



HARMING YOUTH

Psychiatry Destroys Young Minds

Report and recommendations
on harmful mental health assessments, evaluations,
and programs within our schools

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IMPORTANT NOTICE

For the Reader

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

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

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

3. PSYCHIATRY HAS NEVER ESTABLISHED THE CAUSE OF ANY “MENTAL DISORDERS.” Leading psychiatric agencies such as the World Psychiatric Association and the U.S. National Institute of Mental Health admit that psychiatrists do not

know the causes or cures for any mental disorder or what their “treatments” specifically do to the patient. They have only theories and conflicting opinions about their diagnoses and methods, and are lacking any scientific basis for these. As a past president of the World Psychiatric Association stated, “The time when psychiatrists considered that they could cure the mentally ill is gone. In the future, the mentally ill have to learn to live with their illness.”

4. THE THEORY THAT MENTAL DISORDERS DERIVE FROM A “CHEMICAL IMBALANCE” IN THE BRAIN IS UNPROVEN OPINION, NOT FACT.

One prevailing psychiatric theory (key to psychotropic drug sales) is that mental disorders result from a chemical imbalance in the brain. As with its other theories, there is no biological or other evidence to prove this. Representative of a large group of medical and biochemistry experts, Elliot Valenstein, Ph.D., author of *Blaming the Brain* says: “[T]here are no tests available for assessing the chemical status of a living person’s brain.”

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

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INTRODUCTION

Ideological Abuse of Schoolchildren

In his 1932 novel, *Brave New World*, Aldous Huxley depicts a “utopian” but totalitarian society, one that is insane and bent on control. It is a controlled civilization, using, as Huxley stated, the “technique of suggestion—through infant conditioning and, later, with the aid of drugs.”¹

In 1967, a group of prominent psychiatrists and doctors met in Puerto Rico to discuss their objectives for psychotropic drug use on “normal humans” in the year 2000. In what could well be a sequel to Huxley’s novel—only it wasn’t fiction—their plan included manufactured “intoxicants” that would create the same appeal as alcohol, marijuana, opiates and amphetamines, producing “disassociation and euphoria.” Drugs to “enhance the learning capacity of the individual ... would likely alter the total educational process so that time consumed [educating on any subject] would be greatly reduced and the scope broadened to include ‘character education’ as well.”²

The Puerto Rico meeting concluded, “Psychotropic drugs do have something in common with the new Utopian thought—both may provide a sense of stability and certainty, whether realistic or not.”³ The resultant report also stated, “Those of us who work in this field see a developing potential for nearly a total control of human emotional status, mental functioning, and will to act. These human phenomena can be started, stopped or eliminated by the use of various types of chemical substances. What we can produce with our science now will affect the entire society.”⁴

The group also predicted that the “breadth of drug use may be trivial when we compare it to the possible numbers of chemical substances that will be available for the *control* of selective aspects of man’s life in the year 2000.” [Emphasis added] Today, with 17 million children worldwide consuming mind-altering drugs and the almost exclusive use of psychology-based curricula in many schools, Huxley’s *Brave New World* is a reality.

In 2003, that reality was reinforced by the release of the U.S. *New Freedom Commission on Mental Health Report*, which recommended that all 52 million American schoolchildren be “screened” for “mental illness,” claiming—without proof—that “early detection, assessment, and links with treatment” could “prevent mental health problems from worsen-

ing.”⁵ “Treatment” ultimately means drugs—usually the most expensive ones that effectively create lifetime mental health patients—for which the government and insurance agencies can be billed.

Behavioral control-based screening questionnaires already exist in many educational systems. Invasive questions such as “How hairy do you think your parents’ private parts are?” or whether “You or someone in your family has ever been raped or sexually molested” are commonplace.⁶ Program staff have resorted to giving “incentives” (bribes), such as \$5 gift certificates, video rental gifts or “food vouchers” to students to secure the return of parental consent forms for the screening to be conducted.⁷ Most parents are unaware that their child is

“Children worldwide are under extremely dangerous assault. Today, parents and teachers are also deceived in the name of improved mental health and better education. The results are devastating.”

— Jan Eastgate

being assessed. Schools are advised to hire licensed “clinicians” who have “malpractice insurance.”

In response to global psychiatric screening, Vera Sharav of the Alliance for Human Research Protection (AHRP) stated: “This dubious initiative is a radical invasion of privacy, leaving no room for individual choice—or the freedom for parents to say no to psychotropic drugs for their children. Such mandatory, government-endorsed screening programs contradict the freedoms guaranteed in a democratic society.”⁸

Children worldwide are under extremely dangerous assault. Today, parents and teachers are also deceived in the name of improved mental health and better education. The results are devastating:

- In the U.S. alone, 1.5 million children and adolescents on antidepressants are at risk of known, drug-induced violent or suicidal side effects.⁹

- Education achievement standards have plummeted as a result of psychology-based education curricula.

- Between 1965 and 2001 the violent crime rate for under 18-year-olds in the United States increased by more than 147%; for drug abuse violations, by over 2,900%.¹⁰

- Violent crime rates throughout the European Union, Australia and Canada have begun to equal and surpass those in the United States.¹¹

We are committed to the idea that it is through the legacy of our children that societies will survive or fail. This publication is written to enlighten those parents who work sincerely and diligently in the hope of guaranteeing their children a better education and a greater hope for success in life. It is for dedicated teachers who also work for the love of children and their well being. In fact, this is for anyone who instinctively understands that children not only need love and protection, and are at all times precious, but also



that they represent new life today and, most importantly, new life tomorrow.

The information is not easy, comfortable reading, but please persist, because ultimately, the harshest reality you will have to face is that children urgently need our help and protection. Without that, the future for one and all is at serious risk. In this cause we ask your help.

Sincerely,

A handwritten signature in black ink, appearing to read "Jan Eastgate". The signature is stylized and cursive.

Jan Eastgate
President, Citizens Commission on
Human Rights International

IMPORTANT FACTS

1 From the beginning of the 20th century in Germany, psychologists and psychiatrists have targeted education to “destroy free will. ...”

2 As a result of psychiatric and psychological intervention in schools, harmful behaviorist programs such as “values clarification,” “outcome based education,” “mastery learning,” “self esteem” classes, and psychotropic (mind-altering) drugs now decimate our schools.

3 According to educators, “academic, knowledge-based curricula” has been jettisoned in favor of psychology that “places the emotions and belief systems above” educational outcomes.

4 Frank Furedi, professor of sociology at Kent University in the U.K., said, “The regime of therapeutic education is based on a form of behavior modification that not only targets conduct but also attempts to alter certain forms of feelings and emotions.”

5 The current psychiatric push for mandatory “mental illness screening” of all schoolchildren has Nazi roots that all governments, educators and parents ignore at their own peril.

6 These psychological programs have trampled on the rights and roles of parents and have provided society with rising crime, drug abuse and suicide rates.



Schoolchildren are expected to accept unproven and controversial theories about human behavior, answer provocative and personal questionnaires in the classroom, undergo psychiatric evaluations as a result and in many cases, endure enforced drugging—all of which does not bode well for the future of our young.



CHAPTER ONE

Tyranny in Our Schools

Thomas Jefferson, one of the USA's "founding fathers," said, "I have sworn upon the altar of God, eternal hostility against every form of tyranny over the mind of man."

There is no better example of tyranny over the minds of men than what is being given to children in the name of education and "help" through behaviorist programs such as "values clarification," "outcome based education," "mastery learning," psychological and psychiatric questionnaires and "screening," "self esteem" classes, and psychotropic (mind-altering) drugs.

Spuriously passed off as necessary to stop the downward spiral of school failure, drug abuse, suicidal behavior and low "self-esteem," for more than

40 years these programs have been a destructive failure, in effect escalating the very problems that psychiatrists claim they prevent or resolve.

The classroom provides what Beverly Eakman, educator and author of *Cloning of the American Mind*, says is a "psychologically controlled environment," where "scientific" coercion can be used to bring about certain beliefs.¹³ Terms such as "modifying behavior," "targeting attitudes" and "outcomes" are used which, essentially mean "altering beliefs," "bringing about a particular (psychological or psychiatric) viewpoint," and ensuring the

child leaves school with the "right" world view.

In 1966, schools began to be used as an ideological platform for the abandonment of self-discipline and morality. The assault on social values came with the textbook called *Values Clarification: A Handbook of Practical Strategies for Teachers and Students*.¹⁴ The book laid out 79 strategies and included a seven-step procedure that called for the child to first "thaw out" previous values instilled in him through his family, his home and his

church. The student was instructed to set these values aside. During the second phase, the student considered and selected a new set of values that he felt was important to him. Phase three of the procedure instructed the child to refreeze his newly chosen values; he was committed to making them

a part of his lifestyle and to act on them.

Some sample questions and exercises were:

■ How many of you think there are times when cheating is justified?

■ How many of you would approve of contract marriages in which the marriage could come up for renewal every few years?

■ Tell me where you stand on the topic of masturbation.

■ To whom do you tell your doubts about religion?

■ I would lie if ...¹⁵

"These psychologically based programs are harming children. ... It's mind control from womb to tomb."¹²

— Tom DeWeese of the American Policy Foundation

Eakman writes that psychiatrists and psychologists' "clear and stated agenda" for a "therapeutic education" has been to "jettison systematic, academic, knowledge-based curricula in favor of psychologized fare that places the emotions and belief systems above any ... rational, or communicative function." What information youngsters did learn, she said, "was actually harmful."¹⁶ Parents have been undermined without their knowledge.

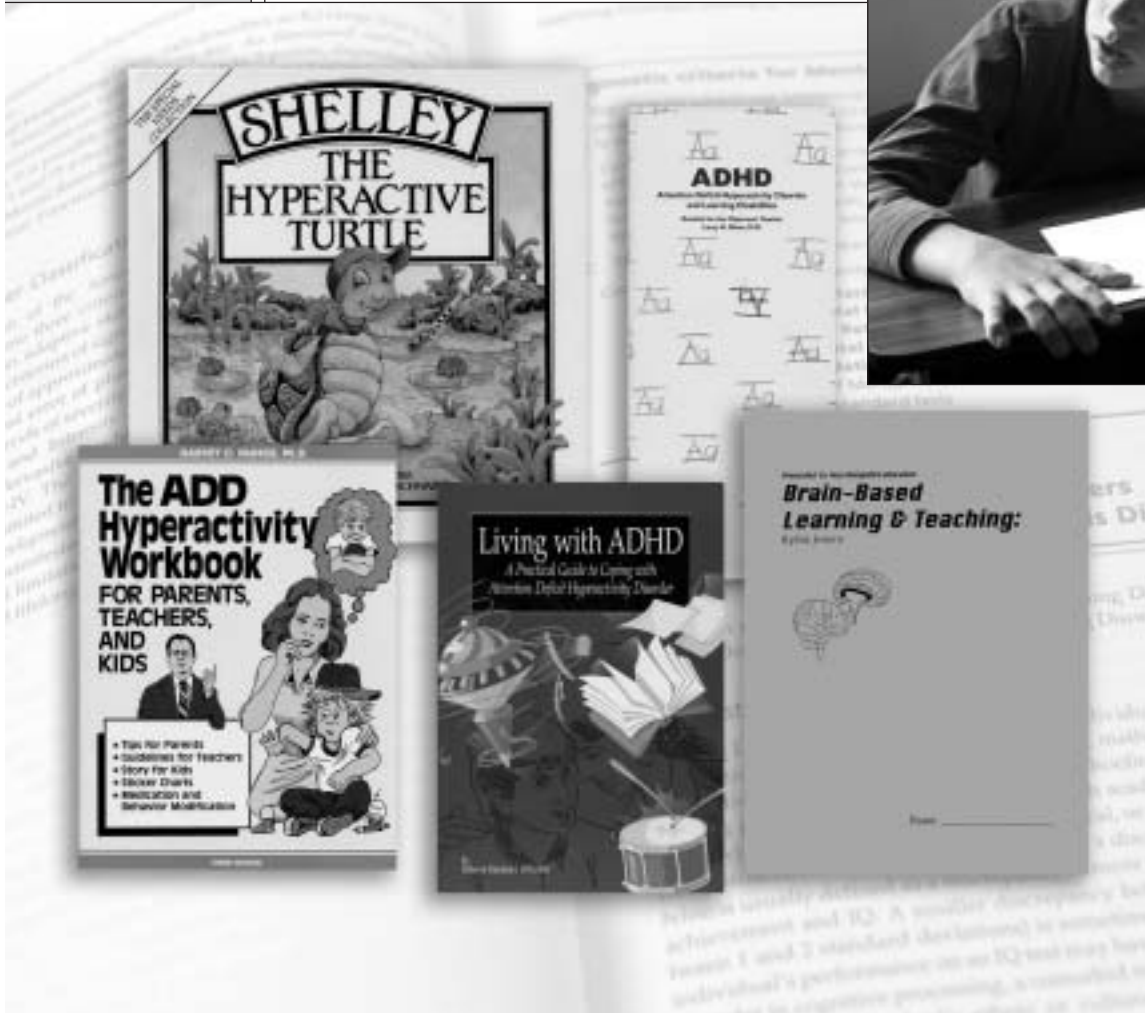
Frank Furedi, professor of sociology at Kent University in the United Kingdom, explains, "The regime of therapeutic education is based on a form of behavior modification that not only targets conduct but also attempts to alter certain forms of feelings and emotions. Training a child how to feel is far more intrusive and coercive than educating a pupil in how to behave."¹⁷

"The regime of therapeutic education is based on a form of behavior modification that not only targets conduct but also attempts to alter certain forms of feelings and emotions."

— Frank Furedi, Professor of Sociology at Kent University in the United Kingdom

Former teacher Ellen Makkai makes clear that the emphasis on psychological screening in schools has led to children being treated as "guinea pigs": "What happened to readin' and writin' and 'rithmetic? Today students are being grilled like delinquents

about non-academics such as sex, drugs and hooch [alcohol]. Invasive school surveys ask students if they drink, smoke, snort [drugs] or steal. Are their parents political, abusive, divorced or dead? Do they believe in God, hell and heaven? Have they ever been bullied, pregnant, arrested or raped? Do they floss



BAD SCIENCE AND FALSE THEORIES HARM YOUTH: Today, in American schools alone, a combined \$1 billion a year is spent on psychologists who work full-time to diagnose and label children with "learning disorders" and more than \$15 million is spent annually on their "treatment." To promote this industry, books advocating psychiatry's unproven claims about childhood mental "illness" are churned out promoting dangerous drugs as a "solution."



[teeth], bike or jog? Are they fat, skinny or suicidal? Do they have sex, hobbies or a gun? Never are they asked if they are embarrassed by the questions. Nor are they read their Miranda (constitutional) rights.”¹⁸

In February 2004, Hans Zeiger, *Seattle Times* columnist and president of the Scout Honor Coalition in Michigan, reported that “Over the past century public education has devolved from the classical approach of character plus basics (reading, writing, arithmetic, respect, and responsibility), to skills, to psychological-social engineering. Today, education ‘experts’ celebrate their revolutionary doctrines of multiculturalism and values clarification. Sadly, the experts have been too preoccupied with experimental education, diversity training, evolution instruction, and sex education to realize that 68% of students are unprepared for college.”¹⁹

Delinquency, drug abuse, suicide and violence have been escalating among youths worldwide. A

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63% admitted to lying to teachers at least twice in the past year.²⁰

According to William Kilpatrick, author of *Why Johnny Can't Tell Right From Wrong*, with psychological curricula “feelings, personal growth, and a totally nonjudgmental attitude” are emphasized. However, “... no models of good behavior are provided, no reason is given why a boy or girl should want to be good in the first place. ... They come away with the impression that even the most basic values are matters of dispute.” He warned, “... it becomes clear why their [educational] scores are low and why morals are on a steep decline.”²¹

2002 report by the Josephson Institute of Ethics, a Los Angeles based non-profit ethics research organization, reveals that “cheating, stealing and lying by high school students have continued their alarming, decade-long upward spiral”; 74% of students admitted to cheating on an exam in the past year and

Psychiatric agendas have turned schools into clinics where teachers, armed with a checklist of behaviors, label students as too active, shy, etc. Normal children are then forced into harmful mental health programs.

SUICIDES take a devastating toll on youth, with teen suicide rates escalating internationally. This funeral for a dual teenager suicide left a small Florida town stunned. The suicide rate in 1958 for American teenagers (15 to 19-year-olds) was 3 per every 100,000 teens. By 1990, it had soared from 3.0 to 11.1 (267% percent increase) and in 2000 was up by an increase of 800%.



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— William Kilpatrick, author of *Why Johnny Can't Tell Right from Wrong*

Psychiatric and Psychological Gold Digging

Ellen Makkai explained the financial motives behind mental health programs: “Government and private grants seduce

[school] districts into using these student interrogations, which are then used to convince benefactors that districts need help—the bigger the problems, the bigger the prize.” Edward Freeland, associate director of the Survey Research Center at Princeton University says: “If a district proves itself to be in rough enough shape,” financial faucets open.²²

One self-esteem consultant in the United

States was making up to \$10,000 a day, despite no scientific evidence in 20 years that self-esteem programs have ever worked.²³ An “Anger Management for Youth Program” used in schools costs \$2,500.²⁴ A Minnesota-based group that studies children’s behavior and beliefs to identify their “problems” has an annual budget of \$10 million.²⁵ And in one Mexican state, the Education Department paid around \$700,000 for a package of U.S. psychological assessments known as the “Little Happy Box” for teachers to use on students—despite education supervisors voting against their implementation.²⁶

“Teen screening” targets government insurance, advising school personnel to apply for a grant to secure funds to cover mental health services for students.²⁷

Allen Jones, a former investigator at the Pennsylvania Office of the Inspector General, revealed that a comprehensive national policy to screen and treat “mental illness” relies on “expensive, patented medications of questionable benefit and deadly side effects, and to force private insurers to pick up more of the tab.”²⁸

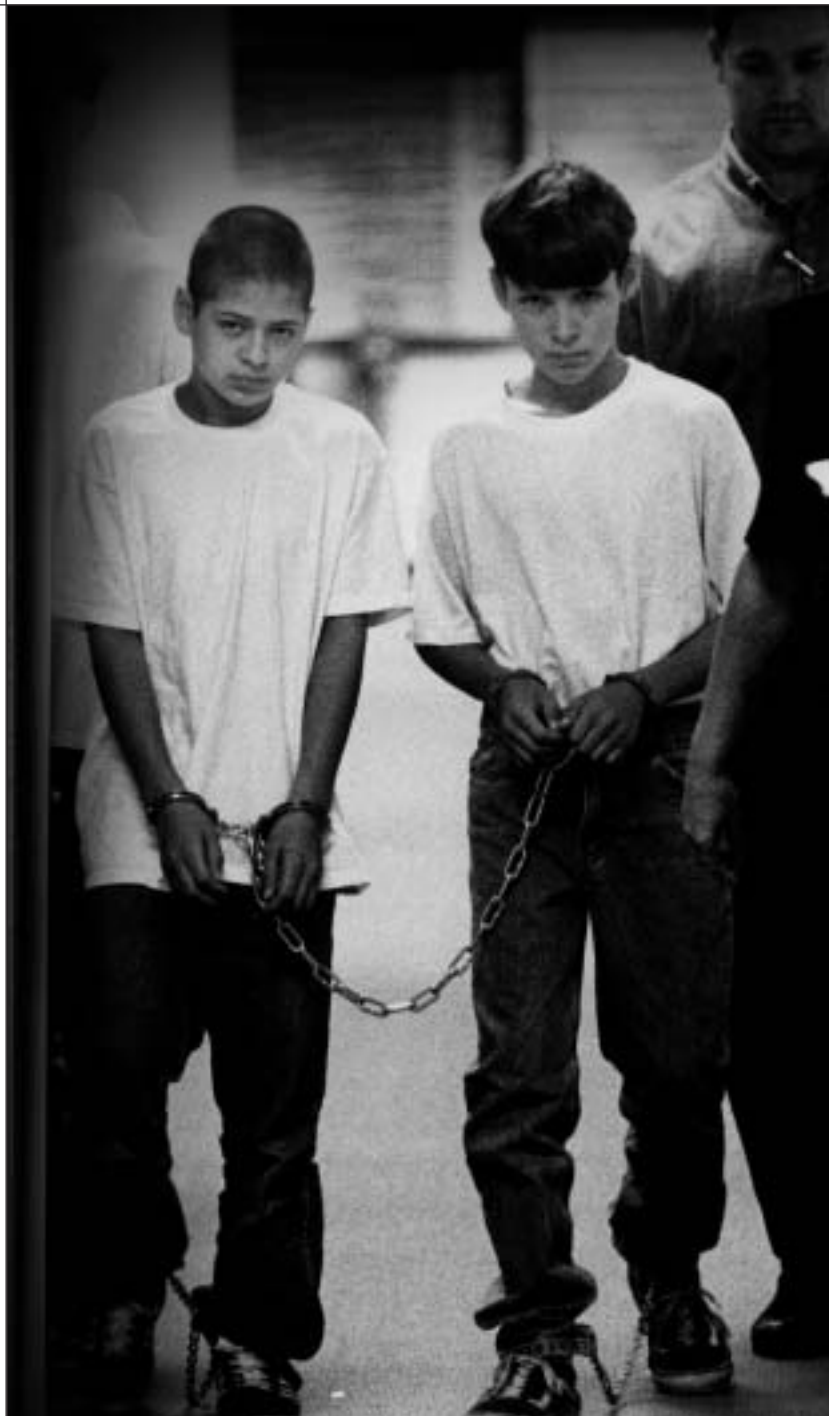
Writing in *Education Reporter* in 2001, Diane Alden, research analyst with a background in political science and economics, revealed,

“As the sociologists and educrats of the ‘60s applied the psychological theories to the schools, education went downhill. The results have been disastrous. ... As it turns out, more scientists believe that this overblown self-esteem may actually be one of the causes of violence in public schools and elsewhere.”

— Diane Alden, research analyst

“Before the national self-esteem movement began, kids earned self-esteem or absorbed it naturally from their parents. When they accomplished something, whether or not they received praise for it, they understood that they had done something good. ... However, as the sociologists and educrats of the ‘60s applied the psychological theories to the schools, education went downhill. The results have been disastrous. Test scores, reading and math ability of American children have spiraled downward. ... As it turns out, more scientists believe that this overblown self-esteem may actually be one of the causes of violence in public schools and elsewhere.”²⁹

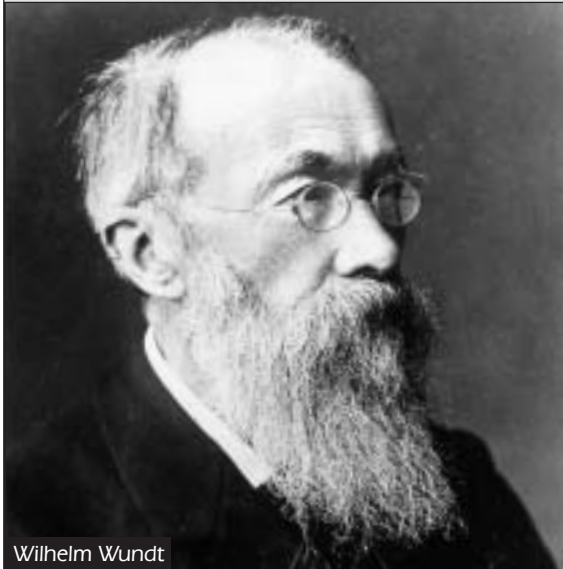
William Bonner, an attorney for the Rutherford Institute, a U.S. civil liberties organization, says that these programs have led to “a massive invasion of the family and the rights of individual students through curricula utilizing psychological programming and experimentation, as well as a broad spectrum of behavior modification techniques. ... The traditional interests and rights of parents have been trampled upon, as educators have proceeded on the proposition that professionals know better than parents how to raise children.”³⁰



VIOLENCE AND CRIME rates continue to increase and the outgrowth of psychiatry's impact on education has been the dismaying fact that our criminals are becoming younger. Manuel Sanchez and John Duncan, both 12, were arrested for the murder of a migrant worker in Washington State, U.S. According to the police, the boys shot the man after he threw rocks at them because they were shooting too close to him.

SUBVERTING LEARNING

Psychiatry Versus Education



Wilhelm Wundt

Influential educational psychologist Friedrich Wilhelm Meumann, professor of philosophy and education at Leipzig University, sought to radically change schools by the “oppression of the children’s natural inclinations.”³² His book *Mental Hygiene in the Schools* became required reading for several generations of education students in Germany and he propagated the idea that schools should be used for “preventative mental health functions.”³³

Slowly but surely, these views began to permeate our schools through both psychology and psychiatry. Key players implementing Wundt’s theories in the United States included Edward Lee Thorndike, John Dewey, James Earl Russell, James Cattell and William James, who became known as the “Father of American Psychology.”³⁴ Cattell, president of the American Psychological Association, eliminated phonics and introduced the “whole word method,” forcing children to memorize words without understanding the logical sequence of letters or sounds.

In his 1929 book, *Elementary Principles of Education*, Thorndike called for a reduction in educational basics: “Artificial exercises, like drills on phonetics, multiplication tables, and formal writing movements, are used to a wasteful degree.

The undermining of traditional education and values can be traced to a German psychologist, Wilhelm Wundt of Leipzig University, who founded “experimental psychology” in 1879. Declaring that man is an animal, with no soul, he claimed that thought was merely

the result of brain activity—a false premise that has remained the basis of psychiatry until this day.³¹

Wundt was a strong advocate of Gottlieb Fichte, head of psychology at the University of Berlin in 1810, who believed that “Education should aim at destroying free will so that after pupils are thus schooled they will be incapable ... of thinking or acting otherwise than as their school masters would have wished.”

In Basic Principles of Curriculum and Instruction, Ralph Tyler, president of the Carnegie Foundation, wrote that the “real purpose of education is ... to bring about significant changes in the students’ pattern of behavior.” It meant targeting the child’s emotions, feelings, beliefs, and, as a secondary objective, his intellect.

Subjects such as arithmetic, language, and history include content that is intrinsically of little value.”³⁵ With his Wundtian, animal-psychology background, Thorndike did not see students as self-willed individuals, capable of choice and decision, but rather as stimulus-response animals. “The aim of the teacher,” Thorndike said, “is to produce desirable and prevent undesirable changes in human beings by producing and preventing certain responses.”³⁶

Teachers were to look for psychological outcomes. Psychiatrists and psychologists said three sources of “stress” had to be eliminated from the schools: 1) school failure, 2) a curriculum centered on academics, and 3) disciplinary procedures. School failure was seen as the chief villain, leading to “feelings of inferiority” and behavioral problems like truancy and an unsocial attitude.³⁷ The solution was to eliminate the emphasis on academics and, thereby, rid the student of the stress of school failure.

In 1945 Canadian psychiatrist G. Brock Chisholm, director of the World Health Organization (WHO) and co-founder of the World Federation for Mental Health (WFMH) claimed that the idea of “good and bad” had caused “frustration, inferiority, neurosis and inability to enjoy living.” Therefore, “the re-interpretation and eventually eradication of the concept of right and wrong” was one of “objectives of practically all effective psychotherapy.”³⁸

Within a few short years, Ralph Tyler, the president of the Carnegie Foundation (provider of private funding for education and testing), published *Basic Principles of Curriculum and Instruction*, declaring that the “real purpose of education is ... to bring about significant changes in the students’ pattern of behavior.”³⁹ Referred to as “progressive education,” it meant targeting the child’s emotions, feelings, beliefs, and, as a secondary objective, his intellect.⁴⁰

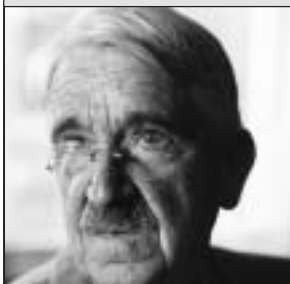


James Cattell

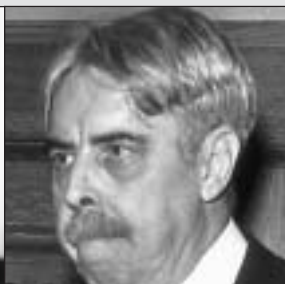
American James Cattell, after studying in Germany under Wundt, developed destructive teaching theories which proved a dismal failure, despite 124 studies over 70 years that tried to show otherwise.

Benjamin Bloom, who introduced “Mastery Learning” into education, declared that the purpose of education was “to change the thoughts, feelings, and actions of children.” In his 1950s book, *A Taxonomy of Educational Objectives*, he described his idea of mastery: the end result of teaching “critical thinking,” is a “subjective judgment ... resulting in personal values/opinions with no real right or wrong answers.”⁴¹ Therefore, education should be a “process of challenging students’ fixed beliefs.” Consequently, schools were encouraged to make the child’s belief system the primary target of their budgets.⁴²

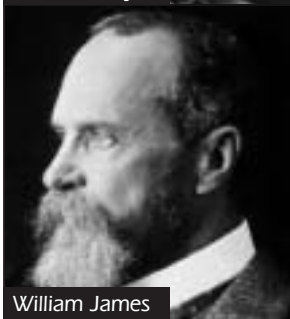
Should there be any doubt about the impact of this totalitarian initiative, during a discussion of the Holocaust in one New York school recently, one student commented, “Of course I dislike the Nazis, but who is to say that they are morally wrong?”⁴³



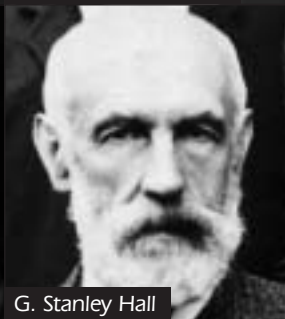
John Dewey



Edward Lee Thorndike



William James



G. Stanley Hall

The psychologists shown here, all students of Wilhelm Wundt or his theories, pushed into implementation their harmful experimental ideas, making schools places to manipulate children, not educate them. These theories were forced into the education system with disastrous results—soaring illiteracy, school dropout rates and youth crime.

STUDENT 'SCREENING'

Its Nazi Roots

The screening of children for “mental illness” is not without precedent. It parallels the process used in Nazi Germany to weed out the “inferior elements of society.”

1920: German psychiatrist Alfred Hoche published the book *The Sanctioning of the Destruction of Life Unworthy of Living*, in which he recommended that a commission order the identification and euthanasia of “dead-weight characters.” Less than 20 years later, Leonardo Conti, head of the Reich’s Interior Ministry’s Health Services Office, ordered a register to be compiled and submitted to the government on all those who suffered from a variety of mental disorders.⁴⁴

1922: The U.K. National Committee on Mental Hygiene (now National Mental Health Association) called for the establishment of “child guidance” clinics: “Psychiatrists ... must be permitted to enter the schools.”⁴⁵

1926: American eugenicists Paul Popenoe and Roswell Hill Johnson recommended “mass screening” in schools: “In another and quite different way, compulsory education is of service to eugenics (“race betterment” through elimi-

nation of the weak). *The educational system should be a sieve, through which all children of the country are passed ... which will enable the teacher to determine just how far it is possible to educate each child so that he may lead a life of the greatest possible usefulness to the state ... It is very*

desirable that no child escape inspection.” [Emphasis added.]⁴⁶

1930: Ernst Rüdin, founder of “psychiatric genetics” and an architect of the Holocaust, addressed the International Congress on Mental Hygiene in Washington, D.C., where he called for a united eugenic approach to weed out those known to bear “hereditary taint.”⁴⁷ Heading the list of “defects” that U.S. eugenicists would later define was “attention deficit disorder” (ADD) and “hyperactivity.”⁴⁸

1930s: As a result of the psychological eugenics movement, U.S. schools screened children regularly, and those classified as feeble-minded were sent to institutions. “Idiot, imbecile and moron were all medical terms. They were used to define various levels of retardation or disability.”⁴⁹

1940: At the first conference of the German Society for

“Only through the Führer did our dream of over thirty years, that of applying racial hygiene to society, become a reality.”

— Ernst Rüdin, professor of psychiatry, Commissioner of the German Society for Racial Hygiene, 1943



Adolf Hitler



Ernst Rüdin

Child Psychiatry and Therapeutic Education, attended by the elite of Nazi psychiatry, Paul Schroder, professor of psychiatry, stated: "Child psychiatry has to ... help to integrate (hereditarily) damaged or inadequate children for their own and the public's good ... under constant expert selection of the valuable and educable ones with just as strict and resolute a sacrifice of those deemed predominately worthless and uneducable."⁵⁰

1940: John Rawlings Rees, British psychiatrist and co-founder of the World Federation for Mental Health (WFMH), described the goals of psychia-



Alfred E. Hoche



Alfred Ploetz

DEVALUING LIFE: *The insidious plan to screen out "undesirables" through the education system was spearheaded since the 1920s by these and other psychiatrists and psychologists. "Undesirables" to be sent to institutions included "ADHD" children who, it was theorized, would be prone to schizophrenia later in life.*

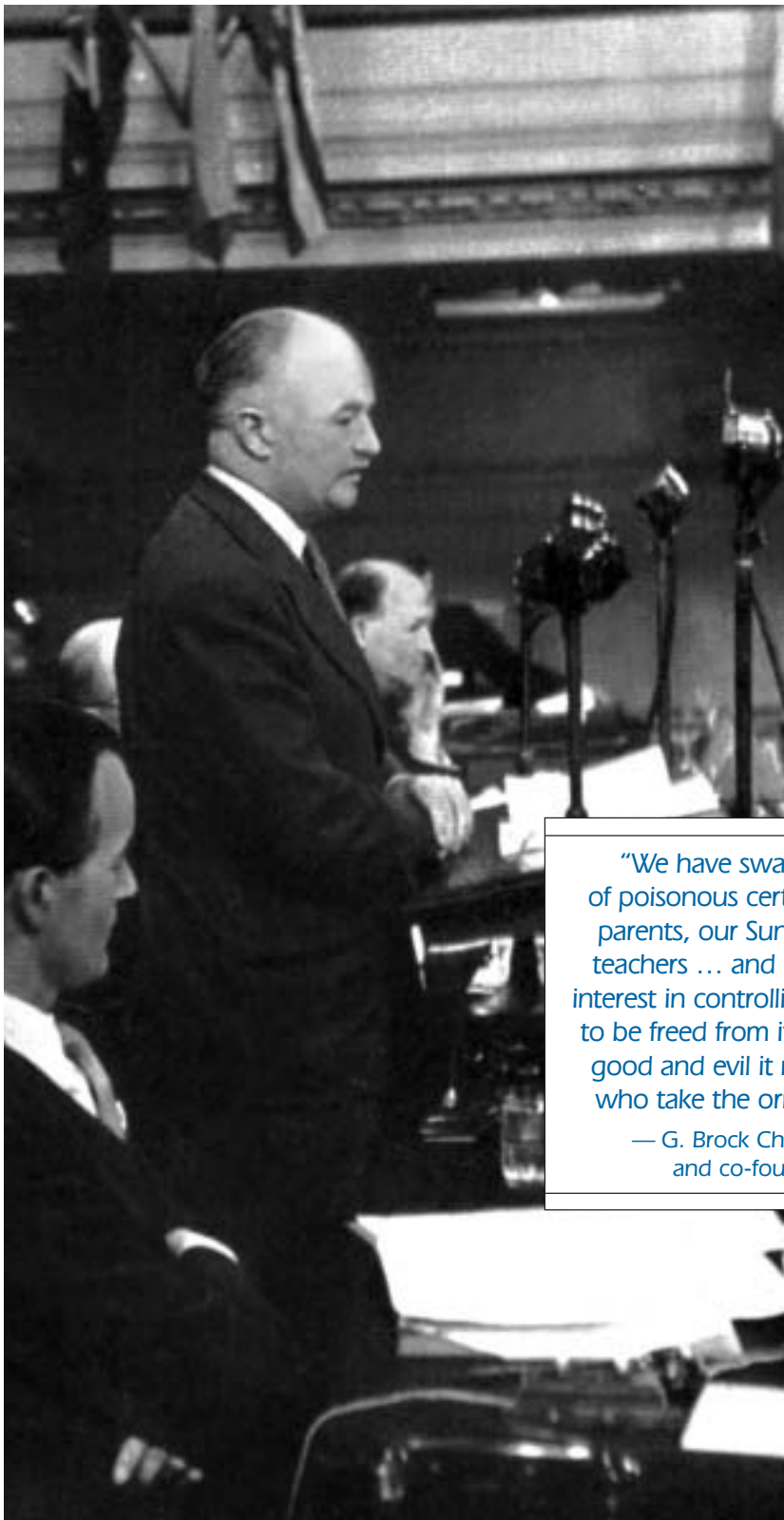


Paul Popenoe

trists: "We must aim to make [psychiatry] permeate every educational activity in our national life ... [W]e have made a useful attack upon a number of professions. The two easiest of them naturally are the teaching profession and the Church; the two most difficult are law and medicine." He added, "If we are to infiltrate the professional and social activities of other people, I think we must imitate the Totalitarians and organize some kind of fifth column activity!" [Fifth columnists: Persons living in a country who secretly aid its enemies by sabotage or espionage.]

1945: G. Brock Chisholm, psychiatrist and co-founder of WFMH, further set the trend for world psychiatry when he stated, "We have swallowed all manner of poisonous certainties fed us by our parents, our Sunday and day school teachers ... and others with a vested interest in controlling us. ... If the race is to be freed from its crippling burden of good and evil it must be psychiatrists who take the original responsibility."

1948: A report of the WFMH stated,



“... [T]he family is now one of the major obstacles to improved mental health, and hence should be weakened, if possible, so as to free individuals and especially children from the coercion of family life.”⁵¹

1950: A U.S. White House Conference on Education report stated, “The school ... has an opportunity and a responsibility to detect the physical and mental disabilities which have escaped parental or pre-school observations. ... Not only does the child need to be treated, but those around him also need help.”⁵²

1968: A new category of “Behavior Disorders of Childhood and Adolescence” was added to the American Psychiatric Association’s *Diagnostic and Statistical Manual of Mental Disorders (DSM)*. The sudden outcropping of childhood disorders appeared only a few years after psychiatry had obtained federal funding for treating “handicapped” children and provided school psychologists and psychiatrists the means with which to “screen” for *DSM* disorders.

1970s: Professor Manfred Müller-Küppers, a member of the German Society for Child and Adolescent Psychiatry, claimed that there should be “no referral to reform school, no provisions for school attendance without child psychiatric examinations.”⁵³

1980: In the “Infancy, Childhood, and Adolescence” section of the *DSM*, 32 new mental disorders were added. Another dramatic increase in childhood “mental disorders” appeared in the 1987 revision.

1994: The *DSM* contained more than 40 childhood mental disorders with which mental

“We have swallowed all manner of poisonous certainties fed us by our parents, our Sunday and day school teachers ... and others with a vested interest in controlling us. ... If the race is to be freed from its crippling burden of good and evil it must be psychiatrists who take the original responsibility.”

— G. Brock Chisholm, psychiatrist and co-founder of WFMH

Psychiatrist Brock Chisholm, co-founder of the World Federation for Mental Health (WFMH), promoted psychiatry’s dehumanizing goal of “freeing” mankind from its “crippling burden of good and evil” when he spoke in October 1945 to psychiatrists at a conference in Washington, D.C.



Co-founder of the WFMH, psychiatrist John R. Rees' stated intent of having psychiatry permeate national life (as written in his 1940 "Strategic Plan for Mental Health") has been accomplished with psychiatry's "bible" (DSM) which lists normal human problems as "mental disorders" to be treated.

health practitioners could screen students.

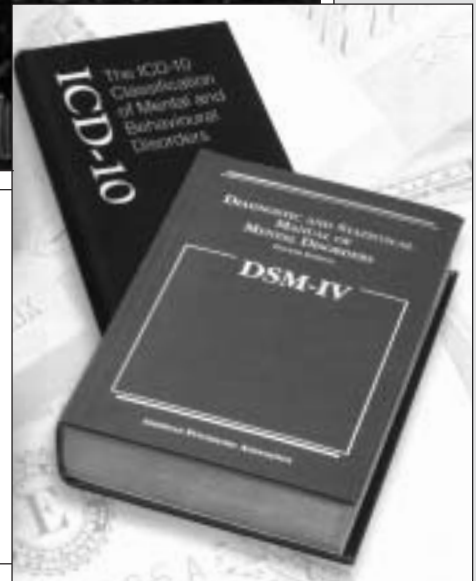
2003: Influenced by psychiatrists and psychologists, the U.S. New Freedom Commission on Mental Health recommended, "... the early detection of mental health problems in children and adults—through routine and comprehensive testing and screening."⁵⁴

In 1934, Nazi psychiatrist Otmar Freiherr von Verschuer stated: "It is necessary that new laws about life are enacted in our legislature, in our social order, and above all in the action and thinking of everyone!"⁵⁵

In 2002, a Ridgewood, New Jersey high school gave a 156-question survey called "Profiles of Student Life: Attitudes and Behaviors" to students.

"We must aim to make [psychiatry] permeate every educational activity in our national life We have made a useful attack upon a number of professions. The two easiest of them naturally are the teaching profession and the Church."

— John Rawlings Rees, British psychiatrist and co-founder of the WFMH



Many parents objected to the questions concerning students' relationships with parents, drug and alcohol use, and criminal behavior. They sued, alleging constitutional and federal legislative violations. However, reminiscent of Verschuer's sentiments, a federal district court in New Jersey ruled in June 2004, "The societal interest in disclosure outweighs any invasion of the students' privacy."⁵⁶

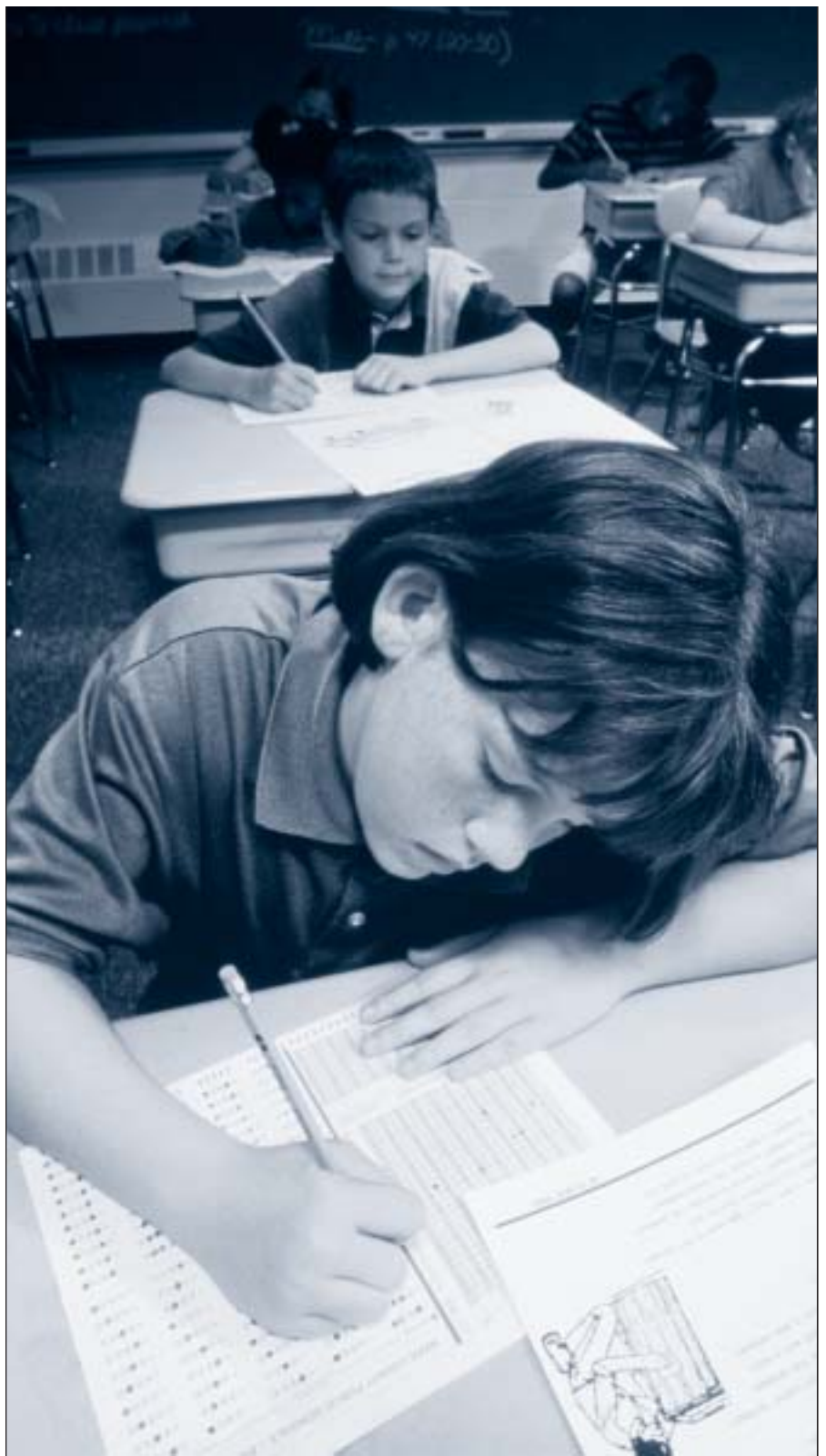
IMPORTANT FACTS

1 School mental health programs have been designed to channel the lives of children towards specific ideological objectives at the expense of not only the children's sanity and well-being, but also that of their parents and of society itself.

2 Instead of directing children toward genuine achievement and the demonstration of competence they can be properly proud of, the psychiatric "self esteem" concept is to tell the child he has accomplished something whether he has or not.

3 Psychiatrists claim "depression screening" has scientific merit, but most say the questionnaires are patently subjective.

4 Invasive psychological questionnaires ask young students embarrassing and personal questions and pose upsetting moral problems to them.



Invasive psychological questionnaires soliciting data about the child and family are completed often without parental consent. The information is then computerized and the data follows the child through his or her schooling.



CHAPTER TWO

Strategic Child Mind Control

The entirety of psychological and psychiatric programs for children are founded on the tacit assumptions that mental health “experts” know all about the mind and mental phenomena, know a better way of life, a better value system and how to improve the lives of children beyond the understanding and capability of not only parents, but everyone else in society.

The reality is that all child mental health programs are designed to control the lives of children towards specific ideological objectives at the expense of not only the children’s sanity and well-being, but also that of their parents and of society itself.

In the words of Dr. Thomas Szasz, professor of psychiatry emeritus, “I have long maintained that the child psychiatrist is one of the most dangerous enemies, not only of children, but also of adults who care for the two most precious and most vulnerable things in life—children and liberty.”

The Perils of Self-Esteem

Instead of pushing children toward genuine achievement so they *know* they are competent and capable and are thus properly proud of themselves, the psychiatric concept is to tell the

child he has accomplished something whether he has or not. According to this view, he must be shielded from failure or any awareness of failure so his fragile sense of self can be preserved.

Professor of sociology Frank Furedi refutes this: “According to many leading educationalists, the challenge facing schools is to raise children’s self-esteem.” Yet, “there is not even any evidence that such ‘solutions’ work ... there seems to be no attempt to measure or account for the resources

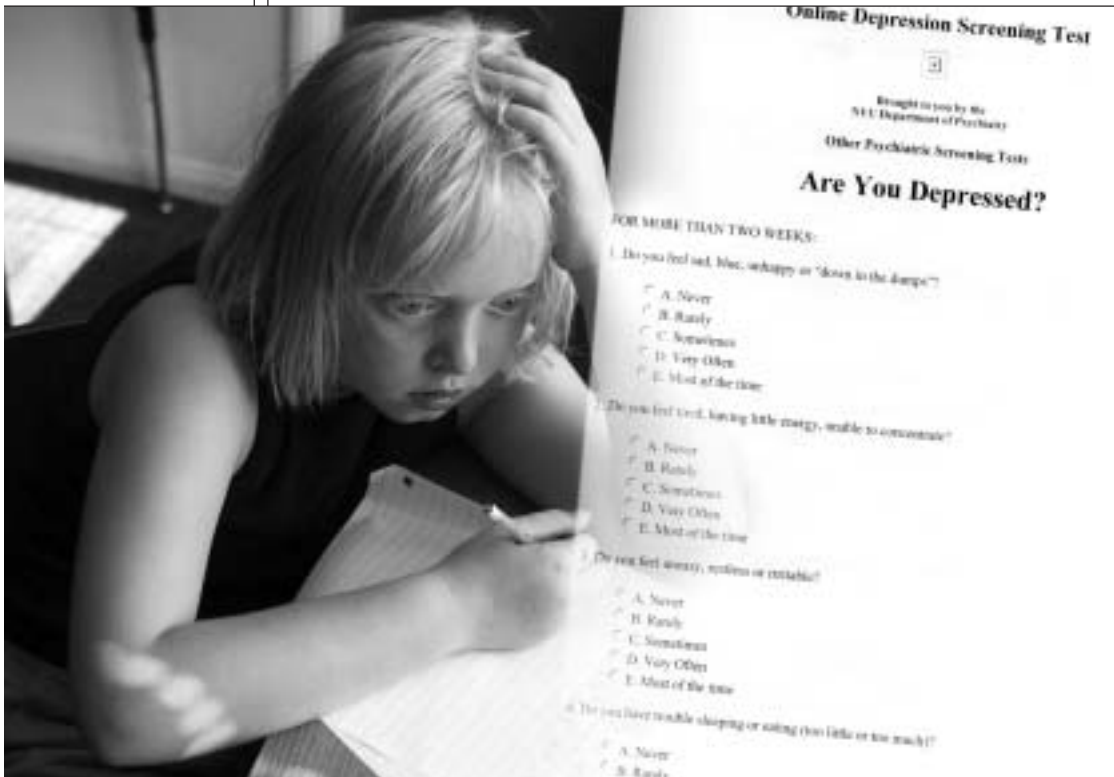
spent on efforts to raise people’s self-esteem and ‘empower’ them. What the therapeutic approach does is encourage a mood of emotionalism, where everyone is always stressed, bullied or traumatized.”⁵⁷

Educator Alan Larson tells us, “Children who are told they made it when they didn’t absolutely despise adults. They think they are total fools. And when

their whole life is like that, they become apathetic about it, because the whole world is crazy. They feel bad about hiding the truth (that they didn’t make it) and they withdraw from the area and it produces a complete disassociation of the kid from the subject of education because it is a lie. And kids know that the only thing that causes self-esteem is confidence and production.”⁵⁸

“I have long maintained that the child psychiatrist is one of the most dangerous enemies, not only of children, but also of adults who care for the two most precious and most vulnerable things in life—children and liberty.”

—Thomas Szasz, professor of psychiatry emeritus



school and medical records.

The TeenScreen® program in the United States claims that identifying and “treating” “at risk” children can prevent suicide. Yet a 2003 Nevada report noted that 31% of the students that had been screened “are in therapy; 9% are seeing a psychiatrist and are on ... medication, and 1% have already made suicide attempts.”⁶⁰ Panama, Guam and Canada also deliver TeenScreen.⁶¹

The program’s “health” survey asks students questions such as, “Has there been a time when nothing was fun for you and you just weren’t interested in anything?” and “Has there been a time when you felt you couldn’t do anything well or that you weren’t as good-looking or as smart as other people?”⁶² With enough checks

School psychiatric “screening” questionnaires are written so that no matter how they are answered, any child could easily be referred to a psychologist or a psychiatrist.

“Depression” Screening

Psychiatrists and psychologists advise that the worsening state of our youth provides justification for “mandatory, universal behavioral” or “mental illness” screen-

ing. With this license to inspect every child from pre-school to college and university, they fraudulently claim they can identify those “at risk” of becoming unstable, anti-social and even violent.

Beverly Eakman warns, “The term ‘screening’ takes on new meaning as children, and by extension, their families, today are assessed for supposed ‘markers’ of psychological disorders ... with the results of such analyses going into cross-referenced electronic transfer systems.”⁵⁹ In other words, the child once “assessed” by the mental health industry will have this information permanently in his

“Widespread psychiatric screening of our children isn’t only unnecessary, it’s evil.”

— Dr. Julian Whitaker, Whitaker Wellness Center, 2004

against the questions, the next questionnaire, called the “Diagnostic Interview Schedule for Children” (DISC), purportedly checks for 18 psychiatric disorders.⁶³ The child is then referred to a psychologist or psychiatrist and, usually, prescribed drugs.

Joseph Glenmullen of Harvard Medical School says the questionnaires used to diagnose depression “may look scientific,” but “when one examines the questions asked and the scales used, they are utterly subjective measures.”⁶⁴

Dr. Julian Whitaker, a respected U.S. physician and founder of the Whitaker Wellness Center, tells

this story: "I took one [depression] test, entitled the Zung Assessment Tool, at the Prozac website. You respond to 20 phrases with one of the following: not often, sometimes, often, or all the time. Phrases include, 'I feel downhearted, blue,

and sad.' 'I have trouble sleeping through the night.' 'I eat as much as I used to,' 'I have trouble with constipation.' 'My mind is as clear as it used to be.' 'I am more irritable than usual.' 'I find it easy to make decisions.' (As you see, some of these questions are confusing, if not irrational.)

"I selected 'sometimes' for every phrase, as a normal, healthy person would. My score was 50, and I was advised to show this test to my doctor and 'ask him or her to evaluate you for depression.'"⁶⁵

Not surprising, obtaining parental consent through the schools has been a problem. One newsletter reports, "As many of our community partners know, getting signed consent forms back to participate in a TeenScreen Program is no simple task. We urge sites to be creative regarding this first step of the program—for example, coming up with unique incentives that appeal to the students, such as movie rentals or fast food coupons."⁶⁶ Other incentives include \$5 cash, gift certificates, food vouchers, a pizza party, pens and offering extra school

The questionnaires used to diagnose depression "may look scientific," but "when one examines the questions asked and the scales used, they are utterly subjective measures."

— Joseph Glenmullen
of Harvard Medical School

credit to students who return the forms signed by their parents by the end of the school week.⁶⁷

"Depression screening" in the general community has influenced the 60 million prescriptions for antidepressants written in the United

States—about 10% of the American population, including 1.5 million children.⁶⁸ England's "Defeat Depression Campaign" resulted in the "prescribing of antidepressants by general practitioners rising substantially." As later discussed, these drugs cause or increase violent and suicidal behavior. The "teen screen" and other "depression screening" programs are thereby potential causes of greatly increased youth suicides when drugs are prescribed to supposedly "at risk" children.



Psychiatric or psychological school programs purport to find mental problems early and thus prevent them later in life. There are, however, no scientific studies to show any validity to this theory or any benefit to such programs except to the psychiatrists and psychologists who grab and hold onto young clients as long as possible to "treat" —never cure—them.

CHAPTER TWO Strategic Child Mind Control

In 2001, a Minnesota bill which would have mandated mental health screening in public schools was defeated. Discussing his testimony against the bill, psychologist Bill Harley stated, "I asked the members how *they* would feel about a legislature-wide screening (of politicians) for mental health disorders along with early intervention. Those doing the screening would be paid by the legislature to provide extensive therapy, if a potential problem were found to exist in any of them. And, of course, the results of the screening would be available to a host of individuals, along with the therapeutic plan and their willingness to cooperate with that plan.

"Then, I mentioned that I could easily identify in every legislator an emotional predisposition that could possibly create problems for them in the future, and design a lengthy treatment plan as an early intervention. ... Screening and early intervention sounds like a great idea until you turn out to be the one being screened. Then the problems with that approach become much easier to see."⁶⁹

Loosening Morals, Creating Promiscuity

A source of parental tension in education today is the amount and type of attention being given to sex education programs. Mandatory in schools in many countries, most of them start with children 12 years of age, although in some countries, sex educa-



A 1993 German report called: "Perversion statt Aufklärung" (Perversion Instead of the Birds and the Bees), exposed how millions of Deutsche marks had been spent on an AIDS Help Center that provided pornography and sexually stimulating propaganda (like the above) for teachers to use to conduct sex education classes.

tion begins in kindergarten.

Who can argue against the merits of sex education at some point in a child's life? The legitimate questions for parents to ask here are: at what point, by whom and how? However, psychiatry and psychology have dictated the answers while progressively disenfranchising parents.

A controversial British sex education program called "A Pause" is used in about 150 secondary schools. Lynda Brine, an advanced skills science teacher, writing in the *Times Educational Supplement*, said the program that she attended did not make children aware that sexual intercourse under the age of

16 is illegal. She also expressed concern about how teachers are expected to respond to "frequently asked questions." Brine wrote: "Examples included when a 14-year-old girl asks: 'What does semen taste like?' ... I ask myself why children of this age ask such things. ... A course such as this gives children information they do not or should not know."⁷⁰

In Mainz, Germany, the Health Ministry produced a booklet called, "Let's Talk About Sex" in which a youth asks the question: "How long should a couple be together before you start becoming intimate?" The answer given is: "There is no rule, nothing you have to do. Do what you like and when you want. Your emotions (feelings) are what count."

A 1993 German report called: "Perversion statt Aufklärung" (Perversion Instead of the Birds and the

Continued on page 22

THE 'LIFE BOAT' EXERCISE

Education or Indoctrination?

One of the ways that Nazi psychiatrists were able to indoctrinate the population about racial hygiene and "inferior races" was through the education system, where students were a captive audience. In 1936, schoolbook texts asked students to calculate the costs of maintaining the frail and invalid, aimed at showing they were a financial burden on the country. "Problem No. 95" asked, "The construction of an insane asylum requires 6 million RM [Reichsmarks]. How many housing units @ 15,000 RM could be built for the amount spent on insane asylums?" One high school mathematics textbook asked students if 100 RMs are spent on the "mentally ill" in various institutions, what is the average cost to the state per inhabitant per year? Using the results, how much does it cost the state for patients who stay longer than 10, 20 and 25 years?⁷¹

Compare this to a lesson taught in English and American schools: "A passenger liner is wrecked at sea and 15 people find themselves together in a lifeboat. The lifeboat however, can only support 9 people. If 6 are not eliminated everyone will die. If you were in command of the lifeboat, *whom would you choose to survive?* ... You are required in groups of 2 to reach a joint decision as to which passengers will be eliminated."

The list includes: a doctor; African American minister; a prostitute with no parents but who

makes an excellent nurse; a male criminal; a mentally disturbed man; a salesman; a crippled boy paralyzed since birth; a married couple—the husband is a construction worker who drinks a lot and the wife is a housewife with two children at home; a Jewish restaurant owner married with three children at home; a teacher; a Catholic nun; an unemployed man, formerly a professor of literature and a survivor of a concentration camp; and another married Irish couple, deeply in love but with no children.⁷²

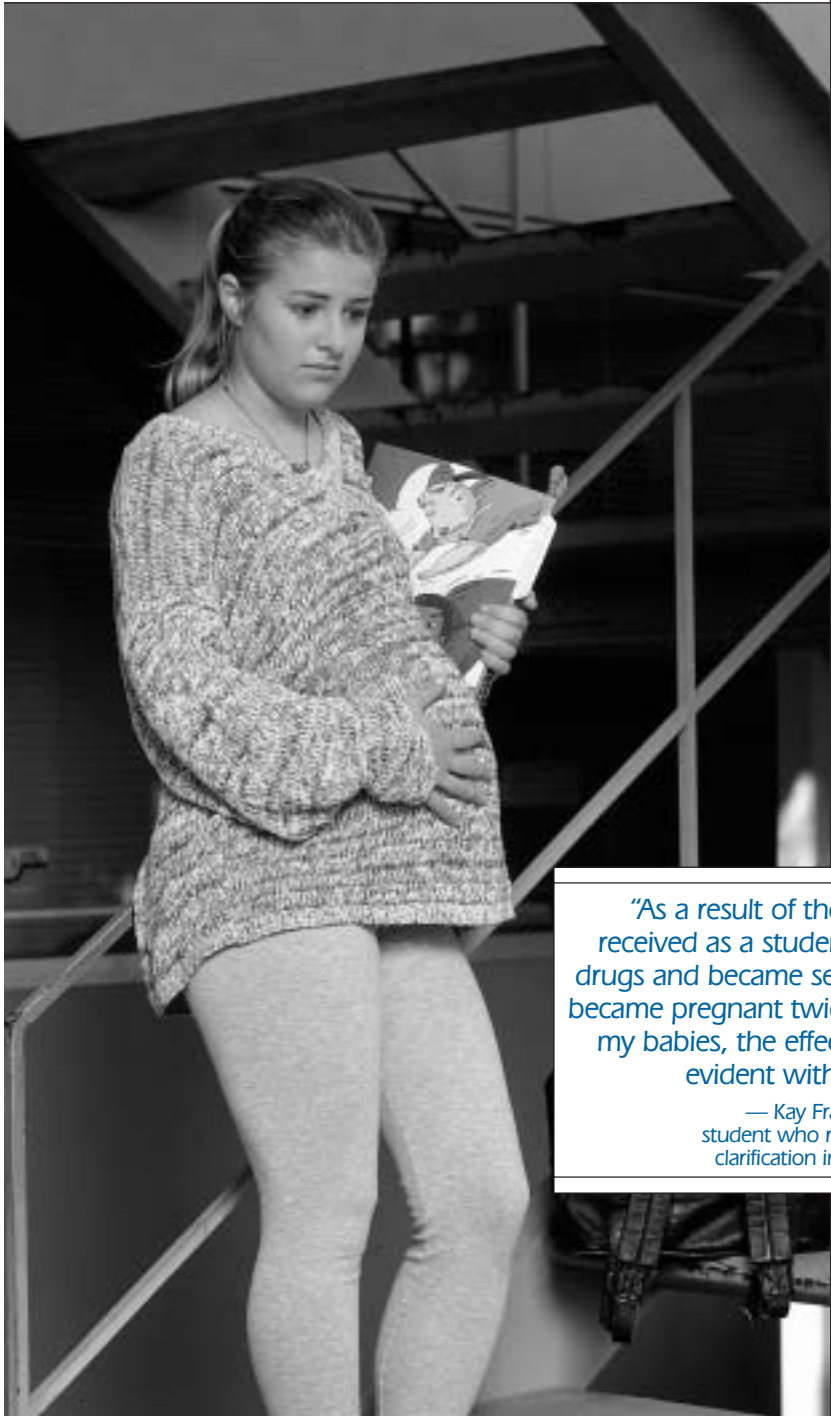


"The student is vested with the authority to decide who lives and who dies. Shall it be the famous author, or the pregnant woman, or the rabbi, or the Hollywood dancer, or the policeman? Any answer is acceptable."

— Phyllis Schlafly, founder of the parents group Eagle Forum

answers. No wrong answers, that is, except one. One mother told our ... Parents Advisory Center that her child answered the question by saying, 'Jesus brought another boat and nobody had to drown.' That child got an 'F' for giving an unacceptable answer."⁷⁵

In 1999, Phyllis Schlafly, founder of the parents group Eagle Forum, wrote: "The most frequently used classroom dilemma is the 'lifeboat game' (and its numerous variations, such as the fallout shelter). ... The student is vested with the authority to decide who lives and who dies. Shall it be the famous author, or the pregnant woman, or the rabbi, or the Hollywood dancer, or the policeman? Any answer is acceptable—whatever each student feels comfortable with is OK, and the students can all choose different drowning targets because there are no right or wrong



“As a result of the indoctrination I received as a student, I began abusing drugs and became sexually promiscuous. I became pregnant twice, and twice aborted my babies, the effects of which are still evident with me today.”

***— Kay Fradenecks,
student who received values
clarification indoctrination***

Bees), exposed how millions of Deutsche marks had been spent on an AIDS Help Center that provided pornography and sexually stimulating propaganda for teachers to use to conduct sex education classes. Nothing less than brainwashing, the programs for 12-year-olds and above called for a child to pick a card that displayed the subject for open group discussion. Some of the topics include: “Have you ever seen a pornographic film?” (There are multiple answers to choose from ranging from thinking it stupid to feeling excited by it.) “Have you ever fondled someone in a car?” “How important is sexuality in your life?”⁷⁴

Under a nationwide U.S. lesson called “Pornography Debate,” students are asked to research and debate the pros and cons of pornography and the law in relation to “limiting or broadening their First Amendment right (freedom of speech).”⁷⁵

In 2003, Minnesota parent Denise Walker testified before the State legislature that schools should require students to be taught abstinence as part of sex education: “My life was a living hell as a result of a curriculum that basically said, ‘Do what you want to, but use a condom.’” Jennifer Beecher, a high school senior testifying on the same issue said that sexually transmitted diseases and teen pregnancy are a problem in her school and that abstinence is not given much attention

in the classroom. “They never really gave any time on it. ... They basically taught us how to have safe sex.”⁷⁶

Kay Fradenecks, a pupil of values clarification, explained the devastating effects: “As a result of the indoctrination I received as a student, I began abusing drugs and became sexually promiscuous. I became pregnant twice, and twice aborted my babies, the effects of which are still evident with me today. I was applauded ... for my decision to abort and encouraged to share my experience with my peers.”

I was applauded ... for my decision to abort and encouraged to share my experience with my peers.”

A 'BIG BROTHER' STATE

'Profiling' Kids



By Beverly Eakman

Beverly Eakman is an educator, former science editor, technical writer and editor-in-chief of the official newspaper for the National Aeronautics and Space Administration, author of Cloning of the American Mind: Eradicating Morality Through Education, and executive director of the U.S. National Education Consortium.



"No matter what your politics, your religion, or your viewpoint on the hot-button issues of the day, mandatory screening and counseling requires our full attention. The so-called psychiatric prison is one of the easiest ways to get rid of opponents, by declaring such individuals a danger to society."

— Beverly Eakman

Do we really want to institutionalize mandatory psychiatric counseling and screening?

This information is often collected by teachers at the behest of state and federal grant recipients such as the Institute on Violence and Destructive Behavior. Teachers are taught by the Institute's educational psychologists to match the classroom and playground conduct of pupils against a list of behavior patterns. This means that "recess" is no longer about playtime. Certain "markers" (or "red flags") signal a child's need for professional help. These youngsters are referred to a school psychologist, counselor or other "mental health professional" who makes a determination about each kid's "counterproductive behaviors." The child is taught alternative, "adaptive" behaviors to use as "coping mechanisms." Parents are expected to reinforce these alternatives.

The child (even his or her parents) rarely sees what all is contained in a student's "electronic portfolio." Loopholes in privacy laws make it difficult to stop your child's file from landing on the

desktops of college admissions officers, executives, security officers, credit bureaus, or anybody with an axe to grind. If your child falls into one of the above shadowy categories, how will he fare in the job market—or as an airline security risk, for that matter?

Dr. Darrel Regier, director of research at the American Psychiatric Association lauded the Freedom Commission on Mental Health's proposed screening initiative, of course. Kevin P. Dwyer, president of the National Association of School Psychologists and Dr. Graham Emslie are typical among the mental health cabal in defending early, mass screening. This "valu-

able information [is] almost impossible to obtain from any other source," complains Dwyer. True, most adults would see right through such attempts. That's why he worries that the current flood of lawsuits from parents over invasive, personal test questions under the cover of academic testing might result in a negative court ruling that prompts legislators to nix all psychological surveys in schools.

No matter what your politics, your religion, or your viewpoint on the hot-button issues of the day, mandatory screening and counseling requires our full attention. The so-called psychiatric prison is one of the easiest ways to get rid of opponents, by declaring such individuals a danger to society. Psychiatric prisons in Nazi Germany, the Soviet Union, Cuba, and, more recently, South Africa are now legendary. And if we think it can't happen here, better look at our schools and think again.

To parody a line from the film "One Flew Over the Cuckoo's Nest": Every day, in every way, this initiative keeps getting "worse and worse."

BRAVE NEW TODAY

Child Conditioning by the 'Experts'

In *Brave New World*, Huxley opens with the fictitious futuristic scene of the "Central London Hatchery and Conditioning Center" where children are manufactured through test tubes.⁷⁷ Infants are born not to parents, but to the State. In this way, children can be predestined and preconditioned: "All conditioning aims at ... making people like their unescapable social destiny," the director states.⁷⁸ In the "Infant Nurseries: Neo-Pavlovian Conditioning Rooms," eight-month-old babies are placed in front of bowls of colorful roses and books opened invitingly at images of fish and birds. As the babies crawl towards these, a nurse presses a lever and a violent explosion and siren can be heard. The children are startled and begin screaming, their

faces distort with terror. "Now we proceed to rub in the lesson with a mild electric shock," the director says. The screaming increases; their little bodies twitch and stiffen. The electroshock and loud noises suddenly stop. The children are offered the flowers and books again. At the mere sight of them, the infants shrink away in terror. The director beams: "They'll grow up with what the psychologists used to call an 'instinctive' hatred of books and flowers. Reflexes unalterably conditioned."⁷⁹

"Unalterably conditioned" best describes what is being done to students in our classrooms today. Its roots lie in behavioral psychology.

In 1884, Russian psychologist and physiologist Ivan Pavlov and his countryman Vladimir Bekhterev studied in Leipzig University, Germany, under the "Father of Experimental Psychology," Wilhelm Wundt. They later developed what they called "conditioned



As Professor Szasz points out: "Psychiatrists have been largely responsible for creating the problems they have ostensibly tried to solve." They are the last people to whom we should turn to solve the problems of our children.

reflex" from an infamous series of experiments in which dogs, having learned that food is always accompanied by the ringing of a bell, would thereafter salivate at the bell's mere sound. Holes were cut in the dogs' cheeks to measure the amount they salivated in response to different stimuli.⁸⁰ This laid the groundwork for much of behavioral psychology used in schools today.

Adherents included psychologists John B. Watson and Burrhus Frederic Skinner. Watson, professor and director of the psychological laboratory of Johns Hopkins University in Baltimore, Maryland from 1908 to 1920, took Pavlov a step further. Whereas Pavlov was concerned with brain processes, Watson insisted that psychology address "the prediction and control of observable

behavior." All responses, he believed, were the result of outside stimuli and therefore could be controlled by anyone who was able to produce those stimuli.⁸¹

In his book, *Psychological Care of Infant and Child* in 1928, Watson advised parents that if they wanted the best results in their children, never show them affection. He wrote: "Never hug and kiss them, never let them sit on your lap. If you must, kiss them once on the forehead when they say goodnight. Shake hands with them in the morning. ... Remember when you are tempted to pet your child, that mother's love is a dangerous instrument. An instrument that may inflict a never-healing wound, a wound which may make infancy unhappy, adolescence a nightmare, an instrument which may wreck your adult son or daughter's vocational future and their chances for marital happiness."⁸²

After a series of experiments on an 11-month-old infant, Watson said: "Give me the baby, and I'll make it climb and use its hands in constructing buildings of stone or wood. ... I'll make it a thief, a gunman or a dope fiend. The possibilities of shaping in any direction are almost endless."⁸³

Watson's own child, Albert, epitomized the psychologist's theory and results. Albert would crawl along the floor, and to condition him, a white rabbit would be let out of a cage. As soon as the rabbit would emerge, Albert would become excited and go towards it. When almost near it, Watson would drop a big steel bar behind him that made him jump and cry. This was done repeatedly until Albert was afraid of anything white or furry—fear that lasted all of his life.⁸⁴ The son of the "Father of Behaviorism" committed suicide in his twenties.⁸⁵

B.F. Skinner modified the tenets of behaviorism to fit his own discoveries that he called "operant conditioning." "Conditioning" was the research term for learning. "Operant" referred to Skinner's idea that any organism "operates" on (responds involuntarily to) his environment.⁸⁶ In 1948, as a professor in the Department of Psychology at Harvard University, he published a novel, *Walden Two*, which described a fictional utopia based on behavioral engineering.⁸⁷ Not fictional was his idea that individual freedom didn't exist. Man's actions, he said, were nothing more than a set of behaviors shaped by his environment over which he had no control.⁸⁸

As such, he believed people were going to be manipulated. "I just want them to be manipulated effectively," he said.⁸⁹ Skinner used a method of "desensitization" that repeatedly forced the subject to view disturbing images until no anxiety is produced. Eventually, the subject becomes immune (numb) to even the most extreme images.⁹⁰

On his first television appearance, Skinner was asked, "Would you, if you had to choose, burn your children or your books?" He answered that he would burn his children because "his contribution to the future would be greater through his work than through his genes."⁹¹

Today, treated in effect like animals, students are numbed by the questionnaires and tests about sex, drugs, behavior, emotions and their mental state.

As Professor Szasz points out: "Psychiatrists have been largely responsible for creating the problems they have ostensibly tried to solve." They are the last people to whom we should turn to solve the problems of our children.



Ivan Pavlov

BEHAVIORISM AND MAN

Seeing no difference between man and animals, behaviorists—from Pavlov, Watson and Skinner to present-day psychologists—have performed experiments on dogs and rats for decades. Relying on that dubious research, behaviorism supposedly explains what makes man tick. What is lacking from the subject, however, is any sort of practical, beneficial results for man. By denying the soul, behaviorism and all of psychology's bogus conclusions are destructive; denigrating the complex nature of human experience to nothing but stimulus-response behavior.



B.F. Skinner



John B. Watson



Watson conducts an experiment on an infant.

VIOLATION OF PRIVACY

Invasive Questionnaires

In 2002, Ellen Makkai, a former teacher, warned that bizarre and offensive questions were being asked of students and that anonymity was not always guaranteed.⁹² “Notification and permission slips [consent forms] are so vague, no one suspects what’s happening,” said Carole Nunn, whose complaint prompted legislation in New Jersey that requires public schools to obtain prior written parental consent before administering surveys that ask students personal information.⁹³

The following comprises just some of the types of invasive and behavior-manipulating questionnaires currently in use:

■ **“Health Enhancement Survey”:** 10-year-old students at one Montana elementary school were asked personal and degrading questions such as, “How hairy do you think your parents’ private parts are? How fat do you think your parents are?” And for the boys: “Circle the picture that shows the size of your penis.” For the girls: “Circle the picture that shows the size of your breasts.” One girl became distraught, shamed and humiliated by the questions and her school grades subsequently dropped dramatically.⁹⁴

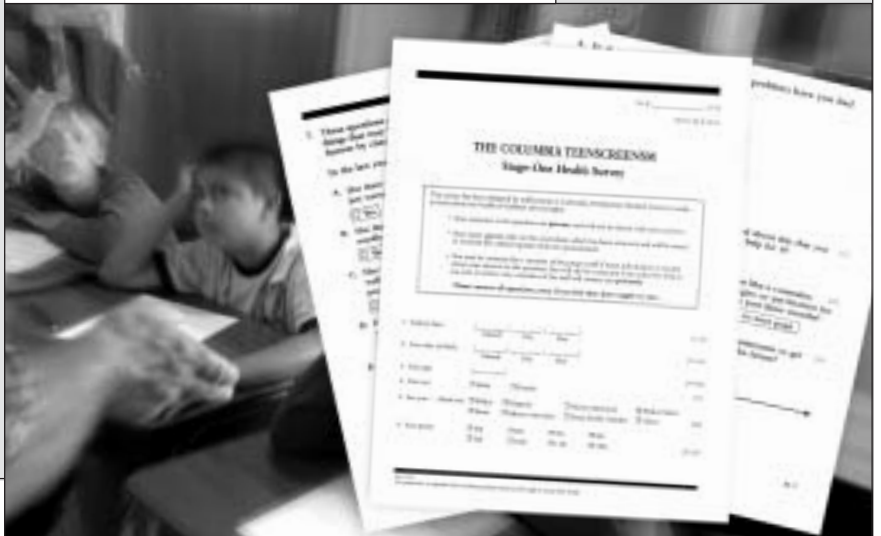
■ **“Do you know yourself?”:** During an Advanced English course, students are asked to complete a questionnaire as part of their curriculum. Two of the questions are, “Do you know yourself?” and “Tell us the most embarrassing thing or the biggest secret you have that will make us never look at

you the same again.” For the first question, students are required to respond in a journal that is graded by the teacher and to publicly discuss their response in class. For the second question, if students reply, “No comment,” the teacher reminds them that they are graded on their participation. Students are asked to also discuss the problem or secret in class so that other students can offer their experiences or solutions.⁹⁵

■ **History Class:** In an advanced history class in 2004, students had to complete a 195-question survey covering self-esteem, self-perception, interests, and “high-risk” behaviors—with 20% of the survey covering parents and family. The information sought included:

- each parent’s/step-parent’s religious affiliation (including denomination);
- parents marital status;
- age of student if/when parents separated;
- years of marriage;
- yearly income of *each* family member;
- cost of home (or rent per month);
- if the father is “positive” at home about his job;
- if the student has “positive feelings” about various family members;
- amount of time spent at a separated or divorced parent’s home;
- whether parents’ relationships with each other are “happy and

Ten-year-old students at one Montana elementary school were asked personal and invasive questions such as, “How hairy do you think your parents’ private parts are? How fat do you think your parents are?”





satisfying”; •whether the relationship between parents and child are “happy and satisfying”; •whether parents make their child feel “special” in the family.⁹⁶

■ **“How Am I? Checking Up on Yourself”** is a survey given to 12- to 16-year-olds and involves 55 personal questions about the use of alcohol and illegal drugs, sexual behavior, and illegal, anti-social, and demeaning behavior. Students are required to take the survey and provide their names (thus losing the right of anonymity) for which they receive credit towards their school certificate.⁹⁷

■ **“Crossing the Line”:** As part of a “Challenge Day” program, students are moved to one side of the room, with a white line down the middle. Students are told to cross the line “if you have blonde hair ... blue eyes [or] ... if you are an only child,” “if you have ever been made fun of for being fat” or “told to stop acting like a girl, or to be more of a man,” “if you or someone in your family has ever been raped or sexually molested,” “if you have ever been hit by someone who said, ‘I love you,’” “if you or someone in your family is or has been struggling with an addiction to prescription, or illegal drugs,” “if someone in your family is an alcoholic,” “if you have ever felt unsafe in your own home,” “if you have ever thought seriously of, or if someone you care about has ever seriously thought of, or ever attempted, committing suicide.”⁹⁸

■ One parent stated: “My child participated in a

Challenge Day. ... It sounded like a disaster with children crying, adults prying and children feeling coerced into ‘telling all.’”⁹⁹ In April 2002, a *Seattle Times* editorial noted, “The emotional intensity of the workshops is troublesome. Schools should not assist in placing children in situations where adults break them down emotionally and, purportedly, rebuild them into better people.”¹⁰⁰

■ A 1992 Iowa survey asked students, “If you could eliminate an entire race, would you? Which one?”¹⁰¹

■ In another survey, the street names where illegal drugs are sold are listed and students are asked which substances they have sampled.¹⁰²

■ In 2002, Steven H. Aden, chief litigation counsel for the Rutherford Institute was emphatic: “It is an outrage that such explicit and private questions can be asked to children without their parents’ consent. ... We wouldn’t allow strangers on the street to ask our children these types of questions, so why should we be more lenient just because they’re in school.”¹⁰³

■ Ellen Makkai best sums up what should be done about this: “When I taught 30 years ago, family sovereignty was honored, except in unique crises. Students concentrated on academics, athletics, and the arts. Today, educators must refocus on that original scholastic mandate. And ditch the ignoble school survey, which is little more than a sociological strip search.”¹⁰⁴

IMPORTANT FACTS

1 Psychiatric drugs and programs have been implicated in increasing child violence. Skyrocketing youth suicide rates have also followed in the wake of widespread psychiatric, drug-based, child programs and psychological school curricula.

2 Government agencies in Britain, the U.S., Canada, Australia and Europe have warned doctors not to prescribe certain antidepressants to children under 18 due to the increased risk of suicide.

3 "Death education," which has been used in many countries since the 1970s, requires students to discuss suicide, and write their own wills and epitaphs. The Columbine high school shooters had participated in a "death education" class where they were asked to "imagine their own death." Shortly afterwards, they committed their deadly massacre.

4 Research analyst Diane Alden stated, "We have had years of counseling, therapy, drugs and touchy-feely non-academics, and what we have gotten for this is dumb kids who feel good about being dumb and violent."



While on a psychiatric drug known to cause "mania" and violent tendencies, Eric Harris and partner Dylan Klebold (inset) arrived to school and began shooting (above). When it was over, 12 students and a teacher were dead; the pair then killed themselves.



CHAPTER THREE

Manufacturing Child Violence

In 1967—a year after “values clarification” programs were unleashed on schools—a psychiatric research study group was formed to consider the “possibility of enhancing the quality of human life by chemicals and a review of the effects of these chemicals when prescribed to the non-psychotic, and possibly non-neurotic patients.”

The resulting publication released in 1971, “Psychotropic Drugs in the Year 2000, Use By Normal Humans,” reported that “... major efforts [had been] initiated by the pharmaceutical industry to look for new chemical substances which would have mind-altering properties.”¹⁰⁵ The hoped-for end result of this drug research was a future “pill-taking culture with a drug of choice for all ages,” including “‘mind-expanders’ for the youth.”¹⁰⁶

The publication also predicted the possibility of drugs being “invented and used in ways which are not beneficial to mankind.” As the following violent legacy indicates, that possibility has become a harsh reality.

■ Seven out of 12 recent U.S. school shootings were committed by teens who had been taking prescribed psychotropic drugs known to cause violent behavior.

■ February 2004 saw 15-year-old Andreas B. of

Germany, shoot and kill his foster father while taking prescribed psychotropic drugs.¹⁰⁷

■ On May 17, 2004, 19-year-old Ryan Furlough of Maryland was convicted of the 2003 first-degree murder of a school friend, committed while Ryan was on a prescribed antidepressant.

■ In Japan, in July 1999, two boys, aged 15 and 16, stabbed a third boy while under the influence of a sedative (sleeping pill) which, they said, made them feel “invincible.”

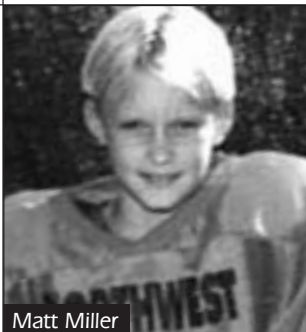
Children are particularly vulnerable to such drugs because their bodies are still developing. The drugs can create horrific physical and mental side effects including, but not limited to, hostility, spasms, grimacing movements, manic reactions, and seizures. They are also potentially addictive, and withdrawal from

them can be far more difficult than from illegal drugs.

A 1996 French study entitled, “Suicide and Psychotropic Drugs,” established that “suicide attempts are more frequent among patients taking antidepressants.”¹⁰⁸ In other words, suicidal impulses are a known side effect of mind-altering, psychiatric drugs. It is small wonder then that skyrocketing youth suicide rates have followed in the wake of widespread psychiatric, drug-based child programs.

While forthrightly exposing millions of children to the violence—and suicide-inducing nature—of psychiatric drugs on one hand, psychiatry and psychology offer classes in “anger management” and “death education” on the other.

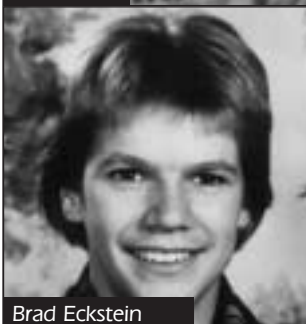
Matt Miller hanged himself in his bedroom closet one week after being prescribed an anti-depressant. Ten-year-old Raymond Perrone and 16-year-old Brad Eckstein both hanged themselves while in the throes of withdrawal from a prescribed stimulant.



Matt Miller



Raymond Perrone



Brad Eckstein

Suicidal impulses are a known side effect of mind-altering, psychiatric drugs. It is small wonder then that skyrocketing youth suicide rates have followed in the wake of widespread psychiatric, drug-based child programs.

drugs can cause suicide. But this warning does not go far enough. Children are dying, are killing others or being turned into addicts because of these and other psychiatric drugs. Their future will only be safeguarded when the unscientific “mental disorders” they are diagnosed with are abolished and dangerous psychotropic drugs are prohibited.

In 2004, John L. Whitehead, well-known constitutional attorney and author, warned: “The sad fact is that our public schools and parents have been duped by the psychiatric and drug industries. ... [W]e as a nation must move away from the concept of drugs of any kind as an answer. By [not] doing so, we have

The child casualties are tragic:

■ In 2001, Matt Miller hanged himself in his bedroom closet one week after being prescribed an antidepressant. Another boy taking an antidepressant hung himself with a belt from a rafter. He left behind a letter pinned to his clothes thanking his parents for 14 wonderful years of life.¹⁰⁹

■ In Canada in 2003, 25 days after being labeled as “oppositional defiant,” a 14-year-old boy took his own life while on an antidepressant.

■ Three other Canadian teens were revealed as having committed suicide while taking prescribed antidepressants.¹¹⁰

In 2003, the British medicine regulatory agency warned doctors not to prescribe Selective Serotonin Reuptake Inhibitor (SSRI) antidepressants for under-18-year-olds, because of the risk of suicide. The following year, the U.S. Food and Drug Administration (FDA) issued a similar warning, as did Australian, Canadian and European agencies. In September 2004, an FDA advisory panel took this further recommending that a “black box” label be prominently placed on SSRI bottles, emphasizing the fact that the

opened the door to manipulation by unscrupulous drug marketers who would dope us up or drug us for a profit. If we, as a society, really mean that we are anti-drug, then let it start at home and at school.”

Psychologizing Young Minds to Violence and Death.

While forthrightly exposing millions of children to the violence- and suicide-inducing nature of psychiatric drugs on one hand, psychiatry and psychology offer classes in “anger management” and “death education” on the other.

Death education, which has been used in many countries since the 1970s, requires children to discuss suicide, and write their own wills and epitaphs. One U.S. “death education” class (euphemistically called “forensic education courses”) involved taking students to a deserted river shoreline to observe a mock crime scene complete with a “dismembered mannequin in the car trunk, a severed arm in a grocery bag and a bloody hacksaw.”¹¹¹

A 2004 U.K. article on anger management and grief counseling programs being used in several

schools under the "Healthy Lifestyle Project," revealed students undergoing "grief counseling" were "drawing pictures of life and death or writing letters of things they wished they could have said to their loved ones."¹¹²

Critics cite Colorado's Columbine High School teens Eric Harris and Dylan Klebold as prime examples of the failure of "anger management" and "death education." Both boys had attended a court-ordered counseling program, including anger management, for stealing a car. Then they participated in a death education class at school in which students were asked to imagine their own death. Harris, who was also taking an antidepressant known to cause hostility and suicidal reactions, subsequently had a dream where he and Klebold went on a shooting rampage in a shopping center. Harris wrote about his dream and handed it in to the teacher. Shortly afterwards, he and Klebold acted out the dream when, on April 20, 1999, they went on a shooting rampage, killing 12 students, a teacher, and wounding 23 others before shooting and killing themselves.¹¹³

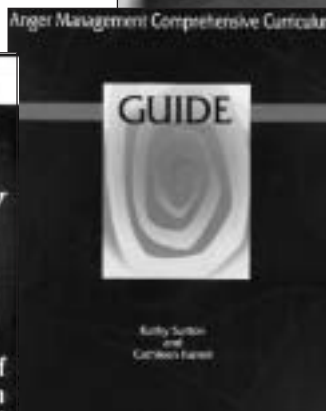
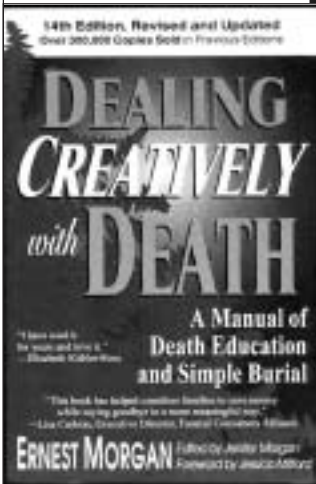
While claiming to teach individuals to control their aggression and anger, there are no standards for

delivering anger management courses.¹¹⁴ "There are as many ways to approach [anger management] as there are people," said W. Doyle Gentry, a clinical psychologist and director of the Institute for Anger Free Living in Virginia. "And it's created a lot of confusing, even bizarre methods that can't be taken seriously. I mean, if they ask you to beat a mattress with a tennis racquet [to work out your anger], it's not going to do you any good."¹¹⁵ One anger management student beat up a classmate so badly that six days later the boy was still hospitalized.¹¹⁶

Research analyst Diane Alden stated, "We have had years of counseling, therapy, drugs, and touchy-feely non-academics, and what we have gotten for this is dumb kids who feel good about being dumb and violent."¹¹⁷

Dr. Samuel L. Blumenfeld, internationally renowned educator and author warns, "There must be something wrong with an education system that requires so many children to be drugged just to attend school. ... This is a cruel and criminal activity." As for solutions, he warns, "You cannot reform education without first divorcing it from behavioral psychology."¹¹⁸

THE TRENCH COAT KILLERS:
Critics cite Colorado's Columbine High School teens Eric Harris and Dylan Klebold (right) as chilling examples of the failure of "anger management" and "death education." Harris was also taking a violence-inducing psychiatric drug at the time of the killings.



CHAPTER THREE
Manufacturing Child Violence

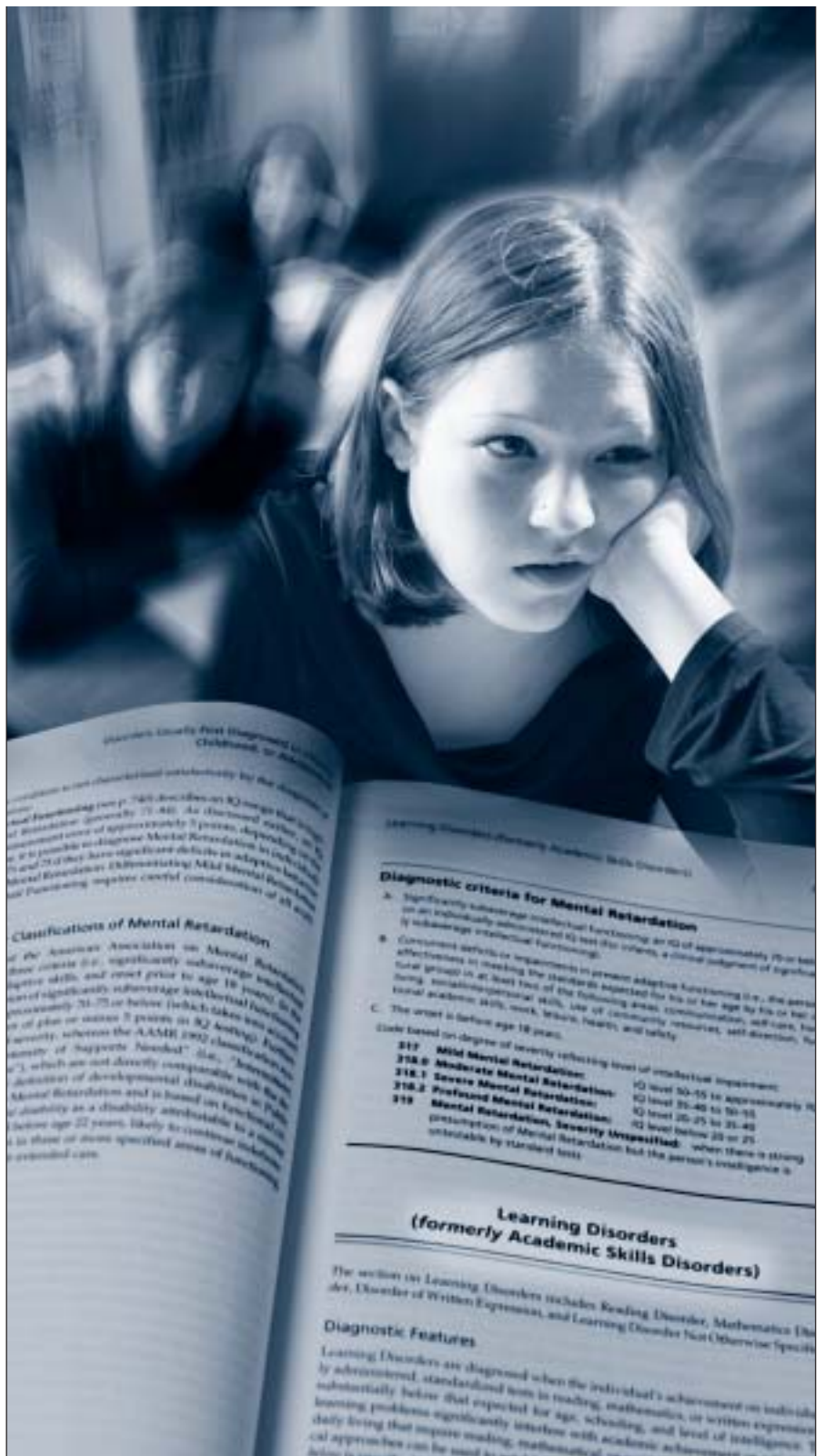
IMPORTANT FACTS

1 The labeling of children's educational problems as "mental disorders" is based on a diagnostic system that has no scientific basis.

2 Experts and professionals acknowledge that there is no known "biological" or "genetic" cause for any psychiatric diagnosis.

3 Student psychiatric reports that many teachers are expected to fill out, are worded by psychiatrists in such a way that no student could escape being labeled mentally ill at some point during their education. These reports can result in psychological or psychiatric intervention in the lives of a child and his or her family.

4 Dr. Julian Whitaker says such mental health reports based on a false scientific screening, are used by the mental health industry to get access to millions of new patients—our schoolchildren.



Despite mass-media promotion that finding and "treating" so-called "learning disorders" is good for students, the results of those treatments are not improved academic performance, but money in the pockets of psychiatrists and psychologists who push dangerous drugs as the solution.



CHAPTER FOUR

Diagnostic Lies, Treacherous 'Care'

The purportedly scientific diagnostic tool that underlies the drugging and mental health screening of children is an invented diagnostic system, the American Psychiatric Association's (APA) *Diagnostic and Statistical Manual of Mental Disorders IV (DSM)*.

In 1952, the *DSM* contained no categories for infants or children except for three "adjustment reactions." By 1980, an almost 1,000% increase in the number of childhood psychiatric "disorders" included mathematics, arithmetic, spelling and language disorders. In 1987, "Attention Deficit Hyperactivity Disorder" (ADHD) was literally voted into existence by APA members and included in the *DSM*.

Psychiatrists now also redefine teen behavior as mental "diseases" with diagnoses such as "Conduct Disorder" and "Oppositional Defiant Disorder" (when a child argues with his parent or teacher). In his 2002 book, *The Culture of Fear*, Barry Glassner, a sociologist at the University of Southern California, said the *DSM* makes children good candidates for imprisonment in psychiatric wards if they do any five of the following: Argue with adults, defy adult requests, do things that annoy others, lose their

tempers, become easily annoyed, act spiteful, blame others for their mistakes, get angry and resentful or swear.¹¹⁹

Two years later the symptom list has expanded to practically every emotion or behavior conceivable.

Today teachers are expected to fill out different reports on the psychiatric and psychological behavior of their students using *DSM*-based forms.

The Disruptive Behaviors Disorders (DBD) Rating Scale contains 61 questions, of which 39 are taken directly from the DSM. Teacher evaluation is expected. "The youngster can be labeled as 'mentally ill' for typically childish conduct." —Beverly Eakman

■ The "Teacher's Report Form for Ages 6-18" rates 112 behaviors for each child. The child's name is listed on the form. The list of supposed mental disorder symptoms include: Fails to finish things he/she starts, defiant, talks back to staff, bragging, boasting, can't sit still, restless, or hyperactive, confused or seems to be in a fog, gets lost in his/her thoughts, disobedient in school, breaks school rules, over-conforms to rules, easily jealous, hangs around with others who get into trouble, bites fingernails, picks nose, skin, or other body parts, has difficulty learning, poor schoolwork, secretive, keeps things to self, showing off or clowning, speech problem, stares blankly, fails to carry out assigned tasks, talks too much, and underachieving, not working up to potential.

■ The “Teacher Problem Rating” on which the child’s name is also listed, supposedly evaluates the child’s relationship with other children, the teacher, his academic progress, how he affects the classroom and his self-esteem. The teacher is expected to make the evaluation which can range anywhere from no problem to extreme problem.

■ The “Disruptive Behaviors Disorders (DBD) Rating Scale” contains 61 questions, of which 39 are taken directly from the *DSM*. Teacher evaluation is again expected. “The youngster can be labeled as ‘mentally ill’ for typically childish conduct,” warned Beverly Eakman. “Even more troubling,” she continued, “is the fact that if a child is tagged with a mental health, or emotional disability, *his*

family may also be deemed ‘dysfunctional.’ Something as simple as a ‘developmental delay’ or a death in the family can result in a *DSM* label that triggers what is called in some U.S. states an ‘Individualized Family Service Plan.’ This plan, in essence, allows the school to intervene into family affairs.”¹²⁰

The fact that there is no child that at some time wouldn’t be tagged mentally ill, using these assessments, indicates that this process is nothing more than a child patient recruitment tool. Once labeled, a child is automatically considered to have a chronic psychiatric disorder—in other words the patient recruitment line is for life.

The last thing that the *DSM* is based on is medical science. It is also devoted to the categorization of symptoms only, not verifiable pathology.

In his book, *The Complete Guide to Psychiatric Drugs*, published in 2000, Edward Drummond, M.D., Associate Medical Director at Seacoast Mental Health Center in Portsmouth, New Hampshire, stated, “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.’”¹²¹

■ In 2002, Professor Szasz stated: “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. If such a test were developed (for what, heretofore, had been considered a psychiatric illness), then the condition would cease to be a mental illness and would be classified, instead, as a symptom of a bodily disease.”

The fact that there is no child that at some time wouldn’t be tagged mentally ill, using these assessments, indicates that this process is nothing more than a child patient recruitment tool.



Teachers are required to evaluate their students, not on academic performance, but against a checklist of behaviors, that arbitrarily designates the children as hyperactive—and thus subject to psychiatric intervention in their lives.

CHILD DEATHS

A High Price to Pay

■ Dr. Fred Baughman, Jr., a pediatric neurologist, says, "Biological psychiatry' has yet to validate a single psychiatric condition/diagnosis as an abnormality/disease, or as anything 'neurological,' 'biological,' 'chemically imbalanced' or 'genetic.' With no abnormality in the 'ADHD child,' the pseudo-medical label is nothing but stigmatizing, and the unwarranted drug treatment that invariably follows, a physical assault. The 'medication' typically prescribed for ADHD and 'learning disorders' is a hazardous and addictive amphetamine-like drug."

■ Dr. Julian Whitaker warns us about the effects of adding mandatory screening of children using the *DSM*. Referring to the New Freedom Commission on Mental Health, he said that its "report goes on to say, 'the extent, severity, and far-reaching consequences make it imperative that our Nation adopt a comprehensive, systemic approach to improving the mental health status of children.' That means drugging them!" Or as he captures it: "52 million potential customers."¹²²

■ Dr. Baughman reminds us of the cost in human lives: "The following children are no longer hyperactive or inattentive—they are dead. Between 1994 and 2001, I was consulted, medically or legally, formally or informally, in the following death cases:

■ Stephanie, 11, prescribed a stimulant and died of cardiac arrhythmia.

■ Matthew, 13, prescribed a stimulant and died of cardiomyopathy [disease of heart muscle].

■ Macauley, 7, prescribed a stimulant and three other psychiatric drugs, suffered a cardiac arrest.

■ Travis, 13, prescribed a stimulant and suffered cardiomyopathy.

■ Randy, 9, given a stimulant and several other drugs and died from cardiac arrest.

■ Cameron, 12, prescribed a stimulant and died from hyper-eosinophilic syndrome [abnormal increase in white blood cells].

"This is a high price to pay for the 'treatment' of a 'disease' that does not exist," he said.

The controversial and unscientific labeling of children with "learning disorders" is happening around the world.

Despite psychiatric claims to the contrary, the practice of prescribing cocaine-like drugs to deal with such problems is far removed from conclusive science.

There are no scientific studies to show any validity to the theories popularized in mass media or any proven long-term benefit of such treatments except to the psychiatrists and psychologists who grab and hold onto young clients as long as possible to "treat", but never cure them.

That the drugs can make their children violent, even suicidal, or have fatal side effects is not made clear to the parents.

Nor are they provided information about the increasingly number of government warnings on the dangers of these substances.

Each of the children pictured here are not only unable to lead normal lives because of so-called "safe and effective" drugs, they are tragically no longer with us, dead because of those drugs, purportedly prescribed to "help" them perform better in school.



Stephanie Hall



Matthew Smith



Shaina Dunkle

IMPORTANT FACTS

- 1** Parents have a constitutional right to raise their families free from psychiatric intervention in their children's lives.
- 2** Parents should know that if psychiatrists or psychologists are using schools to test or assess their child, they have the right to say no and to refuse to have their child drugged.
- 3** Undiagnosed, untreated physical conditions are often wrongly interpreted as mental or behavioral disorders. Mercury, environmental toxins and allergies, for example, can affect behavior and academic performance and can create symptoms similar to Attention Deficit Hyperactivity Disorder. Parents should have their child examined by a competent non-psychiatric medical doctor.
- 4** If a child is not learning, is behind in school, doesn't enjoy his or her classes, or can't seem to concentrate, a competent tutor should be employed.



Real interest in a child's reading ability, and getting them to understand the meanings of the words they are studying, will prove invaluable to their education and future.



CHAPTER FIVE

Safeguarding the Future

Claiming that even normal childhood behavior is a mental disorder and that drugs are the solution, psychiatrists and psychologists have insinuated themselves into positions of authority over children. Through a virtual *coup d'etat* in our schools, our once strong and effective scholastic-based schools have turned into explosive test tubes.

In 2004, Professor Frank Furedi stated, “If present trends continue, soon there will be little to distinguish school from a mental health institution. ... If we treat difficult challenges as an experience with which children cannot cope, pupils will pick up the message and regard it with dread. However, if we back off from playing doctor and patient and concentrate on developing children’s strength through creative teaching, then the kids will cope ... sheltering children from pressure and new experiences represents a lack of faith in their potential to develop through new challenges.”¹²³

As Eakman also wrote, “Most people today suspect that education is not really about literacy, ‘basics,’ or proficiency at anything. What is less well understood is that there exists in this country, and indeed throughout the industrialized world, what can best be described as an ‘illiteracy

Cartel’—ostensibly aimed at furthering ‘mental health.’ This cartel derives its power from those who stand to benefit financially and politically from ignorance and educational malpractice; from the frustration, the crime, the joblessness and social chaos that miseducation produces.”¹²⁴

According to the Rutherford Institute, “Parents have a constitutional right to direct and control the upbringing of their children, and laws or governmental actions that unreasonably infringe the rights of parents to raise and educate their children according to their own values are constitutionally suspect.”¹²⁵

Dr. Whitaker offers this advice: “Folks, sometimes feeling irritable, unable to sleep, etc., are hardly indicative of a serious mental malfunction. Feeling

out of sorts from time to time is a normal part of being human. ... Think back on your childhood. Remember your experiences. Now ask yourself, would you be better off today if five or six years of your childhood had been spent in a drugged-out state?”

Furthermore, here’s what he advises parents to do: “First of all, refuse to sign those consent forms when they come home from your child’s school—if they can’t test them, they can’t drug them.”¹²⁶

If a child is exhibiting learning and/or behavioral problems, there are many things that

“Refuse to sign those consent forms when they come home from your child’s school—if [psychiatrists] can’t test them, they can’t drug them.”

— Dr. Julian Whitaker, advice to parents



can be done besides the exclusive drug- and behavior modification-based options that are the backbone of school-based mental health services today.

Undiagnosed, untreated physical conditions can often manifest as a “psychiatric symptom.” The term “mad as a hatter” derives from the sizeable number of hatters that became “mad” as a result of chronic mercury pollution.¹²⁷ Workers used mercury to prepare felt hats and the mercury fumes ingested produced an organic deterioration resulting eventually in dementia.

Medical doctors have established that mercury poisoning, environmental toxins and allergies can affect behavior and academic performance and can create symptoms similar to “ADHD.”¹²⁸

Gases, cleaning fluids, scents and other chemicals can make a child “irritable, inattentive, spacey,

Contrary to psychiatric opinion, children are not “experimental animals.” They are human beings who have every right to expect protection, care, love and the chance to reach their full potential in life.

aggressive, depressed or hyperactive.”¹²⁹ Dr. L.M.J. Pelsser of the Research Center for Hyperactivity and ADHD in Middelburg, the Netherlands, says 62% of children diagnosed with “ADHD” showed significant improvements in behavior simply by changing their diet.¹³⁰ Therefore, take the child to a competent doctor of environmental medicine and have him or her properly tested for allergies and toxins.

Studies show that tutoring leads to improvements in academic outcomes. If a child is not learning, is behind in school, doesn’t enjoy his or her classes or can’t seem to concentrate, a competent tutor should be employed.

Contrary to psychiatric opinion, children are not “experimental animals.” They are human beings who have every right to expect protection, care, love and the chance to reach their full potential in life.

Professor Szasz says that child psychologists and psychiatrists “rob the child of his most important possession, himself. ... Thrusting fake intimacy and pretended care on them ... is our distinctively modern method of harming children in the name of helping them.

“Child psychology and child psychiatry cannot be reformed. They must be abolished.”



RECOMMENDATIONS

Recommendations

- 1** You have the right to refuse permission for your child to be subjected to any psychological or psychiatric questionnaire, test or evaluation in school. Ensure you place your child in a school that supports this.
- 2** If your child has been subjected to psychological/psychiatric screening without your consent, or coercively drugged and harmed, consult a lawyer to determine your right to prosecute criminally and civilly, especially against the authors of the questionnaires and, if psychologists or psychiatrists, against their colleges and associations.
- 3** Support legislative measures that will protect children from psychiatric and psychological interference and which will remove their destructive influence from schools.
- 4** Speak out—be your child’s voice. Start or join a parents’ group that can speak out about the wrongful labeling and drugging of our children and provide support for each other.
- 5** Legal protections should be put in place to ensure that psychiatrists and psychologists are prohibited from violating the right of every person to exercise all civil, political, economic, social and cultural rights as recognized in the Universal Declaration of Human Rights, the International Covenant on Civil and Political Rights, and in other relevant instruments.
- 6** Ultimately, psychiatry and psychology must be eliminated from all education systems and their coercive and unworkable methods should never be funded by the State.



Citizens Commission on Human Rights International

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

While it doesn't provide medical or legal advice, it works closely with and supports medical doctors and medical practice. A key CCHR focus is psychiatry's fraudulent use of subjective "diagnoses" that lack any scientific or medical merit, but which are used to reap financial benefits in the billions, mostly from the taxpayers or insurance carriers. Based on these false diagnoses, psychiatrists justify and prescribe life-damaging treatments, including mind-altering drugs, which mask a person's underlying difficulties and prevent his or her recovery.

CCHR's work aligns with the UN Universal Declaration of Human Rights, in particular the following precepts, which psychiatrists violate on a daily basis:

Article 3: Everyone has the right to life, liberty and security of person.

Article 5: No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment.

Article 7: All are equal before the law and are entitled without any discrimination to equal protection of the law.

Through psychiatrists' false diagnoses, stigmatizing labels, easy-seizure commitment laws, brutal, depersonalizing "treatments," thousands of individuals are harmed and denied their inherent human rights.

CCHR has inspired and caused many hundreds of reforms by testifying before legislative hearings and conducting public hearings into psychiatric abuse, as well as working with media, law enforcement and public officials the world over.



MISSION STATEMENT

THE CITIZENS COMMISSION ON HUMAN RIGHTS

investigates and exposes psychiatric violations of human rights. It works shoulder-to-shoulder with like-minded groups and individuals who share a common purpose to clean up the field of mental health. We shall continue to do so until psychiatry's abusive and coercive practices cease and human rights and dignity are returned to all.

Chris Brightmore,
Former Detective Chief Superintendent,
Metropolitan Police United Kingdom:

"Since I first came into contact with CCHR I have developed a great respect for the organization, particularly its work to safeguard children from being labeled with dubious mental disorders so they can be prescribed dangerous mind-altering drugs. My association with CCHR has also alerted me to the role of malevolent psychiatry in social decline and the breakdown of family values."

Dr. Julian Whitaker M.D.,
Director of the Whitaker Wellness
Institute Author of *Health & Healing*:

"CCHR has been a profound resource to parents and children who have been terribly abused by psychiatrists and psychologists

and other mental health professionals. The over-drugging, the labeling, the faulty diagnosis, the lack of scientific protocols, all of the things that few people realize are going on, have all been exposed at one time or another by CCHR. Ultimately, CCHR has successfully faced up to and restricted the steam-rolling effect of the psychiatric profession."

Bob Simonds, Th.D.,
President, U.S. National Association
of Christian Educators:

"We are deeply grateful to CCHR for not only leading the fight to stop the criminal psychiatric abuse of our public school children, but for serving as a catalyst to all religious, parental and medical groups to fight this abuse. Without CCHR's compelling research and credibility, these groups could not be as effective."

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CCHR INTERNATIONAL

Board of Commissioners

CCHR's Commissioners act in an official capacity to assist CCHR in its work to reform the field of mental health and to secure rights for the mentally ill.

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Citizens Commission on
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*Psychological school programs
have led to "a massive invasion of the
family and the rights of individual students
through curricula utilizing psychological
programming and experimentation, as well as
a broad spectrum of behavior modification
techniques. . . . The traditional interests and
rights of parents have been trampled upon,
as educators have proceeded on the
proposition that professionals know
better than parents how
to raise children."*

—William Bonner, Rutherford Institute