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"Tranquilizer Drugs—Blessing or Danger?"

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DR. HERMAN DENBER
Director of Psychiatric Research, Manhattan State Hospital
and
MIKE GORMAN
Director of the National Mental Health Committee
STEPHEN McCORMICK
Moderator

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The National Broadcasting Company presents America's leading discussion program, founded and produced by Theodore Granik, THE AMERICAN FORUM.

Today, THE AMERICAN FORUM presents another timely discussion of importance to you, "Tranquilizer Drugs—Blessing or Danger?" And here to introduce our guests is your moderator, Stephen McCormick.

Mr. McCormick: The world of medicine continually adds new phrases to our every-day language. The newest, "Happy Pills," is a phrase that covers the range of new tranquilizing drugs, designed to ease the problems of mental illness and strain.

This year, 35 million prescriptions for tranquilizers will be filled. While success has been reported in several phases of their use, warning signs were posted this week by the American Psychiatric Association.

Today, here to discuss the use and effectiveness of tranquilizing drugs are Dr. Smiley Blanton, Director of the American Foundation of Religion and Psychiatry, and author of the book "Love or Perish,"

Dr. Herman Denber, Director of Psychiatric Research, Manhattan State Hospital; and

Mike Gorman, Executive Director of the National Mental Health Committee and author of many pieces and books, now the new book, "Every Other Bed."

Gentlemen, with the millions of Americans taking daily doses of these so-called tranquilizing drugs, do you feel there is any danger to the people taking them?

DR. DENBER: I object to the word "tranquilizing." It does not accurately reflect the use of the drug and the nature of the drug. Of course, it comes from the idea that these were drugs that have sedative action and place the patient in a tranquil state.

To answer your question directly, I would say yes, there is a danger in the use of these drugs indiscriminately without control of their family physician.

MR. GORMAN: I want to say this, that I join Dr. Denber in saying the use of the word "happy" pills is most unfortunate. This is a silly business, at best. They are pills which control severe agitation in certain cases, but happiness is an elusive proposition. Just one more thing, Steve, and that is this, there is danger in the casual use, but I think that has been somewhat exaggerated. We have overlooked the tremendous revolution they have caused in the attack on mental illness.

Mr. McCormick: You feel there has been some value?

MR. GORMAN: I think it has been enormous, as I have seen it in touring hospitals in the last eleven years. I have seen a leap of several centuries in the somatic treatment of mental patients, through the use of these drugs.

Mr. McCormick: Let me go to Dr. Blanton and ask his opinion.

DR. BLANTON: There are two aspects of it. One is the treat-

ment of mental patients in mental hospitals by these drugs, and these drugs have been able to accomplish a great deal in mental hospitals. They have taken the place of electric shock in some cases and they have enabled people to go out of the hospital in a much shorter time than before.

That, of course, is well recognized. However, I think the great danger of these drugs is for the average person who is taking them without proper supervision. It keeps them from getting adequate treatment at the time. These drugs have side effects which are not entirely known at the present time and which I think may very well give rise to serious problems.

Mr. McCormick: You mentioned "without supervision." One must have a prescription to get these drugs, must he not?

DR. BLANTON: Yes, but you know people who get them. They get one prescription and then they will drop the doctor and have it refilled, and then they will go away and maybe get 50 of them and will be taking them all by themselves and not coming back to the doctor.

Many of the people I know take them without very much supervision.

Mr. McCormick: Do you think we should confine our activity in terms of treatment to the conventional methods?

MR. BLANTON: By no means, no. These drugs will help a person to overcome an agitated or unhappy perturbed state, and make them available for other kinds of treatment. You can't help a person who is so upset that you can't talk to them very well. You can't help a person very much if he is in a state of rage. So these drugs are very helpful as an adjuvant to psychological treatment, and other kinds of treatment, too.

MR. GORMAN: I appreciate the fact that some people say these drugs are merely adjuvants. I have studied this over the past two years. In 90 per cent of the state hospital patients receiving the drugs, receive no psychotherapy treatment at all. Why? Because there isn't the personnel in the state hospital systems to give them the psychotherapy.

I appreciate the need for psychotherapy and I wish there were thousands of more psychiatrists for this purpose, but in New York State, this has been due to the administration of these drugs.

In St. Elizabeth's Hospital in Washington, for the first time in 101 years, you have had an absolute reduction in the number of patients. Dr. Overholser, the Superintendent, there, when I asked him about how much psychotherapy was given, he said, "We just can't give any." We say, "Here is your hat, good luck to you, go back to your family and come back once a month for a maintenance dosage." I don't say that is good, but I want to put the matter on record.

Mr. McCormick: Let me go to Dr. Denber.

DR. DENBER: I would pick up the theme in this way: We must really divide the problem into (A) the use of the various pharmacological compounds for psychiatric illness in out-patient treatment,

namely in the office, by the general practitioner who is usually the first psychiatrist the patient sees and (B) the use of these various compounds in the psychiatric hospitals.

Now, there is no question, if anyone reviews the literature, the results, or actually tours the hospitals, that these pharmacological compounds have produced the most extraordinary change that has ever been seen in the past years in these psychiatric hospitals.

Now, take our hospital as an example. Our director, Dr. John H. Travers, who has been in psychiatry for some thirty-five years and with the hospital since 1940, states without question he has never seen any change in a hospital, of this type.

Mr. McCormick: Is that because of the drugs?

DR. DENBER: Yes, because of the drugs.

Now insulin, electrotherapy. psychosurgery have been used hitherto. Hydrotherapy was used in years gone by. However, as a result of the mass application—in our particular case it is called Promazine—Rauwolfia can do approximately the same—we were able to produce an improvement in 81 per cent of the patients treated to a point where there is one patient ill 30 years since 1926, who was subsequently discharged.

Mr. McCormick: May I ask this question, Dr. Blanton? I have read of perhaps twenty to thirty million neurotics, so-called, in the United States. That is one estimate that has been given. This is a rather scaring figure. What is a neurotic? How do you define a neurotic? What makes a person neurotic?

DR. BLANTON: Well, I think there is a lot of loose talk about neurotics. To be very obvious, I can say we are all neurotic. If a person can work and play and love adequately, then I would say he was not neurotic. He may have various traits which make it difficult for him, but many people have defenses against these things. A man may, for example, have a very bad temper which makes him blow off from time to time. He may have defenses about it which enable him to go along. A person may have fears of various kinds, but he has defenses which enable him to go along and to be adequate in his adjustment to life and to succeed in his family life and in his work life.

Such a person I wouldn't call a neurotic. I think it is loose talk to say everybody who has a problem is a neurotic. It depends on how he handles the problem.

Mr. McCormick: How do they get these prescriptions, then, if we are thinking in terms of tens of millions of doses of these drugs being taken this year? Prescriptions are given out by doctors. We must assume, I trust, that the doctor feels the person is ill. But are you concerned with the fact that there might be some thirty million of these pills sold this year? Is that a bad thing in your point of view?

DR. BLANTON: I think it is a bad thing because I think it keeps people from really trying to find out what is wrong with them. This article by Mr. Berge in LOOK Magazine called—

Mr. McCormick: That is the next issue of LOOK at the news

stands on Tuesday. That is Roland Berg's article. It has some very interesting things in there. What about that?

DR. BLANTON: He brings out some very interesting things. One example he gave which we all know about—similar examples—was that a man had to make a speech and he was very nervous and upset about it so he took some of these calming or tranquilizing pills as you call them and he wasn't worried at all and he got up and made a speech that wasn't worth a hoot and he made a mess of things. Sometimes it is better to be a little anxious and tense. Otherwise you don't do a good job.

Mr. McCormick: I notice Mr. Gorman, Mr. Berg in this LOOK Magazine article called "Happy Pills" says too that another potential danger in happy pills is the depressing effect they may produce. Have you found in your experience that this is true?

MR. GORMAN: I am going to refer that to Dr. Denber, but I would like to point this out: At the American Psychiatric Convention a year ago which Dr. Denber attended, the drugs were first introduced and the resistance to them was tremendous.

Now you can keep bringing up arguments against them. There isn't a medicine that doesn't have side effects from aspirin on out. There are people who are allergic to aspirin. There are people who get penicillin poisoning. But in my tours of the state mental hospitals, I usually have found that the doctors have a great deal more anxiety about these pills than the patients who want them to get well and they say, "The trouble with these doctors is that they worry about the side effects too much and I just want to get well."

Now there have been long-term studies of these, but you see too much of this is discussed, if I may say so, Dr. Blanton, without real documentation. For instance, the values of psychotherapy are just matters of faith and affirmation, so far. We have had no really good evaluative study and I have fought for this for many years. The only decent studies I have seen of any physical therapy in mental illness is the long-term therapies done on the drugs. We have studied some patients for three years. We have studied thousands of them. In New York State, 41,000 patients have been on the drugs for a period of time. And so we can come to some reasonable conclusions. Some of the people are allergic. To some of the people they are toxic, but let's put it in its proper perspective.

I sometimes feel a sense of reality here at this table. It seems like a little tea-time discussion compared to the revolution I have seen in the removal of restraints and the horrible things that I have witnessed for eleven years. I have seen an enormous change and I can't discuss it in tea-time fashion.

Mr. McCormick: Dr. Denber—

DR. DENBER: Let me say this much: The fact that so many millions of people are going to be taking these various pharmacological agents has more of a social implication for me.

I recall when I was in general practice, I calculated between 80 per cent and 90 per cent of my patients really had psychological

problems underlying their somatic symptoms and that was perhaps one of the driving forces that put me into psychiatry.

It is not so much that twenty or thirty million prescriptions will be dispensed as the fact that twenty or thirty million Americans require drugs which calm them.

It has been said that this is an age in which everyone is anxious. Now the social implication is that the anxiety is reaching an intolerable pitch.

I would also like to emphasize this point, that one hears a great deal of argument in a hysterical and anxiety-ridden fashion that, "This drug produces such and such side effect, and that drug produces another side effect." Forgetting for the moment as has been pointed out by Mr. Gorman, that the constructive results that these compounds have produced in the hospital have been unmatched and unparalleled, and as long as we focus our approach on the constructive aspect of these various pharmacological agents, then psychiatry will move forward.

Remember the hundreds of thousands of patients are not interested in what the doctor feels about the side effects. This is his own personal problem. The patient wants results and these drugs can produce them. I have seen them all over Europe where they have been in use since 1950. It is our obligation and duty to use the drugs and to understand the side effects in terms of their theoretical implication and that is really where the problem lies.

Mr. McCormick: Dr. Blanton has that changed your opinion at all, the comments of these gentlemen?

DR. BLANTON: I think we must keep clearly in mind, whether we are talking about patients in a psychiatric hospital who have had a psychiatric breakdown, and whether we are talking about the man in the street who is a little nervous because he has to make a speech or a man who has had a battle with his wife and they are about to break up, or a person who feels he doesn't like his job and therefore he is anxious, or a person who doesn't get along well with his boss. All of these are social problems that we have to face, and I think that if we think we are going to cure them by taking some drug or other, that we are overlooking the essential fact that we have serious social stresses in our culture. For example, one of the serious facts as I see it is that young people are kept in school long after some of them can get any benefit from it and therefore they become juvenile delinquents.

Women, for example, having a difficult time in adjusting in our civilization, and especially old people, people retiring. I see people all the time who are depressed because they have had to quit at 65 and they have nothing to do. They have made no preparation in their lives to do anything. They have no preparation philosophy, they have no faith, and they have nothing to turn to, at all. They just look with melancholy eyes at life and you are not going to cure them. Sometimes they come in in an agitated depression. I don't mean the agitated depression in the sense of a psychiatric case, but I mean they are so nervous they are sleepless and don't get along well and

you may have to do something for them but you really have to recognize those people's lives. Then we have to see that that doesn't happen to the other people who are about to retire, too.

MR. GORMAN: Well, there I think we are getting to the nub of the issue, Steve, which is this:

I am all for that, Dr. Blanton, except the price for that kind of reorganization and that kind of love on Park Avenue is $25.00 an hour. There are very few analysts or psychotherapists compared to the nature of the problem.

It is important to me as a former newspaper reporter to note that for years psychiatric care was practically inaccessible to 90 per cent of the income groups in this country because it costs too much and it takes too long.

Now I am delighted that there came a mass medication which could be applied in a hospital, where there were three or four physicians for three or four thousand patients. I don't say it is ideal, Dr. Blanton, that we didn't have 40 or 50 psychiatrists in that situation able to give individual psychotherapy, but we didn't and we still don't and I hail that, which is a great advance.

One further point I want to make about anxiety. I think every mother's son of us has anxiety. We are born into a world where there is insecurity and where there is anxiety. I believe if we cannot afford the detailed, long analysis—which have their own side effects, incidentally, some of them quite disastrous, economically and otherwise—I think it is good for many people in the out-patient world who have phobias and compulsions if they can be calmed down and helped during this thing.

I have seen many studies of people who were chain smokers and who had nervous headaches who have been greatly helped by this thing. Now I see nothing more wrong with this, nothing more immoral in this than aspirin, which we take.

Paul Dudley White in his Senate testimony this year was asked what he really thought the best therapy was for a heart condition. He said, "Twelve aspirins a day and relaxation."

Mr. McCormick: This is with prescription you are talking about?

MR. GORMAN: Yes.

Mr. McCormick: Have they tightened up on that?

MR. GORMAN: I have pushed, as you know, Steve, for a strong congressional evaluation of the whole problem of what these drugs can and cannot do and some tightening up on the prescription. You see, I think we are talking about two different types of drugs, the one we use in the state mental hospitals, and then the Hollywood type of thing which kind of nausiates me, the small-town jokes on certain programs. This is awful because it is indiscriminant and it is usually given by a GP who is harrassed and has twenty-four patients in his office, because there aren't enough doctors to go around, and he throws the pills around like popcorn.

Mr. McCormick: Dr. Denber, I notice we mentioned the words "juvenile delinquents" here a minute ago. Dr. Blanton mentioned it. One expert said in the use of these drugs that projects involving treat-

ment of drug addicts and juvenile delinquents, alcoholics and others have all shown promise.

Do you feel these drugs should be used with such people?

DR. DENBERG: Yes. I say this without reservation, and may I point this out. I wanted to get this idea in: The approach to juvenile delinquency, the approach to the narcotic addict really is a multifact approach, of which the drugs are just one aspect.

To consider the approach to these illnesses—and juvenile delinquency can be considered as such—only from one standpoint is it doing a disservice to the patient and to the concept. There is a tremendous moral issue involved, there is a tremendous social issue involved. We must approach these problems from many, many different angles. There is no question in my mind, such patients are in strong and dire need of intensive psychotherapeutic management. At the same time—

Mr. McCormick: You've got me there, "intensive—"

DR. DENBER: Intensive psychotherapeutic management.

Mr. McCormick: What does that mean?

DR. DENBER: They are in need of intensive psychotherapy which means they must be brought into a situation, a social media where psychotherapeutic aid, or, to use a better word, psychoanalytic attention can be given to them.

Now at the same time, it has been found through many studies both in this country and abroad that the use of the drugs has facilitated the taking of the psychotherapeutic, or psychotherapy, of psychological treatment, by both narcotic addicts and juvenile delinquents.

The drugs are no "happy drugs," they are no "wonder drugs," they are additional agents that have been added to the armamenterium of the psychiatrist. They must be understood in that connection.

MR. GORMAN: I think it is terribly important, Steve, and I would just like to mention in passing what I said in my book, that I am tired of this business of wonder drugs. It is a wonder that we haven't produced anything better than what we have done because both of the major drugs were taken from Europe, they were developed there. Most of the additional drugs have come from Europe and now there is quite a commentary in a country which spends millions to produce Dacron and Nylon. Dupont spends $300 million a year in research.

Now I am all for understanding and that kind of thing, but I am also for basic physiological research.

Mr. McCormick: Haven't we been doing that in this country?

MR. GORMAN: We have been doing very little of it. Last year's level of psychiatric research was about $10 million, which is the cost of a B-52 and this seems to me a crime. For instance, there are four million mental defectives in this country. Now, all the love in the world cannot reach the mental defective who is genetically, metabolically incapable practically from birth, as in the case of a Mongoloid.

We must find what causes four million mental defectives in this country. This is a social and economic crime.

Mr. McCormick: Dr. Blanton, do you feel that we should spend a great deal more, say many millions more in this research?

DR. BLANTON: Spend as many millions as we can get on this.

Mr. McCormick: Where should the millions come from?

DR. BLANTON: Well, I think that these big companies who are giving money for education might give it for this. The foundations might give it. I think the government should make appropriations for this purpose. I think they have. The government has, I presume, through the Public Health Service—anyhow, money is being given, and I think we should have all—when we have done all we can and when we have all the money we can possibly get, say a billion dollars, or five billion dollars, or one hundred billion dollars and let research go to the very limit, we will still need something more than that.

There is a pathetic fallacy in humankind which is an almost unbreakable fallacy that there is some drug that they can take, some little chunk can be cut out of them or some little chunk put in, and then they are going to be all right, and that is not so, because all of these things, as Dr. Denber has well said, and Mr. Gorman, that this will be a multiple approach. We will still need education, we will still need religion, we will still need schools.

And one thing I disagree with you about, sir, is that you don't have to go to Park Avenue and pay $25.00 to get this, if you could get the schools to put it in. Every high school should have courses in mental hygiene just like they have courses in physiology. And you can give it even down in the grade schools.

Mr. McCormick: You can teach them mental hygiene?

DR. BLANTON: Yes. Teach them how the mind is made up. How the problems are made up.

MR. GORMAN: First, they have to learn something, do some research and find out what it is all about.

DR. BLANTON: Well, we know something about it, now.

MR. GORMAN: Quite cursory.

DR. BLANTON: Well, I don't quite agree with you.

Mr. McCormick: Who knows the something about it, now?

MR. GORMAN: Maybe Dr. Denber would like to get into the middle of this cursory-knowledge problem.

DR. DENBER: I have something to do with the problem. I might say this, that the American money that has been put into psychiatric research in the United States has been infinitesimal. May I point out that the advantages to be gained from placing a fraction more than has been put into it, it can be simply gleaned by looking at what has been done. One patient who stays in the Manhattan State Psychiatric Hospital per year will cost the State Hospital approximately $1,000. Now for persons who have been in there for five years or more, the probability of their leaving is about zero. We were able to discharge, I believe, about thirty such patients, so that for a very minimal fraction of an investment of money, the State has now

saved the taxpayers who are paying for it, thirty times that thousand dollars.

Imagine if this thirty-year patient had been discharged thirty years ago, the State would have been that much richer.

MR. GORMAN: There are many examples of that, Steve. In New York State right here, Dr. Denber, in paresis, which is the end result of syphilis, the introduction of penicillin and its use has enormously reduced admissions.

In the South, for instance, at one time wards of state hospitals were filled with victims of pellagra psychosis. For years speculation went on that it was due to the warmness in the South and it was due to everything—the smoking of Virginia cigars, and it was finally found out that it was due to a very simple vitamin, niacine. When they discovered this and replaced this they emptied many wards in the South. That was a tremendous pay-off for research, and I think it is this kind of knowledge that we can and must apply to very basic problems. There are two which I think are tremendous, mental deficiency and senile dementia, which we know nothing about. Twenty-seven per cent of our admissions today are for senile dementia.

Mr. McCormick: May I ask this question, because I am sure it is of interest to all of us. I know Dr. Denber you have released any number of patients, a good many patients, I understand, that have been accepted as hopeless and yet through the treatment with these drugs they have gone back to their homes and communities and taken up normal living again.

DR. DENBER: Yes.

Mr. McCormick: Is there a temporary cure or how do you feel about it?

DR. DENBER: This is a very interesting problem that you bring up. We have followed the problems here and I have followed it abroad. It cannot be considered a prominent improvement—I hesitate to use the word "cure." You use the word "cure" if you know what is causing your illness. We don't know what causes emotional and psychotic disorders. Therefore we cannot use the word "cure." The words "social emission" have been used. These patients are followed. Once they leave the hospital, they are being followed now by special clinics. And the dose of chlorpromazine is regulated week by week and they are seen by the psychiatric social worker, by the psychologist and the psychiatrist on a weekly basis. It has been possible, and the special clinic we have going now with Dr. Kris has seen that patients who under ordinary circumstances would return have been kept out.

I believe without question that if we can set up units and follow all of our patients who are placed out of the hospital, if these units of phychiatrists and ancillary personnel will follow these people and keep them under maintenance dose, if the families will understand the need to stay on the maintenance dose, these patients will not return and will become useful members of the community.

Mr. McCormick: Dr. Blanton, getting back to neurotics, again,

does a person become neurotic usually early in life, in the middle span or late in life?

DR. BLANTON: "Neurotic" is a vague word that is hard to define. What people do is dependent on several things. First, the nervous system they inherit and secondly the environment they have when they are very young and then the problems that they have to face later on. Let me be very brief and give you an example: When I was in Wisconsin, I used to work in the state hospital there and I saw a fellow there once, he was sitting in a chair and he was crying. I asked him what his trouble was. He said he had lost his birthright. I asked him what his birthright was and he said a little girl. I asked how old a little girl and he said about six years old. I said "Where," and he said, "Standing right there," and he cried some more. Well, we got him well and sent him home, after about a year or so, but when you understood the man's history, you understood what his problem was. It wasn't perhaps because he had some bad chemistry but he had a very domineering mother and he was the only child. He lived out in the country on a farm and he was to marry the right girl, but the right girl never came along, so he fell in love with a girl in the little village. The mother said she wasn't good enough. They began going together and the girl got pregnant. The mother said, "You can't marry her," and so they had the child adopted and then the mother died and the fellow married the girl and six years later they had no children and the child was a girl and it is easy enough to see why he thought he had lost his birthright.

Mr. McCormick: I must interrupt, gentlemen. I would like to continue our discussion, but I find our time is up.

Thank you very much.

Our guests have been today, and we thank them, Mike Gorman, Dr. Herman Denber and Dr. Smiley Blanton.

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