Behavior Worth Medicating?

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When you are there, standing before an actual judge, real courtroom drama feels much less exciting than what you see on TV. There is no swelling music soundtrack, no scripted performances, and no overblown oratory.

Recently, I participated in a typically dull hearing that likely ruined a life — the life of a little six-year-old mildly autistic boy. The banality of the process was in contrast with the seriousness of the outcome.

Twelve adults gathered in a small, closed courtroom to decide how many powerful, anti-psychotic drugs that the child, who is currently in the custody of the state, would be required to take. The patient did not have a voice, since he was not there. No doctor was present, but plenty of lawyers were. The little boy's lawyer saw nothing wrong with drugging him into a stupor. As the attorney for the heartbroken mother, I spoke against the whole idea; I suggested to the court that other factors may be causing the child's problems, and that the compulsory administration of drugs by the state was simply an excuse to avoid addressing those issues.

The verdict: the little guy would be forced to take anti-psychotic drugs Risperdal, Concerta, and Seroquel, plus the stimulant Clonidine and the anti-anxiety drug Klonopin.

This outcome begs the question of whether a six-year-old child, let alone children as young as three, can be diagnosed as psychotic. And, whether children should be drugged by potions so powerful that most of them are not approved by the FDA for use in children.

A Disabling Science

"The mechanisms through which most psychotropic drugs produce their therapeutic effects remain poorly understood," according to Kaplan & Sadock's *Synopsis of Psychiatry*, a respected source in the field of psychiatry. When it comes to drugging children, the operation of these substances is even less understood, and the side effects are often far more profound and long-lived. Incredibly, most psychotropic drugs (i.e., chemicals that alter nervous-system and brain function) are not tested or approved by the U.S. Food and Drug Administration (FDA) for use in children.

All psychiatric treatments exert their primary or intended effect by disabling brain functions, says Peter Breggin, M.D., author of *Toxic Psychiatry* and other books critical of the use of psychiatric drugs. Dr. Breggin maintains that no existing psychiatric treatment corrects or improves existing brain dysfunction, such as a biochemical imbalance, which he argues is the major misunderstanding about psychiatry that the profession prefers to hide, and which places it outside the realm of proper treatment for disorders.

Yet courts, state child protective services agencies, and schools are now working in tandem, backed by the power of the law, to mandate that children as young as three years old take multiple psychotropic drugs despite the lack of a provable scientific basis for such treatments.

Psychiatry was born out of the eugenics movement of the late 19th century, and was used by totalitarians like Bismarck, Stalin, Hitler, and many more as a tool for social control, explains Kevin Hall, the New England director of the Citizens Commission on Human Rights (CCHR), an organization opposing psychiatry as it's now practiced. Hall, who has intensely studied the history and development of the profession, provides a terrifying summary of

how psychiatry has been misused from the beginning, particularly as a tool of state compulsion.

“Prussian dictator Otto von Bismarck,” explained Hall, “used the work of German psychologist Wilhelm Wundt to attempt to create a war machine based upon nationalism, as Napoleon had done. Wundt changed psychology, defined as study of the soul or mind, to the current belief that man is a stimulus-response animal without a soul or free will.”

Ivan Pavlov (of “salivating dog” fame), a student of Wundt, created a system of what Hall called Russian psycho-politics for use by dictator Josef Stalin. Millions of citizens were sent to gulags because of their opposition to the state, many of whom were given drugs or other treatments to cure them of their politically defined mental problems.

German psychiatrist Ernst Rudin founded psychiatric genetics, the belief that mental health characteristics are passed down genetically, and the German Society for Racial Hygiene, which used psychiatric genetics in Hitler’s service to establish that different races are genetically inferior or superior to others. Rudin’s theories provided justification for the campaign against Jews, in which he was integrally involved.

Starting in the mid 1930s, psychiatrists started on a spree of 50,000 lobotomies, which largely ended in the 1950s once psychotropic drugs became widely available to control persons acting in anti-social ways. The first widely used such drug was Thorazine, released in 1954. This was a major tranquilizer, now called an “anti-psychotic.” But at the time it was enthusiastically marketed to the public as “a chemical lobotomy,” as it would put a person in a drooling stupor similar to a lobotomy. Within months, millions of persons began to use it. A staggering array of highly addictive psychiatric drugs followed. And though lobotomies would now be considered an extreme treatment, the same does not apply to their chemical substitutes.

The drug pushers (legal ones, that is) began to target children shortly thereafter, according to Hall. He points to the year 1963 as critical in the expansion of psychiatry to children. That was the year when psychiatry coined the term “learning disorder,” which was followed by federal legislation, the Primary and Secondary Education Act of 1965, to provide money for disabled children in schools. Soon, “mental illness” was added to the list of qualified disabilities under that law, and that is now the largest category of disability for which funds are available.

Hall claims that various maladies began to be literally invented, in order to have a diagnosis or category within which to fit what would otherwise be fairly innocuous behavior. All mental health diagnoses are codified in a book called the *Diagnostic and Statistical Manual* (DSM), published by the American Psychiatric Association. When it started in 1952, it had 112 entries. Over the years, the APA has added hundreds more, based on the current whims of the profession and what malady may be politically or socially in vogue.

The real purpose of these categories is to provide a basis for insurance reimbursement. The DSM, in its fourth iteration as DSM-IV, and the soon to be released DSM-V, contains such gems as Mathematics Disorder, Caffeine Disorder, Disorder of Written Expression, Telephone Scatalogia, and Malingering. Thus, virtually any visit to a mental health professional can result in a diagnosis which qualifies for payment by health insurance agencies.

School as a Referral Service

Attention Deficit Hyperactivity Disorder (ADHD) was created by a vote at a meeting of the American Psychiatric Association in 1987. Prior to this, hyperactivity was called Minimum Brain Dysfunction. Some of the many symptoms of this “disorder,” listed in the DSM-IV are:

- “(1)(a) Often fails to give close attention to details or makes careless mistakes in schoolwork, work or other activities”;
- “(1)(c) Often does not seem to listen when spoken to directly”;
- “(1)(i) Is often forgetful in daily activities”;
- “(2)(a) Often fidgets with hands or feet or squirms in seat”;
- “(2)(c) Often runs about, climbs, or talks excessively.”

This sure sounds like most boys in their growing years. In fact, three out of four youths diagnosed with ADHD are

boys. Just about any child at any time could be diagnosed with such a disorder. There is no biological test for ADHD; the diagnosis is based only on observation of behavioral symptoms. Put simply, if a doctor examined a child diagnosed with ADHD, he would not be able to identify a physical or medical condition, in the brain or elsewhere, showing the presence of ADHD. A conference held by the National Institutes of Health in 1998, to investigate the diagnosis and treatment of ADHD, concluded that "there is no independent, valid test for ADHD; further research is necessary to firmly establish ADHD as a brain disorder.... Our knowledge about the cause or causes of ADHD remains speculative." Thus, a diagnosis is entirely discretionary.

Despite this official and professional equivocation, a 900-percent increase in the number of hyperactive children since the official ADHD naming ceremony in 1987 has been reported. Rather than help a child to learn to control his or her behavior, schools, state child protective services, and psychiatry work together in a coercive alliance to addict millions of children to amphetamines in order to "treat" these normal childhood behaviors.

The underlying theme in this epidemic of hyperactivity is state compulsion. When a school spots a child exhibiting these symptoms, the school uses on-staff psychologists, or demands that the parents have the child evaluated for ADHD. If the parents refuse, the school will often arrange for the state child protective services to demand that the child be evaluated. If the parents still refuse, the school could expel the child and the state agency could intervene in the family on the basis that the parents are neglecting the child. In many cases, the agency will bring a case to court to force the family to obtain "services," which almost always include drugs. In my experience defending families faced with such a demand to medicate a child against the parents' will, the parents will often "voluntarily" agree to have their children medicated to head off problems with child protective services.

That cure is far worse than the disease, in most cases. The first and most widely known drug to treat ADHD is Ritalin, which has been joined by many others in recent years. Since 1987, when ADHD was included in the DSM, there has been a 665 percent increase in the production of drugs to deal with it. Eight million school children, or one in nine, are now on medication, half of which are ADHD drugs, according to CCHR's Kevin Hall.

The drugs used to treat ADHD are called psycho-stimulants, more popularly known as amphetamines, or "uppers" in street language. Ironically, since these are stimulants, which could be expected to produce a euphoric high, the dosage has to be extremely large in order to produce a flat response. According to Hall, the initial "street dose" of Ritalin, sold illegally on the corner to produce a high, would be about 5-10 mg for an adult. Children, weighing much less than an adult, and thus affected proportionally more, are routinely given a dose of 20 mg, meaning that the drug is prescribed in high dosages in order to overwhelm the child into a tranquilized effect.

Dr. Fred Baughman, Jr., a pediatric neurologist and author of *The ADHD Fraud: How Psychiatry Makes Patients of Normal Children*, and an outspoken foe of the use of these drugs, has stated, "The 'medication' typically prescribed for ADHD and 'learning disorders' is a hazardous and addictive amphetamine-like drug." Its side effects are intense and often permanent: stunted growth, depression, tics, rashes, spasms, psychosis, and ironically, "attentional disturbances" and hyperactivity when the drug is taken for a long period.

Giving Children the Hard Stuff

The problem with Ritalin and other amphetamine-type drugs like Adderall and Dexedrine is pervasive enough, but psychiatrists have several more dangerous and powerful classes of drugs that they routinely prescribe to children, namely neuroleptics (also called anti-psychotics), anti-depressants, and mood stabilizers. Neuroleptics, which means "nerve-seizing," are the most frequently prescribed drugs in mental hospitals, and are widely used in prisons, nursing homes, and by state child protective services and juvenile courts. Most of the prescriptions used in those institutions are issued by state fiat.

Neuroleptic drugs go by trade names such as Thorazine, Haldol, Seroquel, Zyprexa, Risperdal, and many others. Greatly simplified, all neuroleptics work by blocking receptors in the dopamine pathways of the brain. This means that dopamine released in these pathways has less effect, the excess of which has been linked to psychotic experiences. These drugs are major tranquilizers that mask symptoms, causing a deadening of the personality and brain function, but which cure nothing. Studies funded by the World Health Organization and the National Institute of Mental Health have shown that people labeled schizophrenic actually have much higher rates of recovery when they don't take these drugs.

These drugs also have the potential to cause permanent neurological disorders in a large percentage of patients, such as constant motion, Parkinson-like symptoms, psychosis, dementia, shuffling gait, extreme writhing, and other problems. Half or more of long-term patients develop a devilish syndrome called tardive dyskinesia, which is an uncontrollable twitching and writhing of the body. It can include grimacing, tongue protrusion, lip smacking, puckering and pursing of the lips, and rapid eye blinking. The term "tardive" means that the affliction continues even after the drugs are no longer being taken. A variation of this syndrome, called tardive akathisia, manifests as anxiety along with an uncontrollable urge to move the body.

Depending on the study and population, these maladies strike between 10 percent and 50 percent of long-term users of neuroleptics. These deadly substances are also a major reason why the average life span of a mentally ill person is only 51 years according to a *USA Today* article entitled "Mentally Ill Die 25 Years Earlier."

The problem in children is even more tragic. Long-term use afflicts a large percentage of the children who take these drugs with devastating side effects, and these children tend to suffer particularly incapacitating cases of these tardive reactions.

The nation's state child protective services agencies have over 500,000 children in their custody at any one time. These children are often force-fed drugs, and can do little to resist them. A large percentage of those children are subjects of compulsory psychotropic drug use. The motives for doing so range from the need to control the behavior of children who are distraught from being seized from their parents, to the large federal reimbursements available to the state for drugging children.

A 2006 study by the Massachusetts Executive Office of Health and Human Services documented the scope of drugging of children in the custody of that particular state. Despite the statistics being artificially rigged downward by not including all drugged children in the figures, and by only including those who had been on drugs for a certain period of time, the results are still chilling.

Over one-third of the children in custody, with an average age of 10.4, are on psychotropic drugs, with almost all of them on multiple varieties. Even more surprising were the statistics for the control or comparison group for the study, which consisted of children not in custody, but on welfare of some sort. In that group, 38.3 percent of the children were taking drugs. If all drugged children in state custody were included in the figures, the percentages would likely be even higher.

A newer trend is to use many of these drugs simultaneously on the same child, euphemistically called "polypharmacy." This tendency to prescribe many drugs for children necessitates experimentation until they "get it right." Many drugs produce side effects which often must be dampened by the use of even more drugs. In the aforementioned study in Massachusetts, nine out of 10 children on compulsory state-prescribed drugs took more than one of them. Of those polypharmacy victims, 60 percent took three drugs, 30 percent took four, and the rest took more, up to seven drugs each.

What Can Be Done?

Children in America are confronted with a hostile and threatening world, which presents new mental, emotional, and societal challenges that their parents have not faced. And the challenges often seem counterintuitive. On the one hand, children have never been more hyper-connected to each other or their parents by way of electronic devices; on the other, they've never been more alienated from personal familial affection and guidance. When a child has difficulty navigating this greatly dehumanized, governmentalized world, the reflexive answer is to give the child a drug, in lieu of guidance or truth. They become fodder for an unscrupulous mental-health profession, which makes billions of dollars convincing parents to give chemicals to their maladjusted children, rather than helping them to regain balanced, emotionally fulfilling lives. Or worse, the professionals use the power of the state to force drugs on the children.

Psychiatry has a reflexive impulse to treat life's vicissitudes with drugs, rather than help patients to deal with root causes. It has been linked since its inception with government compulsion, usually for a nefarious purpose.

Given the climate of treating any discontent with drugs, who can blame children for absorbing that message, when

it has been relentlessly promoted to them? Don't confront your problems — medicate them. Is it any wonder that many children grow up choosing to skip the doctor — the middleman — and just "self-medicate," using illegal drugs instead?

Psychiatrists seem to start and end their treatment with a pill. However, unlike medical conditions that are scientifically verified with x-rays, blood, urine, and other lab tests, psychiatric disorders are merely subjective behavioral symptoms. If the first resort is to drugs, the doctor could readily miss, and fail to treat, the actual root cause of the problem.

On the other hand, addressing the root cause can solve the behavioral symptoms without resorting to drugs. For instance, in children, inability to read can manifest itself as ADHD, owing to an inability by the child to understand what is happening in the classroom. The use of "see-say" reading methods in government schools, rather than teaching phonics, has ensured the reading failure of millions of children, many of whom are falsely assumed to have ADHD. The solution to this problem in most cases is very simple: teach phonics!

Poor nutrition can also provoke a child to act out, and to be mistakenly diagnosed with ADHD. The solution: good nutrition.

Reaction to family problems can also be mistaken for mental illness. This is particularly true when a child is forcibly taken from parents by a state child protection agency. In such a case, the child is going to be traumatized and emotional. The solution: remove the trauma by providing as stable a family life as possible.

The growing cultural rot to which our kids are subjected — from the sexually suggestive shows they may see on TV to the music they may listen to — also greatly impacts their behavior. The solution: protect our children as much as possible from destructive outside cultural influences.

Bad behavior on the part of kids may also point to the lack of any kind of moral compass. The solution: provide that compass; instruct children about what's right and what's wrong — and teach them about God and His laws.

Religious faith has always served as a ground for inner peace and stability, but that is increasingly rejected as a method for coping with problems. David the Psalmist described a picture of perfect mental health when he said, "I have stilled and quieted my soul, like a weaned child with his mother; Like a weaned child is my soul within me." This is a description of a peace which comes from within, which cannot be disrupted by the jangling communication protocols of today, nor which can possibly be achieved by chemical means.

Faith in fact is the key to happiness. Corroboration for this assertion comes from an unlikely source: a survey by the AP and MTV, the often vulgar music network, recently published on MSNBC.com. The conclusion of the survey was that people aged 13 to 24 who describe themselves as religious or spiritual tend to be happier than those who don't.

If there is a comprehensive solution to the tragic trend toward drugging our children, it is to provide the moral compass including the belief in God that will lead to peace and happiness. Providing that upbringing is the awesome responsibility of the parents, who have been entrusted by God to raise the child. But too often the parental responsibility to raise the child is being impeded by a growing Nanny State that sees itself and not the parents as being responsible for the well-being of the child. Consequently, the solution must also entail the elimination of the Nanny State, including state-ordered and -pressured psychiatric drug use. Parents must be allowed to be parents. And in the case of boys who are now drugged for mildly hyperactive "symptoms" that would have been considered normal only a generation or two ago, boys must be allowed to be boys.

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