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Alternatives Beyond Psychiatry

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Preface

The first question raised by a book titled *Alternatives Beyond Psychiatry* is this: Why do we need alternatives? What is wrong with the "care" that mainstream psychiatry provides? While there are many answers to that question, first and foremost we can look at one startling statistic, and that is the rise in the number of people disabled by "mental illness" over the past 50 years.

The modern drug-based paradigm of psychiatric care dates back to 1954, when chlorpromazine was introduced as the first antipsychotic medication. This, or so psychiatry would like us to believe, kicked off a great leap forward in society's care of the "mentally ill." Psychiatric researchers are said to have made great strides in understanding the biological causes of mental disorders and that has led to the development of ever better drugs for treating them. Yet, here is what all this "progress" has wrought: in the United States, the rate of the "disabled mentally ill" has increased nearly six-fold in the past 50 years, from 3.38 people per 1,000 population in 1955 to 19.69 people per 1,000 population in 2003. Since the introduction of Prozac[1] in 1987—this was the first of the second-generation psychiatric drugs said to be so better than the first—the number of so-called disabled mentally ill in the United States has been increasing at the rate of 150,000 people per year, or 410 people newly disabled by "mental illness" every day.

Other countries that have adopted a drug-based paradigm of care, such as the U.K. and Australia, have also reported a great surge in the number of people disabled by mental disorders in the past 50 years. This interesting fact leads to only one conclusion: mainstream psychiatry's paradigm of care has failed. It has not proven to be an approach that helps people struggling with mental distress of some kind—depression, anxiety, mania, psychosis, etc.—

1 Antidepressant, active ingredient fluoxetine, marketed also as Auscap, Deprax, Eufor, Flexetor, Fluohexal, Fluox, Fluoxebell, Fluoxetine, FXT, Lovan, Movox, Oxactin, Plinzene, Psyquial, Sarafem, Veritina, Zactin, etc.; component of Cymbyax

recover and get on with their lives. Instead, it has proven to be an approach that increases the likelihood that such people will become chronically ill.

We desperately need to think of alternatives to that failed paradigm of care. That is a big challenge, and yet the contributions in this timely and much needed book all ultimately point to a common starting point: if we want to help those struggling with their minds, we can start by thinking of them—as the Quakers did when they rebelled against mainstream psychiatry in the late 1700s and early 1800s—as "brethren." Not as people with "broken brains," but simply as people who are suffering. From that conception, a whole world of "care" follows. What does everyone need to stay well? Shelter, food, friendship, and something meaningful to do with his or her time. Any society that provides such care and support, along with a message of hope—that people can recover from whatever mental distress they may be suffering—makes a good start at providing an effective alternative to psychiatry.

There are chapters in this book that tell of such programs. There are proven alternatives to psychiatry, programs that have a track record of helping people get better. And there are reports of ways of coping with madness on an individual level. This book hopefully will encourage many, many other such efforts to take root and flourish.

Robert Whitaker
Cambridge, MA

Note about Liability

Psychiatric treatment is more dangerous than many (ex-) users and survivors of psychiatry and even physicians realize. Psychiatric drugs can cause serious adverse effects. Electroshock may cause permanent brain damage. Psychiatric drugs can also produce powerful physical dependence. For example, their withdrawal can cause sleeplessness, rebound and withdrawal psychoses, withdrawal-emergent tardive syndromes, return of base line psychological and emotional problems and even life-threatening withdrawal reactions (see Peter Lehmann, *Coming off Psychiatric Drugs*, Berlin 2004, pp. 25-38). Especially when psychiatric drugs have been taken for prolonged periods of time, experienced clinical supervision may be advisable or even necessary during the withdrawal process.

In referring to alternatives beyond psychiatry, we do not provide medical advice. Also this book is not intended as a substitute for professional help. Should you have any health care-related questions, please call or see your physician or other health care provider promptly. The publisher, editors, authors and suppliers are not responsible if you decide against this advice. Nor are they responsible for any damage you may experience from a medical and, in particular, psychiatric treatment.

If you are thinking about withdrawing from prescribed psychiatric drugs, it is important to realize that the problems which led to their administration may return when you stop taking them. Decisions to withdraw from psychotropic drugs should be made in a critical and responsible way. It is important to have a safe and supportive environment in which to undertake withdrawal (see ibid., pp. 311-321) and to consider the possibility that you may experience so-called relapse or worsening of your condition. Withdrawal may not work for everyone. Sometimes the difficulty of withdrawal or the base line psychological and emotional problems seem insurmountable, so people may decide to maintain on lower amounts of drugs or fewer drugs. Many psychiatrists do not support withdrawal and are convinced that people with psychiatric diagnoses like “schizophrenia,” “psychosis,” “manic depression” or “ma-

jor depression" need psychiatric drugs or maintenance electroshock "therapy" for the rest of their lives.

If you choose to give weight to the various opinions expressed in this book, that is your choice, and is not based on any claims of special training or medical expertise by the publisher (for professions and experiences of the authors see pp. 417-430). No alternative medicine, holistic remedy, or self-help method referenced in this book is being recommended as a substitute for professional medical advice, diagnosis or treatment, and no comparisons are being made between such alternative methods and treatment with electroshock or psychiatric drugs. Neither the publisher, editors, authors nor suppliers make any claim that their information in this book will "cure" or heal disease.

All contributors and especially all (ex-) users and survivors of psychiatry in this book report about essentially positive experiences with alternatives beyond psychiatry. This is no coincidence because the editors only asked for positive experiences. Since many individual factors (physical and psychological condition, social circumstances, etc.) exert a remarkable influence on the way to cope with emotional problems, the authors' individual statements should not be interpreted as transferable advice for all other readers.

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Peter Lehmann and Peter Stastny

Introduction

What helps me if I go mad? How can I find trustworthy help for a relative or a friend in need?

How can I protect myself from coercive treatment? Where can I talk to like-minded people about my own experiences with psychiatry and about my life? As a family member or friend, how can I help? What should I do if I can no longer bear to work in the mental health field? What are the alternatives to psychiatry? How can I get involved in creating alternatives?

Assuming psychiatry would be abolished, what do you propose instead? These are the main questions addressed by the 61 authors—(ex-) users and survivors of psychiatry, therapists, psychiatrists, lawyers, relatives, politicians and social scientists and relatives from all five continents.

Alternatives Beyond Psychiatry is a collection of reports and approaches from non-, anti- and post-psychiatric everyday life in different countries and provides an appraisal of individual and organized alternatives and measures that point to a need for structural change in the system. This is a book of practice and ideas, more personal than generalized. It offers suggestions, highlights contradictions and problems, and shows positive examples and models but does not provide easy answers.

Our alternatives beyond psychiatry are far removed from the academic remains of the ’68 generation; nor are they a reform-oriented variant of Italian psychiatry, social psychiatry or community extensions of psychiatric institutions. Instead, alternatives beyond psychiatry are truly innovative, initiated and carried out by critical professionals and independent (ex-) users and survivors of psychiatry, the real experts in the psychiatric domain, dedicated to the right of self-determination, physical inviolability and social support.

Alternatives beyond psychiatry originate from an undogmatic and humanistic movement. Accordingly, the texts in this book are filled with a contrarian spirit and the fundamental conviction that (1) psychiatry, as a scientific discipline, cannot do justice to the expectation of solving mental problems

that are largely of a social nature, (2) its propensity and practice to use force constitutes a threat, and (3) its diagnostic methods obstruct the view of the real problems of individuals.

Furthermore, the texts in this volume describe a commitment to (1) developing adequate and effective assistance for people in emotional difficulties, (2) safeguarding civil rights in treatment on a par with "normal" patients, (3) joining forces in cooperation with other human rights and self-help groups, (4) use of alternative and less toxic psychotropic substances and a ban of electroshock, (5) new ways of living with madness and being different—with as much independence from institutions as possible, and (6) tolerance, respect and appreciation of diversity at all levels of life.

This book has been published without any financial support from sponsors. We have no connection to the pharmaceutical industry and to organizations that are dependent on them, nor to Scientology or other sects and dogmatists of whatever color. Beyond health, nothing is more valuable than freedom and independence.

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