

withdrawn from psychotropic drugs successfully or who have supported their clients to do so. In this manual 28 people from Australia, Austria, Belgium, Denmark, England, Germany, Hungary, Japan, the Netherlands, New Zealand, Serbia & Montenegro, Sweden, Switzerland and the USA write about their experiences with withdrawal. Additionally, eight psychotherapists, physicians, psychiatrists, social workers, psychologists, natural healers and other professionals report on how they helped their clients withdraw. Via the internationality of the authors the book provides a broad picture of different experiences and knowledge.

The book has a provocative message; life-experiences sometimes differ from scientific agreements. The book is based on the personal experiences of (ex-)users and survivors of psychiatry and the few professionals helping people come off psychiatric drugs. So it is a good place to begin the discussion. The book should be available in each medical practice, in each therapeutic ward, and in each patient's library.

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“There is no tyranny so great as that which is practiced for the benefit of the victim”—C.S. Lewis

This volume is devoted to a topic that is the subject of a great deal of misguided thinking these days. We live in the era of a “pill for every ill” but too little attention has been devoted to the pills given specifically to affect our psyches. What does it mean to medicate the soul, the self, and the mind? Webster's dictionary defines psyche in all three ways. Are not these chemicals (“psychotropic drugs”) interfering with the very essence of humanity? Should not great care and thought be given to this process? If begun, should it not be continuously monitored? Since all three—soul, self and mind—are

at the core of each human being should not he/she determine whether these drugs should be taken based on her/his own subjective experience of them? The answer is, of course, a resounding yes.

Now let's get real. Since there are few objective indicators of the effects of these drugs the patients' own reports are critical. Do the psychiatrists and other physicians prescribing psychotropic drugs listen carefully to each patient's personal experience with a particular one? The answer to the question varies of course but if you speak a different language, are a member of a minority, poor, seen as "very ill" or forcibly incarcerated in a mental hospital the likelihood of being really listened to falls dramatically—although it is not very high for anyone.

Hence, the focus of this book—the stories of persons who were not listened to as they suffered torment of the soul, self and mind from psychotropic drugs—often given against their will, is very important. They are the stories of courageous decisions made against powerful expert doctors (and sometimes families and friends)—and the torment that sometimes ensued. Stopping medications began to restore their brains' physiology to their pre-medication states. Most had never been warned that the drugs would change their brains' physiology (or, worse yet, selectively damage regions of nerve cells in the brain) such that withdrawal reactions would almost certainly occur. Nor were they aware that these withdrawal reactions might be long lasting and might be interpreted as their "getting sick again." They are horror stories of what might happen (but does not have to happen) when attempting to return brains to usual functioning after being awash with "therapeutic" chemicals. Unfortunately, the suffering was usually necessary in order restore soul, self and mind—the essence of humanity.

However, because the drugs were given thoughtlessly, paternalistically and often unnecessarily to fix an unidentifiable "illness" the book is an indictment of physicians. The Hippocratic Oath—to above all do no harm—was regularly disregarded in the rush to "do something." How is it possible to determine whether soul murder might be occurring without reports of patients' experiences with drugs that are aimed directly at the essence of their humanity? Despite their behavior, doctors are only MD's, not MDeity's. They, unlike gods, have to be held accountable for their actions.

This book is a must read for anyone who might consider taking or no longer taking these mind altering legal drugs and perhaps even more so for those able to prescribe them.

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The point of departure for this book is the moment at which those who are taking psychiatric drugs—the objects of psychiatric treatment—have already made their own decision to quit or to want to quit. This starting point may be alarming to those readers who look upon the consumers of these substances not as subjects with a capacity for individual decision-making but rather as psychologically unsound and, above all, unable to recognize their own illness (or alternately as consumers of pharmaceuticals from whom they can profit).

Psychiatric drugs are substances which are given to influence the psychic condition and the behavior of their patients. This book refers to the treatment of human beings only. Mentioned are neuroleptics, antidepressants, lithium, carbamazepine¹ and tranquilizers. The withdrawal of drugs used to treat epilepsy in the field of neurology is not a subject of this book.

- Neuroleptics (known also as “major tranquilizers”) are so-called antipsychotic drugs, which are administered when physicians (mostly general practitioners, pediatricians or psychiatrists) decide to give a diagnoses such as psychosis, schizophrenia, paranoia, hebephrenia and hysteria. Other possible symptoms that lead doctors to prescribe neuroleptics are those sometimes considered psychosomatic in origin: whooping-cough, asthma,

1 Mood stabilizer, marketed as Atretol, Carbamazepine, Carbatrol, Eptol, Tegretol, Teril, Timonil