fashion within normal society, patients who would never otherwise make it without the drug.

Now, what about the person who does not have an emotional disturbance that would require institutionalizing? Apparently a massive number of people are users, who have prescribed for them psychotropic drugs and just continue to use them all their lives.

Do we know what effect it has upon their personality, their capacity to perform? Do we know how many of these people might be better off if they were off the drug and faced up to whatever problem was causing the tensions? Could they overcome it? Do we know very much about that aspect of the use of the drug by people who are not cases that would be hospitalized?

Dr. MEAD. Yes. You see, today the line between people who are hospitalized and the people who are not as definite as your question would suggest.

Most of the people under sufficient stress would be—would require some kind of help today. It isn't that there is such an increase in mental illness but we define it so differently that people who show minor symptoms of anxiety, worry, the girl who weeps into her typewriter every morning, who would have just been patted on the shoulder 25 years ago, all of these people who are not in mental institutions, and who are not going to psychiatrists would nevertheless if placed under more stress end up in mental hospitals. That is, we use our mental hospitals today in very different ways than we did when we only hospitalized psychotics.

So to make a line between the people who are in mental hospitals and the people who are not is not really something we can do today.

What we are moving toward is more and more treatment of those who appear to be primarily mentally upset in general hospitals or in outpatient departments, so they will never have to enter a regular mental hospital.

This picture of the absolutely sane man, you know, with a fine character who might be undermined by taking psychotropic drugs in contrast to the vulnerable fragile person who is mentally ill, is no longer the kind of distinction we would make.

We have, for example, instances of large numbers of men who, say, in civilian life, might never have broken down but under particular conditions of wartime will break down. Everybody has a breaking point, and psychotropic drugs are used to fend off breaking points.

I wouldn't want to let this pass without making one further comment, we are not certain that returning housewives to their families under the influence of psychotropic drugs which permit them to function at a low level, but nevertheless to function, is a completely good thing for the community. This is a question that has been raised by many psychiatrists. It has been raised in the deliberations of the World Federation for Mental Health, and I think when you are making this complete inquiry here this should be included. If we give *only* drug therapy we are in some instances returning zombies to the community. We have to consider whether it is a good idea for children to be reared by a zombie mother, whether this may be more dangerous than we have thought.

The drugs have made a tremendous difference in the accessibility of patients to psychotherapy but in many cases this is not followed up. There is often no other therapy used except drugs, and drug therapy