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GROUP PSYCHOTHERAPY IN COMBINATION WITH PSYCHOTROPIC MEDICATION

By SANGUN SUWANLERT and HUI-KHIAN, TEO

Sangun Suwanlet, Arithunya Hospital, Nondhaburi, Thailand.
Hui-Khian, Leo, Hospital Permai, Tampoi, Johore, Malaysia.

INTRODUCTION

Group psychotherapy has been generally accepted as a method of treatment in psychiatry and is at present a well established field of psychotherapeutic procedure undertaken in many psychiatric centres all over the world. However as this treatment was derived from Western thought and ideas, Asian therapists who utilize group psychotherapy should carefully adapt the procedure to the cultural background of the patients.

Since psychotropic medications have been introduced in the field of psychiatry, the progress in therapy has clearly revealed that a number of patients have recovered and gone back to their community faster than ever before. Unfortunately, the rate of relapse has also been high. Thus Hoch (1958) suggested that the combination of group psychotherapy and psychotropic medication would prevent relapsing of the patient. Many papers have been published with regard to the benefit of group psychotherapy in combination with psychotropic medications; Bindelglas and Goline (1957) found that chlorpromazine and reserpine facilitated relatedness, awareness in the course of group psychotherapy with psychotic female patients. Winkleman (1959) also found trifluoperazine effective as an aid to short-term group therapy. Borowski and Tolwinski (1969) found combined treatment with chlorpromazine and group therapy more effective than chlorpromazine alone and particularly "in the quality of the improvement obtained and the speed of disappearance of such symptoms as delusional thinking and lack of insight."

Therapeutic Setting

This report deals with the experience of group psychotherapy in two countries; Malaysia and Thailand. In Thailand, group psychotherapy was introduced in Srithunya Hospital, Nondhaburi in 1963 (Suwanlert 1964), as a method of treatment for psychiatric patients, and also in Hospital Permai, Tampoi, Malaysia in 1972. Malaysia and Thailand are different both traditionally and

culturally. Malaysia appear to have heterogeneous culture and rich cultural heritage based on the separate traditions of the various races which make up the Malaysian society. The later, Thailand, is homogenous in culture and has a distinct culture, peculiar to herself, with traditions handed down through generations. It must be recognized that Buddhists compose 95% of the population and Buddhism is a very important force in the daily life of the people. However group psychotherapy is applicable to both countries.

A study on open mixed group psychotherapy in combination with psychotropic medication has been done in Thailand and Malaysia. Purpose of study: to study the optimum dosages of tranquillizing medications which can be valuable in assisting patients to achieve a more successful communication outcome. The technique used was the dynamically ,oriented approach, emphasizing the relationship of the therapist and patients; the patients with other patients; and the patient with groups. The method of group psychotherapy was evocative, and didactic lectures were given and reading material assigned to the group. Therapeutic sessions were 20 in both countries. Selection of patients was based on those who maintained no confusion, were in fair contact with reality, with the majority being schizophrenics and two were psychoneurotic patients and one alcoholic patient. The age range in the study was 18–45, 8 females and 2 males (Thailand), 8 females and 6 males (Malaysia). The size of the group was 7–10 patients. Educational background was at least that of completing secondary school; the highest level was university education. The economic status was primary middle class. Religion was not a limiting factor for inclusion in the therapy groups but all in Thailand were Buddhists. In Malaysia, the patients were Muslim, Hindus, Buddhist and Christians. Patients must be motivated and volunteer to participate.

The communication of group psychotherapy in both countries was different. For instance, in Malaysia, the three races, Malay, Chinese and Indian were in the group and to facilitate communication within the group, a compromise language, English, had to be used as the medium of communication and only English speaking patients were chosen. In Thailand, Thai a common language, is the language used in group psychotherapy. The manner of expression and content of verbalization was also somewhat different.

RESULT

Table I

Content of Verbalization

Topic of discussion	Thai Session		Malaysia Session	
Free floating discussion	40	8	35	7
Sexual problems	15	3	5	1
Religion	10	2	–	–
Parental authority	10	2	–	–
Individual problem	10	2	25	5
Didactic lecture and reading material	10	2	20	4
Folk belief or charms	5	1	15	3
	100	20	100	20

Prior to group psychotherapy, the patients had received medications in maintenance doses of psychotropic drugs and had already participated in occupational therapy, and seldom has the opportunity to speak with the staff. When they had their problems, some patients talked to others, however they afforded little help as must be expected. At the most, they remained happily in the ward under the influence of medications. On beginning group psychotherapy, their medications were still at maintenance dosages. Later on in only a few patients was the medication reduced or increased. We would like to bring your attention to average daily dosage of medication studied in the female admission wards and convalescent wards in the two countries during the period of group psychotherapy.

Table II

Female average daily medication

	Medication (mg)	Admission ward		Convalescent ward	
		Malaysia	Thailand	Malaysia	Thailand
1.	Chlorpromazine	335.7	202.51	248	158.34
2.	Thioridazine	372.5	166.67	182	150
3.	Trifluoperazine	18.4	16.80	20.8	19

In both countries, it was found there were more female patients than male patients who participated in the therapeutic sessions. One of the chief reasons for this is the disproportion of male and female patients in the groups. Another point is that women in the group were found to need constant readjustment of their medication dosage to arrive at optimum dosage. Male patients in Thailand were out-patients, while in Malaysia the male patients were in-patients at the hospital. Even though the dosage of male patients would be an interesting point of study, no comparison of male patients in Malaysia was attempted as conditions in the session were not similar. In our observation we notice that average dosage for female patients is higher than in Thailand. The reason for this is that psychiatrists in Thailand attempt to prescribe combined medication and injections on some occasions while this is not the case in Malaysia. Group activities as well are used in Thailand indicating lower drug dosage. Another important factor explaining discrepancies between drug dosage can be explaihed by economic factors of the medication. In Thailand, patients buy their own medication while in Malaysia, it is a free part of their treatment.

Table III

Daily dosage (mg) which result in good verbalization in therapeutic session

Medication	Malaysia (H.P.)		Thailand (S.H.)	
	Female	Male	Female	Male
Trifluoperazine	20	–	10	–
Chlorpromazine	200	200	150	–
Thioridazine	300	–	300	–
Perphenazine	–	24	12	–
Perphenazine + Amitriptyline	–	–	6 + 75	–
Chlordiazepoxide	–	30	–	30

According to this table in Malaysia, dosages of medication are higher than in Thailand except chlordiazepoxide and the use of a combination of antidepressive agents and neuroleptic drugs. Diazepam (Valium) injections are frequently administered for anxiety patients in Thailand.

H.P. = Hospital Permai, Tampoi, Johor., Malaysia.
S.H. = Srithunya Hospital, Nondhaburi, Thailand.

Some Observations on Combined Therapy

1. *Psychotropic Medication and the Relationship of the Therapist and Patients; the Relationship Between Patients and Patients.* In the beginning of the treatment, female patients and male patients had poor and weak relationship, and female patients remained inactive. Usually the patients asked direct questions of the therapist. Male patients are more active in bringing up problems in direct question form to the therapist. Patients who had received high dosage of medication for the most part remained inactive and did not cooperate in the sessions. In such cases after the sessions proceeded three or four times, we found that the relationships of the patients and the therapist decreased in intensity and increased among their fellow patients both of the same and of opposite sexes. Patients who had received high dosage of medication were reduced to a moderate dosage (according to individual basis). After this period, we found activity and participation increased in the group and higher intensity of relationships among themselves. In this period, patients began to discuss and verbalize their individual problems among themselves and attempted to help fellow session members. At the same time, efforts to define and describe the problems they discussed accurately. Patients who had high anxiety or disconnected thoughts were found to be poor relaters to others in the group. In session 15 through 20, the relationship among the patients represented improved achievement for the group and a satisfactory condition of treatment. At this period, if patients were absent from the session, they were asked at following sessions what was the problem and if the absent member was in any harm. In one case a patient L, said "I am able to express myself better now. I feel more relieved, and do not think of my worries. I have the opportunity to air my worries in the meetings. The group members discuss my problems and this has been a great relief to me". R. reported to the group, "I now know a number of people who are friendly to me. At the beginning of the session I was shy and seldom spoke, but now I am able to speak freely."

In some patients in Thailand, the dosage was low. In such cases, the therapist had to increase the dosage in the patients and subsequently the patients felt better and were able to actively participate in the group.

2) *Psychotropic Medication and Clinical Symptoms.* A study of patients' case profiles revealed that in some individuals, after phenothiazine was given, thought disorders and hallucinations were

reduced. However it is to be noticed that on many occasions, patients maintained their hallucinations while at the same time becoming more communicative and cooperative in the group. However, in these cases after a number of sessions, these patients were able to relate the experiences with their own hallucinations and attempted to adjust themselves to this reality of their own mental health.

On the other hand, patients who were found to believe in charms as a subsequent factor of their illness were found to maintain this position after a period of sessions, even though they did not disturb the other members of the group. In such cases, the therapist encouraged these individuals to express their relation to the effect of the charm on them in as much detail as possible. These expressions of charms were followed by a discussion by the group in general. On several occasions the therapist was able to explain the causes of mental illness and emphasize especially the personality of the person as related to early background in the individual's life, as an important factor in mental health problems the patients had experienced and knew about. Following lectures and discussions on these points, the position then began to attain a more objective picture of mental illness.

3) *Psychotropic Medicaton, Depression and Anxiety.* As patients began to communicate and become active participants in the therapeutic session, a concomitant factor was their increased anxiety or depression about their own future. In such instances, psychotropic medications were indicated. In Thailand,anti-depressants were orally prescribed as well as diazepam in injection form.

4) *Psychotropic Medications and Dreams:* Free floating discussions were effectively utilized to bring unconsciousness matter to consciousness. Dreams are a very important aspect of effective treatment and observation of patients in this period of their group therapy. However in the group, there was found to be very few discussions about the dreams individuals experienced. In our opinion perhaps (Sandison 1963) — tranquillizers were the inhibiting factors that prevented dreams from being experienced and therefore not expressed by the group. The common dreams were of returning home, dreams that the father, in an authoritative role, died. The last dream expressed in the group was a dream of experiencing a charm being administered to them.

DISCUSSION AND CONCLUSION

From our observation at Srithunya Hospital and Hospital Permai, we find many similarities. Chief among these is a shortage of psychiatrists in both hospitals. Therefore the method of treatment by individual psychotherapy would consume an impractical amount of time. Group psychotherapy is one attempt to answer this problem and has been found to be an effective tool in both the institutions. We have found that drugs have relaxed the patients while group psychotherapy allows the patients to understand themselves better than in any other approach to date, while increasing their awareness of their specific problems and allowing them a more effective compromise with the realities of their particular mental problem.

The amount of average daily dosage in Hospital Permai is higher than Srithunya Hospital, because as mentioned before Srithunya Hospital uses combined drug therapy rather than single tranquillizers. In Thailand there is a tendency to use antidepressant combined with atractic drugs.

Advantages to be gained from this study are:

1) Patients who received group-therapy experienced more meaning in their lives and this seems to be a more detailed programme of treatment.
2) Psychiatrists in group psychotherapy are able to find and work on deep-rooted problems among the patients while the chance of meeting such problems in individual therapy is limited owing to a low frequency of meeting with the patient and a restricted amount of the time for each individual patient.
3) Patients are able to realize more about their problems and are able to live and communicate with other people.
4) Observations on attaining optimum drug dosages if successfully attained allow a fair chance for good relationships with the therapy session and provide satisfactory progno sis.
5) The effort to maintain mixed group therapy affords an excellent opportunity where problems concerning the opposite sex are concerned.

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THE USE OF TRANQUILLIZERS IN THE TREATMENT OF HEROIN ADDICTION IN TEENAGERS

By AROON SHAOWANASAI

Chief, Psychiatric Section, Pra Mongkutklao Army Hospital, Bangkok, Thailand.

Heroin addiction is at present a serious problem in Thailand and lately, more teenagers are being involved. In our country since the outlawing of opium smoking in 1959, former opium addicts were turning to heroin chiefly, because of the case of consumption. At present, it is estimated that there are about 300,000 heroin addicts in the Kingdom. The techniques used for taking the drug vary from smoking opium, "chasing the dragon" (inhaling the fumes obtained by beating the rather impure heroin), smoking from cigarettes in which some tobacco shreds have been removed and "white powder" (purer heroin) inserted instead, to injections (usually self-administered, both intramuscular and intravenous (the main line). Moreover the percentage of heroin in the drug here in Thailand is about 80–90 p.c. (for the "white powder") and 15–20 p.c. for the purplish granules, whereas in the USA the white powder stuff is only 2–5 p.c. heroin.

Motives for the Study:

There are many approaches to the treatment of heroin addiction, namely – the Cold Turkey treatment, the Methadone Maintenance or the substitution treatment by using derivatives of opium in gradually reduced doses.

Many hospitals have tried various forms of tranquillizers in the treatment of heroin addicts, the major and the minor tranquillizers producing varying results. At present, many hospitals have adapted the technique of Methadone Maintenance because the control and management of patients are easier, and the suffering of the patients during the withdrawal period is not so severe.

We found out that Methadone, also a kind of narcotics, when once used for a period of time, is difficult to do without and the patients have to remain in hospital for a longer duration. In Thailand, the number of heroin addicts is considerable – and we have only three weeks in which to withdraw the drug. Methadone therefore is not suitable for this technique of treatment.

Methadone Maintenance Treatment programme is not so successful in Thailand because of the fact that transportation and communication for the patient are still far form satisfactory. Accordingly the patients could not keep their regular appointments to visit the unit for their dose of methadone.

Tranquillizers are, at the moment, most successful in the treatment programme. At present, it is not yet known which tranquillizer will be most effective. It is not practical to await for research results from the USA or Europe, simply because of the fact that there is a big difference in the