

**Loss, Grief, and Betrayal: Psychiatric Survivors Reflect on the Impact
of New Serotonin Study
James Coyne**

I recently sent around a 2022 Mad In America article in which Robert Whittaker incriminates himself by desecrating the Holocaust in order to condemn modern psychiatrists as being Nazis.

As usual, Mark Kramer has one-upped me with a revealing story in Mad in America.

Loss, Grief, and Betrayal: Psychiatric Survivors Reflect on the Impact of New
Serotonin Study

By

Karin Jervert & Marnie Wedlake

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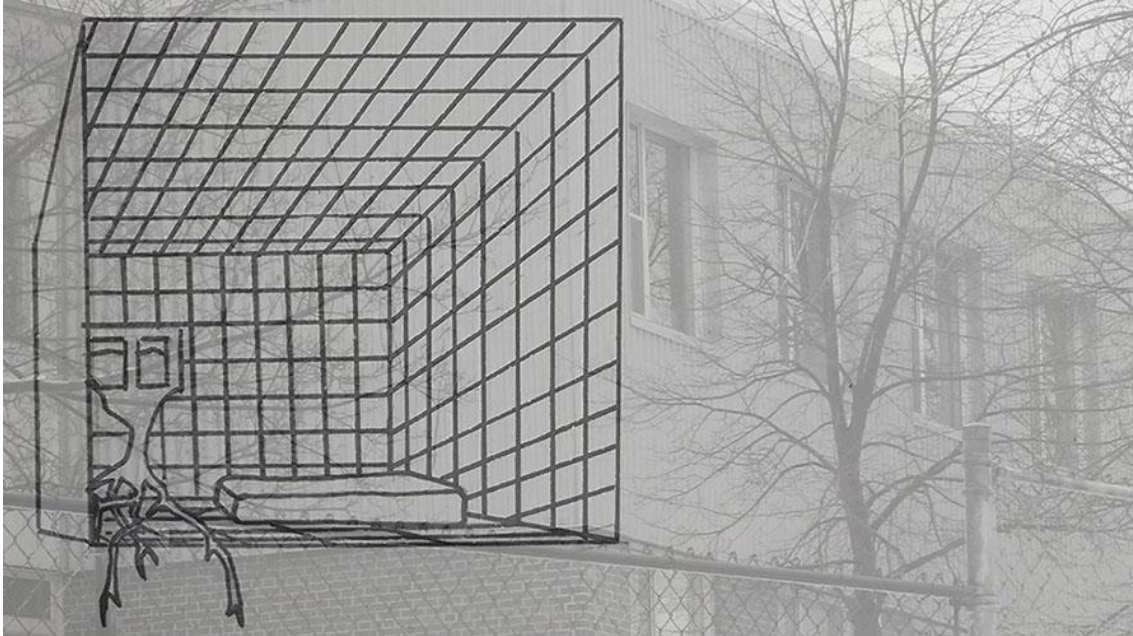
August 9, 2022

<https://www.madinamerica.com/2022/08/psychiatric-survivors-reflect-serotonin-study/>

Loss, grief, and a sense of betrayal are felt deeply by many who have been affected by the myth of the chemical imbalance—a myth given so much attention over so many decades that it became the most pervasive way we understood emotional suffering. The myth of the chemical imbalance became so powerful that it overcame the truths of the human condition itself.

With the recent publication of the Moncrieff et al study, which reviewed decades of research, the chemical imbalance myth was shown to have no support in scientific evidence. The theory of a chemical imbalance is a myth, and has always been a myth.

As psychiatric survivors, we — Karin Jervert and Marnie Wedlake — were inspired by the paper and the attention it gained. Thinking about all those who are now realizing they have been lied to by doctors, family, and friends, we took some time to look back on what it felt like when we came to that realization. We hope it will help those going through the endless layers of anger, grief, and loss after learning of this betrayal.



A collaborative art piece by Marnie and Karin. A drawing of the solitary cell Karin was in days after 9/11/2001 overlaid onto a photograph of the window in the room Marnie spent 333 days in, the longest of her inpatient stays at the London Psychiatric Hospital during the early 1990s.

What do those in power do when a significant weapon of control, like the chemical imbalance theory, is deconstructed and decommissioned?

Karin: The chemical imbalance theory has served a very real purpose of social control.

So, it's really important that we realize where we are as a people right now. At its root, this is a public conversation about human suffering. With the serotonin theory of depression finally being put to rest and the biomedical model in question on a wider scale, it is open hunting season for a new narrative around why we suffer.

Who else will take the reins of public opinion and use it to their advantage? So many people are realizing the massive harm that has been done to them and their loved ones, and we should be watching for anyone sowing more discord rather than encouraging the very careful and purposeful healing that needs to be done here.

The biomedical model, of which the serotonin theory of depression is a part, has always been best at two things in Western society. One of those things is self-blame — drawing the external circumstances of systemic oppression, in all its forms, into our own bodies so we would ignore the ways the system we existed in failed us.

Secondly, it was and still is such an effective way to make a profit from taking a group of discontented people suffering under oppressive systems and shut them up — pile on the stigma and put them away.

Marnie: Psychiatry may admit to not knowing what causes “mental illness.” Psychiatry may profess dedication to finding what causes “mental illness,” but only if these “causes” align with the heavily favoured biomedical narrative. Too often, suggestions of

anything that might be causal which do not align with the biomedical narrative are met with venom and vitriol. This is not scientific inquiry. By its demonstration, psychiatry is not doing research to find the cause of mental illness.

Psychiatry is doing research to confirm the narrative needed to legitimize its existence. Survivors are left wondering, where are our voices in this quest to find the cause? How is it that an entire sub-specialty of medicine, aided and abetted by all of its secondary players, can be deaf to the voices of those of us who say we have been harmed by our time in their systems of care? Simply stated, our experiences do not fit in their story.

How do we live with the constant fear of being ourselves after being involuntarily detained or treated by psychiatry, an industry that can coerce, gaslight, inflict violence, traumatize, and chemically restrain a person at any moment for any reason?

Karin: The trauma of being put away for what we term as psychiatric experiences, without any say in your care, left me knowing one thing more than anything else in this life. *The cruelty of others is immeasurable and can never be underestimated. Especially those who say they care.*

Can you imagine? This is what I walk in the world with every day since I was 21. It is not true. The opposite could be and is often just as true. But because of the treatment I experienced and the betrayals of doctors, my family and friends, this is what I know better than anything else. I also know I am not free. I have a note on my medical records that makes me less free. If freedom is a real thing, I am less free because I cannot get angry, sad, or frustrated. I cannot call out anyone with power over me or be myself for fear of retribution in the form of incarceration in a psychiatric institution.

I am even afraid being a queer woman with tattoos. Because that seems one more way this power dynamic could be used to put me away on a hair trigger. This fear is not negligible, it is not dismissible. It is real.

The thing to keep in mind, for those who have learned about the Moncrieff et al study, is that when you go to your doctor to say, “so, I don’t have a chemical imbalance...?” Please be prepared for the gaslighting that will ensue. There are resources for meeting with your doctor from the organizations we mention below.

Marnie: Being deeply entrenched in the system as a patient was, for me, a prolonged period of assimilation and indoctrination. How I was supposed to think about and understand my thoughts, my feelings, my self — all of this was dictated to me by those who were in charge of my care. Accepting their authority, without question, was expected. In this regard, there was no choice but to accept the biomedical narrative, and what that narrative meant for me.

The brutality of coercion, especially on the inpatient units, was stealthy, not visible to outsiders. Orders were given. Consent was not informed. Don’t ask, don’t tell. Looking back, I see that so much, that was so wrong, was dictated to us, as patients in a psych hospital. We were made to believe the unacceptable was acceptable.

And there was no choice but to use psychiatry's beliefs to explain the distress and internal chaos that were my norm. To question those beliefs was to question psychiatry's authority, and questioning that authority was akin to being a non-compliant "behaviour problem." It didn't take long before any will to question, to wonder, was gone. This is just how it was.

Through willful blindness, psychiatry, and mental health care more broadly, push people to the margins of their own communities. Inherent within the experiences of being identified and "treated" as one who is "mentally ill" is a process of separation. To identify someone as a mental patient is to render them fundamentally different from a socially constructed norm. To be distinguished in this way is to be separated from one's kin. Being isolated in this way creates a loneliness like no other.

Ad nauseam, mainstream mental health care responds to statements like ours by saying, "this is stigma, we're fighting against stigma!" That same willful blindness disguises the fact that this stigma, that mainstream mental health care is apparently campaigning so valiantly against, is actually a direct by-product of a system of "care" that insists on medicalizing and pathologizing natural and expected responses to trauma and adversity.

What does a person do who finds they have been so deeply betrayed by those who claimed to be helping them—by doctors, society, friends, and family?

Karin: In all my work as an activist there was something reassuring, I guess, about the narrative being something like a barge that we had to turn, and that barge was stubborn and heavy and big... and slow. It was reassuring because I also knew very well how slow healing happens. Something about the slowness made me think that the healing that needed to happen could happen while we moved people towards understanding their suffering differently.

But the Moncrieff et al study is waking a lot of people up to their psychiatric survivor status very abruptly. Some may be realizing that a loved one who died by suicide might have been a victim of psychiatry. That is a lot to come to terms with.

I look at what happened to me when I realized the damage that had been done by those that peddled the "chemical imbalance" theory of suffering, when I realized the lie I was told. And the thing I remember most is the betrayal and anger. The rage really. I mean, I can still feel it. It's very real inside me still when I think about it. I nearly threw up thinking about how many people this is happening to right now since this study was published because I remember what this was like.

For those who are feeling this for the first time, I want to say something important. Please listen to psychiatric survivors' experiences with withdrawal and do not cold turkey the antidepressants. I know they are a little grenade in your mouth, swallowing some kind of trauma bomb, the pain of that is real. It ends up feeling like a retraumatization every time you put that thing up to your lips. And you know there was so much more wrong with your world than a broken brain when they put you on them. You know no one was listening to what you told them about the ways they hurt you, the ways your grief was silenced and ignored, the ways the abusers were just given a pass to keep abusing you...I know.

But, the dangers of SSRI withdrawal are real and so horrific, too. I know... when does it end? You know where it ends? When you find peers to talk to about what this feels like. We've got some resources at the bottom of this page to check out for support.

Marnie: Friends disappeared. Family members chose the diagnoses. Society saw me as a mental patient. "Healers" were anything but. Everyone who knew me saw a mental patient first. No one listened. It seemed they saw no need for this. What I had to say was filtered through a prescribed lens, the lens of psych diagnoses.

My self? My person? My individuality? These were exchanged for the identity that was applied to me by psychiatry, the ruling authority. This was an authority that became everything. It didn't take long to figure out that speaking *as me* was viewed as "talking back." Accepting the silencing and the oppression was essential. To do otherwise made all that was so hard, that much harder.

If those who care about and for us don't know they are betraying us, is it actually betrayal? Yes. Absolutely and without doubt. And when I think about this, and I think about speaking with family about this, my history of experience suggests their responses would show their sensibilities had been offended. "*We didn't know. We did what we thought was best.*"

Really, it felt as though no one genuinely wanted to know... about me, about why I was so distressed. References to trauma and adversity were stuffed behind the diagnoses. The diagnoses were what mattered. And so, like many, I internalized the belief that all I had experienced didn't count ... none of it mattered, and certainly not enough to offer any viable explanation... *I was the problem.* Like those nightmares where you're screaming but no sound is coming out of your throat... it doesn't take long to learn there's no point in screaming... apathy takes root.

Long after the time when I emancipated myself from the system, the silencing and the oppression continued. I used to think it was possible to move beyond this sense of betrayal. I'm no longer so sure... so much damage was done... I see subtle signs that broken trusts may not ever be repaired. When I watch myself, I see that I'm guarded, almost always... I don't need to wonder where this comes from. What do I do with this sense of betrayal? Mostly, I keep it hidden.

How do we sit with the layers of grief and loss as we look back at the ways our lives could have been different?

Karin: In the last few years, I have turned to earth-based spirituality — camping, gardening, art making (of course), and writing. These things saved me from falling into a constant state of rage. And that kind of rage, I feel, is more effective than even psychiatry at destroying a person. So, I had to let it go the best I could.

But, still, with everything I went through, the anger and the pain are sometimes so overwhelming. The fact that what I was told about my suffering was all an unproven lie, that I had nearly lost everything, including my life, to their treatment while everyone I loved looked on, convinced of their compassion for me, was a betrayal of almost unimaginable proportions. Even as I got well, a horrific journey towards it through

withdrawal, and forgave the people in my life I could, the anger only amplified — how much suffering could a “healer” inflict on someone who came to them in pain?

It’s mind blowing. It was absolutely horrific. Like Marnie, I lost friends, was in conflict with seemingly everyone just to find freedom from what I knew was killing me. I was isolated from my community. The feeling of this loss, for me, was like a grenade going off in my chest every day.

To all those bombs going off all across the world right now post-Moncrieff et al, please, please find us — psychiatric survivors — we can get through this together.

Marnie: The past is the past... many talk about the importance of letting go, of moving on... but awareness isn’t in the past, and there are times when the layers of grief, the feelings of loss, can feel as though they will crush my chest, taking away my very breath. Grief comes in waves — tidal waves — without warning, they wash into, and over, my life, myself. Awareness of all that was lost, taken, stolen ... this lives as a permanence within me. How can it not?

While my emancipation is without regret, my history is alive. All that never was and will never be... these realizations come as a deafening roar that can fill my mind. In those times when this despairing turmoil lands in my awareness, it brings with it a loneliness, inspired by knowing that most of the people I know and interact with in my day-to-day life do not — cannot — come even close to relating to any of this. It’s a deeply felt loneliness, and these feelings of invisibility and invalidation stay fresh in my mind. Choices are made based on this sticky residue. And so, sitting with this grief means living with more self-silencing. It’s become the lesser of evils.

How is our culture isolating us from each other and preventing us from feeling safe being ourselves in the world?

Karin: This for me, has always boiled down to marketing. It’s important to ask what, about any messages you receive, is in their own interest for you to believe about yourself and others? Regarding the question here, who does it serve to limit what resources in mental health we believe are available to us? What we believe about what dangers lurk in the community around us? The media creates narratives around all this, and narrative creates our “reality,” or a version of it anyway.

The stories we tell each other about mental health and community resources around emotional suffering are at the core of our survival—as individuals and a community.

Sowing divisiveness and conflict is a part of a constant barrage of messaging. There is an “us” and a “them.” And emotional suffering makes you a vulnerable “them,” so it should be avoided, “fixed,” or shut down immediately. No less important is the narrative of lack that makes its imprint on our social and inner lives — constantly putting us in a state of disappointment in ourselves, our bodies, and our identities. We always have something to reach for to “fix” what is wrong with us, but it is never reaching for one another, or community resources, for the compassion and validation we need.

Alternative resources exist in the Mad Pride Movement, the Psychiatric Survivor movement and other movements in the field of mental health. Alternative narratives that conflicted with the biomedical model, like Open Dialogue, for example, which is a wonderful way to approach altered states, never gained the traction they deserved. Because it dared to think people could recover, and considered the faults of the systems around a person instead of blaming their chemistry.

Marnie: To be a mental patient is to be exposed every day to layers of messages that become deeply internalised. These shape us. They shape our sense of self. They shape how we see ourselves. They shape how we see ourselves in relation to others. They shape how we see ourselves in relation to the world around us. This is institutionalization. This is indoctrination. This is oppression.

We are all individuals having individual experiences. If we cannot be fully human without worrying what this means for us, if we cannot experience the full range of our humanness, without worrying that there might be something wrong, then we cannot be in the world in a manner that is safe.

To this day, all these years later, enormous ongoing effort is required to go against, to undo, these internalized messages. Some days, to walk in the world, while habitually looking over my shoulder, requires a lot of energy... and FFS it requires a lot of grit and courage. It feels as though this grit and courage is invisible to most people... how can it not be?

There is a growing international community who are creating safe spaces where those suffering with emotional distress can be seen, heard, acknowledged and validated.

Karin: The dialogue here isn't turning towards peers and that is deeply disturbing to me. There is still such a deep distrust for those who have suffered and survived psychiatry, withdrawal, and emotional distress. This creates yet more space in this void of the story of suffering for those who have no idea what it actually means to survive it to dictate treatment for it.

If there is anything I would like to see from this space that is open to new voices around the cause of mental distress since the Moncrieff et al paper, it is that peers, activists, and critical psychiatry voices get the say they deserved all along. We have been silenced long enough.

Marnie: People are seeing through the illusions. They're seeing the disconnects. They're asking questions. The dominance of the biomedical narrative is fraying, fragmenting, breaking down. The flimsiness of this "neuromythology" is becoming increasingly apparent. The false nature of these things that have been widely sold as discrete, discernable "mental illnesses" is being seen for what it is, by more people than ever before.

Our human condition is anything but tidy. To be fully human is to accept, even embrace, the chaos that is inevitable, and essential to negotiating the messy terrain of daily living. Being ourselves without fear of reprisal, without fear that any part of who

and how we are will be medicalized or pathologized, is essential to wellbeing. For me, living with my grief, my internal chaos, the thoughts and feelings that are challenging for me (and sometimes others) has been made that much more bearable by the international community of like-minded people.... those of us who fully inhabit our humanness.

Conclusion

For six decades, a highly effective propaganda campaign sold the chemical imbalance theory to millions of people all over the world. Whether psychiatry believed it matters little when juxtaposed against the countless lives that have been damaged by the myth of the chemical imbalance.

An uncritical acceptance of the dominant biomedical narrative by health care systems and providers, the media, and Joe & Josephine Citizen, has enabled what Paulo Freire called a “pedagogy of the oppressed.” The oppressors and the oppressed are blinded to a vicious cycle of oppression. Feeling states that are not happy and/or peaceful have become widely rejected aberrations. Tolerance of suffering has become diminished to the point that any despair, fear, or states of distress and internal chaos have become “symptoms of disorder.”

This widely adopted, societally constructed belief, enabled intolerance of suffering as well as a form of social control. Restricting the full range of emotions that are part of the human condition, through the psychiatric/pharmaceutical paradigm, has created strict rules of which emotions are “good” and which are “bad.” The psychiatric survivor movement brings forth the idea that all emotions, held safely and together, can lead to healing.

If you now realize you are one of the countless lives that have been damaged and you are feeling betrayed and overwhelmed by grief and loss, know that the psychiatric survivor network is here to help you heal.

References:

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