

Peter Lehmann

# **Alternatives and Recovery Beyond Psychiatry**

Toronto, June 5, 2008

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# Two opposite meanings of recovery

## Recovering

- ➔ from mental illness, reduction of symptoms or cure.
- ➔ from effects of electroshock and psychiatric drugs after their discontinuation, regaining of freedom after leaving the mental health system, “being rescued from the swamp of psychiatry.”

# What to recover from?

*Arizona, Missouri, Oklahoma, Rhode Island, Texas, Utah, Vermont, and Virginia, 1997-2000*

“In all eight states, we found that public mental health clients had a higher relative risk of death than the general populations of their states. Deceased public mental health clients had died at much younger ages and lost decades of potential life when compared with their living cohorts nationwide. Clients with major mental illness diagnoses died at younger ages and lost more years of life than people with non-major mental illness diagnoses. Most mental health clients died of natural causes similar to the leading causes of death found nationwide, including heart disease, cancer, and cerebrovascular, respiratory, and lung diseases.”

Colton CW, Manderscheid RW. (2006): Congruencies in increased mortality rates, years of potential life lost, and causes of death among public mental health clients in eight states. *Preventing Chronic Diseases* 3(2):1-14

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## What to recover from?

- Dyskinesia, raised prolactin level, diabetes, obesity, impotence, hypercholesterinaemia etc.

“There is now general agreement that mild to severe depressions that may lead to suicide may happen during treatment with any depot neuroleptic, just as they may occur during treatment with any oral neuroleptic.”

Frank J. Ayd: The depot fluphenazines. *American Journal of Psychiatry*, Vol. 132 (1975), p. 497

“haloperidol corpses”

Heimann, Hans: Statement, in: Hippus, Hanns / Klein, Helmfried E. (Eds.): *Therapie mit Neuroleptika*. Perimed: Erlangen 1983, p. 148

“polystyrene ass”

Helmchen, Hanfried, Statement: *Ibida*, p. 187

## What to recover from?

“We temporarily turn the mentally suffering patient into a person with an organic brain disease, with ECT (electroconvulsive “therapy”) it happens in a more global way, but for a substantially shorter period of time than with pharmacological therapy.”

Dörner, Klaus, & Plog, Ursula. (1992). *Irren ist menschlich*. 7th edition. Bonn: Psychiatrie-Verlag, p. 545

## What to recover from?

“But in the last years the point has be reached, where the drug-experienced psychiatrist can give drastic relief to the sufferering patient by administering the withdrawal of all antitherapeutic drug administrations.” (p. 71)

Freyhan, Fritz A.: Klinische Wirksamkeit und extrapyramidale Nebenwirkungen von Haloperidol. In: Hippius, Hanns / Klein, Helfried E. (Eds.): Therapie mit Neuroleptika. Perimed: Erlangen 1983, pp. 67–75

# What to recover from?

Information about withdrawal problems?

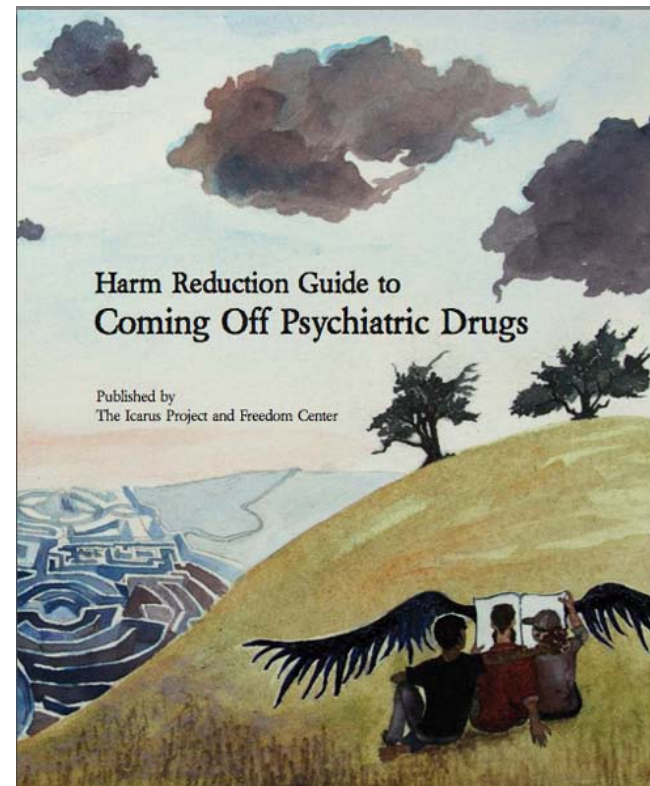
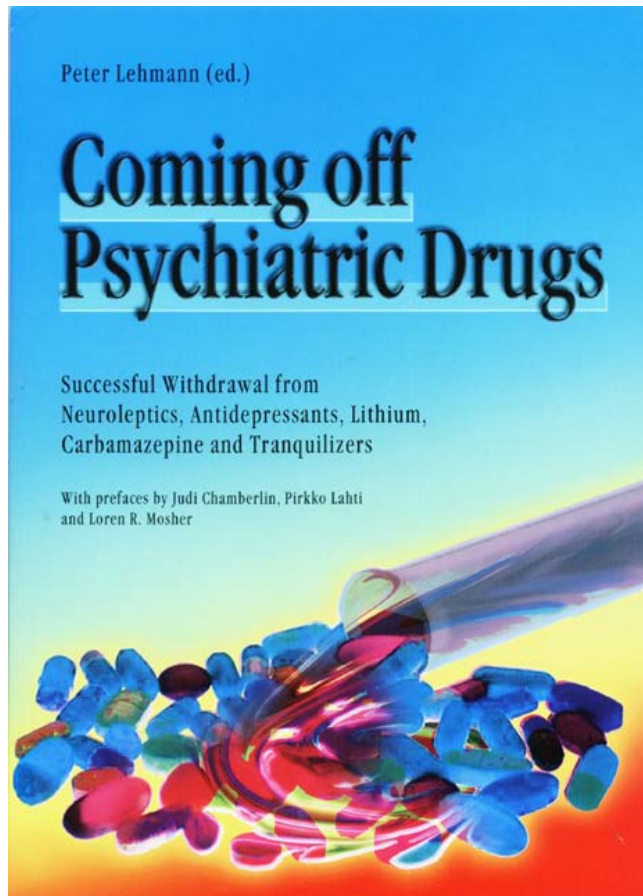
No diagnose “dependence from antidepressants / neuroleptics”

“Do we not leave our patients alone with their sorrows and problems, when they—for whatever reasons—decide by themselves to come off their psychotropic drugs? Where can they find support, understanding and good examples, if they turn away from us disappointed (or we from them)?”

Pirkko Lahti (President of the World Federation for Mental Health 2001-2003),  
Preface in: Peter Lehmann (Ed.). *Coming off Psychiatric Drugs. Successful withdrawal from neuroleptics, antidepressants, lithium, carbamazepine and tranquilizers.* 2004

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# Recovery support



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➡ [www.peter-lehmann-publishing.com/info1/maillinglists.htm](http://www.peter-lehmann-publishing.com/info1/maillinglists.htm)

[www.peter-lehmann-publishing.com/withdraw.htm](http://www.peter-lehmann-publishing.com/withdraw.htm)



# Examples of individual alternatives

Retreat to quiet and safe places, calming remedies.

Reflection in self-help, therapy or writing.

Self-critical observation.

Approaching helpful people.

Expressive artistic activity.

Disputing diagnoses.

Political activism vis-à-vis psychiatry.

Massage therapy.

Contact with animals.

# Examples of individual alternatives

Consciously balanced lifestyles—starting with a proper diet and sufficient sleep, the choice of potential helpers in emergencies, to avoiding dangerous places or by thinking ahead and defusing crises through advance directives.

Attendance, staying close by.

Care.

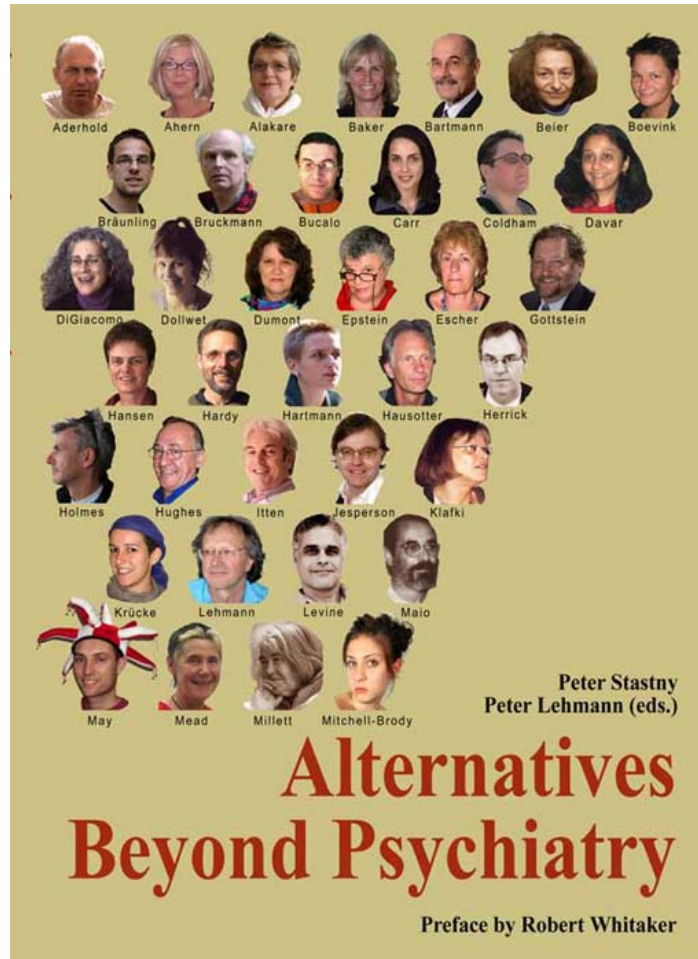
Social support.

Making inquiries.

Respecting personal space.

Avoiding intrusion.

# Examples of alternative approaches



Intervoice  
Unusual Belief Groups  
Soteria  
Runaway-house  
Trauma informed peer run crisis  
alternatives  
Crisis Hostel Ithaca  
Windhorse  
Hotel Magnus Stenbock  
Open Dialogues  
MindFreedom Ghana  
The Personal Ombudsman  
PSYCHEX  
Icarus Project

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# Examples of alternative approaches

Holistic approach and natural healing methods.

Organising, self-help, internet.

Jogging and arts instead of psychiatry.

Psychotherapy instead of psychiatry.

Enforcing legal rights and advanced directives.

Activism for human rights and basic human conditions.

Preparing people for user/survivor involvement work and social care.

User led research.

## Alternative approach

“We listen to one another, speak, and then listen again. We tell our truth, convinced of its existence, and we actually consider these perspectives to be truthful. And in this way we open the gateway to personal and encounter the warmth of others. This is the most normal thing that I expect from life.”

Zoran Solomun: What helps me if I go mad? In: Peter Stastny & Peter Lehmann (Eds.): Alternatives Beyond Psychiatry. Berlin / Eugene / Shrewsbury 2007, p. 66

# Tasks for recovery and alternatives

Oppose and fight international recommendations and national laws legitimating electroshock and lobotomy, forced psychiatric treatment, especially legally protected conditions to long-term treatment.

Collect and spread knowledge about withdrawal problems and how to solve them.

Ensure that people are informed about risks of injury and dependence when psychiatric drugs are initially prescribed.

Secure damages for pain and suffering, and compensation for disablement caused by prescribed psychiatric drugs.

# Tasks for recovery and alternatives

Stigmatize financial dependence from Big Pharma.

Find allies and care for building a constructive, welcoming, friendly, attractive atmosphere, respectful of all the opinions of others in our organisations.

Give critical voices a chance, support the movement of (ex-) users and survivors of psychiatry.

Develop methods, systems, services and institutions for acute, short term and long term help and support not depending on the use of synthetic psychiatric drugs at all.

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