needs other sorts of therapy, some of which can be called facing your problems, and in which the ministerial professions have a large role, some of which may be called finding out what are particular anxieties, these patients need pedagogical psychotherapeutic, pastoral treatment, as well as drugs.

It is true that psychotropic drugs made inaccessible patients accessible, they have made wards filled with screaming disturbed people peaceful so that the patients who went there weren't more disturbed, they made it possible for us to begin discharging large numbers of patients from mental hospitals, and they made it possible for us to keep millions of others out. But they are not a panacea all by themselves and should be combined with better follow up, better care for patients in the community, halfway houses all sorts of services that we do not have today.

Senator NELSON. You referred to the individual who may very well get along adequately adjusted under the ordinary stresses of some civilian occupation who, transferred to the military or some other circumstance, may then break down.

Since you have made important studies of cultures all over the world including our own, I would like to ask whether or not the stresses, say, of the modern industrial traffic-jammed, smogged, noisy city are creating more emotional stresses causing more people to need some supportive help of one kind or another, whether it be psychotropic drugs or something else, than the person who lives in a more pastoral situation? In other words, are there higher percentages of people who break down in our metropolitan cultures than in the more quiet pastoral situations?

Dr. MEAD. As far as we know the rate of straight psychotic breakdown has not changed in this country in the last 100 years, that is individuals who would have to be hospitalized because the community is utterly unable to cope with them.

Senator NELSON. You mean the percentage of the population that breaks down?

Dr. MEAD. Psychotically.

Senator NELSON. Psychotically.

Dr. MEAD. And the studies we made in primitive societies (some of the best studies have been made in Taiwan) gave very much the same results that there were, the proportion of psychoses didn't change very much no matter what the community was.

Now, the people who are maladjusted but not psychotic are dealt with very differently in a small village community or remote farming or pastoral community than they can possibly be dealt with in a large city. Furthermore, we are no longer as tolerant of human suffering as we were. A large number of small breakdowns are still tolerated in any rural community, well removed from the pressures of the large cities. In these communities people have always tolerated small breakdowns. They would say, you know, those Jones, well they all had ticks. Old Grandmother Jones' face used to twitch all over the place, three of her daughters have ticks, and now her kids have ticks, and they would accept this.

Under the pressure of our large city of our modern concern which has increased enormously in the last 30 or 40 years we no longer tolerate these degrees of breakdown in the same way. So it is not so much that