

Psychiatry and the Great Fraud

Source: [No More Fake News](#)

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May 3, 2018

Warning: Suddenly withdrawing from psychiatric drugs can be very dangerous, even life-threatening. Withdrawal should be done gradually, supervised by a caring professional who knows what he's doing. See [Breggin.com](#).

On the heels of my article [celebrating the work of Dr. Peter Breggin](#), a hero who has exposed the lies of psychiatry, I am reprinting my article, from 2013, which details the fraud.

First, a new introduction.

The history of Western philosophy reveals two main preoccupations. For many centuries, the theme was: What is Deeper Reality? What does it look like? What can learn from it?

Then, in the 19th century, another theme took over: How do human beings perceive reality? How do humans know what they know? What is the nature of the apparatus of human perception?

Finally, as the nascent field of psychology emerged out of philosophy, the (unstated) question was: What are the factors that limit human perception and knowledge? What creates distortion in how humans view the world, other people, and themselves?

The answers were basically: neurosis and psychosis. These two general states of mind were ill-defined, and they weren't

supported by reasonable science. Eventually, as medical psychiatry took over from psychology, we saw a sudden expansion of so-called mental disorders. These purported states of mind were the reasons why humans were unable to perceive and know reality objectively.

However, even though we now have 300 (!) official mental disorders listed in the bible of psychiatry, the science behind them is sorely lacking. It is bankrupt.

Therefore, we are looking at a program of opinion and propaganda, and this program has the effect of making people believe they are deficient in serious ways; they are limited; they have brain-function flaws; and they must receive chemical treatment.

That's quite a journey—all the way from asking What Is Reality, to You Must Take This Medicine.

Is it any wonder that our culture has undergone such a decline?

And now, here is my 2013 article:

—Let's screen everybody to find out if they have mental disorders. Let's diagnose as many people as possible with mental disorders and give them toxic drugs—

Wherever you see organized psychiatry operating, you see it trying to expand its domain and its dominance. The Hippocratic Oath to do no harm? Are you kidding?

The first question to ask is: do these mental disorders have any scientific basis? There are now roughly 300 of them. They multiply like fruit flies.

An open secret has been bleeding out into public consciousness for the past ten years.

THERE ARE NO DEFINITIVE LABORATORY TESTS FOR ANY SO-CALLED

MENTAL DISORDER.

No defining blood tests, no urine tests, no saliva tests, no brain scans, no genetic assays.

And along with that:

ALL SO-CALLED MENTAL DISORDERS ARE CONCOCTED, NAMED, LABELED, DESCRIBED, AND CATEGORIZED by a committee of psychiatrists, from menus of human behaviors.

Their findings are published in periodically updated editions of The Diagnostic and Statistical Manual of Mental Disorders (DSM), printed by the American Psychiatric Association.

For years, even psychiatrists have been blowing the whistle on this hazy crazy process of “research.”

Of course, pharmaceutical companies, who manufacture highly toxic drugs to treat every one of these “disorders,” are leading the charge to invent more and more mental-health categories, so they can sell more drugs and make more money.

In a PBS Frontline episode, Does ADHD Exist?, Dr. Russell Barkley, an eminent professor of psychiatry and neurology at the University of Massachusetts Medical Center, unintentionally spelled out the fraud.

PBS FRONTLINE INTERVIEWER: Skeptics say that there’s no biological marker—that it [ADHD] is the one condition out there where there is no blood test, and that no one knows what causes it.

BARKLEY: That’s tremendously naïve, and it shows a great deal of illiteracy about science and about the mental health professions. A disorder doesn’t have to have a blood test to be valid. If that were the case, all mental disorders would be invalid...There is no lab test for any mental disorder right now in our science. That doesn’t make them invalid.

Oh, indeed, that does make them invalid. Utterly and completely. All 297 mental disorders. Because there are no defining tests of any kind to back up the diagnosis.

Dear Psychiatry: You can sway and tap dance and bloviate all you like and you won't escape the noose around your neck. We are looking at a science that isn't a science. That's called fraud. Rank fraud.

There's more. Under the radar, one of the great psychiatric stars, who has been out in front inventing mental disorders, went public. He blew the whistle on himself and his colleagues. And for years, almost no one noticed.

His name is Dr. Allen Frances, and he made VERY interesting statements to Gary Greenberg, author of a Wired article: "Inside the Battle to Define Mental Illness." (Dec.27, 2010).

Major media never picked up on the interview in any serious way. It never became a scandal.

Dr. Allen Frances is the man who, in 1994, headed up the project to write the latest edition of the psychiatric bible, the DSM-IV. This tome defines and labels and describes every official mental disorder. The DSM-IV eventually listed 297 of them.

In an April 19, 1994, New York Times piece, "Scientist At Work," Daniel Goleman called Frances "Perhaps the most powerful psychiatrist in America at the moment..."

Well, sure. If you're sculpting the entire canon of diagnosable mental disorders for your colleagues, for insurers, for the government, for Pharma (who will sell the drugs matched up to the 297 DSM-IV diagnoses), you're right up there in the pantheon.

Long after the DSM-IV had been put into print, Dr. Frances talked to Wired's Greenberg and said the following:

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

BANG.

That's on the order of the designer of the Hindenburg, looking at the burned rubble on the ground, remarking, "Well, I knew there would be a problem."

After a suitable pause, Dr. Frances remarked to Greenberg, "These concepts [of distinct mental disorders] are virtually impossible to define precisely with bright lines at the borders."

Frances might have been obliquely referring to the fact that his baby, the DSM-IV, had rearranged earlier definitions of ADHD and Bipolar to permit many MORE diagnoses, leading to a vast acceleration of drug-dosing with highly powerful and toxic compounds.

If this is medical science, a duck is a rocket ship.

To repeat, Dr. Frances' work on the DSM IV allowed for MORE toxic drugs to be prescribed, because the definitions of Bipolar and ADHD were expanded to include more people.

Adverse effects of Valproate (given for a Bipolar diagnosis) include:

acute, life-threatening, and even fatal liver toxicity;

life-threatening inflammation of the pancreas;

brain damage.

Adverse effects of Lithium (also given for a Bipolar diagnosis) include:

intercranial pressure leading to blindness;

peripheral circulatory collapse;

stupor and coma.

Adverse effects of Risperdal (given for “Bipolar” and “irritability stemming from autism”) include:

serious impairment of cognitive function;

fainting;

restless muscles in neck or face, tremors (may be indicative of motor brain damage).

Dr. Frances self-admitted label-juggling act also permitted the definition of ADHD to expand, thereby opening the door for greater and greater use of Ritalin (and other similar amphetamine-like compounds) as the treatment of choice.

So...what about Ritalin?

In 1986, The International Journal of the Addictions published a most important literature review by Richard Scarnati. It was called “An Outline of Hazardous Side Effects of Ritalin (Methylphenidate)” [v.21(7), pp. 837-841].

Scarnati listed a large number of adverse effects of Ritalin and cited published journal articles which reported each of these symptoms.

For every one of the following (selected and quoted verbatim) Ritalin effects, there is at least one confirming source in the medical literature:

- * Paranoid delusions
- * Paranoid psychosis
- * Hypomanic and manic symptoms, amphetamine-like psychosis
- * Activation of psychotic symptoms
- * Toxic psychosis
- * Visual hallucinations
- * Auditory hallucinations
- * Can surpass LSD in producing bizarre experiences

- * Effects pathological thought processes
- * Extreme withdrawal
- * Terrified affect
- * Started screaming
- * Aggressiveness
- * Insomnia
- * Since Ritalin is considered an amphetamine-type drug, expect amphetamine-like effects
- * Psychic dependence
- * High-abuse potential DEA Schedule II Drug
- * Decreased REM sleep
- * When used with antidepressants one may see dangerous reactions including hypertension, seizures and hypothermia
- * Convulsions
- * Brain damage may be seen with amphetamine abuse.

Let's go deeper. In the US alone, there are at least 300,000 cases of motor brain damage incurred by people who have been prescribed so-called anti-psychotic drugs (aka "major tranquilizers"). Risperdal (mentioned above as a drug given to people diagnosed with Bipolar) is one of those major tranquilizers. (source: *Toxic Psychiatry*, Dr. Peter Breggin, St. Martin's Press, 1991)

This psychiatric drug plague is accelerating across the land.

Where are the mainstream reporters and editors and newspapers and TV anchors who should be breaking this story and mercilessly hammering on it week after week? They are in harness.

Thank you, Dr. Frances.

Here's a coda:

This one is big.

The so-called "chemical-imbalance theory of mental illness is dead.

Dr. Ronald Pies, the editor-in-chief emeritus of the Psychiatric Times, laid the theory to rest in the July 11, 2011, issue of the Times with this staggering admission:

“In truth, the ‘chemical imbalance’ notion was always a kind of urban legend – never a theory seriously propounded by well-informed psychiatrists.”

Boom.

Dead.

However...urban legend? No. For decades the whole basis of psychiatric drug research, drug prescription, and drug sales has been: “we’re correcting a chemical imbalance in the brain.”

The problem was, researchers had never established a normal baseline for chemical balance. So they were shooting in the dark. Worse, they were faking a theory. Pretending they knew something when they didn’t.

In his 2011 piece in Psychiatric Times, Dr. Pies tries to cover his colleagues in the psychiatric profession with this fatuous remark:

“In the past 30 years, I don’t believe I have ever heard a knowledgeable, well-trained psychiatrist make such a preposterous claim [about chemical imbalance in the brain], except perhaps to mock it...the ‘chemical imbalance’ image has been vigorously promoted by some pharmaceutical companies, often to the detriment of our patients’ understanding.”

Absurd. First of all, many psychiatrists have explained and do explain to their patients that the drugs are there to correct a chemical imbalance.

And second, if all well-trained psychiatrists have known, all along, that the chemical-imbalance theory is a fraud...

...then why on earth have they been prescribing tons of drugs to their patients...

...since those drugs are developed on the false premise that they correct a chemical imbalance?

Here's what's happening. The honchos of psychiatry are seeing the handwriting on the wall. Their game has been exposed. They're taking heavy flack on many fronts.

The chemical-imbalance theory is a fake. There are no defining physical tests for any of the 300 so-called mental disorders. All diagnoses are based on arbitrary clusters or menus of human behavior. The drugs are harmful, dangerous, toxic. Some of them induce violence. Suicide, homicide. Some of the drugs cause brain damage.

Psychiatry is a pseudoscience.

So the shrinks have to move into another model, another con, another fraud. And they're looking for one.

For example, genes plus "psycho-social factors." A mish-mash of more unproven science.

"New breakthrough research on the functioning of the brain is paying dividends and holds great promise..." Professional propaganda.

It's all gibberish, all the way down.

Meanwhile, the business model demands drugs for sale.

So even though the chemical-imbalance nonsense has been discredited, it will continue on as a dead man walking, a zombie.

Big Pharma isn't going to back off. Trillions of dollars are at stake.

And in the wake of Aurora, Colorado, Sandy Hook, the Naval

Yard, and other mass shootings, the hype is expanding: "we must have new community mental-health centers all over America."

More fake diagnosis of mental disorders, more devastating drugs.

You want to fight for a right? Fight for the right of every adult to refuse medication. Fight for the right of every parent to refuse medication for his/her child.