Journal of Critical Psychology, Counselling and Psychotherapy,Vol. 21, No. 1, 64-68

Humanistic antipsychiatry and the Journal of Critical Psychology, Counselling and Psychotherapy - a personal retrospective

Peter Lehmann

Peter Lehmann is an award winning critic of the psy complex. He is an honorary professor at Thessaloniki, psychiatric survivor and publisher. His latest book, edited with Craig Newnes, is Withdrawal from Psychiatric Drugs (2021: Egalitarian Publishing). Contact: info@peter-lehmann-publishing.com

ABSTRACT: People in severe distress (and corresponding psychiatric treatment) die 20-25 years earlier than the general population. Mainstream psychiatrists and journalists listening to them are hardly mentioning this catastrophe. Over the past two decades, the Journal of Critical Psychology, Counselling and Psychotherapy (JCPCP) has published a large number of my articles dealing with the consequences of a natural scientific understanding and treatment of mental problems that are largely of a social nature and with measures for appropriate, user-oriented and defined support. In other words, JCPCP enables a counter to the positions of biological psychiatry with the positions of humanistic anti-psychiatry. The journal is unique.

KEY WORDS: Big pharma, schizophrenia, death

Among psychiatrists and Big Pharma it is well-known that people with the diagnoses "schizophrenia," "bipolar disorder," "serious depression," and "personality disorder" - in other words patients (people) receiving the corresponding drug administration - die much earlier than the general population. Some psychiatrists acknowledge the toxic effects of psychiatric drugs in connection with high premature death rates, others do not mention

this connection or deny it and claim the vulnerabilty of the patients resulting from precarious life conditions (e.g., too much alcohol, street drugs, nicotine, bad nutrition, not enough exercise) as the main reason. But considering the patients' high vulnerability as a well-known risk factor for premature death, isn't it even worse administering them high risk psychiatric drugs additionally? Isn't it reckless behavior in foreseeing the possibility of harm, yet consciously taking the risks and not caring about the consequences of one's actions? Doesn't the UN-Convention on the Rights of People with Disabilities demand equality before the law?

Measures of humanistic antipsychiatry against premature death

Humanistic antipsychiatry is an undogmatic and humanistic approach, it is dedicated to the existential needs and rights of people with severe emotional distress and psychiatric diagnoses. The Greek "anti" means more than simple "contra" (as, for example, in "antidepressants" or "antipsychotics"). It means also "alternative," "beyond" or "independent." Humanistic antipsychiatry is orientated toward the interests of (ex-) users and survivors of psychiatry whose main concerns are self-determination, freedom from bodily harm and adequate and self-defined support. It has no connection to the pharmaceutical industry and to organizations that are dependent on them, nor to Scientology or other sects and dogmatists of whatever colour. Beyond health, nothing is more valuable than freedom and independence. Humanistic antipsychiatry is filled with a contrarian spirit and the fundamental conviction that:

1. *Psychiatry as a medical (and natural scientific) discipline cannot do justice to the expectation of solving mental problems that are largely of a social nature.*
2. *Psychiatry's propensity and practice to use force constitutes a threat.*
3. *Psychiatric diagnostic methods obstruct the view of the real problems of individuals in society* (Lehmann, 2012a).

For these reasons, humanistic antipsychiatry pleads for:

1. *Developing adequate and effective assistance for people in emotional difficulties.* Medicalization, connected with irresponsibility, often results in a fatal outcome (Lehmann, 2010). Trying to suppress psychic problems with psychotropic drugs produces diseases of the neurovegetative system creating or enhancing suicidality (Lehmann, 2002) and many chronic 'disorders'. These diseases can be dangerous for people's lives. So it is important to know the early warning signs of drug-caused diseases (Lehmann, 2013a).
2. *Safeguarding the participation of people, who are in emotional difficulties, in society and their civil rights in treatment being on a par with patients in physical medicine.* It is important for people with (potentially) psychiatric diagnoses to secure their human rights by, for example, advance directives (Lehmann, 2015). They should

be fully integrated in all steps of psychiatric drug registration, evaluation and all-inclusive monitoring (Lehmann, 2004a). This requires full transparency and the disclosure of conflicts of interest in the psychiatric field (Lehmann, 2019a).

3. *Joining forces in cooperation with other human rights organisations and self-help groups as well as with supporting experts.* (Ex-) users and survivors of psychiatry have to support each other, highlight their achievements (Lehmann, 2007, 2011, 2012b, 2017), bring to light their suffering (2019b), organize, and find allies to free themselves from discrimination and unwanted treatment in the psychiatric field (Lehmann, 2009a).
4. *Support in withdrawing from psychiatric drugs and using alternative and less toxic psychotropic substances.* Coming off psychiatric drugs often is the precondition for recovery (Lehmann, 2013b). Because it can be hard to withdraw from these drugs, detailed accounts of how others came off these substances without ending up once again in the doctor's office are of fundamental interest (Lehmann, 2004b).
5. *A ban on electroshock.* Reports of people to whom psychiatrists administered electroshocks should be published and distributed to show the damaging effects of this treatment method to the public, workers in the psychiatric field, politicians, relatives and patients - a method which was developed in the darkest fascist decades of the last century (Lehmann, 2009b).
6. *New ways of living with madness and being different - with as much independence from institutions as possible.* Humanistic approaches are needed, for example, support of self-help, humanistic psychotherapy, runaway-houses, Soteria, Open Dialogue, Personal Ombudsmen, user-led research, Hotel Magnus Stenbock, Crisis Hostel, Trauma-informed peer run crisis alternatives etc. (Stastny & Lehmann, 2007).
7. *Tolerance, respect and appreciation of diversity at all levels of life.* This also fits in for the different experiences and opinions within self-help and psychiatry-political organisations (Lehmann, 2009c). Overcoming dogmatic behaviour and lacking respect is needed to enhance performance and credibility in public and political discussion (Lehmann, 2014).

Conclusion

JCPCP and its main editor Craig Newnes earn my acknowledgment for their past work and publishing so many papers I have written. Altogether they could fill two books. Most of the contents of my papers are now integrated in my recent article, "Paradigm shift: Treatment alternatives to psychiatric drugs, with particular reference to low and middle income countries" (Lehmann, 2019c), which was published in *The Routledge Handbook of International Development, Mental Health and Wellbeing.* There, I propose the above mentioned

issues of humanistic antipsychiatry as essential elements in the reduction of the high rate of premature mortality. Supporting the self-help efforts of people in severe emotional distress and collaborating with dedicated family members, community members and professionals in the development of humanistically-oriented support systems should be strategies of first choice for all countries in their approaches to the United Nations' Sustainable Development Goal 3 (SDG3) of the *2030 Agenda for Sustainable Development* (United Nations, 2016). This agreement by the United Nations requires states to improve citizens' well-being and fight against the most important and common causes of death. The continuation of JCPCP with its support of the achievement of full human rights and appropriate support for people with psychiatric problems is to be applauded.

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