

# HOW TO WITHDRAW FROM PSYCHIATRIC DRUGS

Peter Lehmann

Peter Lehmann's *Coming off Psychiatric Drugs: Successful Withdrawal from Neuroleptics, Antidepressants, Lithium, Carbamazepine and Tranquilizers* was published in Germany in 1998. Since then several editions have been published, there are English and Greek translations, and more are being prepared. Others have also published books on this topic. Mental health organisations have started to address the problems that patients face when they decide by themselves to come off psychotropic drugs. But often their assigned workers simply let them get on with their sorrows and problems on their own.

## Guides for withdrawal

It is probably possible to live a more fulfilling life if you do it without psychotropic drugs which act on your personality. This is why many users and survivors of psychiatry eventually decide to withdraw. However, this often brings them into conflict with those prescribing the drugs. In most cases, those who prescribe the drugs will dismiss patients' decisions to come off as 'unsound'. Consequently they are not willing to provide information on the effects of withdrawal, nor on how to minimise those effects.

Those who have gone through the process of withdrawal and who have contact with others who have done so are aware of many factors that can ease the process. Publications that deal with the subject of self-determined withdrawal from psychiatric drugs are rare, but in the last few years several publications of (ex-)users and survivors of psychiatry, and their supporters, have been published to give advice about lowering the risks involved. Many of their recommendations accord with the experiences reported in Peter Lehmann's book.

As in every area of life, one should be careful of people who offer support, because one can meet charlatans, dogmatists and wannabe-therapists along the way. The decision to seek support for withdrawal does not auto-

matically lead someone out of the psychiatric swamp. It is important to be cautious – about both professionals and the self-help sector.

In order to avoid the animosity of his colleagues, David Richman, a physician from Berkeley, California, published the first guide in 1984. Under the pseudonym 'Dr. Caligari', his booklet, *Dr. Caligari's Psychiatric Drugs*, gave a lot of valuable and responsible tips.

A series of published statements were also available after the conference 'Alternatives to Psychiatry', in 1990 in East Berlin, where Richman's colleague Marc Rufer (from Switzerland) spoke about the options available to doctors and therapists when they support patients who wish to withdraw. Rufer warned listeners about how difficult it is to withdraw despite one's own convictions, due to the doubts and fears of others, and because of the hierarchical relationships in medicine and psychotherapy. He recommended:

As soon as an expert or a professional (or perhaps just a 'reasonable person') is sitting across from another person who needs and is looking for help, a differential of power and powerlessness automatically develops. One of them makes the decision; the other must listen, accept and follow it, and must also be thankful. The only one who can really help is someone who refuses to accept such a position of power. Because out of this unequal distribution of power, and out of a position of dependence within it, the one seeking help begins to inhabit the role of the patient who is ill. Out of gratitude, respect, fear – or whatever else – he forgets that he can make his own decisions and live independently of this expert.

At the same conference, Anna Ochsenknecht, a Berlin healer, described the natural healing effects of plants, and the possibilities for combining their active substances in order to ward off undesired psychological states and to remain free of harmful psychoactive drugs. In particular, she addressed the effects of valerian, fenugreek seeds, fennel, oats, hops, jasmine blossoms, St. John's wort, kava-kava, lavender blossoms, marjoram, balm mint, orange blossoms, passion flowers, peppermint leaves, yarrow and whitethorn blossoms. She reported:

I do a lot of work with medicinal herbs. They regulate not only physical but also inner balance. This distinguishes them from chemical drugs which only eliminate or suppress a specific

symptom without activating the body's self-regulating forces. Thus, they also help to relieve or intercept severe withdrawal symptoms when psychiatric drugs are stopped. It is often the fear of withdrawal symptoms (such as sleep disorder, a racing heart, nausea, sweats, or inner restlessness, among others) that serves as a reason to continue taking the drug that causes illness. It is a fear that is further spurred by many psychiatrists.

It is important to undertake a comprehensive search for possible ways of offering support. Not only to ease symptoms but also to activate regulatory forces and thereby re-establish inner balance. The medicinal power of plants can be utilized in the form of teas, extracts (alcoholic/liquid or ether oils) or appropriate coated tablets. The prescriptions and tea mixtures I propose are meant as an inspiration to try them out, not as a long-term treatment for everyone and not according to the motto 'a lot helps a lot'.

Amongst users, ex-users and survivors of psychiatry, Sylvia Caras from Santa Cruz, California, also wrote about the topic. In 1991 she published a brochure: *Doing without Drugs*, in which she recorded recommendations from people who reported positive experiences with withdrawal.

Two years after the release of *Coming Off Psychiatric Drugs*, the American psychiatrist Peter Breggin and the psychologist David Cohen published their book: *Your Drug May be Your Problem*. This included more good tips. From Canada, *My Self-Management Guide to Psychiatric Medication* was financed by the Quebec Health and Social Ministry and published in 2003. In that book, the valuable and reasonable recommendation to withdraw gradually was preceded by a warning that it would be dangerous to come off without counselling and supervision by experienced medical practitioners.

Financed by the UK's Department of Health, and commissioned by the national organisation MIND, a team of service user/survivor researchers was recruited to investigate coming off psychiatric drugs in England and Wales. The team carried out 204 short telephone interviews and interviewed 46 people in depth, using a topic guide. It was found that doctors could not predict which patients would be able to come off successfully. Two-thirds of those who came off neuroleptics or mood stabilisers did so against their doctor's advice or without telling their doctor. Those who stopped taking psychiatric drugs against their doctor's advice were just as likely to succeed as those who came off with physician agreement (Read, 2005). Following this study, MIND changed its standard advice to patients. Historically, their advice was not to come off psychiatric drugs without first of all consulting a doctor. MIND now advises people to seek information and support from a wide variety of sources (Darton, 2005).

User- or survivor-led research is especially valuable because people can be more open about their experiences of support (Wallcraft, 2007). In this research, the forms of support found most helpful were: from a counsellor, a support group or a complementary therapist, peer support, information from the Internet or from books, and activities such as relaxation, meditation and exercise. Doctors were reported as the least helpful category to those who wanted to reduce or come off psychiatric drugs.

Between the advice to seek competent professional advice or to keep way from doctors and other 'helpers' – who may be misinformed and dependent on (mis-)information from Big Pharma – a balanced view is given in *Harm Reduction Guide: Coming off Psychiatric Drugs* (2007). This is available for free download on the Internet.

### **Standard advice**

People with personal experience of 'coming off' psychiatric

drugs, or have supported others in the withdrawal process, have highlighted many factors which alleviate withdrawal problems. These can help to replace psychopharmacological suppression of the so-called illness with more personal control and self-determination.

#### **• Do not rush it**

Richman wrote:

The best way to minimize drug-withdrawal problems is to reduce drug intake gradually. This is especially important if the drug has been taken for more than one or two months. If you have been taking small doses of psychiatric drugs, or have been taking such drugs for a brief time (i.e., a few days or weeks), then you may wish to try discontinuing 'cold turkey,' that is, just stop taking the drug. (Dr. Caligari's, 1984, p. 55)

#### **• Inform yourself about the risks and undesired effects of psychiatric drugs as well as alternative ways of coping with emotional distress. Anticipate the withdrawal effects that may set in, even after weeks**

Withdrawal from psychiatric drugs can be very trying. You should know that withdrawal can cause moderate to severe discomfort and outright misery at times. Being mentally prepared for this decreases the chance that you will become scared or discouraged. Patience and determination are needed. (Dr. Caligari's, pp. 56–57)

#### **• Plan ahead**

It may be wise to begin changing your situation or your lifestyle (living arrangements, work, or social contacts) before withdrawing. Consider changing your doctor or psychiatrist if you anticipate that yours may refuse to help support your withdrawal. Switch from injections to tablets or drops that you can dose yourself. Before withdrawing, inform yourself as to the risks of losing your apartment, welfare or other benefits, if any of these are dependent upon your willingness to take psychiatric drugs. Look for the right season for change. Think about how long the process might take. Inform those close to you (and who you trust) about your undertaking.

In 1985 Josef Schöpf from the University Clinic in Lucerne published an article about dependence on benzodiazepines in which he advised that withdrawal should be planned such that disruptive symptoms do not bring unpleasant social consequences. His advice can be applied to withdrawal from other drugs as well: 'The choice of when to withdraw should be made to insure that a temporary lower level of productivity is compatible with the patient's responsibilities' (Schöpf, 1985, p. 591).

#### **• Get advice**

Speak with those who have experienced withdrawal. Join a self-help group in which the individuality of each member is respected. Don't heed any sure-fire cures.

#### **• Seek out support**

Have healing substances on hand to ease withdrawal. Take preparations that strengthen the organs and promote detoxification. Seek the company of people who understand what withdrawal entails. You may want to seek out doctors or therapists who are willing to forget their psychiatric prejudices and instead have understanding, sympathy and discretion.

#### **• Get legal protection**

Contact independent patient spokespersons before you run the risk of being forced back into the psychiatric system. Or protect yourself with a Psychiatric Will or Advanced Statement (Krücke, 2007, and Ziegler, 2007) before you are committed to a hospital (again). (There are some countries where the human right of a psychiatric patient to physical inviolability is respected.)

You should ask yourself: What do I need if I become anxious, depressive, suicidal, manic, or crazy? What will help me in that situation? What should I refuse? What will I accept? What am I risking? Who are the people who will support me?

#### • Create a quiet environment

Keep away from relatives who cannot be burdened. Avoid stress and aggressive places. Don't exhaust yourself with difficult social relationships. Don't answer the phone if telephoning is associated with stress. Go somewhere peaceful, for example to the seaside or the countryside, a meditation centre, a church or a library.

#### • Get enough exercise

Go walking, hiking, jogging, dancing, swimming or cycling, or do gymnastics or aerobics. But, Moderation is a key principle: as you increase your activities, do so gradually. (Dr. Caligari's, 1984, p. 56)

#### • Get good nutrition

Eat well: regularly, but not excessively. Roughage, whole-wheat foods, salad, fresh vegetables, fresh fruits, lots of liquids. Avoid drinks that make you nervous such as black tea and black coffee. Avoid drugs such as alcohol, marijuana, cocaine, and other stimulants.

#### • Do something good for yourself

Listen to relaxing music, read pleasant literature. Keep in touch with people. Telephone friends or visit them.

#### • Live with awareness

Keep a diary, write things down.

#### • Be sure to get enough sleep!

There are many guides on how to combat sleeping problems with naturopath and low-risk measures. Sleep problems often bother users, ex-users and survivors of psychiatry. Psychiatric drugs can actually induce sleeping problems, but drug withdrawal can also affect sleep. When losing the chemical-tampering effect of the drugs, rebound phenomena can occur, including the re-occurrence of sleeping problems. Sometimes these problems can be reduced when you reduce or eliminate troublesome environmental burdens, for example everyday poisons such as dioxin, benzene, formaldehyde, biocides, furan, heavy metals, amalgam, lead or mildew: all these can induce sleeping problems. Also problematic may be electromagnetic fields, malnutrition, day-and-night rhythm disorders, noise, stress, etc.

#### • Beware of know-it-alls and patent recipes!

No matter how many tips are on your list, remember: there is no patent recipe for excluding problems when coming-off or withdrawing from psychiatric drugs. The uniqueness of each individual, their problems and their possibilities, mitigates against any hope of a generalised approach. The wide variety of factors described by the authors in *Coming off Psychiatric Drugs* as essential for successful withdrawal illustrates the diversity of strategies and needs.

Without a doubt, it is important to keep an eye not only on therapists, doctors, and in particular psychiatrists, but also on all those who are involved in the recent psycho-boom – and particularly those who charge too much for their false claims to cure psychological and social problems.

Psychiatrists have already started to give misleading advice on how to come off their drugs. They like to promote so-called 'atypical neuroleptics' as a less harmful substitute. But they often do not address the dependency effects of psychiatric drugs, such as receptor changes and tolerance in neuroleptics and antidepressants, nor the lowered life expectancy due to drug damage. They concentrate on their own bad experiences and disregard the positive ex-

periences of coming off a psychiatric drug. In his chapter in *Coming Off Psychiatric Drugs*, 'Creating Fear/Removing Fear: When You Wish to Withdraw, the Opinion of Your Doctor is Dangerous', Rufer maintains that doctors and psychiatrists together create a climate of fear and simply do not listen. Psychiatrist Loren Mosher from Soteria Associates addressed this in his preface to the book:

Do the psychiatrists and other physicians prescribing psychotropic drugs listen carefully to each patient's personal experience with a particular one? The answer to the question varies of course but if you speak a different language, are a member of a minority, are poor, seen as 'very ill' or forcibly incarcerated in a mental hospital, the likelihood of being really listened to falls dramatically – although it is not very high for anyone. (p. 16)

Unfortunately, the self-help sector is not free of people wishing to profit at the cost of those earnestly seeking help. In his contribution in the German edition of *Coming off Psychiatric Drugs*, David Webb from Melbourne, Australia, took a critical look at the dark side of self-help groups, which is, in general, ignored by those involved – often with fatal consequences: "During times of struggle, one of the most annoying things was all those people who believe that what had worked for them could also work for me. The path to peace and freedom is unique for each individual and very personal."

Beyond health, nothing is more valuable than freedom and independence.

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Beside this literature, mailing lists provide advice for people who want to share information about the withdrawal risks and possibilities to do with every kind of psychiatric drug. See: [www.peter-lehmann-publishing.com/info/mailinglists](http://www.peter-lehmann-publishing.com/info/mailinglists).  
**To contact the author:** [www.peter-lehmann.de/intern](http://www.peter-lehmann.de/intern)