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Imagine if we told an alcoholic:*

“You can’t stop drinking—you need alcohol for the rest of your life.”

We’d never say that.
Yet this is exactly what many people are told about psychiatric drugs.

When a patient tries to taper off a medication and develops withdrawal symptoms, the reaction is often: “See? You need it. You’re relapsing.”
But when someone stops drinking and experiences tremors, sweating, insomnia, or seizures, we recognize it as DTs.
The physiology is nearly identical.
The difference is the narrative.

We’ve built an entire field on the belief that psychiatric medications correct “chemical imbalances.” But what if these drugs—SSRIs, benzodiazepines, antipsychotics—are not correcting anything at all, but rather creating dependency within a sensitized nervous system, **and actually causing the chemical imbalance?**

This isn’t anti-medication. It’s pro-informed consent.
It’s about honesty.
If a substance alters neurotransmission, the body adapts.
And when the substance is removed, the nervous system reacts. That’s not relapse—it’s withdrawal.

Dependence does not mean deficiency.
It means the body has adapted—and adaptation can be reversed.

We owe our patients the truth, and we owe ourselves the humility to question the systems we were trained in. Healing is possible—but only when we stop confusing dependence with disease.

*See also: https://www.youtube.com/watch?v=j5cT-2BLWk0