The following article appeared in the October 1988 issue of Canadian Dimension, a magazine committed to socialist principles and typographical errors.

Paste-up errors on two pages have been hastily corrected. If those pages now appear sloppy, it seemed to me that having the words in the right order was preferable. Perhaps not.

This brings to mind something that appeared in an old copy of the Realist. Under the headline "Correction," a short paragraph said, "Due to a printer's error in last month's issue in the article 'How To Tell Mushrooms From Toadstools,' the column which read 'Mushrooms' should have read 'Toadstools' and vice versa. We apologize for any inconvenience."

As do I.

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THE ENDURING HELL OF DR. EWEN CAMERON

LANNY BECKMAN

Ewen Cameron was once the father of Canadian psychiatry. His impact on the field was enormous during his lifetime, and although posthumous revelations have taken a big bite out of his legend, his influence continues to be strongly felt two decades after his death in 1967. His legacy lives on in the members of Canada's current psychiatric establishment, most of whom trained under him, and in the thousands of mental patients who came under his care. Nine of them have stretched his reputation beyond the borders of psychiatry by suing the US Central Intelligence Agency for damages relating to its entanglement with him in the 1950s.

Cameron's action-packed life and afterlife are recounted in fine detail in a recent book by Montreal writer Don Gillmor. *I Swear by Apollo* (the book's title is taken from the opening words of the Hippocratic Oath) is based on the author's interviews with 70 of Cameron's colleagues, all of whom are getting on in years. Gillmor's careful legwork, which goes far beyond available press reports, has rescued a story of real significance at the eleventh hour, an accomplishment which more than compensates for the study's analytical weaknesses. While bringing the enigma of Cameron into focus, Gillmor also succeeds in opening a large window of vulnerability on the closeted world of psychiatry as a whole.

BUILDING AN EMPIRE

Ewen Cameron's irrepressible ambition sets him apart from the great majority of psychiatrists. They tend to operate spartan private practices (the minimum requirements are two chairs and a box of kleenex), and beyond that they're content to take the money and run in the general direction of the good life. Cameron had nothing against the good life, he simply had no time for it. He was leashed to a crusade which ran in a very specific direction and he made no bones about it. He was going to eliminate mental illness in his lifetime and win a Nobel prize in the bargain. For this he was prepared to forego the pleasures of golf and tropical vacations.

Under Cameron's firm and out-stretched hand, Montreal's Allan Institute quickly acquired the largest psychiatric research budget in the country

With career goals like these, Cameron needed an empire, not a country club membership, and he set out to build one in Montreal in the mid-1940s. From 1944 to 1964 he held the dual posts of chairperson of McGill University's department of psychiatry and director of the Allan Memorial Institute, a teaching, research and treatment hospital affiliated to McGill. This psychiatric conglomerate acquired the reputation by the mid-'50s of being second on the continent only to the Menninger clinic. Sufferers throughout North America and beyond sat anxiously by the phone for word that a bed awaited them in Montreal.

Cameron's years at the Allan Memorial coincided with a period of unprecedented development in the treatment of mental illness. The barbarism of the snakepit era was rapidly giving way to the sophisticated treatment modalities of the snakeoil era. As a key architect of this transformation, Cameron made a giant contribution to the marketability of modern psychiatry, which included the framing of a favourable social contract with the Canadian state.

Cameron knew that taking snakeoil to market was one thing, making them drink, another. He devoted his inexhaustible energies to the selling of his young science of the mind. He almost never turned down speaking invitations from any group, in or out of psychiatry. He was always on hand to lead dignitaries' tours of the institute and to call their attention to his brave new methodologies, docile patients and colourful curtains. The local and international press had unlimited access to him and ran frequent features on the miracle of the good doctor's hospital, comprised largely of quotes and photos provided by the good doctor himself.

The technological innovations which ushered in psychiatry's new age were the physical therapies. Among the most important were ECT, or shock treatment, pioneered in 1938 by Ugo Cerletti in fascist Italy, and a flood of new drugs, principally the major tranquilizers like chlorpromazine, which was designed during World War II to combat sailors' seasickness.

The subsequent changes wrought in patients and hospital wards were remarkable. For the first time, curtains which were put up on ward windows stayed up and became promotional symbols of psychiatry's triumph of matter over mind. In the bad, old days uncontrollable patients would literally climb the walls to yank the things down. Now, drugged and suffering the aftershocks of ECT, they shuffled quietly around the wards in bodies which felt - as Sheila Gilhooly put it in *Still Sane* - like bags of wet cement.

RESEARCH, MONEY AND THE CIA

Cameron may have refurbished his snakepit but the Nobel committee wasn't knocking at the door. To get their attention, bold, innovative research was needed, and that meant money. Under Cameron's firm and out-stretched hand, the institute quickly acquired the largest psychiatric research budget in the country. Every spare centimetre of the Allan Memorial - including closets, stairwells and attics - was converted into laboratory space to accommodate the burgeoning team of young researchers working under Cameron's direction.

Of course, however much rolled in, it was never enough. Waiting in the wings to pick up some of the slack was an unexpected US donor, the fledgling Central Intelligence Agency. Cameron and the CIA weren't such strange bedfellows. The year was 1956 and he had built up a wide reputation as a rough-edged anti-communist. He even had some ideas about how psychiatry could contribute to the struggle against the red menace. Convinced of an impending nuclear attack by the Soviets, he often spoke of the need for a bomb shelter at the institute (three guesses which segment of the hospital population would be left out in the cold). But in the end it was Cameron's research, not his politics, which drew the CIA to him.

BRAINWASHING

The two parties shared a profound interest in brainwashing. The term itself was coined by the CIA in 1950, though Cameron preferred synonyms from the psychobabble dictionary. Brainwashing, or thought control, describes an extreme type of persuasion technique which rests on the premise that once the prison is put inside the prisoner, he can be set free. The same assumption applies to everyday varieties of social engineering,like socialization and propaganda, but they require decades of daily reinforcement and are still unreliable in a heavy economic or political storm.

The CIA was in desperate need of a technological breakthrough because it seriously believed that the other side was already in possession of combat-ready thought control techniques. This miscalculation was so complete that one suspects the agency's only source of intelligence was Korean War comics of the period.

The agency also believed that Cameron, along with researchers at 85 other institutions, could close the brainwashing gap if enough money and LSD were thrown at them. The CIA had come under the spell of LSD in the early 1950s, believing it would force the rules of the spy game to be entirely rewritten - another complete miscalculation.

In effect, the CIA paid Cameron to carry on with the work he'd been doing, and it had been monitoring, for several years. Cameron's research was not sophisticated. It consisted of two stages which often overlapped, one aimed at erasing the patients' existing lines of experience, the other at drawing new traits on their refreshened tabula rasas. A pretty good approximation of Cameron's research methods can be found in the instruction sheet for the Etch-A-Sketch, a writing slate that kids played with before batteries were invented.

The patients who arrived at the Allan Memorial brought with them the tangled lines of their mental illnesses, but also of their whole personalities. Cameron had little use for this fine distinction. In the first stage, he sought to eliminate *all* lines of experience, to produce a "person" without attributes. "Wipe the slate clean" was a favourite exhortation to tentative young doctors.

The experience of patients in mental hospitals tends to fall on a continuum from indignities to atrocities. Cameron's treatments clustered high up at the latter end of the scale. His methods were guided by a few simple principles: use new and untested treatments; administer them in multiple and arbitrary combinations; maintain the doses at high levels of frequency and intensity; disregard ethical guidelines requiring such things as the informed consent of subjects; ignore the distinction between treatment and research and between patients and subjects.

SOME EXAMPLES

Jean-Charles Page, one of the nine plaintiffs in the CIA case, was admitted to the Allan Memorial in 1959. His treatment plan began with 36 days

of chemically induced sleep. The soporific concocted by Cameron contained a random mixture of six potent sedatives. Page was awakened each day just long enough to be fed and given the drugs. On four occasions, he was also given ECT. Sleep therapy was followed by 28 days of sub-coma insulin treatment, a particularly dangerous procedure, and that by injections of sodium pentothal. Page's allegation against the CIA is that it subsidized research which ruined his life.

Some patients received as many as four ECT treatments a day for up to 75 days. Some were placed in sensory deprivation chambers for as long as six weeks. Most were given LSD. Val Orlikow, who launched the first action against the CIA in December 1980, was treated for post partum depression by Cameron in 1956 with 14 doses of LSD. Her claim is the same as Page's. (Eight years after Orlikow filed her brief, none of the plaintiffs has set foot in the Washington courtroom, thanks to procedural delays orchestrated by the CIA's cabal of lawyers, operatives and goons.)

Patients commonly emerged from Cameron's first stage utterly broken - incontinent, suffering speech loss and amnesia, unable to feed themselves and in need of constant nursing care. Cameron wasn't alarmed by their wretched condition. He saw in it positive signs of regression and of useless layers of pathology burned away. In brainwashing, it was old belief systems which were sloughed off.

The second stage involved the imprinting of new, adaptive personality traits (in brainwashing, new ideologies). If anything, this stage was more primitive than the first. A therapeutic message, called the dynamic implant, was written by the staff specifically for each patient. It usually consisted of a simple sentence. "I will be at ease with my husband" was composed for a woman who was disinterested in marital sex; her husband apparently was not. The message was recorded on audio tape and a loop was made, enabling an indefinite number of repetitions to be played. In a procedure call psychic driving, the patient listened to the repeated message through headphones.

Cameron jacked up the number of repetitions till they reached astronomical figures. It was not unusual for patients to listen to the tape from 6 am to 9 pm for days and weeks and months on end. Hundreds of thousands of repetitions were not uncommon. Cameron admits to half a million in some cases.

Not all patients acquiesced in this torture. Some refused to wear their headphones. One patient fled the hospital upon hearing her dynamic implant, which described her sexual longings for her father. Cameron found a remedy in pharmacology. Rebellious patients were given injections of curare, a drug which arrests motor nerve functions, causing general paralysis. Frozen on their beds, many on LSD at the time, patients were powerless to register any gesture of resistance to the psychic driving procedure and its thousands of repetitions. Psychiatrogenics doesn't get much purer than this.

WORTHLESS RESEARCH

W.H. Auden said, "Of course behaviourism works, so does torture." It's a nice idea but wrong really on both counts, as the CIA well knew. By "works", the agency meant techniques which were quick, non-violent and effective. In its own words, it sought a means of "controlling an individual to the point where he will do our bidding against his will and even against such fundamental laws of nature as self-preservation." What the CIA really wanted was *The Manchurian Candidate* and its technology of superconductor elegance. Of course, Richard Condon's novel-cum-movie had one big negative: it was mere fiction.

In the real world, things were not going well for the CIA or for Ewen Cameron, whose research was technologically mired in the age of candle power. His forward planner had him in Stockholm in 1963, generally withstanding the world's adulation. Instead, he was in the USA delivering an astonishing paper to the American Psychopathological Association in which he disclosed that the research program which had consumed most of his professional life was literally worthless. No satisfying explanation for Cameron's radical about face is known.

The CIA had arrived at Cameron's conclusion about his research three years before he had and in 1960 cut him loose, as it would soon abandon its brainwashing/LSD adventure altogether and resign itself to methods which were still, alas, state of the art - behaviourism and torture.

Over the years a handful of Cameron's students resigned in protest over his brutality. A more typical response was expressed in 1986 by a psychiatrist who had studied under him:

I liked Cameron. I had great respect for the man. Overall, he was a great benefactor. He gave residents (students) a chance to be exposed to a lot of theories and people and he produced people to occupy the chairs of psychiatry all over the country . . . But how he got there, my God, it was terrible . . . Psychic driving and long-term curare were completely horrendous. Curare left them immobilized. They *had* to listen to the tape . . . We were caught up in the system and couldn't do anything but conform . . . You were up against the most powerful man in psychiatry."

Edited translation: "Cameron was very good for psychiatrists. He was disastrous for mental patients. I had great respect for the man." The full quotation, with all its hand-wringing, says more about the values of contemporary psychiatry than it does about Cameron.

Someone recently observed that everything seems to have real or symbolic links to free trade. Surprisingly, Cameron's tale is rife with them. For instance, the father of Canadian psychiatry was neither a Canadian citizen, a landed immigrant, nor a resident of Canada. To protect his American citizenship, he commuted for 20 years to his Montreal workplace from his home in Lake Placid, New York.

And there's the covert method used by the CIA to funnel funds to Cameron. It unequivocally breached an existing agreement between Canada and the US and technically violated Canadian sovereignty. Tepid efforts by a succession of Canadian governments have failed to elicit even a formal apology from the Americans.

CANADA'S ROLE

Ottawa's chief strategy throughout the ordeal has been to collude with its pals in Washington while throwing roadblocks in the path of the quickly aging Canadian plaintiffs. In 1985, Tory Justice Minister John Crosbie commissioned former Conservative MP George Cooper to provide a one-man "independent" legal opinion. Cooper's report concluded that the plaintiffs had no grounds against the CIA, nor against the Canadian government (the latter was an ounce of prevention since Canada had contributed more to Cameron's abattoir than did the CIA). Cooper advised the Mulroney government against supporting the Canadians' case legally or financially. Robert Logie, one of the nine Canadians, called the Cooper report "nothing more than a court brief for the CIA." If that's what it was, External Affairs Minister Joe Clark dutifully proceeded to deliver its message to Secretary of State George Shultz in three separate meetings, assuring him that the Canadians did not have a case and that the CIA would be vindicated.

Finally, there is Dr. Frederick Grunberg, president of the Canadian Psychiatric Association (1985-86). Reflecting psychiatry's loyalties in national and professional matters, he has agreed to testify as an expert witness for the American CIA, against the Canadian mental patients. If the case ever comes to trial, an honest judge would toss Grunberg out of the courtroom on the grounds that his testimony would likely violate two oaths. It would certainly violate the one beginning "I swear by Apollo . . ."