

Who is actually crazy? The client, psychiatry or society?

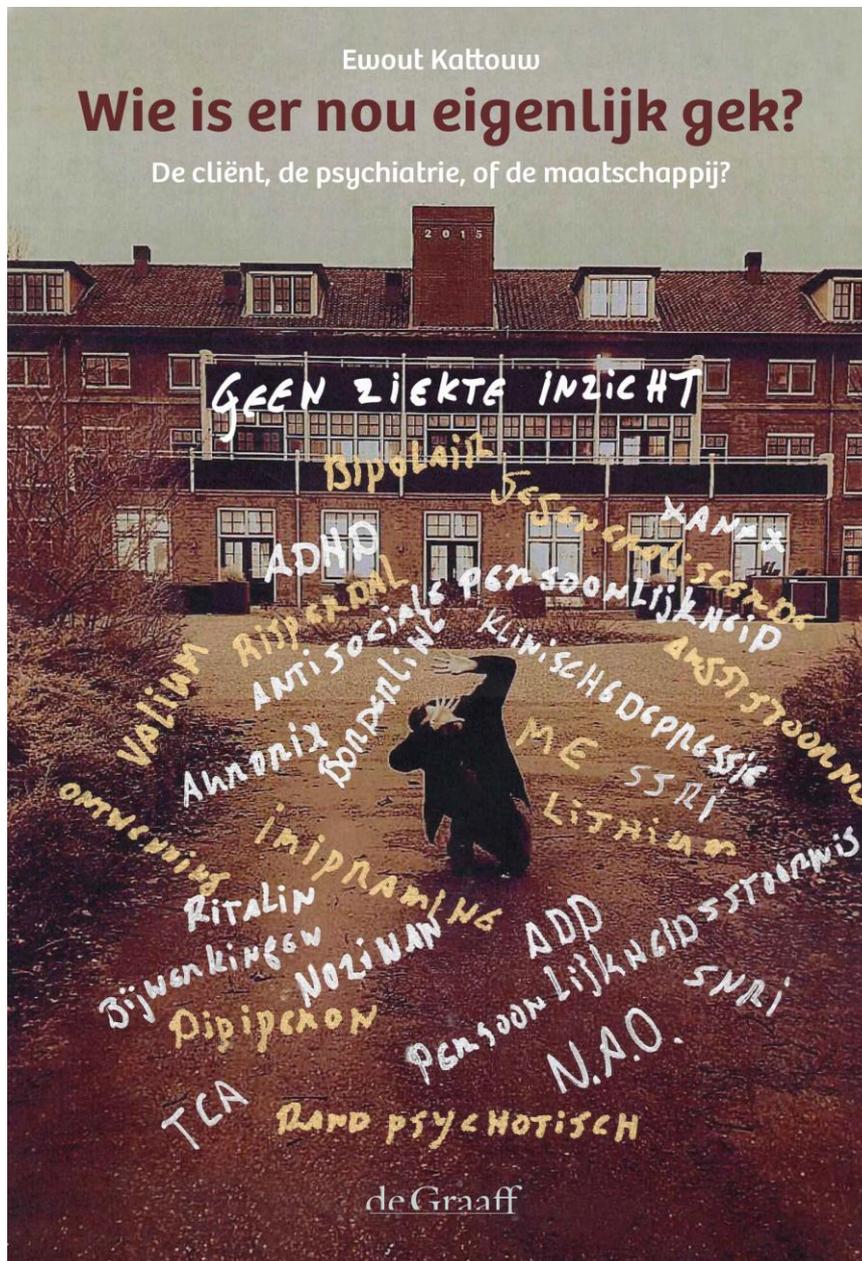
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6. The withdrawal process

6.1 The physical and the mental withdrawal

Almost done... Not so, hell still has a debilitating sequel in store for me. It's a good thing I wasn't aware of this at the time. I entered a hell of unbearable withdrawal symptoms, both mental and physical. I will give a description.

Mentally:

Depression, extreme anxiety, obsessive thoughts, panic attacks, feelings of hopeless, despair, suicidal thoughts, restlessness, extreme insecurity, depersonalisation, concentration problems, memory problems, slowed down thinking, poor ability to process stimuli (both internal and external), hypersensitivity to light and sound, word-finding problems, aggravated brain fog, irritability, problems with falling asleep and sleeping on, difficulties following a conversation, difficulties with reading, a humming noise in my head (tinnitus), not being able to experience positive feelings and feeling numb versus crying, intense sadness, fits of rage.

Physical:

Flu-like symptoms, pain everywhere in my body, tense muscles, burning muscles, grinding teeth, extreme fatigue, nausea, diarrhoea, burning skin, burning face and eyes, blurred vision, feeling as if an electric current is running through the body, sweating, tingling in head and limbs, headache, a band around the head, tightness, palpitations, dizziness, balance problems, the feeling that my brain was rolling around in my head, changes in taste and smell (smelling or tasting things that are not there, alternating with not smelling and tasting anything at all), body temperature fluctuations, no

appetite or extreme hunger, hypersensitivity to nutrients, supplements and medication.

During the first months of withdrawal, I suffered mainly from physical withdrawal symptoms. The cognitive aspect of withdrawal dominated my daily functioning. Reading, writing, thinking logically, planning, adhering to a structure, making decisions, reacting to my environment: it all stopped working, my head was broken. The moment I had to focus on a conversation or read something, I would start feeling physically very sick. Sometimes after just a few minutes of reading or watching TV for ten minutes, or while I was trying to think of something, or make a decision, I would get a headache, get nauseous, feel like I had the flu, my head and limbs would start tingling. Physically, I was almost incapable of doing anything. If on a certain day I was able to go for a walk and do the dishes or vacuum, it was already a good day as far as that was concerned.

Chores, gardening, drawing or painting, most of the time I couldn't manage it at all. I couldn't physically, but I also lacked focus. For someone who is eager and ambitious and feels like he has a lot of time to catch up, this is very frustrating and demotivating. The will and drive is there, but possibilities are lacking.

My emotions were completely mixed up and amplified (this is also called neuro-emotions). Just as I could no longer tolerate stimuli such as sound, touch and light and felt them almost literally as pain stimuli in the brain, so did emotions. My emotions were probably ordinary emotions, but greatly amplified. The withdrawal process is similar to Rubik's cube, shifting continuously, sometimes things fall into place, only to merge into chaos moments later. Not a week, not a day, not even an hour was the same. It was

a constant stream of withdrawal symptoms that seemed to have no end. The day could start with extreme fear and burning skin and muscles, then transition seamlessly into a cry of intense sadness. Later, my head would become empty, as if a lobotomy had taken place, which left me only to stare aimlessly in front of me. This alternated with nausea and headaches, then again merging into tremors and a heavy hopeless feeling with suicidal thoughts. This went on and on.... Every day was a unique struggle.

6.2 The psychological process

Parallel to the physical withdrawal, a psychological process began to take place. Slowly I came out of my muted consciousness and emotional world. I started to get more in touch with my inner world again. As a result, I slowly started to realize what I had been in all those years. It felt as if I had been absent for over twenty years, I had been an empty shell with just a tiny bit of content, far, far away in the distance. Now this content resurfaced and the empty shell was filled again with my own personality, including memories, emotions, dreams, desires, worries, fears, pain and sadness.

I started to look around me and all of a sudden everyone seemed so old. In my experience, everyone around me had suddenly aged twenty years. When I looked in the mirror, I realized that I had suddenly become a lot older myself. When I started to feel again and my inner world came alive again, I initially continued where I left off. In my experience I was eighteen or nineteen again. My brain was unable to move from being an eighteen-year-old boy to a grown man in his forties so quickly. It didn't feel right and it certainly didn't feel right to me. I had experienced my childhood very consciously and it lasted a relatively long time, but I had never experienced or had been capable of fully experiencing my adult life. Memories of my childhood are bright and clear, memories of my adult life are vague, devoid of feelings and anecdotes, more

like the memories of a stranger than my own. My childhood has color and depth, my adulthood is gray and flat.

I cycled to my native village and cycled through the streets and past houses where my friends used to live. I was looking for something, but didn't know what. I was probably looking for bits of myself before being sedated by the pills. A starting point from which I could continue. But I was not that boy anymore. The realization of the lost twenty years hit me hard. Full of disbelief, I had to accept emotions such as sadness, anger and feeling lost.

I used to have dreams, ideals, a vision of the future. I would become a father and spend a lot of time with my children, I would become a lovely husband to a lovely wife. I would be there for friends and family, do meaningful work. I would buy a house and work on it myself, I would enjoy gardening and so on. Instead, I now cycled through my native village alone, without a wife, without children, without having built a real life for twenty years. I have not been able to build a pension, wealth, career or a family. And soon I will be cycling back to my council house.

More and more, I realized how my life had turned out and why it turned out that way. Had this all been necessary? Was I really that sick? What have all those pills done to me? Anger and sadness washed over me. Sadness at how my life had turned out, anger at the psychiatry that had ruined my life. How do I build a meaningful life now? How do I catch up with my peers, after having lost twenty years?

This is no longer possible. But what is still possible? And will that be enough? Some time later, on a beautiful sunny day, I was walking through the forest near my home. I was feeling introspective as I walked my daily round. At one

point, I saw a man about my age with his wife and two small children. The man was focused on his children and the children were focused on him. As I watched, I was suddenly overcome by intense sadness. I went home quickly and sat there crying uncontrollably, crying because of that beautiful scene of a young family, the family I did not have now. Despite being intensely sad, it still felt good to be able to feel the grief and experience the pain. It hurt, but I felt, I was no longer a person with no feelings. Maybe the feeling was disproportionate, but at least it was there again.

Withdrawal after twenty-three years of psychiatric drugs is more than a physical healing. It also means getting back in touch with yourself, starting to feel again, rediscovering yourself, processing, grieving, marvelling again, finding out who you are and giving new meaning to everything around you and within yourself.

I needed to start rediscovering myself and for that I needed the Ewout from before the psychiatry. I realised that to find him, I would have to go back to the period before the pills. I had to go back to when she I was really Ewout for the last time. Even if that was an Ewout with problems, it was still Ewout. What came after that was a life without meaning, a robot without a soul.

6.3 Waking up in a changed society

After a fierce confrontation with my personal circumstances, which had left me feeling gloomy, another unpleasant confrontation followed. It was the confrontation with our current society. I remembered having a naive faith in the world when I was a child. I trusted in the goodness and sincerity of human beings. I trusted authority, even though I rebelled against it strongly in my adolescence. I trusted that the good always won out over the bad in people, that most people were honest and sincere, that we all lived in a society where

we did what mattered to the collective. I think this was strongly based on the idealism of the welfare state, where the state guarantees citizens a reasonable existence, a job, education and health care.

Now I was presented with a different picture. I saw a harsh society where economy and profit rule, selling people all kinds of rubbish, just to make money. A world where bluffing, having a big mouth, making false promises can bring make you rich, where individual profit comes before the collective good, where there is great inequality, where people become victims of the greed of others, where altruism and togetherness are hard to find. This scared me and I almost started longing for the thick fog of psychotropics to cover me again, like crawling under a duvet after a bad day, closing your eyes to put the day behind you.

I had landed smack in the middle of the excesses of neoliberalism, where everyone is responsible for their own success, where success is measured by financial status. But how did I measure up? Neoliberalism preaches working hard, investing to improving yourself as a brand and taking control of your own success. 'Success is a choice' is a logical slogan in today's society.

As a child, I often felt that I was inferior to others, I often felt inadequate. Now, twenty-five years later, this feeling seemed to have grown to mythical proportions. Viewing myself from the standpoint of neoliberalism, I am responsible for my own success, and therefore also for my own failure. If I didn't have a career, work experience, status or financial wealth, this was my own fault. This was a huge catalyst for my long-standing feelings of inferiority. On top of that, at the age that I was at that moment, I had fallen so far behind my peers that I could not possibly catch up. I had failed and there was no way for me to participate in today's neoliberal society. My psychiatric past had not

only defined and destroyed my history, but it was also going to determine my future. Psychiatry, with all its expensive treatments and huge quantities of pills, could not fix my feeling of being inferior to others. Indeed, by placing me outside society with their expensive treatments and excessive amounts of psychotropic drugs, psychiatry had contributed to an exponential growth of these feelings of inferiority and made it almost impossible for me to get rid of them. Feeling inferior was no longer just a feeling, it was a reality. So I needed to find a way to deal with my current situation and at the same time come up with something that would help me create an acceptable future for myself. In the meantime, I still had to address my self-esteem (or lack of it) which was at the core and the cause of my problems.

Should I distance myself from current society, where I don't have much of a chance anyway, or could I still find some fulfilment? Should I settle for a low-quality life at the bottom of society, or could I still work my way up to another level?

I noticed that the longer I was off psychopharmaceuticals and the more the fog began to lift, the more I wrestled with these sort of themes. In my psychopharmaceutical coma, I never worried about these questions. The questions and the feeling of dissatisfaction were probably there, but they were neatly covered by a blanket of sedation and cognitive incapacity.

How to deal with them now, I did not know, and I did not see any answers.

I remembered that during the search for a medicine that would cure me, I sometimes got a strange feeling, thinking through the fog: what if we find a medicine that gets rid of my symptoms, what will happen next? I won't have

any more symptoms, but what am I supposed to do with my life? Actually, this was the same thought I was experiencing in full force at this very moment. When I was in that thick fog, the thought would soon have disappeared back into the void of my brain, but in my current state, these thoughts continued to plague me in full strength throughout the day. This time, my gloomy feelings did not come from an illness, but from a very real reality. I could not dwell on this too long. I knew that my view of my life and the world around me was too bleak and it was not helping me move forward. But I couldn't seem to turn it around to a more optimistic view.

When I was training to be a lived experience expert, I learnt a lot about how a recovery process works, and I realised that, at this very moment, I was in the middle of my own, most fundamental recovery process. I did not need to recover from a psychiatric illness, but from the idea of it. Not from the symptoms of the illness, but from its treatment. I realised that this was the real recovery process. The outcome was uncertain, but it would probably take me further than all previous recovery processes.

6.4 The lack of a benchmark, confronting long-term withdrawal and learning about life

I found that I didn't know what a normal level of functioning was for me. I had no benchmark, there was no baseline to go back to. The many different medications had all done something different to me. One drug turned me into an apathetic zombie with whom no contact was possible, while the other drug made me terribly busy and agitated in my head and I reacted very sharply and ad rem to everything. These are two extremes that I experienced while under the influence of pills, and everything in between also occurred. As a result, I did not know what a normal level of functioning was for me. It's terrifying not to know what part of you is and what isn't normal, what I am

myself and what comes from many years of pill-taking. Doubt and uncertainty were often leading in this.

In the beginning, I still assumed that this withdrawal process would take a few months at most. After reading many articles and books, later in the withdrawal process, on side-effects and withdrawal from psychopharmaceuticals by Peter Breggin (2013), David Healy (2013) and the website www.rxisk.org (Healy, David; sd), Peter Gøtzsche (2016), Paul Verhaeghe (2009) and Dick Bijl (2019), among others, I started to realise that this was possibly going to be a very long process. At the beginning of the process, I found a lot of information on the site www.survivingantidepressants.org from fellow sufferers who all described similar experiences and for whom withdrawal lasted between a few months to more than six years.

After nearly two years in withdrawal, things slowly started to clear up a bit. Almost all the symptoms were still there, but they were slowly decreasing in intensity. The fog was certainly not gone yet, but it was considerably less. I could occasionally have longer conversations with people without getting stuck after a few sentences and I could read better and better. In fact, there were sometimes small moments when, for the first time in my adult life, I could read without the letters dancing across the paper. I could absorb sentences better and better without having to read them back several times to really understand what it said. Instead of simple articles, I now started reading literature. Reading started, earlier in the withdrawal process, with small articles, short outcomes of studies, posts on forums, and so on. I read about psycho-pharmaceutical withdrawal in the beginning and later about psychopharmaceuticals in general. After this, my interest and curiosity began to widen. I was looking for answers and interpretation of what had happened to me. I started reading about how psychiatry was organised, the history of

psychiatry, different movements, proponents and opponents of prevailing paradigms. I began to get a better and better picture of what had happened to me, and why.

Besides reading about withdrawal, psycho-pharmaceuticals and how psychiatry worked, my interest went even further. Now I also wanted to know more about how our society was put together. What contributed to market forces in healthcare? How is it possible that more and more (young) people are psychologically stuck? To find answers to this, I started reading about how our economy works, about neoliberalism and why we have come to believe in this all-important system. How and why after World War II did we move from a welfare state, which aimed at progress for all, to a neoliberal state that places the individual above the collective? In the former, the whole society benefits from progress and in the latter, a small minority benefits enormously, while the vast majority benefits only a little or even loses out.

Having read several books, I started to realise that my interest and curiosity were starting to return. In this, I recognised again an important part in myself that I had long lost. The psycho-pharmaceuticals had made me disinterested and indifferent, and now my enthusiasm and curiosity were returning. I think I began to feel more and more connected to the world around me. For a long time I had been standing on the sideline, not participating; and now I was slowly and carefully starting to fit in more and more with our society and that felt good and tasted like more, much more even. I decided that for now I could not join in financially and certainly did not have to expect any wealth in that, but I could already start to accumulate wealth in knowledge. That is exactly what I then started to engage in. Reading, talking and thinking.

I was still limited in my cognitive functioning. For instance, I continued to have difficulty with overview and order in my head and with complex thinking. I still got stuck in more complex thought trains, as if there was a barrier between simplistic thinking and complex thinking that I could not break through. The trains of thought did not get as far and were more likely to derail. But despite the still substantial withdrawal symptoms and my search for a new balance, I slowly began to gain a little more confidence.

7. Recovering with the biopsychosocial model

7.1 Strengthening biology through lifestyle

In previous chapters, I have shown what can go wrong when you get entangled within the bio-medical model of DSM categorisations and the pharmacological approach to mental health problems. In addition, I have indicated what different triggers can lead to getting entangled in and what the long-term consequences can be.

But how do you get out of this? How do you process over 20 years of damage caused by treatment within the biological paradigm? How do you pick up your life again? This is anything but easy and costs a lot of pain, grief and perseverance.

To do this, I adopted the biopsychosocial model and considered the time factor. To get in good shape physically, I went for walks, ate as much fresh and unprocessed food as possible, and left out sugars and dairy mostly. I went to a holistic doctor for natural support for my recovery process and made sure I got as few toxins into my body as possible. I did not drink a drop of alcohol and in the summer of 2019, I even stopped (in consultation with the

cardiologist) all cardiac medication I was still on. The latter was a very exciting affair, as my heart had been on the verge of giving out five years earlier. However, I had noticed that my body could no longer tolerate the cardiac medication and I felt increasingly ill because of this.

In the year I stopped taking psychiatric drugs, my heart started functioning better and better. The pump function had improved significantly and the heart failure had diminished considerably. The cardiologist therefore dared to see what would happen if we stopped the medication. Of course, we decided to monitor this very closely and re-evaluate every few months how it was going. Fortunately, I had a cardiologist who dared to go off the beaten track. She realised that while all the protocols and guidelines dictate that someone with a heart problem like mine should take a bucket of pills, these protocols and guidelines say something about the average and don't say much about an individual case. Needless to say, I found the first few months very exciting and was regularly anxious about this, yet I wanted to persevere.

Every check-up showed that things continued to go well and this gave me hope and courage. When I was a year off the cardiac medication, we did an ultrasound of my heart. This showed that my left ventricle (it had become enlarged and weakened) had shrunk by over a centimetre since I had stopped taking psychiatric medication. There was no more heart failure and my pump function had now risen to 30-40% again. The cardiologist indicated that she had never experienced this before and that we should continue on this footing. This recent improvement in my heart function did seem to indicate that there was a correlation between the exorbitant amounts medication and my heart problem.

Early in my withdrawal process, I started looking for things that could help alleviate the symptoms and speed up my recovery. On the internet, I found all sorts of claims about supplements, techniques and devices that could help with withdrawal. I tried all sorts of things and since these kinds of alternatives are not reimbursed, it cost me quite a bit of money. It turned out to be largely a waste of money. Most supplements did nothing or only worsened the situation. The only things that did appear to help somewhat were (temporarily) a very low dose of omega 3 fatty acid and an alternative method called PsychoSomatic Energetics (PSE). I was very sceptical about the latter, but I turned out to benefit from it.

PsychoSomatic Energetics assumes that most chronic complaints stem from unconsciously stored emotional traumas (conflicts). An emotional trauma is stored mentally and/or physically as an energy blockage. This can eventually lead to illnesses that are difficult or impossible to cure. PsychoSomatic Energetics is said to be able to detect blockages and underlying perturbation and gently, yet very effectively repair them.

I didn't just work with the biological component of the biopsychosocial model. I also worked on the psychological component by talking about what I was feeling and experiencing, and my experiences with family and friends. Writing this book also played an important role in this, as it gave me clarity about what had happened to me and provided space to process it. Going back to Franeker also helped. But writing about that period and going back to my most extreme traumas could not be done without a number of Eye Movement Desensitization and Reprocessing (EMDR) sessions. When I got around to describing the period of my admission to the psychiatric hospital in Franeker, I balked. Feelings of immense threat and anxiety took possession of me and I blocked completely.

7.2 Strengthening the psychological aspect with EMDR and psychotherapy

I had now found a psychiatrist who understood how traumatizing my past in psychiatry had been and we decided to use EMDR to process pieces of it. This turned out to be a golden move and a lot of the past twenty-five years were released. To give an idea of what effect certain aspects within psychiatry can have, I will describe one of the EMDR sessions here.

During the EMDR sessions, I sat front of the psychiatrist's desk. She put a kind of tube on a stand in front of me and took a seat herself at the side of the desk. By now I had read a thing or two about EMDR and knew that it meant that you start thinking back to unpleasant events. You actually start digging into your memory and relive traumatic events. As you do this, your working memory is simultaneously charged with another stimulus (working memory is a temporary store of information in the brain that plays a role in active thought processes). This could be tracking a finger moving back and forth, or a slight movement from side to side. Variants are where you are simultaneously asked to count, or listen to sounds alternating left and right through headphones. The recalled memory with the accompanying thoughts and sometimes intense emotions require a lot of memory working power. Stimulating the working memory simultaneously with the distracting stimulus ensures that there is no more room in the memory for the vividness of the memory. This causes the memory to lose its emotional value and makes room for a new, less fraught, experience of the memory. The memory is not erased, but the traumatic charge goes away.

The tube that was on a stand in front of me was turned on, and a light began to move back and forth in the tube from left to right and vice versa. It

reminded me of the 1980s television series "Knight Rider". In the grill of a car with artificial intelligence that was able to think and talk for itself was a running light that, like the EMDR light, running back and forth. This car was called KITT, and when KITT's running light was on, it meant that he was "alive" and busy analyzing data that he processed in his own database. He could turn this data into useful information that he could use to help his driver in the fight against injustice. Would this running light do the same thing in my brain? Would it cause my sensors to feed me with information? And could this information that was linked to my own database come up with new and useful information to fight the injustice that had been done to me?

This was now the second session and I had liked the first session. We would begin by identifying the themes that were at play in my history in psychiatry. After this inventory, we would target a section here and start working on it. I had to dig into my memory for events that had great emotional charge. Hardly had the question been asked, or the memory of the time I was seized by ten people and thrown into the segregation cell (see section 2.5) popped into my head. I began to tell how this happened, and I had only said a few sentences when tears started to roll down my cheeks. The psychiatrist noted that this memory had such a huge emotional charge that it might be better to deal with it directly and leave the inventory for what it was. I agreed with this.

No sooner said than done. I took a seat in front of the lamp and began to talk about this event, how I was sitting in the hall smoking my roll up, thinking that I was going to be discharged anyway. And then the psychiatrist, the doctor-in-training and several nurses walked into the office of the open ward and I didn't realize that they were coming for me. I recounted how they jumped me with ten people, saying that I had to go to the closed ward, how I refused to do go and got up to be discharged, as they had previously decided. And how

they had grabbed me from all sides and dragged me across two wards and then left me in my bare ass with a syringe with a narcotic in it in the segregation cell. Overpowered like a wild beast, carried off and drugged into a cell.

As I recounted this and saw the whole event in front of me again, I was overcome with fear, sadness and anger. 'Express those feelings,' the psychiatrist said. As I watched the lamp go back and forth before my eyes, I relived everything. I felt the indignation and anger at what had been done to me. In my mind I said to the people who had been involved, "You need to fuck off. You don't belong in the mental health system, you don't help, you only make things worse. Why on earth do you think dragging someone into a cell like an animal is going to help that person? Please go back to school and go learn another profession, get out of this business.

The pain and sorrow flowed freely into the open space like a waterfall. At one point, the session came to a stop and I was able to catch my breath. As we resumed, things did change. An important shift occurred. I got rid of the intense emotion and was able to look at myself in memory with regained compassion. I was able to comfort and encourage myself. There came a mildness toward my attackers. I had thoughts like: you did not know any better, you followed protocols that perhaps you did not understand yourself, it was your powerlessness and incompetence that caused you to do this to me. I do understand why you felt this was justified. What you did was not right, but I do understand why you did it.

My emotions calmed down and I felt a kind of calmness come over me. I felt elevated above the situation and could even move toward forgiveness. In my mind, I could forgive them. I no longer felt anger, but I did feel a great desire

to talk with these people. I wanted to evaluate the situation with them and show them how things could have been done differently. A smile returned to my face and I felt tired but calm. A great time to end the session and go home.

After this and a few more similar sessions, I was able to get back to writing about these experiences, without being overwhelmed by the emotions and re-experiences it had previously brought.

In addition to processing the traumatic experiences, I also began to feel that I needed to regain and build my own identity. I found myself in a grieving process where I had to search for how to relate to all the things that had happened, where I stood now and what my future prospects were. I decided that I needed a good psychotherapist for these issues.

On Julie-Anne's recommendation, I contacted a psychotherapist in Sneek. We first took stock of what was going on and how we would work with it. We also linked a diagnosis to that (which is still necessary for insurance purposes). I received the same diagnosis from this psychotherapist that I had received from the EMDR psychiatrist: post-traumatic stress disorder (PTSD). This was the twenty-second diagnosis. It seems that the very first diagnosis of identity problems with dysthymic mood and the last diagnosis of PTSD fit best. Everything in between can go in the trash as far as I'm concerned. The first diagnosis was the result of some aspects of my childhood and my character, the last was the result of the 20 diagnoses in between and their treatment.

The psychotherapy process is probably going to be long, but I'm ready for it and very eager to get started. I want to feel, I want to process my painful

history and look for a new perspective. What it will bring me, I don't know at this point, but I am confident.

7.3 Strengthening the social aspect through connection

For the first two years of withdrawal, I was still so limited in my functioning and could tolerate so few stimuli that few social contacts were possible. I tried to maintain contact with people around me through the social media and very occasionally I would meet physically with someone, but this happened very rarely. For my book, I spoke to several people and had several interviews. I came into contact with many people who have had similar experiences with psychopharmaceuticals and psychiatry. This still gave a feeling of being part of something and participating in a movement dealing with a paradigm shift in psychiatry today. The more time passed and the withdrawal symptoms slowly began to diminish in intensity, the more room there was for social contacts. A visit to my neighbours, a chat on the street with a fellow villager, a visit to a friend, and so on. I could not yet tolerate big crowds, so I let birthdays and other parties pass for the time being, but this too would become possible again in time. The connection with my surroundings slowly began to heal.

7.4 The future

Part of my recovery is also thinking about a future and laying a foundation for that future. I am now an expert qualified by experience and could work as such within a mental health institution. Before I stopped taking psychopharmaceuticals, this was also my intention, but since I am in the withdrawal process and have scrutinised my own psychiatric history, I don't know if I would want to work in the system, about which I have many doubts. I have found that I prefer to engage in a new form of counselling, based on client autonomy and direction, in which shared decision making is the guiding principle and in which psychopharmaceuticals and the bio-medical model

have a much more modest role. Care in which recovery from mental health problems is seen as a process, rather than dampening symptoms. A form of care in which recovery is looked at more broadly and there is room for change and acceptance. A counselling service that does not focus on guidelines and protocols, but on the relationship with the other person and a shared learning process.

With this book and a foundation that I am setting up with a few enthusiastic people (www.stichtingpill.nl) I want to focus primarily on raising awareness of the model we are in today. I hope, after the corona epidemic, to be able to give lectures again and devote myself to promoting knowledge about the effects, side effects, phasing out and the withdrawal of psychopharmaceuticals. Meanwhile, I have appeared in a broadcast of (TV show) Tros Radar about antidepressants and have been interviewed several times for a podcast and for articles. My intention is to continue and build on this. Somewhere along the way, money will have to be made again so I will also have to work on recovery on the financial front.

While writing this book, the preparations for the claim against GGZ Friesland are still ongoing. How this will turn out is still uncertain and difficult to predict. Ultimately, I hope that GGZ Friesland will acknowledge the suffering caused and that this will be compensated financially. In the long run, I hope this will contribute to a responsible prescription policy of psychopharmaceuticals and to more recovery-oriented care.

Recently, I have made many wonderful and instructive contacts and built up a network that I consider a foundation for the future. Gradually, my head is starting to be filled with ideas, possibilities and inspiration. My own

perseverance and resilience will lead me to new perspectives and at the moment I am especially curious about what will come on my new path.

There is still a lot to process and build up, but one thing is certain: I have survived psychiatry and I am going for a better and healthier future. And for a less damaging psychiatry.

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