Psychiatric Drug Withdrawal:
A guidebook for prescribers, therapists, patients, and their families
Peter R. Breggin
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Up until page 115 in Peter Breggin's newest book, you will read about risks associated with psychiatric drugs; the reasons for withdrawal. This is important without doubt, but not a withdrawal guide.

After that over-long introduction, the second half of the book begins. It starts with a ten page summary of possible withdrawal symptoms from the different psychiatric drugs, followed by a plea for a relationship of trust and hope for the future between the client and the clinician.

One chapter, "Developing team collaboration," deals exclusively with the author's experiences in the office in the town he lives. He pleads for an empathic relationship with patients and their families as the best clinical practise. "Psychotherapy during medication withdrawal" is another chapter: the author demands therapists follow his ideal of person-centred family therapy. He has already described the environment of the center (for the person who wants to withdraw) as a collaborative team including a) prescribers such as nurse practitioners, primary care physicians, paediatricians, internists, physicians' assistants, and psychiatrists b) therapists, such as non-prescribing nurses, clinical social workers, clinical psychologists, counsellors, marriage and family and occupational and recreational therapists, and c) the patients' social network of family and friends. All should read his book and find it useful to provide guidance and support during drug withdrawal: "My aim is not merely to support the withdrawal, but also to facilitate a more loving and happy family life. The best way to avoid psychiatric drugs is to forge ahead with creating a wonderful life, and of course, having a wonderful life is a goal in itself."

Finally, on page 191, the interesting chapter with, 13 pages altogether, starts: "Techniques for beginning medication withdrawal". These statements are the basics: To withdraw in 10%-steps per week can be too quick or too slow,

depending on the duration of the previous drug intake, and sometimes a dangerous drug-caused illness requires immediate withdrawal. A small dose reduction at the beginning of the withdrawal process as "test reduction" can be helpful. To withdraw one drug at a time each step of the way is best. Sometimes it is advantageous to finish one drug reduction at a time. If drugs counteract, it can help to reduce them alternately. Often it is best to remove the class of medication that has been most recently started. Drugs with severe acute and chronic adverse effects like neuroleptics and lithium should be reduced with priority. A night-time sleep aid should usually be the last drug withdrawn. And he gives proposals how to make small dose reductions follow: pill cutters, mixing the tablet powder into food, switching from short-acting benzodiazepines or antidepressants to long-acting drugs or not.

The remaining 60 pages contain withdrawal cases in the author's office and end with concluding thoughts, where he manifests his hope that his guide will be useful in bringing together prescribers, therapists, patients, and their families who wish to be involved in a person-centred collaborative approach.

I am ambivalent about the book. I had expected a lot of practical information for people who are, in general, left alone when they decide to withdraw their psychiatric drugs and for prescribers, when they chose to support withdrawal. Now the patients are told they should trust their doctor. Trust in the doctor who has prescribed psychiatric drugs without informed consent and does not want to initiate or support withdrawal? And they should attend with all the people around them for family therapy and have a loving family and a wonderful world. Participate in family therapy and disclose all family problems (for example, past emotional or sexual abuse in childhood and after) while still under the influence of psychiatric drugs, when the main interest is not a wonderful life or paradise on earth, but simply to receive support to get rid of the drugs and overcome the withdrawal phase which often is characterized by a hypersensitive nerve system? Attending together with all the involved doctors, nurses, family members and friends? Who ever succeeds in bringing them all to the psychiatrist and making them all empathic supporters of withdrawal? Empathy and trust are fine, but what if there is no trust, what if severe family problems led to the administration of psychiatric drugs, and the person who plans to withdraw wants the boundless attention of the doctor and in this stressful situation anything else but disputes with scary nurses, scary fathers and scary mothers? Can a simple plea for empathy make the past and the current problems dissolve into air and bring about paradise immediately? In an ideal situation this might be the result of a long process.

I have the impression that the author generalises his personal experiences and combines them with a family ideology common to many conservative American groups. Together with a supportive family and wider network people may come trustfully to him as the good doctor and he delivers fantastic support in withdrawal. But what about all other patients whose reality looks different? Those that are alone? The black sheep of the family? Those who face doctors identified – remember the Mind UK research project "Coping with Coming Off" – as the least helpful group to those who wanted to reduce or come off psychiatric drugs? If the author would make an effort to look beyond his limited personal experience in his office, he might understand that his guidance does not match the reality

of psychiatric patients who want to withdraw. The author is not only unfamiliar with herbal or other natural remedies that support withdrawal, as he confesses, he seems also not know what is going on outside his practise, and that people need advice and information when they decide to withdraw without a doctor's guidance.

If people have that advice and information, they can choose freely if they try to withdraw with or without a doctor's support. To have freedom of choice, they need advice and information how to withdraw alone or with psychotherapeutic or peer support. There are millions of psychiatric patients, left alone, discriminated against and (self-) stigmatised, who need biased support, no matter from whom – against their hostile or indifferent environment. They will not find that support in this guide.

Peter Lehmann

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