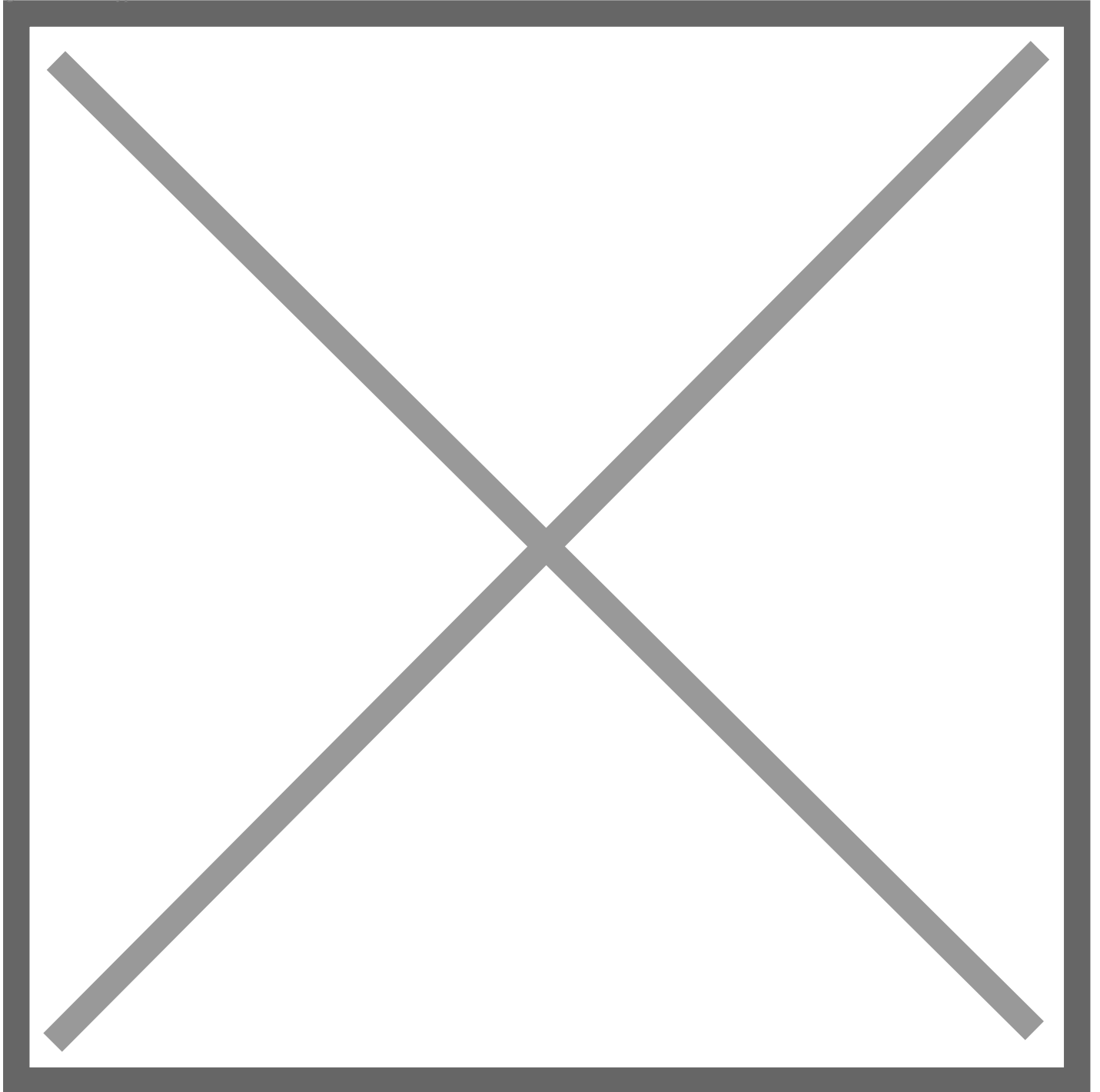


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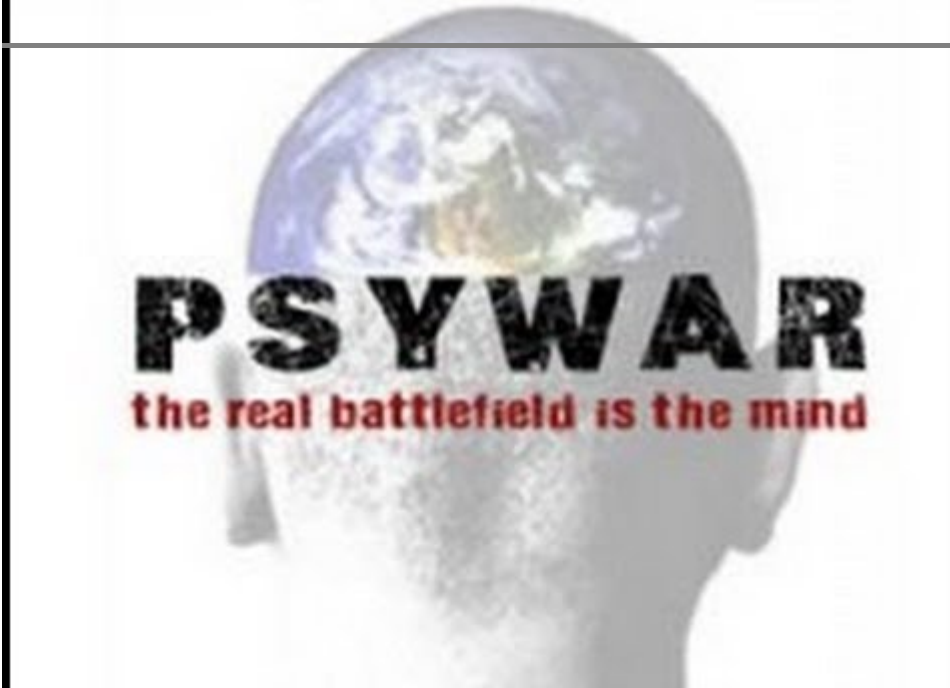
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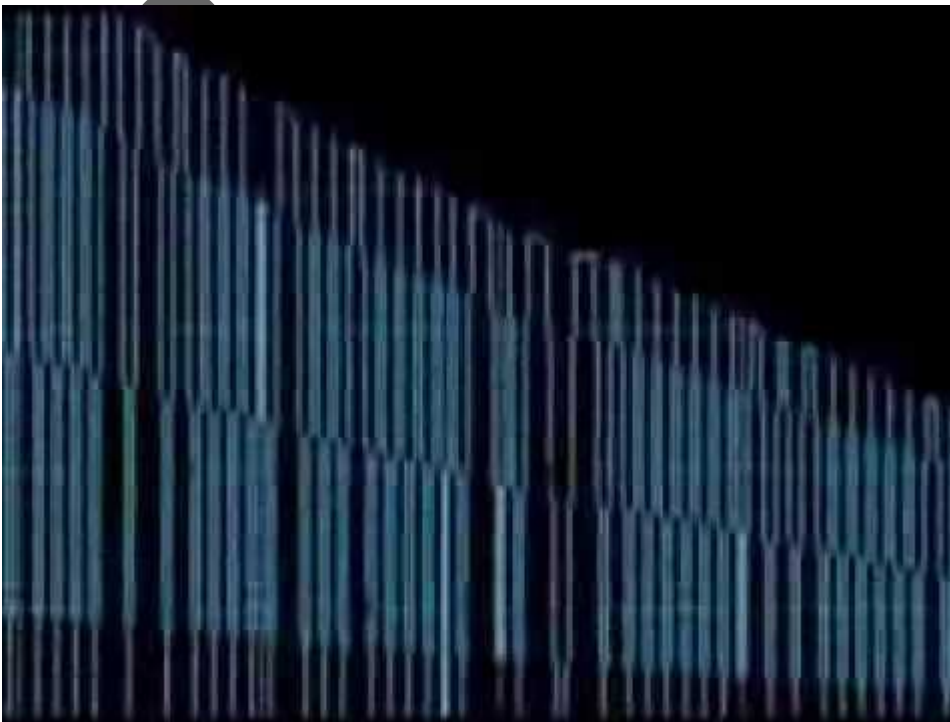
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Play

"Disobedience is the true foundation of liberty. The obedient must be slaves." ~Henry David Thoreau



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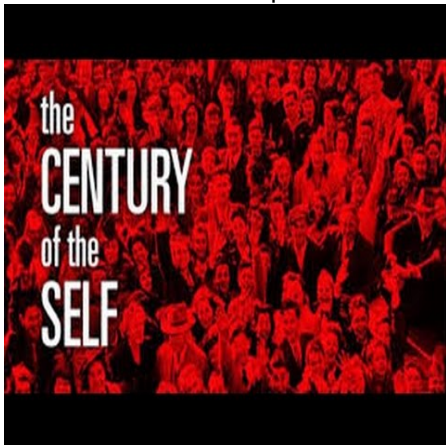
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The Century of the Self - Part 1: "Happiness Machines"



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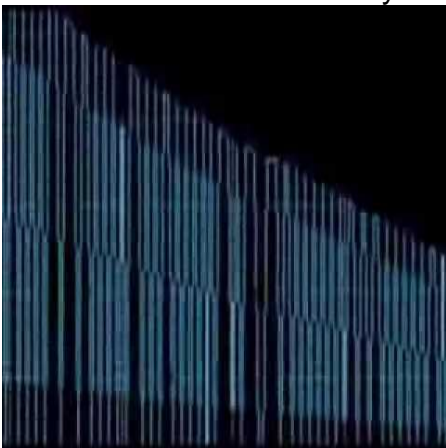
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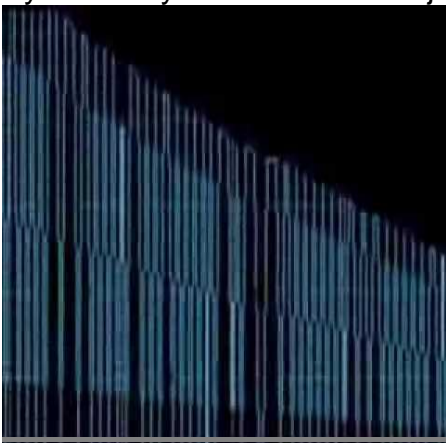
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Eyewar - Cybernetics and Project Cybersyn



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Further References

Breggin, P. R.. (2011). Psychiatric drug-induced Chronic Brain Impairment (CBI): Implications for long-term treatment with psychiatric medication. International Journal of Risk and Safety in Medicine

Plain numerical DOI: 10.3233/JRS-2011-0542

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“Understanding the hazards associated with long-term exposure to psychiatric drugs is very important but rarely emphasized in the scientific literature and clinical practice. drawing on the scientific literature and clinical experience, the author describes the syndrome of chronic brain impairment (cbi) which can be caused by any trauma to the brain including traumatic brain injury (tbi), electroconvulsive therapy (ect), and long-term exposure to psychiatric medications. knowledge of the syndrome should enable clinicians to more easily identify long-term adverse effects caused by psychiatric drugs while enabling researchers to approach the problem with a more comprehensive understanding of the common elements of brain injury as they are manifested after long-term exposure to psychiatric medications. treatment options are also discussed.”

Breggin, P. R.. (2010). Antidepressant-induced suicide, violence and mania: Risks for military personnel . International Journal of Risk and Safety in Medicine

Plain numerical DOI: 10.3233/JRS-2010-0502

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“

The newer antidepressants frequently cause suicide, violence, and manic-like symptoms of activation or overstimulation, presenting serious hazards to active-duty soldiers who carry weapons under stressful conditions. these antidepressant-induced symptoms of activation can mimic posttraumatic stress disorder and are likely to worsen this common disorder in soldiers, increasing the hazard when they are prescribed to military personnel. antidepressants should not be prescribed to soldiers during or after deployment.

”

Breggin, P. R.. (2003). Psychopharmacology and human values. Journal of Humanistic Psychology

Plain numerical DOI: 10.1177/0022167802250729

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“Psychopharmacology and biological psychiatry now dominate the mental health field. even humanistic and existential therapists are likely to refer difficult or disturbed clients to physicians, especially psychiatrists, for possible medication. the prevailing professional tendency is to conceptualize the conflict between psychotherapy and drug treatment as a scientific one; but it is at root a conflict between two different views of human nature. we need to renew our faith in the psychiatric drug-free human being in both our personal and professional lives.”

Breggin, P. R.. (2006). Intoxication Anosognosia: The Spellbinding Effect of Psychiatric Drugs. Ethical Human Psychology and Psychiatry

Plain numerical DOI: 10.1891/ehppij-v8i3a003

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“Why do so many individuals persist in taking psychoactive substances, including psychiatric drugs, after adverse mental and behavioral effects have become severe and even disabling? the author has previously proposed the brain-disabling principle of psychiatric treatment that all somatic psychiatric treatments impair the function of the brain and mind. intoxication anosognosia (medication spellbinding) is an expression of this drug-induced mental disability. intoxication anosognosia causes the victim to underestimate the degree of drug-induced mental impairment, to deny the harmful role that the drug plays in the person’s altered state, and in many cases compel the individual to mistakenly believe that he or she is functioning better. in the extreme, the individual displays out-of-character compulsively destructive behaviors, including violence toward self and others.”

Breggin, P. R.. (2004). Recent U.S., Canadian and British regulatory agency actions concerning antidepressant-induced harm to self and others: A review and analysis. International Journal of Risk & Safety in Medicine

Show/hide publication abstract

"Drug regulatory agencies in the united states, great britain, and canada have recently issued warnings concerning the use of antidepressants. considerable attention has been placed on regulatory agency conclusions that antidepressants are associated with increased rates of suicidality in children. in the united states (the fda) and canada (health canada), new warnings have also been issued for children and adults concerning the production of an activation or stimulant syndrome that is known to be associated with violence and suicide. health canada requires a warning that selective serotonin inhibitors (ssris) and other newer antidepressants produce in children and adults 'agitation-type adverse events coupled with self-harm or harm to other,' including 'akathisia (psychomotor restlessness), agitation, disinhibition, emotional lability, hostility, aggression, depersonalization.' the fda requires a warning that 'the following symptoms; anxiety, agitation, panic attacks, insomnia, irritability, hostility, aggressiveness, impulsivity, akathisia, hypomania, and mania, have been reported in adult and pediatric patients being treated with antidepressants for major depressive disorder as well as for other indications, both psychiatric and nonpsychiatric.' recent studies confirm that antidepressants are associated with adverse events that can cause aggression, hostility, and violence, as well as suicidality, in both children and adults. (psycinfo database record (c) 2012 apa, all rights reserved) (journal abstract)"

Breggin, P. R.. (1998). Electroshock: scientific, ethical, and political issues *. International Journal of Risk & Safety in Medicine

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"Electroconvulsive treatment (ect) is increasingly used in north america and there are attempts to promote its further use worldwide. however, most controlled studies of efficacy in depression indicate that the treatment is no better than placebo with no positive effect on the rate of suicide. ect is closed-head electrical injury, typically producing a delirium with global mental dysfunction (an acute organic brain syndrome). significant irreversible effects from ect are demonstrated by many studies, including: (1) inventories of autobio-graphic and current events memories before and after ect; (2) retrospective subjective observations on memory; (3) autopsy studies of animals and some of humans. ect causes severe and irreversible brain neuropathology, including cell death. it can wipe out vast amounts of retrograde memory while producing permanent cognitive dysfunction. contemporary ect is more dangerous since the current doses are larger than those employed in earlier clinical and research studies. elderly women, an especially vulnerable group, are becoming the most common target of ect. because of the lopsided risk/benefit ratio, because it is fundamentally traumatic in nature, because so many of the patients are vulnerable and unable to protect themselves, and because advocates of ect fail to provide informed consent to patients-ect should be banned."

Breggin, P. R., & Breggin, G.. (2008). Exposure to SSRI Antidepressants In Utero Causes Birth Defects, Neonatal Withdrawal Symptoms, and Brain Damage. Ethical Human Psychology and Psychiatry

Plain numerical DOI: 10.1891/1559-4343.10.1.5

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"Pregnant mothers should avoid taking ssri antidepressants—they are hazardous to the developing fetus, cause withdrawal symptoms in the newborn baby, and induce biochemical and morphological abnormalities in the brain. if pregnant mothers need help with sad or anxious feelings, they should seek counseling or psychotherapy, especially family therapy involving the child's father, as well as other sources of emotional support."

Karon, P., & Breggin, R.. (2012). Review of Psychiatric drug withdrawal: A guide for prescribers, therapists, patients and their families.. Ethical Human Psychology and Psychiatry: An International Journal of Critical Inquiry

Show/hide publication abstract

"Reviews the book, psychiatric drug withdrawal: a guide for prescribers, therapists, patients and their families by peter r. breggin (2012). thoughtful clinicians, including psychiatrists, other prescribing physicians, clinical psychologists, social workers, and other therapists, frequently think their patients should be withdrawn from psychiatric medication, but they are not sure. in addition, they do not know the best way to help the patient to safely withdraw from psychiatric medication. the first part of the book is a careful and relatively complete description of the reasons why one should consider psychiatric drug withdrawal or dose reduction and when. the second part of the book is a detailed description of the best way to withdraw from psychiatric drugs, taking into account the specific drug or multiple drugs, the length of usage, and the characteristics of the individual patient. the most heartening chapter is on children and teenagers. most children and teenagers can be withdrawn with relative ease and safety, if their parents are cooperative. withdrawal from stimulants is easily accomplished with children and teens diagnosed with attention-deficit hyperactivity disorder (adhd) if sensible family therapy and possible consultation with the child's teachers are provided. not only will they be off the medication, but their troubling symptoms will also be gone. of course, it would have been better to provide family therapy without medication from the beginning. peter breggin has more experience in safely withdrawing psychiatric patients from medication than any other psychiatrist. in this book, he shares his lifetime of experience. all of our patients deserve the benefit of our obtaining that knowledge. (psycinfo database record (c) 2012 apa, all rights reserved)"

Breggin, P. R.. (2002). Fluvoxamine as a cause of stimulation, mania and aggression: A critical analysis of the FDA-approved label. Ethical Human Sciences & Services

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"The contents of the fda-approved label for luvox (fluvoxamine) are compared to the known risks of fluvoxamine-induced stimulation, mania, and aggression in children and adults. it is found that the label in many ways fails to communicate the severity and range of these drug-induced adverse mental and behavioral drug effects. health professionals need to approach government-approved labels with skepticism and scientific sophistication, especially in regard to evaluating the risks of medications."

Breggin, P. R.. (2014). The rights of children and parents in regard to children receiving psychiatric diagnoses and drugs. Children and Society

Plain numerical DOI: 10.1111/chso.12049

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“Based on the author’s extensive clinical, forensic and research experience, this article addresses the scientific and moral question of whether it is ever in the best interests of a child to be given a psychiatric drug. the focus is on the diagnosis attention deficit hyperactivity disorder (adhd) and stimulant drugs, and on the diagnosis bipolar disorder and antipsychotic (neuroleptic) drugs. the conclusion is that we should work towards a prohibition against giving psychiatric drugs to children, and instead focus on safe and effective alternative ways of meeting the needs of children within their families, schools and society. © 2014 john wiley & sons ltd and national children’s bureau.”

Breggin, P. R.. (2008). Brain-disabling treatments in psychiatry: Drugs, electroshock, and the psychopharmaceutical complex (2nd ed.).. Brain-Disabling Treatments in Psychiatry: Drugs, Electroshock, and the Psychopharmaceutical Complex (2nd Ed.).

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“(From the jacket) in brain-disabling treatments in psychiatry, renowned psychiatrist peter r. breggin, md, presents startling scientific research on the dangerous behavioral abnormalities and brain dysfunctions produced by the most widely used and newest psychiatric drugs such as prozac, paxil, zoloft, cymbalta, effexor, xanax, ativan, ritalin, adderall, concerta, strattera, risperdal, zyprexa, geodon, ability, lithium, and depakote. many of breggin’s earlier findings have improved clinical practice, led to legal victories against drug companies, and resulted in fda-mandated changes in what the manufacturers must admit about their drugs. this greatly expanded second edition, supported by the latest evidence-based research, shows that psychiatric drugs achieve their primary or essential effect by causing brain dysfunction, and that they tend to do far more harm than good. new scientific analyses in this completely updated edition include: chapters covering every new antidepressant and stimulant drug; twenty new guidelines for how to conduct non-drug therapy; a chapter describing how to safely withdraw from psychiatric drugs; a discussion of medication spellbinding, explaining how patients fail to recognize their drug-induced mental dysfunctions; and documentation of how the drug companies control research and the flow of information about psychiatric treatments. (psycinfo database record (c) 2012 apa, all rights reserved)”

Breggin, P. R.. (1993). Psychiatry’s role in the holocaust. International Journal of Risk and Safety in Medicine

Plain numerical DOI: 10.3233/JRS-1993-4204

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“German psychiatrists proposed the extermination of mental patients before Hitler came to power. then in Nazi Germany, organized psychiatry implemented involuntary eugenic sterilization and euthanasia, ultimately killing up to 100,000 German mental patients. the six psychiatric euthanasia centers utilized medical professionals, fake death certificates, gas chambers disguised as

showers, and the mass burning of corpses. psychiatrists from the euthanasia program also participated in the first formalized murders in the concentration camps. inmates were 'diagnosed' on euthanasia forms and sent to the psychiatric euthanasia centers. these facilities later provided the training, personnel and technology for the large extermination camps. medical observers from the united states and germany at the nuremberg trials concluded that the holocaust might not have taken place without psychiatry. this paper summarizes psychiatric participation in events leading to the holocaust, and analyzes the underlying psychiatric principles that anticipated, encouraged, and paved the way for the nazi extermination program. psychiatry played a key role in the events that unfolded in nazi germany leading up to the mass murder of the jews and other groups considered alien to the german state. according to many observers at the nuremberg trials, psychiatry was the 'entering wedge' [1] in to the holocaust and the tragedy might not have taken place without the profession's active leadership. this paper summarizes psychiatry's role and attempts to answer the question, 'what psychiatric principles could have led to these abuses?' correspondence to: Peter Breggin, M.D., 4628 Chestnut Street, Bethesda, MD 20814, USA."

P.R., B., & Breggin, P. R.. (1999). Psychostimulants in the treatment of children diagnosed with ADHD: Part II-Adverse effects on brain and behavior.. Ethical Human Sciences and Services

Show/hide publication abstract

"Millions of children in north america are diagnosed with attention deficit hyperactivity disorder (adhd) and treated with psychostimulants such as methylphenidate, dextroamphetamine, and methamphetamine. these drugs produce a continuum of central nervous system toxicity that begins with increased energy, hyper-alertness, and overfocusing on rote activities. it progresses toward obsessive/compulsive or perseverative activities, insomnia, agitation, hypomania, mania, and sometimes seizures. they also commonly result in apathy, social withdrawal, emotional depression, and docility. psychostimulants also cause physical withdrawal, including rebound and dependence. they inhibit growth, and produce various cerebral dysfunctions, some of which can become irreversible. the 'therapeutic' effects of stimulants are a direct expression of their toxicity. animal and human research indicates that these drugs often suppress spontaneous and social behaviors while promoting obsessive/compulsive behaviors. these adverse drug effects make the psychostimulants seemingly useful for controlling the behavior of children, especially in highly structured environments that do not attend to their genuine needs. (psycinfo database record (c) 2012 apa, all rights reserved)"

Breggin, P. R., & Breggin, G. R.. (2005). The Hazards of Treating "Attention-Deficit/Hyperactivity Disorder" with Methylphenidate (Ritalin). Journal of College Student Psychotherapy

Plain numerical DOI: 10.1300/j035v10n02_06

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"The criteria for attention-deficit/hyperactivity disorder focus on behaviors that adults find frustrating and disruptive. conflicts between children and adults are redefined as diseases or disorders within the children. treatment with stimulant drugs such as methylphenidate (ritalin) will produce greater docility in any child (or animal) without actually improving conduct or academic performance. parents are not informed that they are trading behavioral control for toxic drug effects. the label adhd is attached to children who are in reality deprived of appropriate adult attention. these children require improved adult

attention to their basic needs."

Breggin, P. R.. (2010). The FDA should test the safety of ECT machines. International Journal of Risk and Safety in Medicine

Plain numerical DOI: 10.3233/JRS-2010-0491

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"Electroconvulsive therapy (ect) and the machines that deliver it have never been tested for safety and efficacy in order to receive approval from the food and drug administration (fda). the american psychiatric association and ect advocates protested when the fda took steps to classify the machines as posing 'an unreasonable risk of illness or injury,' which would have required their testing before approval. without requiring this testing, the fda is now preparing to classify the treatment and the machines as safe. this article reviews evidence demonstrating that ect is very harmful to the brain and mind and concludes that the fda should demand the usual testing required before psychiatric treatments and machines are approved for marketing and use."

Breggin, P. R.. (2006). Court Filing Makes Public My Previously Suppressed Analysis of Paxil's Effects. Ethical Human Psychology and Psychiatry

Plain numerical DOI: 10.1891/ehpp.8.1.77

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