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Expression of Gratitude on the Occasion of the Award of an Honorary Doctoral Degree by the School of Psychology of the Aristotle University of Thessaloniki (Greece), September 28, 2010

Ladies and gentlemen, dear friends,

It is a huge honour to be the first survivor of psychiatry in the world to be honoured with a doctoral degree for pioneering achievements within the realm of humanistic antipsychiatry. The acknowledgment of my scientific and humanitarian contribution to the rights of people with psychiatric experience fills me with great satisfaction.

Humanistic antipsychiatry is an undogmatic philosophy and movement. The Greek "anti" means more than simple "contra." It means also "alternative," "beyond" or "independent." 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 society

For these reasons, humanistic antipsychiatry pleads for:

- developing adequate and effective assistance for people in emotional difficulties,
- safeguarding their 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, and
- tolerance, respect and appreciation of diversity at all levels of life.

The problem of a lack of support for those in mental distress does not concern a minority, but the broad mass of society: people with mental distress themselves, relatives, children, elderly people and socially excluded people of all kind. Protection from psychiatric assault has a protective factor

for the whole society. Damming the tide of psychopharmacologic drug administration, with its production of "therapeutic" secondary diseases and the physical, psychological and social disabilities that are the consequences of drug treatment, would have a relevant cost-saving effect, beside the overall health benefits. The understanding of the pain of psychotic or depressive humans which comes from the internalized experience of our culture would generally lead to more insight into the self and prevent isolation and alienation.

I may be the first to be honoured with the award of a doctoral degree for pioneering achievements within the realm of humanistic antipsychiatry. But, by far, I am not the only one active in this field. In the last 30 years, I co-operated with many users and survivors of psychiatry. I also argued, learned and profited from them. I want to use this opportunity to remember some of my fellow combatants:

- In 1979, I became acquainted with Erwin Pape; it was the first year of my commitment. In Germany in the 1950s, they administered electroshock to his brain more than 100 times. Finally, a tumour was discovered in his brain. Whether it was the result of the psychiatric tortures or his mental problems were a consequence of his undiscovered tumour, could not be clarified. Erwin Pape did not survive the tumour surgery in the late 1980s, he died in 1989. After the end of World War II, he was the first survivor of psychiatry in Germany who challenged the social-scientific findings about psychiatric human rights violations originating in particular from the Anglo-American area, and who, at the same time, warned against the use of the term "mental illness," since this would implicate and confirm the demand of control by psychiatrists.

- Tina Stöckle, educated as a teacher and in social pedagogy, joined the Irren-Offensive *(Lunatic Affront)* in 1980, an antipsychiatric and—at that time—undogmatic self-help group, which I founded together with Ludger Bruckmann and other survivors of psychiatry in Berlin. She lived in radical solidarity with excluded people, gave them the opportunity to have their say in her graduate thesis without interpreting their statements, and put forward the demand to the academic society to make their resources available also for users and survivors of psychiatry. In 1992, Tina Stöckle died. To honour her, the Berlin Runaway-house, a house for people who seek shelter from psychiatric violence, is called "Villa Stöckle."

- Benny Lihme, a lecturer in social pedagogy in Copenhagen and a publisher of the Danish magazine *Social Kritik,* and I met in 1982 at the antipsychiatric "Psychipol" congress in Amsterdam. While in Germany people with a different opinion are often—in reality or metaphorically—shouted down, even by survivors of psychiatry (because people always feel they are right), he impressed me with his cool and self-confident demeanour, which needed no further justification.

- I first became acquainted with Leonard Roy Frank as a book author and then personally in 1987 in San Francisco. In 1963, he survived 35 electroshocks in combination with 50 insulincomas administered against his will. Like no other survivor of psychiatry, he collected and summarized all available substantial information about these brutal and still

practiced psychiatric treatment measures over decades until today, and shares his information with users and survivors of psychiatry and with the interested public.

- I became acquainted with David W. Oaks, also of the USA, as a competent author of the *Madness Network News* emphasizing damages by neuroleptics. I recognized that one does not have to be a physician to understand the physiological effects of psychiatric applications. As the director of MindFreedom International, David W. Oaks shows how important and effective an international network of interested people can be toward achieving human rights.

- With Dorothea Buck, now the 93-year old Honorary Chair of the German Federal Association of (ex-) Users and Survivors of Psychiatry, I argued in the board of this organisation from 1994 to 1998 in mutual respect about the best procedure to achieve the rights of users and survivors of psychiatry and to make their voice heard. After the experience of psychiatric compulsion during the German fascism and afterwards—including forced sterilization, electro-, cardiazol- and insulin-shocks, continuous baths and cold wet sheets—she keeps the hope, based on an empirical scientific approach for an equal co-operation in teaching and practice together with reform-minded professionals and relatives.

- Kerstin Kempker is a survivor of psychiatry and an author, with whom I have shared my life for many years. In the late 1980s, she joined the Irren-Offensive *(Lunatic Affront)* and later she had a central role in creating the Berlin Runaway House, where she worked for some years in a leading position. The experience of still unpunished maltreatment with electro- and insulin-shocks, combined with massive administration of all kind of psychiatric drugs without informed consent, did not make her lose her esteem of fellow human beings who have been similarly damaged by psychiatry, nor give up her cool sense of humor, and her pleasure at wordgames, paradoxes, and life itself;

Here I named seven people, who, in my opinion, should also earn an honorary doctoral degree. If I had more time, I would evoke still more names, for example,

- Maths Jesperson from Sweden and Karl Bach Jensen from Denmark, two fellow companions in the European Network of (ex-) Users and Survivors of Psychiatry (ENUSP) for many years;

- David Webb from Australia, the first researcher on suicide with a PhD based on empirical science.

- Hannelore Klafki and Wilma Boevink, two committed voice-hearers, who are also engaged in developing empirical scientific knowledge (Hannelore Klafki died in 2005);

- Tina Minkowitz of the World Network of Users and Survivors of Psychiatry and Gábor Gombos from Hungary with their long-term commitment to safe-guarding the human rights of users and survivors of psychiatry—who both played a meaningful role in the development of the UN Convention of the Rights of People with Disability;

- Bhargavi Davar from India, who is committed to preserving traditional healing methods in the face of the aggressive globalized marketing policy of Big Pharma;
- Jan Wallcraft from England with her perceptive user-controlled research;
- Judi Chamberlin, the "Grand Dame" of the self-help movement, and Thilo von Trotha, a philosopher inspired by Michel Foucault and brilliant in theoretical and dialectic reflection and in pointed emphasis on contradictions within psychiatry, as well as within the antipsychiatric sector. Judi Chamberlin died in January 2010, Thilo von Trotha in March 2009.

I have cooperated with the mentioned people in many and various ways and learned from them, and I am thankful for this explicitly. Beyond this, for many years, there are people who are not users or ex-users or survivors of psychiatry who supported me and who also earn thanks. First, Marc Rufer, a physician and psychotherapist in Switzerland, who has supported me for many years in publications about the damages and risks caused by psychiatric drugs, about the possibilities of coming off them relatively free of harm and about alternatives beyond psychiatry, and who became a true friend.

- Franco Basaglia supported me without hesitation in my fight for the right to have access to my own psychiatry records.
- David Cooper pushed the search for a publisher of my first book.
- Jürgen Götte, a psychiatrist in Berlin, and Eva Renckly, at that time a medical student who was very active in the Berlin Gesundheitsladen *(Independent information centre in medical matters),* helped me without any reservation by explaining medical matters;
- Craig Newnes, a psychologist in England, enabled me to publish in English-speaking regions;
- Theodor Itten, a psychologist in Switzerland, showed me the wide spectrum of humanistic psychotherapy and instigated my friendship with Loren Mosher, the father of the Soteria movement;
- Peter Stastny, a psychiatrist in New York City, who translated my manuscript about the role of social psychiatry as a precursor to psychiatric mass murder during Hitler fascism on his own accord and in his spare time and later became co-editor of *Alternatives Beyond Psychiatry*, a book that highlights alternatives beyond psychiatry around the world, current possibilities of self-help for individuals experiencing madness, and strategies toward implementing humane treatment;
- Anna Emmanouelidou, a psychologist in Thessaloniki, Greece, translated—also on her own accord and in her spare time—the book *Coming off Psychiatric Drugs* into the Greek language, found a publisher and worked on as co-editor of the book for the readership in Greece (the kind of support about which any author and publisher can only dream);

- Wolfram Pfreundschuh, a psychologist living in Munich, prepared my books for printing with much commitment over many years;
- Edmund Schönenberger, an attorney, founder and head of PSYCHEX (Switzerland), rendered me the honour of becoming a member of the board of this unique antipsychiatric human rights organization;
- Hubertus Rolshoven, his colleague in Berlin, was not only a close friend of mine for a long time, he developed the Psychiatric Will with us and phrased legally watertight sentences, with which I could make the malpractice of psychiatrists public.
- And, of course, Kostas Bairaktaris, who works committed to overcome the dominant medical model and its imitation in psychology and whose commitment made it possible for the conference of the European Network of (ex-) Users and Survivors of Psychiatry at Aristotle University, which is starting today, to take place. I would have liked to have everyone mentioned constantly in my vicinity—despite or even because of their different theoretical approaches.

However they would have to bear then also the music, which accompanies me often during writing: Canto General (General Song), Axion esti (Praised be), Pnevmatiko emvatirio (March of the Spirits), written by Mikis Theodorakis, sung by Maria Faranduri, Petros Pandis, and others.

One promoter I set aside until last; historically seen, he stands at the beginning. It is the Berlin sociology professor Manfred Liebel. In 1979, I came back from the psychiatric clinic—almost like coming back from Hades—to the university to finish my academic studies, which were interrupted on the verge of the exam by my madness and by the associated displacement into the madhouse. He offered me the opportunity to write a PhD in his department about my own madness—due to the approach of empirical science, at that time a revolutionary academic approach. I do not believe that I would stand here today without his confidence in me. From the question, “What we can learn from the effects of neuroleptics about the nature of the madness?”—a small chapter in my thesis—I developed a book, a publishing house, several books, connected with the increasing commitment for individual and organized non- and antipsychiatric self-help, for alternatives and the achievement of human rights for users and survivors of psychiatry. It was not possible to write my thesis and to work at the same time, to publish and be involved, as the day has only 24 hours; so for decades, my thesis lies idle. It is a fine irony to be awarded an honorary doctoral degree for the work which kept me from my thesis—an irony which fits and which I accept with pleasure.

For many years, my mother was the only one who asked me about the continuation of my thesis. I owe her, who corrected my books until her later years (she died two years ago), my father, my brother and my sister-in-law big thanks for their support in that drug-caused dark hopeless time after my dismissal from the psychiatric clinic in 1978 and afterwards. Surely it was not a pleasure for them to bear a family member, supplied with depot neuroleptics by community psychiatry and sitting around apathetically and dully gawking, bedraggled and chewing all the time—due to neuroleptic-caused tardive dyskinesia; psychiatrists characterize this muscular disease with the term “rabbit syndrome”. Well, many users and survivors of psychiatry suffer from aggression and discrimination within their families; fortunately my family was different and was fortunately able to

realize how “non-compliance,” i.e., the refusal to accept subordination to a psychiatric treatment regime, can have positive results. Thanks also to my friends Ellen and Ricci—these friendships alone outlasted the time of my psychiatrization. Thanks as well to, for example, Ludger Bruckmann, who accompanied me for 30 years through all the depths and abysmal depths of the self-help movement; and the film director Zoran Solomun who, in his book contribution “What helps me when I go mad,” explained what we stand for with these simple words:

> “We listen to one another, speak, and then listen again. We tell our truth, convinced of its existence, and we actually consider these perspectives to be truthful. And in this way we open the gateway to personal and encounter the warmth of others. This is the most normal thing that I expect from life.”

I hope my honour is a signal for the next generation of users and survivors of psychiatry to continue, too. I hope they proceed reflectively and carefully, because being a user or survivor of psychiatry is not a category which makes us better humans. I plead for being respectful with one another, even if we have different preferences, and for productive co-operation with all those who are active against stupefying, suppression, exploitation and standardisation of humans. Let as pay attention that we do not end in new dependences, because—beyond health—nothing is more valuable than freedom and independence.

Thanks, finally, to Aristotle University and its School of Psychology for their courageous step in honouring me with an honorary doctoral degree. I hope that other universities follow this example, with its appreciation of the experience-based knowledge of users and survivors of psychiatry as model, so that the voices of users and survivors of psychiatry will be heard better and that they will be better supported in their fight for the achievement of their human rights.

At last, thanks to all my guardian angels who helped me to ride out the humiliation in the psychiatric clinics and the discrimination afterwards unbroken and to recover to a large extent again from the massive bodily injury by the forced treatment in the madhouse and from the subsequent maintenance “therapy” by community psychiatry. I think of the masses of psychiatrized people who did not have this luck.

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