Peter Lehmann

The Self, Schizophrenia and Neuroleptic Iatrogenic Injury in Mental Health and Social Care

Keynote lecture at the 13th International Conference of the International Network of Philosophy and Psychiatry: "Real People: The Self in Mental Health and Social Care", June 28-30, 2010, Manchester, U.K.

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Topics

- Reductionist vision of humanity, personality, soul, self
- Mortality registers
- Risk factors for depression and suicidality
- Medical and especially pharmacological reasons
- Main effect of the drug
- Double-blind studies
- Epidemiological surveys
- First hand reports (incl. test persons)
- Suicide registers to gather and present findings
- Conclusions

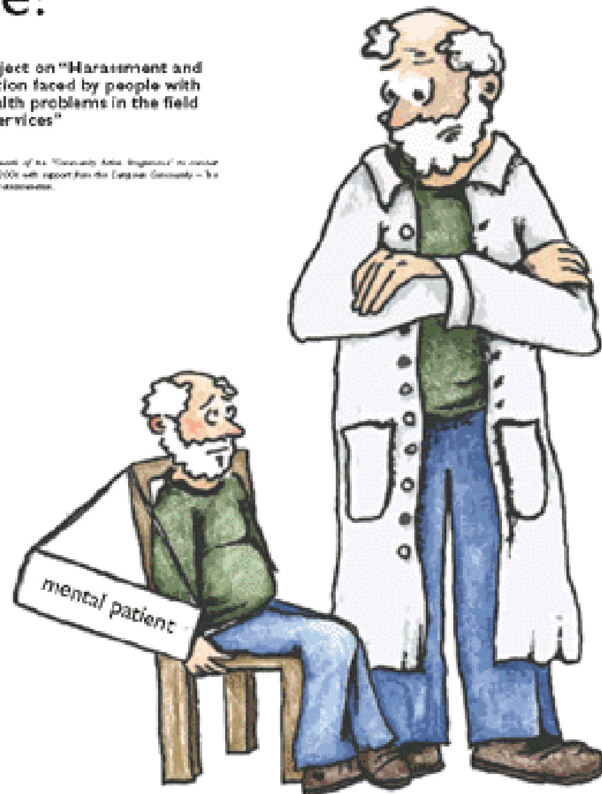
Reductionist vision of humanity, personality, soul, self

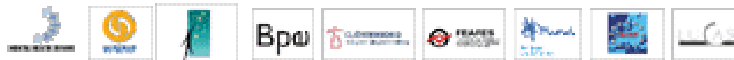
"Everything that we feel is simply chemical: being moved by looking into the sunset, love, attraction, whatever— they are all biochemical processes, we have a laboratory in our heads" (Brigitte Woggon, 2000).

"We temporarily turn the mentally suffering patient into a person with an organic brain disease, with ECT *(electroconvulsive "therapy")* it happens in a more global way, but for a substantially shorter period of time than with pharmacological therapy" (Dörner & Plog, 1992, p. 545).

Woggon. *Weltwoche,* June 8, 2000, pp. 53-54.

Dörner, K., & Plog, U. (1992). *Irren ist menschlich*. 7th edition. Bonn: Psychiatrie-Verlag.





Action project against
"**Harassment and discrimination faced by people with mental health problems in the field of health services**"

organised in the framework of the European Union's "Community Action Programme" to combat discrimination 2001-2006

- Guarantee to respect human rights in a pro-active way, **for example through legal protection of advance directives, or through the introduction of a suicide register.**

www.enusp.org/harassment

Risk Factors for Depression and Suicidality

- Political factors
- Social and economic factors
- Emotional and physical factors
- Psychiatric factors
- Medical factors (Infections like hepatitis, endocrinological diseases like morbus Cushing, Parkinson, metabolic dis-orders, genetic abnormalities in the serotonine system, etc.)
- Pharmacological factors (medical drugs like tuberculostatics, antihypertensive drugs, chemotherapeutics, oral contraceptive pills, special vitamins or drugs to treat addiction, etc. psychiatric drugs like tranquilizers, mood stabilizers like antiepileptics, antidepressants, neuroleptics)

Risk Factors for Depression and Suicidality

- Tranquilizers
- Mood Stabilizers
- **Antidepressants**

In 2004, the Medical Drug Commission of German Medical Professionals came to the conclusion

"… that, especially in connection with the severe excitatory side effects of SSRI, you have to expect a risk of suicidal activities generally and non age-related, which is illustrated by accordant case reports."

http://ssristories.com

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Risk Factors for Depression and Suicidality

- **Neuroleptics**

Frank J. Ayd, Psychiatric Department of the Franklin Square Hospital in Baltimore, USA:

"There is now general agreement that mild to severe depressions that may lead to suicide may happen during treatment with any depot neuroleptic, just as they may occur during treatment with any oral neuroleptic. These depressive mood changes may transpire at any time during depot neuroleptic therapy. Some clinicians have noted depressions shortly after the initiation of treatment; others have observed this months or years after treatment was started" (p. 497).

Ayd, F. J. (1975). The depot fluphenazines. *American Journal of Psychiatry, 132*, 491-500.

Risk Factors for Depression and Suicidality

- **Neuroleptics**

Peter Müller, Psychiatric Department of the University of Göttingen, Germany, after double-blind withdrawal:

"Their change was quite impressive to themselves, their relatives and their medical examiners in some cases. The patients reported that now they felt completely healthy again. In the group of people still treated with psychiatric drugs, this was mostly not the case. These results quite definitely speak for pharmacogene influences and against psychiatric morbidity developments" (p. 64).

Müller, P. (1981). *Depressive Syndrome im Verlauf schizophrener Psychosen.* Stuttgart: Enke Verlag.

Risk Factors for Depression and Suicidality

- **Neuroleptics**

Rolf Hessö, Psychiatric Department of the University of Oslo, Norway, about the development in Finland, Sweden and Norway in the 70s; it seemed to be clear,

"… that the increased incidence of suicide, both absolutely and relatively, started in the year 1955. This was the year that neuroleptics were introduced in Scandinavian psychiatric hospitals" (p. 122).

Hessö, R. (1977). Suicide in Norwegian, Finnish, and Swedish hospitals. *Archiv für Psychiatrie und Nervenkrankheiten, 224,* 119-127.

Risk Factors for Depression and Suicidality

- **Neuroleptics**

Regina Bellion, Bremen, Germany:

"I vegetate behind my neuroleptic wall and I am locked out of the world and out of life. The real world is further from me than Pluto is from the sun. My own secret world is also gone—my last refuge, and I had destroyed it with Haldol. This is not my life. This is not me. I may as well be dead. … Before winter comes I will hang myself. But before that I want to try and see if my life would be different without Haldol. I reduce … After one month I am clean. ... I wash my hair, … clean the apartment. … I even enjoy doing this. I can think again" (p. 280).

Bellion, R. (2004). After withdrawal, the difficulties begin. In P. Lehmann (Ed.), *Coming off psychiatric drugs* (pp. 279-290). Berlin / Eugene / Shrewsbury: Peter Lehmann Publishing.

Risk Factors for Depression and Suicidality

- **Neuroleptics**

Hans Heimann & Nikolaus Witt, Psychiatric Department of the University of Berne, Switzerland, self-experience with chlorpromazine (Largactil, Thorazine):

"I felt physically and mentally ill. Suddenly my whole situation appeared hopeless and difficult. Above all, the fact that one can be so miserable and exposed, so empty and superfluous, neither filled by wishes nor by something else, was torturing" (p. 113).

Heimann, H., Witt, P. N. (1955). Die Wirkung einer einmaligen Largactilgabe bei Gesunden. *Monatsschrift für Psychiatrie und Neurologie, 129,* 104-123.

Suicide Registers

By Survivors of Psychiatry

- 1983 founding of the “Registration Center for (Self-) Murders by Psychiatric Treatment”.
- Public leafleting and warning of suicides caused by neuroleptics.
- Expenditure of human labor and the bereaved’s anguish when they realized the true causes of their loved ones’ deaths.
- Public call to support the initiative financially and structurally, without results.

Suicide Registers

By Psychiatrists

- 1991 founding of a drug-monitoring system in the psychiatric field in the German Bundesland Bavaria, including the registration of preferential triggering of suicide attempts and suicides by drugs.
- Problems with the definition of suicidality.
- Further development of questionnaires and registration cards.
- Uninterested in offers of (ex-) users and survivors of psychiatry to discuss the possibility of including them.
- No results.

Suicide Registers

By a Governmental Administration

2006, “Lex Maria”: All suicides in Sweden committed in the healthcare system should be reported for investigation to the National Board of Health and Welfare.

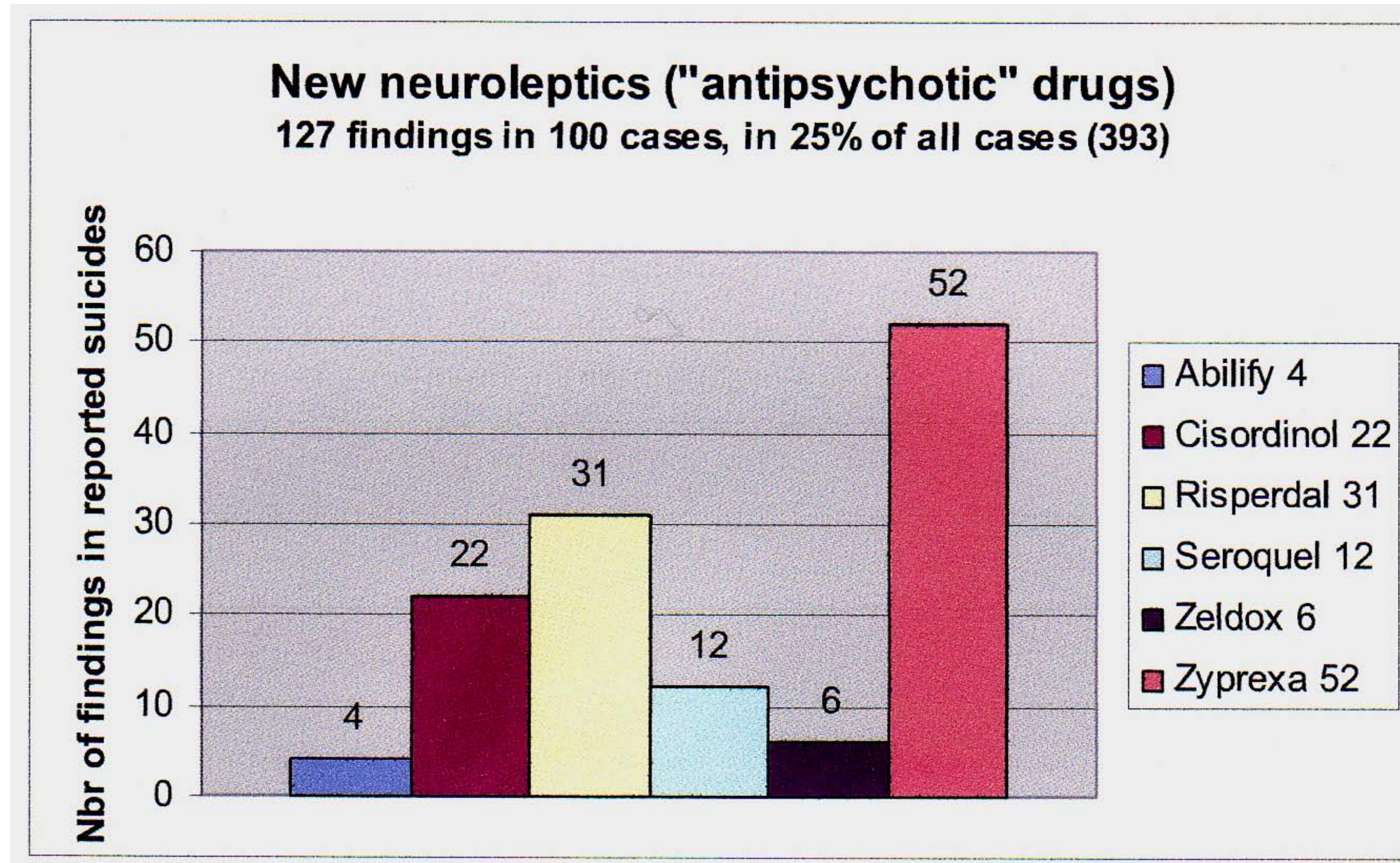
Janne Larsson about the 2007 data:

“In total, according to the data received, 393 cases were reported to the six regional offices for 2007. (...) In 338 of the 393 cases – 86% of the cases – the persons were treated with psychiatric drugs within one year of their suicide“ (pp. 14-15).

Larsson, J. (2009). *Psychiatric drugs & suicide in Sweden 2007: A report based on data from the National Board of Health and Welfare*

Suicide Registers

Janne Larsson, 2007 data, p. 22:



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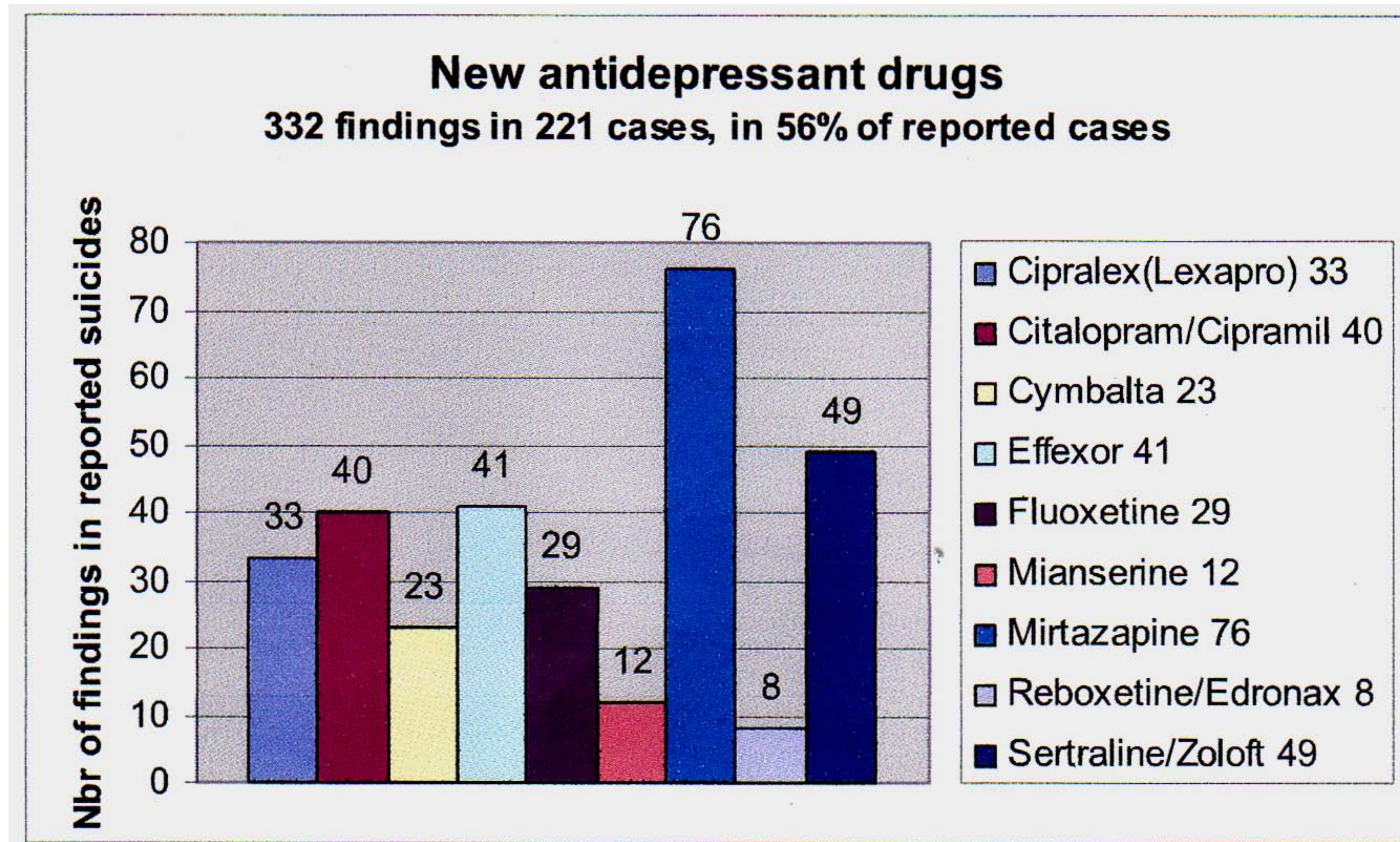
Suicide Registers

Janne Larsson, 2007 data, p. 26:



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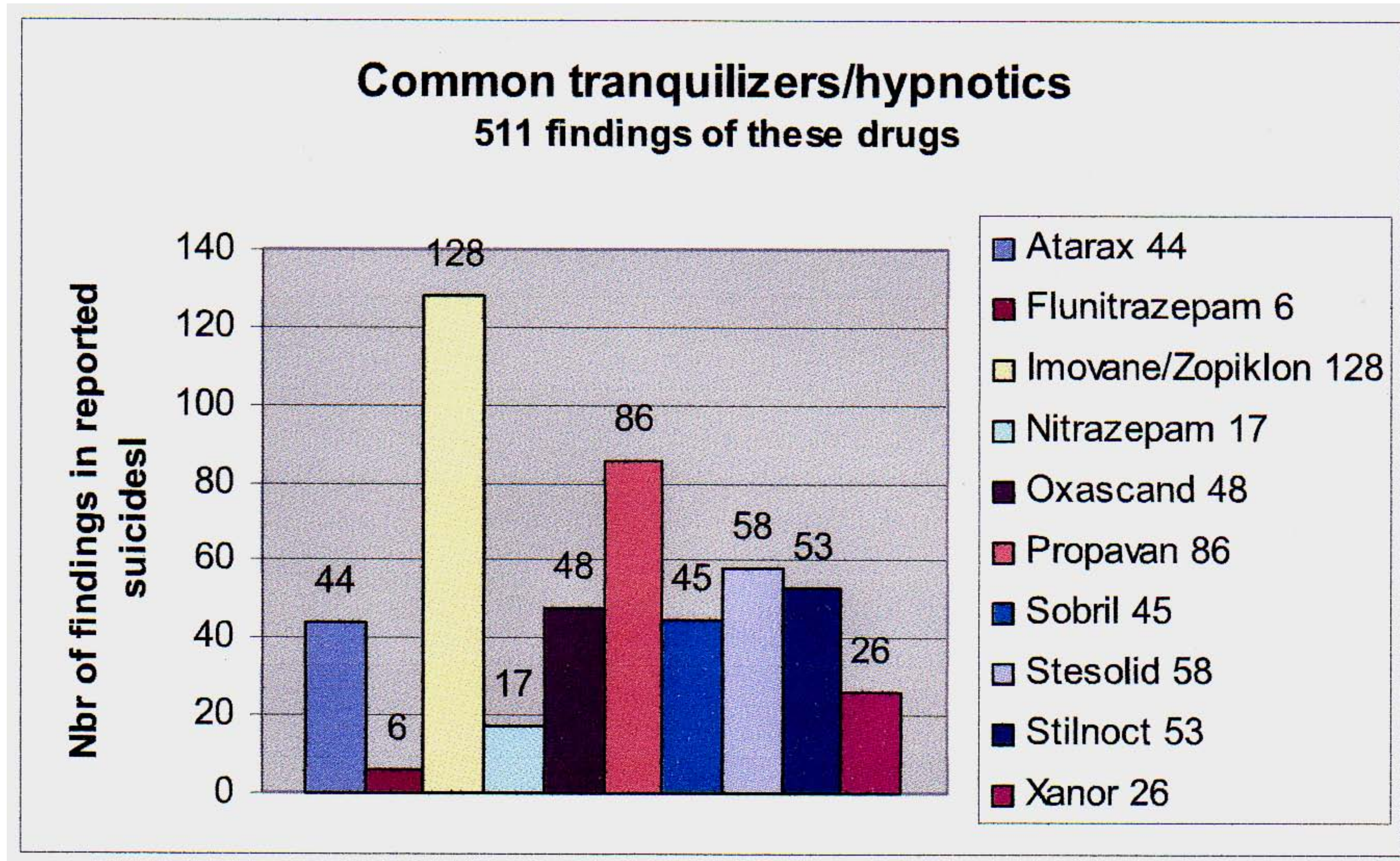

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Suicide Registers

By a Governmental Administration

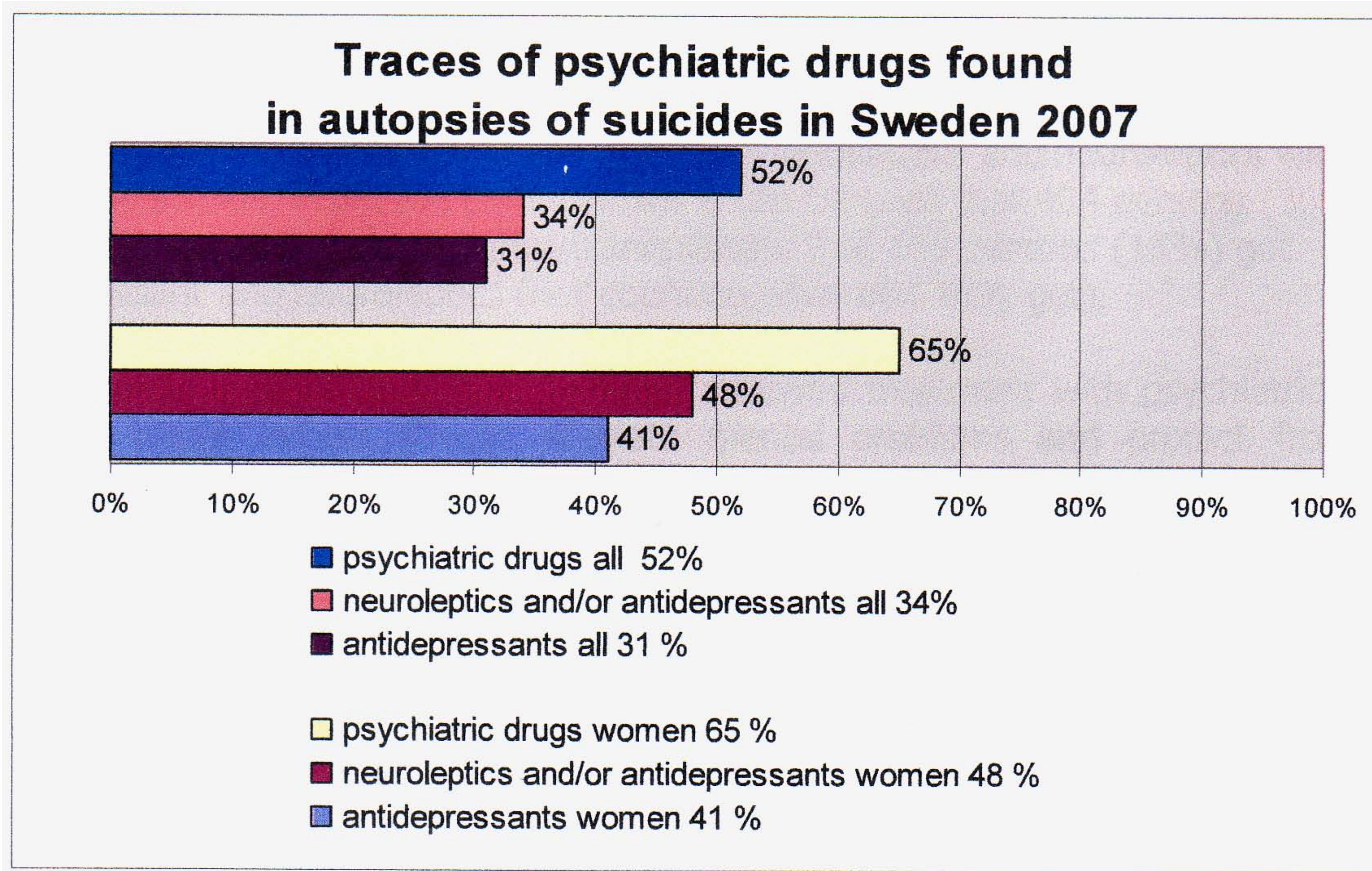
Janne Larsson about the results:

"In 0% (!) of these cases was the matter reported as a drug adverse event to the registry for drug adverse events at the Medical Products Agency (MPA). (...) Instead of Eli Lilly claiming that the drug Zyprexa was involved in 0 cases of suicide in Sweden 2007, the fact was that the drug was involved in 52 cases in this subgroup of 338 persons. Instead of Wyeth claiming the same for Effexor, the fact was that the drug was involved in 41 cases in this group" (pp. 23 & 25).

Larsson, J. (2009). *Psychiatric drugs & suicide in Sweden 2007: A report based on data from the National Board of Health and Welfare*

Suicide Registers

2007 data, p. 14 (from the National Board of Forensic Medicine):



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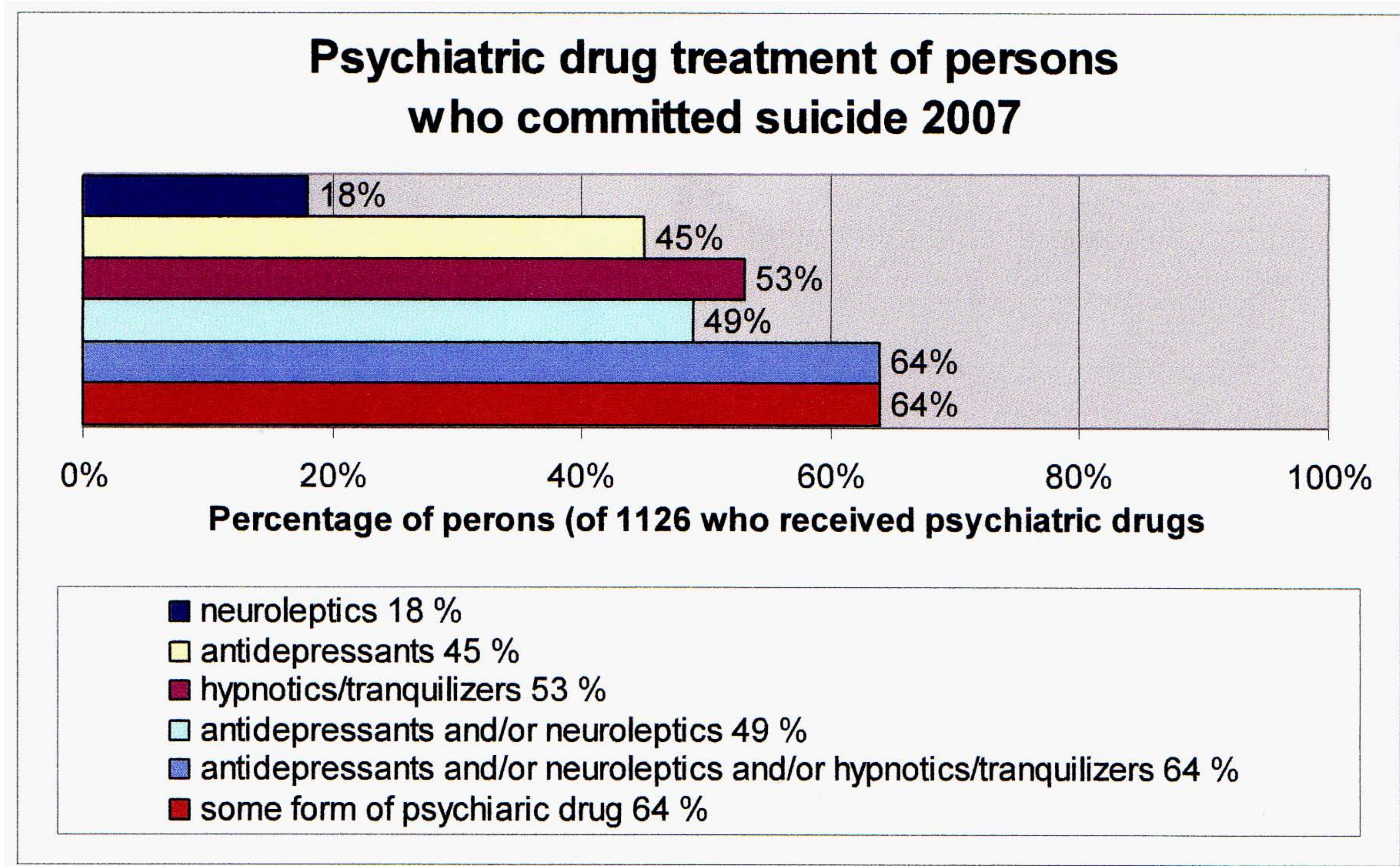
Suicide Registers

2007 data, p. 8 (from the National Board of Forensic Medicine):



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Consequences and Demands

- Updated product labeling has to include a warning about an increased risk of suicidal thoughts or actions.
- (Ex-) users and survivors of psychiatry as keynote speakers, experts and teachers.
- Inclusion of independent organisations in prevention programs and monitoring bodies, exclusion of Big Pharma.
- Advance directives [see Laura Ziegler (2007): Upholding psychiatric advance directives: „The rights of a flea”. In P. Stastny & P. Lehmann (Eds.), *Alternatives beyond psychiatry* (pp. 318-328). Berlin / Eugene / Shrewsbury: Peter Lehmann Publishing].
- Penalize non-assistance of a person in danger that the person does not desire, breach of standard of care or acquiescence of a perhaps deadly consequence.

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Consequences and Demands

- Penalize recklessness: a wrongdoer who recklessly causes harm can be held to the same liability as a person who intentionally does so:

"Conduct whereby the actor does not desire harmful consequence but... foresees the possibility and consciously takes the risk … or does not care about the consequences of his or her actions" (p. 1053).

Garner, B. (Ed.) (2005). Black's law dictionary, 8. edition, Boston: West Publishing Company / http://en.wikipedia.org/wiki/Recklessness_(law)

- Together with universities: Research about suicide registers and manipulation by Big Pharma with meaningful participation of independent organisations of users and survivors of psychiatry to enhance warnings of suicidal risks of psychiatric treatment methods.

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