

Mental Health Professionals Offer Alternative to the Drugging of Children

by Dr. Ernest Schapiro

This author attended a conference of the International Center for the Study of Psychiatry and Psychology (ICSPP) in New York City on Sept. 22-24, and was encouraged to find there a group of mental health experts who see an alternative to the barbaric, reductionist approach which has come to dominate the field. The founder of the group, Dr. Peter Breggin, has been attacking the over-medication of psychiatric patients for almost 30 years. He is a psychiatrist whose advanced training included the teachings of Harry Stack Sullivan, the American psychiatrist who did pioneering work in the treatment of acute schizophrenia, starting around 1917.

Dr. Breggin began his fight against the psychiatric establishment, by attacking the practice of lobotomy, which was making a reappearance in the early 1970s, after having been apparently superseded by the recently developed anti-psychotic drugs. The revival of lobotomy was being encouraged by the Justice Department and the National Institute of Mental Health (NIMH). The latter's interest was connected with the idea that political protesters might be classified as having brain disorders which could be eliminated by lobotomy, for which it received Justice Department funding to conduct studies.

Despite a complete lack of support from medical institutions or organizations, Dr. Breggin was successful in discrediting the use of lobotomy, and the practice has been virtually abandoned.

The NIMH, then as now, was deeply imbued with the idea that behavior has a genetic basis which can be addressed by physical or biochemical methods. Dr. Breggin rejects this approach, and argues that all mental illness can be better treated without medication. While I disagree with this extreme formulation, and believe that there can be a place for medication of adults, *in combination with* competent psychotherapy, I nevertheless find Dr. Breggin's research extremely valuable.

Since his work against the use of lobotomy, he has fought relentlessly against electroconvulsive treatment (ECT), which he describes as a form of closed head injury, and the use of psychotropic drugs in children and in adults. He has written numerous books and articles documenting the destructive impact of these treatments. What he began to publi-

cize in the 1980s is now generally acknowledged: that many adults who take thiorazine and related anti-psychotic drugs for an extended period of time, are apt to develop permanent disfiguring and disabling side-effects, such as uncontrollable abnormal movements. Thus, in a recent legal case described in the ICSPP newsletter, a Philadelphia jury awarded \$6.7 million to a patient who became afflicted with tardive dyskinesia caused by Risperdal, over a 14-month period on the drug for a diagnosis of manic depressive bipolar disorder. She suffered from a form of tardive dyskinesia called tardive dystonia, which caused her to suffer from disfiguring facial grimaces and painful neck spasms. In addition, she suffered from abnormal movements of her tongue, jaw, and mouth, impaired swallowing, occasionally irregular breathing, and abnormalities in her hands and in walking. In this case, Dr. Breggin provided the basic analysis of negligence and malpractice, and consulted with the attorney throughout much of the trial.

The Ritalin Case

Dr. Breggin is also medical consultant in a suit against three defendants—the drug company Novartis, maker of Ritalin; the organization Children and Adults with Attention-Deficit/Hyperactivity Disorder (which goes by the acronym, CHADD), and the American Psychiatric Association—charging them with having committed fraud in conspiring to over-promote the diagnosis ADHD and its treatment with the stimulant drug Ritalin.

In his address to the conference, Dr. Breggin presented a wealth of factual information on the destructive impact of Ritalin on children, and the scientifically unrigorous fashion in which the condition is diagnosed. He also presented an alternative approach to dealing with these children. The drug is being given to millions of American children, predominantly boys. Much of the motivation for administering the drug comes from within the school system, where children called “disruptive” are fingered as suffering from ADHD. The parents are asked to agree to the child being given drugs that control their behavior. In some cases, the parents are relieved of guilt feelings about the child's conduct, because the proposal to give Ritalin is accompanied by claims that the disrupt-

tive behavior represents the effects of a brain disorder, rather than a problem in the child's environment. CHADD is constituted mainly of such parents. However, many other parents are strongly opposed to having their child medicated, and then find themselves being pressured to agree to it, on pain of having the child removed from their custody! This latter situation came to the attention of New Jersey state legislator Marion Crecco, as she explained to the conference, and is the subject of remedial legislation which she has introduced in the New Jersey state legislature (see accompanying article). Let us hope that this legislation and the pending lawsuits against the use of Ritalin help put an end to this violation of basic human rights.

Dr. Breggin discussed the way the effects of Ritalin, which teachers, parents, and researchers see as benefits of the drug, are actually harmful side-effects. Children who are on Ritalin not only become *less* disruptive, but they also become *more* obsessive. They will persist in monotonous, repetitive behavior, whether self-selected or in the form of an assigned task. They lose the spontaneity of childhood. This kind of change has also been noted in experimental animals given Ritalin. Children receiving Ritalin can become depressed. It should be noted that Ritalin is one of a class of drugs, the stimulants, which also includes cocaine and amphetamines. These drugs are addictive and induce changes in mood. All of them are classified by the Drug Enforcement Administration (DEA) as Schedule II narcotics.

In the latest newsletter cited, Dr. Breggin analyzes in detail a recent study of the effects of Ritalin on behavior, sponsored by the NIMH at taxpayers' expense. The researchers concluded that Ritalin is beneficial, based upon observations reported by parents and teachers. Breggin shows that the study was heavily biased in favor of Ritalin, since both parents and teachers were aware of which children were on Ritalin (there was no use of the placebo). Despite this and numerous other biases, which included a prior distribution of pro-Ritalin literature to the parents and teachers, there was no indication that Ritalin improved academic performance.

In his speech, Dr. Breggin ridiculed the way the very definition of ADHD is constructed in the *Diagnostic and Statistical Manual*. This big book gives numerically coded diagnoses for hundreds of conditions. It has become indispensable for the practice of psychiatry, because the numerical code is used by the insurance companies. The diagnosis ADHD basically describes a disruptive child, whose disruptive behavior is categorized with reference to a predominantly school setting. What gives the fraud away, is that the definition cites the absence of such behavior away from school, on weekends and vacations, or when the child is deeply engrossed in a game or other task, or when the child is engaged with an adult. Yet millions of children are being subjugated by this drugging. They may end up being given additional drugs, often because of the harmful effects of Ritalin. Some of these children suffer impairment of their growth, because

Ritalin interferes with the brain's production of growth hormone.

A few years ago, the DEA came out in opposition to the proposal to make Ritalin a Schedule III drug, which would reduce the restrictions on its prescription and use. The DEA said that Ritalin is to be considered a gateway drug, that is, it makes the child more likely to become a user of illicit drugs. The DEA pointed out that Ritalin is a widely abused street drug, whose effects are the same as those of cocaine and amphetamine. Breggin pointed out that history is being repeated with Ritalin: In the 1940s, physicians first prescribed amphetamine abuse, such as dexedrine, on the basis that they were safe treatments for depression, sleepiness, and nasal congestion. This helped lead to a worldwide epidemic of amphetamines, including their use in the Japanese military in World War II. Eventually, at great cost, the epidemic was brought under control. However, the memory of this disaster has caused the strong opposition to Ritalin that prevails worldwide, with the exception of the United States, Great Britain, Australia, and Canada.

Other Methods of Treatment

One of the conference speakers, Dr. David Cohen, Ph.D., reported on his researches on the use of Ritalin in countries outside that English-speaking group of nations. He spent considerable time in France, where he interviewed teachers and mental health professionals. He learned that they considered the use of an addictive stimulant inappropriate, since emotional disorders in children reflect problems in their environment that need to be cleared up.

Dr. Breggin repeatedly came back to his own successful experience in dealing with ADHD children. He finds that these children are reacting to problems in their family, school, or community. In his office, he meets with the parents and engages them about what is troubling them. In many cases, he is able to alter the family dynamic, by getting at the emotional problems of the parents. Once this is corrected, the children do much better. Also, he describes his own ability to engage these children and calm them down—sometimes by having them play with his pet bird or his dog—after having been initially warned by the parents how impossible the child was.

At the conference, there were other speakers who presented their alternative approaches to treating these children, including adolescents.

Besides the treatment of children, a lot of attention was given to the psychotherapy of adults and the violations of human rights that accompany the involuntary administration of psychiatric treatment. Some speakers emphasized that women are particularly a target. Female children who are sexually abused are often not believed. Elderly women are particularly likely to receive shock treatment. Several speakers conducted a workshop on their approach to treating schizophrenia without drugs.

From the standpoint of violence which is induced by the