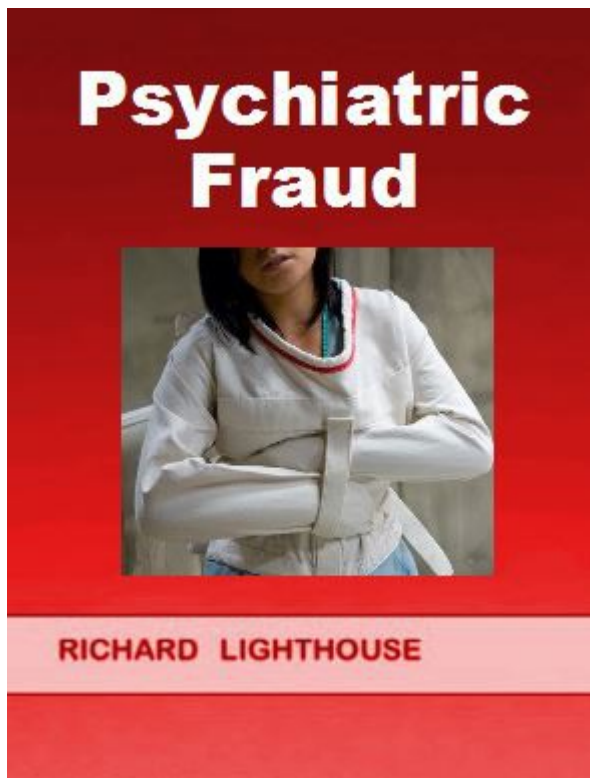
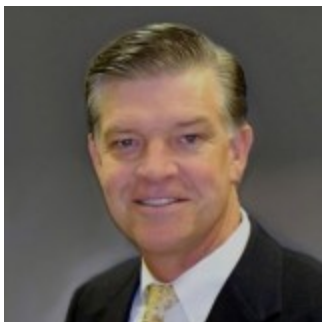


Psychiatric Fraud



Richard Lighthouse



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Many of my ebooks can be found for FREE at: Smashwords.com, Apple iBooks, BarnesAndNoble.com, and other websites. My website is www.RLighthouse.com

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Abstract

The United States Government and the Deep State are using the fraudulent Psychiatric system in this country to abuse the rights of citizens. This is being done to silence dissent, critics of government policy, and whistleblowers. There are numerous examples of individuals being forcibly confined to a mental hospital, when their only offense was challenging government corruption. The Diagnostic Symptoms Manual (DSM-5) has been substantially revised to include fake diseases for all kinds bogus symptoms, making it easier to silence

critics and whistleblowers. This latest revision to the DSM-5 was a carefully orchestrated government exercise, that was done under secrecy and a lack of transparency, which many doctors have complained about.

This fraud is relevant to Targeted Individuals because to maintain the torture program, the CIA must convince the public that TI's are mentally unstable.

Psychiatric diagnosis of mental disorders is a fraud. There are no chemical tests, no laboratory tests, no definitive blood, saliva, hair, brain, or genetic tests. No brain scan. No MRI. No CAT scan that can define mental illness. It is not objective. It is not scientific. It is fraud.

Some quotes from respected doctors:

Dr. Allen Frances, M.D., *"There is no definition of a mental disorder. It's bullshit. I mean, you just can't define it."*

Neurologist Fred A. Baughman, M.D., *"There is no such thing whatsoever as a psychiatric or psychological disease."*

British psychiatrist Dr Joanna Moncrieff, M.D.; *"There is just absolutely no evidence that anyone with any mental disorder has a chemical imbalance of any sort...absolutely none."*

Dr Paula J. Caplan, Ph.D., a psychologist, *"Nobody should be diagnosed with mental illness."*

Dr Peter R. Breggin, M.D., Psychiatrist; *"For every class of psychiatric drugs, long-term studies have continued to show no proof of effectiveness. ... all psychiatric drugs have serious long-term adverse effects and tend to produce chronic brain impairment (CBI)."*

Psychiatrist Dr David Kaiser, M.D., *"Modern psychiatry has yet to convincingly prove the genetic/biologic cause of any single mental illness."*

Dr Elliot S. Valenstein, Ph.D., Professor Emeritus of Psychology and Neuroscience at the University of Michigan, *"Contrary to what is often claimed, no biochemical, anatomical, or functional signs have been found that reliably distinguish the brains of mental patients."*

Dr Dennis S. Charney, M.D. Psychiatry professor, Yale University School of Medicine, *"We have so far failed to identify bona fide psychiatric disease genes or to delineate the precise etiological and pathophysiological basis of mental disorders."*

Dr Joseph Glenmullen, M.D., Clinical instructor in Psychiatry at Harvard Medical School, *"In*

medicine, strict criteria exist for calling a condition a disease. In addition to a predictable cluster of symptoms, the cause of the symptoms or some understanding of their physiology must be established...Psychiatry is unique among medical specialties in that we do not yet have proof either of the cause or the physiology for any psychiatric diagnosis."

Dr Thomas R. Insel, M.D., Director of the National Institute of Mental Health (NIMH), *"The weakness" [of the DSM-5] "is its lack of validity....Unlike our definitions of ischemic heart disease, lymphoma, or AIDS, the DSM diagnoses are based on a consensus about clusters of clinical symptoms, not any objective laboratory measure."*

Dr. Thomas Szasz, M.D., from his book "Psychiatry: The Science of Lies," *"The assertion rests on an erroneous premise, namely, that the doctors were interested in distinguishing insane inmates properly committed from sane inmates falsely detained. The whole history of psychiatry belies this assumption. ... each time experience was consulted, it showed that the experts were unable to distinguish the sane from the insane".*

Psychiatrist E. Fuller Torrey, M.D., *"Mental disease...The very term is itself nonsensical, a semantic mistake. The two words cannot go together except metaphorically; you can no more have a mental 'disease' than you can have a purple idea."*

Psychiatrist Philip Q. Roche, M.D., *"...there is no such thing as mental disease or defect, but rather certain patterns of behavior to which, in a given social context, we apply certain names which enable us to talk about and to effect certain changes in the social relationships of those who exhibit them and to effect changes in the individuals themselves. At best, we are left to the imposition of purely arbitrary criteria in selecting such persons."*

Dr. Peter C. Gøtzsche, M.D. *"...psychiatrists prefer to talk about a mental disorder, rather than a mental illness or disease, which is because psychiatric diagnoses are social constructs. Psychiatrists have blown life into a social construct that is nothing but a variation of normal behavior and have given this construct a name, as if it existed in nature and could attack people."*

Dr Tomi Gomory, Ph.D. *"...we have argued, the existence of a disease of mental illness has never been established."*

Dr Bruce E. Levine, Ph.D., Psychologist; *"No biochemical, neurological, or genetic markers have been found for attention deficit disorder, oppositional defiant disorder, depression, schizophrenia, anxiety, compulsive alcohol and drug abuse, overeating, gambling, or any other so-called mental illness, disease, or disorder."*

Dr. Sidney Sament, a neurologist, *"Electroconvulsive therapy in effect may be defined as a controlled type of brain damage produced by electrical means. No doubt some psychiatric symptoms are eliminated...but this is at the expense of brain damage."*

Dr Karl Pribram, Ph.D., head of Stanford University's Neuropsychology Laboratory, *"I'd rather have a small lobotomy than a series of electroconvulsive shock... I just know what the brain looks like after a series of shocks, and it's not very pleasant to look at."*

Dr Jeffrey Masson, Ph.D., "Why do psychiatrists torture people and call it electroshock therapy?"

These government criminals are even forcibly confining an individual and then drugging them with toxic "treatments" to "prove" they are mentally ill. All done to protect the Deep State.

If no abnormality of the body can be found, no disease or illness can be known to exist. Unproved theories about etiology, pathology and prognosis are pure speculation. This is why so many doctors are opposed to psychiatry and its labeling of mental diseases, according to the DSM. If the disease cannot be detected using objective, scientific means – then it cannot be proven to exist.

Science is objective and repeatable. It does involve opinions or voting. It is not subjective.

Psychiatric diagnosis of mental disorders is a fraud.
Stopshrinks.org antipsychiatry.org

RLighthouse.com

Introduction

Deep State Using Mental Disorders to Silence Whistleblowers

"In September of 2009, Officer Adrian Schoolcraft of the 81st Precinct in Brooklyn met confidentially with NYPD investigators and provided evidence - including secret audio recordings he had made - that more than a dozen crime reports had been manipulated.

He charged felonies had been downgraded, crime reports taken were never filed, and in still other cases, crime victims were discouraged from filing complaints at all. Weeks later, on Halloween night, he was taken from his apartment in handcuffs to the psychiatric ward of Jamaica Hospital, where he claimed he was held against his will for six days.

Schoolcraft had left work sick that day, after being harassed by senior officers in his precinct who had learned of his complaints, his attorney said. He filled out a sick form but failed to have it signed by his supervisor. Senior officers arrived at this apartment and encouraged him to return to work, but he refused.

"Act like a man," Schoolcraft was warned, according to attorney Jon Norinsberg. When he refused, he was declared an EDP, or emotionally disturbed person, and police transported him to Jamaica Hospital's psychiatric ward. Schoolcraft, who remains under suspension, has

filed a federal lawsuit against the department, as well as the hospital and several doctors there"

www.sott.net/article/260246-NYPD-whistleblower-suspended-and-sent-to-psychiatric-ward

The Price Of Being A Whistleblower – from Forbes Magazine

www.forbes.com/sites/karenhigginbottom/2017/02/18/the-price-of-being-a-whistleblower/#1ad54d1e5b52

Whistleblowing continues to make headline news and some individuals such as Edward Snowden and Chelsea Manning continue to divide opinion, as they are often seen as heroes or vilified as a traitor depending on your point of view.

The report entitled "Effective Speak Up Arrangements for Whistleblowers" revealed that organisations demonize whistleblowers and portray them as mentally ill or discredit their claims. The study of 25 workers who revealed wrongdoing in their organizations such as banks and healthcare found that whistleblowers lost their job either by being pressured out of the organization or being dismissed. If they did stay they suffered retaliation through bullying, demotion, isolation or harassment while some were forced by their company to take mental health counselling. Many did crack under pressure, suffering mental illness through depression, panic attacks or developed drinking problems.

[author's note: In my opinion, the content of Forbes magazine is controlled by the Deep State. When this article appeared in the magazine, it was probably directed from the intelligence agencies. "The CIA owns everyone of any significance in the major media." — former CIA Director William Colby. Also see Project Mockingbird – the CIA planted spies in all the major U.S. Newspapers and TV stations.]

The Science of Silence: How Government Prevents Whistleblowers From Speaking Out

wakeup-world.com/2017/02/17/the-science-of-silence-how-government-prevents-whistleblowers-from-speaking-out/

“What they’ll do is they’ll say, ‘we can see that you’re very stressed out by all of this, and we want to help you, so, we’re going to refer you to the office of medical services so you can undergo some psychological counseling to help you sleep at night and make you better and get rid of your anxiety, so, we’re going to set up an appointment for you to meet with a psychologist.’

“Now, where do you suppose that goes? The interview’s over, the document is falsified, ‘employee is paranoid, obsessive-compulsive, and disgruntled.’ That goes in the file, so if it ever does get to the Congress or Senate or court, they pull it out and say, ‘well look, he or she went under an evaluation and they’re basically unstable, end of story, shut the case down.’” ~ Kevin Shipp, former CIA agent.

www.laborlawtalk.com/showthread.php?t=97990

“In August 1993, Dianne Martinek was found to be mentally ill. Although Martinek had no history of treatment for mental illness, she was diagnosed as a paranoid schizophrenic after being admitted to the Hennepin County Medical Center.

Testimony at the hearing and Martinek's medical records established that Martinek has lived within a highly developed delusional system for the past five years. Martinek believes she is the victim of a conspiracy because she "blew the whistle" on a "network of child abusers" at a church and local youth group.”

http://www.psychcrime.org/for_whistleblowers/

Whistleblowers' mental health attacked by firms

“In their working paper, “How Organizations Use Mental Health To Discipline Whistleblowers and Undermine their Message”, one whistleblower John (not his real name), is quoted saying: "They put me on psychiatric support at the Priory Clinic. So, what they do here is they pacify you as somebody with mental health issues. Therefore, there's no validity."

“While Greg (not his real name) said: "You may know that you are unemployed because you did something right, that doesn't stop you feeling isolated, it doesn't stop you feeling low self-esteem, it doesn't stop you being poor, it doesn't stop your health being affected."

“In the 25 interviews with whistleblowers from the UK, Europe and the US, the researchers found the initial stage of secretly obtaining information was stressful, but when they went public, battling with the organization was when many were pushed to breaking point.”

phys.org/news/2016-05-whistleblowers-mental-health-firms.html#jCp

The Psychiatrist Was Going To Lie and Have Me Committed To the Psychiatric Ward.

“This is what happened to me when I was denied my Civil Rights at the hospital. The psychiatrist was going to lie on his report in order to have me committed to a psychiatric facility in order to cover the ass of the Morton Plant North Bay Hospital Corporation after they violated the Federal law called The Emergency Medical Treatment and Labor Act. I expose their corruption!

At the Morton Plant North Bay Psychiatric facility, I was never given a psychiatric or a physical medical evaluation, but I was already labeled as having the disability of a “psychiatric mental illness.”

<https://investmentwatchblog.com/the-psychiatrist-was-going-to-lie-and-have-me-committed-to-the-psychiatric-ward-i-expose-the-hospitals-corruption/>

US Church Insiders Who Have Blown the Whistle on Alleged Child Sexual Abuse and Cover-Up

“The burden of disclosing sexual abuse by Catholic clerics and its cover-up by religious leaders has fallen almost completely on victims. Most church insiders who have witnessed misconduct have chosen not to report it. Fortunately, there have been remarkable exceptions. BishopAccountability.org is pleased to present the first database of church whistleblowers - priests, men and women religious, and other church employees and volunteers who reported colleagues to church or civil authorities and fought their superiors' concealment of abuse. Many of the individuals profiled below have experienced retaliation and grief in some form – defamation, job loss, career derailment, ostracization, pressure by superiors to admit to mental illness, and in at least one case, suicide.”

In one whistleblower case, a nun by the name of Jane Kelly reported pedophilia to the diocese, and she was sent to a mental hospital by her order, which then expelled her.

bishopaccountability.org/Whistleblowers/

The sister's battle with the bishop. One nun's outrage helped bring down a church leader, by Jon Bonné, msnbc.com, Santa Rosa, CA, 4.29.2002

Does Mental Illness Even Exist?

In *Dorland's Illustrated Medical Dictionary, 32nd Edition* (Elsevier Sanders 2012). *Dorland's* is the most respected medical dictionary in existence. *Dorland's* defines "illness" with a single word: "disease" (p. 914) and defines disease (p. 527):

“dis.ease (dī-zēz) [Fr. dès from + aise ease] any deviation from or interruption of the normal structure or function of a part, organ, or system of the body as manifested by characteristic symptoms and signs; the etiology, pathology, and prognosis may be known or unknown. [underline added]”

By this definition, if no abnormality of the body can be found, no disease or illness can be known to exist. Unproved theories about etiology, pathology and prognosis are pure speculation. This is why so many doctors are opposed to psychiatry and its labeling of mental diseases, according to the DSM.

If the disease cannot be detected using objective, scientific means – then it cannot be proven to exist. This would be a blood test, DNA test, MRI, etc. None of these scientific methods has ever reliably proven a mental disease to exist.

Seymour S. Kety, M.D., Professor Emeritus of Neuroscience in Psychiatry, and Steven Matthyse, Ph.D., Associate Professor of Psychobiology, both of Harvard Medical School,

said "an impartial reading of the recent literature does not provide the hoped-for clarification of the catecholamine hypotheses, nor does compelling evidence emerge for other biological differences that may characterize the brains of patients with mental disease" (*The New Harvard Guide to Psychiatry*, Harvard University Press, p. 148). 1988.

In 1992, a panel of experts from the U.S. Congress Office of Technology Assessment concluded: "Many questions remain about the biology of mental disorders. In fact, research has yet to identify specific biological causes for any of these disorders ...Mental disorders are classified on the basis of symptoms because there are as yet no biological markers or laboratory tests for them" (*The Biology of Mental Disorders*, U.S. Gov't Printing Office 1992)

The Deep State, the CIA, and FBI are abusing the rights of citizens through a broken system of psychiatry and psychology.

For those unfamiliar with the Deep State, I recommend the books of Dr Peter Dale Scott, Professor at UC Berkeley (PeterDaleScott.com), and Dr Steven Greer, MD. (Unacknowledged.com)

Dr Thomas Szasz, MD, His 1961 book, *The Myth of Mental Illness*, provided the philosophical basis for the antipsychiatry and patient advocate movements that began in the 1960s.

The current official list of mental disorders in DSM-5 is around 300. That's 300—separately defined, treatable, and covered by insurance plans.

Dr. Allen Frances, in a December 2010 *Wired* interview ("Inside the Battle to Define Mental Illness"), stated:

"There is no definition of a mental disorder. It's bullshit. I mean, you just can't define it."

Dr Frances was the editor for DSM-4.

There are no definitive chemical or biological tests for any so-called mental disorder.

This fact is stunning to most people. They assume psychiatry is a science. It is not. It never was.

Big Pharma sits behind it all, financing the institution of psychiatry and selling the drugs. For many decades, the Rockefeller Foundation has funded much of the activities of the American Medical Association (AMA) and its research activities. The Rockefellers controlled what research was funded and what was rejected. The Rockefeller Foundation has also provided much of the funding for the research activities of the American Psychiatric Association (APA). This is not a coincidence. By controlling the opinions and priorities, and by hand-picking the board members for these two medical authorities - the Rockefellers were able to control medical diagnostics on a global scale. Some doctors have noticed the corruption and have started rejecting the content of the DSM.

www.thrivemovement.com/american-medical-association-largely-funded-rockefellers

The [Rockefeller Foundation](#) website points to various connections between the American Medical Association and the Foundation. Here are a few examples:

- [Rockefeller Foundation Annual Report, 1932](#)
- [Rockefeller Foundation Annual Report, 1957](#)
- [Making the eHealth Connection: Participants](#)
- [The Long Road to Universal Health Coverage](#)

The American Medical Association has been accepting money from the Rockefeller and Carnegie Foundations from as early as 1910. In [The World Without Cancer](#) G. Edward Griffin makes the argument that the Rockefeller and Carnegie Foundations began to support the AMA in an effort to control the medical schooling establishment and to gain power over this “large and vital sphere of American life.”

Diagnostic Symptoms Manual, DSM-5: This version, unlike all previous versions, was conceived in almost total secrecy. There was a public comment period, but all members of the committee had to sign a non-disclosure agreement. As a result, there has been no transparency as was the norm in the past. What we know of this new diagnostic manual is limited to what the American Psychiatric Association has released piecemeal. The new version has 947 pages and over 300 diagnoses.

Dr Thomas R. Insel, M.D., Director of the National Institute of Mental Health (NIMH), delivered a sharply worded statement saying the NIMH would no longer fund research based on the DSM-5. His criticism is the same as mine,

“The weakness” [of the DSM-5] “is its lack of validity....Unlike our definitions of ischemic heart disease, lymphoma, or AIDS, the DSM diagnoses are based on a consensus about clusters of clinical symptoms, not any objective laboratory measure.”

The following is from attorney, Lawrence Stevens, whose practice has included representing psychiatric “patients.”:

“Among those criticizing the DSM-5 is Dr. Allen Frances, editor of DSM-IV, and Dr. Robert Spitzer, editor of DSM-III. Spitzer wrote an open letter to the DSM-5 committee complaining that forcing task force members to sign a non-disclosure contract, which flies in the face of proper protocols for scientific or medical projects.

About 70% of the current task force members have ties or funding from the pharmaceutical industry.”

“ECT consists of electricity being passed through the brain with a force of from 70 to 400 volts and an amperage of from 200 milliamperes to 1.6 amperes (1600 milliamperes). The electric shock is administered for as little as a fraction of a second to as long as several seconds. The electrodes are placed on each side of the head at about the temples, or sometimes on the front and back of one side of the head so the electricity will pass through just the left or right side of the brain (which is called “unilateral” ECT).”

“Some psychiatrists falsely claim ECT consists of a very small amount of electricity being

passed through the brain. In fact, the 70 to 400 volts and 200 to 1600 milliamperes used in ECT is quite powerful. The power applied in ECT is typically as great as that found in the wall sockets in your home. It could kill the "patient" if the current were not limited to the head. The electricity in ECT is so powerful it can burn the skin on the head where the electrodes are placed. Because of this, psychiatrists use electrode jelly, also called conductive gel, to prevent skin burns from the electricity. The electricity going through the brain causes seizures so powerful the so-called patients receiving this so-called therapy have broken their own bones during the seizures. To prevent this, a muscle paralyzing drug is administered immediately before the so-called treatment. Of course, the worst part of ECT is brain damage, not broken bones."

Emory University Professor, Dr Jonas Robitscher, J.D., M.D., *"Organized psychiatry continues to oppose any restrictions by statute, regulation, or court case on its 'right' to give shock treatments to involuntary and unwilling patients"*

"Electricity is only one of several ways psychiatrists have induced seizures in people for supposedly therapeutic purposes. According to psychiatrists, seizures induced by chemicals or gas inhalants are just as effective, psychiatrically speaking, as ECT. In September 1977 in the American Journal of Psychiatry, psychiatry professor Max Fink, M.D., said: "Seizures may also be induced by an anesthetic inhalant, flurothyl, with no electrical currents, and these treatments are as effective as ECT" (p. 992). On the same page he said seizures induced by injecting a drug, pentylenetetrazol (Metrazol), into the bloodstream have therapeutic effects equal to seizures induced with ECT."

"It's interesting, to say the least, that any of these three very different seizure producing agents - flurothyl gas inhaled through a gas mask, Metrazol injected with a hypodermic needle, or electricity passed through the head - could be equally psychiatrically "therapeutic". Psychiatrists say that it is the seizure that is "therapeutic", not the method of inducing the seizure. But why would seizures induced by any of these three very different methods be equally "therapeutic"?"

"One theory is they are all equally horrifying to the victim (the "patient") who receives the "treatment". In his book *Against Therapy*, published in 1988, psychoanalyst Jeffrey Masson, Ph.D., asks: "Why do psychiatrists torture people and call it electroshock therapy?" (p. xv). In his book *Battle for the Mind: A Physiology of Conversion and Brain-Washing*, William Sargant said "The history of psychiatric treatment shows, indeed, that from time immemorial attempts have been made to cure mental disorders by the use of physiological shocks, frights, and various chemical agents; and such means have always yielded brilliant results in certain types of patient" (p. 82). In his book *Breakdown*, psychologist Norman S. Sutherland points out that in his observations ECT "was widely dreaded", and he says "there are many reports from patients likening the atmosphere in hospital on days when ECT was to be administered to that of a prison on the day of an execution" (p. 196)."

"The Food and Drug Administration is in charge of regulating medical devices just as it does drugs, including the machines used to give shock treatment. But it's not doing its job. It has allowed these machines to be used on millions of patients over the past generation without requiring any

evidence whatsoever that shock treatment is safe or effective! This is so even though shock machines are Class III---high risk---devices, which by law are supposed to be investigated by clinical trials as thoroughly as new drugs and devices just coming onto the market. But because of intense lobbying by the American Psychiatric Association---which claims the devices are safe but opposes an investigation---the FDA has disregarded its own law. (For the full story of how shock survivors have fought for a scientific safety investigation of ECT for the past 25 years, see the new book *Doctors of Deception: What They Don't Want You to Know About Shock Treatment* by Linda Andre.)”

“In April 2009---30 years after it first ruled the devices high-risk and named brain damage and memory loss as risks of the treatment---the FDA belatedly announced it would call on the manufacturers of the devices to provide evidence of safety and efficacy.”

“An article in the March 25, 1993 *New England Journal of Medicine* says "ELECTRO-CONVULSIVE therapy is widely used to treat certain psychiatric disorders, particularly major depression" (p. 839). The March 26, 1990 issue of *Newsweek* magazine reports that "electroconvulsive therapy (ECT) . . . is enjoying a resurgence. . . . an estimated 30,000 to 50,000 Americans now receive shock therapy each year" (p. 44). Other recent estimates go as high as 100,000 per year.”

“In his textbook *Psychiatry for Medical Students*, published in 1984, Robert J. Waldinger, M.D., says "ECT's mechanism of action is not known... As with the other somatic therapies in psychiatry, we do not know the mechanism by which ECT exerts its therapeutic effects" (pp. 120 & 389). Psychiatrists claim unhappiness or so-called depression is sometimes caused by unknown biological abnormalities in the brain. They say by some unknown mode of action ECT cures these unknown biological abnormalities. There is no good evidence for these claims.”

“As was said by Lothar B. Kalinowsky, M.D., and Paul H. Hoch, M.D., in their book *Shock Treatments, Psychosurgery, and Other Somatic Treatments in Psychiatry*: "Fear of ECT, however, is a greater problem than was originally realized. This refers to a fear which develops or increases only after a certain number of treatments. It is different than the fear which the patient, unacquainted with the treatment, has prior to the first application. . . . 'The agonizing experience of the shattered self' is the most convincing explanation for the late fear of the treatment" (p. 133). One way ECT achieves its effects is the victims of this supposed therapy change their behavior, display of emotion, and expressed ideas for the purpose of avoiding being tortured and destroyed by the "therapy". Refusing to take ECT doesn't always work, because ECT is often administered against the "patient's" will. In *The Powers of Psychiatry*, published in 1980, Emory University Professor Jonas Robitscher, J.D., M.D., said "Organized psychiatry continues to oppose any restrictions by statute, regulation, or court case on its 'right' to give shock to involuntary and unwilling patients" (p. 279). Even now in the 1990s only one state in the United States - Wisconsin - prohibits all involuntary administration of ECT. “

“it didn't take long after ECT was invented in 1938 for autopsy studies revealing ECT-caused

brain damage to begin appearing in medical journals. This brain damage includes cerebral hemorrhages (abnormal bleeding), edema (excessive accumulation of fluid), cortical atrophy (shrinkage of the cerebral cortex, or outer layers of the brain), dilated perivascular spaces in the brain, fibrosis (thickening and scarring), gliosis (growth of abnormal tissue), and rarefied and partially destroyed brain tissue. (See Peter R. Breggin, M.D., *Electroshock: It's Brain Disabling Effects* for references.) Commenting on the extent of physical brain damage caused by electroconvulsive "therapy", Karl Pribram, Ph.D., head of Stanford University's Neuropsychology Laboratory, once said: "I'd rather have a small lobotomy than a series of electroconvulsive shock... I just know what the brain looks like after a series of shocks, and it's not very pleasant to look at" (*APA Monitor*, Sept.-Oct. 1974, pp. 9-10). Dr. Sidney Sament, a neurologist, describes ECT this way: "Electroconvulsive therapy in effect may be defined as a controlled type of brain damage produced by electrical means. No doubt some psychiatric symptoms are eliminated...but this is at the expense of brain damage" (*Clinical Psychiatry News*, March 1983, p. 4). Although he is a defender of ECT, Duke University psychiatry professor Richard D. Weiner, M.D., Ph.D., has admitted that "the data as a whole must be considered consistent with the occurrence of frontal atrophy following ECT" (*Behavioral & Brain Sciences*, March 1984, p. 8). By "frontal atrophy" he means atrophy (reduced size) of the frontal lobes of the brain, the frontal lobes being the parts believed to be responsible for higher mental functions. The frontal lobes get most of the electricity in ECT. Dr. Weiner also admits "Breggin's statement that ECT always produces an acute organic brain syndrome is correct" (*ibid.*, p. 42). Organic brain syndrome is organic brain disease."

"Psychological testing of those who have had ECT also indicates ECT causes permanent brain damage. For example, in an article in the *British Journal of Psychiatry*, three psychologists said "The ECT patients' performance was also found to be inferior on the WAIS [Wechsler Adult Intelligence Scale]" and "The ECT patients' inferior Bender-Gestalt performance does suggest that ECT causes permanent brain damage" (Donald I. Templer, Ph.D., et al., "Cognitive Functioning and Degree of Psychosis in Schizophrenics given many Electroconvulsive Treatments" *Brit. J. Psychiatry*, Vol. 123 (1973), p. 441 at pp. 442, 443)."

"In 1989 in his book *The Exercise Prescription for Depression and Anxiety*, psychology professor Keith W. Hohnsgard, Ph.D., says "Some who receive ECT appear to suffer both serious and permanent memory loss" (p. 88, emphasis added). A woman who had ECT described these effects ECT had on her memory: "I don't remember things I never wanted to forget - important things - like my wedding day and who was there. A friend took me back to the church where I had my wedding, and it had no meaning to me" (quoted in: Peter R. Breggin, M.D., *Electroshock: It's Brain Disabling Effects*, p. 36). Professional people who have sought treatment for depression and had ECT have lost a lifetime of professional knowledge and skill to this so-called therapy. (See, for example, Berton Rouch 's article in *Suggested Reading*, below). In one state, Texas, a state law requires those considering ECT be warned about ECT caused memory loss."

"Psychiatrists who use ECT are violating their Hippocratic oath to not harm patients and are guilty of a form of health care quackery. Unfortunately, most psychiatrists have administered ECT, and government has failed to live up to its responsibility to protect us from this harmful and irrational "treatment". It is therefore left to you to protect yourself and your loved ones from quackery such as ECT by keeping yourself and your loved ones away from practitioners who use it."

THE AUTHOR, Lawrence Stevens, is a lawyer whose practice has included representing psychiatric "patients." His pamphlets are not copyrighted. Feel free to make copies.

A text-only version of this article and others dealing with the topic of "mental illness" and its treatment can be found at <http://www.antipsychiatry.org>. You may also order them in pamphlet form on the site.

Does Mental Illness Exist?

Psychiatrist E. Fuller Torrey, M.D., in his book *The Death of Psychiatry* (Penguin Books 1974), p. 36

"mental disease...The very term is itself nonsensical, a semantic mistake. The two words cannot go together except metaphorically; you can no more have a mental 'disease' than you can have a purple idea or a wise space."

"As I have stated in an earlier chapter, in the natural world there is no such thing as mental disease or defect, but rather certain patterns of behavior to which, in a given social context, we apply certain names which enable us to talk about and to effect certain changes in the social relationships of those who exhibit them and to effect changes in the individuals themselves. At best, we are left to the imposition of purely arbitrary criteria in selecting such persons." Psychiatrist Philip Q. Roche, M.D., winner of the American Psychiatric Association's Isaac Ray Award for outstanding contributions to forensic psychiatry and the psychiatric aspects of jurisprudence, in his book *The Criminal Mind* (Farrar, Straus and Cudahy 1958), p. 253

"Quite often, psychiatrists prefer to talk about a mental disorder, rather than a mental illness or disease, which is because psychiatric diagnoses are social constructs. ... psychiatrists have blown life into a social construct that is nothing but a variation of normal behavior and have given this construct a name, as if it existed in nature and could attack people." Dr. Peter C. Gøtzsche, a physician specializing in internal medicine, and professor of Clinical Research Design and Analysis at the University of Copenhagen, in his book *Deadly Psychiatry and Organized Denial* (People's Press 2015), pp. 26 & 145

In his book *Saving Normal: An Insider's Revolt Against Out-of-Control Psychiatric Diagnosis, DSM-5, Big Pharma, and the Medicalization of Ordinary Life*, published in 2013 (Harper Collins pp. xi, xii, 277), psychiatrist Allen Frances, M.D., says this:

"I led the Task Force that developed DSM-IV [American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition] and also chaired the department of psychiatry at Duke [University], treated many patients ... DSM has gained a huge societal significance and determines all sorts of important things that have an enormous impact on people's lives like...who gets to be hired for a job, can adopt a child, or pilot a plane, or qualifies for life insurance ... Done poorly, psychiatric diagnosis can be an unmitigated disaster leading to aggressive treatments with horrible complications and life-shattering impact. ... Psychiatric diagnosis is a serious business with major and often lifelong consequences."

In Chapter 3 of Saving Normal, "Diagnostic Inflation", Dr. Frances includes a section quite appropriately titled "The Power to Label Is the Power to Destroy" (p. 109).

Because of the damaging, even life-ruining power of psychiatric "diagnosis" (or of psychiatric "labels"), the validity, accuracy, reliability, and predictability of psychiatric "diagnosis" is important. Investigations repeatedly reveal psychiatric diagnosis has no reliability or validity.

An experiment was done in the 1970s by Stanford University psychology professor David Rosenhan and his colleagues and published in the January 19, 1973 issue of Science magazine ("On Being Sane in Insane Places", Vol. 179, pp. 250-258). Dr. Rosenhan and seven of his colleagues who had no history of or evidence of mental illness, called "pseudopatients" in the study, went to 12 different psychiatric hospitals on the East and West coasts of the U.S.A. as inpatients where they remained as long as 52 days. They found that no matter how normally they behaved they were not recognized as normal by the psychiatrists and other mental health professionals they came in contact with. Despite being normal, all were prescribed psychiatric drugs: "All told, the [eight] pseudopatients were administered nearly 2100 pills, including Elavil, Stelazine, Compazine, and Thorazine", which undermines the commonly held belief psychiatric drugs are given only to people who need them (as if anybody needs psychiatric drugs: See Psychiatric Drugs: Cure or Quackery?) When the results of this experiment were revealed to the psychiatrists and other staff members of another psychiatric hospital, they "doubted that such an error could occur at their hospital."

Involuntary Commitment

groups.google.com/forum/#!topic/alt.support.depression.medication/JXFNzN5thCg

In the present U.S., abusive involuntary commitment is still commonplace, but it's all about money. Read the following articles:

"U.S. Representative Patricia Schroeder of Colorado held hearings investigating the practices of psychiatric hospitals in the United States. Her committee's summary: "Our investigation has found that thousands of adolescents, children, and adults have been hospitalized for psychiatric treatment they didn't need; that hospitals hire bounty hunters to kidnap patients with mental health insurance; that patients are kept against their will until their insurance benefits run out; that psychiatrists are being pressured by the hospitals to increase profit; that hospitals 'infiltrate' schools by paying kickbacks to school counselors who deliver students; that bonuses are paid to hospital employees, including psychiatrists, for keeping the hospital beds filled; and that military dependents are being targeted for their generous mental health benefits."

The supposed experts responsible for these "diagnoses" are usually biased in favor of commitment because of their personal economic concerns or their affiliation with the psychiatric "hospital" or ward where the "patient" is or will be confined. Psychiatric "hospitals", like all businesses, need customers. In the case of psychiatric "hospitals" [or wards], they need patients. They not only want patients, they need them to stay in business. Similarly, individual psychiatrists and psychologists need patients to make money and earn a living....Keeping all those psychiatric beds filled is critical, and administrators are aggressively ensuring that they will be. Some facilities even resort to paying employees and others

bonuses of \$500 to \$1,000 per referral.

An administrator at a psychiatric "hospital" told me competition between psychiatric hospitals is "cut throat". Combine this intense competition with America's poorly written involuntary commitment laws and judges who refuse to impose protection from unwarranted commitment that bona-fide due process requires, and the result is a lot of people being deprived of liberty and suffering psychiatric stigma unjustifiably."

--Lawrence Stevens, a lawyer whose practice has included representing psychiatric "patients" who have been abused in this manner. His articles are not copyrighted. You are invited to make copies.

<http://www.antipsychiatry.org/unjustif.htm>

"Some psychiatric hospitals made a practice of admitting adolescents in distress, using the diagnosis of bipolar disorder. The federal government finally intervened, charging the hospitals with fraud and assessing fines of millions of dollars. Many of these children did not have bipolar disorder at all, but were acting inappropriately because of stresses in their families, with their friends, and at school." --Edward Drummond, M.D., Associate Medical Director at Seacoast Mental Health Center, Portsmouth, New Hampshire, in *The Complete Guide to Psychiatric Drugs* (John Wiley & Sons, Inc., New York, 2000), pages 13-14. Dr. Drummond graduated from Tufts University School of Medicine and was trained in psychiatry at Harvard University."

See also:

http://www.cchr.org/take_action/report_psychiatric_abuse.html

"Vulnerable people who have sought help from psychiatrists and psychologists have been falsely diagnosed and forced to undergo unwanted and often harmful psychiatric methods."

P.S. A person is also charged for the payment of his own involuntary commitment. If you don't have insurance, they can and will seize your assets or put a lien on your house. So if you go to a hospital or local mental health clinic for help with depression, you could end up being hospitalized because you're a threat to yourself. The "screener" who decides you should be involuntarily committed may be a social worker or "counselor," not a psychiatrist, who usually just rubber stamps what the "screener" says.

http://www.njleg.state.nj.us/2004/Bills/PL05/55_.PDF.

While in theory, a patient is entitled to a hearing before a judge before longer term involuntary commitment, in practice this provides little protection.

1. In most states, you can be held for 3 days just on the recommendation of a "screener," who need not even be a psychiatrist. Psychiatrists just rubber stamp the screener's recommendation.

2. You can be and many people are involuntarily committed if they are considered a potential danger to themselves, i.e., if they've had thoughts of suicide. But thoughts of suicide are a

common symptom of depression; indeed, it's one of the standard DSM-IV diagnostic criteria for clinical depression.

3. For the reasons noted above, it's in the financial interest of both screeners and psychiatrists to commit people.
4. It often 20 days or longer to get even a preliminary hearing before a judge, during which time the person remains committed and the bills pile up.
5. Judges usually just follow the recommendation of the psychiatrist/screener, who have a vested interest in commitment. Unless you can afford to hire your own lawyer and psychiatrist, you may stay committed.
6. The person is often released before a hearing can be held, which is often weeks. That still amounts to tens of thousands of dollars in hospital and other medical bills. If you don't have insurance, they can and will charge you for it.

Conclusions

This short ebook has presented many quotations from credible doctors, all over the world, regarding the falsehoods of modern psychiatry and psychology. The title of Dr Thomas Szasz book, "Psychiatry: The Science of Lies," really sums it up.

This document is a living document. The author reserves the right to make corrections and changes.

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antipsychiatry.org
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12) Stuart A. KirkD.S.W., Tomi Gomory, Ph.D., & David Cohen, Ph.D., in their book *Mad Science—Psychiatric Coercion, Diagnosis, and Drugs* (Transaction Publishers 2013).

Recommended Video

Stefan Molyneux, "[There Is No Such Thing as Mental Illness](#)", YouTube.com.

13) *Whores of the Court: The Fraud of Psychiatric Testimony and the Rape of American Justice*, Regan/HarperCollins 1997, by Boston University psychology professor Margaret Hagen, Ph.D.)

14) On October 28, Allen Frances, MD, Chairperson of the DSM-IV task force, published an article on Psychology Today. It is titled *Does It Make Sense To Scrap Psychiatric Diagnosis?* and is essentially a response to the British Psychological Society's Division of Clinical Psychology's (DCP) call to abandon the medical model in situations where it is not appropriate, and to embrace a psychosocial approach. You can see a copy of the DCP's May 13, 2013, statement here.

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APPENDIX

I am a proud government whistleblower – see my ebooks about the criminal acts of the CIA and FBI. Readers are advised that the NSA may be blocking or restricting access to some of my ebooks, especially outside the United States. Readers are further advised that digital

tracking tags may have been placed in my ebooks. It may be best to download from Apple iBooks, if possible. Note how slowly the jpg's load into the ebook when viewing. The content of some ebooks may have been altered – still trying to monitor this. If you have tried to contact me, it is possible that emails and phone calls are being blocked (Owenc787 at gmail) 713.three.zero.six.8287.

Readers are advised to review the website drjudywood.com which provides compelling evidence about 9-11. Dr Judy Wood and Dr Morgan Reynolds, university professors, filed lawsuits against the US Government for fraud and conspiracy about 9-11. Dr Woods scientific presentation is available at youtube. Readers are also advised to see the movie "Sirius" by Dr Steven Greer, M.D. It is available for free on Netflix, where it is the #1 documentary, and to watch the youtube videos by the Honorable Paul Hellyer, former Canadian Minister of Defense. He has a book titled, "The Money Mafia."

Also, find my brief educational videos on youtube (Some have been blocked from the search engines).

For more than 5 years, this author has been stalked, harassed, and threatened by US Government agents from the CIA, FBI, and NSA - because of the content of my ebooks. My home has been broken into, repeatedly. In May 2014, my girlfriend was drugged and kidnapped from LaGuardia airport. This is not a joke. My computer, phone, and alarm system have been hacked, including those of my friends and family. It is truly sad and pathetic, these agencies have become criminal organizations. If something happens to me (disappearance, false criminal charges, sudden accident, etc. - my readers can be certain that the FBI and CIA were involved. In my opinion, the Council on Foreign Relations (CFR) is behind these criminal acts. David Rockefeller has been the CEO and Chairman for many years.

APPENDIX

ISBN Assignment Results for Psychiatric Fraud

Congratulations!

You have assigned an ISBN to your book [Psychiatric Fraud](#).

ISBN: 9781370766512
Title: Psychiatric Fraud
Author: Richard Lighthouse
Publisher: Smashwords, Inc.

[Back to ISBN Manager](#)



Figure 2. ISBN: 9781370766512

This is a global problem:

BEIJING: Local officials in Shandong Province have apparently found a cost-effectiveway to deal with gadflies, whistleblowers and all manner of muckraking citizens who dare to challenge the authorities : dispatch them to the local psychiatric hospital. According to an investigative report published Monday by a state-owned newspaper, public security officials in Xintai city have been institutionalizing residents who persist in their personal campaigns to expose corruption or to protest the unfair seizure of their property . Some people said they were committed up to two years, and several of those interviewed said they had been forced to consume psychiatric medication.

The article, in The Beijing News, said most inmates had been released after they agreed to give up their causes. Sun Fawu, 57, a farmer seeking compensation for land spoiled by a coal mining operation, said he was seized by the local authorities on his way to petition the central government in Beijing and brought to the Xintai Mental Health Center in October. During a 20-day stay,he said he was tied to a bed, forced to take pills and given injections that made him numb and woozy. When he told the doctor he was a petitioner, not mentally ill, the doctor reportedly said, "I don't care if you're sick or not. As long as you are sent by the township government, I'll treat you as a mental patient." In an interview with the paper, the

hospital's director, Wu Yuzhu, acknowledged that some of the 18 patients brought there by the police in recent years were not deranged, but he had no choice but to take them in.

www.scribd.com/document/53699745/Fwd-Whistle-Blowers

India:

daily.bhaskar.com/news/UP-up-protesting-whistleblower-officer-locked-up-in-mental-asylum-3022333.html

In yet another incident that surfaces the sorry state of whistleblowers in their fight against corruption, a PCS officer, who on Monday sat on hunger strike outside State Assembly, was forcibly taken to a psychiatric ward of a medical college in the capital city.

According to the reports, Provincial Civil Services officer, Rinku Singh Rahi was staging dharna demanding reply to his RTI application seeking details of money not used by the Social Welfare Department of Muzaffarnagar district in the year 2008-09, was not only whisked away from the protest site by police but also in the midnight drama, the Lucknow police tried admitting Rinkit to a local hospital first and then to the psychiatric ward of a medical college.

Appendix 2

Hopping Disease – A comedic example.

A group of psychiatrists made a recent discovery. They found that there is a unusual mental disease that may be spreading thru the animal kingdom, and it may be harmful to humans. Psychiatrists are very good at grouping behaviors. They call this "science", because it means you are noticing similar behaviors, and only smart people can do this.

They noted an unusual mental disorder called "Hopping Disease". it is found in frogs, rabbits, kangaroos, and mexican jumping beans. This mental disorder is characterized by a refusal to walk like everyone else. It is "anti-authoritarian", and clearly demonstrates a rebellious attitude and a lack of respect for authority figures. Why else would someone exhibit such behavior?

This is clearly a global phenomena - Hopping Disease is found in Brazilian frogs, French rabbits, Australian kangaroos, and Mexican jumping beans.

In the DSM-5, Hopping Disease is categorized as "Anti-Authoritarian" behavior and may be contagious. It is a dangerous disease and can lead to drug abuse and acts of terrorism. These animals should not be allowed to congregate together, as it may spread to other animals or humans.

After extensive testing, the psychiatrists found that large doses of morphine will cure these animals of this mental disorder. Unfortunately, they also found a high mortality rate, because

when given large doses, they don't seem to exhibit any behavior at all.

The psychiatrists were so proud because they found a cure.

Nonetheless, we cannot allow this dangerous disease to spread, as it may infect humans. One psychiatrist noted that some children on a playground were found to exhibit early signs of the disease, particularly when jumping rope or skipping. The disease might be spread by close contact at school playgrounds. If anyone is found to have this disease, they should immediately be placed on the Terrorist Watch List, because this is an issue of national insecurity.