HIGH SCHOOL EDITION
Journal of Student Research
Volume 13 Issue 4 (2024)

Hope for the Living Dead: How Thorazine Revolutionized Mental Illness

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ABSTRACT

Today's treatment of mental illnesses involves medications and humane therapies as mental health is seen with acceptance, understanding, and care. However, prior to the 1950s, people with mental illnesses were seen as people who needed to be kept away from society. They became the living dead, isolated in asylums, and their mental illnesses were treated with ineffective and harmful methods. This paper analyzes the different ways in which the drug Thorazine completely transformed this view and treatment of mental illness. It illustrates the treatment of people with mental illnesses in asylums prior to Thorazine, details the process of Thorazine's synthesis and spread, and contrasts mental illness before and after Thorazine by dissecting all of Thorazine's effects.

Introduction

Thorazine was the first drug to treat mental illnesses, revolutionizing the world of mental health and medicine. With Thorazine reducing symptoms of schizophrenia and psychosis, patients no longer needed to be restrained or isolated, enabling them to leave asylums and return to their communities. This shift to pharmaceutical therapy in the treatment of mental illnesses led to the creation of more medications for mental illnesses as well as increased interest and breakthroughs in the field of psychiatry. These new drugs that were created based on Thorazine and Thorazine itself offered a more humane approach to treating mental illness, leading to patients' identities no longer being exclusive to their "insanity" and the public viewing them as human beings. As the first pharmaceutical for mental illness, Thorazine propelled the deinstitutionalization movement, kickstarted the field of psychopharmacology, and changed society's perspective on mental illness.

Mental Illness Prior to Thorazine

Prior to the synthesis of Thorazine, mental health was not taken seriously. People with mental illnesses were seen as people who needed to be locked away from the rest of society. Many asylums were self-sufficient with their own gardens and systems established to prevent patients from interacting with the outside world. Furthermore, in Italy, people were given criminal records without a trial simply for having a mental illness. The isolation of mental health patients, contained physically through asylums and socially through their criminal status, laid the foundation for the social stigma surrounding mental illness.

Throughout the world, psychiatrists were not commonly found, so little research was completed on effective treatments for mental illnesses. Within asylums, due to the lack of people working with mental illness, each asylum patient was not cared for individually - they were not given a personalized treatment plan and were instead forced into whichever treatment method was available. But without proper treatment, many patients' symptoms were never diminished, trapping them in asylums perpetually.

With little control over their own bodies, asylum patients were physically restrained and left chained to the ground. Existing treatments included insulin coma therapy, lobotomies, electroshock therapy, and cold immersion baths. These procedures only relieved agitation and hallucinations for short periods of time and were ineffective long-term. Because they were used without proper research, treatments could lead to permanent brain damage and, sometimes, death. In response to such injustices against patients, society turned a blind eye; mental illness was a shame to even be associated with, and without other treatment options available, it was easier to forget its existence. Additionally, these treatments could not be used outside of asylums, and because patients needed to be continually treated with these short-term treatments, they were kept at asylums arbitrarily. Medications for mental illnesses had not been developed, perpetuating these inhumane treatments. Heinz Lehmann recalls, "No one in his right mind in psychiatry was working with drugs. You used shock or various psychotherapies."

Asylum patients lived the same days on repeat, often in restraints day in and day out. One visitor noticed, "Nobody worked to get them out… They lost - through illness and through being incarcerated - the necessary skills to live in the community or in their own home, so they became chronic that way." They were the living dead - forgotten, powerless over their treatment, and without identity and possession.

Figure 1. Patients at the Eastern State Hospital in Lexington, Kentucky tied down to chairs and restrained.

The Synthesis of Thorazine

In the 1940s, researchers at Rhone-Poulenc, a French pharmaceutical company, were studying antihistamines, medicines for minor ailments, such as promethazine. Promethazine was found to have sedative properties, leading surgeon Pierre Huguenard to use it with pethidine, a pain-relief drug, to induce relaxation and sleep. Upon hearing about Huguenard's discovery, surgeon Henri Laborit believed that if he used this combination, he could use less anesthesia in his surgical patients and his patients could recover faster. Therefore, he encouraged Rhone-Poulenc to create similar compounds with better stabilizing effects and central nervous system effects. Following Laborit's request, on December 11, 1951, Paul Charpentier, for Rhone-Poulenc, created chlorpromazine.

In 1952, with additional research, Laborit found that chlorpromazine put patients in a disinterested state without loss of consciousness and suggested that it could be used in psychiatry. On January 19, 1952,

Jacques Lh, a severely agitated psychotic patient, was given the first dose of chlorpromazine for psychotic purposes. He experienced immediate calmness for a few hours and, after 20 days of treatment, was “ready to resume normal life.”

As Laborit was publishing papers about this breakthrough, scientist Heinz Lehmann saw that chlorpromazine was calming agitation and suggested using it to treat schizophrenia. Word reached psychiatrists Pierre Deniker and Jean Delay who ordered chlorpromazine to experiment on their most uncontrollable schizophrenic patients. Clinical investigations began, and published results reported that it was highly effective in controlling agitation in schizophrenic patients. Similar success stories were then reported in journals and presented in conferences as more people used chlorpromazine, or Thorazine, worldwide.

Immediate Effects

Heinz Lehmann continued to research Thorazine and published a paper on it in the Archives of Neurology and Psychiatry, leading the drug to spread throughout North America. He remembers, “Two or three of the acute schizophrenics became symptom-free... I thought it was a fluke... At the end of four or five weeks, there were a lot of symptom-free patients…a lot of hallucinations, delusions, and thought disorder had disappeared. In 1953, there just wasn't anything that ever produced something like this—remission from schizophrenia in weeks." Thorazine had finally broken through years of ineffective treatments and offered hope for people with mental illness, much to the shock of scientists such as Heinz Lehmann. As more research was published, more people wanted to use Thorazine. By 1964, 50 million people had taken chlorpromazine throughout the world.

Many patients had undergone treatments such as lobotomies yet had not experienced improvement, keeping them at the asylums. However, even these “untreatable” patients displayed reduced symptoms of schizophrenia and psychosis - they no longer needed to be restrained and monitored constantly. For many people with schizophrenia and psychosis, pre-Thorazine behavior included “self-inflicted injuries, temper tantrums, sullenness, and antagonistic behavior,” but post-Thorazine behavior was described as “pleasant, cooperative, capable.” Vernon Kinross-Wright, one of the original psychiatrists to utilize Thorazine, recalls, “A 48 year old paranoid schizophrenic... received electroshock, insulin treatment, and two prefrontal lobotomies without significant benefit. On admission, she was… sloppy in appearance, and actively hallucinating.” However, after taking 75 mg of Thorazine daily, “she has been symptom free, manages her home, attends bridge parties, dresses well, and amazes her husband and friends with her affectionate friendliness." Moreover, in 1955, at Oregon Hospital, 40 extremely disturbed patients participated in a Thorazine trial. Many had not responded to any treatments in the past, but with Thorazine, 75% of the patients experienced improvement and 9 of the patients were discharged by the end of the year.

With many patients escaping psychosis, entire asylums were transformed. Although typically filled with people banging their heads on walls and covering their heads with their coats, asylums became more tranquil and quiet. The California State Senate Interim Committee on Treatment of Mental Illness reported that "[p]atients have undergone a metamorphosis from raging, combative, unsociable persons to cooperative, cheerful, sociable, relatively quiet persons who are amenable to psychotherapy” and that “[a]ttendants here stated emphatically that if the institution discontinues the use of the drugs, they will refuse to work." Thus, Thorazine did not solely impact patients - the improvements that Thorazine brought to patients and asylums boosted the morale of staff as well.

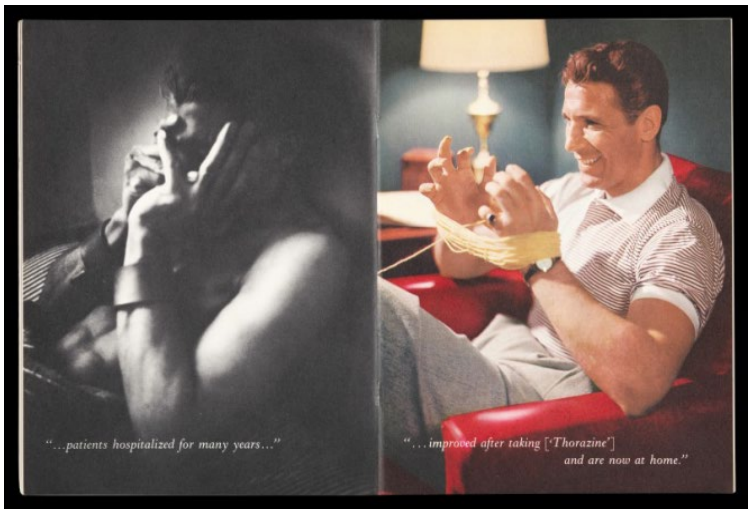

Figure 2. An advertisement for Thorazine from 1956 that displays the drastic transformation that an asylum patient underwent after taking Thorazine.

Because Thorazine was a drug, it wasn't limited to solely being administered in asylums - it could be given in hospitals or within homes. If symptoms of schizophrenia or psychosis were recognized early on, one could be treated with Thorazine in a local environment, preventing the need for institutionalization. Institutions were also costly, so with Thorazine, some people did not have to pay for asylum care as they could be treated with Thorazine at home or in hospitals. Moreover, due to its cheap prices, Thorazine was easily accessible, so more people with mental illnesses could be treated efficiently.

Still, although Thorazine was revolutionary for most patients, there were reports from some patients on side effects such as nausea and drowsiness. C. L. Brown, a former patient at the Oregon State Hospital recalls, "Another side effect caused muscle spasms that pulled my head to one shoulder so that I walked bent over to one side. People sometimes developed a restriction to their mobility referred to as the Thorazine shuffle."

Deinstitutionalization

Throughout the mid-late 1900s, Thorazine served as the catalyst for deinstitutionalization, or the removal of patients from asylums. The decrease in patients in mental institutions was significant: in 1953, there were 560,000 patients. In 1975, this number dropped to 193,000. As patients' symptoms were quickly eased, they were only kept in institutions until their symptoms were clearly not returning and they were deemed as able to live in their communities. Consequently, they were relieved of the financial burden of long stays at expensive asylums. Once they were back home, many of the patients were able to continue their daily activities that they had completed prior to institutionalization. One woman who had been treated with Thorazine experienced a complete recovery like many others: "Her relationship with those around her was practically without stress. She was able to engage in domestic tasks she had not done for many years such as cooking, house-cleaning, laundry work, etc. Prior to admission to the hospital this patient had been a domestic worker, so this was an achievement of at least the pre-morbid industrial capacity. She showed no tendency to relapse."

Not only did Thorazine discharge patients from asylums but it also reduced the need for re-institutionalization. A large concern had been the possibility of patients relapsing and needing to return to asylums. However, after years of testing, only a few patients were re-institutionalized after Thorazine had been administered. Because Thorazine could be taken at home, many patients whose symptoms re-appeared would simply start taking Thorazine within their homes. Therefore, there was no need for them to be sent back to the asylums.

Due to the success stories of Thorazine, the government demonstrated a newfound interest in fueling deinstitutionalization. With Thorazine offering a cheap solution to the immense financial load of overcrowded asylums, the government jumped at this treatment alternative. Because the drug would reduce the number of patients in mental asylums, less government funding would be required for public mental institutions. In turn, as the number of patients in asylums decreased, many asylums were shut down, relieving the government of its financial burden.

Sparking the New Field of Psychopharmacology

After the discovery of Thorazine, similar drugs were created based off of Thorazine to treat mental illnesses, starting the new field of psychopharmacology. Thorazine was the first dopamine antagonist, leading to the creation of similar new drugs such as clozapine, quetiapine, and risperidone to treat schizophrenia and psychosis with less side effects. More drugs to treat other mental illnesses were also synthesized based on Thorazine's properties, leading more patients to be released from asylums. With the use of drugs to inexpensively treat mental illnesses, past treatments such as lobotomies and insulin comas were abandoned.

Although there had not been a field of psychopharmacology previously, as more drugs were synthesized for mental illness, this field grew tremendously. The almost-miraculous impact of Thorazine for patients inspired the mass production of other pharmaceutical drugs and perhaps the modern-day over-reliance on medication. Consider today's world: spending on medications has risen following the spread of Thorazine and continues to increase as people continually purchase new drugs. There are now drugs to treat an array of common problems which many people use to treat each of their issues daily. Consequently, the reliance on medications to treat everyday struggles has risen in today's society.

Impact on Psychiatry

With more studies into drugs for mental illness and psychopharmacology, there has been a larger interest in the field of psychiatry and psychopharmacology. Although these fields had previously not been well-established, the need for more research on mental illness and drugs for mental illness led to more job opportunities. As more people entered these fields, not only were more medications created but more discoveries were made on mental illness. These discoveries legitimized the field of psychiatry: while it had been considered a field separate from medicine, with the first antipsychotic drug being created, psychiatrists were viewed as legitimate medical physicians.

Public Perception

Previously, there had been a heavy stigma around people with mental illnesses as they were marginalized and isolated. However, with more drugs created to treat mental illnesses, there was a greater understanding that mental illnesses were medical conditions that required proper care. A psychiatrist recalls, "For the first time we could see that they were sick individuals to whom we could now talk." The patients themselves, now not monitored and restrained constantly, felt more like human beings. Upon release, they would spread awareness about mental illnesses, further decreasing the stigma around it.

With Thorazine ads and from anecdotes told by the deinstitutionalized patients, more people became aware of the injustices of asylums and how they stripped patients of their dignity. Society better understood that people with mental illnesses were important members of their communities and should not be locked away. With this understanding that they were real people who needed individualized and humane treatment, the government took steps to help. President John F. Kennedy introduced the Community Mental Health Act of 1963

which provided funding for mental institutions so they could provide individual and effective treatments towards their patients.

Conclusion

Ultimately, Thorazine created a substantial shift in the field of mental health in being the first drug created to treat mental illness. Although some reported minor side effects that arose as a result of the drug, Thorazine did so much more than simply diminishing symptoms of psychosis and hallucinations. It led to asylums becoming more peaceful and patients not being restrained constantly, allowing them to be released back to their communities. With patients leaving and little being institutionalized and re-institutionalized, the deinstitutionalization movement was pushed further. While there had not been a field of psychopharmacology previously, Thorazine sparked a newfound interest in creating medications for mental illnesses as well as more research in psychiatry. With more breakthroughs in drugs for mental illness, the newly created medications fostered an overreliance on drugs for trivial problems. Despite asylums previously utilizing inhumane treatments, Thorazine restored people with mental illnesses' dignity as it painlessly treated them. In turn, they were seen with more compassion, a drastic shift from the times in which they were viewed as people who needed isolation and torture. Through fundamentally changing mental illness, Thorazine impacted the lives of people with mental illnesses during the time it was created and paved the way for people of today to have effective treatments. It has offered hope for the living dead, no longer tortured, agitated, and imprisoned within asylums.

Acknowledgments

I would like to thank my advisor for the valuable insight provided to me on this topic.

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