

## 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-

major depression” need psychiatric drugs or maintenance electroshock “therapy” for the rest of their lives.

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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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