The Nature of Cure

(How the Definition of the Patient Differs from that of the Psychiatrist)

Lee R. Steiner, Ph.D.[1]

It is difficult to state with any kind of accuracy just what 20th century psychiatry consists of. To quote the late Dr. Nathan Ackerman:

"Psychiatric treatment is still surrounded with much ambiguity, if not actual confusion. We do not yet have a set of working definitions on which all practitioners will agree. The differences between therapists at the present time are mainly differences in degrees of knowledge, experience, personal aptitude and skill. Unfortunately, it has been true of certain psychiatrists that they learn one technique and, because of inertia, rigidity or insecurity, treat all of their patients by this technique. In the final analysis, this transforms the therapeutic method into an obsession, which adds one more distressing handicap to an already overburdened patient. This attitude is unjustifiable in any category of therapists. One specific technique should never be permitted to become more important than a clear understanding of the needs of the individual patient."[2]

Dr. Ackerman wrote this in 1945. As far as I am aware, the dilemma still pertains.

When I was making my six-year study of professional psychotherapy,3 I asked the previous president of the American Psychiatric Association just what is the area of expertise of a psychiatrist. He wrote back, "There is no aspect of life and living in which a psychiatrist is not an expert." I do not believe that I need comment further on this, especially to this group, that has selected for itself the fantastically difficult task of straightening out that most structurally complicated apparatus known to science—the human brain. Most of you Orthomolecular psychiatrists feel that they will be fortunate if they can contribute one useful finding in their own field toward the cure of mental illness.

Following the publication of Where do people take their troubles[4] (a 10-year study of occultian cure), I received thousands of complaint letters from

1 Psychologist. 45 West 81st Street, New York, N.Y. 10024. Presented at the third annual conference of the Academy of Orthomolecular Psychiatry, Detroit, Michigan, May, 1974. •

2 "What constitutes intensive psychotherapy in a child guidance clinic." American Journal of Orthopsychiatry, p. 711ff, October, 1945.

3 "A Practical Guide for Troubled People," Lee R. Steiner, Ph.D., Chilton, 1954.

4 Where do People Take Their Troubles. International Universities Press, 1945, Lee R. Steiner, psychologist.

people who had already sampled the assistance of psychiatry and found it wanting. The ones that concerned me most were those readers who felt that I was seeing the professional world through rose-colored glasses and viewing the occult through the mistiest of hazes; that I had told only part of the "truth" and was shielding the scoundrels on my side of the fence. They seemed to sense the inference that one always is cured if he reaches a psychiatrist. But some of their experiences had been just the opposite. The occult had succeeded where the "medicos" had failed. One wrote:

"It is touching the faith you display in so-called qualified people. Tell me, Dr. Steiner, is that why our institutions are so full of patients? Why does it take ten years of psychoanalysis to try to cure whatever ails a person? Where did people get cured before Freud? I'll say this much for all the people they call quacks—they at least entertain you while they kid you along. The shrinks lack the humor to do even that. They kid themselves though, but in earnest.

"Why didn't you write that people consult the occult because, by comparison to psychiatry, it is friendlier, more human, more honest, more understandable, and more complete.

"You didn't tell the truth, Dr. Steiner." I pondered on that. "Whose truth?" The psychiatry I found in my trek in psychotherapy5 seemed to be sedation and talk, shock therapy and talk, psychosurgery and talk, analytic couches and talk - ad infinitum. In the occult I had found the medicine men laying on hands. In psychiatry I found the medicine men laying on words. When I tried to find out why the patients remained under care of such psychiatrists when they did not feel they were being cured, I decided that it was through an approach I have come to call, "The administering of hopeiates." The patient is anesthetized with the hope that herein lies the route to normalcy, if only he can survive it financially and emotionally.

5 A Practical Guide for Troubled People, Lee R. Steiner, Chilton Books, 1954.

Since I made that study in-1954, the rift between the swamis in medical raiment and scientific psychiatry has become very much wider. I refer to the psychiatrists who have ventured into nudie week-ends; sex relations as therapy and other deviations. In the recent book, **The Love Treatment,** this medicine man boasts of how some psychiatrists have sex relations with their patients to cure their own impotence. One of these so-called "patients" wrote me, "Shouldn't he be paying me?"

My serious discussion here for cures for mental illness will concern itself with psychiatric practice on the higher roads. However, it is sometimes difficult to discern this from the literature. Since I have a radio program,[6] many professional men and women solicit me for an invitation to come on the air. And I try to select guests who will contribute something to scientific knowledge. But as I stated, one cannot always tell what a psychiatrist practices from his writings.

To be specific, I was invited as "press" to a hearing regarding the great rise in the statistics regarding the large number of patients returned to their homes from New York State hospitals for the mentally ill. That would sound as though treatment was becoming much more successful. Actually, the return to the community had little to do with cure. The big brass in the department of mental health had simply decided that when a person had been a patient for more than five years, he deteriorates and so the community could do more for him than the hospital. And so these many thousands were dumped onto the communities without provisions made for housing or aftercare. The meeting was called by some of the legislators to point out that many of these returnees were wandering about town confused, sometimes arrested, sometimes they were even killed accidentally by motorists.

One of the legislators asked, "After five years in the hospital? In those five

6 Psychologically Speaking. Radio station WEVD, New York City, 1949.

years, didn't anyone try to cure these poor souls?"

"Well," the psychiatrist answered, "it doesn't really matter what type of treatment the mentally ill receive. About one-third of them will get well. About one-third will remain the same, and the rest will deteriorate."

Another legislator protested. "Doctor, are you testifying about these returnees as a medical man concerned with the mental health of your patients, or are you a bureaucrat concerned with getting rid of them?"

Unabashed the doctor replied, "I suppose I'm a bureaucrat."

The legislator persisted. "Can society look forward to anything new in the way of cure? Or are we going to continue to drug these patients to control their conduct?"

The psychiatric answer was, "There are no cures."

As all of you know, these are the psychiatric executives who have outlawed the use of megavitamin therapy in any New York State mental hospital, even for purposes of research.

As l listened, I wondered why we are spending all of that money on mental hospitals if we can predict that one-third of the patients will get well regardless of who is their counselor. The patient might better consult an astrologer, or a numerologist, or a trance medium in a dark room seance. And for the average person, a materialization dark room seance is a lot more fun than a mental hospital. And cheaper—usually about $5 a session. When the patients meet their dear departed maternal grandmother in ectoplasm, who tells the patient that she is being watched over and cherished, "...to just have patience and all will be well..." to be sure these might also be "hopeiates"—but some fine healings happen this way. A person can endure almost anything if he knows that it won't last long. There is at least the promise of cure in a dark room seance—real cure—to be restored to good health and soundness; to be able to enjoy one's self; to have a new lease on life. That is the patient's idea of cure, which much of psychiatry has long since forgotten, or never knew. Cure is a dirty word in psychiatric terminology.

Well, then, let us journey to the high road of psychiatry, those who consider themselves doctors and scientists. When the patient enters a door, which bears the label of "Dr.", in his eyes he is entering into a contract for cure—and the patient means cure. He wants complete riddance of what is ailing him. He expects the doctor to locate the exact difficulty, administer the exact cure, and make him whole. If he discovers that the doctor cannot do this, he'll try to find a cure elsewhere. All of the so-called quackery in medicine occurs only in the areas where there is medical ignorance. If there is a diagnosis and cure in the field of medicine, the patient has no need to try anything else. But if there is no medical cure, the patient has nothing to lose by trying alternatives, especially since the fees of the so-called impostors are usually much less than those of the doctors. And because, as I found out in my trek among healers, most cures are self-cures that happen when the patient decides that cure is in his own hands.

Let us then leap from the nothingness of guessing and pretense of much that is psychiatry to this group (whom I have the honor of addressing and who have given me the pleasure of making me an associate member) who are attempting to cut through the verbiage of something resembling scientific appraisal. Orthomolecular psychiatry is a movement of great courage, with many enemies among those who prefer the status quo. However, there are indications that the Orthomolecular approach is like an avalanche that cannot be stopped.

From the patient's point of view it is wonderful. Take some vitamin pills and your body no longer changes shape; your mind no longer goes blank; you no longer live in a mist and haze. The flushing and the itching and the nausea that sometimes occur doesn't matter. The doctor has said that the patient will be cured —he will be just like everyone

else—have friends—love—sex—a good job—be happy.

That's his idea of what the doctor told him. About all an ethical doctor would have told the patient is that he can possibly cure the cerebral computer so that it does a better job of accommodating incoming sensations. But the joy-and-happiness bit?

When someone questions a person who is mentally ill, before he begins treatment, "You want to be cured. Exactly what is in your mind when you conceive of yourself as cured?" he will answer something like,

"I want to control my relationships to people."

"I want to be open and warm and smiling and feel beautiful."

"I want to believe in myself; to have confidence. I want to know who I am and be proud of it."

"I want to have people understand me. 1 want to be at ease with people."

But megavitamins will not do this. For this part of the cure the psychiatrist must call on experts in other disciplines.

Most psychiatrists describe the onset of a mental illness as dating from the time the individual had his breakdown. This is not factual. A very careful and involved study of home, school, and social adjustment will reveal that the person came into the world with a brain that did not adequately accommodate incoming sensations. The histories may have variations, but they go something like this:

The patient was always a dependent person, who from the start had need for someone to interpret those sensations which he could not accommodate. In his elementary years at school, he had his teacher, who selected what he was to memorize, the alphabet, his number exercises, his reader. When he reached a high level, one that demanded abstraction, he became an underachiever—the so-called bright-stupid student. This difficulty can be detected very early in administered intelligence tests, in which the individual reveals very slow reaction time to new material, especially if there is any abstraction involved. Often this is interpreted in terms of emotional conflicts, and the child is placed under psychotherapy. This is a tremendous mistake, since an already overly introverted child is being further turned inward.

When he enters junior high school, he is obliged to make many changes. When he cannot do this, he withdraws more. It is usually at this time that he is dragged desperately from psychotherapist to psychotherapist, in spite of which the child continues to regress more and more into the security of whoever or whatever forms a bridge to interpret his environment.

College entrance may precipitate the first psychotic break because nothing is being decided for him. He is on his own. He is expected to be a whole person. A bright schizoid can sometimes manage at a marginal level. But each step into independent living is more and more of a challenge, until at some point he cracks. It might be a stressful job—marriage-children—the army. At some point his inadequate brain cannot function even at a marginal level and he gives up and retreats into a full-blown psychosis. But this point is not the onset. It is merely the crisis.

So, when the Orthomolecular psychiatrist has administered the megavitamins and the brain clears up, the patient is not "cured" in terms of what the patient had expected, that is—to be open and warm and smiling and feel beautiful, and be well adjusted, and well rounded. He doesn't even have the slightest emotional idea what these concepts entail. He has never experienced such a relationship to himself or to anyone else. He has the illusions that these changes just happen.

He, therefore, needs a long period of tutoring in the meaning of social feelings and relationships. He must learn the group skills he did not learn as a child. Group therapy will not do it. The so-called sharing in group therapy consists of discussions of one's distorted feelings. That makes very dull conversation with normal people. No one outside

that treatment group cares about these inner conflicts. Social life is for fun, not for diagnosis. Psychiatrists do not have the training to finish the job of cure. It takes the help of a professional person trained in an entirely different outlook from that of the psychiatrist. It is an educational task of making the patient aware of the nature of normal interpersonal relations and how to find his place in it. The patient must be pulled away from his dependence on his psychiatrist to concentrate on the people around him —their interests—their feelings— their expectations in a world where his own troubles have very little fascination to others. Where no one cares much what is wrong with him and why. Where they care only whether or not they can enjoy him.

In social life he must make a contribution. Social life is for fun. But the ex-psychotic doesn't know the meaning of the word fun. He is a dour person and often has no social talents that he can share. One needs for him some direction by a professional person expert in recreational and social endeavors of normal people.

Examples are usually oversimplified. However, they do illustrate a point. So take this one:

A 28 year-old commercial artist—a good one—cracked into a full-blown psychosis when his wife left him for another man. He was given 10,000 milligrams of niacin daily, plus 4,000 milligrams of vitamin C and 200 milligrams of vitamin B6. He was no longer suicidal, and he could think clearly. Then the usual complaint of loneliness took hold. Upon taking a detailed history one found that he had no meaningful social relationships until he married, five years previously. Then his sociable wife gave him the illusion that he was a socially adjusted person because she was the bridge to his sociability. Actually, he donated his presence to the group, but little else. On his own, he reverted to his premegavitamin state of social isolation. His request was for hypnosis to rid him of his "fear" of people, which he called a "mental block." "No emotional massaging," he warned me, "hypnotize me and make me sociable."

I tried to impress upon him that he must start with something to share with social groups. But he could find nothing to share. Cards? No. Dancing? No. Sports? No. He could not conceive of a single social activity that would give him even a spark of enjoyment. Finally he decided on tennis. But not in a class. He would take private lessons.

The tennis teacher became his consultant from here on, with concentration on tennis—not his troubles. The teacher found him a learning partner. With this small step into sharing, he then progressed to doubles, with whom he later had supper. The table talk was not about anyone's troubles, but about tennis. This is a small beginning, but this man is at last having fun —he has learned to like tennis and to share it with three other people. I doubt that he will ever be truly sociable; it is not possible for him to completely overcome these deep talents that he did not learn in childhood. But at least he now has an entree on the basis of something other than talking about his emotional troubles. He is learning at least the rudiments of sharing joyously.

When at last the patient's brain is in working order, each one has his own area in which he needs this expert guidance. It might be vocational adjustment; it might be educational guidance; or any other area in which he is not making the grade. This is a tutoring in emphasizing his strengths, not his weaknesses. It is a transference of his thinking of himself as an emotional invalid, to transferring his sights to the world around him —chiefly the people in it and his relationship to them. This type of education cannot be learned in office interviews. It must be taught in the process of participation.

Until the psychiatrist has made a referral to someone in the community who can undertake this kind of re-education, his patient is not cured. Megavitamins may straighten out his brain, but it does not straighten out the person.

If the psychiatrist really wants to cure

his patient—in the patient's terms—to believe in himself, to have confidence in himself, to be proud of who he is, to be understood by others, to be at ease with people—the psychiatrist must seek the help of a professional in the community whose emphasis is on normalcy. There are many such professional persons in every community. I urge you to call upon them as colleagues to complete the job of really curing the ex-mental patient—to make him truly whole.

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