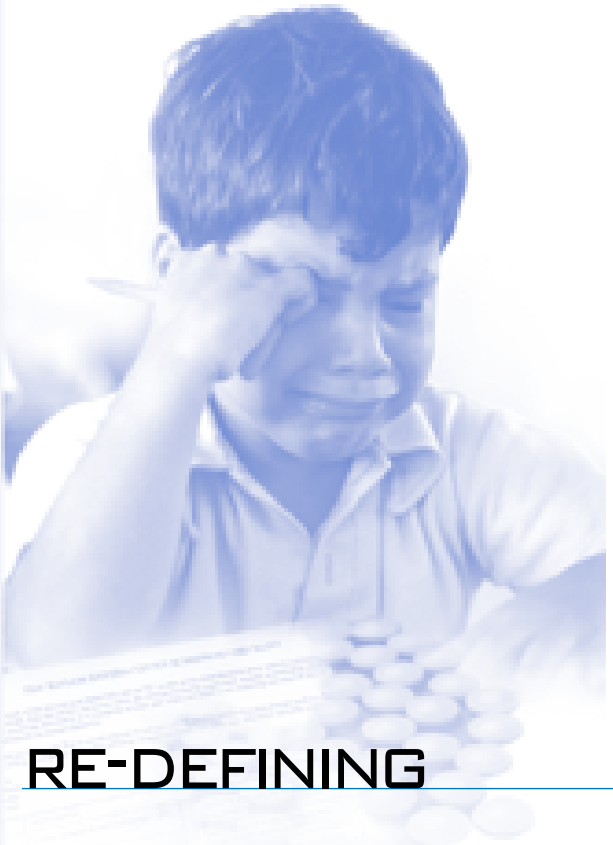


PSYCHIATRY: DON'T BUY THE LIES



RE-DEFINING

LIFE'S EVERY

PROBLEM

AS A MENTAL

DISORDER



A public service
message from
Citizens Commission
on Human Rights
International

MENTAL

“DISEASE”

BY DESIGN

BY JAN EASTGATE

PRESIDENT,
CITIZENS COMMISSION
ON HUMAN
RIGHTS INTERNATIONAL



REDEFINING LIFE'S



Have you ever heard of the following *mental disorders*:

Reading disorder, disruptive behavior disorder, disorder of written expression, mathematics disorder, caffeine intoxication, nicotine withdrawal disorder, noncompliance with treatment disorder, physical abuse of a child, sexual abuse of a child, or partner relational problem?

These are a few of the 374 mental disorders that psychiatrists list in their *Diagnostic and Statistical Manual of Mental Disorders-IV* or *DSM-IV*. Today, the *DSM* and the World Health Organization's similar *International Classification of Diseases (ICD)* are used not only for individual treatment, but also child custody battles, discrimination cases based on alleged psychiatric disability, other court testimony, education, and more. In fact, wherever 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.

So how do these "mental disorders" appear to you? Perhaps they sound reasonable. Well, let's get a bit inventive. What about "Angry because he couldn't get his own way disorder" or "Sulking because she was told off disorder"? How about "Chronic Income Tax Stress Disorder" or "Lottery Stress Disorder"?

3 EVERY PROBLEM

The point here is that with a little imagination, a person could continue to invent and name new diagnoses simply by observing the behavior of people at work, at school, or the mall. This involves about the same degree of scientific rigor and skill as psychiatry uses in coming up with the *DSM* and *ICD* lists.

Professors Herb Kutchins and Stuart A. Kirk, authors of *Making Us Crazy*, warn: “The public at large 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? Far too often, the psychiatric bible has been making us crazy—when we are just human.”

As Dr. Loren Mosher, a psychiatrist and former United States National Institute of Mental Health schizophrenia researcher, stated, “The issue is what do the categories tell us? Do they *in fact* accurately represent the person with the problem? They don’t and can’t....” He added, “If you tell a lie long enough, it becomes the truth.”¹

PSYCHIATRY:

VOTING ON A DIAGNOSIS – THE MAJORITY WINS

Often tagged “junk science,” according to an international poll of mental health experts conducted in England in 2001, the *DSM* was voted one of the ten worst psychiatric papers of the millennium.

No wonder. Psychiatric diagnoses, such as “Attention Deficit Hyperactivity Disorder” (ADHD), have been voted into existence by nothing more scientific than a show of hands of American Psychiatric Association (APA) committee members.

Additionally, psychiatric diagnoses generally are devoted to diagnosis by a categorization of *symptoms* only, not by the observation of actual physical disease.

**Psychiatrists
literally vote
on what
constitutes
a “mental
illness.”**

Kutchins and Kirk found “ample reason to conclude that the latest versions of *DSM* as a clinical tool are

DON'T BUY THE LIES

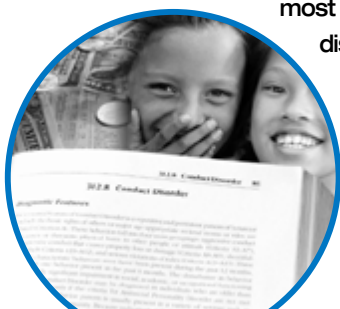
unreliable and therefore of questionable validity as a classification system.”

As Dr. Thomas Dorman, an internist and member of the Royal College of Physicians of the United Kingdom and Fellow of the Royal College of Physicians of Canada, wrote, “In short, the whole business of creating psychiatric categories of ‘disease,’ and 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.”²

Consider, too, that psychiatrists admit they cannot even define what they are “treating.”

■ On schizophrenia, the *DSM-II* admits, “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.”

■ Psychiatrists admit that “For most of the *DSM-III* disorders...the etiology [cause] is



Conduct Disorder



Mathematics Disorder

REDEFINING LIFE'S

unknown. A variety of theories have been advanced...not always convincing—to explain how these disorders come about.”

■ Allen J. Frances, Professor of Psychiatry at Duke University Medical Center and Chair of the *DSM-IV* Task Force, stated: “There could arguably not be a worse term than mental disorder to describe the conditions classified in *DSM-IV*.” Psychiatric diagnoses are politics, not 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.

Attorney Lawrence Stevens comments: “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.”³

Psychiatry's diagnoses are not based on science. Subjective opinion determines that everything in life is now a “mental disorder” for which you can be “treated” and billed.



Herbal Remedies Disorder



Caffeine Disorder

3 EVERY PROBLEM

THE GREAT CHEMICAL IMBALANCE SWINDLE

Harvard psychiatrist Joseph Glenmullen reports that in spite of the “absence of any verifiable diseases,” psychopharmacology has “not hesitated to construct ‘disease models’ for psychiatric diagnoses. These models are hypothetical suggestions of what *might* be the underlying physiology—for example, a serotonin imbalance.”⁴

The cornerstone of psychiatry’s disease model today is the concept that a brain-based, chemical imbalance underlies mental illness. While popularized by heavy public marketing, it is simply psychiatric wishful thinking. As with all of psychiatry’s disease models, it has been thoroughly discredited by researchers.

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,” says Glenmullen. “Nothing like a sodium imbalance or blood sugar imbalance exists for depression or any other psychiatric syndrome.”

Psychiatrist David Kaiser said, “...modern psychiatry has yet to

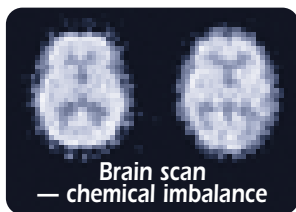
PSYCHIATRY:

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.”⁵

Today's brain imagery photos, said to prove mental illnesses are physical diseases, are deeply flawed. Indeed, prescribed psychotropic drugs most likely cause the changes seen in the brain.

According to one veteran psychiatrist, “When there are differences in brain scans between two individuals they sometimes are caused by psychiatric drug use and other times represent a normal variation. No reputable physician would ever claim to be able to diagnose a psychiatric problem from a brain scan.”

Elliot Valenstein, Ph.D., author of *Blaming the Brain*, is unequivocal: “[T]here are no tests available for



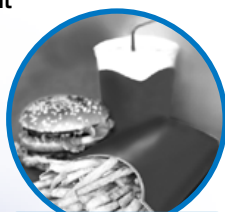
Psychiatrists want you to believe that a “chemical imbalance” in your brain causes your ups and downs, joys and pleasures. This is a lie.

DON'T BUY THE LIES

assessing the chemical status of a living person's brain.”⁶ Also, no “biochemical, anatomical, or functional signs have been found that reliably distinguish the brains of mental patients.”

Dutch psychiatrist Hermann van Praag, author of *“Make-Believes” in Psychiatry* says, “Still, patients are given the impression that a definitive serotonin deficiency in depression is firmly established” when none has been found.⁷

While there has been no shortage of biochemical explanations for psychiatric conditions, Glenmullen 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.”



Poor Diet



Physical Condition



Environmental Toxins

REDEFINING LIFE'S

FINDING THE REAL SOURCE OF THE PROBLEM

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..."⁸

Dr. Sydney Walker III, a neurologist, psychiatrist and author of *A Dose of Sanity*, said that the *DSM* has "led to the unnecessary drugging of millions...who could be diagnosed, treated, and cured without the use of toxic and potentially lethal medications."

In a book on 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, isolates deficiencies in folic acid, vitamin B12, vitamin C, and niacin as sources of "depression."

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

3 EVERY PROBLEM

sugar equivalent to two frosted cupcakes for breakfast, adrenaline levels rose to 10 times their baseline levels, suggesting “children may be prone to such symptoms as anxiety, irritability and difficulty concentrating following a sugar meal.”⁹

A 27-year-old executive was hospitalized after attempting to overdose on antidepressants prescribed by her psychiatrist. This had followed a year of psychotherapy that had failed to relieve her fatigue, cognitive problems, and despondency. After her hospitalization, however, doctors did a thorough physical exam and found what the psychiatrist hadn’t even looked for—hypothyroidism that can manifest as “listlessness, sadness, and hopelessness.” She was given thyroid supplements and has since been free of all “psychiatric symptoms” and has “thrived both personally and professionally.”

A high protein, low carbohydrate and sugar-free diet can help 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.¹⁰

Werbach suggests 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,

PSYCHIATRY:



perform selective evaluative laboratory testing.”

There are far too many alternatives to psychiatry available to be able to list them all here.

Psychiatry, on the other hand, would prefer to say there are none and fight to keep it that way. That leaves the doctor and patient with a choice between fact and fiction, between cure and coercion, and between medicine and manipulation.

A “HYPER” ACTIVE CHILD MIGHT BE IN NEED OF:

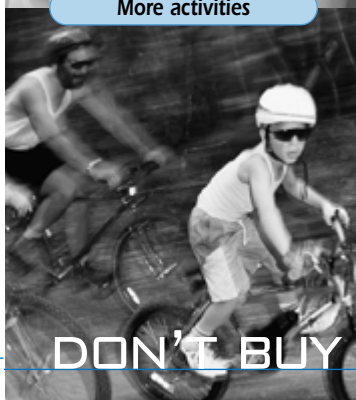
A proper physical examination



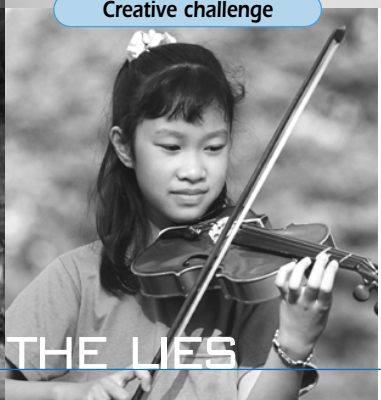
Change of diet



More activities



Creative challenge



DON'T BUY THE LIES

WHAT YOU CAN DO

While CCHR does not provide legal or medical advice, for which you should rely upon qualified attorneys and non-psychiatric physicians, we ask that you be aware of the following:

1. Undiagnosed, untreated physical conditions can often manifest as a “psychiatric symptom”. Adverse reactions to common prescription drugs can also create unwanted behavior. Ensure that you—or the family member or friend supposedly suffering “mental problems”—see a competent, non-psychiatric physician or doctor of environmental medicine and be tested for allergies, toxins, or underlying, undiagnosed, physical problems.

2. Sound medical attention, good nutrition, a healthy, safe environment and activity that promotes confidence, will do far more for a troubled individual than the brutality of repeated drugging and other psychiatric abuses.

3. Write to your legislative representative about this issue and demand that laws providing for or proposing psychiatric/psychological screening of schoolchildren be prevented and that *only* educational solutions are used to address learning and behavioral problems in the classroom.

4. File criminal or civil complaints if you have been wrongly treated, illegally detained in a psychiatric facility or negligently diagnosed by a psychiatrist or psychologist.

REDEFINING LIFE'S

E

THE CITIZENS COMMISSION ON HUMAN RIGHTS

The Citizens Commission on Human Rights (CCHR) was established in 1969 by the Church of Scientology to investigate and expose psychiatric violations of human rights, and to clean up the field of mental healing. Today, it has more than 130 chapters in 31 countries. Its board of advisors, called Commissioners, includes doctors, lawyers, educators, artists, businessmen, and civil and human rights representatives.

While CCHR doesn't provide medical or legal advice, it works closely with and supports non-psychiatric medical doctors and medical practices. A key CCHR focus is psychiatry's fraudulent use of subjective "diagnoses" that lack any scientific or medical merit. 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 has inspired and orchestrated many hundreds of reforms by testifying before legislative hearings and conducting public hearings into psychiatric abuse, as well as by working with media, law enforcement and public officials the world over.

-
1. Kelly O'Meara, "Writing May Be on the Wall for Ritalin," *Insight*, 16 Oct. 2000, p. 16.
 2. "Introducing Thomas Dorman, M.D.," <http://www.libertyconferences.com/dorman.htm>
 3. Lawrence Stevens, J.D., "Does Mental Illness Exist?" www.mentalhealthfacts.com/antipsychiatry/exist.htm
 4. Joseph Glenmullen, M.D., *Prozac Backlash*, (Simon & Schuster, NY, 2000), p. 193.
 5. David Kaiser, M.D., "Commentary: Against Biologic Psychiatry," *Psychiatric Times*, Dec. 1996.
 6. Elliot S. Valenstein, Ph.D., *Blaming the Brain* (The Free Press, New York, 1998), p.4.
 7. *Op. cit.*, Glenmullen, p. 197.
 8. Sydney Walker III, M.D., *A Dose of Sanity*, (John Wiley & Sons, Inc, 1996), p.14.
 9. Melvyn R. Werbach, M.D., *Nutritional Influences on Mental Illness, A sourcebook of clinical research*, Second Edition, (Third Line Press, Inc. CA, 1999), p. 85.
 10. *Ibid.*, p. 83.

INFORMATION

BOOKLETS IN

THIS SERIES

- The Hoax of Behavior and Learning Disorders
- Let's Talk About Psychiatry Hooking Your World on Drugs (for teenagers)
- How You Can Protect and Preserve Your Mental Health

For Further Information Contact:

Citizens Commission on
Human Rights International
6616 Sunset Blvd.
Los Angeles, California 90028, USA
(323) 467-4242
(800) 869-2247
www.cchr.org
www.psychcrime.org
www.fightforkids.com
email: humanrights@cchr.org
or contact your nearest CCHR office.



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

© 2002 CCHR. All Rights Reserved. CITIZENS COMMISSION ON HUMAN RIGHTS, CCHR and the CCHR logo are trademarks and service marks owned by Citizens Commission on Human Rights. Printed in U.S.A. Item #17079-ENGLISH.

PHOTO CREDITS: Cover: Stephanie Maze/Corbis; 5: Bettman/Corbis; 13C: Brian Leng/Corbis.

PSYCHIATRY: DON'T BUY THE LIES