

The Creation of Senseless Violence, Psychiatric Drugs, and Kids Who Kill

by Lora Mengucci

The rise in gratuitous and senseless violence is a disturbing recent addition to the community landscape. Psychiatrists have tried to sell us on all the wrong reasons for this — everything from a person's mental illness, poverty and broken families to genetic makeup; however, the fact missed by most is that psychiatric drugs, on an ever increasing rise in society and amongst school children, are actually creating acts of violence. The rise in senseless violence in America is date coincident with the increased use of mind-altering drugs.

How many times must history repeat itself before we start looking for the common factors present in case after case of brutal and violent acts? In the recent cases where children have become murderous, one must ask the question, even if children have access to guns or the means to make bombs, what is it that is making them pull the trigger? What twists a child so that he would kill his classmates, friends or even people that he loves? What could possibly push children over the edge to a point where their acts are unrecognizable even by those who know them?

Consider the following:

In the U.S. alone, approximately 4 million children are currently on the psychiatric drug Ritalin, a drug which the Drug Enforcement Agency (DEA) places in the same category (a schedule II drug) as opium, morphine and cocaine.

Psychotic episodes and violent behavior are associated with chronic Ritalin abuse. Ritalin is the amphetamine-like drug widely prescribed to children for the contrived mental disease, "Attention Deficit Hyperactivity Disorder" (ADHD). Even Ritalin's manufacturer warns that "frank psychotic episodes can occur" with abusive use. And even the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders lists the major complication of Ritalin withdrawal is suicide.

In the U.S. today, over 909,000 children and adolescents between the ages six and eighteen are on psychiatric antidepressant drugs.

Between 1988 and 1992, in just four years, there were reports of over 90 children and adolescents who had suffered suicidal or violent self-destructive behavior while on the newer antidepressant, Prozac, an SSRI (Selective Serotonin Reuptake Inhibitor.) The Food and Drug Administration's own Adverse Drug Reaction reports reveal that a 12-year-old suffered hostility, confusion, was violent and became "glassy-eyed" on the drug; an 18-year-old was hospitalized after being on the drug for 270 days and had reportedly sexually assaulted and stabbed a store clerk; one 16-year-old who had been on Prozac for 50 days, reported hostility, psychotic depression and hallucinations when there had been no prior psychiatric history.

Since the 1960s, the use of these drugs has been on a massive increase, especially since the introduction of Community Mental Health Centers (CMHCs). The following are just a small sample of studies showing the violence-inducing nature of these powerful mind-altering drugs:

PSYCHIATRIC DRUG STUDIES

The New York Post reported on January 31, 1999, that they had obtained documents (through Freedom of Information Law) that the New York Psychiatric Institute was testing Prozac on 6-year-olds. The documents obtained by the Post showed that under these drug trials the psychiatric researchers own documents noted that "Some patients have been reported to have an increase in suicidal thoughts and/or violent behavior." Another side effect — wild manic episodes — was also acknowledged in the researchers' records.

A 1995 Nordic conference reported that the new antidepressant drugs, in particular, have a stimulating amphetamine-like effect and consumers of these drugs can become "aggressive" or "suffer hallucinations and/or suicidal thoughts."

1998 British report said that at least five percent of patients taking SSRI's (an antidepressant) suffered "commonly recognized" side effects which includes agitation, anxiety and nervousness. Other regularly reported effects include confusion, abnormal dreaming and nightmares. Around five percent of the reports also indicate aggression, hallucinations, malaise and depersonalization. SSRIs "can cause a broad spectrum of psychiatric and neurological side effects, resulting in over-stimulation in some cases and sedation in others," the report stated.

In 1995, nine Australian psychiatrists urged SSRIs be sold with a warning after patients had slashed themselves or became preoccupied with violence when taking them. "I didn't want to die, I just felt like tearing my flesh to pieces," one patient told them. Another said, "I got my cane cutters' knife in my right hand and wanted to cut my left hand off at the wrist." The self destructive harm started after the treatment began or doses increased and eased, or ceased when the drugs were

stopped.

One Canadian research team which studied the effects of psychiatric drugs on prisoners found that "violent, aggressive incidents occurred significantly more frequently in inmates who were on psychotropic (psychiatric or mind altering) medication than when these inmates were not on psychotropic drugs" Inmates on major tranquilizers were shown to be more than twice as violent as they were when not taking psychiatric drugs. (emphasis added).

A paper published in The American Journal of Psychiatry in 1964 found that major tranquilizers (Thorazine, Haldol, Mellaril etc.) can "**produce an acute psychotic reaction in an individual not previously psychotic**" (emphasis added).

In 1970 a textbook on the side effects of psychiatric drugs pointed out the potential for violence from these drugs stating, "Indeed, even acts of violence such as murder and suicide have been attributed to the rage reactions induced by chlordiazepoxide (Librium) and diazepam (Valium)."

Valium was later replaced by Xanax as the most widely prescribed minor tranquilizer. But the leopard did not change its spots. According to a 1984 study of Xanax, "Extreme anger and hostile behavior emerged from eight of the first 80 patients we treated with alprazolam (Xanax).

And a 1985 investigation into Xanax, reported in the American Journal of Psychiatry, claimed that more than half (58 percent) of the treated patients experienced serious "dyscontrol", i.e. violence and loss of control compared with only eight percent who were given a placebo.

A 1975 paper described a negative effect from the major tranquilizers called "akathisia" (from the Greek a - meaning "without" or "not" and akathisia meaning "sitting".) Akathisia is a drug-induced insanity which was first recognized as an inability of people taking the drugs to sit still comfortably.

In his paper, "The Many Faces of Akathisia," researcher Theodore Van Putten reported nearly half of the 110 persons in the study had experienced akathisia. He described what happened to these people after taking the drugs. One woman started to bang her head against the wall three days after an injection of a major tranquilizer.

Another, who had been given these drugs for five days experienced "an upsurge in hallucinations, screaming, even more bizarre thinking, aggressive and also self-destructive outbursts, and agitated pacing or dancing." While still another stated that while on the drug she felt hostile and hated everybody and heard voices

taunting her.

In 1986, a study published in the American Journal of Psychiatry found that patients taking the drug Elavil, an antidepressant, "... appeared progressively more hostile, irritable, and behaviorally impulsive.... The increase in demanding behavior and assaultive acts was statistically significant."

A study of children taking Elavil published in Psychosomatics in 1980 found that some grew hysterical or hostile. One of the kids began "exhibiting excessive irritability and anger, pacing excessively and declaring that he was not afraid anymore, that he was 'not chicken anymore.' "

A 1988 study documented the tendency of the major tranquilizer Haldol to increase hostile and violent behavior. According to the study, many persons who had no history of violence prior to being placed on the drug "were significantly more violent on haloperidol (Haldol)". In this study, the researchers attributed the marked increase in violence to akathisia.

A report published in The Journal of the American Medical Association exemplified the agitation which can accompany akathisia. Describing a man who had started taking Haldol four days previously, the researcher noted that the man "...became uncontrollably agitated, could not sit still, and paced for several hours."

After complaining of violent urges to assault anyone near him, the man assaulted and tried to kill his dog.

Another article published in the American Journal of Forensic Psychiatry in 1985 described five cases of "extreme acts of physical violence" due to akathisia caused by Haldol. These cases included acts of extreme, senseless, bizarre and brutal violence.

In more than 400 cases of violent crime reviewed by CCHR, it was found that most mass murderers had been under psychiatric care before the crime was committed. Many of the mass killers were found to have no previous pattern of violent behavior prior to being treated — especially with drugs — by psychiatrists.

But even more startling, is that normal children are becoming murderers, with the aid of psychiatric drugs, treatments and programs.

THE FOLLOWING ARE BUT A FEW EXAMPLES:

On May 20, 1988, Laurie Dann walked into a Winnetka, Illinois second grade classroom carrying three pistols and began shooting innocent little children,

killing one and wounding five others before killing herself.

Subsequent blood tests revealed that at the time of the killings, Dann was on a psychiatric drug of a class clearly shown to cause unexplained hostile and violent behavior.

On September 26, 1988, 19-year-old James Wilson took a .22 caliber revolver into an elementary school in Greenwood, South Carolina and started shooting schoolchildren, killing two 8-year-old girls and wounding seven other children and two teachers. Wilson had been in and out of the hands of psychiatrists for years and within 8 months of the killings he had been on several psychiatric drugs which can generate violent behavior. Since the age of 14, he had been given psychiatric drugs, including Xanax, Valium, Thorazine and Haldol.

On January 17, 1989, Patrick Purdy opened fire on a school yard full of young children in Stockton, California. During his vicious and unprovoked assault, Purdy killed five school children and wounded 30 others. Purdy then killed himself. During the two years prior to the murders of the Stockton children, Purdy had been on two strong psychiatric drugs of categories known to cause violence.

On May 21, 1998 14-year-old Kip Kinkel shot and killed his parents and then went a wild shooting spree at his Springfield, Oregon high school that left two dead and 22 injured. He was reportedly taking Prozac and Ritalin and had been attending "anger management" classes.

On November 20, 1986: 14-year-old Rod Mathews beat a classmate to death with a bat in the woods near his home in Canton, Mass. He had been prescribed Ritalin since the third grade.

16-year-old Brian Pruitt, who fatally stabbed his grandparents in 1995, had a history of psychiatric treatment and had been prescribed psychiatric drugs.

And in 1997 16-year old Sam Manzie raped and strangled another boy to death. He was under psychiatric "care" and was being "medicated".

Psychiatric drugs can cause violence; they can kill. These are facts that psychiatrists and the National Alliance for the Mentally Ill (NAMI) are not comfortable with. Psychiatrists for obvious reasons — they could and should be held liable for a crime committed by their drugged out patients — and NAMI because it "is awash in money from drug companies" — \$3.2 million per year from nine such companies — that manufacturer these often crippling drugs.

Horror stories all. On the surface, the idea of tranquilizers or anti-depressants creating hostility and violence may not make sense. After all, they are supposed to make people calm and quiet. But the reality is that they can and do create this

effect. The scientific evidence is overwhelming. The studies documenting this connection go back to the 1960s when we begin to see a rise of senseless violence.

**A LITTLE KNOWN FACT:
WITHDRAWAL FROM PSYCHIATRIC DRUGS
TURNS PEOPLE HORRIFICALLY VIOLENT**

The fact that these drugs are a recipe for violence is obscured because frequently after a violent crime has been committed, psychiatrists or their allied organizations such as the pharmaceutical company-funded National Alliance for the Mentally Ill (NAMI), blame the offending person's violent behavior on his failure to continue his medication, but the truth is that violence is a documented side-effect of withdrawal from psychiatric drugs.

In 1995, a Danish medical study reported the following withdrawal symptoms from psychotropic drug dependence: "Emotional changes: Fear, terror, panic, fear of insanity, failing self-confidence, restlessness, irritability, aggression, an urge to destroy and, in the worst cases, an urge to kill." (emphasis added)

In 1996, the National Preferred Medicines Center Inc., comprising of physicians in New Zealand, issued a report on "Acute drug withdrawal," saying that withdrawal from psychoactive drugs can cause 1) rebound effects that exacerbate previous symptoms of a "disease," and 2) new symptoms unrelated to the condition that had not been previously experienced by the patient. The SSRIs (Prozac, Zoloft, Paxil, and others) can create "agitation, severe depression, hallucinations and aggressiveness."

Janet, a teenager who was prescribed minor tranquilizers and antidepressants said that while withdrawing from these drugs, she had violent thoughts and had to restrain her aggressiveness, including wanting to stab anyone who withheld the decreasing drug dosage from her: "I had absolutely no history of violence. These new feelings were not part of the so-called 'mental illness' I was suppose to have; I had never been aggressive before being prescribed the drugs. And once safely and gradually withdrawn from them, never experienced uncontrollable violent urges again."

Even the American Psychiatric Association euphemistically admits in their Diagnostic and Statistical Manual that the major "complication" of withdrawal from Ritalin, a psychiatric drug currently being administered to millions, is suicide.

Withdrawal effects from these drugs can be severe and take intense medical supervision to ensure the person safely detoxes, as an example:

Stevie Nicks, of the rock group Fleetwood Mac talks about the intense difficulty

of detoxing from psychiatric drugs: "I'm the one who realized that that's what was killing me [the psychiatric drug, Klonopin]." It took her 45 days to withdrawal from the Klonopin, "I was in there sick for 45 days, really, really sick. And I watched generations of drug addicts come in and go out. You know, the heroin people, 12 days...and they're gone. And I'm still just there."

There is no question that psychiatric drugs create violence. When you marry these poisons with the toxic psychological programs in schools today which destroy the concept of right and wrong you have a recipe for disaster.

PSYCHIATRIC DRUGS AND PSYCHOLOGICALLY-BASED SCHOOL PROGRAMS: A RECIPE FOR DISASTER

Today, we are witnessing an epidemic of children being prescribed a plethora of psychiatric drugs which have devastating side-effects, especially the newer antidepressants such as Prozac, Zoloft and Paxil. In addition, billions of tax dollars have been spent on Outcome Based Education (OBE) - psychological programs designed to de-emphasize academics, and instead focus on altering "behavior".

These programs are cloaked under various magnanimous sounding names such as "self-esteem training," "values clarification," "conflict resolution," "moral reasoning" or "death education" to name a few. The truth is that these psychological based programs have in fact raped the minds of schoolchildren, leaving them mentally hazy, without a concept of what is right or wrong. None of these programs are any more than mental techniques designed to modify behavior — or more bluntly, alter beliefs.

The violence we are witnessing in our schools and with our children is being created and we must look at the impact of behavior modification classes and psychiatric drugs on the increasing violent crime rate among children.

In 1991, despite objections from many parents about OBE, school officials in Jefferson County Colorado adopted the Outcome-Based Education programs. However, "OBE" had become a bad name, and consequently Jefferson County school officials asked OBE guru William Spady not to use the term "outcome-based education" in billings for teacher training seminars, but rather list it as "teachers classroom practices."

So what is Outcome Based Education?

If there was ever an example of tyranny over the minds of children, it is what is being given to them in the name of education and "help" today, through thoroughly deceptive behaviorist tactics like Values Clarification. Through OBE, children and teenagers are manipulated and molded with the purpose of bringing

about certain desired "outcomes." This process, in part, involves breaking down and subtly invalidating the child's already acquired values — and replacing them with the idea that there is no set right or wrong, only personal opinion. For the child the result can be, minimally, confusion and disorientation.

According to William Kilpatrick, author of *Why Johnny Can't Tell Right From Wrong*, "feelings, personal growth, and a totally non-judgemental attitude" are emphasized. However, "...no 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 why a boy or a 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." In fact, the authors of the original 1966 text on Values Clarification stated, "It is entirely possible that children will choose not to develop values. It is the teacher's responsibility to support this choice also."

In 1995, former Values Clarification adherent, Dr. William Coulson, Ph.D., stated, "...one of the effects of self-esteem Values Clarification [OBE] programs is that you are no longer obliged to tell the truth if you don't feel like it. You don't have to tell the truth because if the truth you tell is about your own failure then your self-esteem will go down and that is unthinkable."

Another OBE program, Death Education, further damaged children by forcing them to focus on their own mortality: One student related the following story: "We had an English course in seventh grade junior high whose title was 'Death Education.' In the manual, 73 out of 80 stories had to do with death, dying, killing, murder, suicide, and what you wanted on your tombstone. One of the girls, a ninth grader, blew her brains out after having written a note on her front door that said what she wanted on her tombstone."

A class of sixth graders were asked to play a "survival game" in which they were to decide which three people they should eliminate from the group, according to their age and contribution; in another class they were asked to write their own epitaphs or obituaries.

Tom DeWesse of the American Policy Foundation, and an expert on the subject of OBE, told a Washington, D.C. press conference in 1995, about a 9-year-old boy who "...told his mother that he ranked lumberjacks in the same class as murderers and bigots after a Values Clarification class. These psychologically-based programs are harming children.... OBE is not education, it's mind control from womb to tomb."

Beverly Eakman, author and executive director of the National Education Consortium, describes the impact of psychiatry and psychology on schools: "Psychiatry's and Psychology's clear and stated agenda has been to jettison systematic, academic, knowledge-based curricula in favor of psychological fare....

Then it got worse. What information youngsters did learn was actually harmful.

Perhaps one need only look to the initial stages of behavioral "education" to fully understand our school systems and society today. G. Brock Chisholm, co-founder of the World Federation for Mental Health, set the stage for what would later come to be known as Outcome Based Education when he stated "If the race is to be freed from its crippling burden of good and evil it must be psychiatrists who take the original responsibility."

Psychiatrist Chester M. Pierce, in addressing the 1973 Childhood International Education Seminar stated "Every child entering school at the age of five is insane because he comes to school with certain allegiances to our founding fathers, toward our elected officials, toward his parents, toward a belief in a supernatural being, and toward the sovereignty of this nation as a separate entity. It's up to you as teachers to make all these sick children well — by creating the international child of the future."

Arm in arm, psychology and psychiatry have created that child of the future.

CONCLUSION

Every time a child commits an act of senseless violence, kills or commits a violent act, the first question that must be asked is what psychiatric mind-altering drugs was the child on? Who was the psychiatrist treating the child? If the child was not on psychiatric drugs at the time of the killing, when was he last on psychiatric drugs? Was he experiencing withdrawal effects from the drugs? What was the curriculum of the school he was attending? Did the school have Outcome Based Education Programs such as Values Clarification, Self Esteem, Death Education or any other psychological programs designed to "condition" the child? These questions must be asked and the information made public record. A national database should collect this data so that the correlations are documented and available as public record.

Frequently when a case such as the Colorado killings occur, the medical and juvenile records of the child may not be available due to the fact that they are minors, so gathering this data may be difficult. In this case, as was the case with Mitchel Johnson of the Jonesboro Arkansas school shootings, and Michael Carneal of the West Paducah Kentucky school shootings (among others), it is imperative that all of the family, friends, school officials, local police and anyone who knew the child must be queried if the truth about why children kill is ever to come out.

Furhermore, there has recenly been talk of the parents of children who kill being held jointly responsible for their crimes, however, in cases where children are presribed dangerous mind-altering drugs, it is the psychiatrists, having full access

to the dangers of prescribing these drugs to children, that should be held accountable along with the child for the crimes committed.

The Citizens Commission on Human Rights has been investigating and exposing abuses in the field of mental health for over 30 years. All documentation is available upon request.

For more information contact: Marla Filidei at 800-869-2247

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