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Escaping The Shackles of Psychiatry: What I've Seen and Survived, as Both Doctor and Patient By Cathy Wield

(To clarify: Throughout this blog, I use the terms “mental illness,” “mental health problems,” and “psychiatric diagnosis” interchangeably. I do this only to illustrate the medical paradigm that still exists today. I am not a fan of these terms, and I do not think that labeling a person’s distress or experiences that manifest as unwanted symptoms or behaviours as a “disorder” is helpful.)

“The only thing necessary for the triumph of evil is for good men to do nothing,” said Edmund Burke. This is as true on a world stage as in a playground setting, where the bully holds sway over numerous kids who are too afraid to challenge their behaviour. It is how and why the tyrants prevail. So what, you may ask, has this to do with the psychiatric paradigm of today? Everything. In treatment as well as professional settings, bullies prevail.

In my own experience as both a patient and a doctor, I’ve seen this first-hand. I’ve endured the effects of that bullying on me, and I’ve witnessed the impact on my husband and children as well. They still struggle to understand what happened to me.

The whole of my family had suffered horrendously during the seven years from 1994, when I was repeatedly hospitalized as a psychiatric patient, drugged, and given ECT. On top of it, during the last few years, when I spent more time detained in hospital than at home, some of the nurses accused me of “not wanting to get better” and urged the doctors to label me with “personality disorder.”

As a last resort, I underwent experimental psychosurgery in September 2001 (bilateral anterior cingulotomy). It was never intended to be curative, but rather to give a remote possibility of improvement in only the direst cases of treatment-resistant depression, where there was nothing else left in the psychiatrist’s “tool kit.” Out of the third of cases they reported as responsive, no improvement was expected for at least nine months after the surgery.

To everyone’s great surprise, I made an unanticipated and very sudden recovery after eight days. The psychiatrists simply could not explain what had happened, and it was put down as a placebo response. But I remained well, and finally, the detention order was lifted. I was discharged from hospital and relieved of compulsory treatment.

By then, all our children were teenagers—and our eldest daughter had already left home to start her new career as a dancer. Naturally I was buoyant to be back home, but I had always been regarded as “the patient” in isolation from my social and family



#WhatWENeed

networks. We were not given any advice or support from healthcare services to help our family adjust to this enormous change in our circumstances.

Once the family's initial euphoria over my unexpected recovery had died down, it was a very, very stressful time for all of us. My marriage to Phil went through a far rockier patch than during the prior years. It is a testament to our relationship that we survived, just as it was a testament to my husband that he had held on so tightly to keep our children safe and away from the clutches of social services while I was ill. The children had had little opportunity to talk about what was going on for them. My illness was stigmatized, and therefore they could hardly admit to their own feelings at school or with their peers. We did find a counsellor for one of them, but that was not a great success; the counsellor found reason to blame our parenting and came round to our home to tell us.

It is amazing that we got through it all, but we did.

Before the emotional crisis labelled as depression in 1994, I had been about to embark on a postgraduate training scheme to become a consultant in emergency medicine. Ironically, in 2001, having survived through that first nightmare experience as a psychiatric patient, I considered changing my career path to psychiatry because I wanted to help people like me. But it was a challenge to return to work at all. In 2002, I felt lucky in my role as a very junior doctor in emergency medicine. I was determined to eliminate the bad attitude leveled at patients who came into our care with what were termed "mental health problems." I soon realized that the nastiness towards those who were labeled with psychiatric diagnoses was ubiquitous within every branch of medicine, and that the job of changing hearts and minds was huge.

It took courage to talk about my experiences as a patient, and I was surprised at how much it piqued my colleagues' curiosity. Perhaps it was in speaking of the unspeakable, being bold while simultaneously identifying myself as "defective"—since mental illness was seen as character weakness—that it struck others as an oxymoron. Encouraged by the positive responses, I embraced the opportunity, and they allowed me to conduct some teaching sessions. Knowing no better, I still held to the biomedical theories, convinced by the psychiatrists that my years of treatment-resistant depression was caused by a physical phenomenon such as chemical imbalance, which science had not yet fully elucidated. This was also the information that my family had been given—and they had no reason to doubt it. However, I did not hold back when describing some of the despicable ways I had been treated as a patient.

The Quest for Power—and Psychiatry's Failure to See Itself

Psychiatry, of all the medical specialties, is the one which is supposed to hold wisdom when it comes to human behaviour, but there is none so blind as those who fail to see themselves. Unfortunately, psychiatry has always harboured those who crave power. And given that it is the only place in the medical profession where holding power is legitimized and encouraged, it breeds the exact environment for those with such tendencies to hide in plain sight. While there are as many good people



#WhatWENeed

committed to helping those in distress in psychiatry as elsewhere, it seems they remain unable or unwilling to stand their ground and say “no” to the harm that is being done to patients.

So, when I extend the playground metaphor to psychiatric practice, I see the patient as the victim who is bullied by the many well-intentioned practitioners under the influence of their malign ideology. In a way, such practitioners are both victims of bullying and bullies themselves.

It is no coincidence that those who are actually good at their jobs, and want to provide genuine and helpful care, wind up leaving the malevolent atmospheres within psychiatric inpatient settings and go to work in the community, where they have more freedom to do what is right. I saw this first-hand during my work and my treatment. There were of course a few brave souls who stayed working on the wards desperate for the situation to change, but all too often, they found themselves compromising their core values and suffered moral injury or burnout as a result.

All of this deeply affected my husband and kids. As a family we hadn’t talked about what had happened while I was depressed, and the reluctance has continued ever since. Within five years of my “recovery,” the children had moved on with their lives, my husband was laid off, and as a couple we ended up moving to Aberdeen in Scotland where Phil had found a new job; as a family, we never all lived under the same roof again. I was accepted by the new deanery, and as part of the plan to finish my training in emergency medicine, I had a job at the local hospital. But one of the managers there was a bully, and I refused to submit to his regime of humiliation.

It was 2006, and I was excited when I was offered a job as a staff grade doctor working on an inpatient psychiatric unit in the same city of Aberdeen. I expected to see the success that psychiatrists always claimed to have when they treated my own mental illness. They had told me how rare it was to be as resistant to treatment as I had been, so I was shocked to discover that few if any of the patients on my ward got better. They were just stuck in endless cycles of treatment, staying on psychiatrists’ lists for years and years. This was the catalyst that forced me to seriously question what was happening in psychiatry.

I kept thinking that if the drugs we prescribed for psychiatric conditions were, in fact, the correct treatment, then surely patients should recover. Similarly, ECT was supposed to accelerate recovery. Too often, it didn’t. I was confused. What had happened to the norm? Then suddenly it hit me: that fight I had had with nursing staff who constantly accused me of “not wanting to get better,” and who wanted me re-diagnosed with “personality disorder”? That was it. PD was exactly the “get out jail free” card that psychiatry was using to blame patients for their failures. From my new perspective working in psychiatry, I saw this repeatedly.

While this was the start of my awakening, and I tentatively questioned what was happening to others, I still wasn’t quite ready to do the deep dive of what happened to me.



#WhatWENeed

To be clear, most individual psychiatrists sincerely believe they are right despite all the evidence to the contrary. They may be charming and good-natured, but that is not enough for people to change their opinions. Most psychiatrists still practicing today continue to believe there is no alternative to the current traditional views and use the Diagnostic and Statistical Manual (DSM) and International Classification of Diseases (ICD) to diagnose their patients and prescribe unscientific treatments. It takes courage to challenge the status quo, which might cost them their career and damage their livelihoods.

As for me working in the system, I couldn't take it anymore. I couldn't keep signing prescriptions for psychiatric drugs, which made people even more ill without any hope of getting better. I was miserable as hell in the hellhole created by my own profession. But I didn't see my response as being normal or warranted given the situation—because nobody else did. Apparently, I was the abnormal one. I was the outsider, and what was happening to me was a clear indication that I had relapsed. I will never forget the sense of hopelessness when I realized I was stuck in a career I hated. The bully who had driven me out of emergency medicine was a powerful doctor in the same locality, and I believed him when he said he would make sure that I never returned to the career where I had thrived.

We had moved 600 miles away from friends and family, and I knew no one. Before 2006 was out, I had succumbed to my distress and went into treatment for round two; I was hospitalized and back in the role of a psychiatric patient. Our children were furious. I had let them down by getting "ill" again, but even worse, by giving them no warning that this was a possibility. I had told them I was cured. Yet here I was, drugged and unhappy all over again. My husband was also overwhelmed with disappointment.

Coming to The Truth, and Sharing it With My Family

In every setting, a leader by definition has supporters. Those in positions of power or responsibility always seem to have enough people willing to suck up to them, do their bidding, and carry out their tasks. Even psychopaths delegate their heinous crimes to their followers. But whoever the leader is, most of the time, the followers are just regular people like you and me, folks who soon melt into the background if the person at the top falls out of favour. They are everywhere, these good people. They are the ones who uphold oppressive regimes and will never taste justice for their complicity. They are those who turn a blind eye to child abuse, or who become just like Pol Pot's lackeys in the jungles of Cambodia, responsible for the genocide in that beautiful country. They are the people who inhabited the colonies and approved of discriminatory racist practices.

Today, they are the direct beneficiaries of the pharmaceutical industry who know the harms that the drugs are doing to patients; some of them may be psychiatrists, doctors, or nurses who refuse to open their eyes when they witness their patients seriously ill from severe adverse effects. However good these people are, perhaps



#WhatWENeed

they are also too afraid to challenge the status quo. Perhaps that is why they would rather continue prescribing inefficient and toxic drugs than confront the reality. Even good people are capable of deceiving themselves, believing that they are doing the right thing, even as they hold patients down or force medication on innocent victims of a malign psychiatric system.

I witnessed this plenty when I worked in the psychiatric wards, and here I was, a prisoner again. Like so many patients, I felt unable to defend myself. We were housed in locked wards without the freedom to come and go, even though we had committed no crime, with no one advocating for us. We did what we could to survive, and misery compounded our misery.

After seven months in hospital and more ECT, I managed to secure a discharge, but I was in a weakened state. I had been subjected to coercion—sometimes by the nicest of people. How could I complain about that? My own true nature was suppressed by high-dose psychiatric drugs, and I felt nothing anymore. I was a nobody, and it took a move away from Scotland in 2009 to pull myself out of the quagmire.

Being available to help with childcare for one of the grandchildren gave me sufficient impetus to keep going. And yet my whole family continued to be under the illusion that I had an illness requiring psychiatric treatment. Even my husband—who by then had decided to get trained as a psychotherapist himself—had to compartmentalize his thinking. He drip fed me alternative theories during his three-year degree course, giving me confidence to rebel against the advice my psychiatrists had given. When I discovered that taking long-term drugs classed as antipsychotics could shorten a person's life, my self-preservation instinct took over—and I managed to stop flupentixol, which reduced the sedation. I was able to stay awake for most of the day. My brain must have adapted somewhat to the remaining drugs, including the off-licence, high doses of venlafaxine and trazodone, but I still had to live with severe adverse effects.

My very lovely professor of psychiatry made it abundantly clear that if I reduced the doses or stopped the antidepressant drugs, I might “relapse” and become seriously ill again (with no mention of withdrawal). Fear secured my compliance. Work had been expressly forbidden as being detrimental to my wellbeing, but in 2013, financial necessity fuelled my resolve, and I returned to work in a local emergency department.

Gaining my freedom has been gradual, and it took until 2018 to fully escape from the shackles of psychiatry. It hasn't been easy coming to terms with the fact that all the psychiatric treatment had just made me worse, had been unnecessary, and had long term consequences for the whole of my precious family. In addition, I had to question the books I had written describing my illness, and ultimately wrote another one from my new perspective.

Since coming to the truth myself, I have tread carefully while trying to share the revelations it took me so long to acquire. I cannot turn the clock back. The fact remains



#WhatWENeed

that our children had to grow up with a difficult home life where their mother was largely absent and their father was preoccupied—trying to earn enough money and keep the household running, on his own, with little help. Even though our children knew they were loved, they did not receive the emotional support they so badly needed during the seven-year nightmare. As their mother, *I* had been at the centre of *their* concern, when as children *they* should have been at the centre of *my* concern.

Both Phil and I recognize we made plenty of mistakes throughout the period of my illness and then again once it was over, all of which compounded the feeling that our children had lost out on their lives. I believed that although I never wanted to hurt them, I had rightly earned their fury. At the time, all I could see was my failure as a mother who hadn't given them the lives I wanted them to have. I didn't see that psychiatry was responsible and even believing that I had a serious 'biological' illness didn't let me off the hook either. The self-blame which was so pivotal in the spiral into depression was still very much in operation. Psychiatry had medicated me with pills, but never helped me tackle the root causes of my distress. As I blamed myself, I also became the target of blame, the family scapegoat. When I did finally find my way out of the psychiatric catastrophe that had defined my life, it was as if the whole bedrock of our understanding had been blown out of existence. It was necessary then to return to the traumas of my childhood and re-learn how to see myself as a good person who had a right to feel the way I felt.

There are many times when I feel impatient, still waiting for the foundations to become secure enough to have the necessary and meaningful discussions over what really happened. But such conversations must be consensual and cannot be forced. My family had seen my life as unreliable, like a roller-coaster, when I suddenly dropped into profound depression and suicidality. How can they be sure that it will not happen again? How can they afford to become close if at some level they still fear I might suddenly leave them? It's hardly surprising that we, as parents, need to earn our children's trust anew.

Here we go with baby steps, reaching out and hoping that one day all of us, in a now expanded family, might know the truth: that those nightmares are well and truly over. Each one of us will have to come to terms with deep emotions, including anger and regret, as we recognize that it could have been different. Each one of us has to face up to the fact that good people did nothing in psychiatry, just as good people do nothing in other tragic circumstances.

I hope that my family will see that not everyone is like that; I hope that all of us will see that it is better to do the right thing than allow evil to triumph.
