

BOOK REVIEW

## Chemically imbalanced: When marketing masquerades as science

KIM WITCZAK

**Joanna Moncrieff. *Chemically Imbalanced: The Making and Unmaking of the Serotonin Myth*. Flint Books; 2024. Pages: 336, INR 1545 (paperback). ISBN: 9780750999336**

When my husband Woody died by suicide in 2003, just five weeks after being prescribed Zoloft (Sertraline) for insomnia, my entire world blew up. I wasn't a doctor or a policy expert — I was his wife. But that moment launched me into a fight I never asked for: a two-decade journey through litigation, public health advocacy, and the deeply flawed systems of drug safety oversight. My professional background in advertising and marketing gave me a different perspective, showing me how narratives are crafted, repeated, and sold to the public. The chemical imbalance theory was not just a medical idea; it was a marketing strategy, repeated until it became "truth."

Joanna Moncrieff's *Chemically Imbalanced* is both validating and unsettling. Moncrieff, a respected psychiatrist and professor at University College London, meticulously exposes how the serotonin hypothesis of depression gained prominence without robust scientific support. Her 2022 umbrella review in *Molecular Psychiatry* concluded there was no consistent evidence linking low serotonin to depression [1]. Despite criticism, she doubles down here, illustrating clearly how the chemical imbalance narrative became entrenched in the mental health industry through strategic marketing rather than definitive science. She points, for example, to the oft-repeated analogy that depression is "like diabetes" and antidepressants are "like insulin" — a simple, memorable comparison that originated in pharmaceutical PR campaigns, not peer-reviewed evidence.

Moncrieff draws from a wide range of sources — from re-analyses of landmark trials to marketing briefs, regulatory filings, and patient accounts — weaving them into a narrative that's as accessible as it is unsettling. She is at her sharpest when unpacking how subtle language choices, repetition, and selective data reporting shaped not only public opinion but also clinical guidelines. By showing how marketing claims were seamlessly integrated into medical education, patient leaflets, and public health messaging, she demonstrates the ease with which medical "truths" can be manufactured and defended long after the evidence collapses. This level of detail makes the book not just a history of a flawed theory, but an exposé of the machinery that sustains it.

As someone who reviewed internal pharmaceutical documents during my litigation against Pfizer, I've seen

firsthand the very dynamics Moncrieff outlines. Clinical trials frequently showed minimal benefit over placebo, with significant risks like suicidality or withdrawal, deliberately downplayed or hidden. The public, however, received a different message: depression was a simple chemical deficiency fixable by a pill. Moncrieff revisits notorious cases such as GlaxoSmithKline's Study 329, where trial outcomes for Paxil (Paroxetine) in adolescents were manipulated to hide increased suicidality and lack of efficacy [2]. This is an example that illustrates systemic, not isolated, malpractice.

Beyond the scientific critique, Moncrieff addresses the cultural shift towards medicalising normal human emotions like grief, anxiety, sadness into "disorders" requiring pharmaceutical solutions. Even my doctor tried to offer me an antidepressant for my grief after my husband's death. This "creeping medicalisation" has resulted in soaring diagnoses without corresponding improvement in outcomes. Importantly, Moncrieff is not anti-medication; she advocates for transparency, informed consent, and a more nuanced understanding of psychiatric drugs' effects, calling for clinicians and regulators to prioritise patient wellbeing over marketing narratives.

For me, reading *Chemically Imbalanced* was both an affirmation and a reminder of why I continue this work more than twenty years after Woody's death. The book makes plain that what's at stake is not just academic accuracy, but the lived realities of millions of people prescribed psychiatric drugs based on incomplete or misleading narratives. We are seeing this play out in real time today, as these arguments are defended and repeated by politicians, further entrenching myths that should have been dismantled long ago. It challenges us to ask harder questions of our health systems, our regulators, and ourselves, and to imagine a future where care is grounded in honesty, humility, and genuine human connection. That is a conversation long overdue.

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BOOK REVIEW**Sense and nonsensibility****SUNITA SIMON KURPAD**

**Peter C Gotzsche. *Is psychiatry a crime against humanity?* Copenhagen: Institute for Scientific Freedom; 2024. 215 pages, ISBN: 978-87-85273-00-0.**

Author Peter Gotzsche tells us that he obtained a Master of Science (1974), worked for the drug industry (clinical trials and regulatory affairs, 1975-1983), graduated as a physician (1984), worked in internal medicine in Copenhagen (till 1995) and cofounded the Cochrane Collaboration (1993). Later, he founded the Institute for Scientific Freedom (2019). He describes himself as officially retired, but working as an independent consultant for lawsuits, and as a film maker.

Gotsche has been deeply concerned about ensuring transparency regarding adverse events (and efficacy) in trials by pharmaceutical companies. His expulsion from Cochrane was highly controversial [1,2]. His polemical style of expression raises hackles, but he has talked about important ethical issues that needed discussion despite risking backlash. He has published on the overuse of psychiatric medication, risk benefits of screening mammography and vaccinations against human papillomavirus infection [3,4]. In this book, his focus is back on psychiatry.

**The good**

Gotsche shines a much-needed light on deprescribing — the rationale for hyperbolic tapering: reducing antidepressant medication very slowly especially when lower doses are reached to prevent drug withdrawal, which should not be mistaken for a relapse of illness.

The author reiterates the negative influence of the pharmaceutical industry on doctors — biased research, data torturing, reporting and publishing. He emphasises the importance of transparency in clinical trial data, as well as the need for non-commercial research that makes the lives of patients better. He points out that psychiatry textbooks do not discuss these issues.

While this is not a new topic, he discusses the problem of benzodiazepine dependence and the need to avoid inappropriate pharmacological management of anxiety disorders. Gotzsche is right on the need to critically evaluate evidence for efficacy of treatments — whether antidepressants, ketamine therapy or transcranial magnetic stimulation. He highlights important literature on mortality in persons with schizophrenia who are on medication.

Gotsche's references to Frankfurt's philosophical insights into "bullshit", Schopenhauer's discourse on the "art of always being right", and clever use of quotes make for entertaining (and educative) reading.

**The bad**

Sudden discontinuation of antidepressants and benzodiazepines can cause withdrawal symptoms. But it is benzodiazepines, and not antidepressants that can cause "addiction" as in craving or tolerance. Stopping antipsychotic or mood stabilising medication prematurely can cause a relapse of the primary illness for which it was prescribed — that is not a withdrawal effect. I would disagree with Gotzsche's blanket assertions that these issues are proof that all psychiatric medications are addictive.

It is known that selective serotonin reuptake inhibitors (SSRIs) can worsen agitation in some persons. However, I think that Gotzsche's repeated assertions that antidepressants cause suicide and homicide are not only wrong, but irresponsible. He states that psychiatrists do not accept evidence-based medicine, and are wrongly influenced by anecdotal clinical experience. However, I did think that, at times, Gotzsche himself has overinterpreted statistics and relied on anecdotes. In research studies, "association" cannot be equated with "causation". Blaming a drug for suicide with complete certainty, for what could be an unfortunate consequence of the illness it was prescribed for in the first place, or a social circumstance/ life event, is bad science. Even if there is an association, it needs careful