

The Hidden Side of Psychiatry

Part I of a 2-Part Series

by Gary Null, PhD

Gary Null, PhD, award winning investigative reporter, has authored 50 books on health and nutrition, as well as numerous articles published in leading magazines. Dr. Null holds a PhD in human nutrition and public health science from the Union Graduate School. Former publisher of *Natural Living Newsletter*, the current *Gary Null's Natural Living Journal* reports on healthy alternatives in today's medicine, nutrition and lifestyle choices, ten times a year, and is available by calling 516-547-7177. Null hosts a nationally syndicated radio show, *Natural Living*, from New York City. Call 212-799-1246 for a radio listing in your area.

Mental illness is at an all-time high, with 40 million Americans affected, according to reports emanating from organized psychiatry. But just how accurate is this account? As you will see, people seeking help from the mental health industry are often misdiagnosed, wrongfully treated, and abused. Others are deceptively lured to psychiatric facilities, or even kidnapped. No matter how they arrive, though, once they are there, inmates lose all freedoms and are forced to undergo dangerous but sanctioned procedures, such as electroconvulsive therapy and treatment with powerful drugs, that can leave them emotionally, mentally, and physically marked for life. Some psychiatric patients are physically and sexually abused. Millions more are told that they need harmful medications, such as Prozac and Ritalin, but are not told of the seriously damaging side effects of these.

Add to all this a mammoth insurance fraud – which we all pay for – and what we have, in sum, is the dark side of psychiatry. Millions of individuals are being grievously harmed by the mental health profession, and it's time that we as a society faced this.

Fraudulent Practices in Mental Health

Fraud in the mental health industry goes beyond being a problem; it's more like an all-pervasive condition. By way of introductory illustration, let's look at the recent legal problems of a company that owned several chains of psychiatric hospitals, National Medical Enterprises (NME). As author Joe Sharkey reported in his book *Bedlam*^{1,2} in 1993 the FBI completed its investigation of fraud in NME's psychiatric hospitals and raided several NME facilities, in Texas, Colorado, Indiana, Arizona, Missouri, California, Wisconsin, and Minnesota. Sharkey described the extent of the morass into which this enterprise had sunk:

"An estimated 130 lawsuits were filed against NME's psychiatric hospitals by patients. Between 1992 and early 1993, three major suits were filed by insurance companies against NME for insurance fraud. These suits identified more than \$1 billion in claims paid to NME's psychiatric hospitals. One month after the FBI raids, NME agreed to pay \$125 million to settle two of the large insurance company lawsuits. Soon after, they settled the third suit – bringing the total costs in legal fees and settlements to about \$315 million...."

"In April 1994, NME paid almost \$375 million in fines to the US Department of Justice for violations of Federal law. NME had announced that it would completely divest itself of its psychiatric hospitals and reserved \$237 million to cover the write-offs for selling them. All told, NME's settlements and fines have totaled \$927 million."

Insurance Scams

The wrongdoings of NME are not the exception; indeed, insurance fraud seems to be the bread and butter of the mental health industry. Scams occur whenever a psychiatrist or a psychiatric institution bills Medicare, Medicaid, or private insurance companies for work they didn't do, for unnecessary or bogus treatments, or for patients confined against their will. Here are a few examples.

Patient Brokering

Consider this story, carried by the *Los Angeles Times* in 1994³:

"Michael quickly realized that A Place For Us wasn't a place for him. Overweight and suffering from stress, the New Yorker had flown cross country to attend what was advertised as a weight loss clinic in southern California. The airfare was free and the treatment, he was told, was fully covered by his Blue Cross plan. But when Michael reached Los Angeles, he was shocked to see himself booked into a psychiatric hospital in a rundown section

of [town] where he was diagnosed as suffering from psychotic depression and bulimia, conditions he denies ever having. Then he was told he couldn't leave. Michael is one of many stories emerging from federal and state lawsuits in Los Angeles in which insurers accuse A Place For Us of enlisting doctors and hospital staff to falsify diagnosis and medical records in order to obtain payment for treatment that, whatever its value to patients, was not covered by their health plans."

Michael's story is not an isolated incident. Overweight people are frequent targets of insurance scams. Patient brokers fraudulently advertise 1-800 numbers on television, and people call in thinking that they are talking to health spa representatives. In actuality, they are speaking to sales agents of psychiatric facilities whose only motive is to determine whether or not potential clients have insurance, since the size of their commission depends upon how many patients they can get into the hospital and how long they can keep them there.

It's hard to believe that this is going on in America, but the reality is that, as a result of gross deception by sales agents, people are frequently unaware of the fact that they are about to enter psychiatric institutions. If an unsuspecting party has coverage, the person is flown free to a facility, usually located in Florida or California. A limo awaits at the airport, and the place seems very accommodating until the person actually arrives at the facility and is locked up against his or her will. Once the person realizes what is going on, it's too late. People who become upset and attempt to leave can be threatened or diagnosed as combative.

Civil litigation attorney Randy Lakel works pro bono to represent patients who were voluntarily committed to psychiatric facilities by deceptive patient brokers. He describes a case involving two men from eastern Pennsylvania who were approached by people in the crowd at an Overeaters Anonymous meeting and taken aside.⁴ The brokers suggested to them that maybe they needed a little extra help, which could be offered by professionals at overeaters' clinics. The men were lured to the institution under false pretenses and then locked up.

Lakel believes that the problem has reached huge proportions: "...There are federal grand juries investigating this. I've also spoken to general counsel from very large insurance companies that have called me up to inquire whether their insurance company was involved in any of my investigations.... The general impression I got from the mention of a grand jury investigation and the general counsel from a large insurance company was that it was not an isolated incident that I was dealing with."

The broken world of patient brokering encompasses more than fat farm fraud; it affects people who might need help with all types of problems. A nine-month investigation of deceptive brokering practices conducted by Florida's *St. Petersburg Times* was enlightening—and upsetting.⁵ It was found that patient brokers sometimes share their finder's fees with school counselors who help provide likely young candidates for the brokers' institutions, or with public health workers, union representatives, or police and probation officers who steer prospective patients their way. Finder's fees can be as high as \$3000 per patient. Another investigation finding was that patients are sometimes given false diagnoses, for insurance purposes. This is not surprising. The trouble is (on a personal level, and letting alone the issue of massive fraud!) these false diagnoses of mental illness can return to haunt patients throughout their lives. Indeed, according to Randy Lakel, the worst part of the problem is having a psychiatric record for life:

"Once people are committed, it goes on their insurance record. These people...are appalled that they now have a psychiatric record for the rest of their lives. It can interfere with any kind of employment opportunity. One of the people I talked to was a professional in the medical field. In her application, she was afraid that they were going to ask her if she ever had psychiatric commitment. How do you get that off the record? That, from a legal point of view, is clearly a damage."⁴

A disturbing aspect of patient brokers and referral services is that they are largely unregulated. As the *St. Petersburg Times* reported,⁵ in Florida and other states, referral personnel do not need licenses or special training before they can deal with the sick and the troubled. So people with criminal records are among the brokers, many of whom will do whatever it takes to get one more body into a treatment center.

Says Paul McDevitt, a licensed Massachusetts mental health counselor⁵: "These people have no ethics at all.

They're morally bankrupt. They're like the grave robbers in old England who provided cadavers for the medical schools. The grave robbers of today are taking the bodies of those so confused as to be dead and shipping them out to treatment centers where they never get well. And the doctors who are the pillars of society are still reaping the benefits and still never asking where the bodies come from."

Bogus and Nonexistent Treatments

Psychiatric facilities consistently charge consumers for nontherapeutic treatments or services not performed. Adolescent facilities are common perpetrators of this abuse. One Texas hospital, for example, billed insurance companies \$40 a day for relaxation therapy. This treatment, which simply consisted of turning on Muzac while teenagers were getting undressed, was actually far more exorbitant when you consider that each patient's insurance company was billed that price for one person turning on the Muzac one time.

Bruce Wiseman is president of the Citizens Commission on Human Rights, an organization that champions mental health consumer protection.⁶ He can provide a plethora of examples of how psychiatrists rip off the system. Wiseman tells of a Texas psychiatrist who was known for his hundred-dollar handshake. All he would do was walk by the beds of various patients, shake hands with them, and then bill each person's insurance company a hundred dollars. Another investigation discovered that charges for nutritional counseling were to cover the person going to lunch. Insurance companies are also charged for individual therapy when a group of people are placed in a room together and told to scream at each other for a couple of hours. "These would be a little bit funny if they weren't so devastating in terms of what they do to insurance premiums and our taxes."⁷

Wiseman states that psychiatrists collect \$600,000 to 900,000 a year on bogus or nonexistent treatments. "We have plenty of cases where they just bill the insurance company or the government for treatment that was never given. They don't even see the patient and they send the bills in."⁷

Abusive Treatments

The scenario worsens when you consider that economic exploitation is often coupled with physical abuse. Wiseman tells how an adolescent facility in Reno tormented a 15 year-old boy and then billed his parents' insurance company \$400,000:

"They would drug this kid with Haldol, a so-called antipsychotic drug, until he was in a stupor, and then tie him in four-point restraints. They would tie his hands and feet to the bed, and then tickle him until he was hysterical. For that "treatment" this child's parents' insurance company was billed \$400,000, and the insurance company paid it! If anyone else does to a child what the psychiatrist does, it is called child abuse. But here the insurance company pays almost half a million dollars for it. This is the kind of treatment and insurance fraud that exists."⁸

This is not an isolated incident, Wiseman explains, but typical of what goes on: "In the Reno facility, children are subject to frequent take-downs. If a kid 'smarts off' or jumps the guards, he or she is physically abused. One patient in a Texas hospital had her legs strapped to a chair for four hours because she was moving her legs. They called it purposeful exercise, which she was not supposed to do. Kids are made to stand and look at a wall for 16 hours a day for months on end. There is also sexual abuse regularly going on in these hospitals."⁸

Nickie Saizon, who regrettably placed her son in a psychiatric facility, says that routine punishments were called treatment. Her insurance company was billed exorbitant amounts for these procedures:

"If they punished them with a time out, they had to sit in a chair in the hallway all day without moving. They charged \$37.50 for that. When the kids would get mad and angry, they would have a nurse and counselors surround the kids and tell them, 'Get mad, get it out, have your fit.' They would keep on until they got mad and really started having a big fit. Then they put them down on the floor, held them there, and cut their shirt off. For that they charged \$45. Then they put them in a room which they call a think tank. The room is bare and empty. There is no carpet, no chairs, nothing. They have to go in there and think over how they should have handled the problem.... They charged \$87.50 for this room. Every time you turned around there were hidden costs."⁹

Wiseman believes that people would be outraged to learn what really goes on in these institutions: "The general public isn't aware of it, but one would be hard pressed to walk into any psychiatric hospital and not weep at the 'treatment' that occurs in these places."⁸

Psychiatry

Your Taxes Pay for This

In the final analysis, fraudulent insurance practices hurt taxpayers since the maintenance of moderate insurance rates becomes virtually impossible. Consider these figures. The American public is swindled out of \$42 billion a year. That's \$3 billion a month, \$800 million a week, \$116 million a day, \$4 million an hour, \$80,000 a minute, and \$1300 a second.

The federal government and the insurance industry are finally waking up to the problem and starting to fight back. In 1993, seven of the largest insurance companies sued one of the largest psychiatric hospital chains, National Medical Enterprises, for \$750 million. In addition, every attorney general now has an assistant attorney general to oversee health care fraud prosecutions. As a result, some progress has been made. Wiseman states:

"Psychiatrists make up 8% of doctors, but 18% of those health care practitioners that have been kicked out of the Medicare system for fraud. Last year, \$411 million was paid to the government in fines and penalties for health care fraud and 90% of that was paid by psychiatrists or psychiatric institutions."

Although this is a start, it is Wiseman's belief that to truly resolve the problem the public must become more informed about what's going on, and insist on putting an end to the corruption.

Psychiatric Research

Each year, hundreds of millions of tax dollars are wasted on pointless research conducted by the National Institutes of Mental Health (NIMH). For instance, these are examples of the types of studies they are funding under the guise of learning more about sexual behavior: a four-year study of horses masturbating, an eight-year study of castrated quail, a four-year study on the nasal cavities of hamsters during intercourse, a two-year study on the sexual preference and behavior of prairie moles, an 11-year study in which female pigeon genitals were stimulated to measure how hormones affect sexual behavior, a 9-year study of maternal licking of the genital region of male versus female ferret babies, a 9-year study on the sexual behavior of lizards, a 23-year study of sexual odors and social factors that affect male Asian monkeys, and a 23-year study on the sexual behavior of male rats as a biological basis for human behavior.

To study the effects of drugs, a 13-year study was undertaken in which rats were given hallucinogens, such as LSD, to see how they react when startled; and a 31-year study looked at how rhesus monkeys respond to torture while on mind altering drugs.

The NIMH also carried out a 32-year study on the chemical reactions in the jaw muscles of pigeons to better understand eating disorders in humans.

"This is what the NIMH is doing with our tax dollars," says Bruce Wiseman. "We think it's a travesty, and we think that organization should be eliminated."

Wiseman goes on to describe an NIMH study on sexual offenders that placed a Florida community at risk: "A few years ago, [NIMH] spent over a million dollars on a program down in Florida where they took 100 known child molesters, showed these guys pornographic material, and then turned them loose on the community to see how they would behave. Then, when these child molesters came back and reported their behaviors to these so-called researchers, they were immune from passing that information along to the authorities."

If the NIMH were studying how to alleviate mental illness, it would be different. Unfortunately, these studies provide nothing useful to the alleviation of mental suffering. According to Wiseman:

"Billions and billions and billions of dollars are poured into the psychiatric industry. If they could have cured anything, they would have done so over the last few decades.... [Psychiatrists] don't actually know what bothers people. Their answer to virtually everything is to drug it. They have convinced governments that they need billions in appropriations. We wonder why we can't balance our budget when studies [such as the above] cost the taxpayers millions and millions of dollars. I don't think there are many Americans who realize that their tax dollars are being spent on studying the nasal cavities of hamsters during intercourse. On the one hand, it's ludicrous. On the other hand, it is destructive and wasteful."

Inhumane Treatment

Involuntary Commitment

Each year, approximately one and a half million people are taken to psychiatric institutions against their will. That averages out to one person every 75 seconds. Often, there is no reasonable justification for committing a person. According to Bruce Wiseman, psychiatrists commonly make off-the-cuff diagnoses, having no real basis in medical

fact, that result in people getting thrown into psychiatric facilities. This is not only possible, but easy to do, as it is sanctioned by state laws. Psychiatrists are given the police power to lock people up against their will. Sometimes, Wiseman states, people are put away for some of the most ridiculous reasons imaginable:

"A man who was picked up was pronounced schizophrenic by a psychiatrist and taken to a hospital, stripped and shocked. Subsequently, they found out that the man was simply speaking Hungarian.... That kind of thing goes on, on a very regular basis.

"Legislation has come out of Texas in the last year or so after the 'kidnapping' of a guy named Kyle Williams whose estranged wife apparently talked to a psychiatrist, and probably didn't have kind things to say about him. As a result, the psychiatrist ordered the guy picked up – a totally normal fellow – and he was thrown into a hospital."

Laws vary, but individuals are usually locked up for at least three days. During that time, they have no constitutional rights, and no access to an attorney or due process of law. Treatment usually consists of drugs, and sometimes electroconvulsive therapy. After three days, they are then brought before a judge to determine whether or not they're sane. At this point, chances for release are slim since people are generally not in very good shape after all that has been done to them. Chances for release are far slimmer if the person's insurance pays for treatment. Wiseman reports:

"We get hundreds and hundreds of reports like this: A young mother took her child into a psychiatric hospital for an evaluation and the hospital insisted that the child stay. The mother decided to stay with the child just to comfort her. Then the mother wanted to leave; the hospital wouldn't let her. When she demanded to leave they placed her in a straitjacket and drugged her.

"A fellow was checked into a psychiatric hospital for back pain. Some doctor referred him, thinking that maybe it was psychosomatic. He was thrown into classes on sex abuse and chemical dependency, which had nothing to do with his problem whatsoever. He demanded to go home and they refused to let him. When he got angry, they diagnosed him as suicidal and involuntarily committed him. Of course, they bill the insurance companies tremendous amounts of dollars."

Concerning insurance companies' bills, while it's true that companies are bilked out of tremendous amounts of money to pay for people in mental hospitals who shouldn't be there, we

should not feel entirely sorry for the insurance industry. According to Dr. Duard Bok, a former employee of Psychiatric Hospitals of America, "the insurance companies pay out on one side, but get it back on the other side. They are double-dipping, because they can disregard their billings from patients because they get it back as shareholders."¹⁰

Electroconvulsive Therapy

Actually, it's electric shock treatment. But as the Citizens Commission of Human Rights points out, the people who profit from it like to call it electroconvulsive therapy (ECT), because this sounds a little better. Regardless of the label you give it, what this treatment amounts to is the destruction of brain cells by electricity. In other words, it's physician-induced brain damage.

In ECT, 180 to 460 volts of electricity are fired through the brain, for a tenth of a second to six seconds, either from temple to temple (bilateral ECT) or from the front to the back of one side of the head (unilateral ECT). The result is a severe convulsion, or seizure, of long duration – i.e., a grand mal convulsion, as in an epileptic fit. The usual course of treatment involves 10 to 12 shocks over a period of weeks.

This extreme treatment is given for severe depression, and it does work in the short term. That's because a facet of the brain damage caused is memory loss, and so patients forget what they were depressed about. Unfortunately, the memory loss is often permanent. Also, permanent learning disability can be another effect of ECT, with disastrous career, not to mention emotional, ramifications. The bottom line: When the patient's underlying problems return, she or he is even less able to deal with them than before the treatment, because of the brain injury that has been sustained. It should be noted that women are twice as likely as men to receive ECT.

The continued use of this medieval-seeming therapy would perhaps be understandable if it had been shown to be effective. But as explained in a recent article in *The Journal of Mind and Behavior*,¹¹ "Follow-up studies about the effects of ECT in which recipients themselves evaluate the procedure are both rare and embarrassing to the ECT industry. The outcomes of these studies directly contradict propaganda regarding permanent memory loss put forth by the four manufacturers of ECT devices in the United States (Somatics, MECTA, Elcot, and Medcraft), upon whom physicians and the public rely for information, much

as the public relies upon pharmaceutical companies for information on drugs."

Former ECT recipient Diana Loper, of the World Association of Electric Shock Survivors,¹² stresses that the only way ECT stops depression is that "it wipes your memory out so you don't know what you were depressed about." Then, Loper says, after two weeks of a "brain-damage high," people want to kill themselves when they have never before been suicidal. Loper is passionate in her work to totally ban the procedure, which she says only causes brain damage and sometimes death:

"ECT is non-FDA approved. The machines were grandfathered to a certain extent but they were put in category 3, the most hazardous category that there is.... They're coming in with new machines now saying that they're new and improved, but there's nothing new and improved about this procedure. Why do I want to see this procedure banned? Why does our organization want to see it totally out of the way? Because it's damaging. Psychiatrists...are not only damaging people's brains, they are killing people.... The APA task force states that 1 in 10,000 people die of ECT.

"Our organization will stop this procedure. This is a promise I made. I kept a diary when I was being shocked. And I read my diary and I read it every day. And the last thing I said to my doctor is, 'Some day you'll never do this to anyone again....' We passed a law in Texas, last session. We have the strongest informed consent bill in the nation."¹³

What makes ECT so damaging? Bruce Wiseman emphasizes that the procedure always creates grand mal seizures: "Electroshock treatments send several hundred volts of electricity through the brain. The brain then becomes starved for oxygen and pulls more blood into the brain. This causes blood vessels to break, damage to the brain, and eventual brain shrinkage. As a result of the lack of oxygen and the destruction of the nerves in the brain, the person has a seizure.

"This treatment is nothing but barbaric. If anyone else did it, they would be locked up as a terrorist. Yet 100,000 people a year in America get electroshocked, generating \$3 billion to the psychiatric industry. That faction of the health care industry doesn't help. They're an enemy of the people and they're destructive."¹⁴

Internationally known psychiatrist and author Dr. Peter Breggin adds that the treatment is so off base that doctors fabricate reasons to support it: "Psychiatrists end up distorting a great deal and forcing people into a model that's incorrect," Breggin explains. "Some of my

colleagues claim that some undefined biochemical imbalance causes a problem like anxiety or depression, when we've never found a biochemical imbalance. Then, having suggested that maybe there is such a thing as a disturbance in the brain that's hurting a person, my colleagues go and do terrible things to the brain, such as shock treatments for the depressed person."

Breggin believes that this makes as much sense as deliberately putting patients in an automobile accident. "It traumatizes the brain horribly. Each person who gets shock treatment goes into a state called delirium or an acute organic brain syndrome. As a result, they're confused, they don't know which end is up, they may forget where they are and how to get around the hospital ward. They have an electrically induced closed head injury, with all the things you find in other closed head injuries. People are often permanently changed. They don't recover their memories and they don't recover other mental functions."¹⁴

Diana Loper discusses a major motivation behind the popularity of ECT – profit: "ECT is the psychiatrist's most lucrative treatment, averaging between \$800 and \$1000 per individual treatment. A single series averages between 12 and 15 treatments, costing between \$10,000 and \$15,000. This isn't even including hospitalization. ECT is administered in private, for-profit psychiatric hospitals. In all states, insurance is what pays for this 'treatment.'"¹⁵

Deep Sleep Therapy

Deep sleep therapy, a procedure that has been used in the United States and throughout the world, consists of placing people in a comatose state via barbiturates, hypnotics, and sedatives for two to three weeks, and shocking their brains on a daily or twice-daily basis. Jan Eastgate, the international president of the Citizens Commission on Human Rights, reports on its damaging effects: "Patients suffered brain damage, pleurisy, double pneumonia, blood clots, and at least 48 people died. It was used in mind control experiments during the 1960s up in Canada as well. And yet it was passed off as a therapy."¹⁶

Deep sleep therapy has been combined with psychosurgery for the treatment of asthma, Eastgate reports: "Women who had asthma attacks were given deep sleep therapy. One woman who had an asthma attack was also given psychosurgery.

Psychiatry

► Sixteen years later she was washing her scalp and cut her finger. She was rushed to the hospital and they said, did you know that you had metal plates sticking out of your head? She didn't realize that when they did the psychosurgery they had actually left metal plates with a serrated edge inside her head. They had to be removed."¹⁶

Eastgate says that the treatment has been banned in certain countries, such as Australia, but that international cooperation between psychiatrists allows patients to be transported from nations where the procedure is prohibited to places where it is used. For example, Eastgate says that some Australian patients were sent to a Santa Monica psychiatrist. "So you have, internationally, some pretty horrific abuses."¹⁶ The Citizens Commission on Human Rights is currently carrying out an international investigation into the matter.

Sexual Abuse

"Whatever houses I may visit, I will come for the benefit of the sick, remaining free of all intentional injustice, of all mischief and in particular of sexual relations with female and male persons, be they free or slaves."

These words are part of the Hippocratic Oath, sworn to by all physicians. You'd never know it, though, considering the results of a 1987 survey of over 1400 psychiatrists,¹⁷ described in the *Journal of the American Medical Association*. The survey found that 65 % of the psychiatrists reported treating patients who had been sexually involved with previous therapists, and 87% of the psychiatrists surveyed believed that the previous involvement had been harmful to the patients. An interesting finding was that only 8% of the psychiatrists polled reported their colleagues' behavior to a professional organization or legal authority. This finding does not speak well for the concept of professionals policing their own ranks. One factor here might be that they all have a vested interest in keeping malpractice insurance premiums down.

Sydney Smith, in a report on "The Seduction of the Female Patient,"¹⁸ reports that nearly half of the patients that are sexually abused by psychiatrists have previously been the victims of sexual abuse of one type or another. Confusion arising from these earlier experiences can make patients easier to victimize – and less willing to come forward with

complaints when they are victimized. Plus if they do come forward, they may seem less credible in their complaints; perhaps it was all a result of garbled memories.

Sometimes patient confusion is induced by psychiatrist-administered drugs. Consider the case of Barbara Noel, who, in the book *You Must Be Dreaming*,¹⁹ details her years of sexual abuse by a renowned psychiatrist. Indeed, Dr. Jules Masserman was known worldwide as a leader in the psychiatric field.

The Citizens Commission on Human Rights summarized Noel's story:²⁰ "A past president of the American Psychiatric Association (APA) and honorary president for life of the World Association for Social Psychiatry, Masserman was a powerful man who abused that power often.

"Barbara Noel, who worshipped him and considered herself lucky to have him as her psychiatrist, realized how deep the deception ran when she awoke during a frequent drug-induced sleep administered by Masserman to find him panting loudly as he sexually assaulted her.

"Although this was just a step above necrophilia, Masserman convinced Noel that she could get in touch with her 'real feelings' by taking sodium amytal (a barbiturate), which ironically had been used in mind control experiments and was found to block memory rather than, as Masserman claimed, enhance it.

"Noel became enraged when she finally realized how she had been abused for years by a supposedly 'respected' professional. However, with Masserman claiming Noel was 'sick' and lying, it took seven long years, court victories by her and two other women who went public after hearing of Noel's case, and even more women breaking their silence, before the APA upheld the Illinois Psychiatric Society's decision to suspend Masserman for only five years. And even that suspension was for inappropriate use of drugs, not rape.

"Scandalously, Masserman remained as a member of the APA's Board of Trustees."

Comments the CCHR: "It is hard to imagine a teacher who molests a young student would ever be allowed to teach again, but apparently a different set of standards exist for psychiatrists."²⁰

In psychiatric facilities, patients are commonly sexually exploited as they are made to barter sex for freedom. Joanne Togliola, whose story is further told in a later section, says, of her abuse by a mental health counselor in a private hospital: "Finally, the bottom line came down to, if I slept with him, I'd get out. If I didn't, I'd go to the state mental hospital.

And at the time, I had four children – 2, 3, 4 and 6. I was desperate to see them, so after three weeks of being locked up, I finally slept with him."²²

Reports of sexual abuse are less frequent in outpatient settings, where psychiatrists, psychologists, and counselors generally act in supportive and professional ways. But in too many instances they do betray their patients' trust, as the Masserman saga illustrates. Attorney Steve Silver, who represents clients that were sexually abused by their therapists, gives one account of how unethical behavior on the part of a therapist can devastate patients' lives:

"I prosecuted a case against a female alcohol counselor who was roughly ten years older than her male patient, a married man with a couple of kids. The alcohol counselor ended up doing 'psychotherapy' on this gentleman, his wife, and on their two children. Ultimately, she seduced the man while telling his wife that because of her background of psychological problems she should withhold sexual relations from her husband.

"My client, who was the husband and father in this situation, left his family and married the alcohol counselor. This is a perfect example of even a low-level therapist, such as an alcohol counselor, being able to manipulate an entire family to ultimately serve her own romantic and sexual needs. Of course, it was incredibly destructive to all four members of the family, particularly the children."²²

The problem is compounded by the fact that grievances against psychiatrists have little effect, leaving them free to prey on numerous other patients. Even if they are punished in one state, psychiatrists can easily set up shop in another. Silver says psychiatric boards are understaffed and in need of increased government regulation and money. "If these types of abuses are to be stopped, there needs to be a public investigation and sufficient resources to prosecute these bad shrinks and stop them from practicing."²² Psychology and social work boards are better about investigating sexual abuse, according to Silver, and their investigations can lead to the offending therapist losing his or her license to practice.

Exploitation of Minorities

Psychiatry is built on a foundation of prejudice against minorities, particularly African Americans. In the 1700s, for instance, none less than the father of American psychiatry, Benjamin Rush, asserted that African Americans were black because they had a disease called Negritude, and that we should not

tyrannize over them, but rather find a cure for this disease. In the 1840s a new so-called mental illness was "discovered" – "Drapetomania"; it was what caused slaves to run away! In 1887, G. Stanley Hall, founder of the *American Journal of Psychology* and first president of the American Psychological Association, put forth the idea that Africans, Indians, and Chinese were members of "adolescent races" in a stage of "incomplete growth."²³ Thus, these people's lack of equality was justified, because they were not fully adult. From these historical roots of racism, according to the CCHR's Jan Eastgate, all minority groups have become marked for psychiatric abuse:

"You have had a targeting of the African American community, the American Indians, Hispanic groups, as having a lower IQ than so-called whites. Based on this 'scientific' justification, psychiatrists have sterilized African Americans. By 1929, up to 6000 Californians were sterilized, and they were largely African Americans. If you look at the statistics now, psychiatrists involuntarily commit African Americans three to five times as often as they do whites. The diagnosis of African American men as having schizophrenia, by public and private institutions, is 15 times as high as whites. African American adolescents between the ages of 13 and 17 are far more likely to be coerced into going to community mental health centers where they are placed on mind-altering drugs, major tranquilizers. And they are given higher dosages even than white people. So there's a concerted effort by psychiatry to target minority groups in this country by diagnosing them with spurious labels and then giving them mind-altering drugs and electric shock."¹⁶

Abuse of Senior Citizens

After being placed in nursing homes, older people are routinely forced into taking psychotropic medications as a way of keeping them sedated. Eastgate comments on this and other lamentable treatments: "I think it's a sad indictment of society when people [who have put so many years and so much effort] into working, some of them fighting for this country, end up in a nursing home, are drugged out of their heads, electric shocked, and have to live out their final days in such misery."¹⁶

Actually, an alarming trend today is that many elderly people are being taken out of nursing homes – and put into private mental hospitals. But it is not their family members who are doing this. Indeed, family members are often not consulted. The initiators of these transfers are social workers and other

employees of private psychiatric hospitals, who, amazingly, have the legal power to transfer people to the institutions with which they're affiliated, based solely on these employees' say-so. A powerful motive exists for these forced visits to mental institutions – Medicare money. The government will pay the many hundreds of dollars a day that it costs for a person to stay in one of these private hospitals, while the nursing home from which the person was snatched can continue to collect charges for his empty bed during his absence. The situation has grown so widespread and horrendous that it was documented on a 20/20 TV news magazine segment recently.²⁴

As documented by 20/20's hidden camera, for-profit psychiatric institutions are not doing much to improve their inmates' mental health. Rather, they're mainly holding pens for people while their insurance money is procured. An example shown of these hospitals' modus operandi: doctors billing for psychotherapy for Alzheimer's patients who clearly could not participate in a psychotherapy session. But note that not all of the senior citizens captured by these institutions have Alzheimer's – or any mental problem, for that matter. As shown by 20/20, some are mentally and emotionally fine. Their only problem is that they're old, and seemingly easy marks for being, basically, kidnapped.

A factor in this problem is the growth of the for-profit hospital industry, which only makes profits when its beds are filled, and which finds the elderly to be the most easily procurable bed-fillers. Author Joe Sharkey describes the upsurge in for-profit institutions²⁵:

"The private for-profit psychiatric hospital industry has its roots in the mid-1960s with the creation of Medicare and Medicaid programs. These programs created the climate in which a huge corporate hospital industry could thrive. The rapid rise in health-care spending over the last 30 years has paralleled the expansion of both private health insurance coverage and federal insurance programs like Medicare and Medicaid. Federal spending for health care via Medicare and Medicaid programs has risen from 51% of the total health care spending in 1960 to more than 80% in 1983. The for-profit hospital became an investor-driven enterprise, and profits drove the expansion of the industry. By 1990, nearly half of all U.S. community hospitals were owned by a multiunit organization, including the large national chains. One out of every four US hospitals was owned by a national corporate chain."

The extent of the fraud perpetrated by mental hospital chains is staggering. Explains *The New York Times*: "In the past, estimates have put fraud and abuse at about 10% of the nation's health care costs, between \$60 billion and \$80 billion. But law enforcement officials and fraud specialists like Edward J. Kurtansky, New York State Deputy Attorney General, say that accumulating evidence, particularly the new findings at the for-profit psychiatric hospitals, indicates that because so much abuse goes undetected or unreported that the percentage is probably much higher."²⁶ Unfortunately, it is the elderly who are frequently the victims in private-hospital fraud.

By the way, anyone who doubts that the for-profit hospitals take the for-profit part of their identity very seriously should consider that their internal handbooks set admissions goals. According to a manual obtained by the *Fort Worth Star Telegram*, Psychiatric Institutes of America (which was a part of the infamous National Medical Enterprises) set a greater than 50% admission goal for people requesting free evaluations at their numerous hospitals. The manual also states that the goal of reasonable hospitalizations jumps to 70% for those facilities that didn't advertise, apparently because they would attract more serious cases.²⁷

Prozac: A Second Opinion

Prozac is one of the most heavily prescribed psychiatric drugs in use today, but there are good reasons to challenge its popularity. While this medication is primarily prescribed as an antidepressant, it is itself associated with depression, and other severe side effects, such as nervous system damage. What's more, its use has been implicated in suicides and homicides. To understand why this drug was approved in the first place and how the public became brainwashed into embracing it, we must first investigate cover-ups during the testing phase and then look at the powerful interest groups behind its promotion.

Worthless Clinical Trials

Dr. Peter Breggin, author of *Talking Back to Prozac: What Doctors Aren't Telling You About Today's Most Controversial Drug*, believes strongly that Prozac should never have been approved. He backs up his assertion with a multiplicity of reasons.





First, studies were performed by the manufacturer's own handpicked doctors who chose to ignore evidence of Prozac's stimulant properties. Patients becoming agitated were administered sedatives, such as Klonopin, Ativan, Xanax, and Valium. This fact in itself, Breggin says, invalidates the studies, because whatever effect the patients were experiencing was not provided by Prozac alone. "Basically," Breggin argues, "the FDA should have said, 'We're approving Prozac in combination with addictive sedatives.'"¹⁴

Second, researchers lied about the number of people tested. Eli Lilly, the manufacturer, claims that thousands of people received Prozac in controlled clinical trials during its testing phase. In actuality, the numbers were far lower, since those who failed to complete the studies due to negative side effects were never accounted for. FDA material, derived via the Freedom of Information Act, shows that up to 50% of the test patients dropped out of the studies because of serious side effects. In his book,²⁸ Dr. Breggin reports that, in the final analysis, only 286 people were used as a basis for Prozac's approval. Significantly, Lilly has never challenged this information. "They've had me under oath in court," Breggin says, "and they haven't contested a single word that I've written in the book."¹⁴

Third, tests purposefully excluded the kinds of patients who would later receive Prozac – those who are suicidal, psychotic, and afflicted with other emotional/mental disorders. Even now, Breggin reminds us, Lilly could easily study how many people have attempted or committed suicide since the drug's release:

"One of the easiest things to study is whether your patients are alive or not. It's much easier to study that than whether they've gotten over their depression. That's a hard thing to judge. How do you know somebody's feeling better or not feeling better? It's very complicated. But it's very easy to see if a person made a suicide attempt or if a person committed suicide...Lilly excluded all suicidal patients from its outpatient studies that were used for the approval of the drug. They also excluded patients who were psychotic, who had all kinds of problems for which the drug nonetheless is now given."¹⁴

We are now reaping the consequences of irresponsible approval. Dr. Breggin has testified as a medical expert in an ongoing lawsuit, the case of Joseph Wesbecker, who, while taking Prozac, shot 20 people,

killing eight of them and then himself. The data in that trial indicate that Lilly knew beforehand that patients taking Prozac were having much higher suicide attempt rates than patients taking placebos or other drugs.

The Medical Industrial Complex

Why did Eli Lilly and the FDA use trickery to approve a drug it knew to be ineffective and unsafe? Breggin says this happened because psychiatry is part of the medical industrial complex, which, like any industry, is looking to sell products:

"One way to look at this is to consider the industrialization of suffering. Getting Prozac from a doctor is very similar to getting a Ford or a Toyota from a car dealer. We are at the end point of an industrialized process with a product. Now, psychiatrists are like salesmen in the car showroom. We go to a psychiatrist and he's going to try and sell us a car, only the car in this case is a psychiatric drug, and very frequently it's going to be Prozac.... The FDA is influenced by what the manufacturers do and what the manufacturer tells them."¹⁴

Prozac is not the first pharmaceutical to be questioned after FDA authorization. Hundreds of drugs that initially pass their tests end up having major label changes – i.e., a major new warning has to be made – or wind up being withdrawn. In the field of psychiatry, the rate is especially high. During the time Prozac was approved, about 16 other psychiatric drugs passed inspection, and nine of these have since had major label changes. Breggin says that the FDA reveals the truth of the matter to physicians, but not to the public: "A few months ago," he reports, "I attended a full day's seminar put on by the FDA where they were openly admitting this.... They had a black poster there that said, 'Once a drug is approved, is it safe? No, it's not!' They were making the point that many drugs turn out to be very dangerous after approval."¹⁴

There are a number of reasons why dangerous effects of medications are not known early on. One is that the individual studies performed by the FDA usually have a hundred patients or less. Four thousand patients may be tested as 40 groups of 100. According to Breggin, this means that scientists are less likely to notice a reaction in one patient:

"They may think, Jane got depressed when she took Prozac but she was probably going to get more depressed anyway. In 40 different studies, 40 or more people may be missed. Perhaps a fatal reaction shows up once in 5,000,000. That's a lot of fatalities but it may not

show up at all in a group of 5000. Or it may be missed. Eli Lilly was developing a drug for the treatment of a liver disorder. A couple of people died from this drug but it was missed in the early stages of the study. So, it's very easy for things to get through."¹⁴

In addition, FDA doctors have close affiliations with drug companies. Paul Leiber, who approves psychopharmacological drugs at the FDA, is known to have friendly communication with Lilly. Breggin states, "This guy is a friend to Prozac. One statement I found in the Lilly material even says so. You have some real issues here having to do with the collaborative kind of relationship."¹⁴

There are always doctors who can be easily bought. When violence and suicide were related to Prozac at FDA-held hearings, Breggin reports that "most of the doctors who were making the judgment at the hearing were taking money from drug companies." One consultant, who supported Prozac in court, was getting paid huge sums by Lilly to write a paper on the subject. Another doctor who voted in favor of the drug was paid by Lilly to tour the country and make speeches on its safety and benefits. "Dozens of them are getting paid by Lilly and doing clinical research for them. Nonetheless, they think they can sit fairly in judgment about whether Prozac is harmful or not."¹⁴

Breggin stresses that it all comes back to the fact that organized psychiatry is part of a medical industrial complex. "It is out to push drugs, not ethics," he feels. "It's not science but a myth. They're part of industry. They're no more objective than doctors who work for tobacco companies and say tobacco doesn't cause cancer."¹⁴

Side Effects of Prozac

Overstimulation

Prozac acts like a stimulant, and some of its side effects are thus the same as those of amphetamines. Breggin explains that "the major adverse effects of the amphetamines – like those of Prozac – are exaggerations of the desired effects, specifically stimulation, including insomnia, anxiety, and hyperactivity....As is now commonly done with Prozac, amphetamines were often prescribed along with a sedative to relieve overstimulation."²⁹

Overstimulating the central nervous system can cause a wide range of symptoms, including agitation, anxiety, nervousness, increased headaches, sweating, nightmares, insomnia, weight loss, and loss of appetite. Two common

Sexual Dysfunction

Prozac affects serotonin levels and may therefore cause sexual dysfunction. Men may find themselves unable to ejaculate or get an erection, and women may have difficulty obtaining an orgasm. One study showed this problem to occur in half the people using the medication. Breggin says the percentage may be even higher, noting that many people taking Prozac won't complain about sexual dysfunction because this drug tends to make them less interested in other people. In fact, Breggin terms Prozac an "anti-empathy drug" for this reason. Even those in psychiatry who praise the drug, Breggin points out, admit that it reduces sensitivity. "That, of course, can reduce sexual interest, and diminish whether you care about having a sexual problem."¹⁴

"Again, when Lilly studied this matter for the FDA," reports Breggin, "they found only a small amount of people were having sexual dysfunctions. Then after the drug was approved, they found out that they were wrong and that a very large percentage of people were having this particular problem."¹⁴

Skin Rashes

Several kinds of rashes are associated with Prozac use. At the most serious extreme, rashes that appear reflect serious immunological disorders, such as lupus erythematosus or serum sickness, which is accompanied by fever, chills, and an abnormal white blood cell count. A few deaths have been associated with Prozac-induced skin rashes.

Cancer

Animal studies show that Prozac, as well as a number of other antidepressants, enhance tumor growth.

Biochemical Imbalance

If you don't have a biochemical imbalance before starting Prozac, you certainly will have one once you are on it! Prozac has been shown to have drastic effects on the brain's serotonergic system. Serotonin is a neurotransmitter, or chemical messenger, that normally connects to receptor sites and fires nerves. Prozac prevents serotonin from being removed from the active place where it's working in the brain. It keeps the sparks alive longer, and as a result, a lot of excess firing takes place. The brain doesn't like all the overstimulation and eliminates 30-40% or more of receptors. The brain, in

manifestations of overstimulation are akathisia and agitation, discussed below.

Akathisia – The term akathisia refers to a need to move about. A person feels driven to shuffle his or her feet, or to stand up and walk around. At the same time, there is an inner sense of anxiety or irritability, "like chalk going down a chalkboard, only it's your spine."¹⁴ The feeling can be mild or torturous.

Agitation – Prozac can produce extreme feelings of agitation, often associated with akathisia. Studies have shown 30 to 40% of people on Prozac, even when some of them are taking sedatives, get agitated or get akathisia. Both of these conditions are associated with violence and suicide because they are related to a breakdown of impulse control.

Psychosis

When overstimulation becomes extreme, a patient's nervousness reaches psychotic proportions. People become manic and do outlandish things. They start directing traffic naked, or spending all their money. Extreme overstimulation can ruin lives. People can become paranoid and extremely dangerous to others, as well as bizarrely depressed and compulsively suicidal. This effect was noted in FDA controlled studies that were only four to six weeks long. Out of the 286 people who finished the short-term studies, 1% became psychotic. Actually, the rate may be higher than 1% since these were such short, controlled studies, and the population of people studied was so narrow. As mentioned earlier, the people chosen for the study were carefully screened to exclude those with a history of being manic depressive, schizophrenic, or suicidal. As a result, one can see that the craziness people experienced was strongly associated with the drug.

Depression

Depression is an aftereffect of overstimulation. While researching FDA materials on Prozac, Breggin discovered that Lilly knew Prozac caused depression and that, in fact, the company initially reported it:

"Lilly admitted on paper, in its final statement about the drug's side effects, that it commonly caused patients to get depressed. Then it got scratched out at the FDA, along with a whole bunch of other things. It went from being 'common,' and being scratched out, to not even appearing under 'uncommon.' It just disappeared from the label."¹⁴

In other words, the manufacturer admitted that Prozac causes the very thing it is supposed to cure. Ultimately, this places patients in jeopardy. Breggin explains:

"[People] start taking the drug, and in the beginning they feel better. Maybe, after all, because it's just good to get a drug. They feel like, wow, I'm doing something for myself. Or maybe the drug gives them a burst of energy. Stimulants will do that. They will make people feel energized. Then they get more depressed. They get suicidal feelings. They don't know the drug hasn't been tested on suicidal patients. They don't know that Eli Lilly once listed depression as an effect of the drug. And so they end up thinking they need more Prozac, and their doctor agrees. When that fails to work, they end up eventually getting shock treatment, never knowing that if they hadn't been started on Prozac they might never have gotten so severely depressed."¹⁴

Tardive Dystonia and Tardive Dyskinesia

There have been reports of serious nerve damage with Prozac. Some former users charge that Prozac has essentially wrecked their nervous systems, leaving them with permanent disabilities such as tardive dystonia, a condition in which muscles tense up involuntarily, or tardive dyskinesia, in which there is involuntary movement.

Many psychiatric drugs, such as Haldol and Thorazine, are recognized as causing tardive dyskinesia (TD) in roughly one out of five long-term users, and warnings are contained in the manufacturers' prescribing information cautioning against this permanent brain damage caused by the drugs. But no such warning is provided with Prozac by the manufacturer. The Prozac package insert does note that users of the drug have developed dystonia and dyskinesia, but it contains no suggestion that these conditions could become permanent. Current medical knowledge holds that the permanent damage of TD is not expected to develop until the person has been on the psychiatric drug for a year or more, hence the name "tardive" (meaning "late developing"). With Prozac, however, the condition can develop rapidly and without warning.

Tardive dystonia and dyskinesia are conditions that should not be taken lightly, because they can stigmatize a person for life. The movements and postures associated with these conditions can look bizarre, and may make a person seem quite mentally ill when in fact his or her movements are side effects of medications intended to alleviate mental illness. These symptoms can persist long after the person has come off the drug, and in some cases they never remit at all because parts of the brain that control muscle function have been destroyed by the drug.

Psychiatry

► effect, is saying, I'm not going to have receptors for all this serotonin. It's a compensatory mechanism for the overstimulation. Receptors can be compared to catcher's mitts. The balls being thrown are like serotonin. After awhile the brain just eliminates its catcher's mitts. It says, I'm catching too much serotonin. I'm going to get rid of my catcher's mitts.

Eli Lilly knew about the disappearance of receptors from their laboratory experiments. What they failed to study, however, was whether or not receptors ever come back. The experiment, which would have been simple to perform, could have consisted of stopping the drug, waiting a couple of weeks, sacrificing some of the animals, and then seeing if their brains had come back to normal. The information could also have been indirectly gleaned from performing spinal taps on human beings before and after they had taken Prozac, to see if the breakdown products indicated that the brain returns to normal. Neither of these approaches were ever attempted. Obviously, Lilly is not concerned with this issue.

Dependency

Since Prozac's release, millions of Americans have come to depend on it and to believe that their lives are better because of it. Concerning this reality, Breggin says:

"First of all, I don't think Prozac should have been approved. But now that it's out there it shouldn't be taken away from anybody who thinks that it's helping them. People should be warned, however, about its dangerous effects. If, for example, Joseph Wesbecker committed a mass murder while on Prozac, then we're weighing the potential good of the drug against some real disasters.

"The other issue to look at is why people like to take drugs. The fact that so many people feel helped by this drug doesn't necessarily mean you or I would feel helped.

"Evidence from the FDA trials suggests that this is a very poor drug. Even a *New York Times* article recently said that follow-up studies show Prozac as not very effective.

"But when you give something to people and tell them it's a miracle, they'll believe it.... Also, the drug does have stimulant effects. And while we no longer believe that stimulants should be given for depression, certainly people can feel like it's helping them."¹⁴

Overcoming Depression Without Drugs

At the core of the problem are psychiatric theories that limit the range of acceptable human behavior. So emotional upsets are considered diseases. When a child is anxious or can't concentrate in school, it is called a disease. If someone is sad or depressed, it's called a disease. Breggin says that counter to current dogma, there are real reasons for emotional pain, and ways of becoming healthy that do not involve drugs:

"I think that depression comes from many many different sources. I think anybody who is depressed should have a medical evaluation. There are tests for whether your blood sugar is functioning normally, whether you have diabetes, whether you have hypothyroid disease, whether you have Cushing's disease, whether your nutrition is poor, and whether you need to improve your nutrition. So, general health matters.

"While there are some diseases, on occasion, that can make a person anxious, afraid, or depressed, it's far, far more likely that the sources of human suffering at any given moment come from something other than a psychiatric disease.... Most people become depressed because of their life experiences. Life is very difficult. Life is full of tragedy. From childhood on, people are exposed to a great many stresses. Women, in particular, become depressed more often than men and have good reason. It's harder for them to get many of their desires fulfilled. It's often harder for them to make a relationship feel satisfying. It's harder for them to have the same achievements in the career arena. Almost anyone I talk with about being depressed has a reason somewhere along the line for why their view of life is filled with hopelessness."

Breggin feels that coming out of a depression involves understanding what has gone into your life that has led up to your being depressed and what ideas you have about life that aren't helping you to live better, as well as learning new principles that are more positive and creative. "What I try to provide," he says, "and what I think every good therapist tries to provide, is a warm, supportive, encouraging relationship to help a person rebuild hope and confidence in themselves, to rebuild an idea about how to live life."

Breggin believes that a holistic approach to treating depression allows a patient the opportunity to look at his or her life, and to choose to live in a new and far better way. Depression, in that light, is viewed as a signal that something is wrong, something is not understood, or

some values are not being fulfilled. While drugs can jerk people out of their depression, they fail to help them deal with life. Unfortunately, Breggin says, drugs are out there and millions are taking them. "Now, they are a basic part of American life and it is really a matter of following the dollars back to the drug companies and to organized psychiatry."¹⁴

Next Month: Psychiatry in Education - Part 2

Correspondence:

Gary Null, PhD
P.O. Box 918 Planetarium Station
New York, New York 10024 USA
212-799-1246

References

1. Joe Sharkey, *Bedlam*, St. Martin's Press, New York, 1994, pp. 273-4.
2. NME to Settle U.S. Fraud Charges, *New York Daily News*, Apr. 15, 1994.
3. Thomas Mulligan, *Los Angeles Times*, Apr. 10, 1994.
4. Gary Null interview with Randy Lakel, Feb. 17, 1995.
5. C. Marbin and J. Testerman, The Patient Pipeline, *St. Petersburg Times*, Nov. 14, 1993.
6. The Citizens Commission on Human Rights can be reached at 1-800-869-2247. Help is free.
7. Gary Null interview with Bruce Wiseman, Feb. 20, 1995.
8. Gary Null interview with Bruce Wiseman, Nov. 8, 1994.
9. Gary Null interview with Nickie Saizon, Feb. 20, 1995.
10. M. Smith and C. Rugeley, Hospital Abuses Lead Lawmakers to Rethink Controls, *Houston Chronicle*, Oct. 27, 1991.
11. D.G. Cameron, ECT: Sham Statistics, The Myth of Convulsive Therapy, and the Case for Consumer Misinformation, *The Journal of Mind and Behavior*, 15: 1 & 2, Winter/Spring 1994, p. 177.
12. Write to World Association of Electroshock Survivors, P.O. Box 16164, Austin TX 78761 to get involved in banning ECT worldwide and to receive *The Disconnect News*.
13. Gary Null interview with Diana Loper, Feb. 21, 1995.
14. Gary Null interview with Dr. Peter Breggin, Nov. 9, 1994.
15. Gary Null interview with Amy Rankin, Feb. 20, 1995.
16. Gary Null interview with Jan Eastgate, Feb. 21, 1995.
17. Council on Ethical and Judicial Affairs, American Medical Association, Sexual Misconduct in the Practice of Medicine, *Journ. of the American Medical Association*, Nov. 20, 1991, 266:19, pp. 2742-4.
18. Sydney Smith, The Seduction of the Female Patient, in *Sexual Exploitation in Professional Relationships* (G.O. Gabbard, ed.), American Psychiatric Press, Washington, DC, 1989.
19. Barbara Noel with Kathryn Watterson, *You Must Be Dreaming*, Poseidon Press, New York, 1992.
20. Citizens Commission on Human Rights, *Psychiatric Rape* (booklet), Los Angeles, 1995, p. 6.
21. Gary Null interview with Joanne Togliola, Feb. 21, 1995.
22. Gary Null interview with Steve Silver, Feb. 17, 1995.
23. Citizens Commission on Human Rights, *Psychiatry's Betrayal* (booklet), Los Angeles, 1995, p. 5.
24. *20/20*, CBS, Jan. 26, 1996.
25. Joe Sharkey, op. cit., pp. 239-40.
26. Peter Kerr, Mental Hospital Chains Accused of Much Cheating on Insurance, *The New York Times*, Nov. 24, 1991.
27. Psych Chain's Handbook Sought Admission Quotas, *San Antonio Express News*, Dec. 5, 1991.
28. Peter R. Breggin and Ginger Ross Breggin, *Talking Back to Prozac: What Doctors Aren't Telling You About Today's Most Controversial Drug*, St. Martin's Press, New York, 1994, p. 40.
29. *Ibid.*, p. 121.