The "Overadaptation" of SSRIs: Negotiating the Natural and Artificial in Contemporary Psychiatric Culture

STS Research Paper
Presented to the Faculty of the
School of Engineering and Applied Science
University of Virginia

By

Charlotte Sulger

May 9, 2025

On my honor as a University student, I have neither given nor received unauthorized aid on this assignment as defined by the Honor Guidelines for Thesis-Related Assignments.

ADVISOR

Benjamin J. Laugelli, Assistant Professor, Department of Engineering and Society

Introduction:

In February 2024, financier Thomas Kingston was found dead from a self-inflicted gunshot wound, a tragedy that sent shockwaves through British high society. Just weeks before his death, Kingston was prescribed two selective serotonin reuptake inhibitors (SSRIs), sertraline and citalopram, to manage anxiety and sleep disturbances. Rather than alleviating his distress, the medications seemed to heighten it, leading him to discontinue them abruptly – a decision that may have contributed to his sudden decline (Stacey, 2024). Cases like Kingston's have reignited public debates over the effects of SSRIs, which, despite their biochemical potency, have become normalized to the point of casual prescription.

First introduced in the late 1980s, SSRIs were hailed as a revolutionary breakthrough in psychiatry, a safer alternative to earlier antidepressants that carried severe side effects. In the decades since, these drugs have become one of the most commonly prescribed treatments for mental health conditions, often issued after brief consultations with general practitioners (Chu & Wadhwa, 2023). Some view them as life-changing treatments, responsible for alleviating suffering on a massive scale. Others, however, warn of their destabilizing effects, including emotional blunting and the paradoxical worsening of symptoms. While much of the discourse surrounding SSRIs focuses on clinical efficacy, less attention is given to the broader cultural forces that shape their acceptance, rejection, and integration into everyday life.

In what follows, I argue that the polarized public perception of SSRIs arises from their uncomfortable fusion of the "natural" and "artificial" categories, eliciting either fear and disdain or awe and acceptance as described in Martijntje Smits' monster theory. SSRIs, as pharmacological tools designed to regulate natural emotional states, blur the line between naturally occurring brain functions and externally imposed alterations. I further contend that

SSRIs have undergone a process of "overadaptation," a term I use to describe the moment when a once-controversial technology becomes so normalized that its disruptive power is underestimated. I discuss the potential consequences of "overadaptation," including the emergence of a cycle in which risks are overlooked until tragedy rekindles public fear and scrutiny. To support this analysis, I draw on historical media coverage, psychiatrist opinion pieces, and contemporary discourse surrounding antidepressant use.

Background:

SSRIs function by influencing serotonin, a key neurotransmitter in the brain that helps regulate emotions and cognitive function. A neuron (nerve cell) releases serotonin into the synapse, a small gap between two neurons, to transmit a signal to the next neuron. Once serotonin has delivered its message, it is reabsorbed by the neuron that released it. This process is called reuptake, and it helps regulate serotonin levels in the brain. SSRIs block the reuptake process so that instead of serotonin being quickly absorbed and broken down, it stays in the synapse for a longer time. With more serotonin available in the synapse, the receiving neuron has more opportunities to bind with it and continue transmitting signals (Mayo Clinic, 2024). SSRIs typically take 2-4 weeks to show noticeable effects. Over time, increased serotonin in the synapse triggers changes in neural connections and plasticity, making the brain more adaptable to stress and emotional regulation.

Literature Review:

While much research has explored SSRIs' effectiveness, fewer studies have examined their unchecked prescription and cultural normalization. Cipriani et al. (2018) conducted a systematic review and network meta-analysis of 21 antidepressants for the acute treatment of major depressive disorder. Their study analyzed data from 522 trials with over 116,000

participants and found that all antidepressants were more efficacious than placebo, with some showing marginally superior effectiveness (Cipriani et al., 2018). While reinforcing the clinical efficacy of SSRIs, the study documents substantial variability in patient response. This highlights a key issue: while SSRIs can be beneficial, their routine prescription often overlooks the complexity of individual cases. Ultimately, this literature fails to consider the extent to which SSRIs have evolved beyond their original scope, now serving as a catch-all treatment without the individualized oversight that their neurochemical impact demands.

Joanna Moncrieff (2018) challenges the conventional view that SSRIs correct a chemical imbalance in the brain. Instead, she argues that they function as psychoactive substances that alter mental states rather than treating a specific disease. She critiques the minimal clinical benefits of SSRIs compared to placebos and warns about adverse effects such as emotional blunting and withdrawal symptoms (Moncrieff, 2018). While critical of the drugs' efficacy, her article lacks an analysis on the routine overprescription of SSRIs and the erosion of scrutiny in medical and public discourse.

My research paper seeks to fill that gap by shifting the focus from the pharmacological efficacy, or lack thereof, of SSRIs to the cultural and institutional factors that have propelled their rapid assimilation into everyday life. While Cipriani et al. provide valuable insights into comparative efficacy and Moncrieff offers a compelling critique of why SSRIs are an illusion of aid, neither fully accounts for the broader sociocultural dynamics at play. By examining how SSRIs have adapted into a universal solution for a plethora of psychological experiences, my research aims to awaken a critical awareness of their unchecked normalization.

Conceptual Framework:

My analysis of SSRIs and their potentially unforeseen impact on users draws on Martijntje Smits' Monster Theory, a framework rooted in understanding how societies react to new technologies that challenge established boundaries. In her work, *Taming monsters: The cultural domestication of new technology*, Smits poses the argument that when a new technology blurs the boundaries between two originally distinct cultural categories, both fear and fascination arise. Smits categorizes responders as "Monster Exorcists," those who fear and reject the fusion, and "Monster Embracers," those who are fascinated by and accepting of this unnatural merging. Smits concludes with the idea of "Monster Adaptation" as a strategy of domesticating controversial new technology by transforming the "monster" - the new technology - into "a phenomenon that will better fit into existing categories" (Smits, 2006, p. 501).

SSRIs can be viewed as "monsters" because they disrupt traditional boundaries between the natural and the artificial, blurring the line between naturally occurring emotions and pharmacologically induced mood regulation. In the analysis that follows, I begin by examining how public reactions to SSRIs reflect the responses identified in monster theory: monster exorcists and monster embracers. I then argue that SSRIs have undergone a monster adaptation, becoming so deeply integrated into everyday psychiatric and general medical practices. Finally, I discuss how a potential "overadaptation," the process by which a once-controversial technology becomes so normalized that its power is underestimated, has led to a cultural shift where the power of these drugs is belittled and forgotten.

Analysis I: Monster Exorcist

When the first SSRI, Prozac, was introduced in 1987, a portion of the public and medical professionals alike viewed the drug with fear, worrying that it was a disrupter to the natural order of emotional regulation by artificially altering brain chemistry. The philosopher Carl Elliott

captured such unease by stating “scholars have worried that Prozac treats the self rather than the proper diseases” (C. Elliott, 2000, p. 8). Elliott’s assertion suggests that SSRIs do not merely address biological symptoms of depression but actively reshape an individual’s cognition and introduce a potentially unnatural state of being. Beyond theoretical concerns, additional cases have illustrated how SSRIs can reshape identity by dulling emotional experience. Psychiatrist Dr. Peter Breggin recounted his experience with a patient, Mr. Marcus, who had been taking Prozac for several months. It was only after weaning off the medication, with the supervision of Dr. Breggin, that Mr. Marcus realized his memory and cognitive abilities had been impaired the entire time. It was noted that, “in retrospect he saw that he not only lost his sex drive, he lost his interest in his wife and in almost everything and everyone else he cared about, when he was on the SSRI” (Breggin, 2001, p. 73). Mr. Marcus’ case demonstrates how SSRIs may subtly strip away emotions and personal connections, often without the user’s immediate awareness. To the exorcist, such transformations are not just side effects but a deeper erosion of self-agency. Unlike other medications, which treat specific ailments with clear, observable effects, SSRIs obscure the boundary between therapeutic relief and the artificial remolding of personality.

Psychiatrist Dr. David Healy has also raised significant concerns regarding the link between SSRIs and increased suicidality. Through his research, Healy has identified a dose-dependent relationship between SSRI usage and the emergence of agitation and suicidal thoughts (Healy, 2003). He points out that while SSRIs may alleviate depressive symptoms in some individuals, they can simultaneously induce severe side effects in others. Healy’s findings suggest that the risk of suicide attempts may be higher in patients treated with SSRIs compared to those receiving placebos, challenging the notion of these medications as universally safe.

The concerns raised by figures like Elliott, Breggin, and Healy converge in the case of Thomas Kingston, whose death has reignited fears about these drugs' potential to induce emotional blunting and suicidal ideation. To the monster exorcist, SSRIs are not a neutral tool but a force that has infiltrated society under the guise of progress, offering relief while simultaneously stripping users of emotional depth and agency. This duality is evident in Kingston's case, where the very medication prescribed to alleviate stress and anxiety appears to have contributed to his rapid deterioration and, ultimately, his death. In the wake of his passing, Kingston's wife, Lady Gabriella Windsor, has echoed the exorcist's perspective, urging for greater awareness and systemic reform regarding SSRI prescriptions. She warns, "I believe anyone taking pills such as these need to be made more aware of the side effects to prevent any future deaths" (Stacey, 2024). Her statement reinforces the enduring ambiguity of SSRIs, and the exorcist fear that these drugs can destabilize the mind under the guise of healing.

Analysis II: Monster Embracer

In contrast, the monster embracer perspective arises from the view that SSRIs represent a beneficial fusion of the natural and artificial, offering a sophisticated solution to emotional regulation that is seen as a ground-breaking advancement in modern psychiatry. Unlike the fearful reception of some, many embraced SSRIs with immediate hope and awe. Edward Shorter, a PhD graduate of the University of Toronto, documented the drug's popularity at the time, stating, "the uptake of Prozac became almost a cultural phenomenon," largely due to the "public's attachment to 'science' and its willingness to be seduced by products for which an evident scientific basis could be argued" (Shorter, 2014). Shorter characterizes Prozac's rise not just as a medical breakthrough but as a societal event. By calling it a "cultural phenomenon," he suggests that the drug's influence extended beyond psychiatry and into mainstream

consciousness, shaping public discourse on mental health and self-improvement. The public didn't resist this technological "monster;" instead, they celebrated it as a scientific breakthrough that could seamlessly benefit a large portion of the population that had been struggling.

Researchers like Felicitas Kraemer further assert that antidepressants are not seen as disruptive intrusions but as tools that harmonize artificial means with natural effects. She notes that, "Prozac does not lead to *inauthentic* emotions, although these emotions are artificially induced. There is no necessary causal connection between the artificiality of the means and the inauthenticity of the results" (Kraemer, 2011). This assertion frames the synthetic nature of SSRIs not as a repellent to authenticity, but rather as an enhancer that allows the user to feel like their natural self again. In this view, the emotional authenticity that SSRIs purportedly restore is perceived not only as genuine but as an improvement upon the individual's prior state, a transformation that feels more in line with their true self.

At its core, the monster embracer perspective is rooted in the belief that our natural emotional states can be impaired, not just by external factors like trauma or stress, but by the very limitations of our biological processes. Through this view, SSRIs are not seen as "unnatural" interventions but as methods of re-aligning the brain's natural functions to restore emotional balance. In a world where social norms and personal expectations are constantly shifting, external aids might be the only thing that help humans remain stable. In this context, SSRIs are not seen as alienating or controlling but as necessary instruments for maintaining personal order amidst the fluidity of modern life.

The monster embracer sees in the tragedy of Thomas Kingston not an indictment of SSRIs, but a defense of their place in modern psychiatry and a testament to their complexity. Kingston's death, as tragic as it is, is not incontrovertible evidence of SSRIs' inherent dangers

but rather a moment that demands caution, not rejection, a misfortune that should not overshadow the millions who have benefitted from these medications. Psychiatrist Awais Aftab (2024) echoes this perspective by noting, “based on information that has been publicly reported so far, the link between Kingston’s SSRI use and his suicide seems rather tenuous and speculative” (Aftab, 2024). Embracers are skeptical to assign blame, recognizing that suicide is an extraordinarily complex phenomenon, one that cannot be so neatly tied to the medications Kingston had only briefly taken, and had already discontinued by the time of his death. The uncertainty surrounding causality is not a flaw in the embrace of SSRIs, but rather part of their inherent ambiguity. A person can take SSRIs and deteriorate – but so too can a person deteriorate because they did not take them long enough and never allowed the recalibration of neurochemistry to work its course. To dismiss SSRIs entirely based on tragic cases would be to ignore the countless individuals whose lives have been enhanced by these medications. Rather than viewing SSRIs through the lens of absolute fear, the embracer sees them as tools that, when used responsibly, have the potential to alleviate suffering.

Analysis III: Monster Adaptation to “Overadaptation”

Beyond fear or embrace, SSRIs underwent something more pernicious: a gradual adaptation into the mundane, ultimately mutating into complacency. What began as a groundbreaking option for severe depression became a routine prescription for a range of mental health issues. Instead of SSRIs being a last resort, they became a first-line response, often handed out in ten-minute consultations with little discussion about alternative treatment methods (Egan, 1994). However, the normalization of SSRIs was not a mere natural progression but the outcome of a deliberate reshaping of these drugs to fit more comfortably within society. Rather than being a stark “unnatural fusion” of the natural and artificial, SSRIs were redesigned to seem more

natural than artificial, aligning with the broader cultural values of self-improvement and authenticity.

One of the key factors in the monster adaptation of SSRIs was the perception that, compared to older antidepressants, SSRIs had significantly milder and less intrusive side effects (Chu & Wadhwa, 2023). For instance, MAOIs would more frequently cause drowsiness, dry mouth, dizziness, and weight gain, making users feel drugged or altered in a way that disconnected them from their baseline emotional states (The Recovery Village, 2024). In contrast, patients on Prozac said "they do not feel drugged at all, but feel perfectly sober and clear headed" (Kraemer, 2011). This shift in how patients were experiencing SSRIs allowed the drugs to align with the cultural expectation of what emotional regulation should be, which was something more subtle. The milder side effects were crucial to these new drugs being seen as a healthier, more natural alternative, allowing them to fit into the "natural" category of the cultural binary.

While the drug's milder side effects played a pivotal role in the shift in perception, pharmaceutical companies capitalized on these changes through direct-to-consumer marketing (DTC). In the 1990s and early 2000s, DTC exploded, with drug companies spending billions to market SSRIs as the "normal" solution to everyday stress and anxiety. An article published by the American Psychological Association in 2012 noted that "from 1996 to 2005, the drug industry tripled its spending on marketing," and further stated how "patients who requested advertised drugs were nearly 17 times more likely to receive one or more new prescriptions than patients who did not" (Smith, 2012). This mass marketing aided in the transformation of SSRIs from a specialized treatment to mainstream consumer product in the span of just 10 years.

Not only did the sheer volume of people exposed to these drugs through advertising further the perception that these were a natural, common medicine, but the ads themselves were also pushing the idea of a more genuine self. One of the first consumer- focused advertisements asserts: "[Prozac]'s not a tranquilizer. It won't take away your personality. Depression can do that, but Prozac can't" (S. Elliott, 1997). The ad draws a clear line between Prozac and other, more heavily sedative treatments, such as tranquilizers, by reassuring the consumer that it will not diminish their identity. The focus here is on preserving authenticity, which was a key selling point for SSRIs in the marketing campaigns. By implying that Prozac helps restore a person's emotional well-being without stripping away their "personality," the ad aligns Prozac with the cultural idea of emotional authenticity. This message worked to remove any stigma surrounding the use of psychiatric medications by rebranding them as necessary, even desirable, for people seeking to regain their true selves, rather than being artificial or alienating.

This successful reframing of SSRIs from something that bizarrely sat between natural and artificial into something perceived as just natural came at an unforeseen cost. As SSRIs became increasingly standardized, the boundary between serious psychiatric treatment and everyday emotional management became blurred. This led to their extensive prescription for a broad spectrum of emotional and psychological conditions, many of which could be situational or relatively mild. Their ubiquity obscured both their complexity and risk, paving the way for what can be termed their "overadaptation." Unlike earlier attitudes that balanced acceptance with caution, SSRIs came to occupy a position so comfortably within everyday medicine that their profound neurological impact was increasingly forgotten, leading to the erosion of necessary oversight for such a drug.

Dr. James D. Goodwin, a clinical psychologist, was quick to boast to the New York Times about how "he can sometimes make a diagnosis in minutes after seeing a client" and "may be to psychology what the drive-through contact lens dispenser is to optometry" (Egan, 1994). While Dr. Goodwin was trying to highlight how Prozac could be a quicker and more effective solution to alternative treatment plans, what he instead showed was the dangers of monster adaptation in psychiatry. This casual, almost transactional approach to diagnosis and treatment reflects the profound shift that occurred as SSRIs became mainstream – rather than being treated as a serious medication decision requiring evaluation and follow-up, SSRI prescriptions became as commonplace and automated as purchasing corrective eyewear. The comparison to contact lenses in and of itself is also a gross oversimplification, as, unlike a faulty contact lens prescription, the ramifications of misprescribed SSRIs extend far beyond physical discomfort.

With the perception of SSRIs as routine medications came the unfortunate side effect of reduced scrutiny. However, some argue that the normalization of SSRIs is not a sign of complacency but rather a necessary step toward addressing the mental health crisis. Psychiatrist Roy Perlis contends that SSRIs have repeatedly been shown to be safe and effective for treating major depression and anxiety disorders, and that requiring them to be prescription drugs at all does more harm than good (Perlis, 2024). He argues that because SSRIs have low potential for misuse or overdose, there is little reason to maintain strict prescription requirements, and that making them available over the counter could improve mental health outcomes on a national scale. This argument suggests that SSRIs have already been absorbed into mainstream medical practice so completely that further deregulation would simply be the logical next step.

The core issue with this argument is not whether necessary care is being provided. What this perspective fails to recognize is the precise danger of SSRIs' "overadaptation": as their

widespread prescription has made them seem as harmless as aspirin, the need for caution and critical oversight has steadily eroded. While the idea of over-the-counter SSRIs may once have been unthinkable, their cultural repositioning as commonplace pharmaceuticals has made it a serious consideration. It cannot be forgotten that SSRIs reshape the neurochemical landscape of the brain in complex ways. Perlis relies on accessibility as a justification for reduced oversight, but the logic of "more access = better outcomes" is overly simplistic. Increasing access to SSRIs without increasing psychiatric oversight would further entrench the idea that these drugs are low-risk, reinforcing the complacency that has led to their mass prescription in the first place.

Evidence of SSRI "overadaptation" is compounded even further when considering who is actually doing the prescribing. A study on the "Changing Profiles of Service Sectors Used for Mental Health Care in the U.S." found that "general medicine without psychiatrists or other mental health professionals experienced the largest growth over the past decade and is now the most common [prescriber] profile" (Wang et al., 2006). While it may seem beneficial that the more abundant general medicine and primary care doctors are increasingly at the forefront of mental health care, this shift does not always constitute high quality of care given mental health is not the discipline they are trained to cover. Dr. Wayne Katon, director of the division of health services and epidemiology and the University of Washington Medical School, stated that "only 25% to 50% of patients with depressive disorders were accurately diagnosed by primary care physicians" (Katon, 2012). This is critical – the doctors who are the main prescribers of antidepressant medications including SSRIs can inaccurately diagnose nearly half of their patients. Not only is this misdiagnosis rate concerning in and of itself, but medications like SSRIs require consistent re-evaluation by a qualified mental health professional. Unlike psychiatrists, who typically engage in longer, more detailed mental health evaluations, general

practitioners operate within a fast-paced medical system, where entire visits are often limited to 10-15 minutes. As a result, patients may receive a prescription for a SSRI with little to no follow-up on whether the medication is actually helping them, leading to prolonged and sometimes unnecessary use. Dr. Katon's findings further emphasize this issue, noting that even when primary care doctors correctly diagnose depression, many patients remain on the same dosage of antidepressants for months or even years, despite persistent symptoms (Katon, 2012). This suggests that once SSRIs are prescribed, little effort is made to reassess whether they remain effective or necessary. The lack of structured follow-up and the normalization of switching or discontinuing SSRIs without psychiatric supervision reflect a broader issue: their "overadaptation" into routine medicine, which diminishes awareness of their potentially destabilizing effects.

This pattern of unchecked prescription and prolonged use without reevaluation has led to complacency regarding SSRIs, where even individuals with mild, situational distress are prescribed these medications with little oversight. However, the polarized reactions to Thomas Kingston's death illustrate that SSRIs seem to be caught in a cycle of societal reconsideration. What began as cautious acceptance, transitioned into unquestioned ubiquity, and now appears to be returning to its origins as a controversial, potentially dangerous "monster." This cyclical reemergence of fear and optimism may indeed be the inevitable consequence of SSRIs' "overadaptation" into routine medical practice. While it remains unclear how to break this loop, the very existence of this pattern underscores the timeless impact of these drugs on individual lives and collective consciousness.

Conclusion:

The polarized public view of SSRIs arises from their uncomfortable blending of the "natural" emotional state and "artificial" neurochemical manipulation. For monster embracers, SSRIs represent a lifeline for those suffering from mental illnesses and provide access to an authentic self. Conversely, monster exorcists perceive SSRIs as dangerous intrusions into the natural order of life and selfhood, capable of eroding personal agency. The analysis surrounding monster adaptation and, ultimately, "overadaptation," reveals how, alongside the cultural acceptance of these medications, came the unforeseen consequences of complacency by medical providers. Perhaps it is this very "overadaptation" that has driven SSRIs into a cycle: initially provoking polarized reactions, later achieving mainstream acceptance, pushing the boundaries of this acceptance, and ultimately prompting a resurgence of public fear and awe with cases like Thomas Kingston's. Yet, it is unlikely that "overadaptation" alone can explain the intensity and cyclicality of public debates surrounding these antidepressants. In order to fully understand, one must consider how their symbolic power collides with ever-shifting societal expectations of how individuals ought to feel and behave, and what is deemed "normal" or acceptable within a given cultural moment. Only by grappling with these symbolic and social dimensions can medicine move toward a more ethically attuned and critically reflective psychiatric practice.

Word Count: 4080

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