ISEPP CHRONICLES: Advancing Ethical, Best-Practice Mental Health Care

The INTERNATIONAL SOCIETY FOR ETHICAL PSYCHOLOGY AND PSYCHIATRY, (ISEPP) is a nonprofit organization of mental health professionals, researchers, lawyers, parents, families, teachers and others who study and promote safe, humane, life-enhancing approaches to help people who are diagnosed with mental disorders. Our main website is located at www.PsychIntegrity.org

Speech given by Dr. Peter Lehmann: International Noncompliance and Humanistic Antipsychiatry

isepp / July 23, 2011

1 Vote

Peter Lehmann serves on the ISEPP Advisory Counsel.

From Vince Boehm

Long time list member Peter Lehmann was recently honored with an honorary doctorate by the School of Psychology of the Aristotle University of Thessaloniki, Greece. Aristotle University is the largest university in Greece and the Balkans, and has more than 95,000 students.

Peter is a Berlin publisher. The Peter Lehmann Publishing House is oriented toward the interests of (ex-)users and survivors of psychiatry whose main concerns are self-determination and freedom from bodily harm. Lehmann is familiar with these problems because of his own experience. To avoid censorship from mainstream publishing houses, he founded his own publishing house in Germany in 1986.

Beyond health, nothing is more valuable than freedom and independence. Lehmann publishes literature filled with a contrarian spirit and the fundamental conviction that psychiatry as a scientific discipline cannot solve mental problems that are largely of a social

nature, its propensity and practice to use force constitute a threat, and its diagnostic methods obstruct the view of the real problems of individuals in the society.

His current books in are Alternatives Beyond Psychiatry, and Coming off Psychiatric Drugs: Successful Withdrawal from Neuroleptics, Antidepressants, Lithium, Carbamazepine and Tranquilizers. This valuable resource comes in US, UK, Greek. and German editions. These books can be purchased directly from the publisher.

Here is the speech given by Dr Lehmann at the award ceremony conferring his Honorary Doctoral Degree on 28 September 2010 by the School of Psychology of the Aristotle University of Thessaloniki, Greece · Deutsche Fassung · Greek translation

For pictures and more information see:
http://www.peter-lehmann.de/drhc-e.htm

The term 'humanistic antipsychiatry' is often misunderstood since 'antipsychiatry' is used variously in many countries to express their own cultural characteristics. Modern humanistic antipsychiatry is an undogmatic and humanistic movement. The Greek 'anti' means more than simply 'contra'.

Doctor Peter Lehmann

It means also 'alternative', 'beyond' or 'independent'.

Humanistic antipsychiatry is orientated toward the interests of users and survivors of psychiatry whose main concerns are self-determination and freedom from bodily harm. Humanistic antipsychiatry is filled with a contrarian spirit and the fundamental conviction that:

psychiatry as a scientific discipline cannot do justice to the expectation of solving mental problems that are largely of a social nature, its propensity and practice to use force constitutes a threat, and its diagnostic methods obstruct the view of the real problems of individuals in the society.

For these reasons, humanistic antipsychiatry pleads for:developing adequate and effective assistance for people in emotional difficulties safeguarding civil rights in treatment on a par with 'normal' patients joining forces in cooperation with other human rights and self-help groups

support in withdrawing from psychiatric drugs, use of alternative and less toxic psychotropic substances a ban on electroshock new ways of living with madness and being different—with as much independence from institutions as possible tolerance, respect and appreciation of diversity at all levels of life.

Psychiatric Threat as a Broad Societal Problem

The problem of the lack of support in times of emotional stress does not merely affect a minority; rather the broad spectrum of society is affected: those directly affected, their relatives, children, old people and the marginalized. Protection from psychiatric violence would have the effect of reducing anxiety in the whole of society. Apart from the positive effect on the health of society in general, the reduction in the flood of prescriptions for psychotropic drugs and the associated so-called therapeutic secondary diseases, with their resulting physical, psychological and social handicaps, would have a radical cost-reducing effect. Understanding and empathy for the pain suffered by psychotic or depressed people, with its roots in the way our culture is experienced, would lead to more personal insight and help prevent isolation and alienation.

Modern Neuroleptics—An Improvement?

In mainstream science, psychotropic drugs, especially neuroleptics, are seen as helpful antipsychotic medication making people responsive to therapy, alleviating psychoses, preventing or healing illness, and improving the quality of life, enabling psychiatric patients to be integrated into society and capable of working. When psychiatrists believe themselves to unobserved, they use a different vocabulary; they speak of patients being ‘emotionally walled in’, wearing ‘emotional armor’, of ‘haldol corpses’, of the ‘zombie syndrome’ and the ‘syndrome of the broken wing’.

Psychiatrists keep telling us that the never-ending flood of new psychiatric drugs cause fewer and fewer unwanted effects and are ever better tolerated; you can read this in the marketing material of the pharmaceutical companies.

Gerhard Ebner, President of the Swiss Association of Psychiatric Medical Directors (who served on Janssen Pharmaceuticals’ Advisory Board regarding the introduction of Risperdal Constaxxx), spoke a different language in 2003 in a psychiatric journal as he emphasized the main difference between typical and so-called atypical neuroleptics: improved compliance—in other words, the willingness of the patients to bow to the psychiatric treatment regime which characterizes the new neuroleptics:

“It is not a case of fewer side-effects, but of different ones which can be just as debilitating even if the patient isn’t immediately aware of them. Therefore, patients can be more easily motivated to take these drugs because they no longer suffer instantly and as much from the excruciating dyskinesias/extrapyramidal side-effects” (Ebner, 2003, p. 30).

Studies and publications show that patients are never properly informed about the risks and so-called side effects of psychiatric treatment. They also show that information and help in coming off psychiatric drugs is withheld (Lahti, 2008). Human rights are systematically abused: people with psychiatric diagnoses are hugely discriminated against within the healthcare systems.

Help in solving the problems that led to psychiatrization in the first place is rarely provided and treatment often leads to traumatization, resulting in years of psychiatrization. All of this happens without it having the slightest effect on the psychiatrists, who until recently mistreated even adolescent patients, without obtaining any legal consent, with electro- and insulin-shock, and who remain nonetheless highly esteemed members of their fraternity. One such highly esteemed member is the German psychiatrist Henrik Uwe Peters, personal honorary member of the World Psychiatric Association (Lehmann, 2010). The fact that

psychotropic drugs—just like other mind altering drugs like hashish or alcohol, for example —can neutralize emotional problems for a period of time only serves to increase the misery in the medium and long-term.

Just how important well-founded professional information is for the psychiatric patients when weighing the risks and benefits of psychotropic drugs and in deciding for themselves whether or not to take them can be seen in the known main risks of the modern atypical neuroleptics.

Remoxipride (Roxiam®) was announced, for instance, in 1991 as a 'rose without any thorns', as a well-tolerated drug without any side effects. It was taken off the market three years later by the manufacturer because of a series of life-threatening cases of aplastic anaemia—anaemia characterized by the reduction of red and white blood cells due to a defect in the haemepoietic (blood-building) system, but this 'medication' is still available. Another example of tolerance problems with an atypicalÄrzte Zeitung: "Sale of Serdolect® stopped—the reason was severe cardiac side effects and fatalities." These fatalities have long since been 'buried'—in contrast to Serdolect®. neuroleptic is sertindole (Serdolect®), which for a long time was considered to produce few unwanted effects. In 1998, in medical databases on the Internet, the term 'free of side-effects' could be found for this drug. The following quote is from the beginning of December 1998 from the Swiss medical journal

New atypical neuroleptics are constantly being launched—the latest one is asenapine (Saphris®); they all high-risk. Other risks of note associated with these substances are drug-induced deficit syndrome, obesity, hypercholesterinaemia(enhanced level of cholesterol in the blood), diabetes, irreversible receptor-changes responsible for tardive dyskinesia, apoptosis (increased cell-death) and mortality, especially when prescribed in combination with other drugs. But such atypical receptor-changes, which can lead to tardive psychoses, are to be accepted as a calculated risk. Tardive psychoses are psychological disturbances which can occur during treatment with neuroleptics, when they are being withdrawn or later, and are typical for atypical neuroleptics. Ungerstedt and Ljungberg at the Karolinska Institute in Stockholm published results of studies in which rats were administered the conventional neuroleptic haloperidol and as a comparison the atypical clozapine (Leponex®). They believe that atypical neuroleptics modify subtypes of specific dopamine-receptors, produce their supersensitivity and contribute to the risk of new, increasing, or chronically powerful psychoses of organic origin, which can be understood as a 'counterpart to tardive dyskinesia' (Ungerstedt & Ljungberg, 1977, p. 199).

Modern Psychiatry—A Better Psychiatry?

The psychiatry of the future appears in an even more sinister shape on the horizon: psychiatrists and pharmacologists are thinking of the development of new forms of administration for psychiatric drugs; for example depots, which can be introduced into the womb or rectum. In rats, it is already possible to implant haloperidol-depots into the back muscles which release the substance for a year. People who have been diagnosed as suffering from compulsive disorders can have a chip implanted into their brain to regulate their moods. The newest development comes from England: The South London and Maudsley Hospital is conducting trials in the tracking of psychiatric patients. The tracker system involves fitting patients with a steel ankle strap linked to a GPS tracking system that can then monitor the location of the person with the help of a satellite. Within the framework of the Swiss Early Psychosis Project or the so-called Schizophrenia Competence Network, children's and teenagers' difficulties in school or family are tracked in order to control them

in the long-term with neuroleptics and continuous psycho-education. According to the so-called 'Recommendation of the Committee of Ministers to member States to ensure the protection of the human rights and dignity of people with mental disorder, especially those placed as involuntary patients in a psychiatric establishment', accepted by the European Council in 2005, the administration of electroshock without the patient's prior consent, involuntary hospitalization without a judge's order, and involuntary outpatient treatment is considered to be ethically acceptable. The European Union Lisbon Treaty of 2007 lays down the limitation of the human rights of psychiatric patients. Since their life-expectancy is already reduced by as much as three decades—most probably mainly as a result of cardiovascular disturbances, diabetes and suicidality by psychotropic drugs (Aderhold, 2007), it is high time for resistance at an international level, including in academic circles against the life-threatening discrimination of psychiatric patients.

Conclusion

Since the alternative option of human help is not currently provided, people in emotional distress have to learn to deal with what is on offer. In so far as they do not want strangers deciding their fate, they are well advised to protect themselves against arbitrary psychiatric decisions or physical injury by putting their wishes down in writing (in psychiatric wills, advance directives or patient wills, for instance) and thus have a direct influence on the quality of the treatment provided, or to start to build up alternatives. To this end, is helpful to:

organize cooperate with suitable organizations, institutions and people research (for example, evaluate psychiatric programs or alternative approaches) train themselves and others insist on being included in taking responsibility for themselves and always being included in the decision-making processes at all levels in order to ensure the quality of their care and never loosing control over their own fate.

Human rights organizations, complaints offices, and ombudsmen and -women can aid helpless psychiatric patients become clients who know how to ask for the help they need as well as to demand their civil and human rights .

Of course, in this undertaking of attempting to build up alternatives beyond psychiatry and to establish humane treatment conditions, everyone, including psychologists, is addressed who is interested in the healing and strengthening of the life force as well as in a society based on tolerance and equal rights. How can a person be helped through psychotherapy if he has been psychiatrically humiliated and the administration of personality changing psychotropic drugs make uncovering and resolving conflict with therapeutic support impossible right from the start? What is the point of considering what the best psychotherapeutic approach might be when the neuroleptics impair the remittance of psychotic states due their tendency to cause apathy, and in approximately two- thirds of pharmacological treatments, lead to depressive, even suicidal states? Is it not time for psychologists to start studying the effects of psychotropic drugs and to become more and more noncompliant?

It is time to develop an understanding of the user/survivor discourse in the training of professionals and academics and for users and survivors of psychiatry themselves to be recognized as those with the most in-depth understanding of their values, meanings and relationships and for them to be recognized as the real experts (Bracken, 2007); this is especially true of those who have overcome their emotional and psychiatric problems.

Users and survivors of psychiatry must reflect and approach the situation with care. Being a user or survivor of psychiatry is not in itself a category which makes one a better human being. It is most important to be respectful in one's dealings with each other, even when we have different preferences, and to aim for productive cooperation with all those who are striving against the dumbing-down, repression, exploitation, and standardization of human beings. We must take care not to create new dependencies. We must never forget that, apart from our health, there is nothing more important than freedom and independence.

Allow me here to express my heartfelt thanks to the Aristotle University of Thessaloniki and the School of Psychology for their courageous step in awarding me an honorary doctorate2. It is my hope that this university which has thus honored the experience of users and survivors of psychiatry will become an example for other universities so that the voices of these survivors will be heard and they will be supported in their fight for their human rights. (2)

Footnotes

(1) Translation by Mary Murphy; thanks to Darby Penney for support in translation matters

(2) My expression of gratitude to all those who have traveled this road with me over the last 30 years can be found in the Internet under http://www.peter-lehmann.de/danke

Sources

Aderhold, V. (2007). Mortalität durch Neuroleptika. In Verhaltenstherapie und psychosoziale Praxis, 39(4), 897-907.

Bracken, P. (2007). Beyond models, beyond paradigms: The radical interpretation of recovery. In P. Stastny & P. Lehmann (Eds.), Alternatives beyond psychiatry (pp. 400-402). Berlin / Eugene / Shrewsbury: Peter Lehmann Publishing.

Ebner, G. (2003). Aktuelles aus der Psychopharmakologie. Das Wichtigste vom ECNP-Kongress. In Psychiatrie (Switzerland), Online-edition No. 1, 29-32.

Lahti, P. (2004). Preface. In P. Lehmann (Ed.): Coming off psychiatric drugs: Successful withdrawal from neuroleptics, antidepressants, lithium, carbamazepine and tranquilizers (pp. 13-15). Berlin / Eugene / Shrewsbury: Peter Lehmann Publishing.

Lehmann, P. (2010). Medicalization and irresponsibility. In Journal of Critical Psychology, Counselling and Psychotherapy (in preparation). Available on the internet at http://www.peter-lehmann-publishing.com/articles/lehmann/medicalization.htm.

Ungerstedt, U. / Ljungberg, T. (1977). Behavioral patterns related to dopamine neurotransmission. In Advances in Biochemical Psychopharmacology, 16, 193-199.

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