

Chuck Ruby, Ph.D.  
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July 14, 2018

Benedict Carey  
The New York Times  
620 8<sup>th</sup> Avenue  
New York, NY 10018

Dear Mr. Carey,

Your April 17<sup>th</sup> *New York Times* article entitled, “Antidepressants and Withdrawal: Readers Tell Their Stories,” was very revealing about the downside of prescription psychiatric drugs. Your courage in publishing the negative experiences of people weaning off the drugs, despite the criticisms you received, provides crucial information for mental health consumers and it ensures they are truly able to give informed consent prior to engaging in those services. Informed consent is the bedrock foundation of an ethical mental health system.

In addition to the dangers of withdrawal, as you pointed out, the effects of ongoing psychiatric drug use can be just as harmful. Anti-depressants, anti-anxiety, anti-psychotic, and mood stabilizer drugs do not work by correcting chemical imbalances or other kinds of brain pathology. Instead, they “work” by dampening emotional sensations.

In other words, they interfere with natural brain functioning and impair the person’s ability to sense the full emotional tonalities of difficult life circumstances. When people are not able to fully feel the emotional impact of events, they are less likely to recoil into depression, spin up with anxiety, or escape into psychosis.

While the doctors prescribing these drugs consider this a positive thing, many patients nonetheless experience this dampening in the form of very negative feelings like numbness and agitation. These drugs also reduce inhibition, which can make people more impulsive. We believe this increases the risk of violent behavior such as in the apparent rash of mass shootings and increase in suicide rates.

There is abundant anecdotal evidence of a correlation between psychiatric drug use and homicide/suicide. For instance, one particular site lists 6,000 such cases (<https://ssristories.org>). We are well aware that correlation does not equal causation, yet we suspect a causal connection because decades of research have demonstrated that alcohol and drug use is a robust predictor of violent behavior.

From a chemical standpoint, prescribed psychoactive drugs are no different than recreational and illicit drugs. The body does not distinguish between prescribed, illicit, or recreational. It just reacts to the chemical properties of the drug. See my White Paper for a detailed explanation of this potential connection (<http://psychintegrity.org/wp-content/uploads/2015/08/White-Paper-Psychiatric-Drugs-and-Violence.pdf>) (Ruby, C. {2016}. Psychiatric Drugs and Violence. *Ethical Human Psychology and Psychiatry*, 18{1}, 29-35).

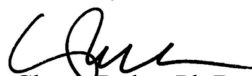
We, the undersigned, therefore think a serious scientific investigation is warranted to confirm such a causal relationship. If there is such a relationship, then we are not treating illness with



those drugs. Instead, we are causing violence. As this investigation is in the interest of public safety, it should be federally funded and independent of any pharmaceutical companies' influences.

This deadly issue demands more publicity and action. It is for this reason that we respectfully ask you to consider an article or series of articles in the *New York Times* detailing this problem. The members of our group, including professional experts, survivors, military members, veterans, and family members of people who commit violent acts, to include suicide, are ready and willing to assist you.

Sincerely,



Chuck Ruby, Ph.D.  
Psychologist  
Executive Director  
docruby@me.com  
301-646-6022

Cosigners:

Kelly Brogan, M.D.  
Holistic Psychiatrist  
New York, NY

Jacek/Jack Hacia, Psy.D.  
Independent Mental Health  
Consultant/Trainer  
Salem, OR

Harper West, MA, LLP  
Psychotherapist  
Clarkston, MI

Penelope Brindley, Ph.D.  
Psychologist  
Laurel, MD

Susan Rosenthal, BscMed, M.D.  
Faculty of Psychology and  
Psychotherapy  
Adler Graduate Professional Schools  
Toronto, Ontario  
Canada

Ivy Lenarz, M.S.W  
Licensed Clinical Social Worker  
Macomb, MO

Mathy Milling Downing, M.S.  
Instructional Support Specialist  
Laytonsville, MD

Audrey S. Bahrack, Ph.D.  
Staff Psychologist  
University Counseling Service  
The University of Iowa  
Iowa City, IA

Jeffrey C. Danco, Psy.D.  
Clinical Psychologist  
Greenbrook, NJ

Al Galves, Ph.D.  
Psychologist  
Las Cruces, NM

Jay Joseph, Psy.D.  
Licensed Psychologist and Author  
Berkeley, CA

Selma Eikelenboom-Schieveld, M.D.  
Forensic Medical Examiner  
Conifer, CO

Elizabeth McCarthy, M.A.  
Licensed Professional Counselor  
Royal Oak, MI

Andrea L. Steinkuller, MS.Ed.  
Licensed Professional Counselor  
Carol Stream, IL

Joe Tarantolo, M.D.  
Board Certified Psychiatrist  
Washington, DC

Trudi Jane Wyatt, M.A., RP, CCC  
Registered Psychotherapist  
Toronto, Ontario  
Canada

Lloyd Ross, Ph.D., FACAPP  
Psychologist  
Barnegat, NJ

Rev. Dr. Steven Epperson  
Parish Minister, Unitarian Church  
Vancouver, British Columbia  
Canada

Robert Slicen, Ph.D.  
Psychologist  
Township of Washington, NJ

James A. Tucker, Ph.D.  
Professor  
College of Health, Education, and  
Professional Studies  
University of Tennessee  
Chattanooga, TN

Burton Seitler, Ph.D.  
Psychologist & Psychoanalyst  
Ridgewood, NJ

James B. Gottstein, Esq.  
President/CEO  
Law Project for Psychiatric Rights  
Anchorage, AK

Jacqueline Sparks, Ph.D.  
Professor  
Department of Human Development  
and Family Studies  
University of Rhode Island  
Wakefield, RI

Ron Bassman, Ph.D.  
Psychologist  
Boulder, CO

Noelene Weatherby-Fell, Ph.D.  
Head of Students - Education  
Department  
Wollongong University  
Nowra, New South Wales  
Australia

Stephan J. Malecek, Ph.D.  
Psychotherapist  
Maui, HI

Bruce E. Levine, Ph.D.  
Clinical Psychologist  
Cincinnati, OH

Tamar Lavy, M.D.  
Psychiatrist  
New York, NY

Katherine Cabaniss, Ph.D., LPC, NCP,  
BCCP  
Licensed Professional Counselor  
National Certified Psychologist  
VA

Radoslaw Stupak, M.A.  
Institute of Psychology  
Jagiellonian University  
Cracow, Poland

Kelli Foulkrod, M.S., LPA, LPC  
Holistic Therapist  
Austin, TX

Fiona Gray Taylor, MBChB  
Edinburgh, Scotland

Jake A. Johnson, Ed.D.  
Clinical Mental Health Counselor  
Associate Professor  
Department of Counseling  
Bowie State University  
Bowie, MD

Daniel S. Chan, Ph.D.  
Clinical Psychology &  
Psychopharmacology  
Sundland, CA

Marsie Scharlatt, M.A.  
Marriage & Family Therapist (retired)  
Los Angeles, CA

Lindsay Koskinen, Ph.D.  
Licensed Clinical Social Worker  
Ramsey, NJ

Susan Rogers  
Director  
National Mental Health Consumers'  
Self-Help Clearinghouse  
Philadelphia, PA

Joseph Rogers  
Executive Director  
National Mental Health Consumers'  
Self-Help Clearinghouse  
Philadelphia, PA

Evelyn Sommers, Ph.D.  
Clinical Psychologist  
Toronto, Ontario  
Canada

Paula Ochs, LCSW, CP, PAT  
Associate Clinical Director  
Family Service League  
Montclair, NJ

Michael A. Weinberg, M.A., M.S.W  
Organizer  
Pasadena, CA

Katie Tandon, M.A.  
Licensed Holistic Counselor  
Board Certified Functional Nutritionist  
Phoenixville, PA

Norbert A. Wetzel, Th.D.  
Psychologist  
Princeton, NJ

Michael S. Kearns, Ph.D. (ABD)  
Toby Watson, Psy.D.  
Psychologist  
Sheboygan, WI

Jim Probert, Ph.D.  
Licensed Psychologist/ Clinical  
Associate Professor  
Co-Coordinator, Peer Support at UF  
University of Florida Counseling and  
Wellness Center  
Gainesville, FL

Dawn Nelson, Psy.D., M.Div.  
Clinical Psychologist  
Milwaukee, WI

Josef Witt-Doerring, M.D.  
Psychiatry Resident  
Baylor College of Medicine  
Houston, TX

C. Jayne Emerson, M.A.  
Licensed Psychologist  
Minneapolis, MN

Mary Neal Vieten, Ph.D., ABPP  
Psychologist  
Patuxent River, MD

Bertram P. Karon, Ph.D., ABPP  
Professor Emeritus  
Michigan State University  
East Lansing, MI

Frederick A. Ernst, Ph.D.  
Professor, Department of Psychological  
Science (retired)  
University of Texas – Rio Grande  
Valley  
Edinburg, TX

Sarah Edmonds, Ph.D.  
Licensed Psychologist, Private Practice  
Flagstaff, AZ

Philip Benjamin  
Master of Mind & Society  
Registered Nurse  
Private Practice  
Queensland, Australia

Louisa Putnam, M.A.  
Licensed Marriage & Family Therapist  
Santa Fe, NM

Kermit Cole, M.A.  
Licensed Associate Marriage & Family  
Therapist  
Santa Fe, NM

Rebecca Chesner,  
School Psychologist  
Baltimore, MD

Tami Williams, Ph.D.  
School Psychologist

Carol Ventura, M.Ed.

R. G. Kellestine, R.P.O., M. A.  
Psychotherapist & Addictions  
Counselor  
Ottawa, Ontario  
Canada

Emmy Rainwalker  
Dorchester, MA

Alastair Yarrow, B. Phil.  
Homeopath  
Wicklow, Ireland

Gayle Santoche, M.A.  
Marriage & Family Therapist  
Los Angeles, CA

Stuart Shipko, M.D.  
Psychiatrist  
Pasadena, CA

Stacy Duffy, Psy.D.  
Clinical Psychologist  
Palo Alto, CA

Brigitte Ladisch, Ph. D.  
Clinical Psychologist  
Washington, DC

David Cowie, M.A.  
Psychologist  
Blue Mountains, New South Wales  
Australia

Bonnie Kaplan, Ph.D.  
Professor Emerita  
Cummings School of Medicine,  
University of Calgary  
Calgary, Alberta  
Canada

Eric Maisel, Ph.D.  
Family Therapist (retired)  
Walnut Creek, CA

Andrew Levine, M.S.W.  
Licensed Clinical Social Worker  
New Rochelle, NY

Tom Fink, Ph.D.  
Psychologist  
Camp Hill, PA

Mary O'Malley, M.S.W.  
Social Worker  
Avon Lake, OH

Daniel L. Schultz, Ph.D.  
Psychologist  
Valparaiso, IN

Jean-Philippe Vaillancourt, Ph.D.  
Psychologist  
Mascouche, Quebec  
Canada

Michael Gilbert, Psy.D.  
Psychologist  
Syracuse, NY

R. L. Cima, Ph.D.  
Psychologist  
Jurupa Valley, CA

Jeanne M. Stolzer, Ph.D.  
Psychologist  
Kearney, NE

Brian A. Kean, Ph.D.  
Australia

Robert Morgan, Ph.D.  
Psychologist  
Albuquerque, NM