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# **The Drugging of “Post Partum Depression”**

**Clearing up Misconceptions  
About “Chemical Imbalances,”  
Antidepressant Drugs and  
Non-Drug Solutions**

**A report by  
Citizens Commission on Human Rights**

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## The Drugging of “Post Partum Depression”

### INTRODUCTION

Many people think that psychiatric disorders, such as depression or post partum [after birth] depression, are the same as medical diseases or illnesses. However, this is very misleading for someone, especially a mother who has experienced the trauma of just giving birth. To have them think the emotional roller coaster they may be experiencing is the result of a “chemical imbalance in the brain,” requiring mind-altering medication, is false and potentially very harmful.

However, as psychiatrist Ron Leifer says, “There’s no biological imbalance. When people come to me and they say, ‘I have a biochemical imbalance,’ I say, ‘Show me your lab tests.’ There are no lab tests. So what’s the biochemical imbalance?”

This does not mean that serious emotional difficulties do not exist, that people’s hopes cannot be shattered or that their methods of coping with this cannot fail. But it does mean that psychiatrists, psychologists and drug groups have used such difficulties to their advantage, promoting powerful drugs as a “solution” for vulnerable individuals.

This has been for the sake of profit, often at the expense of people’s lives.

Take the case of Texas mother Andrea Yates who, on June 20, 2001, filled the bathtub and drowned her five children, ages six months to seven years. For years, Mrs. Yates, 37, had been prescribed psychiatric drugs for bouts of post partum depression. What could have been an opportunity for the media to educate the public about the dangers of the antidepressant drugs Mrs. Yates had been taking, instead became a non-stop campaign for the mental health industry about the need for more psychiatric “treatment.” Yet the real story is about the failure of that psychiatric treatment.

“Yates had been getting psychiatric drugs for her post partum depression for years. She was on high doses of two antidepressant drugs at the time she drowned her children but went ahead and did what these drugs are supposed to prevent anyway,” wrote Rick Giombetti in an interview for *Counter Punch* with Dr. David Healy, author of *The Antidepressant Era* and head of the Department of Psychological Medicine at the University of Wales.<sup>1</sup>

Science consultant Edward G. Ezrailson, Ph.D., reviewed Mrs. Yates’ medical records and reported that the cocktail of drugs prescribed had caused *involuntary intoxication*. The “overdose” of one antidepressant and “sudden high doses” of another, “worsened her behavior,” he said. This “led to murder.”<sup>2</sup>

Tragedy struck again on November 22, 2004, when Dena Schlosser, a 35-year-old Texas housewife, killed her 10-month-old daughter by cutting off the baby’s arms. Mrs. Schlosser had been treated in a psychiatric hospital for psychosis and post partum depression. According to hospital records, she’d been prescribed the anti-psychotic drug Haldol and an anti-anxiety drug, Ativan. The hospital records also noted that prior to her hospitalization, she hadn’t slept in three or four days and had not eaten sufficiently since her daughter was born. Newspaper accounts also stated she had been placed on “medication for depression” at least twice prior to the crime.<sup>3</sup>

Dr. Sydney Walker III, a neurologist and psychiatrist wrote that psychiatric drugs “often create new and serious symptoms patients didn’t have before ‘treatment’” and “upset the natural chemical environment of neurons (brain cells...).”<sup>4</sup>

Quite apart from such drugs causing harm, they are also unnecessary. Any medical doctor who takes the time to conduct a thorough physical examination of someone exhibiting signs of what psychiatrists say are “mental disorders,” including post partum depression, can find undiagnosed, untreated physical conditions.

The book *Alternative Medicine, The Definitive Guide*, tells mothers: “The emotional impact of new parenthood is one of the most difficult alterations to come to terms with. Some women experience much anxiety about caring for a new infant. Others experience mood swings from exhilaration to depression. Most mothers, both new and experienced, feel extremely tired. Unless the mother takes adequate and proper rest, chronic fatigue can intensify the physical and emotional challenge of adjusting to a new baby.”<sup>5</sup> The book notes that in addition to rest and sound eating habits, overall recovery and healing for the new mother should include, “prenatal vitamins and minerals.”<sup>6</sup>

Instead, psychiatrists prefer to tell young mothers that their condition is an “illness,” requiring “medication,” potentially endangering the life of the mother and her child.

### **IMPORTANT INFORMATION ABOUT “MENTAL DISORDERS”**

While mainstream physical medicine deals with diseases such as malaria<sup>i</sup>, bronchitis<sup>ii</sup> and hepatitis<sup>iii</sup> that have exact, identifiable physical causes, psychiatry deals with disorders. Disorders are names given to undesirable feelings and behavior but for which no exact physical causes have been isolated. These mental disorders are frequently referred to as “illnesses” or “diseases” but they are not the same thing. This difference sets psychiatry far apart from the usual practice of medicine.

To further explain this and provide a better understanding of what can be confusing information, the following definitions are helpful to bear in mind while reviewing any material that relates to psychiatry or psychiatric diagnoses.

**FACT:** A FACT IS SOMETHING THAT CAN BE PROVEN TO EXIST BY VISIBLE EVIDENCE.

**OPINION:** AN OPINION IS SOMETHING THAT MAY OR MAY NOT BE BASED ON ANY FACTS. IT IS A BELIEF OR CONCLUSION BASED ON WHAT ONE THINKS RATHER THAN ON WHAT IS PROVEN TO BE TRUE.

**FIRST HAND DATA:** FROM THE ORIGINAL SOURCE.

**SECOND HAND DATA:** NOT OBTAINED FROM THE ORIGINAL SOURCE; BORROWED.

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<sup>i</sup> Malaria: Disease contracted by a particular mosquito and causes fever, chills and sweating.

<sup>ii</sup> Bronchitis: Inflammation of the bronchial tubes, the main branches of the windpipe that go into each lung.

<sup>iii</sup> Hepatitis: Contagious viral disease characterized by inflammation of the liver and fever.

**THIRD HAND DATA:** DERIVED, AS INFORMATION, FROM THE SECOND AFTER THE ORIGINAL SOURCE; HENCE, STALE; OF QUESTIONABLE RELIABILITY.

**DISEASE:** By reviewing first hand data from medical studies and literature, you will find that in medicine, strict criteria exist for calling a condition a disease: a predictable group of symptoms and the cause of the symptoms or an understanding of their physiology (function) must be proven and established. Chills and fever are symptoms. Typhoid fever<sup>iv</sup> is a disease. Diseases are proven to exist by objective evidence and physical tests. Yet, no mental “diseases” have ever been proven to medically exist.

**DISORDER OR SYNDROME:** In the absence of a known physical cause, a group of symptoms seen in many different patients is called a disorder or syndrome. Harvard Medical School psychiatrist Joseph Glenmullen says that in psychiatry, “all of its diagnoses are merely syndromes [or disorders], clusters of symptoms presumed to be related, not diseases.” Dr. Thomas Szasz, professor of psychiatry emeritus from State University of New York Health Science Center, Syracuse, New York, says, “There is no blood or other biological test to ascertain the presence or absence of a mental illness, as there is for most bodily diseases.”

Bipolar, attention deficit hyperactivity, depression, etc. are disorders, not diseases or illnesses. There is no physical test by which to diagnose them.

**CAUSES AND CURES:** While medicine has established causes and cures, leading psychiatric agencies such as the World Psychiatric Association and the U.S. National Institute of Mental Health admit that psychiatrists do not know the causes or cures for *any* mental disorder or what their treatments specifically do to the patient. They have theories and conflicting opinions about their diagnoses and methods, and lack a scientific basis for them. The following is a sample of such quotes:

- “The time when psychiatrists considered that they could cure the mentally ill is gone. In the future the mentally ill have to learn to live with their illness.”<sup>7</sup>

Norman Sartorius, president of the World Psychiatric Association (1996-1999), addressing the Association of European Psychiatrists Congress, 1994

- “...[W]e do not know the causes [of any mental disorder]. We don’t have the methods of ‘curing’ these illnesses yet.”<sup>8</sup>

Dr. Rex Cowdry, director of the National Institute for Mental Health (NIMH), testimony before a House of Representatives Appropriations Committee Hearing, 1995

- “We can manufacture enough diagnostic labels of normal variability of mood and thought that we can continually supply medication to you...But when it comes to manufacturing disease, nobody does it like psychiatry.”<sup>9</sup>

Dr. Stefan Kruszewski, psychiatrist, Pennsylvania Medical Society, 2004

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<sup>iv</sup> Typhoid fever: An infectious, often fatal, disease with intestinal inflammation, fever, nosebleed, eruptions of the skin, etc.

The diagnoses made by psychiatrists and psychologists are based on the American Psychiatric Association's *Diagnostic & Statistical Manual of Mental Disorders (DSM)*. It is the means by which psychiatrists can bill insurance companies for reimbursement of patient treatment prescribed for such disorders.

For something to be scientifically valid—such as a diagnosis—it must have the ability to produce a consistent, replicable result. *DSM* is neither reliable as a diagnostic tool nor based on science, as the following sample medical expert quotes show:

- “Making lists of behaviors, applying medical-sounding labels to people who engage in them, then using the presence of those behaviors to prove they have the illness in question is scientifically meaningless. It tells us nothing about causes or solutions. It does, however, create the reassuring feeling that something medical is going on.”<sup>10</sup>

John Read, senior lecturer in psychology,  
Auckland University, New Zealand

- “Restless, impatient people are convinced that they have attention deficit disorder (ADD); anxious, vigilant people that they suffer from post-traumatic stress disorder (PTSD)....All have been persuaded that what are really matters of their individuality are, instead, medical problems, and as such are to be solved with drugs....And—most worrisome of all—wherever they look, such people find psychiatrists willing, even eager, to accommodate them....”<sup>11</sup>

Paul R. McHugh, professor of psychiatry,  
Johns Hopkins University School of Medicine

## THE CHEMICAL IMBALANCE THEORY

The prevailing psychiatric *theory* is that post partum depression is the result from a chemical imbalance in the brain. However, there is no biological or other evidence to prove this. Representative of a large group of medical and biochemistry experts are the following quotes:

- “First, no biological etiology [cause] has been proven for any psychiatric disorder...in spite of decades of research....So don't accept the myth that we can make an 'accurate diagnosis'....Neither should you believe that your problems are due solely to a 'chemical imbalance.’”<sup>12</sup>

Edward Drummond, M.D.,  
Associate Medical Director,  
Seacoast Mental Health Center  
in Portsmouth, New Hampshire,  
Author of *The Complete Guide to Psychiatric Drugs*

- “Remember that no biochemical, neurological, or genetic markers have been found for attention deficit disorder...or any other so-called mental illness, disease, or disorder.”<sup>13</sup>

Bruce Levine, Ph.D., psychologist  
Author of *Commonsense Rebellion*

- “[T]here are no tests available for assessing the chemical status of a living person’s brain.”<sup>14</sup>

Elliot Valenstein, Ph.D.,  
author of *Blaming the Brain*

- In December 2004, ABC’s *PrimeTime Live* exposed how ads on television claiming that antidepressants are needed for depression, which “may be related to an imbalance of natural chemicals between nerve cells in the brain,” are false: “Experts say there’s no scientific proof that depression is caused by a chemical imbalance, even though many people claim to be helped by these drugs. And what’s more, there’s no way to precisely measure these chemicals in human brains. Instead, they test rats.” Harvard Medical School psychiatrist, Joseph Glenmullen, said, “The bottom line, we don’t know what the drugs are doing in real, live human beings.”<sup>15</sup>

### PSYCHIATRIC DRUGS CREATE TRAGEDY

Many mothers have been encouraged to find alternative solutions to psychotropic drugs once educated about these. An article in the national news magazine, *FREEDOM*, helped this young Iowa mother and saved her children’s lives.

Mrs. B.H. wrote of her experience being prescribed Prozac for “post partum depression.” In 1986, she had lost a daughter to premature birth but then gave birth to healthy baby girls in 1987 and 1988. She stated: “Now, having three children in three years did horrible things to my body, let alone my emotional state of mind...I cried a lot, felt uncomfortable with my overweight body, sat helpless for hours feeling sorry for myself...I was driving my husband further and further away by constantly picking fights and trying to convince myself that he did not love me anymore when, in fact, I didn’t love myself.” She was prescribed Prozac twice daily and was told it would also help her reduce weight.

It didn’t. Instead, it precipitated thoughts of suicide and murder. “I was going to drive the car off a steep hill close to where I live. I had thoughts of loading the .357 Magnum that my husband owns, shooting each of my girls and my husband, then myself. That way my children wouldn’t have to live without me and my husband wouldn’t have to live with the fact that I killed myself and have to explain it to the children. Thoughts such as these ran through my head constantly. I had no idea that the drug was causing these thoughts, and I owe my life to you for bringing it to my attention,” she said.

“Thank God I quit taking them, or my children and I would be dead,” she stated.<sup>16</sup>

Unless educated, mothers can be swayed into accepting that taking a mind-altering antidepressant is the only way to resolve their emotional upheaval.

The latest antidepressants are often prescribed for “post partum depression.” These are dangerous, potentially addictive drugs, especially when breastfeeding.

- *The Physician’s Desk Reference (PDR)*, states: “Like many other drugs, paroxetine [chemical name for Paxil] is secreted in human milk, and caution should be exercised when Paxil...is administered to a nursing woman.”

- The *PDR* also lists Paxil's side effects to include: Hemorrhage (uncontrollable bleeding), agitation, amnesia, confusion, mood swings, nightmares and insomnia, heart problems and heart failure, hallucinations, hostility, psychosis, intentional overdose and coma impaired concentration, mania, antisocial reactions or lack of emotion.
- On August 20, 2004 the Food and Drug Administration (FDA) announced that a Columbia University review of the pediatric clinical trials of Zoloft, Celexa, Effexor, Wellbutrin, Paxil and Prozac, found that young people who took the antidepressants were more likely than those taking a placebo (sugar pill) to experience suicidal thoughts or actions.<sup>17</sup>
- On October 15, 2004 the FDA directed the manufacturers of all antidepressant medications to add a "black box" warning that describes the increased risk of suicidality in children and adolescents given antidepressant medications and notes what uses the drugs have been approved or not approved for in these patients.<sup>18</sup>

## WITHDRAWAL

Psychiatrists will say that antidepressants are not addictive. This is a dangerous lie.

- Withdrawal symptoms can include anxiety, agitation and aggression.<sup>19</sup>
- In 1996, the National Preferred Medicines Center Inc. 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. Antidepressants can create "agitation, severe depression, hallucinations, aggressiveness, hypomania [abnormal excitement] and akathisia [severe restlessness causing violent behavior]"<sup>20</sup>
- ABC's *PrimeTime Live* investigation into antidepressants discovered evidence that the makers of Paxil withheld information, downplaying the risks of withdrawal symptoms from their own studies. Symptoms range from mild temporary headaches to debilitating electric shock sensations. An internal document from 1997 showed that in some studies, the number of people taking Paxil who experienced withdrawal symptoms was shockingly high. "We found 25%, 42%. Even as high as 62%."<sup>21</sup>
- Forced to testify before Congress in September 2004, manufacturer representatives admitted their own studies showed as many as 21% of people taking Paxil experience withdrawal symptoms. Yet the drug packaging only claims a risk of 2%.<sup>22</sup>

## "POST PARTUM" RESOURCES

In order to evaluate the information about antidepressants and other psychiatric drugs being used for "post partum depression" it is important to review some of the leading proponents of this.

The National Mental Health Association promotes alarming statistics about women experiencing "post partum depression." However, this is an organization that has long had

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an interest in pushing drugs. It's 2001 Annual Report lists nearly \$2 million in funding from eight pharmaceutical interests.<sup>23</sup>

A publication on "post partum depression" published in 2005, refers readers to other books on the subject, such as *Women's Moods, What Every Woman Must Know About Hormones, the Brain, and Emotional Health*, written by Harvard psychiatrist Deborah Sichel. Sichel promotes antidepressants as a key part of "treatment" and also forwards the false information that post partum is a brain chemical illness.

Yet in September 2004, Sichel had her license to practice suspended indefinitely, as a result of using her position as a psychiatrist to access and "spy on the medical records" of three patients that had laid complaints of sexual misconduct against her husband, neurologist Harold B. Schiff. Referring to Sichel's actions, the Director of the Massachusetts Medical Licensing Board stated, "This is perhaps the most egregious (outrageous) case I've seen of a physician willfully, and with personal motivation, violating the privacy of patient medical records."

While claiming to be an expert on human behavior, a *Boston Herald* article of September 2, 2004, revealed otherwise, reporting: "According to the [licensing] board, Sichel called her hospital and told a doctor there that she was so humiliated by an upcoming newspaper article on the allegations against her husband that she wanted to shoot her husband, her children and herself."

## **WORKABLE HELP**

There are many causes of mental distress. Researchers Richard Hall and Michael Popkin list 21 medical conditions that can cause anxiety, 12 conditions that can cause depression, 56 conditions that can cause mental disturbance in general, and 40 types of drugs that can create "psychiatric symptoms."

In 1967 they wrote, "The most common *medically induced* psychiatric symptoms are apathy, anxiety, visual hallucinations, mood and personality changes, dementia, depression, delusional thinking, sleep disorders (frequent or early morning awakening), poor concentration, changed speech patterns, tachycardia [rapid heartbeat], nocturia [excessive urination at night], tremulousness [shaking or trembling] and confusion.

Women may experience drastic drops in hormone levels after the birth of a child that can deliver a major shock to the woman's body. Nutritional and mineral depletion or deficiencies as well as a lack of sleep while caring for a baby can also cause the symptoms psychiatrists say are a "mental disorder." It can be treated nutritionally.

John R. Lee, M.D., an expert on progesterone [hormone that signals cells to mature] says that progesterone is made in relatively huge quantities during pregnancy (as much as 300 milligrams daily in the last three months compared to 20 to 30 milligrams normally). Dr. Lee believes that much of post partum depression may be caused by the plunge in progesterone levels following birth.<sup>24</sup>

In 1997, an article "Physical Causes of Depression," by Michael Biamonte, C.C.N. (Certified Clinical Nutritionist), reported: "Estrogen [female hormones] and copper levels normally

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increase during pregnancy. After delivery estrogen levels should return to normal, however copper levels may remain elevated. The excess copper has been implicated in post partum depression. When pregnancies are close together copper levels rise and remain elevated. This increases the chance of post partum depression. Zinc, vitamin B6 and other nutrients can be of benefit in reversing this. Zinc deficiency can give rise to copper excess. Progesterone works very closely with zinc. It has been observed that progesterone creams or supplemental progesterone can be very effective in eliminating depression. This works based on the same mechanism as zinc.”<sup>25</sup>

A 2005 Pennsylvania State University study found that new mothers who have insufficient iron could have a difficult time bonding with their babies. Earlier studies have shown that anemic women may experience post partum depression and that moderate iron deficiency can slow thinking and memory. An ABC report on the study, said: “Experts say women who forgo vitamin supplements commonly experience iron deficiency after childbirth. They say iron deficiency is easy to correct and could be a big part of post partum problems with mother child interactions.”<sup>26</sup>

There are far too many workable alternatives to list them all here. Psychiatry on the other hand, would prefer to say there are none and fight to keep it that way.

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## **THE CITIZENS COMMISSION ON HUMAN RIGHTS**

The Citizens Commission on Human Rights (CCHR®) was co-founded in 1969 by the Church of Scientology and Professor Emeritus of Psychiatry, Thomas Szasz, to investigate and expose psychiatric violations of human rights and to clean up the field of mental healing. Today, it has more than 130 chapters in 34 countries. Its board of advisors includes doctors, lawyers, educators, artists, business professionals and civil and human rights representatives.

CCHR has inspired and contributed to many hundreds of reforms by testifying before legislative hearings and conducting public hearings into psychiatric abuse, as well as by working with media, law enforcement and public officials the world over.

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