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# BIPOLAR DISORDER

A REPORT,  
CONCLUSIONS  
AND  
RECOMMENDATIONS

*by*



CITIZENS COMMISSION ON HUMAN RIGHTS INTERNATIONAL

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# BIPOLAR DISORDER

Report, Conclusions & Recommendations  
by the Citizens Commission on Human Rights®

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# INTRODUCTION

## Important Notice to the Reader

**M**any people think that psychiatric disorders are the same as medical diseases or illnesses. While mainstream physical medicine deals with diseases such as malaria<sup>i</sup>, bronchitis<sup>ii</sup> and hepatitis<sup>iii</sup> that have exact, identifiable physical causes, psychiatry deals with disorders. Disorders are names given to undesirable feelings and behavior for which no exact physical causes have been isolated. These mental disorders are frequently referred to as “illnesses” or “diseases” but they are not the same thing. This difference sets psychiatry far apart from the usual practice of medicine.

To further explain this and provide a better understanding of what can be confusing information for the unaware observer, the following definitions are helpful to bear in mind while reviewing any material that relates to psychiatry or psychiatric diagnoses.

**FACT:** A FACT IS SOMETHING THAT CAN BE PROVEN TO EXIST BY VISIBLE EVIDENCE.

**OPINION:** AN OPINION IS SOMETHING THAT MAY OR MAY NOT BE BASED ON ANY FACTS. IT IS A BELIEF OR CONCLUSION BASED ON WHAT ONE THINKS RATHER THAN ON WHAT IS PROVEN TO BE TRUE.

**FIRST HAND DATA:** FROM THE ORIGINAL SOURCE.

**SECOND HAND DATA:** NOT OBTAINED FROM THE ORIGINAL SOURCE; BORROWED.

**THIRD HAND DATA:** DERIVED, AS INFORMATION, FROM THE SECOND AFTER THE ORIGINAL SOURCE; HENCE, STALE; OF QUESTIONABLE RELIABILITY.

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i. Malaria: Disease transmitted by a particular mosquito and causes fever, chills and sweating.

ii. Bronchitis: Inflammation of the bronchial tubes, the main branches of the windpipe that go into each lung.

iii. Hepatitis: Contagious viral disease characterized by fever and inflammation of the liver.



**DISEASE:** By reviewing first hand data from medical studies and literature, you will find that 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 fever<sup>iv</sup> are diseases. Diseases are proven to exist by objective evidence and physical tests. Yet, no mental “diseases” have ever been proven to medically exist.

**DISORDER OR SYNDROME:** In the absence of a known physical cause, a group of symptoms seen in many different patients is called a disorder or syndrome. Harvard Medical School psychiatrist Joseph Glenmullen says that in psychiatry, “all of its diagnoses are merely syndromes [or disorders], clusters of symptoms presumed to be related, not diseases.” Dr. Thomas Szasz, professor of psychiatry emeritus from the State University, Syracuse, New York, 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.” Bipolar (previously known as manic depression), schizophrenia, attention deficit hyperactivity, depression, etc., are disorders, not diseases or illnesses.

**CAUSES AND CURES:** While medicine has established causes and cures, 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 of or cures for any mental disorder or what their treatments specifically do to the patient. They have theories and conflicting opinions about their diagnoses and methods, and lack a scientific basis for them.

The following is a sample of such quotes:

- “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.”<sup>1</sup>

Norman Sartorius, former president of the World Psychiatric Association (1996-1999), addressing the Association of European Psychiatrists Congress, 1994

- “...[W]e do not know the causes [of any mental disorder]. We don’t have the methods of ‘curing’ these illnesses yet.”<sup>2</sup>

Dr. Rex Cowdry, former director of the National Institute of Mental Health (NIMH), testimony before a House of Representatives Appropriations Committee Hearing, 1995

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iv. Typhoid fever: An infectious, often fatal, disease with intestinal inflammation, fever, nosebleed, eruptions of the skin, etc.



“We can manufacture enough diagnostic labels of normal variability of mood and thought that we can continually supply medication to you....But when it comes to manufacturing disease, nobody does it like psychiatry.”<sup>3</sup>

Dr. Stefan Kruszewski, psychiatrist  
Pennsylvania Medical Society, 2004

Professor Herb Kutchins from the School of Health and Human Services at California State University, Sacramento and Stuart A. Kirk, Dean of the School of Social Welfare at the State University of New York, Albany, state in their studies of psychiatric diagnostic methods, “If, in examining patients, clinicians or researchers cannot agree on who has a particular [disorder]—or even whether someone has any mental disorder...the agreements about these...are suspect.” If the diagnostic system is not reliable, then it is invalid and “cannot be used to distinguish mental disorders from other human problems.”<sup>4</sup>



## CHAPTER ONE

# DIAGNOSTIC VALIDITY CHALLENGED

All diagnoses made by psychiatrists and psychologists are based on the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders (DSM)*, which is the tool used to diagnose "mental disorders" such as bipolar. It is the means by which psychiatrists can bill insurance companies for reimbursement of patient treatment prescribed for such disorders.

As Professors Kutchins and Kirk point out, there is still not a single major study showing that psychiatry's lack of diagnostic reliability has been overcome.<sup>5</sup> Further, for something to be scientifically valid, it must have the ability to produce a consistent, replicable result.<sup>6</sup> *DSM* is neither reliable as a diagnostic tool nor based on science, as the following sample medical expert quotes show:

- "Making lists of behaviors, applying medical-sounding labels to people who engage in them, then using the presence of those behaviors to prove they have the illness in question is scientifically meaningless. It tells us nothing about causes or solutions. It does, however, create the reassuring feeling that something medical is going on."<sup>7</sup>

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

- "Unlike medical diagnoses that convey a probable cause [and] appropriate treatment...the disorders listed in *DSM-IV* are terms arrived at through peer consensus"—literally, a vote by American Psychiatric Association committee members.<sup>8</sup>

Tana Dineen, Ph.D.,  
psychologist and author  
of *Manufacturing Victims*

- "To say that we've solved the reliability problem is just not true....There's still a real problem, and it's not clear how to solve the problem."<sup>9</sup>

Robert Spitzer, M.D., Columbia University psychiatrist  
Chairman overseeing *DSM-III* and *DSM-III-R*, 2005

- People "may gain false comfort from a diagnostic psychiatric



manual that encourages belief in the illusion that the harshness, brutality, and pain in their lives and in their communities can be explained by a psychiatric label and eradicated by a pill. Certainly, there are plenty of problems that we all have and a myriad of peculiar ways that we struggle...to cope with them. But could life be any different?"<sup>10</sup>

Professors Herb Kutchins and Stuart A. Kirk,  
authors of *Making Us Crazy*

- "Restless, impatient people are convinced that they have attention deficit disorder (ADD); anxious, vigilant people that they suffer from post-traumatic stress disorder (PTSD)...All have been persuaded that what are really matters of their individuality are, instead, medical problems, and as such are to be solved with drugs....And—most worrisome of all—wherever they look, such people find psychiatrists willing, even eager, to accommodate them...."<sup>11</sup>

Paul R. McHugh, professor of psychiatry,  
Johns Hopkins University School of Medicine,  
*American Jewish Committee Commentary*, 1999

Indeed, even the diagnostic manual itself admits: "For most of the *DSM-III* disorders...the etiology [cause] is unknown. A variety of theories have been advanced...not always convincing—to explain how these disorders come about." And in *DSM-IV* it says the term "mental disorder" continues to appear in the volume "because we have not found an appropriate substitute."



## CHAPTER TWO

# CHEMICAL IMBALANCE THEORY

One prevailing psychiatric theory is that mental disorders result from a chemical imbalance in the brain. However, there is no biological or other evidence to prove this. Representative of a large group of medical and biochemistry experts are the following quotes:

- “First, no biological etiology [cause] has been proven for any psychiatric disorder...in spite of decades of research....So don’t accept the myth that we can make an ‘accurate diagnosis’....Neither should you believe that your problems are due solely to a ‘chemical imbalance.’”<sup>12</sup>

Edward Drummond, M.D.,  
Associate Medical Director,  
Seacoast Mental Health Center  
in Portsmouth, New Hampshire,  
*The Complete Guide to Psychiatric Drugs*

- “Remember that no biochemical, neurological, or genetic markers have been found for attention deficit disorder...or any other so-called mental illness, disease, or disorder.”<sup>13</sup>

Bruce Levine, Ph.D., psychologist  
author of *Commonsense Rebellion*

- “[T]here are no tests available for assessing the chemical status of a living person’s brain.”<sup>14</sup>

Elliot Valenstein, Ph.D.,  
author of *Blaming the Brain*

## BRAIN SCANS CANNOT DIAGNOSE

Factually, any claim that today’s brain imaging technology has proven that mental illness is caused by diseases or chemical imbalances are not scientifically proven. It is a theory only.

- Steven Hyman, director of the U.S. National Institute of Mental Health admits that indiscriminate use of such brain scans produce “pretty but inconsequential pictures of the brain.”
- An article published in the U.S. newspaper, *The Mercury News*, in May



2004, stated, “Many doctors warn about using...[brain] imaging as a diagnostic tool, saying it is unethical—and potentially dangerous—for doctors to use [this] to identify emotional, behavioral and psychiatric problems in a patient. The \$2,500 evaluation offers no useful or accurate information, they say.”<sup>15</sup>

- Quoted in the same article, psychiatrist M. Douglas Mar said, “There is no scientific basis for these claims [of using brain scans for psychiatric diagnosis]. At a minimum, patients should be told that [a brain scan] is highly controversial.”<sup>16</sup>
- An accurate diagnosis based on a scan is simply not possible. “I wish it were,” stated Dr. Michael D. Devous from the Nuclear Medicine Center at the University of Texas Southwestern Medical Center.<sup>17</sup>
- Dr. Mark Graff of the California Psychiatric Association, candidly admitted, “The history of medicine is littered with lovely procedures that end up not working at all. We wish there was a test that is so easy and definitive. But first we want independent confirmation that it works.”<sup>18</sup>



## CHAPTER THREE

# BIPOLAR DISORDER

**B**ipolar disorder is characterized by unusual shifts in a person's mood, energy and ability to function. Its symptoms are severe mood swings from one extreme of overly high and/or irritable (mania) to sad and hopeless (depression), then back again.

In the 1800s, bipolar was known as manic depression, a term invented by German psychiatrist Emil Kraepelin.<sup>19</sup> In 1953, another German psychiatrist, Karl Kleist coined the term "bipolar." Other psychiatrists have attempted to describe it, including Kleist's student, Karl Leonhard. Bipolar disorder was first officially introduced into the *Diagnostic and Statistical Manual of Mental Disorders* in the 1980s, but was largely considered to be an adult "disorder."

A contemporary advocate of *children* having bipolar disorder is psychiatrist Demetri F. Papolos, author of *The Bipolar Child*. However, in this, Papolos admits: "Diagnosis in psychiatry is a problem. After all, there are no lab tests that conclusively pinpoint a diagnosis...." Yet, he expects parents to accept that dangerous and potentially deadly drugs, such as lithium, should be administered to the child for a condition he cannot prove exists.

### NO KNOWN CAUSE OF BIPOLAR

In January 2002, the *Medicine Journal* reported: "The etiology (cause) and pathophysiology (the function or action of 'abnormal' states in people) 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 definitely identified" for bipolar disorder.<sup>20</sup>

Robert L. Taylor, a physician and the author of *Mind or Body* points out that terms like manic depression (bipolar) "signify nothing with respect to specific causation," and, therefore, provides no understanding of the so-called condition.<sup>21</sup>

Ty C. Colbert, Ph.D., in his book *Rape of the Soul: How the Chemical Imbalance Model of Modern Psychiatry has Failed its Patients*, says that terms like "bipolar" should not be used as people suffer from emotional troubles or can be "emotionally overloaded." "The behaviors or symptoms that were targeted to diagnose them as having a brain disease represented their minds' best way of protecting against a wounded selfhood." Also, "since from a biological standpoint no one knows what causes any emotional disorder, a diagnosis of...bipolar disorder gives absolutely no information as to the source of the problem."<sup>22</sup>

Dr. Colbert also states: "...[T]here is much evidence to suggest that highly intelligent, creative, artistic and sensitive people are more prone to manic-depressive behavior (Duke & Gloria, 1992). But that does not mean that the genes for these personality characteristics, if they do exist, are responsible for



the bipolar condition. Highly creative, artistic, sensitive people tend to invest themselves more deeply in their work. Because of the type of work they do (e.g., painting, acting, writing, etc.), their work is often directly exposed to the acceptance or rejection of the public, their peers, and professional critics....

“Thus it is the pain felt by these individuals that results in their state of depression—not their genes. The solution then becomes how to teach these individuals to better guard themselves against failure or rejection from others....”<sup>23</sup>

Psychiatrist and neurologist Sydney Walker, III, wrote: “Saying someone is ‘depressed’ or ‘anxious’ is a far cry from finding out what causes the depression or anxiety; it’s comparable to a pediatrician saying a child has ‘spots,’ without bothering to find out whether the spots are caused by measles, poison ivy, or staphylococcus [bacterial infection]. Patients, who have been ‘diagnosed’ as having manic depression and so on, haven’t been diagnosed; they’ve merely been described. Such labels, as psychiatrist Matthew P. Dumont has noted, are simply a sophisticated-sounding way of making quick and superficial observations.”<sup>24</sup>

Dr. Colbert warns that psychiatry “freely admits that it does not know what causes mental illness and that no...cause has ever been identified for any disorder. As a result, both medicine and the public have been confused or misled many times in the past by ineffective treatments....”<sup>25</sup>

Therefore parents and, indeed, any patient, should question any diagnosis of bipolar disorder. Craig Newnes, psychological therapies director for Community and Mental Health Services in Shropshire, England, related the story of three psychiatrists who told a 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. In response, her grandson was quickly transferred to a unit that offered “talking therapies” instead of drugs.

“Imagine the same situation in oncology [study of tumors]: you are told that you look like you have cancer, offered no tests and told you will have two operations, followed by radiotherapy [treatment by radiation] 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.

## **BIPOLAR IN CHILDREN**

Psychiatrist Demetri F. Papolos conducted research into his theory that bipolar can occur in children. A leading advocate of bipolar, Papolos studied children who were on prescribed stimulants and antidepressants as a result of being labeled with attention deficit disorder, attention deficit hyperactivity disorder or



some other “mental disorder.” In one of his studies, over 80% of the children had become manic, violent and suicidal while taking antidepressants and 65% had manic and aggressive reactions to stimulants. He completely ignores that mania, violence and suicidal behavior are the common and very dangerous side effects of the drugs and blames the phenomena instead on the child not being “properly” diagnosed with bipolar.

Dr. Colbert warns parents about psychiatrists who make such assertions. In his book, *Rape of the Soul: How the Chemical Imbalance Model of Modern Psychiatry has Failed its Patients*, he quotes a colleague talking about how in such a scenario, one drug just leads to another: “Children labeled ADHD, who are put on Ritalin, begin demonstrating [so-called] obsessive-compulsive and depressive symptoms (side effects of Ritalin). Then they are put on [antidepressants] and the parents are told that the real problem was the obsessive-compulsive behavior from the depression. Then due to the side effects of the [antidepressants], the child may be labeled bipolar....”<sup>26</sup>

Astoundingly, Papolos claims that there is a bipolar “gene” and that it may be genetic. However, such claims are fraudulent because there is no scientific evidence to substantiate this. Psychiatrist David Kaiser states, “...modern psychiatry has yet to convincingly prove the genetic/biologic cause of any single mental illness....”<sup>27</sup>

Supporting this is Harvard Medical School’s Joseph Glenmullen who reported: “No claim for a gene for a psychiatric condition has stood the test of time, in spite of popular misinformation.” Pediatric neurologist Fred Baughman, Jr., is just as emphatic: “In 40 years, ‘biological psychiatry has yet to validate a single psychiatric condition/diagnosis as an abnormality/disease, or as anything ‘neurological,’ ‘biological,’ ‘chemically-imbalanced’ or ‘genetic.’”

Rather than being an undiagnosed “mental disorder,” any child diagnosed with bipolar—especially after being previously labeled with some *DSM* disorder—and treated with psychiatric drugs, is most likely suffering drug-induced damage, both physically and mentally. Papolos has manufactured a diagnosis out of the side effects of psychiatric drugs, not the mental state of the child. As with all *DSM* diagnoses, there is no valid medical or scientific evidence to substantiate such opinion, which amounts to “fraud.”

The symptoms that Papolos describes are acknowledged side effects of psychiatric drugs.

Charles B. Inlander, writing in *Medicine on Trial*, says that people with alleged “psychiatric or behavioral disorders are being misdiagnosed—and harmed—to an astonishing degree...they are misdiagnosed, put on drugs, put in institutions, and sent into a limbo from which they may never return....”<sup>28</sup>

Medical studies clearly show that psychiatric drugs—not “mental disorders”—cause violent, hostile and suicidal behavior:



- The U.S. Food and Drug Administration (FDA) Public Health Advisory of March 22, 2004, stated, "Anxiety, agitation, panic attacks, insomnia, irritability, hostility, impulsivity, akathisia (severe restlessness)...and mania, have been reported in adult and pediatric patients being treated with antidepressants...."<sup>29</sup> Bizarre dreams and violent behavior have also been reported.<sup>30</sup>
- On August 20, 2004, the FDA announced that a Columbia University review of the pediatric clinical trials of Zoloft, Celexa, Effexor, Wellbutrin, Paxil and Prozac, found that young people who took the antidepressants were more likely than those taking a placebo (sugar pill) to experience suicidal thoughts or actions.<sup>31</sup>
- Another FDA official, Dr. Andrew D. Mosholder, concluded that most antidepressants are too dangerous for children because of a suicide risk after finding that 22 studies showed that children were nearly twice as likely to become suicidal as those given placebos.<sup>32</sup>
- On October 15, 2004, the FDA ordered pharmaceutical companies to add a "black box" warning to antidepressants, saying the drugs could cause suicidal thoughts and actions in some children and teenagers.<sup>33</sup>
- Dr. Joseph Glenmullen, a psychiatrist from Harvard Medical School, says antidepressants could explain the rash of school shootings and mass-suicides over the last decade. People who take antidepressants, he said, could "become very distraught....They feel like jumping out of their skin. The irritability and impulsivity can make people suicidal or homicidal."<sup>34</sup>
- Dr. David Healy, director of the North Wales Department of Psychological Medicine: "What is very, very clear is that people do become hostile on the drugs."<sup>35</sup>
- Dr. Julian Whitaker, M.D., medical director of the prestigious Whitaker Wellness Institute in California, who has helped patients withdraw safely from psychiatric drugs, says that when a psychiatric drug is given, "it is like shooting flies with a shotgun. It creates a huge change in the chemistry. Now the child really does have a disease. A drug-induced disease, that over time likely causes structural changes in the brain."<sup>36</sup>
- Stimulants prescribed for ADHD, for example, cause nervousness, insomnia, blood pressure and pulse changes, angina [chest/heart pains], abdominal pain, weight loss and psychosis.<sup>37</sup> The stimulants can also cause agitation and rage.

## PREVALENCE IN “BIPOLAR” IS REALLY MASSIVE PSYCHIATRIC DRUG PUSH TO CHILDREN

According to a TIME article on August 11, 2002, it has only been recently that psychiatrists claimed that children could suffer bipolar disorder. The article cited unsubstantiated statistics that, perhaps, 1 million preteens and children in the United States experienced the early stages of bipolar. However, it was in the 1990s that there was a huge increase in the assault on children with psychiatric drugs, a fact reported on by the *Journal of the American Medical Association (JAMA)*.

- More than 8.5 million American children are prescribed powerful stimulants, antidepressants and other psychotropic drugs for so-called educational and behavioral problems.<sup>38</sup> The number of children drugged with stimulants has increased from 4 million to 6 million since 1994. Sales of stimulants in the United States alone for children have reached more \$1.3 billion dollars a year.<sup>39</sup>
- In the United States, the production of Ritalin increased by 500% between 1990 and 1995 and throughout the 1990s, the use of Ritalin for “ADHD” increased 700%.<sup>40</sup>
- On February 23, 2000, *JAMA* reported the alarming increase in psychiatric drug prescriptions for 2- to 4-year-olds between 1991 and 1995: they jumped threefold for Ritalin and two-fold for antidepressants such as Prozac.<sup>41</sup>
- Between 1995 and 1999, the use of antidepressants increased 580% in the under 6 population and 151% in the 7-12 age group.<sup>42</sup>
- *The Physicians Desk Reference* records that during controlled clinical trials of Luvox—one of the Prozac like antidepressants—manic reactions developed in 4% of children. Mania is defined as “a form of psychosis characterized by exalted feelings, delusions of grandeur and overproduction of ideas.” As such, children have been driven to aggressive behavior, not by their “mental disorder” or “wrongly diagnosed disorder,” by the very dangerous mind-altering drugs prescribed them.

Commenting on the *JAMA* study of 2000, pediatric neurologist Fred Baughman, Jr., wrote: “The fact of the matter is—and a fact to which the country had better wake up—is that there is no abnormality to be found in any of psychiatry's ‘diseases’—not in infants, not in toddlers, not in preschoolers, not at any age. Without invented ‘diseases,’ the psychiatric-pharmaceutical cartel would have nothing to treat. These are normal children with disciplinary and educational problems that can and must be resolved without recourse to drugs. Deceiving and drugging is not the practice of medicine. It is criminal.”

Papoulos’ theories are just opinions that are dangerous and placing children at risk, even of death from lithium, the drug most prescribed for bipolar disorder.



## CHAPTER FOUR

# PSYCHIATRY'S TREATMENTS

**B**ear in mind that the “treatments” being prescribed to children are for “disorders” that are not physical illnesses—essentially, they are being prescribed for something that does not exist. Prescribing psychotropic drugs for a disease that doesn’t exist, Dr. Sydney Walker, stated, is a tragedy because “masking children’s symptoms merely allows their underlying [physical conditions] to continue and, in many cases, to become worse.”<sup>43</sup>

Dr. Walker compared the phenomenon to a patient going to see a physician for a swollen leg and the doctor diagnoses it as a “lump,” gives him or her an aspirin and never determines if the lump is an insect bite, a tumor or other serious disease.

Papolos is a proponent of psychiatric drugs, yet he admits that these don’t actually cure psychiatric disorders but only “control” them.<sup>44</sup> This includes lithium and antidepressants.

He also advocates the use of electroconvulsive therapy [ECT or electroshock treatment], according to his book, *Overcoming Depression*. ECT is a practice whereby 460 volts of electricity are sent searing through the brain, causing a grand mal seizure that results in memory loss and brain damage. Max Fink, professor of psychiatry at the State University of New York at Stony Brook, admits: “The principle complications of electroshock therapy are deaths, brain damage, memory impairment and...seizures. These complications are similar to those seen after head trauma, with which ECT has been compared.”<sup>45</sup>

### THE DANGERS OF LITHIUM

One of the most dangerous effects of lithium prescribed to patients is that in order to achieve a “sedating” effect, the “therapeutic” dosage that psychiatrists use is near toxic; i.e., so poisonous that it can cause serious harm or even death.<sup>46</sup>

Lithium is a mineral given in salt form. It is found in tiny amounts in minerals, water, plant, animal and human tissues. However, just because it is a naturally occurring substance, do not make the mistake of thinking it is safe. Many



naturally occurring substances are poisonous and/or deadly to the human body. In 1948, Dr. John Cade, senior medical officer in the Mental Hygiene Department of Victoria, Australia, was conducting experiments on guinea pigs using lithium and noted that it caused sedation. He then experimented on “manic” patients and claimed that it leveled out their behavior.

Essentially psychiatrists are prescribing poison. The body doesn’t break down and metabolize lithium and the kidneys remove most of it from the body through urination. Medical experts state that the almost inevitable result of this process is that it can lead to kidney damage. Lithium is even more hazardous when too much of it accumulates in the body and the toxicity (poison) from this can also lead to permanent brain damage and death.

According to the *Physician’s Desk Reference*, specific side effects of lithium include muscle twitches and tremors, blackout spells, incontinence, restlessness, confusion, stupor, coma, uncontrollable tongue movements, hallucinations, cardiac arrhythmia [heart irregularity], seizures, thyroid problems, diabetes, slowed intellectual functioning and lethargy. It can cause birth defects if given to a pregnant woman.<sup>47</sup>

## VESTED INTERESTS

Psychiatrists promoting specific psychotropic (mind-altering) drugs for a disorder that has not been scientifically verified have often been found to have pharmaceutical interests or relationships.

Demitri Papolos and his wife, Janice, have a direct relationship with Novartis drug company that manufactures psychiatric drugs, and promote its products. They receive financial and professional support from Novartis. Specifically in the Papolos’ 2001 “Bipolar Child Newsletter” they promote the drug Trileptal as a new “mood stabilizer” that can be used on children labeled with bipolar disorder. The drug is manufactured by Novartis. However, it is only FDA approved as a drug for epilepsy. Papolos first promotes this drug as having no major side effects.

However, later in the article Papolos admits it can cause headaches, confusion, tiredness, seizures, coma and a deficiency of sodium.<sup>48</sup> He fails to mention that the deficiency in sodium is potentially lethal. Sodium surrounds the body’s cells to enable the body to function properly. If the level of sodium drops below



normal, minimally it can cause several symptoms that include confusion, lethargy, nausea, muscle twitching and can progress to seizures. Eventually it can lead to coma and death.<sup>49</sup>

In 2003, Novartis directly sponsored (funded) Demetri and Janice Papolos as presenters on the topic of Juvenile Bipolar Disorder at the 2003 Invisible Child Conference. This conference also contained exhibitions from four other pharmaceutical companies that manufacture psychiatric drugs for children and adults.<sup>50</sup>

In his book, *Overcoming Depression*, Papolos also advocates the use of electroshock treatment on children and pregnant women.

Papolos ignores the real dangers of ECT, claiming that the child may suffer “some muscle aches, confusion, and disorientation, and perhaps some nausea, but these side effects typically clear up within an hour or so of the treatment.” Yet, he admits: “To this day, no one is sure how ECT works....[M]uch remains unclear about ECT’s mechanism of action.”<sup>51</sup>

Medical experts and courts say that psychiatrists claiming that electroshock is “safe and effective” is misleading and fraudulent. For example:

- In 2004, Dr. John Friedberg, a neurologist who has researched the effects of ECT for over 30 years, stated, “It is very hard to put into words just what shock treatment does to people generally...it destroys people’s ambition, and...their vitality. It makes people rather passive and apathetic....”<sup>52</sup>
- Dr. Friedberg testified that some memory loss “happens in every single case of shock treatment.” The memory loss can be “permanent and irreversible....” It’s “...enormously patchy and variable. That’s always the case with brain injuries. It’s very unpredictable what’s going to be the final outcome.”<sup>53</sup>
- Dr. Colin Ross, a Texas psychiatrist, explains that existing ECT literature shows “there is a lot of brain damage, there is memory loss, the death rate does go up, the suicide rate doesn’t go down, if those are the facts from a very well-designed, big study, then you’d have to conclude we shouldn’t do ECT....[T]he literature that exists strongly supports the



conclusion that...there are a lot of dangers and side effects and a lot of damage...."<sup>54</sup>

- In January 2005, a Santa Barbara, California Superior Court judge ruled that the psychiatric facility, Cottage Hospital, had deceived a patient about the safety of shock treatment, misrepresenting that it was "safe and effective." The judge also ruled that the psychiatrist had violated the California consumer fraud statutes after he admitted that neither he nor anyone else knew how the treatment works and the consent form he provided to patients was "decidedly misleading in a critical regard" concerning the permanency of memory loss.

Subjecting a child, pregnant woman or any human being to such violence and damage constitutes assault, torture and is a crime against humanity.



## CHAPTER FIVE

# FINDING THE UNDERLYING PROBLEM

**T**here is a world of difference between the art of identifying symptoms and the science of finding and treating causes. Psychiatrists specialize in cataloguing symptoms and then try to convince people that the symptoms are causes and that their treatments work, merely because the symptoms appear to have dissipated or changed.

But these are not causes, they are just symptoms and their treatments have brought about a worsening of the person's condition. Blind to real causes, they remain blind to the consequences of their actions. And herein lies the most important truth concerning the plague of social problems characterizing our youth and general society today—psychiatrists defining every child or adolescent problem in life as a “mental disorder,” to be controlled by mind-altering drugs.

When parents, misled by psychiatric opinion, tell a child he or she has a “mental disorder,” it forwards a dangerous lie: “These children believe they have something wrong with their brains that makes it impossible for them to control themselves without using a pill,” said Dr. Fred Baughman, Jr., a California pediatric neurologist.<sup>55</sup>

Further, Dr. Sydney Walker said that psychiatric drugs “often create new and serious symptoms patients didn't have before ‘treatment.’ Drugs are alien substances that upset the natural chemical environment of neurons (the brain cells...), causing these cells to compensate by altering their sensitivity or their own output of chemicals....The more out of whack the brain's chemicals get, the more symptoms occur....”<sup>56</sup>

Any medical doctor who takes the time to conduct a thorough physical examination of a child or adult exhibiting signs of what psychiatrists say are “mental disorders,” can find undiagnosed, untreated physical conditions. For example, decades ago, the term “mad as a hatter” stemmed from workers using mercury to prepare felt hats. The fumes and the quantity accidentally ingested produced an organic deterioration resulting eventually in dementia. Thus a sizeable number of hatters became “mad” as a result of chronic mercury pollution.<sup>57</sup>



- Medical doctors have established that mercury poisoning, environmental toxins and allergies can affect behavior and academic performance and can create symptoms, which have been labeled as childhood behavioral and attention “disorders.”<sup>58</sup> This is not a case of “mimicking” a “mood disorder,” it means that an untreated physical condition exists—and that is all it is.
- Gases, cleaning fluids, scents and other chemicals can make a child “irritable, inattentive, spacey, aggressive, depressed or hyperactive.”<sup>59</sup>
- Physical conditions such as thyroid<sup>v</sup> malfunction can produce symptoms of various “mental disorders,” including bipolar. It is well known that abnormal thyroid conditions can dramatically effect mood and cause severe depression, fatigue and memory loss.<sup>60</sup> Even in its 2001 fact sheet on bipolar, the National Institute of Mental Health acknowledged that people labeled with bipolar “often have abnormal thyroid gland function” and “because too much or too little thyroid hormone alone can lead to mood and energy changes, it is important that thyroid levels are carefully monitored by a physician.”<sup>61</sup>
- Dr. Sydney Walker said that thousands of children put on psychiatric drugs are simply “smart.” “They’re hyper, not because their brains don’t work right, but because they spend most of the day waiting for slower students to catch up with them. These students are bored to tears, and people who are bored fidget, wiggle, scratch, stretch, and (especially if they are boys) start looking for ways to get into trouble.”<sup>62</sup>
- The California Department of Mental Health *Medical Evaluation Field Manual* states: “Mental health professionals working within a mental health system have a professional and a legal obligation to recognize the presence of physical disease in their patients....[P]hysical diseases may cause a patient’s mental disorder [or] may worsen a mental disorder....”<sup>63</sup>

Therefore, it is very important that a competent medical—not psychiatric—doctor thoroughly physically examine any child exhibiting any form of behavioral problem to find the underlying physical condition.

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v. Thyroid: A gland that wraps around the windpipe and produces hormones that influence every organ, tissue and cell in the body. It controls heart rate, body weight, body temperature, energy level and muscle strength.



# RECOMMENDATIONS

**1** Parents need to first reject any diagnosis of a “mental disorder” based on the *DSM*. There is no test or any physical means to scientifically substantiate any diagnoses in the *DSM*.

**2** Any child labeled with a so-called psychiatric disorder needs to receive a thorough physical examination by a competent medical—not psychiatric—doctor to first determine what underlying physical condition is causing the manifestation, including, but not limited to testing for:

- lead- or pesticide-poisoning
- thyroid conditions
- early-onset diabetes
- heart disease
- worms
- viral or bacterial infections
- malnutrition
- head injuries or tumors
- allergies
- vitamin and/or mineral deficiencies
- mercury exposure

Often a child may act up or not focus because he or she is experiencing the effects of such undiagnosed and, therefore, untreated conditions.

**3** Concurrently with the child receiving a proper medical examination, parents should also ensure that the child fully understands what he is learning in school to determine whether he or she should see a competent tutor who acknowledges the value of phonics and the value of defining key words. There are educational solutions for behavioral and classroom problems.

**4** Any parent whose child has been falsely diagnosed as mentally disordered which results in treatment that harms the child should file a complaint with the police and professional licensing bodies and have this investigated. They should seek legal advice about filing a civil suit against any offending psychiatrist and his or her hospital, associations and teaching institutions seeking compensation.



# THE CITIZENS COMMISSION ON HUMAN RIGHTS INTERNATIONAL

**T**he Citizens Commission on Human Rights (CCHR®) was co-founded in 1969 by the Church of Scientology and Professor Emeritus of Psychiatry, Thomas Szasz, 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 34 countries. Its board of advisors includes doctors, lawyers, educators, artists, businessmen, and civil and human rights representatives.

CCHR has inspired and contributed to 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.

## **For further information:**

**CCHR International  
6616 Sunset Boulevard  
Los Angeles, California 90028, USA  
(323) 467-4242  
(800) 869-2247  
<http://www.cchr.org>  
<http://www.fightforkids.com>  
<http://www.psychcrime.org>  
email: [humanrights@cchr.org](mailto:humanrights@cchr.org)**



## REFERENCES:

1. Lars Boegeskov, "Mentally Ill Have to Have Help—Not to be Cured," *Politiken*, 19 Sept. 1994.
2. Hearings Before a Subcommittee of the Committee on Appropriations, House of Representatives, (Washington, DC: U.S. Government Printing Office, 1995), 22 March 1995, p. 1161.
3. Jeanne Lenzer, "Bush's Plan to Screen for Mental Health Meets Opposition in Illinois," *British Medical Journal*, Vol. 329, 6 Nov. 2004, p. 1065.
4. Herb Kutchins and Stuart A. Kirk, *Making Us Crazy: The Psychiatric Bible and the Creation of Mental Disorders*, (The Free Press, New York, 1997), p. 50.
5. *Ibid.*, p. 53.
6. Alix Spiegel, "THE DICTIONARY OF DISORDER; How one man revolutionized psychiatry," *The New Yorker*, 3 Jan. 2005.
7. John Read, "Feeling Sad? It Doesn't Mean You're Sick," *New Zealand Herald*, 23 June 2004.
8. Tana Dineen, Ph.D., *Manufacturing Victims*, Third Edition, (Robert Davies Multimedia Publishing, Montreal, Canada, 2001), p. 86.
9. *Op. cit.*, Alix Spiegel.
10. *Op. cit.*, Herb Kutchins and Stuart A. Kirk, p. 265.
11. Paul R. McHugh, "How Psychiatry Lost Its Way," *American Jewish Committee Commentary*, 1 Dec. 1999.
12. Edward Drummond, M.D., *The Complete Guide to Psychiatric Drugs*, (John Wiley & Sons, Inc., New York, 2000), pp. 15-16, as quoted in *Does Mental Illness Really Exist*, by Lawrence Stevens.
13. Bruce D. Levine, Ph.D., *Commonsense Rebellion: Debunking Psychiatry, Confronting Society*, (Continuum, New York, 2001), p. 277, as quoted in *Does Mental Illness Really Exist*, by Lawrence Stevens.
14. Elliot S. Valenstein, Ph.D., *Blaming the Brain*, (The Free Press, New York, 1998), p. 4.
15. Lisa M. Krieger, "Some Question Value of Brain Scan; Untested Tool Belongs in Lab Only, Experts Say," *The Mercury News*, 4 May 2004.
16. *Ibid.*
17. *Ibid.*
18. *Ibid.*
19. Edward Shorter, *A History of Psychiatry: From the Era of the Asylums to the Age of Prozac*, (John Wiley & Sons, Inc., New York, 1997), p. 104.
20. Stephen Soreff, M.D. and Lynne Alison McInnes, M.D., "Bipolar Affective Disorder," *eMedicine Journal*, Vol. 3, No. 1, 7 Jan. 2002.
21. Sydney Walker, III, M.D., *A Dose of Sanity*, (John Wiley & Sons, New York, 1996), p. 5.
22. Ty C. Colbert, Ph.D., *Rape of the Soul: How the Chemical Imbalance Model of Modern Psychiatry has Failed its Patients*, (Kevco Publishing, California, 2001), pp. 26-27.
23. Ty C. Colbert, Ph.D., *Blaming Our Genes, Why Mental Illness Can't Be Inherited*, (Kevco Publishing, California, 2001), pp. 70-71.
24. *Op. cit.*, Sydney Walker, III, M.D., *A Dose of Sanity*, p. 5.
25. *Op. cit.*, Ty C. Colbert, *Blaming Our Genes*, p. 29.
26. *Op. cit.*, Ty C. Colbert, *Rape of the Soul*, p. 244.
27. David Kaiser, M.D., "Commentary: Against Biologic Psychiatry," *Psychiatric Times*, Dec.1996, <http://www.mhsource.com/edu/psytimes/p961242.html>.
28. *Op. cit.*, Sydney Walker, III, M.D., *A Dose of Sanity*, p. 14.
29. "Worsening Depression and Suicidality in Patients Being Treated with Antidepressant Medications," U.S. Food and Drug Administration Public Health Advisory, 22 Mar. 2004.
30. "Adverse SSRI Reactions," International Coalition For Drug Awareness Website, Internet URL: <http://www.drugawareness.org>.
31. Anna Wilde Mathews, "FDA Will Seek to Revise Antidepressant Labels for Youth," *The Wall Street Journal*, 20 Aug. 2004; Gardiner Harris, "Antidepressant Study Seen to Back Expert," *The New York Times*, 20 Aug. 2004.
32. *Ibid.*, Gardiner Harris.
33. "Labeling Change Request Letter for Antidepressant Medications," FDA Letter, 15 Oct. 2004; "FDA Orders Strong 'Black Box' Warnings on Antidepressants Used by Children," *Associated Press Worldstream*, 15 Oct. 2004.
34. "FDA Mulls Antidepressant Warnings," *Daily Press*, 21 Mar. 2004.
35. *Ibid.*
36. Dr. Julian Whitaker, M.D. Interview for documentary, 2005, on file with Citizens Commission on Human Rights.
37. *Physician's Desk Reference*, (Medical Economics Company, New Jersey, 1998), pp. 1896-1897.
38. Dr. John Breeding, "Does ADHD Even Exist? The Ritalin Sham," *Mothering Magazine*, Issue 101, July/Aug. 2000.
39. Kate Zernike and Melody Petersen, "Schools' Backing of Behavior Drugs Comes Under Fire," *The New York Times*, 19 Aug. 2001.
40. Robert Holland, "Classroom addiction to drug use," *The Washington Times*, 17 June 1999, p. A19.
41. "Drugged Out Toddlers," *Newsweek*, 6 Mar. 2000.
42. Jacqueline A. Sparks, Ph.D. & Barry L. Duncan, Psy.D., "The Ethics and Science of Medicating Children," Center for Family Services, Palm Beach County & Florida Institute for the Study of Therapeutic Change.
43. Sydney Walker, III, *The Hyperactivity Hoax*, (St. Martin's Paperbacks, New York, 1998), p. 12.
44. Demitri Papolos, M.D. and Janice Papolos, *Overcoming Depression*, Revised Edition, (Harper Collins Publishers, New York, 1992), pp. 119-120.
45. John M. Friedberg, M.D., *Electroshock—Epitomizing The Myth, Address to the Szasz Symposium, Liberty And/Or Psychiatry 40 Years After, The Myth of Mental Illness*, Syracuse, New York, 15 Apr. 2000.
46. David L. Richman, M.D., Leonard Roy Frank, and Art Mandler, *Dr. Caligari's Psychiatric Drugs*, (Alonzo Printing Co., Inc., California, 1984), pp. 38-39.
47. *Op. cit.*, *Physician's Desk Reference*, pp. 2822-2823.
48. Demitri Papolos, M.D. and Janice Papolos, "Trileptal: A Promising New Mood Stabilizer," *The Bipolar Child Newsletter*, Summer 2001, Vol. 8.
49. "Health and Disease Information, A to Z Topics—Hyponatremia?" Penn State Milton S. Hershey Medical Center College of Medicine website, accessed 20 Mar. 2005.
50. "2003 Invisible Child Conference," Internet URL: <http://www.invisiblechild.org/2003acknowledgements.htm>, accessed 18 Mar. 2005.
51. Demitri Papolos, M.D. and Janice Papolos, *The Bipolar Child*, (Broadway Books, New York, 1999), p. 128.
52. Deposition of John Friedberg, M.D., 24 Mar. 2004.
53. Testimony of John Friedberg, M.D., 3 Mar. 2004.
54. Testimony of Colin Ross, M.D., 10 May 2004.
55. Fred A. Baughman, Jr., M.D., "Treatment of Attention-Deficit Hyperactivity Disorder," *Journal of the American Medical Association*, Vol. 269, No. 18, 12 May 1993.
56. *Op. cit.*, Sydney Walker, III, M.D., *A Dose of Sanity*, p. 61.
57. Wayne O. Evans, Ph.D. and Nathan S. Kline, M.D. (editors), *Psychotropic Drugs in the Year 2000, Use by Normal Humans*, (Charles C. Thomas, Publisher, Illinois, 1971), p. 71.
58. Marla Cones, "Cause for Alarm over Chemicals," *Los Angeles Times*, 20 Apr. 2003.
59. Becky Gillette, "Breaking the Diet - ADD Link," *E Magazine*, 5 Mar. 2003.
60. "Mysterious Gland, Many Miss Symptoms of Thyroid Disease," *ABCNews.com*, 20 Aug. 2001.
61. "Bipolar Disorder," National Institute of Mental Health Fact Sheet, 2001.
62. *Op. cit.*, Sydney Walker, III, M.D., *The Hyperactivity Hoax*, p. 165.
63. Lorrin M. Koran, *Medical Evaluation Field Manual*, Department of Psychiatry and Behavioral Sciences, Stanford University Medical Center, California, 1991, p. 4.



# APPENDIX

- Hearings Before a Subcommittee of the Committee on Appropriations, House of Representatives, (Washington, DC: U.S. Government Printing Office, 1995), 22 March 1995, p. 1161.
- John Read, "Feeling Sad? It Doesn't Mean You're Sick," *New Zealand Herald*, 23 June 2004.
- Lisa M. Krieger, "Some Question Value of Brain Scan; Untested Tool Belongs in Lab Only, Experts Say," *The Mercury News*, 4 May 2004.
- FDA Public Health Advisory, 22 March 2004.
- Review DVDs:

*DSM: A Psychiatric Hoax*  
*Psychiatry: Labeling, Drugging and Killing Children*