UNHOLY ASSAULT

Psychiatry Versus Religion

Report and recommendations on psychiatry’s subversion of religious belief and practice

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IMPORTANT NOTICE
For the Reader

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

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

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

3. PSYCHIATRY HAS NEVER ESTABLISHED THE CAUSE OF ANY “MENTAL DISORDER.” Leading psychiatric agencies such as the World Psychiatric Association and the U.S. National Institute of Mental Health admit that psychiatrists do not know the causes or cures for any mental disorder or what their “treatments” specifically do to the patient. They have only theories and conflicting opinions about their diagnoses and methods, and are lacking any scientific basis for these. As a past president of the World Psychiatric Association stated, “The time when psychiatrists considered that they could cure the mentally ill is gone. In the future, the mentally ill have to learn to live with their illness.”

4. THE THEORY THAT MENTAL DISORDERS DERIVE FROM A “CHEMICAL IMBALANCE” IN THE BRAIN IS UNPROVEN OPINION, NOT FACT. One prevailing psychiatric theory (key to psychotropic drug sales) is that mental disorders result from a chemical imbalance in the brain. As with its other theories, there is no biological or other evidence to prove this. Representative of a large group of medical and biochemistry experts, Elliot Valenstein, Ph.D., author of Blaming the Brain says: “[T]here are no tests available for assessing the chemical status of a living person’s brain.”

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

In an American town, senior citizens were told they could not sing Gospel songs or pray over their meals in their community center because it was a public building. Only after an extensive lawsuit were their rights vindicated.

A child was told she could not give pencils to her school friends that had the word, “Jesus” printed on them. Crying, she asked her mom, “Why does the school hate Jesus?” Mr. Kelly Shackelford, chief counsel for the Liberty Legal Institute, testified before the U.S. Congress hearing on religious expression in 2004, “These young kids get the message. Their religion is treated the same as a curse word. These children are being taught at an early age, ‘keep your religion to yourself’, ‘it’s dirty’, ‘it’s bad.’”

In March 2004, the French Parliament enacted a law against schoolchildren wearing religious symbols in public schools, including the head-scarves and veils worn by many Muslim girls, crosses that are too large, and Jewish yarmulkes.

Obviously, attacks on religion are alive and well, but then they are also as old as religion itself. However, reports of sexual perversion among clergy that have stained the headlines of almost every country in the world, with multimillion-dollar lawsuits filed and won against the churches involved, are something entirely new. Here, churches face an insidious assault that is not only sapping their spiritual and material strength, but in some cases threatens their very survival.

While this type of deadly affront is new, its origins date back to the late 1800s. It was then that psychiatrists first sought to replace religion with their “soulless science.” In 1940, psychiatry openly declared its plans when British psychiatrist John Rawlings Rees, a co-founder of the World Federation for Mental Health (WFMH), addressed a National Council of Mental Hygiene stating: “[S]ince the last world war we have done much to infiltrate the various social organizations throughout the country … we have made a useful attack upon a number of professions. The two easiest of them naturally are the teaching profession and the Church.”

Another co-founder of the WFMH, Canadian psychiatrist G. Brock Chisholm, reinforced this master plan in 1945 by targeting religious values and calling for psychiatrists to free “the race … from its crippling burden of good and evil.” Viciously usurping age-old religious principles, psychiatrists have sanitized criminal conduct and defined sin and evil as “mental disorders.”

In his book The Death of Satan, author Andrew Delbanco refers to the disappearing “language of evil” and the process of “unnaming evil.” Until psychiatry’s emergence, societies had operated with very clear ideas on “moral evil.” Today, however, we hear euphemisms like “behavioral problem” or “personality disorder.” Delbanco
describes these as notions “… in which the concept of responsibility has disappeared and the human being is reconceived as a component with a stipulated function. If it fails to perform properly, it is subject to repair or disposal; but there is no real sense of blame involved. … We think in terms of adjusting the faulty part or, if it is too far gone, of putting it away.”

As a result of psychiatrists’ subversive plan for religion, the concepts of good and bad behavior, right and wrong conduct and personal responsibility have taken such a beating that people today have few or no guidelines for checking, judging or directing their behavior. Words like ethics, morals, sin and evil have almost disappeared from everyday usage.

Delbanco further states: “The repertoire of evil has never been richer. Yet never have our responses been so weak. … [W]e cannot readily see the perpetrator. … [The] malefactors are harder to spot. … So the work of the devil is everywhere, but no one knows where to find him. … [E]vil tends to recede into the background hum of modern life. … [W]e feel something that our culture no longer gives us the vocabulary to express.”

The consequences have been devastating for both society and religion. It is not that evil itself has disappeared — evidence abounds of evil or destructive behavior running unchecked in society — and it is as difficult to confront as it has always been. Yet everyone wants to live in a society in which evil can be defined and defeated.

Or do they?

For more than a century, mankind has been the unwitting guinea pig of psychiatry’s deliberate “social engineering” experiment that was conceived in hell. This experiment included an assault on the essential religious and moral strongholds of society. It could not proceed while man could clearly conceive of, express and deal with evil. It lies insidiously behind our current social disintegration. And it is the epitome of evil, masked by the most social of outward appearances.

Until recently, it was religion that provided man with the moral and spiritual markers necessary for him to create and maintain civilizations of which he could be proud. Religion provides the inspiration needed for a life of higher meaning and purpose. In this crisis, it falls upon religious leaders to take the decisive steps. Men of the cloth need to shake off the yoke of soulless materialism spawned by psychology and psychiatry and put religion back into the hands of the religious.

Indeed, religious leaders must take this responsibility, not only for the sake of religion’s survival but also for the survival of mankind.

Sincerely,

Jan Eastgate
President, Citizens Commission on Human Rights International
Moral roots are established and reinforced by the world’s religions. Religious presence and practice have been the civilizing influences on man.

Today, family values, morality and religion have been attacked and made to seem old-fashioned by an insidious psychiatric “authority.”

Societal upheaval (crime, violence, widespread immorality) has increased coincident with the degradation of religion by psychiatry.

The theory that “man is an animal” with no soul, which is the basis of psychiatry, was originally taught at Leipzig University, Germany, in the late 1800s and then further promoted by Pavlov, Freud and others.

By reducing spirituality to psychological (brain) factors, psychiatry has nearly sabotaged religion as a civilizing, cultural force.
CHAPTER ONE

The Targeting of Religion

While no one would argue against change for the better, mankind survives best in a predictable and ordered environment. The very principles and values upon which modern civilization was built have been quietly but viciously attacked and branded as obsolete. Traditional family values have been superseded by “new,” “more progressive” and “humanistic” approaches. Sex without moderation is promoted as a way of life. Once, citizens understood that justice existed to protect the innocent. Today, they are expected to be sympathetic to the supposed “insanities” suffered by mass murderers, child abusers, sexual deviants and other criminals. The concept of personal responsibility has fallen prey to the dictators of cultural change.

One of the most significant and tragic casualties of these changes is religion. Since time immemorial, religious presence and practice have been the civilizing influences on man. In an attack on a culture, religion would be the prime target, for by undermining religious institutions the subjugation of that society is assured.

This attack is well underway. A Machiavellian war has been waged for decades, a war which religion has been consistently losing.

For half a century, religion has been widely criticized as outmoded, irrelevant, unscientific and thereby ill-equipped to address the problems and stresses of modern society. U.S. Supreme Court Justice Antonin Scalia observed that our so-called “worldly wise” society has become openly hostile to religious believers, scoffing at sectarian traditions and beliefs.

Certain influences and events have shaped the course of religious and moral decline the world over.

The materialistic practices of psychiatry, psychology, and other related mental health disciplines are at the root of the problem. They were given virtually free rein in the molding of “modern” humanist thinking for most of the last century. Spawned in the militaristic regimes of 19th century Germany, these spiritually bereft ideologies determined a course of action that has only become obvious in the last 50 years. As a consequence, churches have been weakened and societies are experiencing unprecedented upheaval.

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Psychiatry Eliminates the Soul

The word *psychology* derives from *psyche* (soul) and *ology* (study of); the subject originated as a religious and philosophical study. However, as Franz G. Alexander, M.D., and Sheldon T. Selesnick, M.D., noted in *The History of Psychiatry*, “As long as psychiatric problems were those of the ‘soul,’” only the clergy and philosophers “could be professionally concerned with such problems.”6 To re-define man’s travails in “medical” or “biological” terms was half the trick in wrenching spiritual healing away from religion and firmly into the domain of psychiatry.

This was achieved when German psychologist Wilhelm Wundt unveiled “experimental” psychology to his students at Leipzig University in 1879. Wundt declared that the soul was a “waste of energy” and that man was simply another animal. The theory merely required that man be conditioned to accept different ideas about the value of human life. Religion, he said, was a “kind of primitive metaphysics”; religious ideas and feelings belonged “before the tribunal of psychology” and the “ideal world of the religious imagination [was] by no means necessarily an ethical ideal. Indeed, it almost always contains elements which, judged by the standards of the developed moral consciousness, would appear at least morally indifferent, if not actually immoral.”7

Through this new “transcendent” mental science, Wundt declared that it was only psychologists and psychiatrists who possessed the proper “developed moral consciousness” to lead the “tribunal.”

By reducing spirituality to psychological factors, Wundt’s students boasted that this new psychology had become a “science without a soul.” Historian J. R. Kantor tells us: “Materialism is essentially a non-scientific movement, a phenomenon of social transformation and change. In the religious domain a materialist is simply an atheist.”8

Psychiatry, first coined in 1808 by Johann Christian Reil, means “doctoring of the soul”—from *psyche* (soul, spirit) and *iatros* (doctor). Ironically, psychiatrists have never addressed matters of the spirit or soul, instead

“We have swallowed all manner of poisonous certainties fed us by our parents, our Sunday and day school teachers, our politicians, our priests, our newspapers and others with a vested interest in controlling us. … [T]he inevitable results are frustration, inferiority, neurosis …”

— G. Brock Chisholm, psychiatrist, co-founder of the World Federation for Mental Health, 1945
concentrating exclusively on the brain.

Both psychiatry and psychology became the domain of “soulless” science and the study of man was “officially” restricted to the material world—the body and the brain. The idea of the spirit being “a sensible being, separable from the body,” a belief held by a large percentage of civilized man, was “scientifically” relegated to primitive races.9

It is no surprise then, to find religion and philosophy—the forces that had lifted mankind from the pit of barbarism—on a collision course with this revolutionary new view.

Secularism or materialism took hold, with Wundt’s teachings branching out across the globe through his students.

In 1879, German psychiatrist Wilhelm Wundt declared that the soul was a “waste of energy” and that man was simply another animal. Religious ideas and feelings belonged, he said, “before the tribunal of psychology.” The idea of the spirit was “scientifically” relegated to primitive races.

Spreading Materialistic Secularism

The students of Wundt primarily responsible for spreading his teachings around the world included Russian physiologist and psychiatrist, Ivan Pavlov, arguably the most infamous “man is an animal” advocate.

But Americans also flocked to Wundt’s classroom. G. Stanley Hall, an ordained minister, studied anatomy, theology, anthropology and psychiatry in Germany. When questioned whether his studies had made him more, or less, devout, Hall replied, “Less …” Hall became the first president of the American Psychological Association. He founded the field of “genetic psychology” and became renowned for his application of Wundt’s “experimental psychology” to child development.
William James’s studies with Wundt inspired his book, *The Varieties of Religious Experience*. James’s biographer Clarence J. Karier tells us that with James, “[W]e pass from a culture with God at its center to a culture with man as its center. This fundamental shift in Western thought initiated a corresponding shift in the ideological structure of the social system. … [S]in became a sickness, and such religious rituals as confession, designed to alleviate guilt and atone for sin, were replaced by individual and group psychotherapeutic interventions, designed to alleviate the guilt of anxiety neurosis.”

Declaring religion the “enemy,” Sigmund Freud saw spiritual belief as superstition and the “universal obsessional neurosis.” He also envisioned the death of the church at the hands of psychiatry: “The scientific spirit brings about a particular attitude towards worldly matters; before religious matters it pauses for a little, hesitates, and finally there too crosses the threshold. In this process there is no stopping; the greater the number of men to whom the treasures of knowledge become accessible, the more widespread is the falling away from religious belief—at first only from its obsolete and objectionable trappings, but later from its fundamental postulates as well.”

Despite the fallacy of Wundt’s theory and the derivative ideas and opinions of his students—ample empirical evidence exists that man is certainly different from and infinitely more capable than an animal—these faulty theories have remained the underpinnings of all psychiatry’s efforts. Today, psychiatrists and psychologists still claim that man is an animal to be conditioned and controlled. Governments have been persuaded of this idea and are paying public funds in the billions to those who can do the conditioning and controlling. And psychiatry isn’t going to let the evidence get in its way.

With religion and its core tenets under direct assault from the lofty dissemination of such diametrically opposed, materialist ideas, it was only a few decades before the social and religious consequences would become obvious.
I n the spiritually challenging decades between the two world wars, psychiatry and psychology flourished. John Dewey, an adherent of psychologist Wilhelm Wundt, designed the 1933 Humanist Manifesto, which stated, “There is great danger of a final, and we believe fatal, identification of the word religion with doctrines and methods which have lost their significance and which are powerless to solve the problem of human living in the Twentieth Century.” Rather, religion should be a “human activity” in the direction of “… candid and explicit humanism.”

A list of 15 precepts was drafted, including:

- Religious humanists regard the universe as self-existing and not created.
- The distinction between the sacred and the secular can no longer be maintained.
- Humanism will take the path of social and mental hygiene and discourage sentimental and unreal hopes and wishful thinking.

In 1973, “Manifesto II” delivered an even more savage blow to the sanctity and validity of religion: “Humanists still believe that traditional theism, especially faith in the prayer-hearing God, assumed to live and care for persons, to hear and understand their prayers, and to be able to do something about them, is an unproved and outmoded faith.”

“… [T]he total personality is a function of the biological organism transacting in a social and cultural context. There is no credible evidence that life survives the death of the body.”

A revised “Secular Humanist Declaration” stated that people could lead meaningful lives without the need of religious commandments or the clergy.

“There is great danger of a final, and we believe fatal, identification of the word religion with doctrines and methods which have lost their significance and which are powerless to solve the problem of human living in the Twentieth Century.”

— Humanist Manifesto, designed by John Dewey, 1933
In the aftermath of World War I, churches accepted the “help” offered by psychiatrists and psychologists to resolve social problems and were betrayed.

In 1940, psychiatry’s stated master plan included taking over every major field of social endeavor, including religion. Leading British and Canadian psychiatrists flagrantly touted the need to eliminate religious values, replacing religion with a “mental health state religion.”

The family unit, long held sacred by religion, was purposely weakened by psychiatry’s World Federation for Mental Health, which considered it “the major obstacle to improved mental health.”

Every sector of society which has been “engineered” to fit psychiatry’s specifications has suffered decay.
After World War I, churches faced an immense human and social catastrophe. The “tribunal” of modern mental science did not waste this opportunity to advise religion that it had “done little to prevent” the war and its consequences.\textsuperscript{13}

Out of genuine concern for unity and peace, churches accepted the altruistic-sounding “help” of the new “sciences” to resolve social and political problems. Psychiatry and psychology provided a seductive vision of how they could assist. Dr. Charles Dana, professor of disease of the nervous system at Cornell University Medical College in New York, stated: “He [the psychiatrist] must help and uplift the religion of those who have any and give a religion or high and positive ideals to those who have not. He must show them how to live happily and to use with scientific efficiency the forces which nature has given them.”\textsuperscript{14}

However, the outstretched hands that offered help carried only the poisonous fruit of betrayal:

\textbullet{} In 1925, behavioral psychologist John B. Watson stated, “No one knows just how the idea of a soul or the supernatural started. … It probably had its origin in the general laziness of mankind.”

\textbullet{} In 1926, at the Sixth International Congress on Philosophy, K.N. Kornilov said of psychiatry: “The soul … which played a leading part in the past, now is of very little importance.”\textsuperscript{15}

\textbullet{} In 1940, psychiatry unleashed its chilling offensive to bring about global dominance over all major fields of social endeavor, including religion. As mentioned in the introduction of this publication, it was spearheaded by two of the Commonwealth’s leading psychiatrists, who, together, would go on to found the World Federation for Mental Health (WFMH). John Rawlings Rees laid out the “Strategic Planning for Mental Health” and psychiatry’s “responsibility” to take over the fields of education, law, medicine and the Church, further stating: “Public life, politics and industry should all of them be within our sphere of influence. … If we are to infiltrate the professional and social activities of other people I think we must imitate the Totalitarians and organize some kind of fifth column* activity!”\textsuperscript{16}

Rees’ associate and a leading Canadian psychiatrist, G. Brock Chisholm, augmented this

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*Fifth column: Citizens secretly aiding an enemy, especially by sabotage and espionage.
master plan in a speech in 1945: “The race will not be saved unless it is freed from its confused and distorted emotional and mental functioning. ... The reinterpretation and eventually [sic] eradication of the concept of right and wrong, which has been the basis of child training, the substitution of intelligent and rational thinking for faith ... are the belated objectives of practically all effective psychotherapy. ... The fact is that most psychiatrists and psychologists ... have escaped from these moral chains and are able to observe and think freely. If the race is to be freed from the crippling burden of good and evil it must be psychiatrists who take the original responsibility. ... Psychiatry must now decide what is to be the immediate future of the human race; no one else can.”

In 1948, Rees and Chisholm’s fifth column plan was implemented globally with the formation of the WFMH. Chisholm and Rees presided.

At an inaugural conference entitled “Mental Health and World Citizenship,” psychiatrists further expressed their latent ambitions for political and social control. Religion was identified as a target of choice— for “mental health orientation”: “It should be recognized that an acceptance of the mental health viewpoint ... carries an obligation to examine critically some of the teachings of the church in the light of present-day insight into what seems to be essential to wholesome personality development and into what is now known to be detrimental to the growing personality of the child.”

Thus, while traditional religion was subjecting itself to critical self-examination in the wake of two terrible world wars, the mental health ideologies seized the opportunity to drive the stake further into the heart of religion.

Psychiatrist Harry Stack Sullivan suggested that psychiatrists, like all great “religious leaders,
prophets and even Jesus Christ,” should bring religion up to date.20

And so they did.

The following year, for example, Reverend Leslie Dixon Weatherhead of the Methodist Church in England joined with psychiatrist Percy Backus to establish psychiatric clinics as extensions of parishes and advocated electroshock, deep sleep treatment (a combination of drugs and electroshock—also known as prolonged narco-sis), psychosurgery, tranquilizers and hypnosis as adjuncts to Christianity.21

The fruit of these strategies is all too real. Society’s moral structure has been and remains under concerted assault, battered by divorce, unemployment, drug abuse, illiteracy and an epidemic in teen crime. Every sector of society which has been “engineered” to fit psychiatry’s specifications has suffered decay.

Those to whom families turned for spiritual guidance for centuries—the clergy—had come under the controlling hand of the mental health “expert.”

NEGATING CHRISTIANITY
Desecrating Holy Ground

With psychiatry and psychology’s fundamental ideological enmity toward religion and moral standards, their hostility is visible in virtually every word they utter on the subject. Nothing has been too hallowed to escape their “expert” opinion, not even Jesus Christ.

The following contemptible efforts to label the founder of the Christian faith as a lunatic, and thereby to condemn all of Christianity as mere neurosis and illusion, are provided, not to be blasphemous, but to show psychiatry’s anti-religious agenda:

■ “In short, the nature of the hallucinations of Jesus, as they are described in the orthodox Gospels, permits us to conclude that the founder of the Christian religion was afflicted with religious paranoia.”22 — CHARLES BINET-SANGLÉ, LA FOLIE DE JÉSUS (THE MADNESS OF JESUS), 1910

■ “Everything that we know about him conforms so perfectly to the clinical picture of paranoia that it is hardly conceivable that people can even question the accuracy of the diagnosis.”23 — AMERICAN PSYCHIATRIST WILLIAM HIRSCH, CONCLUSIONS OF A PSYCHIATRIST, 1912

■ “One may disagree with Schweitzer. … He takes for granted that the failure of Jesus to develop ideas of injury and persecution rules out the possibility of a paranoid psychosis. This is not necessarily true; some paranoids manifest ideas of grandeur almost entirely.”24 — PSYCHIATRIST WINFRED OVERHOLSER, PRESIDENT OF THE AMERICAN PSYCHIATRIC ASSOCIATION, STATED IN THE FOREWORD TO ALBERT SCHWEITZER’S THE PSYCHIATRIC STUDY OF JESUS, 1948

■ “… Jesus Christ might simply have returned to his carpentry following the use of modern [psychiatric] treatments.”

— William Sargant, British psychiatrist, 1974
For centuries, spiritual counseling was the task of the clergy, who used religious teachings to provide comfort.

Psychiatry blamed World War II on religion’s failure to solve man’s inhumanity to man, opening the door to psychiatric and psychological “solutions.”

By 1952, psychology courses were being taught in most U.S. seminaries and graduate theological schools.

For some candidate priests, the preparation for celibate life includes psychology-based seminars that actually arouse sexual desire.

As psychiatry asserted that man’s problems were a biological—not spiritual—matter, they assured churches they could help sexually disturbed priests.

The pedophile priest scandal of recent years is directly traceable to psychiatry’s subversion of religion and infiltration of the church.

IMPORTANT FACTS

Religious people have been betrayed by German psychologist Kurt Lewin’s (above) Sensitivity Training and other psychological counseling techniques which grew from atheist roots.
Prior to the influence of psychiatry and psychology, pastoral counseling was one of the most respected and vital community activities of ministers of religion. For centuries it had been the task of the clergy to minister to the spiritual needs of their parishioners. By referring to religious doctrine, they helped give meaning to life by providing spiritual solace and sustenance to those in their care.

The dictionary defines pastoral as “of a pastor, his office or his duty, a shepherd or spiritual guide,” (from Latin pastor, shepherd, and pascere, to feed) and counseling as an act of exchanging ideas, of talking things over, giving carefully considered advice (from Latin consilium, counsel, deliberation, and consulere, consult, convene). In its purest form, counsel means wisdom and prudence.

Constituting a major barrier to psychiatry’s infiltration of churches, pastoral counseling became the focus of concerted attack. Using the fears and turmoil that ensued from World War II, the first step was to convince churches of their failure to provide the solutions to man’s inhumanity to man. Psychiatry and psychology offered their own “superior” brand of purportedly scientifically validated counseling.

In the 1950s, German-born psychologist Kurt Lewin and his associates devised a psychological concept in the United States called “T-groups” (T for training). The term “Sensitivity Training” evolved from the “T-groups.” It was described as having been “developed to study how people could be socially and psychologically manipulated to give up their souls.”

Psychologist Ed Schein, who studied brainwashing techniques in Korea, admitted that the psychological method used unwittingly by churches to train clergy and counsel parishioners, derived from Pavlov’s brainwashing techniques.

Author Gary Allen later described Sensitivity Training’s effect on morals: “After hearing others confessing their wrong-doing, one is apt to feel that his own deeds weren’t so bad after all, causing him to accept lower moral standards. ... In short, Sensitivity Training produces ‘change’ by realigning loyalties away from family, home, church, and co-worker. ... Participants ... are forced into making an awful choice: morality or moral disobedience.”

However, billed as the fastest-growing social phenomenon of the day, it spread rapidly to religious leaders and churches, including the
National Council of Churches (NCC) and the World Council of Churches.28

By 1952, 83% of more than 100 U.S. seminaries and graduate theological schools surveyed had one or more courses on psychology. In 1961, around 9,000 clergymen had studied psychology-based “clinical pastoral” counseling courses. Psychiatrists outnumbered the clergy in membership six to five in the U.S. Academy of Religion and Mental Health.29 The American Association of Christian Counselors has grown from 700 mental health professionals as members in 1991 to 50,000 today.30

In Why Christians Can’t Trust Psychology, Ed Bulkley wrote, “Few pastors are willing to take the time to examine the evidences, consider the implications, confront the deceptions, and inform their people about psychology’s failure to pass as a mental health science.” Bulkley stated further: “Christian colleges and seminaries have bought into this incredible deception and now enthusiastically encourage Christians to submit to the insights, methods, and findings of secular psychology.”31

Consider the course description on pastoral counseling at a prominent U.S. Theological Seminary: “...Physical illness; symptoms of nervous and mental need; balanced and unbalanced personalities; findings of contemporary psychiatry and their evaluation in terms of evangelical Christianity.... "Contemporary curriculum, "melds psychology and theology in clinical practice” and addresses psychological concepts as “persistent mental illness, neuropsychological disorders, depression, [and] family dysfunction.”

The speed and efficiency with which pastoral theology was dismantled was clearly illustrated at a U.K. psychiatric conference in 1967. In a chilling reminder of Brock Chisholm’s agenda, Canon Sydney Evans said: “What does personal responsibility mean in the light of the findings of psychoanalysis? Do the words right and wrong have any further usefulness in the light of our new knowledge of compulsive behavior patterns? ... I believe it’s one of the tragedies of Christianity that it has got itself all mixed up with morality.”32

Clinical psychologist Paul Pruyser reported the destructive impact of the “psychological disciplines on the training of the clergy”: “The word ‘soul’ has lost its meaning and even its plausibility. ... [the clergyman] will find that whether he wants it or not, he is also a front-line mental health worker or he will be so regarded by the specialists in mental health.”33

In The Myth of Psychotherapy, Dr. Thomas
Szasz, professor of psychiatry emeritus, said that his primary purpose for writing the book was “to show how, with the decline of religion and the growth of science in the eighteenth century, the cure of [sinful] souls, which had been an integral part of the Christian religions, was recast as the cure of [sick] minds, and became an integral part of medical science.”

The tradition, heritage and practice of spiritually based pastoral counseling has been progressively displaced by humanist, psychological counseling, until presently it is almost nonexistent.

**Causing Moral Perversion**

In 1950, the U.S. magazine *Pastoral Psychology* was first published. On the magazine’s editorial advisory board was notable humanist psychologist and former president of the American Psychological Association, Carl R. Rogers.

Rogers had once stated: “We can choose to use our growing knowledge to enslave people in ways never dreamed of before, depersonalizing them, controlling them by means so carefully selected that they will perhaps never be aware of their loss of personhood.”

In 1964, funded by a three-year grant from the U.S. National Institute of Mental Health (NIMH), Rogers conducted one of his depersonalization experiments on some two dozen religious orders, including the Sisters of Mercy, Sisters of Providence, the Jesuits, the Franciscans and other Catholic organizations. Rogers was joined by Catholic psychologist William Coulson, who later admitted that the psychological techniques used on the religious orders were aimed at “provoking an epidemic of sexual misconduct among clergy and therapists,” and renounced the practice.

The study ended after only two years. By then the object of one of Rogers’ experiments, the Sisters of the Immaculate Heart of Mary, was ruined. In 1993, Coulson recanted and told the Catholic Press: “We corrupted a whole raft of religious orders on the west coast in the ‘60s by getting the nuns and priests to talk about their distress. … There were some 560 nuns when we began. Within a year after our first interventions, 300 of them were petitioning Rome to get out of their vows. They did not want to be under anyone’s authority, except the authority of their imperial inner selves.”

**Destroying Faith**

Catholic psychologist William Coulson told the Catholic Press that psychological “studies” targeting religious orders in the 1960s had corrupted them and that one, the Order of the Immaculate Heart of Mary, had been ruined by an escalating drop-out rate of nuns who were no longer willing to commit themselves to their vows to the church.
Coulson admitted further: “The net outcome of sex education, styled as Rogerian encountering [Carl Rogers’ therapy], is more sexual experience. Humanistic psychotherapy, the kind that has virtually taken over the Church in America … dominates so many forms of aberrant education like sex education.”37 He said that both he and Rogers knew that what they had created was “really evil.”

In 1992, a group dynamic (Sensitivity Training) seminar entitled, “Orientation for a Celibate Form of Life” was held for young candidate priests in the Theological Institution in Freiburg, Germany. The questionnaire contained numerous fill-in-the-blank questions regarding sexual activity:

- I consider it a prerequisite for real sexual pleasure [if]:__________.
- The most exciting sexual experience where I felt especially physically or emotionally happy was:__________.
- At the moment I am able to satisfy my need for tenderness and eroticism to the following extent:__________.
- I estimate my possibilities for erotic expression as follows:__________.
- The earliest erotic experience that I can remember was:__________.
- The three most important wishes, which I have for the future in the sexual erotic area are:__________.

Participants were induced to “shake [the] pelvis back and forth,” and then, in pairs, place a cushion between each other at pelvis height and push against each other’s genitals. The Swiss Catholic Weekly reported in 1994, that rather than being an orientation to celibate life, it was a “seduction of the future priests” aimed more at “arousing the desire for sex.”39

Today, theological seminaries offer “human sexuality” courses for the assessment and treatment of “sexual disorders” and “psychosexual disorders.”

Considering that, according to William Coulson, the result of sex education is “more sexual experience,” there is no doubt as to psychologists’ intention or the direction of these courses.

Using Sexual Perversion as a Weapon

In World History of Psychiatry, author John G. Howells notes, “As long as psychiatric problems were those of the ‘soul,’” the clergy and philosophers “could be professionally concerned with such problems.”40 To re-define man’s problems and criminal conduct in “medical” or “biological” terms was half the trick in wrenching spiritual healing firmly into the domain of psychiatry. The other half of the trick was using this same premise to lure churches into handing over their sexually disturbed clergy for “professional help.”

In 1951, the Institute of Living psychiatric facility in Connecticut, U.S.A., hired as its psychiatrist-in-chief, Francis J. Braceland, later to become president of the American Psychiatric Association (APA). According to an article in The New Yorker in 2003, Braceland called on Catholic bishops to shed their “traditional antipathy to the teachings of psychiatry and to seek medical help for troubled priests.” With Braceland’s high standing among the bishops, the Institute of Living began receiving referrals.41

In 1986, a priest with a known history of pedophilia and psychiatric treatment was accused of child molestation. He was referred to the Institute
of Living for psychiatric help. In his discharge records, psychiatrist Robert Swords stated: “It was not a classical case of pedophilia, in that the abuse was sporadic and eventually did stop and had a playful, childlike quality to it. It was not sexually stimulating or eroticized, and it was not sadistic nor without remorse.” Psychiatrists advised that he could return to his parish, although they said, the final decision lay with the Church.

“The patient reassured us that these impulsive episodes of pedophilia were now under control and he had integrated his life in a more constructive way, since he began getting involved in psychotherapy and seeing a psychiatrist ten years ago,” Swords wrote.

In 1991, there were further complaints of sexual abuse of children by that same priest. Based on psychiatric advice that the priest was “sick,” not criminal, he was referred to another psychiatric facility. There patients were stripped, hooked up to a plethysmograph (a device that when attached to the genitals can measure arousal) and videotaped. The priest eventually admitted to having been a pedophile since the 1960s. In September 2002, the Archdiocese of Boston settled 86 lawsuits against this priest for $10 million (€7.9 million)—a high price to pay for ruinous psychiatric advice.

As journalist Barry Werth wrote, “The Church’s use of psychiatry or, more precisely, the bishops’ policy of sending priests suspected of having molested minors to psychiatrists and psychologists rather than reporting them to the police, has become one of the most disturbing, and costly, elements.”

— Barry Werth, journalist,
The New Yorker, 2003

Rev. Christopher Coyne announced in September 2003 that the Boston Archdiocese would pay $85 million to more than 500 people sexually abused by Roman Catholic priests. The Church’s reliance upon psychiatric advice has been costly both financially and in damage to people’s lives.
IMPORTANT FACTS

1. Psychiatrists and psychologists have the worst record of sexual abuse of all healing professions as well as the highest drug abuse, divorce and suicide rates.

2. A 2001 U.S. study showed that one in 20 clients who had been sexually abused by their therapist was a minor.

3. 10% of psychiatrists and psychologists worldwide admit to sexually abusing their patients.

4. The symptoms used to diagnose someone as mentally ill (despair, hopelessness, sadness, guilt) are not evidence of a disease.

5. Psychology and psychiatry are not scientific disciplines as they are unable to provide objective proof of the existence of anything they diagnose or treat.

The creation of bogus “disorders” as listed in psychiatry’s Diagnostic and Statistical Manual of Mental Disorders (DSM) and the mental illness section of the International Classification of Diseases (ICD) enables the psychiatric profession to label and drug millions of people at great profit.
If churches looked more closely, they would see among other things, that psychiatrists and psychologists have the worst record of sexual abuse among the healing professions. Their “therapies” or “treatments” are worthless at best, deadly at worst.

In the area of child abuse and molestation, psychiatrists and psychologists have no peers. Kenneth Pope, former head of the ethics committee for the American Psychological Association, conducted a study of therapist-client sex involving minors, finding that one out of 20 clients who had been sexually abused by their therapist was a minor. The female victims’ ages ranged from 3 to 17, and 7 to 16 for the males. The average age was 7 for girls and 12 for boys.

Richard Gardner, a clinical professor of child psychiatry, downplayed adult/child sexual relations, stating: “Society’s excessively moralistic and punitive reactions toward pedophiles ... go far beyond what I consider to be the gravity of the crime.” He claimed that pedophilia serves procreative purposes.

In a 1999 article the “Boundary Violations and Personality Traits among Psychiatrists,” published in the Canadian Journal of Psychiatry, revealed that of the 10% of psychiatrists that admitted to sexually abusing their patients, 80% were repeat offenders. Many had undergone personal analysis or psychotherapy in an unsuccessful effort to rehabilitate themselves.

Psychiatrists and psychologists also have the highest drug abuse, divorce and suicide rate amongst physicians. In the United States, 40% of all psychiatrists are sued for malpractice in the course of their career.

These are hardly “experts” to whom churches should defer.

Diagnostic Deception

What constitutes a true science? Ed Bulkley, in Why Christians Can’t Trust Psychology, emphasizes that it is the systematically arranged knowledge of the material world which has been gathered in a four-step process: 1) observation of phenomena; 2) collection of data; 3) creation of a hypothesis or theory by inductive reasoning, and 4) testing of the hypothesis by repeated observation and controlled experiments. It should be workable and invariably right.

Do psychiatry and psychology pass the test? The answer is categorically no.

Webster’s dictionary defines fiction as “anything made up or imagined.” Anyone reviewing psychiatry’s Diagnostic and Statistical Manual of Mental Disorders (DSM) and the mental health section of the International Classification of Diseases (ICD, tenth version) would find it difficult to place these texts in any other category.
Dr. Thomas Szasz, says: “If an ‘illness’ is to be scientifically meaningful, it must somehow be capable of being approached, measured or tested in a scientific fashion, as through a blood test or an electroencephalograph. If it cannot be so measured—as is the case with ‘mental illness’—then the phrase ‘illness’ is at best a metaphor … and that therefore ‘treating’ these ‘illnesses’ is an … unscientific enterprise.”

Canadian psychologist Tana Dineen says, “Unlike medical diagnoses that convey a probable cause, appropriate treatment and likely prognosis, the disorders listed in DSM-IV and ICD-10 are terms arrived at through peer consensus”—a vote by APA committee members. In other words, there is no objective science to them.

Christian author and former psychologist Lisa Bazler wrote in 2002, “[W]e cannot consider psychology … a scientific discipline … the therapist and psychiatrist [can] not objectively measure and analyze the causes and cures of anxiety with statistical repeatability as a doctor and patient could measure and analyze the causes and cures of a broken ankle.”

Clinical psychologist Ty Colbert says that in order to adopt psychiatry’s biological model, one has to “believe in a materialistic, non-spiritual world … the medical model claims there is no mental activity that is due to the spiritual dimension. All activity, even one’s religious beliefs or the belief in God, are nothing more than the workings of the brain.”
“[W]e cannot consider psychology ... a scientific discipline ... The therapist and psychiatrist [can] not objectively measure and analyze the causes and cures of anxiety with statistical repeatability as a doctor and patient could measure and analyze the causes and cures of a broken ankle.”

— Lisa Bazler, Christian author and former psychologist

dimension. All activity, even one’s religious beliefs or the belief in God, are nothing more than the workings of the brain.\textsuperscript{50}

The only evidence, he says, that makes mental illness a disease “are the symptoms used by professionals to label someone mentally ill. But the symptoms used to diagnose someone as mentally ill (despair, hopelessness, sadness, anger, shame, guilt ...) are not biological markers. There is no evidence that these expressions are physical in nature. They all point to a hurting soul.”\textsuperscript{51}

Today, there is hardly a problem in life that has not been diagnosed: the child who fidgets or is overzealous at play is “hyperactive”; if the child refuses to take the mind-altering psychiatric drugs, that’s “noncompliance with treatment”; the person who gives up drinking coffee has “caffeine withdrawal.” If a child has a low math score, it’s a “mathematics disorder.” If he or she has problems composing expressive written text or has poor paragraph organization, this is not, by psychiatric standards, a problem a teacher should correct but a “disorder of written expression.”

In 1989 a study entitled “Religion and Guilt in OCD [Obsessive Compulsive Disorder] Patients,” it was hypothesized that religion, through its stringent morality, tends to drive people insane. The authors concluded: “... [O]bsessive-compulsive pathology was significantly and positively correlated with degree of religiosity.”\textsuperscript{52}

As the ultimate in irony and arrogance, psychiatry’s latest DSM-IV and ICD-10 include religion as a new category of mental illness: “V.62.89” (DSM-IV) and “Z71.8” (ICD-10) covers “religious or spiritual problems.” Not only have psychiatrists audaciously pathologized Jesus Christ, they are now affixing the mental disorder label to religion in general.
Historically, religion has been the primary crucible and source of spiritual inspiration for the development and maintenance of high levels of morality. With psychiatry’s relentless assault, however, the time-honored moral precepts of our great religions have apparently become increasingly outmoded. In fact, according to psychiatry and psychology, there is no wrong or right.

Since 1967, morals have been usurped through the education system with the implementation of “Values Clarification.” Part of the Outcome-Based Education (OBE) package of techniques, “Values Clarification” emerged from Germany and was introduced into the U.S. classroom under various names, including Sensitivity Training, self-esteem training, anger management and conflict resolution, to name a few. None are any more than mental techniques designed to modify behavior — or more bluntly, alter beliefs.53

According to William Kilpatrick, author of Why Johnny Can’t Tell Right From Wrong, “feelings, personal growth, and a totally nonjudgmental attitude” are emphasized. However, “[N]o time is spent providing moral guidance or forming character. The virtues are not explained or discussed, no models of good behavior are provided, no reason is given why a boy or girl should want to be good in the first place. … They come away with the impression that even the most basic values are matters of dispute.” He warns, “[I]t becomes clear why their [educational] scores are low and why morals are on a steep decline.”54

Beverly Eakman, educator and author of Cloning of the American Mind: Eradicating Morality Through Education, described the impact of psychiatric and psychological influence on schools: “Their clear and stated agenda has been to jettison systematic, academic, knowledge-based curricula in favor of psychologized fare thatplaces the emotions and belief systems above any … rational, or communicative function. … What information youngsters did learn was actually harmful.”

— Beverly Eakman, educator and author of Cloning of the American Mind: Eradicating Morality Through Education

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

In another example of harmful literature foisted off on children, a 1993 report called: “Perversion statt Aufklärung” (Perversion Instead of the Birds and the Bees), exposed how millions of taxpayer deutsche marks had been spent on a center that provided pornography and sexually stimulating propaganda for teachers to conduct sex education classes. The class material for 12-year-olds and above called for a child to pick a card that displayed the subject for open group discussion. Some of the topics included: “Have you ever seen a pornographic film?” (There were multiple answers to choose from ranging from thinking it stupid to feeling excited by it.) “Have you ever fondled someone in a car?” “How important is sexuality in your life?”56

Similar invasive questionnaires, tests and “mental health screening” occur in schools throughout the United States and in other countries today.

Child Drugging

Where once sending children to school meant a guarantee of a structured, nurturing and effective education, today’s parents are concerned about not only declining moral standards but also escalating drug use and abuse.
One stimulant prescribed for ADHD is more potent than cocaine. The U.S. Drug Enforcement Administration reports it can also lead to addiction. The Food and Drug Administration and similar agencies warn that drugs can cause hallucinations, psychosis, strokes and even death. Suicide is a major complication of withdrawal from this and similar amphetamine-like drugs.

Millions more children are prescribed Selective Serotonin Reuptake Inhibitor (SSRI) antidepressants which drug regulatory agencies warn can cause suicide in children under 18. They also cause anxiety, hostility, aggression, and homicidal thoughts. Antipsychotic drugs prescribed to more than two million American children can cause diabetes, blindness, fatal blood clots, heart irregularity and life-threatening diabetes.

Psychiatrists are pushing these dangerous drugs into our schools while knowing that many childhood problems that can appear to be symptoms of “ADHD,” are, in fact, allergic reactions. High levels of lead from the environment can place children at risk of both school failure and delinquent or unruly behavior; high mercury (chemical) levels in the body may cause agitation; pesticides can create nervousness, poor concentration, irritability, memory problems and depression. More often than not, children simply need to be tutored and learn how to effectively study.

A solution for people experiencing mental troubles is to ensure that no underlying physical condition is causing the problem. Charles B. Inlander wrote in Medicine on Trial: “People with real or alleged psychiatric or behavioral disorders are being misdiagnosed—and harmed—to an astonishing degree. … Many of them do not have psychiatric problems but exhibit physical symptoms that may mimic mental conditions, and so they are misdiagnosed, put on drugs, put in institutions and sent into a limbo from which they may never return.”

According to the California Department of Mental Health Medical Evaluation Field Manual, “Mental health professionals working within a mental health system have a professional and a legal obligation to recognize the presence of physical disease in their patients … physical diseases may cause a patient’s mental disorder [or] may worsen a mental disorder.”

Once society understood that “confession is good for the soul.” Nowadays, with the soul expunged by psychiatric propaganda, and “right” and “wrong” discredited, society is told that “confession will reduce your esteem, which by the way, is no more than a biochemical accident of nature that is better controlled by drugs.”

It is no surprise then, that with the safety valve of confession and the sanctity of religion discredited, many children and adults today live spiritually deprived lives burdened with unrelieved guilt, insecurity, and without hope for their future.
Psychiatry and psychology have consistently asserted that people should be salvaged from the chains of religious upbringing and moral restraint.

Christianity and most of the world’s religions have been around for thousands of years and existed successfully without the use of psychology.

Studies show that people benefited emotionally and morally from religious beliefs while those with no interest in religion had higher rates of substance abuse.

Churches and parishioners taking back control of their religions from psychiatry and psychology will accomplish the return to a morally and spiritually strong society.
rock Chisholm, co-founder of the World Federation for Mental Health, once told psychiatrists, “Without the extensive help of psychologists and psychiatrists it is quite probable that mankind will not long survive the fearful changes which are taking place.” He threatened that the race will not be saved unless it was freed from its “confused and distorted emotional and mental functioning,” and urged psychologists and psychiatrists to become leaders in the “planned development of a new kind of human being.”

Psychiatry and psychology have consistently trumpeted the call that people should be salvaged from the chains of religious upbringing and moral restraint. As a result, mankind’s chances of survival have been severely curtailed. Rather than a better world, psychiatrists have created more war and conflict; have dispensed nerve-damaging drugs and barbaric treatments that now enslave millions and in the process, psychiatrists have relegated religion as obsolete.

Lisa Bazler, a former psychologist, and author of the book, *Psychology Debunked*, states: “Consider the fact that psychology didn’t even exist until the 1800s. How did Christians possibly live for eighteen hundred years without psychology? They lived just fine.”

— Lisa Bazler, author of *Psychology Debunked*

Studies show that religion plays a positive role in life choices. Youth who are involved in religious activities are less likely to abuse drugs. Among young adults who agreed that religious beliefs are a very important part of their life (78.2%) only 9.2% had used an illicit drug compared to 20.5% of those who strongly disagreed with religion.

Another survey following the 9/11 terrorist attacks, found that Americans were refocusing around the family, community, spirituality and nation. Conversely, youth who never attended religious services were found to be nearly three times more likely to abuse drugs than those who attended religious services “a lot.”

It behooves all who are concerned with preserving religious freedom, to determine the facts and to put an end to this betrayal. Something can and must be done about these morally and intellectually threadbare professions—psychiatry and psychology. It is time to rid society of their noxious influence in our churches, schools and homes. It is time for responsible clergy and parishioners to take back the reins from psychiatry and psychology and reverse the currently devastating social trends. Only in this way can we create a society of justice, dignity and spiritual strength of which we can all be proud.
<table>
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<th>Recommendations</th>
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<td>1. A significant portion of religion’s misplaced reliance is on the “expertise” of psychiatry and psychology for the diagnosis and handling of emotionally distraught individuals. Foremost, persons in such desperate circumstances must be provided proper and effective medical care. Medical—not psychiatric—attention, good nutrition, a healthy, safe environment, activity that promotes confidence and effective education will do far more for a troubled person than drugging, shocks, and other psychiatric atrocities.</td>
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<td>2. As either a cleric or parishioner, insist only on scriptural, moral approaches to address problems in life. True religious counseling can provide workable spiritual values by which a person can judge his own conduct and take effective action to regain personal responsibility for self and others.</td>
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<td>3. Churches should rid their schools of atheistic psychological and psychiatric curricula so that children are no longer influenced by their humanistic, godless approach to life.</td>
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<td>4. Churches should replace psychiatric and psychological programs in their hospitals and other facilities with medically recognized programs and faith components to assist healing.</td>
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<td>5. Churches of all denominations should work together to provide humane and workable social services, such as drug rehabilitation, assisting the elderly, literacy and education programs, and religious programs in the community. They should refuse to allow psychiatry and psychology’s atheistic lies to create conflict within and between religions.</td>
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<td>6. If a parishioner has been assaulted, forcibly treated or damaged by a psychiatrist, psychologist or other mental health practitioner, encourage them to report any incidents of crime and abuse to the police and to their nearest branch of the Citizens Commission on Human Rights, who can assist them.</td>
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THE CITIZENS COMMISSION ON HUMAN RIGHTS

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

Bob Simonds, Th.D., Chairman, National Association of Evangelicals of Southern California:
“How deeply grateful we are to the CCHR for not only leading the fight to stop the criminal psychiatric child abuse against our public schoolchildren, but for serving as a catalyst to all religious, parent and medical groups who could not be effective without CCHR research and credibility.”

The Hon. Raymond N. Haynes California State Assembly:
“CCHR is renowned for its long-standing work aimed at preventing the inappropriate labeling and drugging of children. ... The contributions that the Citizens Commission on Human Rights International has made to the local, national and international areas on behalf of mental health issues are invaluable and reflect an organization devoted to the highest ideals of mental health services.”

Beverly Eakman, Co-founder, U.S. National Education Consortium, Best-selling author of Cloning of the American Mind:
“In my experience, CCHR ... has steadfastly insisted on the individual’s constitutional right to freedom of conscience. It has worked tirelessly to protect the right of all parents to direct the education and upbringing of their children. I salute CCHR for its incredible persistence.”

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The Citizens Commission on Human Rights (CCHR) was established in 1969 by the Church of Scientology to investigate and expose psychiatric violations of human rights, and to clean up the field of mental healing. Today, it has more than 250 chapters in over 34 countries. Its board of advisors, called Commissioners, includes doctors, lawyers, educators, artists, business professionals, and civil and human rights representatives.

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

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

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

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

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

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

CCHR has inspired and caused many hundreds of reforms by testifying before legislative hearings and conducting public hearings into psychiatric abuse, as well as working with media, law enforcement and public officials the world over.
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Education is a vital part of any initiative to reverse social decline. CCHR takes this responsibility very seriously. Through the broad dissemination of CCHR’s Internet site, books, newsletters and other publications, more and more patients, families, professionals, lawmakers and countless others are becoming educated on the truth about psychiatry, and that something effective can and should be done about it. CCHR’s publications—available in 15 languages—show the harmful impact of psychiatry on racism, education, women, justice, drug rehabilitation, morals, the elderly, religion, and many other areas. A list of these includes:

**THE REAL CRISIS**—In Mental Health Today
Report and recommendations on the lack of science and results within the mental health industry

**MASSIVE FRAUD**—Psychiatry’s Corrupt Industry
Report and recommendations on a criminal mental health monopoly

**PSYCHIATRIC MALPRACTICE**—The Subversion of Medicine
Report and recommendations on psychiatry’s destructive impact on health care

**INVENTING DISORDERS**—For Drug Profits
Report and recommendations on the unscientific fraud perpetrated by psychiatry

**SCHIZOPHRENIA**—Psychiatry’s For Profit ‘Disease’
Report and recommendations on psychiatric lies and false diagnoses

**BRUTAL THERAPIES**—Harmful Psychiatric ‘Treatments’
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**PSYCHIATRIC RAPE**—Assaulting Women and Children
Report and recommendations on widespread sex crimes against patients within the mental health system

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Report and recommendations on the violent and dangerous use of restraints in mental health facilities

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Report and recommendations on psychiatry creating today’s drug crisis

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**HARMING YOUTH**—Screening and Drugs Ruin Young Minds
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**COMMUNITY RUIN**—Psychiatry’s Coercive ‘Care’
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**HARMING ARTISTS**—Psychiatry Ruins Creativity
Report and recommendations on psychiatry assaulting the arts

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**WARNING:** No one should stop taking any psychiatric drug without the advice and assistance of a competent, non-psychiatric, medical doctor.

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