the original problems, or it may even be that no positive effects are experienced at all (this was certainly my own experience). Unfortunately, the media image of a person who has stopped taking psychiatric drugs is the one that has captured the popular imagination: a person so deluded that he or she is unable to realize that his or her behavior is abnormal and who then usually goes on to commit some horrendous violent crime. Reading about real people and the complex reasons behind their decisions might be a way to counter this negative and destructive image.

It is often said that psychiatric drugs are given to people labelled mentally ill in order that those around them, such as medical personnel and family members, can feel better. Certainly, being around people who are troubled, especially when they are vocal about what is troubling them, can be wearing and difficult. But simply silencing them is not the answer. Instead, we need to listen carefully to the real experiences that people have so that we can learn the true costs of psychiatric drugs on people's lives.

Judi Chamberlin
Co-Chair, World Network of Users and Survivors of Psychiatry, Director of Education and Training, National Empowerment Center
Arlington, Massachusetts, October 30, 2002

This world wide first book about the issue "Successfully coming down from psychiatric drugs," published in Germany in 1998, primarily addresses individuals who want to withdraw based on their *own* decisions. It also addresses their relatives and therapists. Millions of people are taking psychiatric drugs, for example Haldol[1], Prozac[2] or Zyprexa[3]. To them, detailed accounts of

1 Neuroleptic, active ingredient haloperidol, marketed also as Dozic, Haloperidol, Peridol, Serenace

2 Antidepressant, active ingredient fluoxetine, marketed also as Auscap, Deprax, Eufor, Felicium, Fluohexal, Fluox, Fluoxetine, Lovan, Oxactin, Psyquial, Sarafem, Veritina, Zactin

3 Neuroleptic, active ingredient olanzapine

how others came off these substances without once again ending up in the in the doctor's office are of existential interest.

Many of my colleagues in the mental health field spend much of their time developing criteria for the application of psychiatric drugs. Diagnoses like compulsive acts, depression, dermatitis, hyperactivity, hyperemesis gravidarum, insomnia, nocturnal enuresis, psychosis, stuttering, travel sickness etc. can lead to the application of neuroleptics, antidepressants, lithium[1], tranquilizers and other drugs with psychic effects. This development of indications is a responsible task, rich with consequences.

Diagnoses and indications often result in a treatment with psychotropic drugs that can last for a long time. Who can predict whether the drugs—when time arrives—can be withdrawn from easily? From minor tranquilizers, especially the benzodiazepines, we already know the effects of dependency. Withdrawal without therapeutic help and without knowledge about the risks can take a dramatic course. What risks arise from the withdrawal of neuroleptics, antidepressants and lithium.

What factors favor successful withdrawal—successful in the sense that patients do not immediately return to the doctor's exam room, but live free and healthy lives, as all of us would wish? Have we not heard about pharmacogenic withdrawal-problems, receptor-changes, supersensitivity-psychoses, withdrawal-psychoses? Who is able to distinguish relapses from hidden withdrawal problems?

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)?

Peter Lehmann, board-member or the European Network of (ex-)Users and Survivors of Psychiatry and former board-member of Mental Health Europe (the European section of the World Federation for Mental Health), has earned recognition for this difficult task as the first world wide expert to gather experiences from people themselves and their therapists, who have

1 Mood stabilizer, marketed also as Camcolit, Camcolith, Cibalith, Eskalith, Li-Liquid, Liskonum, Lithicarb, Lithium, Lithobid, Lithonathe, Lithotabs, Priadel, Quilonum

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.

Pirkko Lahti
Executive Director of the Finnish Association for Mental Health and President of the World Federation for Mental Health
Helsinki, August 19, 2002

"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