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EDITORIAL DRUGS EDUCATION VETERANS FAMILY MAD IN THE WORLD GET INVOLVED ABOUT

Psychiatry Gone Astray

By **Peter C. Gøtzsche, MD** - January 28, 2014

7415 90

At the Nordic Cochrane Centre, we have researched antidepressants for several years and I have long wondered why leading professors of psychiatry base their practice on a number of erroneous myths. These myths are harmful to patients. Many psychiatrists are well aware that the myths do not hold and have told me so, but they don't dare deviate from the official positions because of career concerns.

Being a specialist in internal medicince, I don't risk ruining my career by incurring the professors' wrath and I shall try here to come to the rescue of the many conscientious but oppressed psychiatrists and patients by listing the worst myths and explain why they are harmful.

Myth 1: Your disease is caused by a chemical imbalance in the brain

Most patients are told this but it is completely wrong. We have no idea about which interplay of psychosocial conditions, biochemical processes, receptors and neural pathways that lead to mental disorders and the theories that patients with depression lack serotonin and that patients with schizophrenia have too much dopamine have long been refuted. The truth is just the opposite. There is no chemical imbalance to begin with, but when treating mental illness with drugs, we create a chemical imbalance, an artificial condition that the brain tries to counteract.

This means that you get worse when you try to stop the medication. An alcoholic also gets worse when there is no more alcohol but this doesn't mean that he lacked alcohol in the brain when he started drinking.

The vast majority of doctors harm their patients further by telling them that the withdrawal symptoms mean that they are still sick and still need the mediciation. In this way, the doctors turn people into chronic patients, including those who would have been fine even without any treatment at all. This is one of the main reasons that the number of patients with mental disorders is increasing, and that the number of patients who never come back into the labour market also increases. This is largely due to the drugs and not the disease.

Myth 2: It's no problem to stop treatment with antidepressants

A Danish professor of psychiatry said this at a recent meeting for psychiatrists, just after I had explained that it was difficult for patients to quit. Fortunately, he was contradicted by two foreign professors also at the meeting. One of them had done a trial with patients suffering from panic disorder and agoraphobia and half of them found it difficult to stop even though they were slowly tapering off. It cannot be because the depression came back, as the patients were not depressed to begin with. The withdrawal symptoms are primarily due to the antidepressants and not the disease.

Myth 3: Psychotropic Drugs for Mental Illness are like Insulin for Diabetes

Most patients with depression or schizophrenia have heard this falsehood over and over again, almost like a mantra, in TV, radio and newspapers. When you give insulin to a patient with diabetes, you give something the patient lacks, namely insulin. Since we've never been able to demonstrate that a patient with a mental disorder lacks something that people who are not sick don't lack, it is wrong to use this analogy.

Patients with depression don't lack serotonin, and there are actually drugs that work for depression although they lower serotonin. Moreover, in contrast to insulin, which just replaces what the patient is short of, and does nothing else, psychotropic drugs have a very wide range of effects throughout the body, many of which are harmful. So, also for this reason, the insulin analogy is extremely misleading.

Myth 4: Psychotropic drugs reduce the number of chronically ill patients

This is probably the worst myth of them all. US science journalist Robert Whitaker demonstrates convincingly in "*Anatomy of an Epidemic*" that the increasing use of drugs not only keeps patients stuck in the sick role, but also turns many problems that would have been transient into chronic diseases.

If there had been any truth in the insulin myth, we would have expected to see fewer patients who could not fend for themselves. However, the reverse has happened. The clearest evidence of this is also the most tragic, namely the fate of our children after we started treating them with drugs. In the United States, psychiatrists collect more money from drug makers than doctors in any other specialty and those who take most money tend to prescribe antipsychotics to children most often. This raises a suspicion of corruption of the academic judgement.

The consequences are damning. In 1987, just before the newer antidepressants (SSRIs or happy pills) came on the market, very few children in the United States were mentally disabled. Twenty years later it was over 500,000, which represents a 35-fold increase. The number of disabled mentally ill has exploded in all Western countries. One of the worst consequences is that the treatment with ADHD medications and happy pills has created an entirely new disease in about 10% of those treated – namely bipolar disorder – which we previously called manic depressive illness.

Leading psychiatrist have claimed that it is "very rare" that patients on antidepressants become bipolar. That's not true. The number of children with bipolar increased 35-fold in the United States, which is a serious development, as we use antipsychotic drugs for this disorder. Antipsychotic drugs are very dangerous and one of the main reasons why patients with schizophrenia live 20 years shorter than others. I have estimated in my book, *'Deadly Medicine and Organized Crime'*, that just one of the many preparations, Zyprexa (olanzapine), has killed 200,000 patients worldwide.

Myth 5: Happy pills do not cause suicide in children and adolescents

Some professors are willing to admit that happy pills increase the incidence of suicidal behavior while denying that this necessarily leads to more suicides, although it is well documented that the two are closely related. Lundbeck's CEO, Ulf Wiinberg, went even further in a radio programme in 2011 where he claimed that happy pills reduce the rate of suicide in children and adolescents. When the stunned reporter asked him why there then was a warning against this in the package inserts, he replied that he expected the leaflets would be changed by the authorities!

Suicides in healthy people, triggered by happy pills, have also been reported. The companies and the psychiatrists have consistently blamed the disease when patients commit suicide. It is true that depression increases the risk of suicide, but happy pills increase it even more, at least up to about age 40, according to a meta-analysis of 100,000 patients in randomized trials performed by the US Food and Drug Administration.

Myth 6: Happy pills have no side effects

At an international meeting on psychiatry in 2008, I criticized psychiatrists for wanting to screen many healthy people for depression. The recommended screening tests are so poor that one in three healthy people will be wrongly diagnosed as depressed. A professor replied that it didn't matter that healthy people were treated as happy pills have no side effects!

Happy pills have many side effects. They remove both the top and the bottom of the emotions, which, according to some patients, feels like living under a cheese-dish cover. Patients care less about the consequences of their actions, lose empathy towards others, and can become very aggressive. In school shootings in the United States and elsewhere a striking number of people have been on antidepressants.

The companies tell us that only 5% get sexual problems with happy pills, but that's not true. In a study designed to look at this problem, sexual disturbances developed in 59% of 1,022 patients who all had a normal sex life before they started an antidepressant. The symptoms include decreased libido, delayed or no orgasm or ejaculation, and erectile dysfunction, all at a high rate, and with a low tolerance among 40% of the patients. Happy pills should therefore not have been marketed for depression where the effect is rather small, but as pills that destroy your sex life.

Myth 7: Happy pills are not addictive

They surely are and it is no wonder because they are chemically related to and act like amphetamine. Happy pills are a kind of narcotic on prescription. The worst argument I have heard about the pills not causing dependency is that patients do not require higher doses. Shall we then also believe that cigarettes are not addictive? The vast majority of smokers consume the same number of cigarettes for years.

Myth 8: The prevalence of depression has increased a lot

A professor argued in a TV debate that the large consumption of happy pills wasn't a problem because the incidence of depression had increased greatly in the last 50 years. I replied it was impossible to say much about this because the criteria for making the diagnosis had been lowered markedly during this period. If you wish to count elephants in Africa, you don't lower the criteria for what constitutes an elephant and count all the wildebeest, too.

Myth 9: The main problem is not overtreatment, but undertreatment

Again, leading psychiatrists are completely out of touch with reality. In a 2007 survey, 51% of the 108 psychiatrists said that they used too much medicine and only 4 % said they used too little. In 2001–2003, 20% of the US population aged 18–54 years received treatment for emotional problems, and sales of happy pills are so high in Denmark that every one of us could be in treatment for 6 years of our lives. That is sick.

Myth 10: Antipsychotics prevent brain damage

Some professors say that schizophrenia causes brain damage and that it is therefore important to use antipsychotics. However, antipsychotics lead to shrinkage of the brain, and this effect is directly related to the dose and duration of the treatment. There is other good evidence to suggest that one should use antipsychotics as little as possible, as the patients then fare better in the long term. Indeed, one may completely avoid using antipsychotics in most patients with schizophrenia, which would significantly increase the chances that they will become healthy, and also increase life expectancy, as antipsychotics kill many patients.

How should we use psychotropic drugs?

I am not against using drugs, provided we know what we are doing and only use them in situations where they do more good than harm. Psychiatric drugs can be useful sometimes for some patients, especially in short-term treatment, in acute situations. But my studies in this area lead me to a very uncomfortable conclusion:

Our citizens would be far better off if we removed all the psychotropic drugs from the market, as doctors are unable to handle them. It is inescapable that their availability creates more harm than good. Psychiatrists should therefore do everything they can to treat as little as possible, in as short time as possible, or not at all, with psychotropic drugs.

* * * * *

This blog originally appeared on DavidHealy.org

Interview with Peter Gøtzsche
Mad in America
Mira a YouTube

"My studies in this area lead me to a very uncomfortable conclusion: Our citizens would be far better off if we removed all the psychotropic drugs from the market, as doctors are unable to handle them. It is inescapable that their availability creates more harm than good. – Peter Gøtzsche"

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Guilty

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Nowhere to Go: *60 Minutes* on "Mentally ill Youth in Crisis"

Peter C. Gøtzsche, MD

Peter C. Gøtzsche, MD has published more than 100 papers in the top five general medical journals and his scientific works have been cited over 150,000 times. He has published several books relevant to psychiatry, including *Deadly Psychiatry and Organised Denial*, *Mental Health Survival Kit and Withdrawal from Psychiatric Drugs*, and *Critical Psychiatry Textbook*. He is currently crowdfunding for his Institute for Scientific Freedom with the goal of preserving honesty and integrity in science.

90 COMMENTS

registeredforthissite January 28, 2014 at 1:41 pm

What studies can you cite to say that bipolar diagnoses have increased 35 fold? And what would you put forward to say that antidepressants have caused this boom?

Most psychiatrists would talk about changes in criteria and the fact that they have gotten better at diagnosing bipolar disorder and that more people are coming up to them, to justify the increase in bipolar diagnoses.

In fact, Nassir Ghaemi writes that those who experience antidepressant induced mania almost always have bipolar disorder: http://www.psychologytoday.com/blog/mood-swings/200912/death-dsm

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BLOGS

Steve January 28, 2014 at 3:41 pm

Of course, they always blame the patient for their reaction to the drug. But this is a very real problem, and it happens when healthy people are given the drugs. Mania and hypomania are side effects listed on the label of all the SSRIs. Dr. Ghaemi's opinion is typical of those in the profession with a conflict of interest – if antidepressants caused mania, they'd have to change their practice and their understanding of reality. So instead, it's the patient's fault – the drug "uncovered an underlying bipolar disorder" and we're now lucky because now we can "treat" it with even more drugs. I have worked in the field for many years, and I have seen this more times than I can count. And yet probably at least half the time these kids go off the drugs, they are just the same or better than when they were on them.

There is no question in my mind that SSRIs and to a lesser extent stimulants can cause "bipolar" symptoms. It is quite disingenuous to blame the patient when your treatment makes them worse.

I am sure Peter has some literature references he'd love to share. But if you read Anatomy of and Epidemic, you'll find plenty of supporting evidence in there showing that it is the drugs that are to blame, not the patients.

—- Steve

Report comment

Reply

JeffreyC January 28, 2014 at 4:11 pm

"What studies can you cite to say that bipolar diagnoses have increased 35 fold? "

It's in the very first chapter of the book written by the guy who created this website… it's what this site is all about.

Report comment

Reply

registeredforthissite January 28, 2014 at 4:18 pm

I know what Whitaker says. But psychiatrists have other interpretations of the same data. Which is what I was hoping Dr.Gotzche would shed some light on.

Having experienced SSRI induced mania myself and having been given a bipolar diagnosis because of it, this matters to me.

Report comment

Reply

Stephen Gilbert January 29, 2014 at 10:19 am

So why do you seem so inclined to believe the psychiatrists? They are willing to actually outright lie to people about all this and they certainly don't give truly informed consent before they put someone on these toxic drugs.

Report comment

Reply

Stephen Gilbert January 29, 2014 at 10:26 am

By the way, prior to the introduction of any of the toxic psychiatric drugs so-called "bipolar" was a rather rare incident. After the introduction of the psychiatric toxic drugs everyone and her sister turned up "bipolar." This looks mighty fishy to me and I would immediately suspect a direct correlation between the advent of the drugs and the explosion of "bipolar" diagnoses.

Report comment

Carina Håkansson January 28, 2014 at 3:24 pm

Thank you Peter for your very important voice which many have been waiting for a long time! It is such a necessary and brave stance to take.

Report comment

Reply

Robert Whitaker January 28, 2014 at 4:52 pm

In terms of SSRIs fueling the bipolar boom, the relevant evidence can be summarized in this way:

a) Has the frequency of this diagnosis increased dramatically in the past 25 years? Yes (and the dramatic increase in diagnoses of pediatric bipolar is well documented."

b) If you look at the disability data, the Social Security now provides data on disability by diagnostic categories (as opposed to just mental disorders), and it is disability due to bipolar (and depression) that is driving rapid increase in disability due to mental disorders.

c) Next, there is substantial evidence that SSRIs increase the risk that an adult diagnosed with unipolar depression will turn manic and thus be diagnosed with bipolar disorder. Yale investigators reviewed the records of 87,290 patients diagnosed with depression or anxiety between 1997 and 2001, and determined that those treated with antidepressants converted to bipolar at the rate of 7.7 percent per year, which was three times greater than for those not exposed to the drugs. This conversion risk was highest in teenagers.

d) If you look at the gateways to bipolar, SSRI-induced mania is a primary one. For instance, in a survey of members of he Depressive and Mani-Depressive Association, 60 percent of those with a bipolar diagnosis had initially fallen "ill" with major depression and had turned bipolar after exposure to an antidepressant.

If you put all that data together, you can quite clearly see that when a society adopts widespread use of SSRIs, that that use can be expected to stir a dramatic increase in the number of bipolar patients. (I just looked at this data for Sweden, and there has been a marked increase in bipolar there during the last 10 years.)

Report comment

Reply

registeredforthissite January 28, 2014 at 5:19 pm

This is the problem Mr. Whitaker.

What psychiatrists say is that people who were initially given a diagnosis of OCD or unipolar depression, who then went on to have SSRI induced manias were "misdiagnosed" with those conditions, when actually they were bipolar all along.

For instance, this study by Singh and Rajput says:

"Bipolar disorder is often misdiagnosed. Two surveys, one taken in 1994 and one taken in 2000, reveal little change in the rate of misdiagnosis.

As per the survey taken by the National Depressive and Manic-Depressive Association (DMDA), 69 percent of patients with bipolar disorder are misdiagnosed initially and more than one-third remained misdiagnosed for 10 years or more. Similarly, a survey done in Europe on 1000 people with bipolar disorder found a mean time of 5.7 years from the initial misdiagnosis to the correct diagnosis, while another study reported that on average patients remain misdiagnosed for 7.5 years.

Diagnosis of patients with bipolar illness can be challenging as most of these patients seek treatment only for depressive symptoms, and more often than not, the first episode of mood disturbance is depression rather than mania. **Two studies in 1999 and 2000 concluded that almost 40 percent of bipolar disorder patients are initially diagnosed with unipolar depression.**"

Here's the problem. People *do* have ***spontaneous*** manias **without** antidepressants and other drugs. This is part of the "natural course of the illness" as they say.

The idea is that those who experience SSRI induced mania would have experienced it anyway as a part of the "natural course of the illness", which is why they experience it on SSRIs, as they have a vulnerability.

The challenge lies in *showing beyond reasonable doubt* that these antidepressant triggered episodes were **not** something that would have just popped up without anti-depressants triggering them in the first place.

This is where the whole problem lies.

Report comment

Reply

JeffreyC January 28, 2014 at 6:19 pm

"The challenge lies in showing beyond reasonable doubt that these antidepressant triggered episodes were not something that would have just popped up without anti-depressants triggering them in the first place.

This is where the whole problem lies."

I must say, there is no burden of proof on this side of the fence. It's not the naysayers job to prove that these people wouldn't have become manic without the drugs. Psychiatry are the ones who make the assertions that they would, thus it is their responsibly to prove that is so, not anyone else's responsibility to prove that it's not.

Report comment

Reply

Steve January 28, 2014 at 6:30 pm

"The challenge lies in showing beyond reasonable doubt that these antidepressant triggered episodes were not something that would have just popped up without anti-depressants triggering them in the first place."

Actually, from a truly scientific viewpoint, this statement is not correct. For a real scientists (and I do acknowledge that most psychiatrists don't come anywhere close to fitting that description), the assumption would be that the drug DOES cause the reaction that occurs after its administration until proven otherwise. The concept of "Occam's Razor" suggests that when two competing explanations could both explain the same phenomenon, the simpler explanation is the most likely one. In this case, it's pretty obvious that a person becoming bipolar after the administration of a drug is most likely being provoked by the drug itself. The first thing a real scientist would do is to stop the drug and see if the manic symptoms subsided. If they really wanted to be thorough, they might then administer the drug again to see if they returned, though in this case, that is probably not ethical. They would then look for other cases where this has happened and look for a pattern. And then they'd do a study like the one Bob cites. If all the data support that people are becoming manic after taking the drug, it becomes the job of the people with the alternate theory to prove the more obvious and factually supported theory wrong.

Or to put it another way: the person claiming the drug is safe and does not cause these reactions has the burden of proof. The claim that these people "would have become bipolar anyway" is the questionable claim that needs to be proven. Common sense and the data provided suggest that the drug is a causal agent, and anyone wanting to refute that needs to make their own case, not simply say "You can't prove they wouldn't have turned bipolar anyway." That's an argument for a junior high recess or an internet chat room, not for a serious scientific discussion.

— Steve

Report comment

Reply

JohnSmith July 8, 2015 at 9:49 am

"Actually, from a truly scientific viewpoint, this statement is not correct. For a real scientists (and I do acknowledge that most psychiatrists don't come anywhere close to fitting that description), the assumption would be that the drug DOES cause the reaction that occurs after its administration until proven otherwise."

Not even close. **You certainly would not agree that any patient with severe depression who remitted after being given a drug remitted because they received the drug. You would look at the difference between drug-treated and placebo-treated patients in a randomized clinical trial.**

As it turns out that specific information is available from the Prozac label. "In US placebo-controlled clinical trials for Major Depressive Disorder, mania/hypomania was reported in 0.1% of patients treated with PROZAC and 0.1% of patients treated with placebo"

Report comment

Reply

registeredforthissite July 8, 2015 at 10:36 am

SSRIs DO cause manic episodes in a subset of the population that take them. This is well recognised even by psychiatrists. http://www.ncbi.nlm.nih.gov/pubmed/15289250

Secondly, even antidepressant induced mania qualifies for a diagnosis of bipolar disorder.

The question is, without the antidepressant induced manic switch, would these patients have ever had a manic episode otherwise, and be diagnosed bipolar?

The one that I linked to was a large scale study, but a case study done by two Indian doctors (http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2952169/) is interesting, and the description of the antidepressant "high" (which is really mania/hypomania) is very similar to what I experience if I take SSRIs alone without anti-manic agents. Not all people who take SSRIs experience SSRI induced mania, but some do.

All the SSRIs I've taken get me high. This includes sertraline, fluvoxamine, venlafaxine and escitalopram. I have never had a spontaneous manic switch otherwise.

Next thing, in the major depressive disorder group you reference, did they preexclude people who have a history of antidepressant induced (or otherwise) mania?

I don't know how to study you reference was done, but you could shed some light on it.

The thing is, if people who experience AD induced mania are given a bipolar label, and those who do not experience AD induced mania are given a major depressive label, then it is obvious that the rates of switch in the major depressive group will be very low, because you are pre-selecting those who did not have a history of AD induced manic switches (who by the virtue of experiencing AD induced mania were put in the bipolar subgroup). I wonder if the study took this into consideration

Report comment

registeredforthissite July 8, 2015 at 10:41 am
There is something called Akiskal's schema in which bipolar 3 is the label given to people who experience antidepressant induced mania. In Klerman's bipolar subtypes, bipolar 4 is the label for the same. So AD induced mania is a well recognised phenomenon.

Report comment

registeredforthissite July 8, 2015 at 2:17 pm
how THE study you reference*

Report comment

Steve January 28, 2014 at 6:37 pm
And actually, that 40% figure you cite supports Bob's viewpoint on this. If 40% are diagnosed initially with depression, and the vast majority of those are "treated" with antidepressants, does it not seem likely that a good proportion of those became "bipolar" after the administration of the antidepressants? It begs the question we're asking her to simply assume that these people were wrongly diagnosed. I think this is actually some good proof that receiving psychiatric treatment for depression increases one's odds of eventually being diagnosed bipiolar. The reasons are, as usual, not even examined.

—- Steve

Report comment

Reply

Sandra Steingard, M.D. January 28, 2014 at 6:59 pm
I think there are two categories of people in whom there was a "missed" diagnosis of Bipolar Disorder in people who have an antidepressant induced mania.
The first is the person who had prior manias but either did not reveal them to the doctor, was not asked about them, or did not recognize them as manic episodes.
The second is the person who NEVER had a manic episode prior to taking an antidepressant.
These are very different circumstances.
In the second category, there is nothing that was actually missed. It is merely a situation where some psychiatrists have just decided that since they developed mania (regardless of the trigger), they have bipolar disorder.
I think that is a mistake. I suggest we just label it for what it is and admit that we do not know what the implication is. We can share this information with people and let them decide what risks they want to accept. We have no way of knowing if they will have another episode if they avoid antidepressants.

Report comment

Reply

BeyondLabeling a.k.a. Jonah January 28, 2014 at 10:54 pm
"I suggest we just label it for what it is and admit that we do not know what the implication is. We can share this information with people and let them decide what risks they want to accept. We have no way of knowing if they will have another episode if they avoid antidepressants."

Dr. Steingard,

Psychiatrists tend to be creators of self-fulfilling prophecies; and, here's a perfect example of that…

IMHO, that's an *almost perfect* suggestion, that you're offering (above), as I read it; for, I read it, largely, as your call for the 'phenomenological' approach to addressing human experience…

[And, that approach certainly appeals to me, as being far more practical (and much wiser) than the usual approach of psychiatry.]

> **phe·nom·e·nol·o·gy**
> n
>
> 1. A philosophy or method of inquiry based on the premise that reality consists of objects and events as they are perceived or understood in human consciousness and not of anything independent of human consciousness.
>
> 2. A movement based on this, originated about 1905 by Edmund Husserl.
>
> http://www.thefreedictionary.com/phenomenological

The *phenomenological* approach does away with unsubstantiated abstractions (e.g., "bipolar disorder").

What makes your statement imperfect, is that confounding term, "episode"; after all, see the definition of that word…

> **ep·i·sode**
>
> : an event that is distinctive and separate although part of a larger series; especially : an occurrence of a usually recurrent pathological abnormal condition…
>
> http://www.merriam-webster.com/medical/episode

By describing any event with that ("episode") term, one inevitably creates an expectation that, the experience shall necessarily be recurring.

Is a re-occurrence of so-called "mania" what you, as a psychiatrist, actually want to induce. Of course, you don't, as you are truly well-meaning.

So, I ask you:

Why would you or any other similarly well-meaning psychiatrist refer to anyone's unprecedented (i.e., singular) experience of a so-called "mania," as a so-called "manic episode"?

I say drop the term, "episode" when describing such experiences…

Respectfully,

Jonah

Report comment

Reply

BeyondLabeling a.k.a. Jonah January 28, 2014 at 11:17 pm
P.S. — Dr. Steingard,

In case I've not been clear, here I'll say, I am serious about my suggestion, to drop that word ("episode").

And, in all sincerity, I suppose, in a 'perfect world,' we'd would find these two sentences (which you've offered) become the ultimate — absolutely perfect and perfectly complete — instruction for all psychiatrists, when it comes time for them to 'assess' the 'condition' of their "patients":

"I suggest we just label it for what it is and admit that we do not know what the implication is. We can share this information with people and let them decide what risks they want to accept."

Report comment

Sandra Steingard, M.D. January 29, 2014 at 6:33 am
Hi Jonah,
I have no problem with dropping the term episode. I could have said,"We have no way of knowing if – in the absence of exposure to antidepressants – this will ever happen to you again." I hope I was clear that I agree with you that it is just a supposition – with no foundation – the the experience the person had while taking the drugs indicates that the person is prone to something, is ill with something more than just a sensitivity to this particular drug.
Personally, I never bought into that notion that antidepressants "uncovered" Bipolar disorder. I thought it was another fad promoted in the 90's, the hay day of drug hype.

Report comment

Fred Abbe January 29, 2014 at 12:30 pm
Jonah and Dr Steingard, I would add "we really don't know what to do about this .He or she will have to figure it out for themselves."
Respectfully,
Fred

Report comment

aria January 29, 2014 at 1:41 pm
My friend had her SSI changed and experienced a full blown manic situation. It was her first mania and she was over age 70. Her psychiatrist did admit it was due to the SSI change and said now she was Bipolar as he added Seroquel to her drug mix (SSI & benzo).

Report comment

Reply

John Hoggett January 29, 2014 at 3:27 pm
Argh – drug induced brain damage treated by even more damaging, and potentially life shortening, drugs.

Wahhh

Report comment

Someone Else January 29, 2014 at 9:55 pm
Aria,

I hope your friend gets off the drugs, Seroquel is an evil antipsychotic. And my experience is the antipsychotics absolutely do NOT cure adverse effects to antidepressants. Although I do understand most the psychiatrists still claim they do.

And thank you Dr. Gotzsche. Thank you for this article, and your strength of character to be honest. Please do encourage the mainstream medical community to reassess their complete support of the psychiatric industry. It is very difficult for us psychiatric survivors to maintain respect for the mainstream medical community, especially now that even numerous high profile psychiatrists and doctors like yourself have conceded to the lack of scientific validity of the psychiatric stigmatizations, and dangers of the drugs.

Psychiatry has always been, and still is, based on fraudulent "science" / "pillars of sand." Mainstream medicine should NOT be claiming psychiatry's disorders are real diseases, doing such only degrades the credibility of mainstream medicine. And that is NOT in the best interest of mainstream medicine (other than that the psychiatrists can easily cover up malpractice for the unethical and incompetent doctors, but does that actually benefit mainstream medicine in the long run either? No.)

And now that the patients can research medicine, too, proclaiming psychiatry is credible only embarrasses mainstream doctors when they are given the medical proof of the lack of ethics of psychiatrists, by patients. Truly, it is time for a return of ethics, and honesty, by all doctors. Please do what you are able to encourage this, since abuse of trust, due to greed, is not classy.

Report comment

aria January 29, 2014 at 11:41 pm
I'm sorry to say soon after the fact my friend took her life and all I can think is the added drug(s) were the culprit?

Report comment

Stephen Gilbert January 31, 2014 at 2:06 pm
I'm watching the same thing happen to a friend of mine.

Whem my friend told her psychiatrist about the manic response she had after the increase of prozac by the direction of the psychiatrist, the psychiatrist upped the dose of prozac and added abilify to the problem. He said that the abilify would make the prozac work faster and better! This is an outright lie and unfortunately my friend believes it.

I've tried talking with my friend but it doesn't work since she's a true believer in psychiatry and the drugs. So, now I have to watch another person go down in flames right in front of my eyes! It makes me so angry that I almost went to confront the damned psychiatrist!

Where do they get off telling people such lies under the guise of “treatment” and “good medicine?!!!”

Report comment

barrab September 17, 2014 at 7:04 am
Was great to see Peter on ‘The Daily Show with Jon Stewart’, it’s a biased show overall and it would have been better if they treated him with a proper interview but it was better than nothing and good to see something critical of big pharma on a show like that.

Report comment

Reply

JeffreyC January 28, 2014 at 6:15 pm
While I am sure there is more evidence to be found, at least a partial explanation to your concern can be found within this quote:

“Yale investigators reviewed the records of 87,290 patients diagnosed with depression or anxiety between 1997 and 2001, and determined that those treated with antidepressants converted to bipolar at the rate of 7.7 percent per year, which was three times greater than for those not exposed to the drugs. ”

If “bipolar disorder” were the underlying problem for a certain percentage of people diagnosed with depression, then you would expect that at least as many NON-MEDICATED depression suffers would descend into mania but instead there is a three-fold difference between the medicated and non-medicated.

Report comment

Reply

Fred Abbe January 28, 2014 at 7:07 pm
I believe many of the non medicated find themselves manic and depressed slow cycle because of 53% mercury dental amalgams. As they get more amalgams the cycling becomes more rapid .Vaccinations also ,many of them are preserved with mercury compounds.One in Six people in the population have trouble excreting Mercury from their bodies.When finally they are given shrink drugs constipation happens and there is even more buildup of mercury and now other poisons. If trauma and even other poisons get into the body more medication more effects, more constipation the body in an acidic condition who knows what’s passing through the blood brain barrier causing all kinds of mental emotional phenomena as your life falls apart. It happened to me. google DAMS google http://mercuryjustice.org/

Report comment

Reply

Fred Abbe January 28, 2014 at 6:25 pm
” Psychiatry Gone Astray”

Maybe more Astray than we ever dreamed . I remember reading in Robert Whitaker’s book Mad in America to paraphrase partly if I’m not mistaken of Big Pharma companies practices that monkey’s are tied to chairs given various substances. chemicals ,whatever. They are observed to see if any pass out and “Eureka” they have developed a system to produce potential “money makers” new improved shrink drugs .Tweak it a little ,some human testing in rigged trails, bring in the creative writers after the fact fabricating about how the drugs work,Rubber stamp from the FDA .Uptake the money receptor , and laugh all the way to the bank.

Doesn’t this in some way remind us of the same path pioneered by the Tobacco cartel. They eventually proved their cartel could continue to thrive even after the proof surfaced that they added chemical substances to the tobacco to make it even more addictive than just the nicotine did which naturally occurs in tobacco.After all why not take full advantage as long as the monkeys are tied to chairs anyway ?

Which brings me to my point. It doesn’t take a Sherlock Holmes to wonder considering how much difficulty ,and weird side effects people are having weaning off many of the more recently “developed” shrink drugs. Are Big Pharma cartel members (as long as the monkeys are still tied to their chairs) willfully adding to and designing shrink drugs that are super pumped to make them more super addictive? Where is even one of their anonymous employees’ with copies of the documents that can prove this, that will pass it anonymously to” wiki leaks” or to Greg Palast author of “The Best Democracy Money Will Buy ” or somewhere to save human lives. Or maybe independent lab tests could prove it. Would legal court hearings providing we had evidence of this help save lives? If this is really happening what future ?

One very interesting idea IMO on weaning off these shrink drugs is in op-eds here at MIA. Just put Seroquel in the search box.The article After Seroquel by Nancy Rubenstein del Giudice will pop up, It is a very valuable article.Check deep into the comments is where Nancy reveals it.

Report comment

Reply

Olga Runciman January 28, 2014 at 7:05 pm
Thanks Peter!
This blog which was originally published in a national Danish newspaper has shaken Danish psychiatry to the core!

The following two weeks after your article was published psychiatry was in the Danish media on average 45 times a DAY!! This article is THE article that has put Danish psychiatry into a profound crisis and as a psychiatric survivor I am grateful for that.
Psychiatry is deeply flawed both on a moral and ethical level with human rights abuses occurring daily, as well as relying for the most on psuedo science.
Because of you Peter psychiatry is really being debated here and I look forward to each day waking up wondering what the next psychiatric topic of the day will be!
Fabulous! Thank you so much!
The winds of change are blowing! 🙂

Report comment

Reply

Jonathan Keyes January 28, 2014 at 10:42 pm
Thanks Peter for an excellent summation of the major myths that are perpetuated around psychiatric drugs. Olga, I would love hear further how the Danish mental health system is responding to articles such as this. Please keep us apprised.

One of the largest myths I have encountered is that “mental illness” gets worse iand the brain deteriorates if untreated, (myth no.10.) and therefore it is unethical not to give psychiatric drugs to people. Sadly I hear this one all the time from nurses in a hospital setting. Along with the awful chemical imbalance theory, it is the other primary myth I hear used to goad people into taking psych drugs.

Frankly I wish it were illegal to use these myths to convince people to utterly change the course of their lives…often for the worse.

Report comment

Reply

Ted Chabasinski, J.D. January 28, 2014 at 7:26 pm
Doubling back to the claim by psychiatry that people having manic episodes after SSRIs would have them anyway, the answers to this are not complex, and Bob has given them. One is the correlation between increased incidence of bipolar and increased exposure to SSRIs, the other is the study cited that people on SSRIs became bipolar at a rate three times higher than those not exposed to SSRIs.

I just can’t be impressed by psychiatry’s arguments. They would never stand up in court. They are very similar to what my tormentor, Doctor Lauretta Bender, said when confronted by the fact that the children she shocked were obviously worse off after the shock. The electroshock, she said, had brought out the underlying illness, which was a good thing, as now it was more amenable to treatment. Somehow, this is what passed for a scientific explanation by psychiatry in those days, and these explanations haven’t become any more rational today.

Report comment

Reply

Someone Else January 29, 2014 at 10:21 pm
There is no logic to the concept that an adverse effect to an antidepressant is a “life long, incurable, genetic disorder,” as bipolar is claimed by psychiatry to be. That’s just blatant lack of medical ethics. The antidepressants CAUSE the bipolar mania. Take the children off the drugs that made them manic, don’t render them senseless with antipsychotics. That is torture, and pure evil, psychiatrists.

Report comment

Reply

registeredforthissite January 28, 2014 at 7:47 pm
@Dr. Steingard

You, or some other psychiatrist should write an article **specifically** about this issue of antidepressants creating bipolar diagnoses. Make it as detailed as possible. Talk about spontaneous manias. Talk about drug induced manias. Put everything in there.

This is not an issue that has been given enough importance. You can only find it in some books like Whitaker’s, where it is placed among a host of other issues.

Please write an article **specifically** about this issue.

Report comment

Reply

registeredforthissite January 28, 2014 at 9:16 pm
Mr. Whitaker,

The study by Martin A et al., titled, “Age effects on antidepressant-induced manic conversion (http://www.ncbi.nlm.nih.gov/pubmed/15289250)” which you cited (the one with a sample size of 87,920), states that manic conversion occurred in 5.4% of people and not in 7.7% of people.

Please correct me if I’ve gotten this wrong.

Report comment

Reply

Discover and Recover January 28, 2014 at 10:48 pm
Myth 11: If a person is experiencing mental or emotional difficulties, they should immediately seek advice and assistance from a psychiatrist.

Neurologists treat real organic conditions of the nervous system, including the brain. Seeing a neurologist is a much safer and wiser bet for anyone who is seeking the opinion and expertise of a *real* doctor.

“Seeing a psychiatrist has become one of the most dangerous things a person can do.”
– Peter Breggin, M.D.

Duane Sherry
discoverandrecover.wordpress.com/warning

Report comment

Reply

Discover and Recover January 28, 2014 at 10:58 pm
Explanation: Seeing a neurologist would be a way to address any real organic brain issue, or *rule out* the same.

Neither is typically done by a shrink (wanna-be doc).

Duane

Report comment

Reply

Someone Else January 29, 2014 at 2:28 am
But that does not even work always, Duane. After having my adverse withdrawal symptoms from a “safe smoking cessation med” / dangerous antidepressant misdiagnosed (according to the DSM-IV-TR, itself) as “bipolar” by a therapist. Which resulted in a confessed in my medical records, “Foul up” with Risperdal, within two weeks, by a psychiatrist.

I switched to a neurologist. And this loon went off on a four year “med check” fest of rendering me senseless with mandated drug cocktails. All of which caused anticholinergic intoxication, which emulated the symptoms of “bipolar.” And all this in a healthy lady whose etiology was, not even that she was put on an antidepressant due to depression initially, but merely because she wanted to quit smoking. And a desire to quit smoking isn’t actually a “mental illness.” Healthy people can have supposed “mania” from antidepressants misdiagnosed as “bipolar,” too.

Plus, this was done by doctors who wanted to cover up an “easily recognized iatrogenic artifact,” a “bad fix” on a broken bone. And the misdiagnosing therapist wanted to cover up the medically documented evidence of the abuse of my child, by people I later learned were friends of hers.

And a subsequent pastor told me I dealt with the “dirty little secret of the two original educated professions,” after reading my chronologically typed up medical records and medical research. My point being, there is and has historically been a major lack of medical ethics problem of the easily recognized medical mistakes (“bad fixes”), being covered up with complex medical mistakes (ADRs), then innocent patients being subjected to the “controversial iatrogenic artifacts” (“med checks” and inappropriate drug cocktails), that are intended to poison patients for reasons of greed. There is a medical wall of silence problem.

And, do the research on a timeline. It is not just pastors who’ve known that the psychiatric profession has known how to cover up child abuse for pastors for decades. The majority of the medical community has known how the psychiatric community has pulled off the “dirty little secret of the two original educated professions” to cover up malpractice for unethical and paranoid doctors, with antidepressant and antipsychotics for decades, as well.

“Switching” healthy people to manic with antidepressants, then rendering them senseless with antipsychotics is the “dirty little secret of the two original educated professions.” It’s not a new phenomenon.

Report comment

Reply

Fred Abbe January 29, 2014 at 3:33 am
Check out the modalities used at the Paracelsus Klinic on the net and the the tests they use and their track record.

Report comment

Reply

Discover and Recover January 29, 2014 at 10:07 am

Someone Else,

It sounds like you (like many others, unfortunately) have been to hell and back. "Much more harm than good" seems to be the common theme.

Fred,

Thanks for the link.

Duane

Report comment

Reply

aria January 29, 2014 at 1:34 pm

When I was having trouble walking my psychiatric diagnosis kept me from being believed and referred to specialists.I was deemed mentally ill and naturally any so called physical problems were all in my head. At long last I found a wonderful neurologist who immediately knew I had a progressive neuro disease and asked me how in the world no one had seen I was obviously so ill? I didn't answer at first and then said sir, I was told it was all in a my head. He said what you have have has progressed so much I doubt I can help you but I will try my best (and he did).

Having a psychiatric diagnosis is one of the scariest things with today's electronic medical records. I might as well have a branded sign on my forehead. Does it matter I was told I never had been mentally ill? That my symptoms were due to poly drugging?? I celebrate years of being psych drug free and being able to think clearly (no more poly drugged fog).

Report comment

Reply

Someone Else January 29, 2014 at 11:04 pm

Fred,

Mein Deutsch ist nicht sehr gut, do you have an English website you recommend?

Duane,

Yes, way too many have suffered "much more harm than good," I agree. I know many dealt with worse than I. And I am oddly grateful that I was tortured, and dealt with attempted murder by psychiatry, rather than my children, that would have been worse.

And I thank you for your empathy, since none of my former doctors or hospitals have yet to apologize for defrauding my family out of over $100,000 in health insurance premiums paid for the purpose of proper health care, who delivered nothing but malpractice, to every member of my family. Medicine for profit only does not work, and that is the level to which many within mainstream US medical system have sunk.

Aria,

I think that is the point of psychiatry. Psychiatric stigmatization gives the mainstream medical community the moral right, in their opinion, to NOT bother providing certain patients proper medical care. And too many within mainstream medicine have sunk to the level that they feel if one has been defamed, for any reason, with a psychiatric label that sending the person off to the likes of Dr. V R Kuchipudi to be killed, is copacetic.

http://chicagoist.com/2013/04/16/chicago_hospital_owner_doctors_arre.php

Attempting to murder patients, because they've been defamed with made up disorders, is not morally acceptable, however, even though it may be profitable.

Report comment

Reply

Fred Abbe January 30, 2014 at 12:45 am

Someone Else, Sorry here's a better link.
http://www.paracelsus.ch
Fred

Report comment

Stuart Shipko, M.D. January 28, 2014 at 11:22 pm

Peter Gøtzsche, MD has pretty much nailed the mistaken assumptions that misguide the public and physicians alike. I wish that I didn't agree, but his point about doctors being unable to properly work with psychotropic medications is spot on. Dr. Gotzshe is also quite correct that psychiatrists are afraid to acknowledge their own observations for fear that their career will suffer. If physicians would only acknowledge these misconceptions, then the mentally ill would stand a fighting chance to get better.

Report comment

Reply

Fred Abbe January 29, 2014 at 2:11 am

I agree a fighting chance to get better is better than no chance.
Yes I did it and you can do it to ,become a drug free psychiatric survivor, hear no more voices ,no more sleeping problems ,glad to be alive ,survived suicide attempts,electric shock treatments,other tortures,mercury poisoning,countless hospitalizations, emergency room visits ,forced shrink drugged,tie downs ,lied to,escaped 5 times from mental hospitals,not believed,stigmatized,black sheep of family,lucky to have a friend or 2,met wife in mental hospital, forced to give up custody of our only child at age of 4 divorce, yes I came through it ,my daughter to.I saw her again when she was 21 years old. Have 2 grand children. But today's shrink drugs are even more dangerous . I did not reach this kind of breakthrough equilibrium relying on psychiatric or medical doctors although I believed and relied on them like so many others from the age of 16 till the age of 28 when I realized I was getting worse and that they did not know what they were doing and yet they continued on with this all knowing calm arrogant air of superiority like the Emperor with no clothes handing out or forcing poisonous substances in pill and or injectable liquid form or jolts of electricity to the brain. Until I learned that the foundation of their "expertise" sat on quicksand made of horse shit. Robert Young's book "Sick and Tired". I turned to Naturopathy ,Homeopathy,Yuenmethod, (actually learned how to practice them not that I have a license)I studied about healing systems and spiritual systems from around the world financed by my social security disability check. But some real money had to come in and it didn't happen whether I worked or not. Finally family helped and $3000 dollars spent on conventional dentistry (a mistake) corrected by spending $6000 on advanced Hal Huggins protocol dentistry finally did the trick and I was as if new born for real. Where's the money going to come from to help others? Check out Paracelsus Klinic (on the net ,yes with a K) and see what amazing results are achieved with advanced dental techniques . Ask Psychiatric Survivors to tell you what and how they did it. Listen as carefully as you used to listen to doctors . Try to recognize a pattern that has resonance with you .Try safe First do no harm experiments and therapies.Make your decisions during lucid moments. It all flows back to peace.

Report comment

Reply

Stephen Gilbert January 29, 2014 at 10:56 am

We are in bondage and slavery because bank accounts, SUV's, large houses in gated communities, and egos are balanced against doing the right thing. A few psychiatrists are able to make that step forward and take the moral, ethical, and proper stand but they are far and few between.

There's a psychiatrist in North Carolina who has stopped using the toxic drugs and has personally apologized to each and every one of his "patients" that he could find for the harm he did to them by giving them the toxic drugs. A good man and a very unsual psychiatrist. But they are far and few between.

Psychiatrists should be stripped of the privilege of prescribing drugs, but then they'd be right back where they started from in the 1980's when they were in competition with all the other disciplines who were liscensed to do talk therapy! Heaven forbid, they sure wouldn't want to go back to those days! And then they'd also have to think about giving up the power that they wield over people.

Report comment

Reply

Ted Chabasinski, J.D. January 30, 2014 at 1:03 am

Right on to that. My thoughts too.

Report comment

Reply

Fiachra January 31, 2014 at 10:52 am

Hi,
On competing therapies. Do you remember the book 'I'm OK – You're OK' by Thomas A. Harris MD (yellow cover,1970s)? It didn't make sense to me at the time . But the explanation of a decommissioned Adult on page 101 makes a lot of sense to me now,
Fiachra.

Report comment

Reply

Stephen Gilbert January 31, 2014 at 2:22 pm

I'm old enough to remember that book. I was in the seminary studying to be a young priest when it came out. Perhaps it was way ahead of its time!

Report comment

Copy_cat January 29, 2014 at 3:11 am

I like the part comparing psychiatric drug dependence to alcoholism.

Report comment

Reply

Fred Abbe January 29, 2014 at 3:58 am

@ Peter Gotzsche MD,
Amazing and life saving post. But what is so conscientious about psychiatrists who would sell children down the river making their career concerns a priority over children's lives?
Fred Abbe PS (Psychiatric Survivor)

Report comment

Reply

Someone Else January 29, 2014 at 11:28 pm

That's what kills me the most, too. Over a million children were made sick in the exact same way as doctors knowingly cover up a "bad fix" on a broken bone of mine, to proactively prevent a non-existent malpractice suit. The psycho / pharmaceutical industries have pulled off the "dirty little secret of the two original educated professions" on all those within the first world nations. And now they're off to pull it off on the rest the world, merely for profit. The love of money is the root of all evil. And what the current psycho / pharmaceutical industries are doing with their DSM disorders, is no more scientifically valid, than claiming being a Jew is a mental illness.

Report comment

Reply

Fred Abbe January 30, 2014 at 6:07 am

Someone Else, Have you ever seen the book "War Against The Weak" by Edwin Black .It is the book I believe would wake up the whole population if they would read it.It is the the fully documented story about how eugenics started here in America and its documented month by month history .How the Rockefeller and Carnegie Foundations funded it here and provided funds to spread it to Germany before World War II. Germany really ran with it. It took 50 researchers looking in archives all over the world to put this book together. The most impeccably documented book I've ever seen on any subject. The same Foundations were never prosecuted and never gave up on their goals they just decided not to use the word eugenics and hide their activities under terms like social engineering,genetics and others.It seems they and others are into culling the population while living the good life and laughing all the way to the bank while feeling righteous about what they feel is the good that they are doing on this planet which they feel is theirs all while posing as philanthropists. Its a 500 page book.
Fred

Report comment

Reply

Someone Else January 30, 2014 at 3:33 pm

I haven't read it yet, Fred, I'll put it on my list of books to read. And I have grave concern those currently in charge have motives that are less than beneficial to most, unfortunately.

Report comment

Reply

Fiachra January 29, 2014 at 9:25 am

Dear Peter
You are benefiting society.
What about the largest Psychosis study in Europe costing at least £20 million, taking place in South London through The Maudsley Hospital, Kings College and others. To what extent is this study independent of Pharmaceutical company financial interest. And to what extent does this drugs money influence other medical research on areas susceptible to psychiatric drug damage. (I was diagnosed as chemically imbalanced in 1980, but recovered with the Talking Treatments, withdrawal syndrome nearly drove me mad), Fiachra.

Report comment

Reply

Robert Whitaker January 29, 2014 at 10:08 am

In response to registeredforthissite,you have linked to the right study. However, the conversion rate stated in the abstract, of 5.4%, is the cumulative rate for all 87920 patients that were studied, both those who took an antidepressant and those who did not, and over a period of 41 weeks. In the results section of that paper (page 775), the researchers reported that "the conversion rate among antidepressant-treated patients (7.7% per year) was 3-fold that among unexposed patients (2.5% per year.)" All of those who converted were subsequently given bipolar diagnoses.

That figure can produce an easy calculation of how antidepressants increase bipolar diagnoses. For every one million people diagnosed with "an anxiety or nonbipolar mood disorder" who are treated with an antidepressant, 77,000 will convert to bipolar per year, whereas only 25,000 would have converted if that group of one million had not been treated with an antidepressant. So you end up with 52,000 more bipolar patients per million people treated.

The point is this: While those who convert may have some underlying vulnerability to "mood instability," many would never have converted if not exposed to an antidepressant. When psychiatric researchers say the drug is just unmasking an underlying bipolar disorder, in people who were misdiagnosed, they are ignoring this differential conversion rate.

I should note that Fred Goodwin, who is considered an expert on bipolar, has even written on how antidepressant-induced mania can "create iatrogenically a bipolar patient," and that when this happens, "that patient is likely to have recurrences of bipolar illness even if the offending antidepressant is discontinued."

Finally, Ross Baldessarini and Giovanni Fava recently published a paper on this risk in children and adolescents, through a review of reports of antidepressant trials for depressive and anxiety, and they concluded that even in the short term trials, "overall rates for mania or hypomania were 8.19% with [antidepressant treatment] and .17% without antidepressant treatment, with large drug/placebo risk ratios among depressive and anxiety disorder patients."

The data, in my opinion, is quite convincing: Antidepressants increase the risk that a person with depression or anxiety will suffer a manic episode and be diagnosed with bipolar, and thus widespread use of SSRIs is helping fuel the bipolar boom.

Report comment

Reply

John Hoggett January 29, 2014 at 3:31 pm
Frightening, "Fred Goodwin, who is considered an expert on bipolar, has even written on how antidepressant-induced mania can "create iatrogenically a bipolar patient," and that when this happens, "that patient is likely to have recurrences of bipolar illness even if the offending antidepressant is discontinued."

Report comment

Reply

BeyondLabeling a.k.a. Jonah January 29, 2014 at 6:33 pm
Bob,

You conclude,

"The data, in my opinion, is quite convincing: Antidepressants increase the risk that a person with depression or anxiety will suffer a manic episode and be diagnosed with bipolar, and thus widespread use of SSRIs is helping fuel the bipolar boom."

I just wonder about the actual mechanisms involved…

I don't doubt that taking "antidepressants" can increase the risk of one being 'diagnosed' as "manic"; however, I also believe there's much *power-of-expectation* (one might call it "placebo effect" or "nocebo effect") that's involved in the prescribing of these drugs.

There are personal expectations, which lead to new behaviors, on the part of the "patient," and there are expectations, on the part of the prescriber, which lead him/her to presume that the "patient" could become "manic" on these drugs; the prescriber may necessarily communicate that possibility to the "patient," and all this can lead one or both to interpret the "patient's" new behaviors and/or feelings as 'signs' of 'mania'.

I don't know if the study you are citing refers to full-blown 'mania' ('florid psychosis') or to a combination of that *and* so-called "hypomania" (which is quite subjectively perceived).

I doubt those researchers make such a distinction, and I believe it is a very important distinction to make, as I believe the high numbers of 'conversion' which you site and which are being discussed here, in this comment thread, may involve a **lot** of cases of seemingly 'unusual' but **not** truly threatening 'elevated moods'; they are 'conditions' which could possibly be based on placebo effects — and which would, in most instances, never become particularly problematic, if only psychiatrists/prescribers had chosen to avoid viewing them as problematic.

In many ways, most bio-psychiatrists are conditioned to attempt to 'predict' and 'prevent' supposedly 'budding psychoses.'

So, they wind up being **overly** wary of 'elevated moods.'

And, the study you are citing is not double-blind.

IMHO, a good study would refer to a control group, of "patients" who were being unwittingly administered placebos.

(In an ideal experiment, the "patients" and consulting psychiatrists would not know that some "patients" were being given a placebo.)

Also, I have seen the social dynamics in 'mood disorders' groups (like the one you've mentioned).

Many of those who are considered 'unipolar depressives' get bored with their 'depression' after a time…

Generally speaking, the characteristically 'depressed' people in the group may be considered more fully reliable (trustworthy) than people who ostensibly experience 'highs'; however, on the other hand, the "bipolar" members seem more interesting.

The former may come to feel they have less status overall; eventually, they may yearn to experience a bit of 'mania,' and the expectation leads them to experience it.

Thus the 'conversion' occurs.

Those are just my observations and opinions…

Respectfully,

Jonah

Report comment

Reply

registeredforthissite January 29, 2014 at 5:20 pm
When Fred Goodwin says, "that patient is likely to have recurrences of bipolar illness even if the offending antidepressant is discontinued.", what studies does he base it on?

To get some data on this, we need to have a study on people who first had manic episodes on antidepressants, and then quit it for a long time.

How many of these people would have gone on to have manic episodes in the long term?

Based on the experiences of some people I've read of and interacted with, it's not necessary that someone who goes off an antidepressant will have a manic episode again.

Report comment

Reply

BeyondLabeling a.k.a. Jonah January 29, 2014 at 5:48 pm
registeredforthissite,

IMHO, no one need ever have a *repeat* "manic" experience.

I suggest to anyone who wishes to avoid repeating a "manic" experience: Simply make a list of all your own behaviors that apparently accounted for a seeming "mania," and resolve to **not** do those things. (I.e., choose to avoid engaging in all such behaviors.)

Also, I suggest, to anyone who wishes to avoid repeating a "manic" experience: Consider the sorts of feelings, which seemed to lead a "mania"; learn to sit through those feelings; they will surely pass…

I say to anyone who wishes to avoid repeating a "manic" experience: Learn to trust yourself, by taking those two instructions to heart, believing in them, knowing you can follow them.

After implementing them, it will only be a matter of time, before the urges that one once had led you to do "manic" things will subside completely.

And, in time, the feelings which led to a seeming "mania" will be, at most, just occasional feelings, which are of relatively little consequence; they quickly pass…

(Of course, that's all just my humble opinion; you can take it or leave it.)

Respectfully,

Jonah

Report comment

Reply

BeyondLabeling a.k.a. Jonah January 29, 2014 at 5:52 pm
Small correction — to be more entirely clear…

I had meant to say, about those two simple instructions:

After implementing them, it will only be a matter of time, before the urges that once had led you to do "manic" things will subside completely.

Report comment

Reply

registeredforthissite January 29, 2014 at 11:48 pm
During SSRI hypomanic highs, I did things which I liked. Only that I was "high" when I did them.

For example, a painter can paint with more enthusiasm than usual during a hypomanic phase. But that doesn't mean that every time he paints he's hypomanic. 🙂

If someone likes painting (even normally), and he engaged in it during a drug induced hypomanic phase, should he never paint again?

Someone can paint while drunk. That doesn't mean that every time he paints, he's drunk.

Report comment

Reply

BeyondLabeling a.k.a. Jonah January 30, 2014 at 12:24 am
registeredforthissite,

OK, my apologies.

Now, I see I misunderstood the nature of your queries, above. (From reading what you were saying, in the course of your commenting, on this thread, I had finally come to presume that you were worried about the possibility of re-experiencing a degree of 'mania' that you had experienced previously, while on SRRI drugs.)

IMHO, very many people (probably a majority) will experience some degree of 'hypomania' — at various points, in their lives.

But, it's not usually called "hypomania" by anyone.

IMHO, what psychiatrists typically call "hypomania" is a perfectly natural experience, not a form of pathology, and it's usually not a big deal (as long as it is not officially identified, as 'hypomania' or 'mania').

Such experiences only become a big deal, when met with the 'help' of psychiatry and/or psych-drug interventions.

At last, maybe you're suggesting that you'd like a return of the 'high' without the psych-drugs?

Surely, there are all kinds of ways of getting 'high' that require no mind-altering drugs.

But, all 'highs' are fleeting; and, there are so many qualities of 'high'; IMHO, no 'high' has ever been worth seeking for it's own sake; getting a 'high' just for the sake of getting a 'high' is not real rewarding (IMHO).

By the way, I'm not saying that that's what you're seeking, I'm just rambling on here, painting with words…

🙂

Respectfully,

Jonah

Report comment

Someone Else January 30, 2014 at 1:00 am
Registeredforthissight,

I would likely fit into such a study. My first so diagnosed "manic" episode occurred over a year after I'd gone off Wellbutrin abruptly (because I was given it for smoking cessation). But I don't personally think it was "mania" or "hypomania," because I did eventually suffer from actual mania, after years of poly pharmacy, which all caused anticholinergic intoxication, so I now know what actual mania is. My supposed initial "mania" consisted of "brain zaps," odd dreams, and odd sexual side effects – and according to the DSM definition, these symptoms do not, from my reading, technically qualify as "mania" or "hypomania."

Jonah,

In my case, my doctors all had ulterior motives for seeing me rendered senseless with antipsychotics. But my therapist, initial psychiatrist, and missmedicating neurologist did not even bother to ask me what previous meds I had been on, so did not even know I'd been on an antidepressant previously. So in my case there was no patient or doctor bias (other than doctors wanting to cover up a "bad fix" and child abuse by friends). But I know the DSM-IV-TR was wrong to dismiss all withdrawal symptoms from meds more than one month. Because the adverse effects of psychiatric meds can last much longer than a month, or even a year.

Robert,

Thank you again for your research and books pointing out these almost unfathomable psycho / pharmaceutical crimes against humanity, especially against children. But I have noticed from my research that many people who may have been railroaded into the psychiatric system are ex-smokers, or those who wished to be ex-smokers, but still smoke. I understand smoking is considered to be a sin in our society, despite it not being mentioned as one in the bible. But I do wonder how many others have been railroaded into psychiatry's net, merely because their initiating etiology was a desire to quit smoking, which isn't actually a sin.

I understand research into such isn't actually "politically correct." But I do think research into such, and taking into consideration those railroaded onto life long psychiatric drugs that cause mania and schizophrenia symptoms and long run effects, might help decrease the number of "mentally ill" in our society, so it may be relevant to society. If the psychiatrists were attacking and defaming those who didn't want to quit smoking, that may be considered moral, but they're attacking, defaming, and making sick those who do want to quit. I don't personally see the value to society in that.

Report comment

Reply

Fred Abbe January 29, 2014 at 9:18 pm
Jonah and Everyone,
On the subject of manic and depressed states. I ask you please read this interview at http://www.Mercola.com In the search box there put Interview with Dr.Christopher Shade on Mercury Just read it and tell me what you think. I feel it is vitally important scientifically backed point of view .
Thanks ,Fred

Report comment

Reply

Discover and Recover January 29, 2014 at 10:50 pm
The biggest problem in psychiatry is not its lack of science, but its apparent absence of any kind of moral guide. In short, it has *no conscience*.

Duane

Report comment

Reply

Ted Chabasinski, J.D. January 30, 2014 at 12:19 am
Duane, I totally agree with what you say. It's really frightening the way most psychiatrists have no compassion for their fellow human beings at all. We can talk about things like "medical model," or the bad effects of drugs, or a million things that psychiatrists should be doing, but the bottom line is that these people are essentially psychopaths. They really are.

Report comment

Reply

Fred Abbe January 30, 2014 at 1:52 am
Duane and Ted,
I agree psychiatry has "no conscience", unending tons of tobacco science ,"but the bottom line is that these people are essentially psychopaths." "They really are."

,Joseph Liss ND taught me traditional naturopathy ,he healed people in the back of his natural food store.The sign on his front door said, "Enter not as a customer but as a friend and we will bestow health without end."And so it was.

These (psychiatrists) psychopaths should have signs on their doors saying, "It does not matter how you enter or what we do to you, we'll get paid anyway and we will bestow disease without end and than we will get paid more and furthermore you can't leave alive and your children neither." That is the way its been.

Some of us have escaped to tell thee.
Fred

Report comment

Reply

Steve January 30, 2014 at 2:28 pm
That is the truth. This is why rational arguments based on science don't have any impact. They are, as a whole, not interested in the truth, they're interested in power and money and being "right." And some are even into making people suffer because they feel they deserve to suffer or just because they like watching people squirm because of what they do. They like having folks under their thumbs. While there are notable exceptions, the complete lack of empathy displayed by so many in this "profession" is truly scary.

—- Steve

Report comment

Reply

Someone Else January 30, 2014 at 1:38 am
Duane,

My personal experience is that "psychiatric practitioners" behave in the absolute opposite of what is legal, medically ethical, and Christian; so they may shock, confuse, defame, torture, and try to kill people with toxic drug interactions. And I realized this from reading my medical records.

Initially, upon examination of my medical records I realized I'd dealt with grotesquely unethical people. But after reading Whitaker's book, I realized the "dirty little secret of the two original educated professions" had gone viral.

Psychiatry has never had a conscience, I've learned, and shame on mainstream medicine for adopting psychiatry as reality, for unethical reasons. Psychiatry will (or has) taken down the respectability of all of mainstream medicine.

Report comment

Reply

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registeredforthissite January 30, 2014 at 12:51 am
@Jonah

I do not wish to experience hypomania again.

BTW, the hypomania that comes due to SSRIs is a unique and distinct high. Just as alcohol has a unique and distinct high, so do SSRIs.

It isn't just a normal happy feeling. It's quite different. Anyone who's experienced it would know.

There are people who talk about SSRIs being like placebos (yes, many people barely experience any difference on antidepressants), but those of us who get high on them, have a very different experience.

Report comment

Reply

BeyondLabeling a.k.a. Jonah January 30, 2014 at 1:11 am
"I do not wish to experience hypomania again."

@ registeredforthissite,

OK, so, then maybe you *are* worried that you'll have a 'repeat' of that "hypomania" experience, which you had while taking SRRI drugs…

And, there are 'experts' who suggest that repeat experiences can happen, even after one is no longer taking those drugs.

So, now, I think I understand your concerns.

Thanks for the clarification.

Respectfully,

Jonah

Report comment

Reply

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registeredforthissite January 30, 2014 at 4:08 am
Dr. Gotzche,

You have written a lot in this article, but please, wherever possible, post links or refer us to the relevant studies. Doing so adds credibility. Without the studies, these articles just fuel those who have had bad experiences with psychiatry, but are dismissed by the large majority as not having been backed up.

Report comment

Reply

Someone Else January 30, 2014 at 12:23 pm
Registeredforthissight,

Actually, your "experience" of hypomania being bad, is not the same as my experience. Other than it resulted in my being shipped to Kuchipudi, who "snowed" and tortured me. And I've read most people do not even think to report hypomania to "psychiatric professionals" because it is a pleasant and exhilarating feeling.

Personally, my lithium withdrawal induced manic psychosis functioned as an awakening to the story of my dreams. When I was going through it, I would wake up in the morning, get up and dance to the music playing on the radio. And I realized I could tell my entire life story in the lyrics of music, which is odd, but it was thrilling. "She's so vain, I bet you think this song is about you." "Dancing queen, young and sweet, only seventeen," "living on a prayer," "born to run," were songs from my high school years. The Queen, Madonna, U2, Bon Jovi, James Taylor, the Boss' songs, and thousands of other "stupid love songs," wove together into a lyrical libretto of how Jesus comes in the night like a thief, "killing me softly with his song, singing my life with his words," then calls judgement day. "It's a love story," to remind me that "Yes, Jesus loves me, the bible tells me so." And the bible actually says this is how Jesus will return.

Keep in mind, I was originally misdiagnosed based on a list of lies and gossip from the people at whose home my son was sexually abused, and their pastor, who denied my daughter a baptism, at the exact moment the second plane hit the second World Trade Center building on 9.11.2001. And I've since realized I now have a life mirroring that of the woman in Revelations 12. Am I her? I have no clue, Jesus isn't here yet, to my knowledge, and God is in charge of when such things happen, not I.

But my lithium withdrawal induced manic psychosis was an exhilarating spiritual awakening, and it is the makings for an amazing story with which I may hopefully market my artwork. And I don't personally believe psychiatrists should be force medicating people based on the psychiatric belief that the Holy Spirit is a "voice" proving psychosis, since that is denial of the Holy Spirit, which is the one and only unforgivable sin in the bible. And force medicating people for belief in God is technically illegal in the US.

Psychiatrists want to be in charge of everything. But they are not. They were unable to convince me that "something from childhood and the church," my belief Jesus loves me, is untrue. And I now have medical evidence I survived 15 distinctly different attempts at my life, with egregious coerced and forced drug poisonings, thus that Jesus may indeed have died for my sins. Does a lady with such a story sound like someone who is, or ever was, a danger to herself or anyone else? No, no danger to self or anyone one else, other than doctors who were paranoid of non-existent malpractice suits, due to their blatant malpractice.

And I still believe there is a good and just God, and still pray He will bring about justice for all those being harassed, abused, and tortured by god complex psychiatrists. But my point is my drug withdrawal induced mania is the makings for a cool story, and I was originally drugged for thinking God could inspire a story. I don't think the Jewish Rabin (rabbi) and Kohn (kohen), who originally drugged me, should actually be participating in what I consider to be psychiatry's most recent neo-Nazi stigmatization fest. Jews should know better than to torture people based on unscientifically proven "mental illnesses," IMO. But the Lutherans, including my ex-pastor Wink (biblically translated "bad joke"), need to learn to repent, for defrauding my family out of millions in cash and profits from services rendered prior to attacking my children and I, too.

I have a very ironic story of some Jews and an historically German religion joining forces to attack a woman who "comes in the name" of both The Lord, and the plains of the promise land. Some fabulous old Jewish curmudgeons I used to work with pointed out the religious significance of name to me. "Who knows?" "What do I stand for, what do I stand for, most nights … I don't know," is of the more recent songs that works into my tale.

By definition, psychiatrists, "delusions" are "strong beliefs." And force medicating people based on dream queries is nuts. And the truth is we do need a new emperor, now that it's quite obvious psychiatry is based completely upon "pillars of sand." So there is nothing wrong with praying for a return of Jesus at this time, IMO. Drug withdrawal induced manic psychosis can be an exhilarating experience, and great inspiration for a "credible fictional story" about the hope for a better world. But the psychiatric drugs, wrongly given to a person who had never experienced any kind of psychosis, can make the person ungodly sick and can cause psychosis. Please safely wean all those children iatrogenically turned into "bipolar" patients off the antipsychotics. Forcing children to take antipsychotics does not cure adverse effects to antidepressants, but it can and does cause psychosis. Please stop defaming and torturing children, psychiatry. It breaks my heart.

Report comment

Reply

Someone Else January 30, 2014 at 1:27 pm
"Please safely wean all the children iatrogenically turned into 'bipolar' patients off the antipsychotics [and other psychotropics]. Forcing children to take antipsychotics does not cure adverse effects of antidepressants, but it can and does cause psychosis. Please stop defaming and torturing children, psychiatry. It breaks my heart." I guess this is "what I stand for."

Report comment

Reply

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warmac January 31, 2014 at 12:28 am
Reference the studies…are you kidding. How about reading the labels on these drugs or read some of the posts on this website in reference to physical bodily damage these

drugs have done. Listen to the commercials on tv or youtube to catch the warnings on side effects from the drug companies themselves.

Give me mania or give me death might be the real choice.

Please error on the side of common sense before handing these drugs out to defenseless children. I don't know of any child or parent reading scientific studies prior to being treated with these barbaric man made drugs.

Peter thanks for the warning!!!

Report comment

Reply

registeredforthissite January 31, 2014 at 9:34 am
"Reference the studies……are you kidding."

No, I'm not kidding.

Reading posts on this website will only make other people think that they're the opinions of disgruntled people.

Report comment

Reply

Theinarticulatepoet February 1, 2014 at 7:58 pm
Psychiatry gone astray?

Sorry…I must have missed something…when was the golden age…I wasn't aware that this time existed…

Report comment

Reply

Fred Abbe February 2, 2014 at 12:59 am
Thank you Theinarticulatepoet ,
Oh ,it's coming ,lot's a new" scientific breakthroughs" waiting to be brought online .The first movie "The Matrix" in that three part series gives us a view of where all this "science" is taking us . To them in their doublespeak, golden age means "He who has the gold rules". Psychiatry has started to take away some of the gold that the medical profession AMA feels is rightfully theirs ,thereby ,psychiatry has gone astray. After all for the most part they run their businesses quite alike to a similar deadly effect although there is a special place in hell for psychiatry. On second thought your right…. .Sorry…there was no golden age…and that time never existed….and it never will for psychiatry. BECAUSE "FIRST DO NO HARM." for them has always been "Always Do Harm" ….. So far, like Pol Pot they have been protected from prosecution for Crimes Against Humanity .By Whom ? I hope the case against them and the clear evidence of their crimes … . ..Like Marie Antoinette they cry, "let them eat Psychotropics and bath in electricity"……

….a DSM under each armpit…… goals and methods of Tyranny….they prepare their defense….

"Words are like the leaves on the trees they shade the fruit, but what is the fruit of the sensibility ?"
Alexander Pope

Report comment

Reply

registeredforthissite September 16, 2014 at 10:57 pm
Modifying brain chemistry with drugs does not address the causes of, nor does it solve, a persons **problems in living**.

Report comment

Reply

registeredforthissite September 17, 2014 at 5:11 am
Okay, in response to my own comment above, maybe *sometimes*, it does. But it depends on the person and situation in hand.

My whole life, I have loved science. I have always been fascinated, intrigued and excited by all the little details.

I have always thought that science unravels the world, allows us to separate the rational from the irrational, allows us to control for confounders and eliminate/reduce bias etc.

I've spent so much time in the past debating people who have superstitious beliefs, who follow the advice of astrologers, who use homoeopathic pills etc. And now, here I am, posting on a site that would probably be called "antipsychiatry" and "anti-science". The irony is incredible.

All of this just feels so strange, and not in a good way.

Report comment

Reply

registeredforthissite September 17, 2014 at 6:33 am
Okay, some of the stuff that people write on this site makes me cringe, but nevertheless.

I'm having to deal with a crappy life and some really horrible people, so I'm a bit agitated. I'm just trying to gather my thoughts and compose myself so I end up ranting as less as possible. Forgive me, if I can't be objective, and sane sounding. I've got too much goddamn anger and pain inside for all that. I wish I could be like one of those academically successful people, who get to analyse things and be objective, but I think that being like that it really a privilege that only some people will have because they have the kind of environments and life situations that allow them to be that way.

Anyway, a couple of years ago, I had an episode of Fluvoxamine induced mania. This was coupled with certain life events which just fuelled the fire. I was psychotic. I was flying. It was an altered state of mind. The stuff I did during that time…..it still negatively impacts me to this day.

I wrote some ridiculous rubbish online. Just wacko stuff. Not something someone in a balanced state of mind would write. I deleted it when I came back to my senses (partly due to stopping the fluvoxamine, taking carbamezapine and partly due to being called out for it). But by that time the damage was done. It was garbage. It ruined the way I was perceived by people. It ruined my self respect as well. What the hell though.

I spent all this money to buy new stuff, had these grandiose thoughts….sheesh. I wish, out of all the things in life, I wish I could undo that one phase. But I have to live with it

Anyway. For a lot of reasons, I've written tons of crap on the internet. Most of it will never go away. Can't help it.

Mania is a dangerous state of mind. Antidepressant induced, spontaneous, drug induced or howsoever it flowers.

When you're in it, you feel really good, really confident, do all sorts of stupid things, but you lose judgment. These things come back to haunt you later in life.

Also, I have taken 4 different SSRIs, *scores* of times. I've experienced SSRI highs a great number of times. Most people don't have this effect on antidepressants (that is, getting "high"). However, my manias were not manias while I *happened* to be on antidepressants. They were **due** to them. I know what SSRIs make me feel like, like the back of my hand. If you give me different substances without telling me what they are, even if they're active placebos, I'd still be able to spot the SSRIs out with a great deal of accuracy (MUCH more than you would expect by chance alone).

The other effects of SSRIs are horrible as well. At least in me, that is. The tremors make me feel like a Parkinson's patient and people keep asking me why my hands are shaking so much. And no, taking the minimum possible dose or adding other drugs like propranolol or mysoline even in high doses or changing the SSRI, does not help.

Last month I took SSRIs out of desperation (Escitalopram in particular). I was feeling horrible because of my past, my current life situation, some of these bloody people I have to deal with and I still had to make money and keep my damn job.

I took the drug for precisely 10 days. 5 mg for 2 days, and 10mg for the next 8 days.

If, on a scale of 1 to 10, 1 means severe anxiety, 5 means "normal" and 10 means mania with psychosis, I went from something like a 1.8 to a 6 in a span of 10 days. That is, from being really anxious to some degree of hypomania (a feel good state). I stopped them immediately when I knew I was going to tip over into more dangerous states of mind where I might lose judgement.

Why did I do this? Because I can't change the people in my life. I can't change my life situation. But I have to survive. Even with everything, I felt some relief for some time. Even if it's relief brought on by the ingestion of drugs and it's not a real life change. I can't stand the SSRI side effects. Also, I need my **problems in living** to get sorted out. Modifying brain chemistry with drugs doesn't do this. Will swallowing pills remove the people who are hurting me everyday? Will it bring back my past? Will it remove my psychiatric labels?

I have never had a spontaneous manic episode. I doubt I will ever. I still have a bipolar label though, because of the SSRI induced manias.

They make me sick, the labels. If I've been depressed…well it's because I've been through crap (still go through crap), and if I've been high…well it's thanks to what I was given to feel better. It's that simple.

In the past, I spent tons of hours, reading up neuroscience, thinking about genes, this and that. Tried to science out my problems in living I guess. But practical everyday reality (as opposed to studying things in a lab) seems to be much more simple and brutal. I have a shit life. Garbage people in it. Horrible things have happened to me. I made some idiotic mistakes that I have to live with.

I think one psychiatrist once wrote, "Why is it adverse life events don't cause episodes of depression in some people, but cause them in others?". Interesting question. Don't have the mental patience and strength to analyse and write a detailed, impassionate answer, but one thing you have to remember is that the intensity, type and magnitude of the problems in living that people have vary. It isn't always just about the usual things like poverty, job loss etc. either.

I have had so many psychiatrists. Some I can't stand. Some I can stand but who are of no use and just keep repeating the same damn rhetoric, and only one who has been of any use whatsoever. There is also so much subjectivity involved in what they write in your notes. One psychiatrist perceives things quite differently from the other. And that's because they're just people who happen to also be psychiatrists.

I just don't see where all this is going. I'm doing it because I have no choice. Will sitting in a room, talking crap for hours, getting labelled, ingesting drugs with horrible side effects, and modifying my brain chemistry with drugs solve my **problems in living**? Will it remove some of the people I just want gone? Change my past? Anything at all?

It's a bit scary you know. You can't change reality, so you have to modify your brain chemistry to change your perception of it.

Again, all psychiatrists should remember:

Modifying brain chemistry with drugs, does not address the causes of, nor does it solve a person's **problems in living**.

And I wish you guys could do away with your labels. Not sure if it's practically viable though.

So then.

Back to surviving life and the people in it I guess!

Report comment

Reply

barrab September 17, 2014 at 7:38 am
I don't want to attack you but you have to get more hardcore. Do what you can to be healthy, look for issues that might be causing problems, exercise if you aren't.

Your post smells a bit funny but i'll give you the benefit of the doubt. The thing is you obviously don't buy psychiatry anyway so in my opinion you will be better off if you stop engaging with it if and when you can. A crappy life with psychiatry will be less crappy without it.

Report comment

Reply

registeredforthissite September 17, 2014 at 10:35 am
Smells funny? Why?

I don't dismiss all of psychiatry. It's a tough job being a psychiatrist in the sense that dealing with human behaviour is very complicated. You have to make choices. These same choices work for some people but hurt others.

Sorting out someone's mind is much harder than let's say, fixing a broken bone. The latter is a more straight forward process. When it comes to the former, you might make mistakes because you are dealing with someone's mind. You have to consider complex environmental factors. Patients can't always express everything that's happening to them in words. And a psychiatrist can't go and live in someone's family or their environment. He has to make tricky choices. He can't fight their life's battles for them.

To date, I have had sessions with many psychiatrists, psychologists, occupational therapists and what not.

Out of all these people, I like one person. He is a psychiatrist, and he doesn't pathologise everything, nor does he act like a pill pusher. The other thing is that he is somewhat culturally similar to me, we have similar interests, tastes etc. So I get along with him pretty well and we have conversations that I find helpful.

The others were all different from me and from each other. Unlike other fields of medicine where they are dealing with your body, if you're going to a psychiatrist, you have to get along with the person that he/she is. Some of the psychiatrists I had were super irritating. Some were nice but totally useless.

Besides, the thing I find sickening is that I have had to go to psychiatrists in the first place. I don't like the labels. Loose, vague descriptors of complex behaviours. It's like my problems in living have all been pathologised.

IMHO, a smart psychiatrist should be able to understand some key points:

1.)Modifying brain chemistry with drugs does not solve or address the causes of a person's problems in living.

2.)Labels are just loose and vague descriptors of complex behavioural phenomena which are the result of various causal factors (biological, environmental, social etc.) and when treating someone, no importance should be given to them. Importance should be given to the person as a whole considering his individual nuances, situations and problems in living.

3.) The trick is not just knowing when to prescribe drugs, but also knowing when to **not** prescribe drugs. Sometimes, people need courage not chemicals.

4.) They should actively participate in preventing the misuse of psychiatric labels. I'm talking about the fact that sometimes other people misuse the fact that a person has psychiatric labels to their own advantage (maybe to hurt the person, maybe for personal gain etc.)

5.)Identify when drugs can help and when they are of no use in helping someone. Don't simply prescribe drugs because you feel you *have* to do something.

6.)People come to you so they can get some help in solving their problems in living, not so that they get their problems in living exacerbated or replaced by another set of problems in living.

For example, if you're giving a person antidepressants to help with unwanted mental states but then the side effects make him/her feel just as agitated even though there is a positive improvement in his (original) target mental state, then you've really done nothing. All you've done is replaced one set of problems with another. This is futile.

7.)When you're unable to deal with a person on a personal travel, keep your ego aside and give the case to someone else.

Report comment

Reply

registeredforthissite September 17, 2014 at 10:51 am

edit: personal "travel" above, should be personal *level*

Okay, I've tried to be a bit charitable in the above post. Yes, I have horrible memories associated with psychiatry. I have horrible memories associated with many aspects of my life.

Living in a reality where you go to psychiatrists is a problem in living in itself. Psychiatry can't solve that. So people should be helped to get out of it, instead of continually engaging in the damn thing.

Being labelled is sickening as well. Being seen through the lens of your labels sucks as well.

Also, as I have already mentioned, my main problems are **problems in living** associated with interpersonal human problems, failure etc.

Also horrible stuff that happened during one manic episode and some people that I have to deal with.

Now, a psychiatrist cannot come and remove these people, nor change my past. I can even forgive them for some mistakes. It happens, because as I said, it's a complex endeavour.

The thing is, it's naive to expect that all problems in living can always be solved. Everyone has this expectation. Psychiatrists, the people who go to them, society etc. Sometimes, bad things just happen. It's just probability and stats. Not saying that you shouldn't learn from them, but that's that.

People think that because some guy went on a shooting spree, someone has to be held accountable. Well, it may not necessarily be the case. The guy might have just been dealt a bad hand in life. People aren't angels.

The dynamics of human behaviour and human group behaviour are super complicated. Also, luck plays a huge role.

Someone might be intelligent and talented, and this person might have two totally different outcomes in two different scenarios.

If he's raised in a group that is nurturing and nice to him, he might grow up to be a scientist or a sportsman. If he's raised by people who are cruel, he might end up becoming a serial killer. That's just how it works I guess.

Not everything can be fixed.

Report comment

Reply

registeredforthissite September 17, 2014 at 10:57 am

I just don't want people (psychiatrists or otherwise) to do whatever they think is right and then insist that it is help. I will decide what does and what does not constitute help.

And when something can't be fixed, be honest about it. More labels and drugs won't do shit except make me angry and pissed.

Now, if you can come and help remove some of these people I was talking about, then we're getting somewhere. If you can alleviate or help *me* alleviate my problems in living, then we're getting somewhere. Else, just chuck it.

Report comment

registeredforthissite September 18, 2014 at 7:18 am

The thing is, it's naive to expect that all problems in living can always be solved. Everyone has this expectation. Psychiatrists, the people who go to them, society etc. Sometimes, bad things just happen. It's just probability and stats. Not saying that you shouldn't learn from them, but that's that.

People think that because some guy went on a shooting spree, someone has to be held accountable. Well, it may not necessarily be the case. The guy might have just been dealt a bad hand in life. People aren't angels.

Okay, I think I went a bit off tangent here. Didn't articulate myself very well (I'm not sure if I can right now). Things like shooting sprees aren't a mild thing , and yes , in retrospect it is probably a good thing to try and understand what went wrong, and if things could have been done so that the outcome would have been different.

Then again, does it mean that something else won't crop up……?

Report comment

registeredforthissite September 17, 2014 at 8:22 am

To be fair, I was also prescribed SSRIs in the past because I had some obsessive compulsive thoughts that just went out of hand. When I first heard the term "obsessive compulsive disorder", I read up on so much of the literature associated with it, and I thought, that this must be my problem and if I sort this out, a lot of stuff will fall back into place. Again, I tried to science out everything. Thought about gene-environment interaction, the statistical association between childhood tics and obsessive compulsive thoughts etc etc.

Now when I look back, all of this was just rubbish. It's all very fascinating to read but was of no use whatsoever in my everyday life. It fixed nothing. I analysed myself too much. It just turned out to be useless mental masturbation.

A term which is commonly associated with obsessive compulsive thoughts (which are thoughts which you know are irrational, or have a very low probability of being true or happening but you think them anyway) is "magical thinking". I have known so many people who've engaged in these kinds of thought processes. But it never got out of hand for them. They don't have anything to do with psychiatry, have no labels, don't take drugs, nothing. I know many people who've had tics as well but they grew out of it (I had very few when really young, grew out of them very quickly and they were very very mild and didn't affect my life negatively in anyway unlike some of the kids you see on TV shows who keep bobbing their head or swearing all the time). Again, no psychiatry, no nothing.

But again, I over-analysed all this. The whole thing makes me feel stupid. Knowing all this jargon, having all this information ended up in me not getting to deal with, and addressing my real problems. It prevented my family members from dealing with their real problems. Our attention ended up getting focused on crap that was….well… irrelevant. It was *nothing*. In fact, now this psychiatry stuff has become an excuse for some people to cause me even more pain. If I'm depressed or aloof now, it's because of some psychiatric issue, one of the labels, not because things suck.

If you see me on a good day, without knowing anything about my past, and if there are no drugs causing visible side effects, and I'm not angry or agitated because something bad/hurtful has happened, or I'm scared about my future, I'd come off as a reasonably presentable person, who's articulate and is in general okay to be with. I have no strange behaviours, nothing particularly deviant.

However, I *am* angry and agitated. I *do* have shit to deal with. So now, I probably come off as "weird".

I will admit that SSRIs were helpful during acute phases of anxiety. But nothing more.

Again, my problems have always been associated with interpersonal human problems in living. This is not something a psychiatrist can fix or really do much about other than talk. Most psychiatrists were totally useless in this regard, some have even negatively affected my life. All but one. There's just one guy who does psychiatry the way it's supposed to be done (in my personal view). As of now, I like talking to him.

But again, having to deal with people who cause me hurt, pain and anger (I'm not talking about psychiatrists) all the time (and for years)….that's what has screwed me up. I need some of these people to just go away.

The labels, the science, the drugs….all these things….they're nothing anymore.

They won't change my past. Won't get rid of the people I want gone. They won't bring back all the things in life that I have permanently lost.

Report comment

Reply

registeredforthissite September 17, 2014 at 8:27 am

Also, these obsessive compulsive thoughts were sort of present along with and precipitated and exacerbated by horrible tensions and fears I had as a result of interpersonal problems.

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Reply

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