

**Review, March 2006: Coming Off Psychiatric Drugs: Successful Withdrawal from Neuroleptics, Antidepressants, Lithium, Carbamazepine and Tranquilizers. Peter Lehmann (ed.).**

Sometime In the 1960s, the concept of therapeutic drug dependence on antipsychotics and antidepressants first surfaced, since it became obvious that some individuals would never be able to stop taking these drugs. The fact that withdrawal problems could occur while one was still on treatment with drugs that were neither euphorants nor disruptive to motivational hierarchies seemed to be completely irreconcilable with theories of addiction. That was the case then, and still is now.

Over the years, especially since the 1980s and the introduction of the SSRIs, the concept of therapeutic drug dependence has been more or less obscured, giving rise to a dichotomy which demonises some drugs, and sings the praises of others. And these good drugs, the pharmaceutical industry would like us to believe, are free of withdrawal problems. But as we have repeatedly found out, this is not the case.

Now, especially in the age of the Internet with access to information previously unavailable, those with a therapeutic drug dependence feel bitter about being hooked more than ever. Not only do they resent not being warned about the risks of getting hooked, but perhaps most of all being held responsible for their own misfortune. No longer are they so willing to accept that the problems with withdrawal are primarily due to their illness and not to the drug.

All too often the circumstances surrounding attempts at withdrawal are not optimal. To my mind one of the most important negative factors is the pressure frequently exerted on mental health professionals to keep patients on their psychiatric drugs, come hell or high water. Indeed, this pressure can be very intense and stem from various quarters: from the sales representatives, from symposia underwritten by the drug industry, from superiors in a clinic, or from the families, especially when they belong to a support group funded by the industry, just to name a few.

Add to this the fact that many mental health professionals are not very keen in the first place to deal with the hassle and frustration so often involved should the patient's condition worsen during withdrawal. It is much easier to believe that the manifestations of

withdrawal are due to the reappearance of symptoms for which the drug was given in the first place, and not related to the drug. That way, as many colleagues have admitted to me, you don't have sleepless nights worrying about the legal consequences should anything go wrong - who knows, some judge might even believe the drug industry's mantra about the deleterious aspects of stopping the drugs.

The present volume, "Coming Off Psychiatric Drugs", was long overdue and will certainly go a long way toward helping those saddled with the resentment described earlier. Edited by Peter Lehmann, a Berlin publisher well-known in psychiatric service and survivor support groups in Europe, and an unrelenting critic of modern psychiatry's paternalistic attitude with respect to drug therapy, it is a book that speaks out against the sheer smugness of the psychiatric establishment and the vested interests of the pharmaceutical industry.

This text, however, is not some radical tract, recommending that psychiatric drugs be simply tossed away. Nor does it offer any simple or simplistic solutions to the issue of coming off psychiatric drugs and its associated withdrawal problems. Although the book also includes the contributions of eight mental health professionals, who report on their experiences in helping people to withdraw, the narratives of those attempting to withdraw presented in this book are what will really grip the minds and hearts of most readers.

Indeed, the major portion of the text focuses on the withdrawal stories of twenty eight patients from twelve different countries, who were all more or less ultimately successful in stopping their psychiatric drugs. For some the process was relatively easy, for others it involved various degrees of difficulty, at times taking years, with success only being attained after a long and bitter period of trial and error. Some were able to master withdrawal alone, whereas others had to seek help from various quarters, such as mental health professionals and self-help groups, with some even resorting to alternative therapies and the like. In other words, all found it necessary to uncover his or her own very personal way of coming off their drugs.

In my opinion, then, the struggles to overcome the inner and outer obstacles toward achieving freedom from psychiatric drugs revealed in these stories is what makes this book especially valuable and very important. As far as I know, this is the first

published text of its kind that tends, as the old song goes, to accentuate the positive: that successful withdrawal is frequently possible, despite all the hurdles along the way. Being able to identify with the authors of the withdrawal stories in Lehmann's book may just make a difference in helping those plagued with therapeutic drug dependence gain the inner emotional strength to actually go through with - and successfully complete - a difficult process of withdrawal.

Just as philosophy and literature have much to teach psychiatrists, all too often mired nowadays in their absolute belief in all things biological, I am convinced that the inspirational value of the accounts reported in this book is not to be taken lightly. Although the hard-nosed mental health professional will probably not be swayed by this type of evidence-based material, others still interested in the human side of therapeutics will not fail to agree that the cumulative effect of reading these stories is quite moving. The journeys of their authors through the process of withdrawal will come alive and possibly enlighten you.

We owe our thanks to Peter Lehmann for the enormous amount of time and energy he has invested in bringing this project to fruition. Patients will be greatly rewarded by reading it . . . and so will psychiatrists.

*Karl Koehler. Retired Professor of Psychiatry, Bonn, Germany*