of white blood cells) in up to 2% of patients.[12]

On May 20, 2003, *The New York Times* reported that the atypicals may cause diabetes, "in some cases leading to death." Dr. Joseph Deveaugh-Geiss, a consulting professor of psychiatry at Duke University, said that the diabetes link "is looking a lot like what we saw 25 years ago with [tardive dyskinesia]."[13]

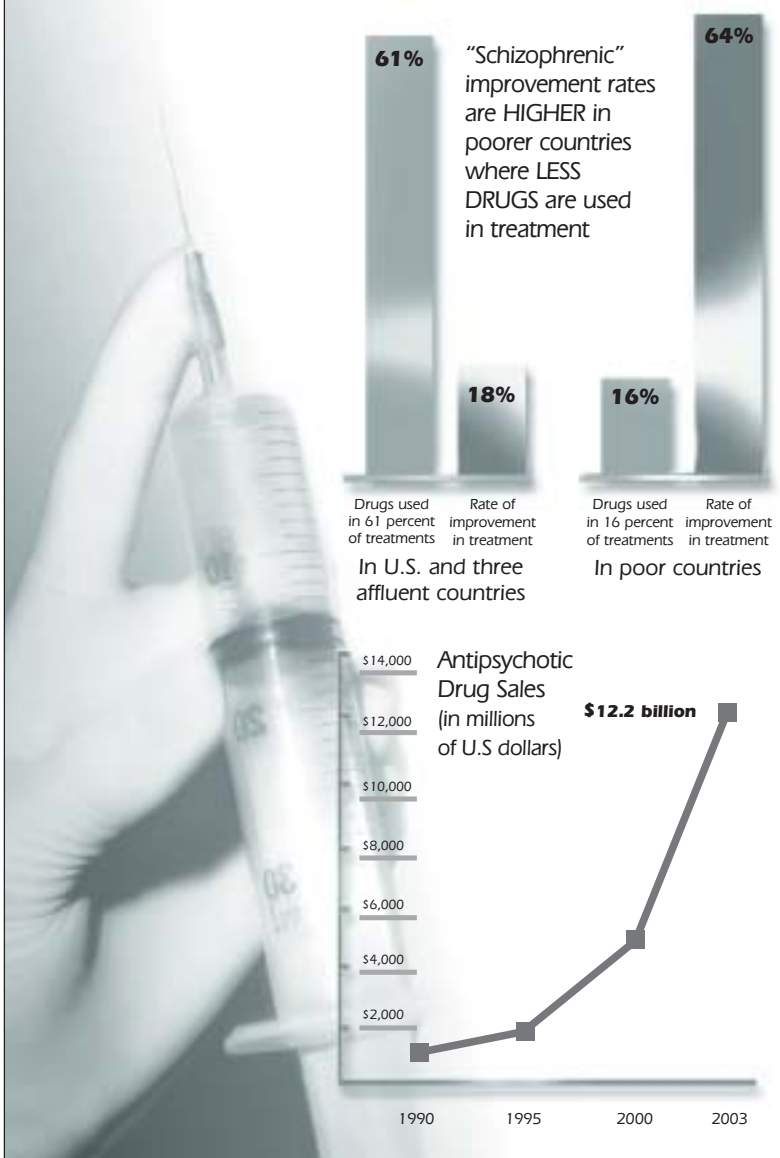
In May 2003, a study of atypical use in 17 Veteran Affairs hospitals found that one antipsychotic drug cost $3,000 to $9,000 (€2,448 to €7,343) more than the earlier drugs per patient, with no benefit to symptoms, easing of Parkinson's-like side effects or improvement in overall quality of life.[14]

In 2000, the total annual U.S. sales of antipsychotic drugs was $4 billion (€3.2 billion). By 2003, sales had reached $8.1 billion (€6.6 billion). Internationally, the sales were over $12 billion (€9.7 billion).[15]

Today, psychiatry clings tenaciously to antipsychotics as the treatment for "schizophrenia," despite their proven risks and despite studies which show that when patients stop taking the atypicals, they improve.[16]

Treating 'Schizophrenia': A Comparison Between Countries

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



The "schizophrenic" drug market in 1999 was worth a lucrative $5 billion (€ 4 billion), and by 2003 it had reached $12.2 billion (€ 9.9 billion). This lower graph above represents U.S., United Kingdom, Canada, France, Germany, Italy, Japan and Spain combined—converted to U.S. dollars.

CREATING HARM
Drug-Induced Violence

Presidential Assassin: On March 30, 1981, John Hinckley Jr., shown in custody at Quantico, Virginia, staged an assassination attempt on President Ronald Reagan. A psychiatrist later attributed Hinckley's attack on the President and others to be a violent rage precipitated by a psychiatric drug.

"Little could the public have suspected that the madman of its nightmares, who kills without warning and for no apparent reason, was not always driven by an evil within but rather by a popular medication."[17]
— Robert Whitaker, Author, *Mad in America: Bad Science, Bad Medicine, and The Enduring Mistreatment of the Mentally Ill*, 2002

Psychiatrists blame violent crime on a patient's failure to continue his or her medication, while *knowing* that extreme violence is a documented side effect of both taking psychiatric drugs and withdrawal from them.

▮ On June 20, 2001, Texas mother and housewife, Andrea Yates, filled the bathtub and drowned her five children, ages 6 months to 7 years. For many years, Mrs. Yates, 37, had struggled through hospitalizations, prescribed psychiatric drugs and suicide attempts. On March 12, 2002, the jury rejected her insanity defense and found her guilty of capital murder.

For the legal profession and the media, the story had been told and the case was closed. For psychiatry, their excuses were predictable: Mrs. Yates suffered from a severe mental illness, which was "treatment resistant" or she was "denied appropriate and quality mental health care."

Unsatisfied, CCHR Texas obtained independent medical assessments of Mrs. Yates' medical records. Science consultant Edward G. Ezrailson, Ph.D., studied them and reported that the cocktail of drugs prescribed to Mrs. Yates caused involuntary intoxication. The "overdose" of one antidepressant and "sudden high doses" of another, "worsened her behavior," he said. This "led to murder."[18]

▮ Robert Whitaker's extensive research discovered that antipsychotic drugs temporarily dim psychosis but, over the long run, make patients more biologically prone to it. A second paradoxical effect, one that emerged with the more potent neuroleptics, is a side effect called *akathisia* (*a*, without; *kathisia*, sitting; an inability to keep still). This side effect has been linked to assaultive, violent behavior.[19]

A 1990 study determined that 50% of all fights in a psychiatric ward could be tied to akathisia. Patients described "violent urges to assault anyone near."[20]

A 1998 British report revealed that at least 5% of Selective Serotonin Reuptake Inhibitor (SSRI) antidepressant patients suffered "commonly recognized" side effects that include agitation, anxiety and nervousness. Around 5% of the reported side effects include aggression, hallucinations, malaise and depersonalization.[21]

In 1995, nine Australian psychiatrists reported that patients had slashed themselves or become preoccupied with violence while taking SSRIs. "I didn't want to die, I just felt like tearing my flesh to pieces," one patient told the psychiatrists.[22]

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Withdrawal Effects

In 1996, the National Preferred Medicines Center Inc. in New Zealand, issued a report on "Acute drug withdrawal," saying that withdrawal from psychoactive drugs can cause 1) rebound effects that exacerbate previous symptoms of a "disease," and 2) new symptoms unrelated to the condition that had not been previously experienced by the patient.[23]

Dr. John Zajecka reported in the *Journal of Clinical Psychiatry* that the agitation and irritability experienced by patients withdrawing from one SSRI can cause "aggressiveness and suicidal impulsivity."[24]

In *Lancet*, the British medical journal, Dr. Miki Bloch reported that patients became suicidal and homicidal after stopping an antidepressant, with one man having thoughts of harming "his own children."[25]

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

In June 2001, a Wyoming jury awarded $8 million (€6.5 million) to the relatives of Donald Schell, who went on a shooting rampage after taking an antidepressant. The jury determined that the drug was 80% responsible for inducing the killing spree.[26]

David Hawkins

Andrea Yates

Kip Kinkel

TREATMENT LINKED TO VIOLENCE:
1) David Hawkins: a 74-year old with no prior history of violence, killed his wife while on an antidepressant. A judge ruled that the drug was, in part responsible.
2) In 2001, Andrea Yates filled the bathtub and drowned her five young children. Medical experts argue that excessive dosages of certain psychiatric drugs induced the murders.
3) Kip Kinkel 14, killed two and injured 22 after opening fire at his Oregon high school in 1998. He was also taking psychiatric drugs.

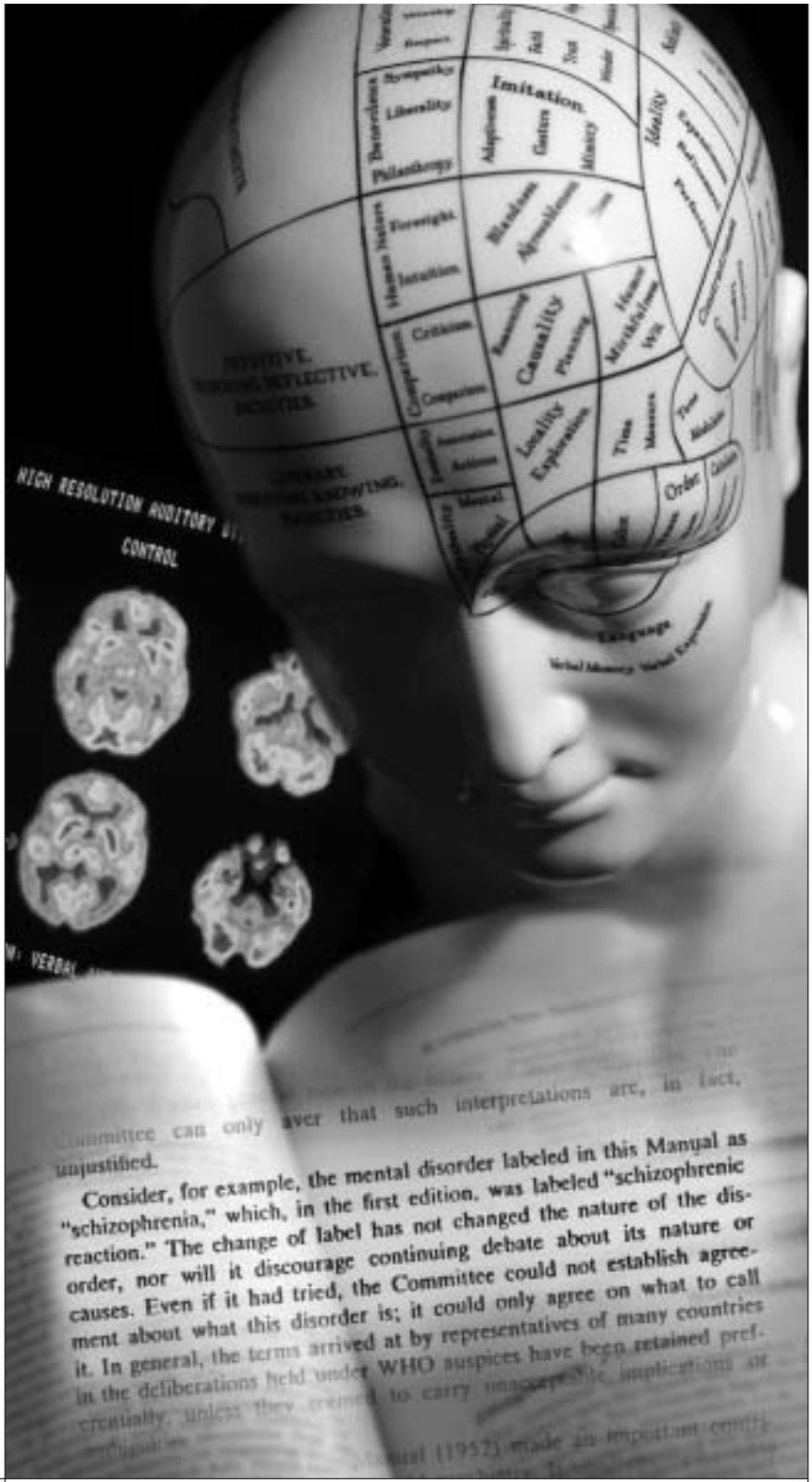
IMPORTANT FACTS

1. Psychiatry's *Diagnostic and Statistical Manual of Mental Disorders-IV (DSM)* currently contains 374 disorders whose subjectivity would cause anyone to be labeled "mentally ill" and drugged.

2. Psychiatrists have been unable to establish agreement on what schizophrenia is, only what to call it.

3. "Schizophrenia," "bipolar," and all psychiatric labels have only one purpose: to make psychiatry millions in insurance reimbursement, government funds and profits from drug sales.

4. The cornerstone of psychiatry's disease model today is the concept that a brain-based, chemical imbalance underlies mental disease. As with all of psychiatry's disease models, this theory has been thoroughly discredited by researchers.



For almost a century, psychiatrists have used the term "schizophrenia" to describe various "irrational" behaviors as "mental diseases"—despite no supporting scientific evidence. Psychiatrists have long disagreed on what constitutes schizophrenia (see excerpt from the 1973 edition of the Diagnostic & Statistical Manual of Mental Disorders [DSM-II] *above) but still employ this lucrative label.*

CHAPTER TWO
Diagnostic Deceit and Betrayal

As a substitute for mental healing, the American Psychiatric Association (APA) developed the *Diagnostic and Statistical Manual of Mental Disorders-IV (DSM)*, a text that lists 374 supposed mental disorders. Its diagnostic criteria are so vague, subjective and expansive that there is possibly not one person alive today who, using this as the standard, would escape being labeled mentally ill. Of course, that makes for a whole lot more mental *ill-health* business for psychiatrists.

Meanwhile, psychiatrists not only admit that they have no idea of what causes these supposed "diseases," they have no scientifically validated proof whatsoever that they even exist as discrete physical illnesses.

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

Prof. Thomas Szasz says: "The primary function and goal of the *DSM* is to lend credibility to the claim that certain behaviors, or more correctly, misbehaviors, are mental disorders and that such disorders are, therefore, medical diseases. Thus, pathological gambling enjoys the same status as myocardial infarction [blood clot in heart artery]."

Patients are betrayed when told their emotional problems are genetically or biologically based. Elliot Valenstein, Ph.D., says that "while patients may be relieved to be told that they have a 'physical disease,' they may adopt a passive role in their own recovery, becoming completely dependent on a physical treatment to remedy their condition."[27]

Psychiatrists Cannot Define Schizophrenia

Regarding "schizophrenia," psychiatrists openly state in the *DSM-II*, "Even if it had tried, the [APA] Committee could not establish agreement about what this disorder is; it could only agree on what to call it."[28]

Allen J. Frances, professor of psychiatry at Duke University Medical Center and Chair of the *DSM-IV* Task Force, admitted: "There could arguably not be a worse term than mental disorder to describe the conditions classified in *DSM-IV*." *DSM-IV* itself states that the term "mental disorder" continues to appear in the volume "because we have not found an appropriate substitute."

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

Aside from schizophrenia, there are numerous other conditions or behaviors

No x-ray, blood test or brain scan can detect the presence of a so-called mental illness. And the premise that a psychiatric condition is caused by "a biochemical imbalance in the brain" is unsupported by any scientifically validated proof.

that psychiatrists have defined as diseases and through which they make millions of dollars in insurance reimbursement, government funds and profits from drug sales.

"Bipolar Disorder"

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

Bipolar Disorder is supposedly characterized by alternating episodes of depression and mania—thus, "two poles" or "bipolar." In January 2002, the *eMedicine Journal* reported: "The etiology and pathophysiology (functional changes) of bipolar disorder (BPD) have not been determined, and no objective biological markers exist that correspond definitively with the disease state." Nor have any genes "been definitively identified" for BPD.[29]

"First, no biological etiology [cause] has been proven for any psychiatric disorder. ... So don't accept the myth that we can make an 'accurate diagnosis'. … Neither should you believe that your problems are due solely to a 'chemical imbalance.'"

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

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

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

— Dr. Thomas Szasz, professor of psychiatry emeritus, 2002

Depression

Continuing the fraudulent medical analogy, psychiatrists commonly claim today that depression is also an "illness, just like heart disease or asthma."

The *DSM* says that five out of nine criteria must be met to diagnose depression, including deep sadness, apathy, fatigue, agitation, sleep disturbances and appetite change. Even psychiatrists are concerned about such attempts to "make an illness out of what looks to be life's normal ups and downs."[30]

Harvard Medical School's Joseph Glenmullen says, "… [T]he symptoms [of depression] are subjective emotional states, making the diagnosis extremely vague."[31]

Dr. Glenmullen says the superficial checklist rating scales used to screen people for depression are "designed to fit hand-in-glove with the effects of drugs, emphasizing the physical symptoms of depression that most respond to antidepressant medication. … While assigning a number to a patient's depression may look scientific, when one examines the questions asked and the scales used, they are utterly subjective measures based on what the patient reports or a rater's impressions."[32]

David Healy, psychiatrist and director of the North Wales Department of Psychological Medicine reports, "There are increasing concerns among the clinical community that not only do neuroscientific developments not reveal anything about the nature of psychiatric disorders but in fact they distract from clinical research. …"[33]

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

"No one has anything but the vaguest idea of the chemical effects of [psychotropic] drugs on the living human brain." — Dr. Joseph Glenmullen, Harvard Medical School

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. Giorgio Antonucci, M.D., Italy:
"Internationally, CCHR is the only group that effectively fights and puts an end to psychiatric abuse."

Dr. Fred Baughman Jr., Neurologist:
"I think there are a lot of groups today that are concerned about the influence of psychiatry in the community and in the schools, but no other group has been as effective in trying to expose the fraudulent diagnosing and drugging … as has CCHR. They are certainly a highly effective group and a necessary ally of just about anyone who shares these concerns and is trying to remedy these ills."

Dr. Julian Whitaker, M.D., Director, Whitaker Wellness Institute, California, author of *Health & Healing*:
"CCHR is the only non-profit organization that is focused on the abuses of psychiatrists and the psychiatric profession. The over-drugging, the labeling, the faulty diagnosis, the lack of scientific protocols, all of 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."

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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.

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

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"Stop telling those diagnosed with schizophrenia that they suffer from too much [chemical] activity and that the drugs put these brain chemicals back into 'balance.' That whole spiel is a form of medical fraud, and it is impossible to imagine any other group of patients—ill, say, with cancer or cardiovascular disease—being deceived in this way."

— *Robert Whitaker, Author,* Mad in America: Bad Science, Bad Medicine, and the Enduring Mistreatment of the Mentally Ill, 2002