Introduction

The evaluation of minor tranquilizers is generally carried out on populations of neurotically anxious psychiatric patients. This is not a completely satisfactory situation: it takes time to gather enough patients, interactions with other treatments must be considered, and—most importantly—the use of patients reflects lack of appropriate models of psychopathology.

Attempts to evaluate tranquilizing effects in non-psychiatric populations have been made either by selecting subjects with natively high anxiety levels or by administering an anxiety-inducing procedure under which drug effects might appear. DiMascio and Barrett (1965) treated college student volunteers with oxazepam and chlordiazepoxide (Barrett and DiMascio, 1965). They found that the drugs reduced anxiety in those subjects with high scores on the Taylor Manifest Anxiety Scale, while those with low Taylor scores frequently showed paradoxical increases in anxiety. Thus if all subjects had been considered together without regard to their Taylor scores, no drug effect would have been found. Chessick *et al.* (1965) used a stress interview to induce anxiety in subjects treated with chlorpromazine, morphine, pentobarbital, or placebo. Throughout the experiment the subjects on drug were, if anything, more anxious than those on placebo, apparently interpreting the drug effects as theatening in the experimental situation. This increased their subjective anxiety despite whatever tranquilizing action the drug may otherwise have had.