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PSYCHIATRY

Bliss, Metabolism Linked

➤ EUPHORIA, bliss and the sense of security that come from a feeling of childlike dependence appear to have an effect on the endocrine system and consequently, the rate of metabolism. At least the results of a recently reported hypnosis experiment point in that direction.

Cortisol is a hormone active in the metabolism of sugar and fat. Its level in the blood varies with the time of day and is lowest during the sleep of the early morning hours. At about 8:00 a.m., while an individual is getting ready for work, cortisol shoots to its highest peak and then drops off.

Stress or anxiety will elevate the cortisol level, but evidence that emotion could depress it has been slim.

Dr. Edward J. Sachar of the Mas-

sachusetts Mental Health Center in Boston said his study with four subjects under hypnosis indicates that great psychological comfort may trigger active suppression of cortisol.

Of the four subjects, one developed a happy, passive reliance on the hypnotist similar to infantile bliss while in a trance. At the same time his blood cortisol dropped to a level as low as that during early morning sleep. Normally, this would not happen during the day, Dr. Sachar said.

Two of the subjects in hypnosis did not become dependent and their cortisol levels, although they dropped slightly, retained a fairly normal curve.

The last subject was in conflict. He first enjoyed a passive reliance, but then became very disturbed and fought this tendency by becoming antagonistic. His cortisol levels followed suit. They dropped first but then leveled off.

It would be reasonable to assume that the cortisol level would be affected by withdrawal from the environment, as during sleep. But this was not the case, Dr. Sachar told SCIENCE SERVICE.

Since cortisol levels also appear to be low in pathologically euphoric patients, said Dr. Sachar, "we may be getting a picture of a common physical factor.

The study which was aided by Jeremy Cobb of Brandeis University, Waltham, Mass., and Dr. Ronald E. Shor of the University of Pennsylvania, was reported in the Archives of General Psychiatry, 14:482, 1966.

Science News, 89:432 June 4, 1966

PSYCHIATRY

Today's Drug Addicts

> THE DRUG ADDICT of 1966 is not much different from the drug addict of 30 years ago, except that now he is likely to be a Northerner in-stead of a Southerner, is considerably younger and has switched from morphine—the major drug in 1936—to heroin.

This is the conclusion of two psychiatrists and a pharmacologist who collected data on a sample of 100 addicts at the Public Health Service Hospital in Lexington, Ky. Drs. W. G. Smith of Cornell University, Ithaca, N.Y., E. H. Ellingwood Jr., Duke University, Durham, N.C., and G. E. Vaillant, Harvard Medical School, Boston, Mass., compared their data with an earlier study made at the same hospital.

The typical addict of the 60s, said the researchers, is a 27-year-old, white New Yorker. Thirty years ago he was a 40-year-old or older man from the South. In 1936 drug addiction increased progressively with age. Now it falls off as men get older.

But the drug addict's family history is about the same today as it was in the past, insofar as broken homes are concerned. And the addict's personality troubles fall into the same category as before, although the 1936 psychiatric descriptions are scanty.

Although the addict often comes from a broken home (41% of the time), the study revealed that he is likely still to be living with his mother. Also he supports his habit most often by legitimate means (money from family or his own work) and only secondarily by stealing. However, the re-searchers point out that the data came from the addicts' own reports, and should be cross-checked.

Reasons for taking up the drug habit -medical and emotional problems or social rebellion-do not have much to do with how successful treatment will be, the doctors reported in Public Health Reports, 81:403, 1966.

· Science News, 89:432 June 4, 1966

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