

PSYCHIATRY

Treated Separately

Husband and wife treated for marriage difficulties both showed emotional disturbances from childhood. Monotony is the greatest strain for men in isolation.

THE EXPERIENCES of a psychiatrist in trying to help married couples whose marriages had gone on the rocks after ten years or more was reported to the American Psychiatric Association meeting in Atlantic City, N. J., by Dr. Selwyn Brody, chief of psychiatry at Children's Village, Dobbs Ferry, N. Y.

Although both husband and wife were treated separately, it was planned to have joint sessions later to consolidate results.

The patients were between 35 and 50 years of age and all have two or more children. All were college graduates, business and professional people.

The couples, Dr. Brody said, were dominated by a need to hate and make life miserable for each other. They do not show any affection toward one another and sexuality, of course, is "dismally unsatisfactory." Their only form of communication is likely to be their bone of contention—the imminence of divorce.

Each individual suffered from severe emotional disturbances dating from childhood, yet none had sought psychiatric help before their marriages. The emotional disturbances, he said, helped to disrupt the marriages, but the bad marriage situations also contributed to the individual breakdowns.

The psychiatrist trying to help such unhappy people has a three-level responsibility. He must be on the side of each individual and on the side of the marriage. He must build up a separate relationship with each partner in the marriage in order to maintain simultaneous treatment and if possible save the marriage.

Naturally, he is beset by feelings of uncertainty but at last he is in a position to help both partners to resolve their conflicts.

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Sameness Strains Men

IT IS NOT THE COLD, the danger or the hardship that puts a strain on men stationed in Antarctic posts for a year, Capt. Charles Samuel Mullin Jr., of the U. S. Navy Medical Corps stationed at the U. S. Naval Hospital in Philadelphia, told the American Psychiatric Association meeting in Atlantic City, N. J.

Three things contribute to the unusual stress experienced, he said. The most important is the difficulty of getting along in the "tight little society" in which he is placed.

Each man soon learns that he is entirely dependent upon the next man and on the group. Fights are very rare, but headaches are extraordinarily common.

The inner tensions due to swallowed anger also contribute to insomnia.

The second stress is the sameness encountered by the men—the same few faces, the same surroundings, the same relatively simple routine of life and the long periods of enforced physical inactivity.

The third stress is the absence of family and loved ones and of the familiar pleasures of the man's "personal civilization." As might be expected, Capt. Mullin said, the men try to make up for the other deprivations by the enjoyment of food. Appetite and consumption are enormous, he reported.

Sex deprivation does not seem to be an important problem to the men except in rare instances during periods of personal emotional upset.

Despite these difficulties, Capt. Mullin said that a group's morale is generally of a high order and so also is the group's effectiveness in the discharge of its functions. In fact, the men who spend the winter in remote stations feel that something worthwhile has happened to their personalities.

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Use Relative for Therapy

"SPECTACULAR RECOVERY" of mental patients when the psychiatrist never saw a patient alone but spent his time with a close relative of the patient was described to the American Psychiatric Association meeting in Atlantic City, N. J., by Drs. Rodolph H. Turcotte and Willis H. Ploof of the Kingsport Mental Health Center, Kingsport, Tenn.

By working entirely through the husband, wife, parent or child of the patient, the psychiatrist was able to apply "therapeutic leverage" that proved to be more effective than direct treatment of the patient would have been.

Some of the patients showed dramatic improvement in weeks or even in days, the psychiatrists reported. They believe that this method represents a major advance.

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Gambler Driven to Lose

THE COMPULSIVE gambler has a compulsion not just to gamble but to lose, Dr. Iago Galdston of the New York Academy of Medicine, New York City, told the American Psychiatric Association meeting in Atlantic City, N. J.

The compulsive gambler cannot quit when he is ahead—he must keep on playing until he loses.

The need to lose applies in affairs of the heart as well as in wooing Lady Luck, Dr. Galdston reported.

He described the case of a gambler who was treated for his compulsive gambling.

He came back to the psychiatrist five years later.

In the meantime he had become involved with a woman who loved him very much and during the time of the affair he gave up gambling. He was not satisfied with her love, however—he actually tried to lose her. He arranged with a friend to try to take the woman away from him during the gambler's absence from the city. When he got back the friend told him that the woman had been faithful and had resisted all the friend's advances.

After that, the gambler not only doubted his sweetheart but also doubted the sincerity of his friend. He resumed gambling.

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Anti-Depressant Drug Cures Three Out of Four

A DRUG that brings patients out of depression, resulting in three out of four cured within a year, is a new weapon in the war against mental illness.

Development of the drug, Deprol, was called "a major step in the scientific conquest of mental depression" by Dr. Prodromos N. Papas, professor emeritus at Tufts University Medical School and visiting physician at Massachusetts General Hospital.

In more than two years of clinical tests involving hundreds of patients, Deprol proved 76.5% effective, Dr. Papas told the Conference on Mental Depression in Waltham, Mass. He said the drug acts swiftly, producing results within a few days, without harmful side effects. In most cases of depression, Deprol, manufactured by Wallace Laboratories, eliminates the need for electroshock and other therapy.

Tension and depression are the two leading forms of mental illness. Depression, which strikes six out of 10 U.S. families, is more serious. Since 1955, tranquilizers have been used to control tension.

Deprol "could be as revolutionary in the conquest of depression as the tranquilizers have been in treating tension states."

Because anti-depressant drugs work quickly, can be administered by a family physician without the aid of a psychiatrist, and allow mental hospitals to release patients much sooner, taxpayers have been relieved of some of the expense of public care of the mentally ill.

The average good mental hospital, said Dr. William F. McLaughlin, superintendent of the Metropolitan State Hospital in Waltham, now releases 80% of its patients within a year's time.

After patients had shown such great improvement with drug therapy, Dr. McLaughlin said, hospitals began to relax some of their rigid regulations. Bars came off windows, old wooden chairs were replaced with metal upholstered ones, ward rooms were painted in cheerful colors and some hospitals did away with so many locked doors they are now known as "open hospitals."

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