

Introduction

For almost half a century I have been writing biographically orientated anti-psychiatric texts. In addition to books, these include articles, book contributions, reviews, interviews, obituaries and online texts. Compiled together, these texts provide a broad overview of my questions over the years: How can we protect people in mental distress from psychiatric violence and support them in the best possible way, or how can they help themselves?

For a long time I have been convinced that the psychiatric reality, in short, looks like this: Doctors are constantly administering more psychotropic drugs. [Psychotropic drugs in the broader sense are all substances that influence the state of activity of the central nervous system and thus mental processes (Schönhofer & Schwabe, 1984, p. 220). Psychotropic drugs in the narrower sense are those psychotropic substances, i.e. substances that influence the psyche, that are used more or less specifically to bring about psychological changes via the primary physical effect. If psychotropic drugs are used with medical-psychiatric considerations, they are called psychiatric psychotropic drugs. These are the substances I refer to in my publications when I write about ‘psychotropic drugs.’] Psychiatrists’ associations are constantly creating additional indications for prescribing psychotropic drugs. Or they change diagnostic criteria in such a way that psychotropic drugs are prescribed even earlier. Or they initiate changes to the law that enable them to administer even more psychotropic drugs by force. More and more children are being given psychotropic drugs in order to chemically fit them into a child-hostile environment. More and more women are being prescribed psychotropic drugs to chemically neutralise their disturbing reactions to patriarchal, patronising living conditions. More and more people who have come into conflict with the law are being given psychotropic drugs to keep them quiet in prison. And more and more uncomfortable old people are being pharmacologically sedated. If the psychotropic drugs no longer work as desired, electroshock devices are used.

This reality I cannot and will not accept. I was and am concerned with the enforcement of human rights and humanistically orientated support for those affected, i.e., people who are administered psychiatric psychotropic drugs and/or series of electroshock or given psychiatric diagnoses for all kinds of reasons. In principle, the frequently used term ‘(ex-) users and survivors of psychiatry’ in my publications also includes those patients who receive psychiatric drugs outside the psychiatric field.

I pay particular attention to the risks and harms of psychotropic drugs and electroshock. These issues are still at the centre of my work. What global warming, ecological overexploitation of our planet’s resources, species extinction, marine littering and the spread of microplastics in the air, water and soil represent for society has their counterpart in the increasing medicalisation of disruptive and uncomfortable senses and lifestyles: Synthetic psychotropic substances are spreading like an epidemic in the psychosocial sphere. Some of their degradation products are deposited in the human body or, if they are excreted, in the environment, for example, in bodies of water. And the premature mortality rate of psychopharmacologic treated patients is high. More than a quarter of a century ago, Karl Bach Jensen (2004, p. 308), co-founder and former Chair of the European Network of (ex-) Users and Survivors of Psychiatry (ENUSP), called for detoxification on a large and small scale, i.e., not only in the environment, in the home and in nutrition but also in medicine.

Most of my publications are in my language, in German, and most are about the risks and dangers of psychotropic drugs. My concern in this context was and is to expropriate psychiatric dominant knowledge. As I am also interested in what is happening outside the German-speaking world, I came into contact with groups and individuals early on, first in English, then also in Greece and in Spanish-speaking countries. As part of my two decades of involvement in the European Network of (ex-) Users and Survivors of Psychiatry (ENUSP), I met the English critical psychologist Craig Newnes at a congress of the World Federation for Mental Health in Brighton in 1990. The following year, he invited me to give a lecture on the risks and damages of neuroleptics at Shelton Hospital in Shrewsbury, Shropshire, where he was director of psychological therapies. This meeting resulted in a friendly and productive contact that grew steadily and continues to this day. Again and again, he invited me to contribute to the journals and books he published. I owe him many of the articles that have now found their way into this collection of texts.

I have compiled a selection of my scattered texts in two parts. In the first part (“45 years of humanistic-antipsychiatric commitment: Scattered biographically orientated texts”) I have reproduced texts in which I am at the centre. The second part (“Humanistic antipsychiatry: Scattered practice-orientated texts”) focuses on humanistic antipsychiatry: the criticism of psychiatric diagnosticism, the fight for the equality of people who receive psychiatric psychotropic drugs and/or a series of electroshock or psychiatric diagnoses for all kinds of reasons on one hand and psychiatrists on the other before the law (including criminal law), the risks and harms of electroshock and psychiatric psychotropic drugs, competent support with their withdrawal, help for people in psychosocial and emotional distress, and much more.

Even if deleting repeated text passages would have made a given article short, I have done so along with passages that I now consider uninteresting. Only where the removal of a repeated passage would distort the meaning have I refrained from deleting it.

Occasionally, I have portrayed organisations in an emphatically positive or negative light in my publications. This no longer has to be equally true today. The world is changing, and this also applies to organisations and individuals in the psychosocial field, undoubtedly and hopefully also for me. Standing still often means going backwards.

The italicised explanations in brackets in quotations are by the author. For easier readability, I have inserted the footnotes contained in the original texts in square brackets directly at the respective point in the text.

In the book’s appendix can be found a list of the trade names of the prescribed psychotropic drugs used in English-speaking countries, as well as in countries with English as one official language.

Finally I would like to thank all copyright holders of the articles used for their permission to reprint them. And a huge thank you goes to my friend Craig Newnes, who has been correcting my translations for decades and without whose support this book would never have been possible.

Sources

Bach Jensen, K. (2004). Detoxification – in the large and in the small: Towards a culture of respect (pp. 303-309). In P. Lehmann (ed.), *Coming off psychiatric drugs: Successful withdrawal from*