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Recovery by Taking Psychiatric Drugs versus Recovery by Coming off Psychiatric Drugs

Lecture to
“GROWing towards recovery: A re-enchantment with life”

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January 11, 2013

Recovery – A Positive Connotation of Hope

- Recovery as recovering from a mental illness, a reduction of symptoms, or a cure.
- Recovery as an abatement of unwanted effects of psychiatric drugs after their discontinuation, or regaining of freedom after leaving the mental health system, or “being rescued from the swamp of psychiatry” (p. 41).

Stastny, P. & Lehmann, P. (2007). Actual alternatives: Introduction. In P. Stastny & P. Lehmann (Eds.), *Alternatives beyond psychiatry* (pp. 41-43). Berlin / Eugene / Shrewsbury: Peter Lehmann Publishing.

Recovery – Origins of the Term

- Recovery, Inc., “a cornucopia of self-help methods and techniques that parallel those used in cognitive therapy” (The Legacy, 2005, p. 1).
- Aim: to learn to cope with distressing trivialities of everyday life and – with the learned techniques and in conjunction with professional help – to gain expertise in coping with bigger challenges of live.
- “The issue of medications is never discussed – that’s the physician’s domain” (ibid.).

The legacy of Chicago’s Abraham A. Low, MD: Recovery, Inc., an affordable mental health resource for patients (2002). Reprint after: *Chicago Medicine, 105*(1).

Recovery – Origins of the Term

- Hill, S.K. (2010). *They that sow in tears.* New York: Shining River Press (original in 1969).
- Frank, L.R. (1978). *The history of shock treatment.* San Francisco: Self publication.
- Chamberlin, J. (1979). *On our own: Patient-controlled alternatives to the mental health system.* New York: McGraw-Hill.
- Pembroke, L.R. (1994). *Self-harm: Perspectives from personal experience.* London: Survivors Speak Out.
- Coleman, R. (1999). *Recovery: An alien concept.* Gloucester: Handsell Publishing.

Recovery – Origins of the Term

- O'Callaghan, G. (2003). *A day called hope: A personal journey beyond depression.* London: Hodder & Stoughton.
- Maddock, M. & Maddock, J. (2006). *Soul survivor: A personal encounter with psychiatry.* Stockport: Asylum.
- Stöckle, T. (2005). *Die Irren-Offensive – Erfahrungen einer Selbsthilfe-Organisation von Psychiatrieüberlebenden.* Berlin / Eugene / Shrewsbury: Antipsychiatrieverlag (original in 1983).
- Buck-Zerchin, D. (2010). *Auf der Spur des Morgensterns – Psychose als Selbstfindung.* 3rd edition. Neumünster: Paranus Verlag (original in 1990).

Recovery – Origins of the Term

"And that all of this people would have share the same perspective just because they use a variety of services within the same system is not realistic to me, and it doesn't coincide with user and dependent organizations. (…) They are all users of one or multiple services in the psychiatric health care sector, but they are different people, with different stories and personalities, and they don't share the same world-view, and they definitely do not have the same perspective" (p. 86).

Lauveng, A. (2012). *A road back from schizophrenia.*
New York: Skyhorse Publishing.

Recovery from the Illness

"Recovery is described as a deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills, and/or roles. It is a way of living a satisfying, hopeful, and contributing life even with limitations caused by illness. Recovery involves the development of new meaning and purpose in one's life as one grows beyond the catastrophic effects of mental illness" (p. 13).

Anthony, W.A. (1993). Recovery from mental illness: The guiding vision of the mental health service system in the 1990s. *Psychosocial Rehabilitation Journal, 16*(4), 11-23.

Recovery from the Illness

"Recovery often involves a transformation of the self wherein one both accepts one's limitation and discovers a new world of possibility. This is the paradox of recovery, i.e., that in accepting what we cannot do or be, we begin to discover who we can be and what we can do. (...) People with psychiatric disabilities are waiting just like that sea rose waited. We are waiting for our environments to change so that the person within us can emerge and grow. (...) It is our job to form a community of hope which surrounds people with psychiatric disabilities."

Deegan, P.E. (1996, September 16). Recovery and the conspiracy of hope. Lecture to the 6th Annual Mental Health Services Conference of Australia and New Zealand ("There's a Person In Here"), Brisbane, Australia. www.patdeegan.com/pat-deegan/lectures/conspiracy-of-hope

Recovery from the Illness

Pirkko Lahti, 2001-03 President of the World Federation for Mental Health:

"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)?" (p. 14)

Lahti, P. (2004). Preface. In P. Lehmann (Ed.), *Coming off psychiatric drugs: Successful withdrawal from neuroleptics, antidepressants, lithium, carbamazepine and tranquilizers* (pp. 13-15). Berlin / Eugene / Shrewsbury: Peter Lehmann Publishing.

Recovery from Psychiatric Treatment

"Most of the members of Lunatics Offensive liberated themselves from the psychiatric influence with the help and support from other survivors of psychiatry. They recognized the destructive and zombie effect of the drugs. They fight the disenfranchisement and the underlying term of mental illness. In contrast, the survivors of psychiatry want to learn to combine normality and madness in such a way that they can live in this society without getting pushed or forced to escape totally to the one pole – still only be mad" (p. 253).

Stöckle, T. (2005). *Die Irren-Offensive – Erfahrungen einer Selbsthilfe-Organisation von Psychiatrieüberlebenden.* Berlin / Eugene / Shrewsbury: Antipsychiatrieverlag (original in 1983).

Recovery from Psychiatric Treatment

- Abstaining from predetermined approaches
- Trusting in the capability of humans to assign their problems a meaning and to make decisions which make their life finally more bearable.

Criteria for recovery:

- Continuing wellness in spite of – and often also because of – the rebelling mind,
- missed “relapses” within two years and
- absence of taking neuroleptics (p. 17).

Watkins, P.N. (2009). *Recovery – wieder genesen können.* Berne: H. Huber Verlag [English edition in 2007: *Recovery: A guide for mental health practitioners.* Edinburgh / New York: Churchill Livingstone / Elsevier].

Experts of Recovery

"The most radical implication of the recovery agenda, with its reversal of what is of primary and secondary significance, is the fact that when it comes to issues to do with values, meanings and relationships, it is users/survivors themselves who are the most knowledgeable and informed. When it comes to the recovery agenda, they are the real experts" (p. 402).

Bracken, P. (2007). Beyond models, beyond paradigms: The radical interpretation of recovery. In P. Stastny & P. Lehmann (Eds.), *Alternatives beyond psychiatry* (pp. 400-402). Berlin / Eugene / Shrewsbury: Peter Lehmann Publishing.

Psychiatric Drugs in the Focus

"The effect of the neuroleptics does not depend on the basic psychic disease the patient is suffering from. Neuroleptics are not specific cures for specific diseases with specific aetiology" (Bleuler, 1975, pp. 164-165).

"We temporarily turn the mentally suffering patient into a person with an organic brain disease; with ECT it happens in a more global way, but for a substantially shorter period of time than with pharmacological therapy" (Dörner & Plog, 1992, p. 545).

Bleuler, E. (1975). *Lehrbuch der Psychiatrie*. 13th edition, revised by M. Bleuler. Berlin / Heidelberg / New York: Springer Verlag.

Dörner, K. & Plog, U. (1992). *Irren ist menschlich.* 7th edition. Bonn: Psychiatrie Verlag.

Psychiatric Drugs in the Focus

"It is not a case of fewer side-effects, but of different ones which can be just as debilitating even if the patient isn't immediately aware of them. Therefore, patients can be more easily motivated to take these drugs because they no longer suffer instantly and as much from the excruciating dyskinesias/extrapyramidal side-effects" (p. 30).

Ebner, G. (2003). Aktuelles aus der Psychopharmakologie. Das Wichtigste vom ECNP-Kongress. *Psychiatrie* (Switzerland), Online edition, (1), 29-32.

Psychiatric Drugs in the Focus

"But it is certain that the drug suppresses the entire affective spectrum and not merely its pathological elements. Such a broad suppression might also affect impulses issuing from our self-healing tendencies. Individual, albeit, irreproducible impressions of acute patients led us to wonder whether the medicinally caused apathy did not in fact lead to a solidification of the psychotic development, affecting both relapse and remission" (p. 244).

Ernst, K. (1954). Psychopathologische Wirkungen des Phenothiazinderivates "Largactil" (= "Megaphen") im Selbstversuch und bei Kranken. *Archiv für Psychiatrie und Nervenkrankheiten, 192,* 573-590. Quoted after T. Itten (2007). Psychotherapy instead of psychiatry? A no-brainer. In P. Stastny & P. Lehmann (Eds.), A*lternatives beyond psychiatry* (pp. 240-251). Berlin / Eugene / Shrewsbury: Peter Lehmann Publishing.

Problems beyond Psychiatric Drugs

“Madness is no illness to be cured. My madness came to call up a new life for me” (Jesperson, 2004, p. 76).

“Whoever gets to the bottom of his or her psychotic experiences afterwards obviously does not run into the next psychotic phase all too soon” (Bellion, 2004, p. 284).

Jesperson, M. (2004). Between lobotomy and antidepressants. In P. Lehmann (Ed.), *Coming off psychiatric drugs* (pp. 75-76). Berlin / Eugene / Shrewsbury: Peter Lehmann Publishing.

Bellion, R. (2004). After withdrawal, the difficulties begin. In ibid., pp. 279-290.

Problems beyond Psychiatric Drugs

"These solutions have in common that they normally need much time and an active confrontation with the own situation and the own attitudes and patterns of behavior" (p. 253).

Meyer, C. (2004). "Withdrawal from dependence on medication". Thoughts about withdrawal from benzodiazepines and analgesics among women. In ibid., pp. 239-253.

Problems beyond Psychiatric Drugs

"The individuals themselves have to understand what has happened to them, what they experienced and why they reacted this way rather than another way. Where does the problem lie, how did it develop, what triggered the worsening of the problem which led to the need for help or to conspicuous behavior? … Where is the delicate point which led to the calamitous development? All this needs to be clarified, with self-reliance being the main aim as well as the knowledge: 'From now on I can avoid such developments. I am in control, it is in my hands. I do not need any doctor, any medication or institution.'"

Rufer, M. (1990, October 19-21). Unterstützung bei Verrücktheitszuständen und beim Entzug psychiatrischer Psychopharmaka. Lecture to the congress "Alternativen zur Psychiatrie", organized by Forum Anti-Psychiatrischer Initiativen & Netzwerk Arche, Berlin.

Psychiatric Drugs or Recovery?

"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, C.W. & Manderscheid R.W. (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.

Psychiatric Drugs or Recovery?

"Research has shown that the life expectancy for people living with a serious mental health condition is, on average, 25 years shorter than the general population. Heart disease, diabetes, respiratory diseases, and infectious diseases (such as HIV/AIDS) are the most common causes of death among this population."

Janssen Pharmaceuticals, Inc. (2012). The importance of total wellness. *Choices in Recovery – Support and Information for Schizophrenia, Schizoaffective, and Bipolar Disorder, 9*(2), 12

Psychiatric Drugs or Recovery?

"Drugs that promote the risk of relapse or withdrawal upon discontinuation can cause dependence on the drug to prevent the return of symptoms. Consequently, such drugs must be managed carefully and patients must provide informed consent for their use. ADMs are sometimes prescribed to people with alcohol or illicit drug dependencies, because the use of such substances to medicate feelings of anxiety and depression is thought to play a role in the dependency. Ironically, the use of ADMs to help people wean off such substances might merely replace one dependency with another" (p. 15).

Andrews, P.W. et al. (2011). Blue again: Perturbational effects of antidepressants suggest monoaminergic homeostasis in major depression. *Frontiers in Psychology, 2,* article 159. www.ncbi.nlm.nih.gov/pmc/articles/PMC3133866/?tool=pubmed

Psychiatric Drugs or Recovery?

"Not one single patient, who – healed or improved – lived outside of the clinic over years or permanently, has ever taken long-term drugs. The assumption, that the majority of improved schizophrenics would stay improved on the long term only under the influence of neuroleptic drugs, is an error. First of all it is an error to assume that announcing relapses after remissions could be avoided by neuroleptic drugs. There are permanent remissions in great quantities and there are relapses under the influence of neuroleptics in great quantities" (p. 366).

Bleuler, M. (1972). *Die schizophrenen Geistesstörungen im Lichte langjähriger Kranken- und Familiengeschichten.* Stuttgart: Thieme Verlag

Psychiatric Drugs or Recovery?

"Today I unfortunately see very many cases of cycloid psychosis that remain in a toxic, pathological state because of constant medication, but which would be perfectly normal without medication. If one could prevent the development of further phases of psychosis with constant medication, then this practice would be justified, but unfortunately that is not the case. Thus those patients who would be healthy for extended periods, or perhaps forever, are held in a permanently toxic state…" (p. 3).

Leonhard, K. (1989). *Aufteilung der endogenen Psychosen*. 5th edition. Berlin: Akademie Verlag.

Psychiatric Drugs or Recovery?

"Although adverse events, such as suicide, dissatisfied patients or relatives, loss of job, deteriorating course, and brain abnormalities, can all be observed during drug withdrawal, each of these is also commonly encountered in the clinical care of medicated patients!" (p. 193).

Carpenter, W.T., & Tamminga, C.A. (1995). Why neuroleptic withdrawal in schizophrenia? *Archives of General Psychiatry, 52,* 192-193.

Psychiatric Drugs or Recovery?

"There is a worsening of the psychosis (delusions, hallucinations, suspiciousness) induced by long-term use of neuroleptic drugs. Typically, those who develop supersensitivity psychosis respond well initially to low or moderate doses of antipsychotics, but with time seem to require larger doses after each relapse and ultimately megadoses to control symptoms" (1987, p. 44).

"Thus, a tolerance to the antipsychotic effect seems to develop" (1991, p. 53).

Tornatore, F., Sramek, J.J., Okeya, B.L., & Pi, E.H. (1987). *Reactions to psychotropic medication.* New York / London: Plenum Medical Book Co.

Tornatore, F., Sramek, J.J., Okeya, B.L., & Pi, E.H. (1991). *Unerwünschte Wirkungen von Psychopharmaka.* Stuttgart / New York: Thieme Verlag.

Psychiatric Drugs or Recovery?

"The best treatment, at the moment, is the gradual withdrawal of neuroleptics with the substitution of minor tranquilizers to relieve anxiety. The potential of neuroleptics to produce dyskinesia, a serious complication, in a considerable number or patients would indicate that an attempt should be made to withdraw in every patient" (p. 6).

Simpson, G.M. (1977). Neurotoxicity of major tranquilizers. In L. Roizin, H. Shiraki, & N. Grcevic (Eds.), *Neurotoxicology* (pp. 1-7). New York: Raven Press.

Psychiatric Drugs or Recovery?

"Quitting medicine can be the best clinical decision and result in a significant clinical benefit including a reduction of the tendency to fall (...). You should also always remember that one option to coming off drugs is not to start with the drug at all" (pp. 29/32).

Witzke-Gross, J. (2010). Absetzen von Medikamenten bei älteren Patienten – aber wie? *KV (Kassenärztliche Vereinigung Berlin) / KVH aktuell (Informationsdienst der Kassenärztlichen Vereinigung Hessen) – Pharmakotherapie: Rationale Pharmakotherapie in der Praxis, 15*(4), 29-32.
www.kvberlin.de/40presse/50publikation/20pharmakotherapie/2010/pharmakotherapie_1004.pdf

Psychiatric Drugs or Recovery?

To speak about recovery without mentioning the risks of psychiatric drugs is good

- for the interests of the pharmaceutical industry
  - to praise their products as recovery-promoting;
- to bent new, tendentious emancipatory recovery concepts;
- to veil existential problems from psychiatric patients, their relatives, carers and the interested public;
- to make inherent contradictions taboo;
- to perpetuate the status quo and inhibits reforms and alternatives beyond biological psychiatry.

Recovery from the Illness and Treatment

Raise awareness about the inhuman, dangerous and negative cost-benefit outcome of long term administration of synthetic psychiatric drugs.

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

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

Develop special services and institutions for people to overcome dependence on psychiatric drugs.

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

Recovery from the Illness and Treatment

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

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.

Bach Jensen K. (2004). Detoxification—in the Large and in the Small. Towards a Culture of Respect. In P. Lehmann (Ed.), *Coming off psychiatric drugs: Successful withdrawal from neuroleptics, antidepressants, lithium, carbamazepine and tranquilizers* (pp. 303-309). Berlin / Eugene / Shrewsbury: Peter Lehmann Publishing.

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