

BOOK REVIEWS

THE EDEN EXPRESS

Mark Vonnegut, Praeger Publishers, N.Y.
1975.

11-9-75

I read a review in the Sunday paper of a newly published autobiographical work concerning the schizophrenic experience. **The Eden Express** was written by Mark Vonnegut, the son of noted American author Kurt Vonnegut. It deals with this young man's schizophrenic breakdown and his treatment and recovery utilizing Orthomolecular techniques. The reviewer, a psychiatrist from Philadelphia of traditional stance, is critical of the writing, the outcome, and the treatment. My interest is piqued . . . 11-30-75

Another Sunday, another paper, but this time an interview with Mark Vonnegut. How angry I become that he should view this experience so flippantly, that he should present his doctor so sarcastically! I am stirred sufficiently to put together the following letter to the editor:

. . . / have left them [book review and interview] with the same feeling—he may be back from "insanity," but he has yet to assume any of the positive values that cause humanity to rise above

the level of lower warm-blooded animals. This in spite of his desire to be a physician. As a professional involved with Orthomolecular concepts I feel embarrassed for him and for the discipline I represent for despite the fact that we may have been of assistance in healing his body {i.e. his mind} we seem to have totally ignored his soul.

As a recovered schizophrenic {who has also written a book about the experience} I can only respond: Yes, Mr. Vonnegut, we do tend to look younger than our years, but all of us do not behave that way . . . I immediately order the book.
12-20-75

The book has arrived, but my concentration is deterred due to the upcoming holiday. Deadline for reading it, January 1st. 12-23-75

In spare moments I have begun the book twice, putting it down both times. It doesn't hold my interest as I had hoped it would. I can't find the section on treatment to read it first. The minds of the Flower Children have been explored (and exploited) in prose and poetry often before. 1-2-76

Holidays over I sit down to dig in. Yawning through the first 90 pages, finding nothing distinctively

schizophrenic, as I know it. When will" he get to it! It is difficult for me to identify with his lifestyle in terms of my generation (I missed it by 10 years), and my children are not into it either (they are 10 years on the other side). Besides, the total outlook is just awfully shallow and immature. 1-4-76

Back to the drawing board with effort—much effort. Page 92 and I am beginning to awaken as he begins to lose control. In fact, I find myself beginning to relive some moments with him, feeling what he feels, knowing too well his confusion on the ski slope from euphoria to depression. I am traveling back to a time well distanced (I thought) from my present world. I let myself go with him without fear, knowing my own power and desirous of seeing if he can entrance me. And entrance me he does. It is all there, leaping out of the pages like a living montage of Hell, only he doesn't recognize it as such for it is not dissimilar to his drug-induced states or to his fantasies about what the Garden will be like when he finds it. Thus, he can call his experience **The Eden Express**, when I might have entitled mine **Satan's Seesaw**. The difference is not within the disease, but in the angle of the prism through which we each perceived it. For him the insights and omnipotence were well worth the suffering. For me, the pain almost wiped out my practical, real world, leaving little opportunity for either visions or grandeur to have any immediate positive effect. Only later did he realize how close he was to losing his real world, a fact I was always intensely aware of. Only later did he realize that to lose the real world would have been any loss at all, another point of intense dissent between us.

And so, I read on without stopping until the book is finished. In the end I see growth and change, and although there is certainly room for much more, the movement is definitely in a positive direction.

Reflections: Mark Vonnegut was (is?) a very young man who was also very ill. He

can describe what happened to him exceptionally well, and for that reason alone his writing should be read—particularly by those who have not suffered and also by those who believe that there is no such thing as "mental illness," that the disordered insights of the schizophrenic are a gift to a "chosen people." He is quite convincing when he discusses the fact that schizophrenia is a "poetic affliction," and how much easier it is to believe it to have "poetic causes" than to accept such a "pedestrian" treatment as that offered by the biochemists. C'est la vie, another disappointment in life, another pop in the balloon of romanticism, but one which will permit many of us to age rather normally, leaving the manner in which we accept or reject our experience to ourselves.

But should such an intense and influential experience be left simply to ourselves to untangle? I am deeply concerned about this attitude which is reflected in Mark Vonnegut's sarcastic attitude toward his physician. It pops up over and over again (at least three times), so it was also of importance to him. There seemed to be a great chasm between the treatment and the human being behind it (on both ends). It may not really have been as great as it seemed, but it was definitely there. Did it need to be? Cannot the biochemists and their emissaries, the physicians, create a better blend of science and art? Perhaps I am overly concerned (or overprotective) because of the fact that I deal regularly with intense relationships and realize just how fully a human being's potential may be assisted to develop with a combination of physical (chemical) and mental (emotional) therapies. Much greater than by the use of either one in isolation. Perhaps I am concerned because I have not yet accepted the realities of the situation, the dichotomy that exists between science and art.

Whatever, I must admit that within this book I discovered far more than I had anticipated. Having entered into *it* with a negative bent, I found a bond of

common experience which eased some of the more abrasive points. I leave the book wishing this young man well, realizing that he will continue to grow and mellow as he ages free of perceptual distortion and having been provided a goal in life. Hopefully, he will find a guide who may assist him in appreciating more of the real world, the one he tried to flee so desperately.

For myself, I have also learned and grown, perhaps a lesson I should have realized some time ago—one must never judge a book or its author by their reviews and surely, one should hold one's pen until all of the facts are in one's possession.

- **Jane F. Rittmayer, Ed.D.**
110 Avondale Avenue
Haddonfield, N.J. 08033

**ABNORMALITIES IN PARENTS OF
 SCHIZOPHRENICS**

Hirsch, S. R., and Leff, J. P., Oxford University Press, London, New York, Toronto, 1975. 200 pages.

Psychosocial research into schizophrenia has been characterized by a hasty examination of ideas primarily derived from psychoanalytic doctrine or its derivatives. These ideas were adopted quickly simply because they appealed to the analytic schools. This has wasted enormous sums of money, the lifetime, career of many investigators, and harmed untold numbers of patients and their families subjected to techniques derived from these-ideas. What is more wasteful than the expenditure of immense sums of money and man-hours of research to disprove ideas that should never have been taken seriously in the first place? I know that research is inherently a wasteful procedure since most ideas eventually turn out to be wrong, but the waste is

minimized by using some judgment before initiating the search. The genetic basis of schizophrenia was clearly established by 1950. But because of the immense power of the psychoanalytic group an enormous amount of work was required to re-establish the validity of the genetic conclusions of men like F. Kallman in U.S.A. and E. Slater in England. What a waste.

This book details the main fashionable psychosocial ideas, how they originated, the scant evidence which supported them, and the modern conclusions that they are useless. *A. Schizophrenogenic Mothers.*

Apparently F. Fromm-Reichman first used this word almost as an afterthought in 1948. It is based upon four female schizophrenics studied by a psychoanalyst (1940). He found all had cold, rigorous, sadistically aggressive mothers, and soft, indifferent, passive fathers. Four cases, however, is four times as many as Freud required to establish to most psychoanalysts' satisfaction that latent homosexuality caused paranoia. Earlier Kasanin and colleagues (1934) concluded "the biological inferiority of the schizophrenic child is easily detected by the parents and serves as one of the principle causes of overprotection . . . the preschizophrenic child invites and solicits the extra care and attention on the part of his parents." Their conclusions were based upon a study of 45 schizophrenic patients. Instead of biologic inferiority, it is more accurate to consider that these children were already ill. The illness is recognized by the parents and elicits a response. In my opinion this may be one of the responses which allows a tenuous child-parent relationship. Perhaps if there were no overprotective response the mother would simply abandon the child in self-defense.

Hirsch and Leff conclude that some mothers of schizophrenics are more concerned, protective, and more intrusive, but "it is important to appreciate that excessive protectiveness in the mother may well develop as a response to an abnormal child, rather than the

reverse.

They also find insufficient evidence to characterize mothers of schizophrenics as showing a combination of over-protectiveness and hostile rejection.

Generally fathers have been condemned less frequently than mothers. Is this because most psychoanalysts were men? But the few studies absolve fathers as well.

B. Parental Disharmony.

Apparently parents of chronic schizophrenics do show more marital discord. I have seen this in my practice, but usually it decreases to a normal level once the parents reject the idea one or both were the cause and accept the biological interpretation.

C. Are Parents of Schizophrenics Peculiar?

The authors conclude that there is a trend in this direction. I find this not surprising. Quite often one of the parents is also subject to the same schizophrenic disturbance. Many parents have told me they themselves suffered similar symptoms sometimes in the past. Many of my recovered patients have persuaded their parents to seek help for their schizophrenia.

D. Does Parental Deprivation Cause Schizophrenia?

The answer is "no."

E. Do Parents of Schizophrenics Communicate in Peculiar Ways? Do They Expose Their Children to the Hazards of the Double Bind?

Again the answer is "no."

The last section of this book contains the results of an experiment designed to duplicate some NIMH experiments which suggested that there was a primary disturbed communication problem in parents. The English results did not corroborate the U.S.A. studies.

The authors discuss the only model that seems to account for the facts which have slowly emerged. This is the genetic model. This postulates that the parental abnormalities are an expression of the schizophrenic gene operating in a partial or attenuated fashion.

Hirsch and Leff have written a very scholarly book. Their examination of the literature is

objective, careful, and balanced. Any person still disposed toward psychosocial theories of the cause of schizophrenia will find it very difficult to retain these ideas once they have read this book.

The genetic model will become even clearer once geneticists begin to incorporate the newer knowledge of the schizophrenias developed by orthomolecular psychiatrists. For there is not one single uniform disease, schizophrenia. There are a number of biochemical conditions in the brain which produce the schizophrenic syndrome. It is likely each one will have its own genetic mechanism.

**A. Hoffer, M.D., Ph.D. 3A-2727 Quadra Street
Victoria, B.C. V8T4E5**

REVIEWS BY ROBERT E. BUCKLEY, M.D. *

THE SAVE YOUR LIFE DIET

**by David Reuben, M.D., Random House, N.Y.,
1975.**

This fourth book by Dr. David Reuben is in his now well-known style: an attention-grabbing title and smooth, easy reading text. In **Everything You Wanted to Know About Sex and Any Woman Can** he discussed a popular topic with skillful biologic knowledge and social sophistication.

This new book enters the controversial field of health and diet. He has selected a title which invites skeptical ridicule. This is the reason he begins the book with an open letter to physicians. Chapters which deal with the discovery of the value of the high food fiber diet have quite adequate bibliographic references. Many physicians are familiar with the reports of the English surgeon Burkitt. He has

* Levine Hospital Bldg., 22455 Maple Court, Hayward, CA. 94541.
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summarized findings on bowel motility, food fiber content, and the frequency of various diseases in a recent paper in the **Journal of the American Medical Association**. Dr. Reuben offers to send a reprint of this paper to any physician who requests one. He practices "defensive medicine" for protection against malpractice claims. He advises readers to have a medical consultation before changing to this diet. This should avoid claims that advice to use this diet to reduce blood cholesterol will not amount to a verbal contract for avoiding heart attacks. Only fools and hungry lawyers would assume that such general advice had such specific application.

Studies on the frequency of various diseases throughout the world found a reduction of cancer of the large bowel and rectum in areas with rather primitive high-roughage diet. This is especially true in Africans using the native diet. However there is an increase in cancer among Africans living in westernized cities, and the incidence of colon cancer in American blacks is the same as in Caucasians.

With such convincing clinical data, an extensive study of the diet was sure to follow. The beneficial effect of the diet is in large part due to the decreased food transit time from mouth to anus. The bowel movements are increased in size and are softer. It is the softness of the stool which clarifies why hemorrhoids are unknown on the native African diet, and why the diet is of obvious benefit to persons with constipation and hemorrhoids. In short, the high-fiber, high-roughage diet provides an effective biological flush of the bowel.

A major problem of many elderly persons is diverticulosis, or the development of small pockets of stretched large bowel. When these pockets become inflamed the name changes to diverticulitis. These inflammations can cause many symptoms of irritable bowel and pain. This diet was prescribed for English patients on a waiting list for bowel surgery because of chronic diverticulitis. So many of them were relieved of symptoms that surgery was performed on only a small percentage.

One of the unexpected results of the decreased bowel transit time is a decrease in blood cholesterol levels. A major route for excretion of cholesterol is by way of liver bile which helps in the digestion of fat. When it takes four days for digested food to become a bowel movement there is sufficient time for re-absorption of all of the bile acids. When the transit time is reduced to one or two days some of the cholesterol is bound to be in the feces. A reduction in the blood levels will then occur.

An important biologic principle is involved in these findings. The selection of the biologically fit for survival involves adaptation to changing environment and foods. Man evolved on a diet high in fiber, and it was only in the past century that the dietary environment of Western man became changed by his own choice. A major factor here was the development of steel rolling mills which cracked the bran from wheat kernels. This removed a major source of dietary fiber. However we are still biologically programmed for a high-fiber intake. The withdrawal of this roughage is associated with an increase in several disorders, including bowel cancer, elevated cholesterol levels, myocardial infarction, hemorrhoids, and varicose veins. A return to biologically normal feeding patterns can be expected to lead to improved health without special hazards.

It has become a medical tradition to prescribe a low-roughage diet to many patients with bowel complaints. We can now assume that avoiding nuts and some vegetables may be of value, but that increased fiber from cereal grains will probably be quite useful for the majority of people with diverticulosis, constipation, and hemorrhoids.

One of Reuben's excellent discussions deals with the way our typical American diet leaves us prone to certain disorders. We have a billion-dollar per year business advertising bad dietary habits. The "quick energy" foods provide excessive carbohydrate supplies which make

us prone to hypoglycemic reactions several hours after eating meals with large amounts of starch and sugar. The usual diet which is advised for these patients is often more deficient in fiber than the previous one. These persons are likely to develop constipation. It is quite reasonable that bran be added to the hypoglycemia diet since the bran does not add to the calorie intake. It is also useful to add bran to the diet of persons on weight control diets since the bran can contribute to a feeling of fullness after eating the smaller than average amount of food on the diet.

Some recent findings in research concerning fiber-deficient diets have not been reported in this book. This is quite appropriate since it has more than enough clinical information in it already.

It has been found that diets deficient in fiber cause experimental animals to have a toxic reaction to small amounts of food additives. In an important study Benjamin Ershoff has found that when previous nontoxic levels of three common food additives were given to these animals simultaneously, they had toxic reactions. The addition of food fiber gave distinct protection to these animals on a special fiber-free diet. These findings will force the reconsideration of food additives which the FDA regulates. In the past the FDA has assumed that each food additive will have its toxic effect by a mechanism which is different from that of other additives. This finding should force a reconsideration of the toxic responses to each additive since the toxic reactions will be much more intense and frequent when the chemical is used in a pattern with other additives. There are over 2,000 chemical additives to the foods sold in America. We find that the "quick energy" foods, soft drinks, ice cream, and prepared luncheon meats are foods which have several chemical additives. Many patients report feeling better after being on the high-fiber diet for a month. It is possible that the increased fiber content is decreasing some rather vague toxic reactions to food additives. At any rate this reviewer concludes that the title of the book causes

a skeptical expectation which is not confirmed by study of the book. It should be of particular benefit to many persons with some bowel and cardiovascular problems. The basic advice is that man will enjoy better health when he eats the foods which he consumed during the long process of evolution.

HIGH FIBER WAY TO TOTAL HEALTH

Carlton Fredericks, Pocket Books, New York, 1976.

This is another book on the use of whole grain and bran supplements to prevent or postpone disorders from our fiber-free diet. Dr. Fredericks points out a similarity of this book to his first book on nutrition and health published 35 years ago. Both of them advise that patients use whole grain products. A major difference is that the proposals present in this new book are clinically supported by extensive studies on the therapeutic use of cereal grain supplements.

Fredericks has been "controversial" in this field because he had a nation-wide radio program about health for 30 years. Anyone who becomes so well known is bound to be quoted out of context and misunderstood. A recent review of a cookbook of his in the AMA Journal concluded that it could not be recommended because it advised faddist ingredients such as whole grain, wheat germ, and bran. The findings that high-fiber diets have protective effects were prompted by the epidemiologic studies of Africans. Some uncontrolled studies from Europe have confirmed the proposals. A problem for American physicians is that it will be impossible to perform a "double-blind" study in which patients would have to eat something that tasted like bran, but which has no fiber in it. This obviously cannot be done and so the ultraconservative reviewer can still report that the studies are "unconfirmed."

It is interesting that Fredericks sounds a note of caution about the hopes for the use of bran. He quite correctly points out that coronary disease is multifactorial and that the reduction of cholesterol by this diet can only deal with one of the factors. He remains controversial, however, when he points out that the native African diet is probably helpful because it also involves the use of wheat germ or cereal germ. This, of course, leaves him in the large group of "food fad" doctors who believe that persons with chronic disease or poor nutrition need more than the "minimum daily requirement."

The low-fiber diet takes decades to produce such diseases as diverticulosis or colon cancer. A brief study which lasted only a year or two would be inconclusive in regard to protection against these disorders. One medical complaint about most diets is similar to the complaints about megadosage vitamin therapy and Laetrile, or vitamin B₁₇. The cautious physician is annoyed when proponents say "at least it won't hurt the patient."

The recipes and advice in this book are similar to those of Dr. David Reuben except that Fredericks advises patients on diets to use more vitamins and mineral replacements.

DR. SIEGAL'S NATURAL FIBER PERMANENT WEIGHT-LOSS DIET

Sanford Siegal, D.O., M.D.
The Dial Press/James Wade, New York,
1975.

The perspective of Dr. Sanford Siegal on the high-fiber diet is that of a physician who has run weight-loss clinics for over 15 years. Consequently, he emphasizes that the loss of fiber in the diet of Western man occurred when he began to refine flour and sugar. As a result he not only has a low-fiber diet, but he has a high-carbohydrate diet. Obesity is one of the low-fiber

disorders along with hemorrhoids, colon complaints, and ulcers.

The review of recent medical findings in this book is well written and covers more territory than David Reuben. These findings of the value of the high-fiber native African diet have been emphasized by English missionary physicians who had spent years practicing in Africa. Siegal quotes from two books by English physicians, Drs. John Yudkin (**Sweet and Dangerous**) and T. L. Cleave (**The Saccharine Disease**). These men emphasize that the frequency of these low-fiber disorders is directly related to the increase in refined flour and carbohydrate.

Since the prejudice of most American physicians leads them to criticize as "faddist" the emphasis on hypoglycemia reactions, both Dr. Reuben and Dr. Siegal avoid mention of it. However, any diet useful for the obese must emphasize the avoidance of refined starch and sugar. Siegal also expects the average adult to need two to three tablespoons of bran three times daily, rather than two teaspoons three times daily. Both say the amount needed to produce large and softer bowel movements is quite variable in a large group of people.

There is a more extensive emphasis on "how to do it" in Siegal's book because he has spent so much time teaching obese patients to reduce. He has a larger number of recipes and a new way to select exchange items for the long-term diet. He has tables with a carbohydrate/ fiber or C/F ratio. This comparison of the amount of fiber and carbohydrate in various foods provides the basis for deciding which foods to use in addition to bran and buckwheat groats.

To conclude, the book by David Reuben is more of an academic lecture while the one by Siegal has more of a "how to do it" character.

Robert E. Buckley, M.D.

YOU ARE NOT ALONE

Clara Claiborne Park with Leon N. Shapiro, M.D. Boston Toronto: Atlantic-Little, Brown. 496 pp. \$15. 1976.

On the jacket of this book, beside the title, is this notation in large letters: "Understanding and Dealing with Mental Illness—a Guide for Patients, Families, Doctors and Other Professionals."

It sounds like a tall order, but this book fills the order very well although it could have dealt much better with the Orthomolecular approach, and it leaves out a large and disturbing question.

A look at the index will show the great scope of this book. Part One is listed as "Mental 'Illness': How it Feels, What It's Called, How It's Treated, What Caused It."

Part Two is entitled "Practical Matters" and includes "What the Community Can Offer," "In the Family: Day by Day," "The Law and Your Relative," and others.

Part Three is entitled "Outrage And How to Use it," with the concluding section of "The Lord Helps Those Who Help Themselves," and deals with getting together, how to write a letter, class action, coming out of the closet, looking ahead, and descriptions of self-help and community organizations.

The book is well written, providing a great deal of information. It is easy to understand, with a minimum of technical material and with good explanations for those that are included. It has margin notations which help in locating specific information. Moreover, it is written in a plain, warm, and compassionate manner.

The description of the problems of diagnoses and the major psychiatric diagnoses is good. The account of the major therapies is also good, although it would be helpful if there were more information on the relative effectiveness of the various treatments and approaches. There is a quote from Eysenck indicating that psychotherapy was not particularly helpful in treating neurotic patients. There are questions raised about the

effectiveness of psychotherapy and other therapies in treating schizophrenia and other major psychiatric illnesses.

However, the description of the Orthomolecular approach is inadequate. Although it is linked with the nutritional and somatic therapies, there is no mention of the holistic, individualistic approach, and Dr. Pauling's brief description of the Orthomolecular treatment is not included.

Megavitamin treatment is noted in the margin as a highly controversial treatment, although it is conceded that "there are enthusiastic patients and grateful families who are sure it helped, and even cured: the number seems large and the enthusiasm unusually long-lasting. There is a growing number of psychiatrists who prescribe the treatment . . ." (p. 107). They state that "reliable clinical results are hard to get." The book indicates that when other therapies are used, such as phenothiazines, it is difficult to say which helped, the mega-vitamins or the other therapies, and quotes the APA Task Force Report on this therapy and Dr. Thomas Ban.

This argument indicates that the authors did not fully understand the nature of Orthomolecular therapy, as it includes nutritional therapy and any other treatment that would help the patient. The Orthomolecular approach could easily be compared with other therapeutic approaches; there is a great deal of evidence to show that the Orthomolecular treatment is much better.

Of course, it is not hard to disprove the statement that "Reliable clinical results are hard to get." There are a number of very good studies, and there are many physicians who have treated many patients over a period of a year who would agree with the American Schizophrenia Association Professional Committee that the recovery rate for schizophrenics is more than 80 percent. Estimates for the other therapies indicate a recovery rate of 35 percent.

The book describes the large number of adults and children who suffer terribly because of psychiatric disorders. It

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acknowledges the ineffectiveness of present-day treatments and describes the awful diagnostic inconsistency. The unanswered question, in view of the compassionate tone of this book, is why there is not a militant and dynamic call for a more scientific approach to psychiatry, a careful selection of the therapies leading to an elimination of the ineffective or harmful therapies, and the promotion, refinement, and development of the therapies that are shown to be useful. It may be that the authors believed that the consumers and their organizations should take the necessary action, but a special call to arms may have helped!

In spite of the above qualifications, I found the book informative, interesting, and well organized. I believe that its readers will find it to be a valuable source of information and a helpful guide.

I. J. Kahan
2135 Albert Street
Regina, Sask., Canada S4P 2V1