Revealing Encounters

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In all innocence, I had expected that health professionals would be eager to learn about new ways of doing things when their approach was inadequate. In university and in the McGill School of Social Work I had doubts about the current approaches to helping people in spite of the esoteric theories advanced, as it appeared that they accomplished very little. But the rigidity of many professionals and their passionate rejection of alternate approaches was dramatically revealed when I started working professionally.

The setting should have been favorable. Saskatchewan, a large prairie province, is noted for its pioneering traditions. The population is small, less than a million people, scattered over a large area of prairie, parkland, and forest.

But even in this province, with a history of social and industrial innovations, the Psychiatric Services Branch of the provincial Department of Health was traditionally oriented, and desperately needed new ideas were usually rejected. An eye-opener was the case of a child with problems that was referred to the Mental Health Clinic in Regina where I worked. The mother was described as a psychogenic person, a terrible woman who was the cause of her child's problems. I had anticipated an angry, hostile person and was surprised to find a pleasant, concerned woman who spoke quietly, without hostility, and expressed her. bewilderment about her child's troubles as her other two children did not have any serious problems.

I discussed this question with the other professionals on the case and was advised that the problems had to do with the position of the child in the family (he was the youngest), and the attitude of the mother towards the child. The treatment plan was to work with the child to give him more self-confidence and to help improve his relationship with others and reduce his fears. In addition, work would be done with the mother to improve -her attitudes, to help her gain some insight, and to make her more relaxed and accepting. In addition, interviews would be held with the other family members to relax the atmosphere and improve the relationships with the child.

I doubted the basic premise that it was the mother's fault and felt that the treatment plan would not work. Unfortunately, my misgivings were realized. Not only was there very little progress shown but, because of the surreptitious blame, tension developed in the family

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and the parents showed obvious signs of severe guilt feelings.

The "blame approach" was frequently used in the clinic with several variations. If the parents were not blamed, it was the rest of the family, the patient, or society generally.

It didn't seem to matter that this approach seldom, if ever, worked to help the patient. A visit to any mental hospital at the time would show the awful misery and the terrible conditions that the patients were in.

Another theory advanced by some of the professionals in the treatment center was the pressure or tension concept. They explained that when pressures or tensions become unbearable, the patient's ability to cope with reality breaks down and he or she has mental disorders as a result. Why did some break down with only an apparently minor problem while others seemed to stand up to calamities like loss of loved ones, bankruptcy, or terminal illness? The answer was that they were more sensitive or vulnerable. The question about studies and evidence to show that patients were more sensitive did not produce an adequate answer. Also the question about what makes some people vulnerable to pressure only elicited a vague and unsatisfactory response.

I was excited about the start of the biochemical approach. It made sense and it sounded reasonable. But would it work? I was soon to find out! I was delighted to join the research group testing niacin and niacinamide to control schizophrenia. The projects were carefully planned, only taking schizophrenics who had been diagnosed by psychiatrists not involved in the research. It was probably the first double-blind study in psychiatry as there were no recorded accounts of the use of the double blind previously.

There was no doubt that the vitamins were effective. In addition to such indicators as great reductions in symptoms, better adjustment in the community in work, relationships with others, and social participation there were four suicides in the non-vitamin group and no suicides in the vitamin group. But the most dramatic proof came from the relatives of the patients.

"Before the vitamins, my husband and I were made to feel like monsters, because it was suggested that we were responsible for our son's illness. After five or six years, the treatment did not help him at all, but now he is better than he had been since he was a little boy." The patients' accounts were no less dramatic.

"I feel alive now," or "I am much better and have been working steadily for six months now," or, "I never knew that pictures could be so bright and food taste so good," and "I now can have a restful sleep; you don't know how awful it is to go to bed knowing that you will have nightmares, that you will feel anxious, that it will take a long time to get to sleep and that you wake up anxious and tired, no matter how long you stay in bed. Life is so much better now!"

I had expected the psychiatrists, psychologists, and social workers to note the improvement in many patients, some of whom had failed on the conventional therapies, and to adopt the new treatment when the other methods did not work. I was surprised and disappointed when this did not happen, and I asked some of my professional friends why the new treatment was not tried.

"It has not been proven" was a reply that I was to hear repeatedly for many years after. Many times, in response, I would ask if their methods were proven and cite Professor Eysenck's studies and others which showed the conventional treatments to be largely ineffective.

"Oh, researchers," one psychiatrist sneered, "what do they know? They don't have to deal with sick people every day the way we do."

It was useless to point out the inconsistencies in wanting scientific proof and disregarding scientific findings at the same time. Other professionals indicated that they would continue to follow the lead of the professional community in all civilized countries and did not want to engage in a treatment which had not been tried for a long enough period with a large number of patients. I could accept these arguments as being reasonable except that there was no evidence to indicate that the treat-

ments they and their colleagues were using were effective, and secondly, they jumped on the tranquilizer bandwagon very quickly, without being concerned about their side effects or effectiveness. The same hasty tranquilizer bandwagon mounting was made by the psychiatrist who carefully explained that he would not try the vitamins because the long-term effects on patients taking high doses of vitamins were unknown.

The rejection of the vitamin approach was, I became convinced, due to a blind spot or mental block among many professionals. First, my words did not get through when I talked about the lack of proof and the obvious ineffectiveness of the conventional approaches. It was as if I were talking a strange and foreign language. Secondly, they either parroted the cliche about lack of proof, or suggested that vitamins would damage the liver or create kidney stones, and used other unsupported scare tactics.

Over the years, this theme has been repeated many times with only some variations. Speaking before a university class, I aroused the hostility of two faculty members. "So you force people to take vitamins!" was an attempted attack. In addition, they seemed to be bothered by the word recovery and tried to cross-examine me on this word. This tactic should not have been surprising, because the conventional therapists rarely see recoveries resulting from their treatment.

Professional hostility against the new approach grew steadily. At first, the influence of the professionals who were against the megavitamin therapy was hardly felt in the community agency where J subsequently worked. Later, its presence became quite strong.

The agency endeavored to improve the terrible conditions of the mental hospitals, to improve public attitudes toward mental illness, and to work for improved treatment and diagnosis. The latter, it was felt, could be attained by massive psychiatric research.

The encounters with government, legislators, and their officials requesting improvement of Psychiatric Services in Saskatchewan were generally disappointing. The politicians were adept at explaining why our suggestions could not be implemented. Lack of funds and other priorities were the usual reasons given. But of course the legislators invariably referred to their "experts" who were also skilled in providing excuses to delay or refuse our recommendations.

While we were disappointed and frustrated with the responses to our submissions, it was especially galling to find some established professionals resorting to personal attacks when they were unable to win with what they considered logic.

In one instance, during a meeting with a group doing a study of Psychiatric Services, instead of discussing the issues and our suggestions two important government officials spent much of the time launching personal attacks. Another instance was during the discussion with a service club regarding a research project. Little time was devoted to the discussion of the merits of the program, but a layman who had been carefully coached by hostile professionals launched a vicious personal attack and the project was scuttled. I was unhappy about this as I felt that whether the findings were positive or negative, the project could provide valuable information.

Many felt that the tactics used by some professionals to retard psychiatric progress and to protect traditional approaches required a truly independent organization which could speak for schizophrenics and others without undue influence from any source.

First the Schizophrenia Foundation of Saskatchewan was formed, and about a year later the Canadian Schizophrenia Foundation started operating.

It was hard to start such an organization. A bank loan helped, but we had no assured income to pay for salaries and other expenses. We knew because of the opposition from a large segment of the Establishment that our chances of getting grants from governments and community organizations were slim, but we continued nevertheless.

Appearances on radio and television with recovered schizophrenics and parents of schizophrenic children and newspaper interviews also helped a great deal to give the Canadian Schizophrenia

Foundation (CSF) a good start. The publicity about an alternate form of treatment provided information and hope, and the response to the programs was terrific! Generally, there was a dramatic account of great suffering brought about by the illness and ineffective treatment and a marvelous recovery with the megavitamin therapy. The talk shows resulted in a large number of phone calls inquiring about the treatment and how to get it. We only encountered a few hostile calls, and these were mainly from professionals who questioned the treatment and claimed that the recovery was not due to the megavitamin treatment but to changes in the patient's environment, or other factors. However, there were usually several people who phoned in support of the treatment and gave accounts of their own recoveries.

Our office telephone was usually busy ringing for days after each interview. Most of the phone calls came from desperate people seeking help for themselves, their relatives, or their friends. Of course many people wrote, and many came to the office to get information and help not only for schizophrenia, but for other disorders as well. There could be no doubt that there was a desperate need and that this need was not being met. We were told about psychiatrists telling patients that there was nothing wrong with them, that they should divorce their mates, take a trip, or move to another community, or take another job. Very seldom did this advice work; in most cases it made matters worse. Of course, there were many reports of the blame technique being used. The mother, father, the family, or society were blamed. Most frequently the patient was put on tranquilizers and asked to make regular visits to a psychiatrist or other professional in the field. The reports indicated that little or no help was derived as a result of this regimen.

Many disturbing reports were received about the conventional treatment of children from parents, relatives, teachers, and nurses. Often the parents were advised to give the child more discipline, more attention, or the opposite—less discipline and attention, but more love and affection. In a high proportion of cases reported, tranquilizers were prescribed. Unfortunately these remedies seemed to work only infrequently and the terribly worried parents and the concerned relatives, teachers, and nurses tried to get information about a treatment that worked well for many.

There was great difficulty in getting megavitamin therapy. We always recommended that the patient or relative consult a physician about any therapy or health problem. Many came back and reported the ensuing discussion with their physicians. Some laughed at them, some tried scare tactics such as "It will harm your liver," "You will get kidney stones," "It's dangerous to your health to take too many vitamins," etc. But a frequent response was a kindly and patronizing "The megavitamin therapy has never been proven." It did no good to say that it was obvious that the traditional therapy was not working and something else should be tried. Most physicians were adamant about not using vitamins, but some were more permissive. "It won't do you any good, but it probably won't harm you either," they pontificated. Of course, these statements did not help the patient who wanted a doctor's guidance regarding the types and strengths of vitamins to take and direction for other necessary treatments.

Fortunately, many were able to get medical guidance with excellent results. In a relatively short time we started getting letters, phone calls, and visits from grateful patients or their relatives reporting considerable improvement and thanking us for our help.

In addition to good media response, the SFS and the CSF had well-attended public meetings. The interest was unusually high, and the audiences were attentive. Dr. A. Cott of New York City, Dr. D. Hawkins of Long Island, and Dr. Jack Ward of New Jersey spoke at the first public meeting in Regina sponsored by the SFS. They did an excellent job in helping to start the SFS and the CSF. Several other eminent professionals from Canada and the U.S.A. were guest speakers for our meetings, and we are

grateful to all of them for their help.

With the media programs and meetings, together with our office contacts, the CSF soon built up a good membership. Our income increased, and we were able to expand our activities. We organized branches in some of the major Canadian cities. In addition to the CSF branches in Saskatchewan at Regina and Saskatoon, dedicated volunteers established branches in Winnipeg, Toronto, Victoria, Vancouver, Calgary, and Edmonton. Other branches were added so that the CSF now has 15 branches in Canada and some affiliated groups in several countries. The branches generally had the same response after a television or radio show: the telephone ringing for days, people visiting or writing, all desperate for information and help.

We decided to present a brief to the Government of Saskatchewan in order to inform the government regarding our views on improving the Psychiatric Services and also to inform the public about the objectives and work of the CSF. Our main recommendations were: (a) The government should set up a group to study the effectiveness of the various therapies and make recommendations to phase out those treatments which are ineffective or harmful, and provide assistance and encouragement to refine and develop the treatments that are effective. In addition, the group was to try to establish suitable standards for treatment, diagnosis, and preventive work, (b) We recommended that because we felt that Psychiatric Services would be improved by community participation, a Board of Governors be established for the treatment centers comprised of staff, government officials, and lay community members. There would be greater liaison and exchange of information which could be valuable for all concerned, (c) As there was an urgent need for accurate and up-to-date information, we recommended that the government develop their health education branch to fill the need, or to assist the CSF in setting up a comprehensive public information program .

Having dealt with governments before, I was not optimistic about the results.

Usually, the government delegation included the provincial Minister of Health, the Deputy Minister or other official, and one or two senior civil servants from Psychiatric Services. The CSF delegates were generally several CSF members and myself, as General Director. We met in a large government office and sat in high-backed chairs at a large and massive table.

The meeting went as expected. First, one government spokesman explained how difficult and complex it is to test and compare treatment effectiveness when different types of patients, different staff, and different hospital and treatment facilities are concerned. It did not help to point out that without adequate monitoring, the treatment is left to the discretion of the individual therapist and that the evidence indicates that a great deal of money and many human beings are being wasted and destroyed.

On thinking about this afterwards, it seemed strange to hear that psychiatrist saying that it was almost impossible to do a good job of testing treatment effectiveness, while his colleagues in Canada and other countries were insisting that the Orthomolecular physicians provide in-controvertible proof of the effectiveness of their approach. This illustrates the double standard very well; even more so when we consider that there are many opinions regarding what constitutes adequate proof.

Although there were questions about the exact function of the community-based board that we had recommended, we were advised that the government was already considering a measure somewhat similar to the one we were recommending. However, five years later, we haven't heard about any such board being established.

The request for an expanded and reorganized public information program was quickly bypassed, but we were surprised at the response to one of our additional suggestions made towards the end of the meeting. We described a treatment center in the U.S.A. which was having great success in treating schizophrenics and was able to treat outpatients at a very low annual cost. We

suggested that the government send an official to study this center so that some of the methods could be adapted for use here, thus helping many schizophrenics recover and saving a great deal of tax money. The reply was that the government could not do this as there were no funds allocated for this type of project in the current budget!

A more successful approach to the government was made in 1974-1975 in Alberta. The College of Physicians and Surgeons declared that the megavitamin therapy was to be considered an experimental treatment. This meant that it would be much harder to obtain the treatment and more difficult to have it covered by Medicare. The CSF and other organizations joined forces to combat this development. Public meetings, petitions, interviews with legislators, television, radio and newspaper programs together with personal appeals and letters were used to make the necessary changes. It was comforting to hear in the public meetings about the wide variety of disorders that were successfully treated by the megavitamin or Orthomolecular approach. Schizophrenia, heart and circulation problems, hypoglycemia, rheumatism and arthritis, learning and behavior problems in children, alcoholism, and other disorders were dramatically described by the patients or their relatives, indicating how they had suffered with no relief from conventional therapies and how well the Orthomolecular treatment had worked. At one of the meetings I attended, after the panelists described the great effectiveness of the megavitamin therapy on themselves or their relatives, a man in the audience advised that the only way the medical establishment would accept the megavitamin therapy was for us to provide incontrovertible scientific proof that the treatment works!

In one of the radio open line shows, a woman said that she was an alcoholic, a drug addict, and a schizophrenic, and after years of suffering she was able to live a normal life and to raise her children. "If I cannot have the vitamin therapy, I do not care to live," she declared.

At one of the public protest meetings, a speaker read about the dangerous side effects of Valium, said to be the most popular tranquilizer. She quoted extensively from an authoritative pharmacological reference book which clearly indicated the dangers of addiction and serious health problems resulting from prolonged use of the drug. The unanswered question was, "Why were not Valium and other dangerous tranquilizers declared to be experimental drugs?" The answer was never given in spite of the obvious ineffectiveness of the tranquilizers and their potentially dangerous side effects. Clearly this was another illustration of the double standard. Megavitamin therapy, with double-blind and other research studies as well as years of clinical treatment showing its effectiveness, was to be considered experimental while the tranquilizers, with considerable evidence to show they were effective and in many instances dangerous, were accepted as approved treatment.

The meetings, interviews, letters, and petitions had some effect. In addition to relaxing the regulations and making it easier to obtain megavitamin therapy under Medicare, the government set up a committee to study the therapy. There were reservations and even some apprehension about the committee because they refused to have an Orthomolecular physician on the committee, because they refused to have open hearings with questions for the witnesses, and because there was reason to suspect bias against the Orthomolecular approach by some members of the committee. The report was not released until January, 1977, and the old demands for incontrovertible proof and the old fears about possible dangers of megavitamins were repeated. Although we had considerable support from consumers of health services and many professionals, the opposition from the traditionalists in the health field is continuing. I met a senior government official, a physician, and discussed with him the lack of acknowledgement of and appreciation for the ineffectiveness of traditional therapies and asked why, in view of the considerable supporting evidence, there was so much opposition to the Orthomolecular approach. He said

that the medical profession must be cautious in trying out new approaches and nothing but a first-class independent study would persuade the profession to consider a new therapy. I pointed out that a study of this nature would be very expensive and the CSF could not undertake such a project, even if we felt it was needed. He indicated that he thought the federal government should assume responsibility for the study. I told him that I felt that, in view of the unreasonable opposition, it would be a real task to convince the federal government of the need for such a study. Further, because of some terribly faulty and biased studies that had been done by the people who called themselves objective and because of the antagonism expressed by many professionals to the approach, it would be equally difficult to get an objective study done. I indicated that I felt that there was no need for such a study because of the overwhelming evidence from several well-designed studies, and perhaps more important, by the massive clinical evidence showing the superiority of the Orthomolecular approach. I suggested that any physician who is really interested in finding out the merits of the treatment could approach one or more of the many Orthomolecular physicians and get firsthand information. He didn't think that this type of information would be good enough to warrant consideration of the ortho-molecular approach.

There were of course many others who questioned the approach and who would not accept any questioning of the efficacy of traditional therapies. For instance, we had a booth at the Regina exhibition where we had a literature display, supplied information, and sold memberships. Several university students came by one day and looked at some of the books and brochures.

"What proof have you that it works?" they asked.

We pointed to the various books and reports and advised that we could supply a reading list if they were interested. Our question "What proof can you provide to show the effectiveness of the popular current therapies?" seemed to surprise and bewilder them. "Nearly everybody is doing it and if it were no good, they would try something different," was the gist of their reply.

Although we continued to hear criticisms such as "there is no proof that it works, it's the personality of the doctor, it's the placebo effect," and the usual scare tactics about harmful effects of vitamins, these were successfully contradicted by the reports from patients and their relatives.

"Our shadow's child is now in bright sunlight," wrote one mother.

"My son got 90 percent in arithmetic this morning," a happy mother of a young boy who had been labeled a slow learner joyfully announced one day at the office. A schizophrenic told us that he was working full-time and supporting his family after having been on social aid for years. In addition to schizophrenics, there were alcoholics, people with arthritis and low blood sugar who described how much better they felt and how much better they functioned on the megavitamin therapy.

One woman came into the office complaining that her marriage was breaking up; she was terribly depressed and was contemplating suicide. She said that the CSF was her only hope. Questioning revealed that she had seen many doctors, had received treatment in a psychiatric center and had been on tranquilizers for a long time without much relief. As the specific symptoms seemed to suggest hypoglycemia, I advised her to get an immediate appointment with a physician and to discuss a glucose-tolerance test. The test revealed that she had hypoglycemia, and the physician put her on a special diet. About a week later she told us, "You know what I did this morning? I threw out $40 worth of tranquilizers!" She regained her health and is now working full-time in a local department store.

The visits to our office, the phone calls, the correspondence from many countries, and the great demand for our literature showed that we were on the right track. Our problems continued to be the lack of Orthomolecular physicians and the obdurate opposition of many traditional professionals.

What of the future? I am convinced

that the key to instituting the more effective approaches to diagnosis, treatment, and prevention lies with the public. An informed, alert, and involved public will not tolerate for long the severe problems and high taxation resulting from the ineffective approaches. We must continue with our public information programs to raise the levels of public awareness, to mobilize public opinion, and provide leadership so that the public will take action to eliminate the faulty approaches and the ineffective treatment and to institute the most effective and scientific approaches. Of course, we must also continue to work with the scientific and professional community, with students, and with governments to bring about much-needed changes.

The revealing encounters have shown that the winds of change are starting to blow. Because of the great and urgent need to prevent terrible suffering, I am confident that the dedicated pioneers of the movement, both lay and professional, will continue to develop this beneficial force to help a suffering humanity.