

# The Psychiatric Agenda Destroys Creative Children

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by **Jon Rappoport**, *No More Fake News*

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*“Take a child who wants to invent something out of thin air, and instead of saying no, tell him he has a problem with his brain, and then stand back and watch what happens. In particular, watch what happens when you give him a toxic drug to fix his brain. You have to be a certain kind of person to do that to a child. You have to be, for various reasons, crazy and a career criminal.” (The Underground, Jon Rappoport)*

First, here are a few facts that should give you pause:

According to NAMI (National Alliance on Mental Illness), “More than 25 percent of college students have been diagnosed or treated by a professional for a mental health condition within the past year.”

NAMI: “One in four young adults between the ages of 18 and 24 have [we claim] a diagnosable mental illness.”

According to healthline.com, 6.4 million American children between the ages of 4 and 17 have been diagnosed with ADHD. The average age for the child’s diagnosis is 7.

BMJ 2016;352:i1457: “The number of UK children and adolescents treated with antidepressants rose by over 50% from 2005 to

2012, a study of five Western countries published in European Neuropsychopharmacology has found.”

Getting the picture?

Children are being diagnosed and dosed with toxic drugs at a staggering rate.

But, as I have shown in many past articles, NO so-called mental disorder is based on a lab test. No blood, saliva, genetic, brain test. ALL 300 or so official mental disorders are defined by menus of behaviors concocted by committees of psychiatrists.

On that foundation, the diagnoses and the drugs are handed out.

Let's look at just one of the drugs: Ritalin (or any similar ADHD medicine). After a creative child is seen fidgeting in class, looking bored, studying what he wants to study, ignoring classroom assignments, focusing on what interests him, he is diagnosed with ADHD. Then comes the drug.

In 1986, The International Journal of the Addictions published an 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.

Under this chemical assault on the brain, what are the chances that a creative child will go on in life to become an innovator, rather than a victim of psychiatric drugging?

Make a list of your favorite innovators. Imagine them as bored distracted children sitting in classrooms...and then diagnosed, and then hammered with drugs prescribed by a doctor.

This is happening now.

The institution of psychiatry is making it happen.

What about the consequences of diagnosing clinical depression in larger numbers of young children? What about the antidepressant drugs?

Here is just a sprinkling of information about antidepressants, from a huge body of literature:

Psychiatrist Peter Breggin: February 1990 American Journal of Psychiatry (Teicher et al, v.147:207-210) reports on "six depressed patients, previously free of recent suicidal ideation, who developed 'intense, violent suicidal preoccupations after 2-7 weeks of fluoxetine [Prozac] treatment.' The suicidal preoccupations lasted from three days to three months after termination of the treatment. The report estimates that 3.5 percent of Prozac users were at risk. While denying the validity of the study, Dista Products, a division of Eli Lilly, put out a brochure for doctors dated August 31, 1990, stating that it was adding 'suicidal ideation' to the adverse events section of its Prozac product information."

An earlier study, from the September 1989 Journal of Clinical Psychiatry, by Joseph Lipiniski, Jr., indicates that in five examined cases people on Prozac developed what is called akathisia. Symptoms include intense anxiety, inability to sleep, the "jerking of extremities," and "bicycling in bed or just turning around and around." Dr. Peter Breggin comments that akathisia "may also contribute to the drug's tendency to cause self-destructive or violent tendencies ... Akathisia can become the equivalent of biochemical torture and could possibly tip someone over the edge into self-destructive or violent behavior ... The June 1990 Health Newsletter, produced by the Public Citizen Research Group, reports, 'Akathisia, or symptoms of restlessness, constant pacing, and purposeless movements of the feet and legs, may occur in 10-25 percent of patients on Prozac.'"

The well-known publication, California Lawyer, in a December 1998 article called "Protecting Prozac," details some of the suspect maneuvers of Eli Lilly in its handling of suits against Prozac. California Lawyer also mentions other highly qualified critics of the drug: "David Healy, MD, an internationally renowned psychopharmacologist, has stated in sworn deposition that 'contrary to Lilly's view, there is a plausible cause-and-effect relationship between Prozac' and

suicidal-homicidal events. An epidemiological study published in 1995 by the British Medical Journal also links Prozac to increased suicide risk."

When pressed, proponents of these SSRI antidepressant drugs (Prozac, Zoloft, Paxil, etc.) sometimes say, "Well, the benefits for the general population far outweigh the risk." But the issue of benefits will not go away on that basis. A shocking review-study published in The Journal of Nervous and Mental Diseases (1996, v.184, no.2), written by Rhoda L. Fisher and Seymour Fisher, called "Antidepressants for Children," concludes: "Despite unanimous literature of double-blind studies indicating that antidepressants are no more effective than placebos in treating depression in children and adolescents, such medications continue to be in wide use."

In wide use. This despite such contrary information and the negative, dangerous effects of these drugs.

There are other studies: "Emergence of self-destructive phenomena in children and adolescents during fluoxetine treatment," published in the Journal of the American Academy of Child and Adolescent Psychiatry (1991, vol.30), written by RA King, RA Riddle, et al. It reports self-destructive phenomena in 14% (6/42) of children and adolescents (10-17 years old) who had treatment with fluoxetine (Prozac) for obsessive-compulsive disorder.

July, 1991. Journal of Child and Adolescent Psychiatry. Hisako Koizumi, MD, describes a thirteen-year-old boy who was on Prozac: "full of energy," "hyperactive," "clown-like." All this devolved into sudden violent actions which were "totally unlike him."

September, 1991. The Journal of the American Academy of Child and Adolescent Psychiatry. Author Laurence Jerome reports the case of a ten-year old who moves with his family to a new location. Becoming depressed, the boy is put on Prozac by a

doctor. The boy is then “hyperactive, agitated ... irritable.” He makes a “somewhat grandiose assessment of his own abilities.” Then he calls a stranger on the phone and says he is going to kill him. The Prozac is stopped, and the symptoms disappear.

For money, for profit, for status, for control, there exists a professional class called psychiatrists. They approach children—particularly creative children who refuse to fall into lock-step with a regimented program of learning—as outliers, as ill, as strange, as maladjusted, as threats to the system. And this professional class takes action. Diagnose the children, drug them, bring them back into line, make them “normal,” reduce their curiosity and independence and drive and will power.

Instead of using overt physical force, they use relatively invisible chemical force.

Under the banner of caring, they perform, on the young, a scientific ritual of sacrifice, a rite of passage into the dead world where they, the elite rulers, exist.