Senator NELSON. I read a couple of excerpts in my brief opening remarks. One is from testimony by Dr. Daniel Freedman of the University of Chicago. He stated as follows:

> Most societies also use drugs recreationally for rituals, relaxation and escape from everyday reality. Most common are sedative anti-anxiety drugs. Our total attitude should not be not to encourage widespread availability of stimulants and sedatives for these purposes. One thing I think that we do know in psychiatry is that grief is very important to normal experience and that stunted grief, stunted emotional working through these problems, can lead to a serious psychiatric problem. Generally we think in psychiatry in trying to meet the challenge, the ups and downs of life are important to development.

Do you have any observation to make?

Dr. MEAD. I think here we have again the puritan ethic, people ought to meet all ups and downs without help, and the newer American ethic is that you shouldn't have to meet ups and downs that aren't necessary.

Senator NELSON. You are talking about unnecessary ups and downs.

Dr. MEAD. Yes! And we regard this standard American attitude, that differs from these older religious attitudes, is not in favor of a man going through the morning with a headache, which results in wrecked relationships to his colleagues or dictating all his letters incorrectly, he gets into a fight with somebody on the telephone, when he could take a couple of aspirins.

Now, I mean if you really follow these remarks of Dr. Freedman carefully it would be wrong to take aspirin for a headache, you should face the ups and downs of life and one of them is a headache and, on the whole, we think that is nonsense, and that people shouldn't do this. We do not believe as a people in unnecessary suffering, in unnecessary anxiety. It may be good for people to face the ups and downs of life when their children leave home and parents don't know where they are, but we are rather in favor of the children's sending telegrams saying they arrived safely. This argument that says that it is good for human beings to face the ups and downs of life, is then extended to include grief.

I agree that Americans were refusing to face grief. We were refusing to let people grieve, we gave up mourning, everybody was supposed to go back to work 3 days after the funeral and be cheerful. Everybody tried to cheer them up. If the bereaved was a widow they tried to remarry her at once, and standing around the grave people would say "I do hope she marries again." Now, this general denial of grief, the tendency to keep children completely away from any experience of death so that the first death they ever knew might be their parents at middle age, I think has been a bad element in American culture, and in British culture it has been just as bad.

This has changed somewhat in this country now, and we are more willing to deal truthfully with children about death, and we are more willing to permit the bereaved to grieve.

I do not think this point about grief should be tied to problems like anxiety, and relaxation, and the earlier quotation from Dr. Freedman that you read where he said most cultures have used some form of stimulant for relaxation.

With a very few exceptions, every culture we know has used whatever they can get. When they learned how to make a stronger stimu-