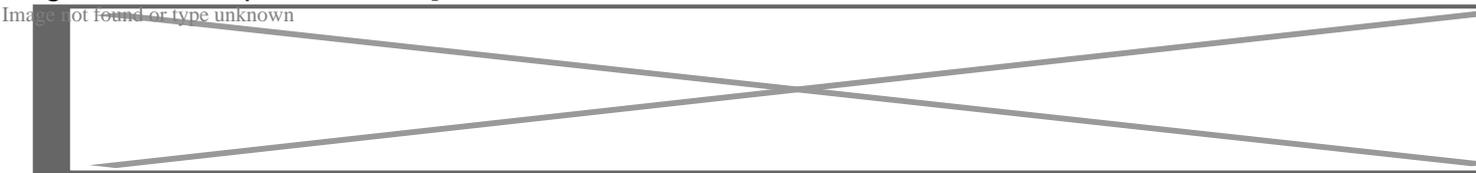


Dr. Peter Breggin (MD) – Psychiatry, neurosurgery, psychopharmacology and mind control politics

Description

[su_youtube url="https://www.youtube.com/watch?v=FDiQIYFVwtE" width="400? height="200? responsive="no"] [su_youtube url="https://www.youtube.com/watch?v=SmhdMffYBqc" width="400? height="200? responsive="no"]



Further References

Breggin, P. R.. (1998). Analysis of Adverse Behavioral Effects of Benzodiazepines With a Discussion on Drawing Scientific Conclusions from the FDA's Spontaneous Reporting System. The Institute of Mind and Behavior, Inc.

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"The benzodiazepines can produce a wide variety of abnormal mental responses and hazardous behavioural abnormalities, including rebound anxiety and insomnia, mania and other forms of psychosis, paranoia, violence, antisocial acts depression, and suicide. these drugs can impair confusion, especially memory, and can result in confusion. they can induce dependence and addiction. severe withdrawal syndromes with psychosis, seizures, and death can develop. the short-acting benzodiazepines, alprazolam (xanax) and triazolam (halcion), are especially prone to cause psychological and behavioral abnormalities. the sources of data to support these observations and conclusions are discussed in regard to the scientific method. these adverse drug effects can wreck havoc in the lives of individuals and their families."

Breggin, P. R.. (2000). The NIMH multimodal study of treatment for attention-deficit/hyperactivity disorder: A critical analysis. [References]. International Journal of Risk & Safety in Medicine

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“On earlier occasions this journal has devoted attention to the question of ‘attention deficit hyperactivity disorder (adhd).’ a not uncommon diagnosis in american children, the very existence of the condition is denied by many pediatricians and psychiatrists elsewhere, as is the propriety of treating these ‘hyperactive’ children with stimulant drugs such as ritalinreg. (methylphenidate, mph). late in 1999 the debate entered a new phase with the publication in the usa of the ‘mta study’ which set out to examine the condition and its treatment and which was claimed to provide a vindication of the use of drugs in these young individuals. bearing in mind the evident risks of widespread use of stimulants in children, the entire issue of ‘adhd’ deserves careful and ongoing attention. in this paper, dr peter breggin examines the significance of this latest study. for those readers of the journal concerned primarily with pharmaceuticals, the criteria against which he assesses the merits of this study will be familiar. (psycinfo database record (c) 2010 apa, all rights reserved)”

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.. (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.. (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*

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"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. (PsychInfo database record (c) 2012 APA, all rights reserved) (journal abstract)"

Breggin, P. R.. (2006). Intoxication Anosognosia: The Spellbinding Effect of Psychiatric Drugs. *Ethical Human Psychology and Psychiatry*, 8(3), 201–216.

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.. (2003). Psychopharmacology And Human Values. *Journal of Humanistic Psychology*, 43(2), 34–49.

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."

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

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"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.. (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.

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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., & Breggin, G.. (2008). Exposure to SSRI Antidepressants In Utero Causes Birth Defects, Neonatal Withdrawal Symptoms, and Brain Damage. Ethical Human Psychology and Psychiatry, 10(1), 5–9.

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.”

Breggin, P. R.. (2016). Rational Principles of Psychopharmacology for Therapists, Healthcare Providers and Clients. *Journal of Contemporary Psychotherapy*, 46(1), 1–13.

Plain numerical DOI: 10.1007/s10879-015-9307-2

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“Because the epidemic dispensing of psychiatric drugs is based on misinformation, it is important for all health professionals, consumers, and most citizens (including patients and their family members) to have a more rational understanding of how psychiatric drugs actually ‘work.’ instead of enforcing authoritarian ‘medication compliance’ in obedience to the prescriber’s orders, informed therapists and healthcare providers have an ethical duty to provide scientific information about the real effects of psychiatric drugs. instead of naively accepting whatever the doctor prescribes to them, consumers need to educate themselves about all medications, but especially about psychiatric ones, which are consistently misrepresented and oversold. this review focuses on three principles of rational psychopharmacology. the first is the brain-disabling principle, which states that all psychoactive substances work by causing dysfunctions of the brain and mind. it further observes that no psychiatric drugs work by improving or correcting biochemical imbalances or any other presumed biological malfunctions. the second principle is intoxication anosognosia (medication spellbinding) which states that all psychoactive substances tend to cause a subjective over-estimation of their positive effects while masking their harmful ones, sometimes resulting in extremely harmful behaviors such as mania, violence and suicide. the third principle is chronic brain impairment (cbi)—that exposure to psychoactive substances, especially long-term, results in impairments of the brain or mind that can become persistent or permanent, including atrophy (shrinkage) of brain tissue. not only are psychiatric drugs likely to do more harm than good, there are more effective and infinitely safer proven psychosocial approaches for treating the whole spectrum of ‘psychiatric disorders’ from ‘adhd’ and ‘major depressive disorder’ to ‘schizophrenia.’ (psycinfo database record (c) 2016 apa, all rights reserved)(journal abstract)”

Breggin, P. R.. (2015). The biological evolution of guilt, shame and anxiety: A new theory of negative legacy emotions. *Medical Hypotheses*

Plain numerical DOI: 10.1016/j.mehy.2015.03.015

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“Human beings are the most social and the most violent creatures on earth. the combination of cooperation and aggression enabled us to dominate our ecosystem. however, the existence of violent impulses would have made it difficult or impossible for humans to live in close-knit families and clans without destroying each other. nature’s answer was the development of guilt, shame and anxiety-internal emotional inhibitions or restraints specifically against aggressive self-assertion within the family and other close relationships.the theory of negative legacy emotions proposes the first unitary concept for the biopsychosocial function of guilt, shame and anxiety, and seeks their origin in biological evolution and natural selection. natural selection favored individuals with built-in emotional restraints that reduced conflicts within their family and tribal unit, optimizing their capacity to survive and reproduce within the protection of their small, intimate societies, while maintaining their capacity for violence against outsiders. unfortunately, these negative legacy emotions are rudimentary and often ineffective in their psychosocial and developmental function. as a result, they produce many unintended untoward effects, including the frequent breakdown of restraints in the family and the uninhibited unleashing of violence against outsiders.”

Category

1. General

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