Editorial

Stigma and Schizophrenia

In the *Globe and Mail*, June 8, 2008, Andre Picard states bluntly that we are all to blame for the death of Mr. Lall's family in Calgary. Mr. Lall was undoubtedly mentally ill, probably schizophrenic, but did not receive the help he deserved to help him get well. We did not do the killing but by our overall attitude toward the psychotic mentally ill we are complicit. And he blames the stigma attached to mental illness as the real reason. He is correct. But Picard did not discuss the reason for this stigma. It is the refusal of the psychiatric establishment to properly educate the public how to recognize those who are ill, how to get them some help that is more than palliation, even though that is better than no treatment for many of them. The book I wrote forty years ago with Humphry Osmond, *How To Live With Schizophrenia*, was the first major attempt to make the public aware.

No one denies that the stigma persists in spite of decades of efforts by the Canadian Mental Health Association to remove it. Merely talking about mental illness and claiming that it is just like any other disease is not good enough. The public knows that this is not true. It sees this in their relatives and friends who are not the same afterward, and who rarely ever go back to their earlier normal state, if they were ever normal.

Senator Michael Kirby's committee properly started its report (*Out Of The Shadows At Last, May 2006*) with descriptions of some of the stories they heard from patients who had been treated. Hundreds of Canadians told their stories. Their stories showed how people living with mental illness and their families experience the current system. Their words tell a story about the lack of knowledge, compassion, information and services and about stigma and discrimination. These descriptions accurately describe how the mentally ill are treated. Even if the system is as sick as it is, the major responsibility should be laid at the hands of the psychiatric establishment which has not done a better job and which has not protested long and loudly enough that the system should be improved.

Mentally ill patients face the stigma of being mentally ill as also happens with some physical diseases. Diseases which are not understood and for which we have no effective treatment tend to be stigmatized. So it was with leprosy and tuberculosis many years ago. Families were very fearful of these conditions because there was no effective treatment and patients had to be taken to leper colonies and sanitariums for many months or years of treatment. Today even though there is reason to be fearful of the resurgence of tuberculosis there is no stigma attached as we have effective treatment for it. Syphilis is another example of a disease which was abhorred and stigmatized. But with the introduction of the proper antibiotics and with a change in moral sexual standards it appears to have no stigma attached to it. Special treatment centres were created in hospitals for the diagnosis and treatment of this disease although there were separate entrances away from the front entrance of the hospital. A more recent example is HIV/AIDS which carried the same severe stigma 20 years ago, most of which has dissipated because the HIV establishment has created the overall impression that we have effective treatment. We do have palliative treatment.

For the same reasons the mentally ill, especially those who did not recover, were stigmatized, and schizophrenia still is. Schizophrenics were said to have nervous breakdowns and these were discussed in hushed tones by families and friends and whispered about to each other even though no one knew what having a nervous breakdown meant. The institutions where these patients went for help soon were enveloped by the same stigma.

Strenuous efforts have been made over the past 100 years to remove the stigma first by changing the name of the institution and over the past 50 years by trying to educate the public that this is a disease just like others. But in fact it is not and the public was not fooled. Schizophrenia would be a disease just like other diseases if it were generally recognized as an easily treatable biochemical disorder with an excellent high recovery rate when treated by orthomolecular methods.

Schizophrenia is considered a disease for which there is only palliative treatment. This negative view of the condition is accepted as the natural state and no attempt is made to help them recover. Until two years ago, when I was still practicing psychiatry, medical students from England, Scotland and Ireland, from Australia and from eastern Canada as part of their elective spent one or two days with me while I saw my patients. At the beginning several students came from UBC. But later they no longer came probably because of fear of the College of Physicians and Surgeons of BC, All forty students who came had had at least one hour of teaching in nutrition. One had none because the professor did not show. Invariably they were surprised when they spoke and interacted with schizophrenic patients who calmly discussed their hallucinations and delusions past or present. They had seen patients in the psychiatric wards under heavy medication. All my patients they saw had previously failed to respond to drug-only treatment and had been referred as failures.

For many years standard psychiatry diagnosed schizophrenia only if patients never recovered. This was a hallmark of schizophrenia. In Europe, if a schizophrenic patient recovered after even fifteen years s/he was rediagnosed out of schizophrenia. The professions acting on this belief do not try and therefore have not seen recoveries. If they see one they are rediagnosed. This preserves that hopeless idea. If the rule is that all crows are black and you see one white one you simply declare that it is not a crow, as all crows black. Thus the rule is maintained.

The only people who have seen patients recover are families, close relatives and friends. Poor patients cannot afford nor find physicians willing to treat them by orthomolecular methods. They think using vitamins is too dangerous. Only dedicated, intelligent and middle class families do see the results of curative treatment. Orthomolecular treatment is available for the rich; the poor will not have access to orthomolecular treatment because there are so few practitioners and they have often to travel far in order to find one. Many are so desperate they will follow the treatment on their own without telling their doctors who they know will disapprove. This has made orthomolecular treatment a luxury for the rich. The poor must be left in the clutches of the profession using palliative treatment only. There are a few exceptions like the young man who took a difficult, low paying job and saved his money so that he could fly several thousand miles to see me.

The earliest term for the old mental hospitals was asylum. I am sure that Dr. Conolly back in 1850 was happy with the term asylum being applied to his hospital where he was able to get a 50 percent recovery rate. But as the character of the hospitals deteriorated until 1900, the stigma of non-recovering patients became so bad that the term asylum was dropped. It meant that anyone in an asylum was mentally ill and untreatable. The Oxford International Dictionary of The English Language defines asylum as follows: (1) A sanctuary for criminals and debtors from which they can not be forcibly taken without sacrilege; (2) A secure place of refuge or shelter; (3) A benevolent institution affording shelter to some class of

the afflicted, the unfortunate or destitute; (5) Lunatic asylums. I think the word is a good word and ought to be resurrected and asylum should be given, if necessary for life, for patients who have been so badly damaged that they will never be able to live an independent existence.

To counter stigmatization, the word asylum was dropped and an innocuous term was used instead, such as Saskatchewan Hospital in Weyburn or Spring Grove State Hospital in Maryland. This did not help reduce the stigma, which had enveloped the original structure and would not leave no matter how hard any one tried to blow it away. By 1950 another attempt was made by simply describing the location of the psychiatric wards within the hospital. At the Royal University Hospital in Saskatoon it was called 5DE, an accurate description of the location of our wards on the fifth floor in wings D and E. It soon became obvious that patients from the rest of the hospital did not want to go to 5DE and it, too, carried the same stigma. I believe most psychiatric wards are still called psychiatric wards and a few places have names of their own to honour certain political persons such as the Eric Martin Pavilion in Victoria. It has the same reputation that any other psychiatric hospital has. It is not very good and patients resent and fear going there. There is only one way to remove the stigma and that is to show the public that patients with schizophrenia recover and become useful members of society, that it is not an untreatable disease. Legal sanctions that applied only to highly contagious diseases such as leprosy, tuberculosis and untreated typhoid should not be applied to Canadians who are mentally ill. After all it is against Canada's constitution. Why don't the provinces, except for Ontario, obey the constitution? Maybe we will need to wait until each province is taken to the Supreme Court of Canada for another declaration.

The Globe and Mail ran a series of reports on the mentally ill in Canada that was very good (June, 2008). It should highlight to the public the serious nature of the problem facing us today. Perhaps it will open up the public purse some more and the mentally ill will get more effective treatment. However reading the case histories will not change the over all level of stigma, for so few of the schizophrenic patients ever return to the point that they can pay income tax. They can be kept at home with lots of special care but the track record of recovery is dismal. This is not made clear in this series in *The Globe and Mail*, nor will it remove the stigma from schizophrenic patients. It will help do so for depression but this has never been as feared by patients who have not suffered through it. Many of these psychotic depressions are really undiagnosed schizophrenia. The stigma is so great that even doctors are afraid of the term and will use other words instead. Frequently the early symptoms and signs of schizophrenia are ignored if the patients are depressed and they are promptly said to have borderline personality disorders. Often the correct diagnosis is made only after patients have become so schizophrenic that it would be malpractice to ignore it. If these patients are disagreeable or refuse to cooperate they are labeled borderline personality disorders. This absolves the treating doctor of responsibility, as it is currently believed that BPDs are not treatable. A patient brought into hospital by the police as an emergency was seen by a psychiatrist after two days and was told that she was being discharged as she was BPD and they knew no treatment for this condition. She recovered as an outpatient in six months on orthomolecular treatment.

There is lot we can do. We can demand from the psychiatric profession courteous treatment of the mentally ill. We must demand honesty in reporting

the results of treatment using only palliative drugs and we must demand it looks at treatment that is more effective. The moral treatment of the insane used over 150 years ago by the Quakers, and in Canada in the hospital on Queens Street in Toronto until about 1900, yielded about a 40 percent recovery rate. This was achieved by a combination of proper housing (not the streets), good food, (not the junk served in hospitals today), treatment with consideration and care. If one adds orthomolecular treatment, the recovery becomes much better. The psychiatric profession believes that very few patients recover based on the results that they see but it does not seem to care, and considers palliative the best than can be achieved. If you have cancer which do you prefer: to shrink the tumor and allow you to die with less pain, or to cure you of your cancer? We must have more accountability from the psychiatric profession.

–Abram Hoffer, M.D., Ph.D.

Energy Efficient (Toxic?) Light Bulbs

There are two things that should be viewed with caution about the new "energy efficient" light bulbs: they are made in China and they contain mercury. With the recent news about lack of inspection and control of Chinese factories concerning the presence of Melamine in pet food and milk products, one wonders how much mercury is contained in each light bulb? If it is 0.1 μg, could it be 10 or 100 μg. How do we know? It is not listed on the package.

Mercury is a neurotoxin. The package lists the following precautions: "This product complies with part 18 of the FCC Rules but may cause interference to radios, televisions, wireless telephones, and remote controls. Avoid placing this product near these devices. If interference occurs, move the product away from the device or plug into a different outlet. Do not install this product near maritime safety equipment or critical navigation or communication equipment operating between 0.45-30 MHz. Use only on 120V 60 hertz circuits. Not intended for use with emergency exit fixtures or lights, electric timers, photocells, or with dimmers."

If it will interfere with common electrical devices, what will happen to the brain if one is reading a book for several hours with this bulb over their shoulder, or to an infant with a bulb near their bed or crib?

Also, the US EPA (http://www.epa.gov/mercury/spills/index.htm) instructs the following if a bulb is broken: "Never use a vacuum cleaner to clean up mercury spills. The vacuum will put mercury in the air and increase exposure. Never use a broom to clean up mercury. Before clean-up; air out the room. Have people and pets leave the room, don't let anyone walk through the breakage area on their way out. Open a window and leave the room for 15 minutes or more. Shut off the central forced-air heating/air conditioning system, if you have one. Carefully scoop up glass pieces and powder using stiff paper or cardboard and place them in a glass jar with a metal lid (such as a canning jar) or in a sealed plastic bag. Use sticky tape, such as duct tape, to pick up any remaining small glass fragments and powder. Wipe the area with damp paper towels or disposable wet wipes. Place towels in the glass jar or plastic bag." There are several more paragraphs dealing with carpets, stairs, etc.

We do not use these bulbs at The Center or in our homes. Remember two things: bulbs contain mercury and are made in China.

– James A. Jackson, MT(ASCP), Ph.D.
Laura Benson, B.S.
The Center for the Improvement of Human Functioning International, Inc.
3100 N. Hillside Ave,
Wichita, KS 67217