

## The Orthomolecular Treatment of Schizophrenia Does Not Lead To Existential Oppression

I have been working with patients who have been diagnosed as having schizophrenia for over 15 years. I have come to the conclusion that one of the most significant and deleterious results from the modern treatment of their psychoses can best be described as existential oppression. From a psychotherapeutic perspective, Dr. Irvin D. Yalom, MD, links existentialism to four "Ultimate Concerns," i.e., death, freedom, isolation, and meaninglessness.<sup>1</sup> While the purpose of this editorial is not to delve deeply into these "Ultimate Concerns," I am highlighting them because all individuals are constantly in dynamic conflict with them, in some manner or another. In fact, it could be argued that some or a lot of what we call "psychopathology" arises from anxiety attributed to "the conscious and unconscious fears and motives spawned by each" of these "Ultimate Concerns."<sup>1</sup> What is important to understand is that all individuals attempt to make sense of the inevitability of their death, want to establish a secure ground and structure for themselves (i.e., relates to freedom), wish to be part of something larger than themselves (i.e., relates to isolation), and wish to construct meaning in their lives (i.e., relates to meaninglessness).

It is apparent to me that when individuals with schizophrenia diagnoses are given antipsychotic drugs (often the newer, atypical ones, but sometimes in combination with the older, typical ones) and normally an assortment of other psychiatric drugs, they are maintained in a holding pattern – made less capable of meeting these existential givens that drive all individuals – and in a sense, their existential conflicts loom even larger because they lose their energetic capacities to manage them. These unfortunate individuals become deactivated by the very psychiatric drugs given to help them. By "deactivation" I am referring to "a continuum of phenomena" that Dr. Peter Breggin describes as "disinterest, indifference,

diminished concern, blunting, lack of spontaneity, reduced emotional reactivity, reduced motivation or will, apathy, and, in the extreme, a rousable stupor."<sup>2</sup>

It is literally impossible for any individual to meet their existential concerns with productivity as long as he/she is chronically maintained on antipsychotic drug treatment. All that happens is that their existential concerns become subsumed by living an altered, "medicated" existence. There has been research on this, which did not boldly link antipsychotic drug treatment to existential oppression, but certainly mentioned some of the disastrous after-effects that undermine life and oppress existential needs, as a result of such treatment.<sup>3,4</sup> For all the criticisms that have been made against orthomolecular medicine, I cannot think of any patient experience (whether from my own clinical practice or from reading case reports by other orthomolecularly-minded clinicians) in which orthomolecular treatment was responsible for producing deactivation and the existential oppression that follows. Orthomolecular treatment has never been responsible for causing patients with schizophrenia to spend all day indoors listening to music and relaxing, to be so tired that they need to sleep 14-16 hours each day, to become so morbidly obese and physically damaged that they cannot move without constant pain, and to develop disabling tardive dyskinesia/dystonia and/or Parkinsonism.

The problems associated with antipsychotic drug treatment are endless, but in my mind the gravest costs endured by these unfortunate individuals, is the resulting existential oppression that weakens their spirit and undermines their capacities to handle existential concerns that impact all of us as we make our way in the world. Such existential oppression has never been caused by orthomolecular treatment.



—Jonathan E. Prousky, ND, MSc  
Editor

## References

1. Yalom ID: *Existential Psychotherapy*. New York. Basic Books.1980;3-26.
2. Breggin PR: Parallels between neuroleptic effects and lethargic encephalitis: the production of dyskinesias and cognitive disorders. *Brain Cogn*, 1993; 23: 8-27.
3. Wagner LC, King M: Existential needs of people with psychotic disorders in Pôrto Alegre, Brazil. *Brit J Psychiat*, 2005; 186: 141-145.
4. Wagner LC, Torres-González F, Geidel AR, King MB: Existential questions in schizophrenia: perception of patients and caregivers. *Revista de Saúde Pública*, 2011;45:1-6. Retrieved from [http://www.scielo.org/pdf/rsp/v45n2/en\\_2299.pdf](http://www.scielo.org/pdf/rsp/v45n2/en_2299.pdf)

## A CALL FOR PARTICIPANTS

**This is an invitation to participate in a dissertation research study investigating the orthomolecular treatment of schizophrenia. The research method is a multiple case study of people already employing the orthomolecular treatment.**

### Inclusion criteria are:

- over age 18
- a schizophrenia diagnosis
- a period of time being treated primarily with antipsychotic drugs
- currently being treated primarily with orthomolecular medicine

Participation will consist of three interviews with the researcher, each of which will focus on a distinct period:

- symptomatic but unmedicated
- primarily using antipsychotic drugs
- primarily using orthomolecular medicine

The researcher will also request one interview with the orthomolecular practitioner if possible, the diagnosing psychiatrist if possible, and at least two close friends and/or family members about their experiences of relating with the primary participant.

Anonymity is guaranteed if requested.

If you, your patient, or someone you know qualifies for this study and may be interested in participating, **please contact Nick Fortino by phone (408-840-1253) or email (n.fortino@sofia.edu)**. This is an opportunity to significantly contribute to the scientific discourse about how to treat schizophrenia most safely and effectively.