BOOK REVIEWS

SYBIL

Flora Rheta Schreiber, Henry Regnery Co., Chicago, 1973

"Sybil" is the story of a female whose splintered personality is gradually re-woven into an integrated system. Although it embodies a sophisticated topic, it is written for the general reader, and it is certainly from this sector of the population that it has received the most attention. As a tale it is very good — suspenseful, well written, intriguing to the very last page. It is the kind of book that you cannot put away once you have picked it up and become involved with it. As a treatise on understanding emotional disorders and their origin(s), it warrants less applause. In at least one area it may have set back the thinking of the general public by some very precious time.

The area to which I am referring is involved with psychiatric diagnoses and the implications which spring from whatever category is determined to be appropriate. In this instance, the diagnosis of schizophrenia is placed upon Mrs. Dorsett, but not upon Sybil for the reason (according to the therapist) that the term is often used too loosely and she wishes to avoid this difficulty. I cannot help but believe that all of us who deal with human beings are similarly cautious, not wishing to bestow upon anyone such a dreaded label unless it is absolutely necessary. However, I do believe that there are specific criteria which can be utilized in making the diagnosis of schizophrenia and that these criteria are universally known, regardless of the cultural influence, with the exception of the content of the delusional or hallucinatory state. This will vary from culture to culture and from situation to situation. In overlaying these criteria upon the behaviors of Sybil and her mother it seems that both of them — not just Hattie — fit into the schema rather nicely, and that there is no obvious lack of structure in the diagnosis.

The first criterion deals with the presence (or absence) of delusions and hallucinations. It is very easy for me to view Sybil's entire dissociation as being a delusional system. She literally hid her "selves" from herself, yet among the selves there was an awareness of the other aspects of her person which provided a fragile framework upon which "Sybil" was based. The fugue states were necessary to maintain "Sybil's" innocence so that her delusion could be continued. I could not discern any evidence of hallucinatory states. On the other hand, Mrs. Dorsett gave no evidence of such clear-cut states at all. Keeping in mind that she was never

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I would have considered Sybil to be a marginal personality who, with sufficient external pressures, could have become a full-blown psychotic.

The diagnosis of Hattie as psychotic (i.e., schizophrenic) and Sybil as neurotic (i.e., hysteric), then, seems unwarranted. Dr. Wilbur postulates that an hysterical family spawns hysterical children. But, by the same logic, Sybil would have been predisposed to psychosis for Hattie was schizophrenic, not hysterical. To the unsophisticated reader, I fear that the major reason for the difference in diagnosis would appear to lie in Hattie's sadistic, antisocial behavior, a thought which alarms me as I consider the fear already surrounding the term "schizophrenia" for the lay person. Hattie comes through as such a destructive, unfeeling, vicious person that if only her image remains associated with that label, the educational process aimed at increasing understanding and reducing fear of schizophrenics must be badly damaged.

I am also concerned with the public's comfort in interacting with the psychotherapeutic community. The description of Dr. Wilbur's handling of Mr. Dorsett I must assume to be as accurate as the rest of the book, since the doctor supposedly reviewed the manuscript. Again, I shudder to think of the impression this made on the general reader and how much thicker the wall between lay persons and the therapeutic professions has become because of the direct blaming which occurred. The entire interview seemed without purpose, except to strike back at the family for Sybil's difficulties — an unnecessary gesture at any time and one which was reflective only of the therapist's personal philosophy. A philosophy which did not seem to encompass any global understanding or acceptance of people, with a focus which did not go beyond the patient. I asked myself what the reaction of the therapist might have been to an analysis of her therapeutic technique wherein she was blamed for Sybil's requiring 11 years of treatment. Eleven years is a very long time. Did she make any errors which might have contributed to this lengthy analysis? Could an adjunct therapy have proved useful? How much of Sybil's long years of suffering reflected her own constitutional, cultural, and personal inadequacies? Where do we draw the line of responsibility? Where do we place the burden of an individual's adaptation? Eleven years is, indeed, a very long time. Thirty-nine leaves youth and times for developing intimate ties far behind. One must start in middle age without a past. How very difficult — one more burdensome hurdle in an already distorted life.

But, at last, permanent integration seems to occur. Sybil becomes well enough to leave therapy and to try and live independently. She is now almost 40. Chronologically an adult, but is she a woman? She rejects an opportunity for love supposedly because of fear that her secret will be exposed. Her past secret, not her present secret, for she has no present secret. I ask myself why she is not proud of her accomplishment — of having overcome her past. Why is she still so afraid of it? She must be plagued by continuous anxiety and insecurity not to reach back to someone who more than reaches out to her and offers an opportunity for a "normal" existence. Still, then, she doubts her emotional and physical ability to react as a woman. Still, she runs from a close involvement. Still, she rejects the responsibility of a long-term relationship. She has been integrated, but major difficulties continue to be exhibited at the interpersonal level; such extensive difficulties that they impede her from pursuing the life she desires and force her to focus her energies only upon her long-delayed career. I am troubled that the therapist accepts all of this without seeming to be aware that Sybil may never be capable of intimacy. At least, this dilemma is never mentioned as being struggled with at a conscious level, within the framework of the analysis.

So, as fascinating as I found the book, it filled me with concerns at several

levels. It ends where, I feel, the real Sybil was just beginning to emerge and I wanted to know more about the inner struggle to make the most of her potential. I wanted to know more about her continuing adaptation to life. But, most of all, I wanted to know the answer to an unanswerable question. Was 11 years really necessary, or might there have been (or even now be) a more efficient method of dealing with schizophrenia? Jane F. Rittmayer, Ed. D. 108 Avondale Ave. Haddonfield, N.J. 08033

THE SUN IS MY ENEMY

Henrietta Aladjem, Prentice-Hall Inc., Englewood Cliffs, New Jersey, 1972, 162 pp., U.S.A. $5.95

The Sun is My Enemy is a very valuable book which should be read by physicians even more than by patients. Systemic lupus erythematosus (SLE) is considered a disease which has a very poor prognosis, strikes women mostly, and kills about 5,000 each year in the U.S.A. alone. Its cause or causes are unknown, and treatment is unreliable and too frequently ineffective. Victims of this disease, like victims of any killing disease, need to find out as much as they can about this condition so that they will know what to expect. If all they can expect is pain, suffering, and death, then there is no need to be too knowledgeable about these matters. But when victims of this disease by virtue of sheer determination, intelligence, and a bit of luck are able to arrest or perhaps cure the disease, then their message should be widely distributed.

Mrs. Henrietta Aladjem describes the onset of SLE, how it affected her life, how she more or less forced her U.S.A. doctors to use a treatment developed by other doctors in Bulgaria, and how she reached a normal level of health. What may make her story unbelievable is the fact that the amazing medicine developed by Bulgarian physicians is nicotinic acid, vitamin B3, given by injection.

The incredulous physician may provide alternative explanations, such as (1) it was a spontaneous recovery, (2) she did not really have SLE, (3) it was due to faith in the magic of the faraway physician. However, none of these explanations, so loved by skeptical physicians when they are confronted with a cure for an incurable disease, can be accepted seriously. A serious study of this book does not provide any evidence for these ideas.

It is possible there are subgroups of SLE and that the author is representative of a vitamin B3-responsive type. This is very likely for if there is one person so responsive, surely there must be others. It would be inconceivable that this is the only human with SLE responsive to vitamin B3. This means that other patients should be similarly treated in the hope that the other members of this subclass can be found. For the non-responsive cases, there will be no harm since this vitamin is relatively safe, certainly much safer than the potent hormones used now to treat SLE.

Since the causes of SLE are not known, it becomes necessary to examine a wide variety of causes, but this one case points toward Orthomolecular medicine. Perhaps SLE is an Orthomolecular disease. It may well arise from malnutrition (vitamin and/or mineral deficiencies), from vitamin dependencies, or from toxic quantities of minerals. I would" suggest that the centers devoted to SLE research should follow these leads as well as the ones they are now pursuing.

Mrs. Betty Hull, President, Leanon-Lupus Erythematosus Club, P.O. Box 10243, Corpus Christi, Texas 78410, publishes a Newsletter "Lupus Lifeline." It is full of valuable information for SLE sufferers. Subscription is $6.00 per year in U.S.A., $7.00 per year in other countries.

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