A CRITICAL REVIEW OF PSYCHIATRIC MEDICATIONS & TREATMENTS[1]

THE "SCIENCE" BEHIND PSYCHIATRIC DRUGS

"**The public is told that a great deal of science is involved in the prescription of psychiatric drugs, but this is not so—given that we know so little about how the brain works.** The knowledge that we do have about the effects of psychiatric drugs on the brain is largely limited to test-tube studies of biochemical reactions utilizing ground-up pieces of animal brain. We simply do not understand the overall impact of drugs on the brain.

"**Nor do we have a clear idea about the relationship between brain function and mental phenomena such as 'moods' or 'emotions' like depression or anxiety.** We don't even know where to begin looking because we don't fully understand how the brain functions.

"Some theoreticians would urge us to focus on the molecular level by looking for biochemical imbalances. **But that's pure speculation. Why would a biochemical imbalance be at the root of feeling very depressed any more than it would be at the root of feeling very happy?** And if there were biochemical substrates for extreme sadness and extreme happiness, would that fact make them *diseases?* The idea of individual biochemical imbalances is wholly at odds with the complexity of the brain.

"Besides, whose biochemical imbalance are we looking for? That of the child who is out of control or the caregiver who has difficulty disciplining? That of the child who isn't learning or the teacher who hasn't figured out how to reach this child… That of the person who feels insecure or anxious or the doctor who thinks that the person's problems require drugs? **In short, whose brain isn't working right?**"[2]

ARE THERE BIOCHEMICAL IMBALANCES?

"**As one of our colleagues recently said, 'Biochemical imbalances are the only diseases spread by word of mouth.'** ☺ Individually, we must all use our own intuitive understanding of life to determine the likelihood that our problems are caused by some as-yet-undetected brain dysfunction rather than by conflicts in the home, at work, or in society, painful life experiences, confused values, a lack of direction, or other aspects of human life.

"**Of course our bodies *can* affect our emotional outlook.** We all find it much easier to maintain a bright and enthusiastic attitude when physically healthy than when physically ill. And anything from lack of sleep to the common cold can affect our moods.

"**However doctors commonly give people psychiatric drugs without checking for obvious signs of serious physical disorder**, such as hypothyroidism, estrogen deficiency, or head injury from a car accident. Moreover, they seem particularly prone to overlooking the importance of physical symptoms in women. Some women with obvious signs of a hormonal disorder or heart condition are put on antidepressants and antianxiety drugs without first being required by their internists or psychiatrists to undergo a physical evaluation….

"In our own experience, most people with depression and anxiety have obvious reasons for how they feel. These *reasons* are often apparent in their everyday lives and may be complicated by past experiences in childhood or earlier adult life. But even if some people do turn out to have subtle, undetected biochemical

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[1] Compiled by Mike Edwards. 2019, revised & enlarged, 3/2021. Note: Many of the subtitles are from Breggin & Cohen. All bolding, italicizing, colorizing, unless otherwise noted, has also been added by me, as well as the material in brackets & parentheses. -*mwe*

[2] Peter R. Breggin, M.D. & David Cohen, Ph.D. "*Your Drug may be Your Problem*" (Perseus Books: Reading, MA, 1999), pp. 5-6, italics in the original.

imbalances, there is no reason to give them drugs like Prozac or Xanax that cause biochemical imbalances and disrupt brain function."[3]

BEHAVIORIAL & PHYSIOLOGICAL PROBLEMS MISTAKENLY LABELED "*MENTAL ILLNESS*"

1. "**A Christian girl, who had been a top student, during finals at college refused to take her exams & grew very touchy and suspicious about everything and everyone. She claimed to see flames shooting out of her wall, and said she heard voices**. At one point she stripped herself and ran around the dorm. She became belligerent and so berserk that finally she had to be locked up overnight until her parents could come to take her home.

2. "**A young man 21 years old, late one night jumped into a river trying to take his life. The only reason that he survived was that he was an excellent swimmer**. At the last moment he panicked and just barely succeeded in swimming back to shore.

3. "**A high school girl ran away. When she was found, no one could make sense out of her explanations for leaving, so her family sent her to a mental institution**. Here she was given a series of shock treatments, with no perceptible results. She was released and was home for only a few weeks when she ran away again, this time returning home disheveled and totally incoherent. She was again committed to the mental institution, where she underwent more shock treatments.

4. "**A middle-aged woman, who had totally ceased to function as a housewife, came for counseling**. She was no longer doing her ironing. It had piled up in huge piles in the family room. Green hairy stuff had begun growing in the refrigerator. The children were making their own lunches for school and dad was cooking meals for the family. **She claimed that she was too depressed to assume her responsibilities**. Instead, she spent her days lying around on the couch, watching an occasional TV program & eating chocolates."[4]

"**What was wrong with these people, all of whom came to our counseling center? There was one problem common to all of them.** The same basic fault lay with each one. It was expressed differently in each case, but one underlying root problem was present. **Would you state it in this way**-'***They were sick'***? Isn't a person who tries to commit suicide sick? Isn't someone who runs away from home & babbles incoherently sick? Well, that is what many people think. In every one of these cases, family, physician or friends advised and acted on that basis first. This is to be expected because of the propaganda that has been spread successfully throughout our country. **That propaganda inculcates the idea that there is a strange disease abroad that causes mental illness. This is a mysterious sickness; an illness that may be caught by almost anyone without warning, and there is nothing that he/she can do about it**. **It may strike any one of us suddenly, unannounced**. About all that can be done is to send us to a mental institution or to a psychiatrist for the next several years. In rare cases people do seem to recover from this frightening illness, but there really isn't much hope. **<u>That is the picture that many people conjure up today when they think of counseling</u>**."[5]

"**In every one of the cases that I have described, an entirely different problem was at the root**. We must return to these cases and see what happened.

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[3] Breggin & Cohen, pp. 6-7, italics in the original.
[4] Jay E. Adams, "*The Big Umbrella, and other Essays on Christian Counseling*" (Baker Book House: Grand Rapids, MI, 1972), pp. 39-40
[5] Ibid, pp. 40-41

"**Take the case of the girl who abruptly stopped studying for exams, the one who became terribly suspicious & whose behavior suddenly became quite upsetting**. This girl, it turned out, had remained awake for hours on end studying for exams. She had stayed up for several nights with little or no sleep. She failed to consider the fact that the Bible has much to say about how we must handle our bodies. At least, she was not applying these biblical principles to sleep, **and she certainly did not realize that significant sleep loss can cause all of the same effects as LSD**… The first sign of the perceptual difficulties caused by sleep loss is a growing touchiness & suspicion about others. It can even lead, after a couple of days of the loss of rapid eye movement sleep, to hallucinations. Persons with sleep loss may 'see' strange things like bugs crawling over the floor (that nobody else in the room sees), or a blue flame flashing out of the sky, or may hear things that nobody else hears. Every sense of the body, depth perception, touch perception (e.g. you might run your hand along a piece of smooth wood and find that it feels furry), taste, smell-any or all may be affected. **These perceptual difficulties result from lack of care for the body, which is sin. So again, it was a sinful pattern of life** (abuse of her body by failing to get adequate sleep) **that led to such consequences.**[6] **Her problem was not sickness**."[7]

"**Take the…case of the young man who plunged into the river at midnight attempting suicide**. **He was sick, wasn't he?** ***No.*** His parents came to counseling with him. From the first they began by minimizing everything negative that he had to say about himself. They were telling him even as they walked through the door, '*Now you know that isn't so, Bill*.' And he was saying, '*Yes it is too; I'm just no good!*' But they wouldn't take him seriously. They refused to accept his evaluation as the real reason for his problem. They would not take him seriously about his sin. He kept on saying things like, '*I'm not worthy to walk on the face of this earth; everybody would be happier without me. I'm no good*.' It was almost as if his parents didn't hear him; they kept on responding with words like, '*Now you know that isn't true; you've been a good son, Bill.*' **As soon as this pattern became apparent, I had to cut through all of that and say, '*Wait a minute; Bill knows more about himself than anyone else but God.*'** Turning to him I said:

> 'I'm inclined to believe you, Bill, that you aren't very good. Maybe you're no good. Maybe there isn't a worthwhile thing in your life. At any rate, I think you must have some pretty solid reasons for wanting to take your life; but I also think that suicide is the wrong solution to those problems. You may have some weighty reasons for trying to take your life, but that action was a very poor answer to your problems. Indeed, suicide is just another plank in the platform of failure that you have been building. It is another wrong non-solution just like the ones that you tried before. It will fail to solve anything, and you can't really escape by it; it will only bring you face to face with God. In the end, because it is sin, it can only cause untold heartache and sorrow.'

"**The moment that I took him seriously about his sin, the whole story poured out**. His parents had been trying to get the story out of him for two weeks; they could not because they minimized the severity of his problems. But in the first few minutes of this first session he poured it all out. Yes, and it was clear that he had some good reasons for his action. What he told us was a tragic, mixed-up story of interpersonal relations that eventually led to a place where he could see no way out. So he decided to run out. His reasons were sound enough, but his solution was not Christian. Therefore, it could only complicate but never really solve any problems. **Sin was at the base. Today that young man is married and living a happy Christian life**."[8]

"**Take the situation [of] the high school girl who ran away from home**. Her parents brought her to the counseling center only after all other attempts to help her had failed. It turned out that the truth of the matter

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[6] Cf. Gay G. Luce & Julius Segal, *Sleep*, Lancer Books: New York, 1967, pp. 81-100, cited by Adams.
[7] Ibid, pp. 43-44
[8] Ibid, pp. 44-45

was that she was afraid she was pregnant, and, rather than face the reality and shame of that situation, she had run away from home. She was found and then sent to the mental institution. Rather than uncovering the truth, at the mental institution she was given shock therapy! When she came home, she ran away again, but this time she was picked up by an older man who assaulted and raped her. That's when she came back incoherent; she went back to the mental institution and back to more shock treatments. **All of this had nothing to do with her real problem. Her problem plainly was that she was a sinner. She was a sinner who had not dealt honestly with her sin**. When she sinned, she would not face up to it. Instead, she kept running from her sin and from its consequences, only to run not deeper and deeper problems. The complications of her unconfessed and unforgiven sin snowballed, as they always do. **She was not mentally ill**."[9]

"**Take the last case, the deeply depressed woman who is the composite of a dozen or more women who appear for counseling almost every month**. She may be a mother who is trying to avoid the responsibilities of a family over which she has lost control, or perhaps one who simply has never solved the problem of being a woman. She may never have learned the secret of doing her work as a housewife and Christian mother *joyously*.[10] Instead, she becomes depressed over that pile of ironing that must be done again; so she lets it sit. Possibly something else happens that day that she can use as an excuse to avoid her work. Or she may simply say, 'Oh, I just don't *feel* like doing the ironing today.' So she leaves it. Her feelings may be lulled temporarily by the excuse, but the pile grows higher. Then the next day when she looks at the ironing again, the pile has grown still higher, so she feels *less* like doing it. So she doesn't do it that day either. But then it grows higher and her feelings get lower, and so on and on and on. Depressing feelings of guilt escalate. And the first thing you know, she concludes that the pile is much too high to tackle because her feelings are much too low. Indeed, by now they are so low that she does not feel like making the lunches for the kids, either. Now she concludes that she '*can't*' do that; she doesn't *feel* up to it any longer. And the next thing you know, she doesn't feel like cleaning the refrigerator, and the green hairy stuff starts growing. Before very long she is lying around on the sofa deeply depressed and nearly immobile.

"**Dynamics even so simple as these can bring on depression. A sinful life pattern of such irresponsible living is all that it may take**. Christian women know that they ought to be living like that woman in Proverbs 31, who did her housework-and much more-with joy and enthusiasm. King Lemuel's ideal woman used all of the gifts that God had given to her for the glory of God and for the benefit of her family. Instead, depressed Christian women are often those who gripe and groan about their lot. They think, 'My husband can get out during the day and get away from the children, but I have to stay around the house all of the time. What future is there in doing dishes or ironing day after day?' and so on and on-wallowing in sinful self-pity.

"**In every one of these cases the problem was not sickness; it was sin**. **There are some people who are mentally ill. Let me make this fact very clear.** If a beam in the ceiling of this chapel were to fall with some force across your head, if you survived, doubtless you would be mentally ill; literally so. That is a legitimate instance of mental illness. **There are people who have organic problems, brain damage, chemical damage or malfunction, toxic damage or other kinds of organic causes behind some of their problems**. **Now it is not those people about whom I have been speaking**. [But] as a matter of fact, the number of people who fall into that category is very slight by comparison with then number of people who have been 'declared' to be mentally ill but really are not. Instead, most persons who are depressed, suicidal, incoherent, or whatever, are like that for reasons similar to those behind the cases I have just described."[11]

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[9] Ibid, pp. 45-46

[10] Cf. Proverbs 31:13b - "and works with her hands in delight" (NASV)

[11] Ibid, pp. 46-48, italics in the original

DEPRESSION, "MENTAL ILLNESS" & THE USE OF PSYCHIATRIC/PSYCHOTROPIC DRUGS

"**The most common problem the counselor will deal with in his ministry is depression**… **Christians are not immune to this problem.** Pastors verify that depression frequently saps the spiritual strength of God's people. Often, even those who know the Lord cry out as the psalmist David, '*I looked on my right hand, and beheld, but there was no man that would know me: refuge failed me; no man cared for my soul*" (Ps. 142:4). **In such a state, one may begin to doubt his salvation, the Bible, and even the existence of God**.

"**The Bible records some of the best-known Bible characters as being depressed: Moses** (Num. 11:10-16; Exod. 18:12-22); **David** (II Sam. 12:1-17; Ps. 51:17); **Elijah** (I Kings 19:1-18); and **Jonah** (Jonah 4). Psalm 77 lists some of David's depression symptoms (vv. 2-9) and the steps he took to cure the depression (vv. 1, 10-20)."[12]

Spurgeon pointed out long ago that God servants are not immune to depression. In a message to the students in his Bible College, he said: "**As it is recorded that David, in the heat of battle, waxed faint, so may it be written of all the servants of the Lord.** Fits of depression come over most of us. Usually cheerful as we may be, we must at intervals be cast down. The strong are not always vigorous, the wise not always ready, the brave not always courageous, and the joyous not always happy… for ordinary men, the Lord knows—*and makes them to know*—that they are but dust… The life of Luther might suffice to give a thousand instances, and he was by no means of the weaker sort. His great spirit was often in the seventh heaven of exultation, and as frequently on the borders of despair… **See Elijah after the fire has fallen from heaven**, after Baal's priests have been slaughtered and the rain has deluged the barren land! For him no notes of self-complacent music, no strutting like a conqueror in robes of triumph; **he flees from Jezebel, and feeling the revulsion of his intense excitement, he prays that he may die.**"[13]

"WHAT DO WE REALLY KNOW ABOUT PSYCHIATRIC DRUGS AND THE BRAIN?"

"**Almost all psychiatric drug research is done on the *normal* brains of animals, usually rats**. As noted earlier, much of this research involves grinding up brain tissues to investigate the gross effects of a drug on one or more limited biochemical reactions in the brain. More sophisticated research involves micro-instrumentation that injects small amounts of drugs into the living brain and measures the firing of brain cells. Yet even these more refined methods are gross compared to the actual molecular activity in the brain. **For example, we have no techniques for measuring the actual levels of neurotransmitters in the synapses between the cells**. **Thus all the talk about biochemical imbalances is pure guesswork**. **More important, what's actually being studied is the disruption of normal processes by the intrusion of foreign substances**.

"**This research in no way bolsters the idea that psychiatric drugs correct imbalances**. Rather, it shows that psychiatric drugs create imbalances. **In modern psychiatric treatment, we take the single most complicated known creation in the universe—the human brain—and pour drugs into it in the hope of 'improving' its function when in reality we are disrupting its function**.

"**The notion that Prozac corrects biochemical imbalances is sheer speculation—propaganda from the biological psychiatric industry**. **But disruption of biochemical reactions in the brain, causing severe biochemical imbalances and abnormal rates of firing among brain cells, is a proven fact about Prozac that cannot honestly be disputed by anyone who knows the research**."[14]

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[12] Walter & Trudy Fremont, "*Becoming an Effective Christian Counselor*" (Bob Jones University Press: Greenville, SC, 1994), p. 259
[13] C.H. Spurgeon, "*Lectures to My Students*" (Zondervan Publishing House: Grand Rapids, MI, 1954), pp. 154 & 159
[14] Breggin & Cohen, op cit., pp. 7-8, italics in the original.

"**How does the brain react to the intrusion of psychiatric drugs such as Prozac, Ritalin, or Xanax?**
"The brain reacts as if it is being invaded by toxic substances; it tries to overcome, or compensate for, the harmful drug effects. In the process, the brain literally destroys its own capacity to respond to the drug. It numbs itself to the drug and, in so doing, actually kills some of its own functions. **So when a doctor tells us that Prozac is putting our biochemical imbalances into balance, we are being badly misled**. In actuality, Prozac is profoundly disrupting the function of the brain.

"**Prozac, Ritalin, and Xanax, like most psychiatric drugs, overstimulate particular neurotransmitter systems** either by increasing the output of a neurotransmitter or by preventing its removal from the synapses between nerve cells. Prozac, for example, overstimulates a chemical messenger called serotonin by blocking its removal from the synapse. The brain reacts initially by shutting down the release of serotonin and then by reducing the number of receptors that can respond to the serotonin."[15]

"These self-destructive processes in the brain are relatively easy to research. They were demonstrated in the private laboratories of Eli Lilly—the manufacturer of Prozac—even before the drug was approved for marketing by the Food and Drug Administration (FDA). **Long before the marketing of Prozac, the drug was known to routinely cause drastic biochemical imbalances rather than to correct them**.

"**How long does it take the brain to recover from the imbalances caused by Prozac?** We don't have an answer to this critical question. Why not? Because drug companies and the scientific community have never carried out the relatively simple and inexpensive research that would be required. Yet we should suspect that the brain does not always recover from Prozac or similar antidepressants such as Paxil and Zoloft.

"**We already know that the brain's recovery from exposure to many psychiatric drugs can be prolonged and that full recovery may never take place**. Studies have demonstrated this outcome for stimulant drugs such as the amphetamines, including Dexedrine and Adderall, that are prescribed for children. [!] Although the final verdict concerning Ritalin isn't in, its similarity to the other stimulants is such that we should be concerned about its capacity to cause irreversible changes. We also know that irreversible changes can occur in response to the drugs used to treat schizophrenia, such as Haldol, Poloxin, and Risperdal. These drugs can cause permanent, severe impairments of brain function. **Indeed, we should suspect that any psychoactive drug—any drug that affects mental function—tends to produce irreversible changes in some if not most people**.

"What hope can we have that bathing the brain in a psychiatric drug will actually improve the overall function of this mysterious organ? Almost none. In fact, as already noted, most of what we know about the various neurotransmitters has been gathered by studying how psychiatric drugs disrupt or spoil their functioning." [16]

"WHAT IF WE TREATED OUR COMPUTERS the WAY WE TREAT the BRAIN?"

"**Imagine what would happen if we treated our much simpler computers in the same way as we treat the brain in psychiatry.** Consider the case of a computer that is 'crashing' too often. With considerable poetic license, we can compare this mechanical dysfunction to the human tendency to become 'overwhelmed' or 'overloaded' with depression, anxiety, or obsessions and compulsions, and unable to function easily in everyday life.

[15] Breggin & Cohen, p. 8
[16] Breggin & Cohen, pp. 8-9

"Perhaps the computer is crashing for reasons having to do with its hardware. For example, the computer may need more memory or a new hard drive. Alternatively, the problem may be traceable to its software—to one or more of the programs installed in the computer. Then again, the operator of the computer and its programs may be responsible. Or the source of the problem could lie outside the computer and even outside the office, as in the case of power surges.

"**When troubleshooting such a problem, computer experts routinely take all of these factors into consideration—the computer, the program, the operator, and the power source**. If the cause of the problem isn't immediately apparent, they may run experimental tests or programs in order to diagnose the problem.

"**The approach taken by psychiatrists and other medical doctors, by contrast, is both simple-minded and destructive. In contemporary psychiatry, the doctor almost always assumes that the problem lies in the 'hardware' of the brain** (**i.e., in 'biochemical imbalances'**). In the words of one well-known psychiatrist, emotional and behavioral difficulties are caused by a 'broken brain.'

"**Modern psychiatrists seem to consider themselves brain consultants, but they have little knowledge with which to establish that expertise. Unlike computer consultants, psychiatrists have no way of identifying or locating the source of the problem in a patient's brain. So the patient must take their 'expert' assertions on faith**.

"How would you react if your computer consultant treated your computer the way psychiatrists treat patients and their brains? Suppose your consultant invariably concluded that the problem must lie in the hardware of your machine **rather than in the program, the operator, or some external factor such as the power source.** Suppose our consultant always began by pouring toxic agents into your computer. **Further suppose that you consultant never guaranteed you a good result while continuing to pour toxic agents into your machine without regard for the consequences**—and, when pressed for an explanation, made vague references to 'crossed wires' or 'electrical imbalances' in your computer but never looked inside, conducted any tests, or provided a definitive physical diagnosis.

"**How long would you put up with such nonsense from your computer consultant? Not very long**. **If computer consultants behaved like psychiatrists, we would fire them**. Yet, tens of millions of people put up with even more slipshod, irrational treatments involving their far more complex and vulnerable brains and minds."[17]

MORE THOUGHTS ON *"CHEMICAL IMBALANCES"*

"**If psychiatric drugs could correct specific biochemical imbalances, specific types of drugs for specific disorders would be available. *But this is not the case*.** For example, even though **Prozac** mainly affects just one neurotransmitter system, it **is used with supposed success for a broad range of difficulties, from anxiety to depression to behavior problems in children.** The same has been true of other psychiatric drugs. **Even the 'antipsychotics,' such as Thorazine**, **were originally marketed for nearly every possible human problem, from behavioral difficulties in children to insomnia and anxiety in adults, as well as for a variety of supposed psychosomatic disorders, including skin and digestive problems**. [!] Similarly, the **stimulants, such as Ritalin and amphetamine, were originally advertised not only for behavioral control of children but also for stress and depression—*and even for energizing old people*.**

[17] Ibid, pp. 9-10

"Furthermore, many psychiatric disorders are treated with **a variety of drugs with widely varying biochemical effects. The treatment for depression, for example, involves drugs that affect the serotonin, norepinephrine, acetylcholine, dopamine, and GABA systems**.

"*No psychiatric drug has ever been tailored to a known biochemical derangement*. Instead, the drugs are marketed on the basis of whether they '*work*' in short clinical trials on one particular diagnostic group. The drug companies, followed by drug advocates, *then construct an argument that the medications must be correcting a biochemical imbalance in this group of patients.*

"**At the same time, no biochemical imbalances have ever been documented with certainty in association with any psychiatric diagnosis**. **The hunt goes on for these illusive imbalances; but their existence is pure speculation, inspired by those who advocate drugs**."[18]

"Some psychiatric drugs, such as the minor tranquilizers, can be and are given in higher doses to produce surgical anesthesia. And the original 'antipsychotic' drug, Thorazine, was first used by a French surgeon who noticed that it was useful in making surgical patients indifferent or apathetic toward the pain that they were undergoing. **Scientific evidence can be marshaled to support the hypothesis that most psychiatric drugs '*work*' by producing a kind of anesthesia of the mind, spirit, or feelings**."[19]

"**Almost all psychiatric drugs—from the minor tranquilizers to stimulants like Ritalin—can *cause* depression**…

"Relatively short acting tranquilizers such as ***Xanax or Ativan*** **can cause episodes of anxiety when the drug effect wears off and the brain rebounds several hours after each does. Most antidepressants and stimulants can also cause anxiety and agitation.** And ***Prozac-like drugs***, as well as antipsychotic drugs, can cause a particularly distressing syndrome known as akathisia, which involves anxiety or inner irritability that leads to a compulsive need to move about. *It can feel like being tortured from the inside out.*"[20]

"**Prozac even more commonly induces mania in children**. In a study intended to tout the drug's safety and efficacy, **6 percent of the children were forced to drop out due to Prozac-induced mania. None of the controls became psychotic.** A similar drug, **Luvox**, **produced a 4 percent rate of 'manic reactions' in children**, according to the *Physicians' Desk Reference*. (FN: '**Luvox was being taken by Eric Harris at the time he committed the murders at Columbine High School in Littleton, Colorado, on April 20, 1999**).

Without a doubt, Prozac and other antidepressants are causing tens of thousands of psychotic reactions that can ruin the lives not only of the afflicted individuals but also of their family members. With the increasing prescription of such drugs to children, we expect the devastation to increase."[21]

[18] Breggin & Cohen, p. 35
[19] Breggin & Cohen, p. 36
[20] Peter R. Breggin, M.D. & David Cohen, Ph.D. "*Your Drug may be Your Problem*" (Perseus Books: Reading, MA, 1999), pp. 54, 55
[21] Breggin & Cohen, ibid, pp. 62-63