

Government witness says MDMA deserves study

During four days of hearings in Washington last month, a government witness surprised observers by offering the strongest testimony in favor of further research on MDMA.

John Docherty, former chief of the Psychosocial Treatment Research branch in the National Institute of Mental Health, told the court that only one variable has been shown to be reliably significant in psychiatry—the rapport between patient and

therapist. MDMA, he said, is unique in its reputed potential for enhancing that rapport.

Docherty, now medical director of Nashua

(N.H.) Brookside Hospital, said MDMA is at the confluence of the two great trends of psychiatry: psychotherapy and pharmacology.

Although the drug became the focus of national media attention last spring, no representatives of the press attended the public hearings, which will bear on the official government status of MDMA.

The Drug Enforcement Administration, a branch of the Food and Drug Administration, is requesting the

most restrictive category, Schedule I. A number of researchers are requesting a Schedule III rating, which they maintain would make it easier to investigate a tool of unusual psychotherapeutic potential.

In support of the government's contention that placement in Schedule I does not discourage research, witnesses for the Food and Drug Administration said that two dozen or so projects involving Schedule I drugs had been approved. Under cross-questioning, the FDA witness acknowledged that all but one project involved the

Continued on Page 3

BrainMind

NEWS FROM THE LEADING EDGE

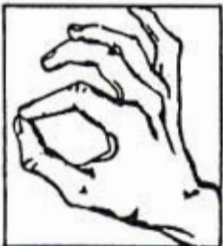
BULLETIN

November 18, 1985
Volume 11, Number 1

Arthritis sufferers report diminished pain after learning coping strategies

"Can a feeling of capability reduce arthritis pain?"

That was the straightforward title of a recent research report by Karen Gravelle (*Advances*). It summarized a major research project first tested in 1979 with a small group of arthritis patients who were taught how to ease their symptoms and thus increase their mobility.



People enrolled in the original pilot program at the Stanford Arthritis Center reported significant pain reduction. The startling program results led the National Arthritis Foundation to use the course around the U.S.

Meanwhile, the designers of the program tried to determine which of its

elements—the information, the exercises or some combination—had worked. "To their great surprise, none of the identified elements correlated with the positive results."

The course, they found, had engendered a change in attitude. The participants now believed that they could do something. This realization—what Albert Bandura of Stanford University calls "self-efficacy," a sense of being in command of the situation—was the trigger for pain relief. (See related article, page 2.)

They then designed a larger study, which showed a striking correlation between perceptions of self-efficacy and diminished symptoms.

Arthritis is the most common disease of the elderly, affecting 60 to 90 per cent of those over 60. Nonetheless, it had attracted little attention from patient educators.

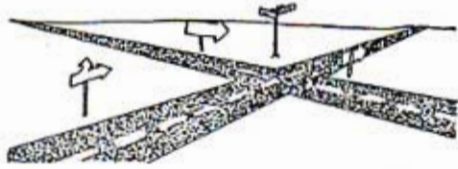
Continued on Page 2

Brain models help map managers' decision styles

A Florida management professor has framed a new "human information processing model" by synthesizing three major models of brain function: bilateral, triune and frontal-posterior. The synthesis is the basis for a "whole brain management" curriculum.

Before becoming a business instructor, William Taggart of Florida International University worked as a computer programmer and systems analyst. He became interested in brain models, he said, because they could help account for his experiences in business and training, especially in the intuitive realm.

"It may also be significant that my wife and I were enrolled in a course in religion at the same time I was getting my master's degree in business administration. We



were experimenting with powerful ways of knowing that were not touched in traditional business education."

His Managerial Decision Styles course, now in its 10th year, has been immensely popular.

"I use the models as metaphors," he said. "I see them more as modes than locations." The scientific findings begin to provide a rational base for understanding some of the more puzzling nonlinear forms of information processing.

He associates the frontal left mode with traditional *planning* and the frontal right mode with *vision* ("imagining or creating the future"). The left neo-cortex represents *logic*, the right *insight*. The ancient reptilian brain is tied to *ritual*, the new limbic (mammalian) brain to *feeling*.

Most people favor one mode or the other. "If we become aware of the different possibilities, we can enlarge our repertoire of styles," he said. "In a dynamic, integrated mode, we can suit style to situation."

Students enrolled in the program "discovered that they already knew much of what they need to know right now. It's a question of access."

Taggart: Florida International U., Tamiami Campus, Miami 33199, (305) 554-2791.

Brain/Mind Bulletin, November 18, 1985—3

Cousins, Cassileth agree: Mind can alter illness

By BARRIE R. CASSILETH and NORMAN COUSINS

The current public controversy over the relationship between emotions and health has placed the authors of this article on opposite sides. Much of the controversy, however, has its origin in serious misunderstandings of our basic positions. What concerns us especially is that these misunderstandings can produce public confusion and may cause harm to patients who are trying to mobilize their resources in the fight against disease.

The confusion grew out of press reports concerning the article "Psychosocial Correlates of Survival in Advanced Malignant Disease," written by Barrie R. Cassileth and colleagues and published in the *New England Journal of Medicine*. Some of the reports and comments incorrectly interpreted the study's results to mean that positive attitudes have no value in a strategy for effective treatment of illness.

Cassileth's study, however, was not concerned with disease in general but with advanced cancer in particular. Cassileth wrote: "Our study of patients with advanced, high-risk malignant diseases suggests that the inherent biology of the disease alone determines the prognosis, overriding the potentially mitigating influence of psychosocial factors."

This means that in advanced cancer, biology overwhelms psychology. It does not mean that emotions and health are unrelated. It does not mean that emotions and attitudes play no role in the treatment or well-being of ill people.

In any case, high-risk cancer accounts for a very small percentage of all illnesses



in the United States. The fact that positive attitudes or emotions cannot be expected to reverse or cure untreatable cancer does not mean they have no value in the large majority of illnesses. Indeed, positive attitudes may play a significant role in optimizing medical treatment. Even in advanced malignancies, positive attitudes of patients not only can enhance the environment of treatment but can have a beneficial effect on the quality of life of patients. Physicians have always believed that a strong will to live helps a patient's chances in combatting serious disease.

In an analogous fashion, Norman Cousins' work has been grossly simplified. His *Anatomy of an Illness*, first published in the *New England Journal of Medicine*, and his public statements concerning the complex relationship between mental attitude and physical health have been reduced in some quarters to the absurd notion that laughter can cure cancer.

Cousins used laughter as a metaphor for the full range of the positive emotions, including hope, love, faith, a strong will to live, determination and purpose. He also stressed the importance of the patient-physician partnership in effective medical care.

We hope the following points will dispel the confusion as well as clarify our points of view. Rather than being diametrically opposed, we share a common understanding and perspective.

• Emotions and health are closely related. It has been known for many years that negative emotions and experiences can have a deleterious effect on health and can complicate medical treatment. Not as well known is the connection between positive attitudes and the possible enhancement of the body's healing system. This relationship is now the subject of study at a number of medical research centers.

• It is likely that numerous emotional and physical factors, many of them yet to be delineated, influence health and disease, probably in different ways for different individuals. There is no single, simple factor that causes or cures cancer and other major illnesses.

• Even where positive attitudes and a good mental outlook cannot influence the physical outcome, they can and do affect the quality of life. Few things are more important in the care of seriously ill pa-

tients than their mental state and the general environment in which they have to be treated. Unfortunately, human beings are not able to exercise control over all of their biological and disease processes. Therefore, they should not be encouraged to believe that positive attitudes are a substitute for competent medical attention.

• Feelings of panic are not uncommon among patients on learning that they have cancer. Panic is itself destructive and can interfere with effective treatment. The wise physician, therefore, is mindful of the need to combat feelings of panic and emotional devastation.

The reciprocal mind/body relationship is complex. We must be aware equally of both the potential power and the limitations of attitudes in their effects on health and disease.

Cassileth is director of psychosocial programs at the University of Pennsylvania Cancer Center. Cousins is an adjunct professor at the UCLA School of Medicine. Reprinted from the Los Angeles Times.

MDMA hearing...

Continued from Page 1

study of marijuana for its well-established use in glaucoma and the nausea caused by chemotherapy.

The director of clinical research for the Hoffmann-LaRoche pharmaceutical company testified that his firm would not undertake the study of a Schedule I drug, unless it had the potential for saving lives. Otherwise, he said, it was not worth the red tape.

He added that most pharmaceutical research is farmed out to university researchers. If told that Schedule I drugs are officially "of no known medical utility" and "highly subject to abuse," he said, neither researchers nor volunteers would take part.

Hoffmann-LaRoche and a pharmaceutical subsidiary of Johnson & Johnson had joined the case, contending that the Schedule I classification makes investigation of a new drug unfeasible.

Meanwhile, a new rider on a Senate "designer drug" bill would make it a misdemeanor to possess any drug similar in structure or effect to a Schedule I or II substance unless it was used in an FDA-approved new-drug investigation (IND).

Psychiatrists supporting the investigation of MDMA plan to seek an amendment exempting those researchers with formal protocols. The bill could then sanction approved MDMA studies.

Attorneys for both sides will file briefs and counter-arguments over the next several months. After taking the case under advisement, the judge will make his recommendation. The DEA is not bound by his determination.

BrainMind

BULLETIN

Brain/Mind Bulletin (USPS 124-350) is published every three weeks except the second week in November by Interface Press, Box 42211, 4717 N. Figueroa St., Los Angeles, Calif. 90042. Telephone: (213) 223-2500. Subscriptions: \$35 per year (\$40 first-class mail) in North America, \$45 all other (airmail). Back issues \$1.50 each with self-addressed envelope.

Marilyn Ferguson, Executive Editor and Publisher
Staff: Pat Barker, Glenn Bassett, Karen Beers, Larry Crane, Joseph Dean, Marine Derrick, June DeWitt, Kristin Ferguson, Lynn Ferguson, Ed Fowler, Isha Warwell, Greg Wright.

EDITORIAL ADVISERS

Fritjof Capra, David Cheek, Erwin Dicyan, Richard Gunther, Willis Harman, Hazel Henderson, Jean Houston, Laura Huxley, Dennis Jaffe, George Leonard, Max Lerner, Jessica Lipnack, Robert Muller, Brendan O'Regan, Chris Popenoe, Thomas Roberts, Robert A. Smith III, Jeremy Tarcher, Robert Theobald, John Wren-Lewis.

© 1985 by Interface Press. All rights reserved. No part may be reproduced without permission. Second-class postage paid at Los Angeles, Calif., and at additional mailing offices. Postmaster: Send address changes to Brain/Mind, Box 42211, Los Angeles, Calif. 90042.