OSGOODE HALL LAW SCHOOL | YORK UNIVERSITÉ UNIVERSITY

Journal of Law and Social Policy

Volume 5 Article 11

1989

Book Review: In the Sleep Room, by Anne Collins

Duff R. Waring

BOOK REVIEW

IN THE SLEEP ROOM by Anne Collins

Duff R. Waring*

There is a frightening discrepancy between what psychiatry aspires to and what its more notorious practitioners have felt those aspirations can sanction in the pursuit of a cure. Psychiatry aspires to alleviate mental suffering through treating and ultimately curing mental illness. When those aspirations take precedence over the human suffering they are meant to address, the search for a cure can become a desperate imperative to treat. Anne Collins' book *In the Sleep Room* is about one of those notorious practitioners for whom "the imperative to treat, arising out of the profession's impotence at curing, far outweighed the basic ethical principle of *primum non nocere* – first of all, do no harm."[1]

Ewen Cameron's bizarre legacy does not typify the clinical practice of contemporary psychiatrists. It does typify psychiatry's destructive potential for inflicting great and desperate cures on vulnerable people.[2] It also confirms that some very frightening things have been done to mental patients in attempting to alleviate "disorders" that engage our compassion but still largely confound our scientific understanding. The fact that these things were done to "help" people does not make them any less strange or desperate. For his part, Ewen Cameron sought nothing less than the holy grail of twentieth century psychiatry: a somatic cure that worked.

Collins' book is also about the covert political network which so eagerly assimilated Cameron's furor therapeuticus. While much of this material is derivative, it is concisely presented and affords the reader an informative summary of the Cold War politicization of the be-

---

 Duff R. Waring is a Patient's Advocate with the Psychiatric Patient Advocate Office at Hamilton Psychiatric Hospital. The views expressed herein are completely those of the author rather than the Patient Advocate Office or Hamilton Psychiatric Hospital.

1. Anne Collins, *In The Sleep Room: The Story of the CIA Brainwashing Experiments in Canada* (Toronto: Lester and Orpen Dennys Ltd.,1988) at 70 [hereinafter *Collins*]

2. Elliot S. Valenstein, *Great and Desperate Cures: The Rise and Decline of Psychosurgery and Other Radical Treatments for Mental Illness* (New York: Basic Books, 1986).

behavioural sciences.[3] Ewen Cameron and the Central Intelligence Agency (CIA) were made for each other, regardless of whether he knew they were funding him.

Cameron was not an isolated figure in North American psychiatry. He was "a mover and a shaker", a professional visionary on a grand scale. He was head of the Allan Memorial Institute at McGill University in Montreal from 1943 until 1964. During that time, he succeeded in creating, from scratch, a world class psychiatric training, research and acute care institute. He served as president of both the Canadian and American Psychiatric Associations and was one of the principal founders of the World Psychiatric Association. He was a central figure in the promotion and funding of psychiatric research in Canada and was one of the four American psychiatrists who assessed Rudolph Hess' fitness to stand trial at Nuremberg. His publications were numerous although of marginal clinical value. His talent as a writer lay in his ability to proselytize psychiatry's importance to a progressive society. Cameron saw the mental health movement as a means to "persuade the powers that be that the modern world required some personality engineering."[4]

Despite his administrative and oratorial prominence, he lacked the distinction of being a therapeutically creative psychiatrist. No scientific laurels "would crown his brow unless he made a great research breakthrough."[5] Consequently, Cameron strove to fashion a treatment for schizophrenia that was both psychosomatic and "undeniably useful, as insulin was to diabetes."[6] Utility was everything to Cameron and he was prepared to use "anything-in the book or out of it-that might give him results."[7] His radical treatment was composed of two elements which he called "psychic driving" and "depatterning".

Psychic driving revolved around Cameron's personal belief in the power of repetition. Tape recorded statements obtained from inter-

3. Much of this research is documented elsewhere. The definitive book is John Marks' *The Search for the "Manchurian Candidate": CIA and Mind Control* (New York: Dell Publishing, 1979) [hereinafter *Marks*]. Marks examines the Cold War politicization of the behavioural sciences in impeccable detail. The book is the result of extensive research into declassified CIA files.

4. *Collins, supra*, note 1 at 96.

5. *Ibid.* at 119.

6. *Ibid.* at 120.

7. *Ibid.* at 120.

views were played back to the patient in an attempt to inculcate desired attitudes or changes in behaviour. If the patients did not come up with a significant insight on their own, then Cameron would splice the tapes and produce one. "The trouble with the patients who weren't undergoing (psychic) driving in concert with sleep therapy was that when all other forms of resistance failed they tended simply to get up and leave the room, and sometimes the institute."[8] Cameron's method for preventing this counter-therapeutic response was to medicate his patients three times a day with a "sleep cocktail."[9] By 1953 he was keeping patients in a chemically induced sleep for thirty to sixty days while he attempted to literally drive the message into their minds. The tape loop was broadcast up to sixteen hours a day from a speaker on the wall of the sleep room or under the patient's pillow. Patients were bombarded with "negative" statements designed to get rid of unwanted behaviour for several weeks before being switched to two to five weeks of "positive" statements designed to induce desirable behaviour. Patients were regularly roused for linen changes and those who were too sedated were fed intravenously.

Cameron's next step was to make his patients more receptive to the message through "adjuvant" drugs or sensory isolation. He was quite comfortable with dosing unsuspecting (and unsupervised) patients with lysergic acid diethylamide (LSD). One female patient was placed in a sensory isolation box for thirty-five days.[10] The idea was to better prepare her for the one hundred days of positive psychic driving that followed.[11] Cameron had nothing to support the efficacy of this treatment beyond his own hunch that he saw "definite if short-lived changes" in the personalities of some of his patients.[12] He persisted in his belief that greater behavioural changes could be effected if the repetitions "were increased twelve to sixteen hours a day, and up to half a million times."[13]

---

8. *Collins, supra,* note 1 at 128.

9. *Ibid.* at 160. It consisted of 100 mgs of Nembutal, 100 mgs of Seconal, 150 mgs of Veronal or Sodium Amytal, 50 mgs of Chlorpomazine or 100 mgs of Promazine, and/or 50 mgs of Phenergan.

10. *Ibid.* at 129. Cf *Marks, supra,* note 3 at 147.

11. *Marks, ibid.*

12. *Collins, supra,* note 1 at 127.

13. *Ibid.* at 130.

When Cameron noticed that there was no evidence to support this belief, he speculated that there was some kind of "switcher mechanism" in the brain which prevented adaptive responses. He concluded that the only way to overcome this hypothetical mechanism was to completely obviate the patient's old behaviour patterns, to "disorganize them so entirely that they had no defence against the new patterns [he] wanted to implant."[14] If the patient's mind was an originally blank slate coloured in by limiting and damaging experiences, then Cameron would wipe the slate clean and re-colour it with positive ones. He called this element "depatterning", or the breakdown of both normal and schizophrenic behaviour patterns by means of intensive electroshocks and prolonged, drug-induced sleep.[15]

Cameron further speculated that if he could induce "complete amnesia", the patient would eventually recover much of his/her normal, as opposed to schizophrenic, behaviour patterns. At no time in his career did he offer any clinical evidence to support this idea. His use of ECT was extreme by the standards of his own time when patients were allegedly given a single dose of 110 volts lasting a fraction of a second, once a day or every other day.[16]

> "By contrast, Cameron used a form 20 to 40 times more intense, two or three times daily, with the power turned up to 150 volts. Named the 'Page-Russell' method after its British originators, this technique featured an initial one second shock, which caused a major convulsion, and then five to nine additional shocks in the middle of the primary and follow-on convulsions."[17]

> "Two months of this treatment left patients incontinent in both bladder and bowel and without any sense of space, time or personal identity. Whatever else it did for people, it certainly got close to producing a blank slate for Cameron to write on."[18]

Cameron publicized his treatment in the national press in 1955 as "beneficial, Canadian-style brainwashing" that was analogous to the political sort in which people broke down under "cold, hunger, isola-

---

14. *Collins, supra*, note 1 at 130.

15. *Ibid.* at 131–32. Cf. *Marks, supra*, note 3 at 144.

16. *Marks, ibid.* at 143.

17. *Ibid.* at 143. Cf. *Collins, supra*, note 1 at 131–32.

18. *Collins, ibid.*

tion, fear and increasing indoctrination."[19] This theme was further developed in an article published in the *American Journal of Psychiatry* in 1956: psychic driving and depatterning were similar in effect to the "breakdown of the individual under continuous interrogation."[20] Fifty-three of his patients received complete amnesia depatterning at the Allan Memorial Institute in 1958 and 1959 alone.[21] Cameron used the treatment from 1953 to 1963. Several other doctors at the Allan depatterned some of their own patients under Cameron's general supervision.[22] By 1963, Cameron himself admitted that his treatment did not work.[23] Collins provides a useful if derivative summary of the clandestine political network which eagerly funded Cameron's work. During the early fifties, the American intelligence establishment was alarmed at the idea that a "mind control gap" existed in favour of the Communist Bloc. The Communists supposedly had developed an effective means of "brainwashing" their political prisoners. Western intelligence agencies soon had clear evidence that the Communists had not invented a new scientific technique to control men's minds. The mere possibility that they *might* invent one was enough to initiate one of the most bizarre Cold War objectives on record: the development of an American mind control program.[24] The next move was to persuade behavioural scientists to pursue the "mind control end in an officially undeclared war."[25] The conscription campaign was extensive. The intelligence establishment, especially the CIA, "changed the face of the scientific community during the 1950's and early 1960's by its interest [in research that was relevant to developing chemical or other means of mind control]."[26] Everything from mind altering drugs to sensory isolation and hypnotism was deemed relevant. "Nearly every scientist on the frontiers of brain research found men from the secret

19. *Collins, supra*, note 1 at 135.

20. *Ibid.* at 130.

21. *Marks, supra*, note 3 at 144.

22. *Collins, supra*, note 1 at 198.

23. *Ibid.* at 189.

24. *Ibid.* at 44-63. Cf. *Marks, supra*, note 3 at 23-26 and 133-39.

25. *Collins, ibid.* at 55.

26. *Marks, supra*, note 3 at 151.

agencies looking over his shoulders, impinging on the research."[27] Many of these scientists knowingly worked for the CIA or the American military during the twenty-five year course of the project. Others worked for research organizations or funding agencies which were actually CIA "fronts". Cameron was one of the latter.

The CIA and military scientists experimented on people who were "if not expendable, at least not particularly prized as human beings."[28] Captured spies, prison inmates, prostitutes and psychiatric patients were an excellent source of data.[29]

The CIA wanted to perform "terminal experiments" that "would be carried through to completion. It would not end when the subject felt like going home or when he or his best interest was about to be harmed. Indeed, the subject usually had no idea that he had even been part of an experiment."[30]Terminal experiments were meant to transcend conventional ethical and legal limits although CIA sources have stated that experiments causing death were forbidden.[31] Death by experimental misadventure was a risk to be assumed.[32]

Cameron was the perfect CIA foil: not only was he willing to perform experiments in sensory deprivation, mind altering drugs and behaviour patterning, but he also had his own source of subjects. He was an excellent "terminal researcher" because he was willing to push his patients far beyond their own good for his own - and the agency's - experimental ends.[33] By attempting to wipe the minds of his patients clean and then trying to reprogram them with new behaviour and thought patterns, "Cameron carried the process of 'brainwashing' to its logical extreme."[34]

The CIA funded Cameron's research from 1957 until 1960. His grants were stamped with a specific rider that he was to be kept unaware of

---

27. *Marks, supra,* note 3 at 151.

28. *Ibid.* at 34.

29. *Ibid.* at 34; 66-68; 101-104.

30. *Ibid.* at 35.

31. *Ibid.* at 35.

32. *Ibid.* at 72.

33. *Collins, supra,* note 1 at 139.

34. *Marks, supra,* note 3 at 150.

its involvement and Collins points out that the CIA did not shape the direction of his research but kept his work under close supervision.[35] There is no evidence that Cameron knew the source of his CIA funding.

Collins is a masterful story teller and has proportionately developed the political and historical subtexts of Cameron's career into an illuminating format. Her presentation of the victims is somewhat selective but is compassionately drawn without melodrama. The reader acquires a strong sense of how deeply some of them believed in Cameron. For some, he was their last and only hope. Others were depatterened so quickly and effectively that it took them years to figure out what had been done to them. It was not until the publication of Mark's research in 1977 that many of the victims began to piece the story together. Most of Cameron's depatterned patients claimed to be left with massive memory deficits and learning disabilities which in some cases made them virtual strangers to themselves and their families.[36]

Collins' account of the victims' suit against the CIA was written before all nine plaintiffs agreed to a lump sum settlement of $750,000.00 last year. Her portrayal of their United States' lawyer Joseph Rauh is especially interesting: the line between a committed legal advocate and an emotional confrontation artist can be thin indeed. Rauh's "righteous indignation" may have inspired some purple prose in his letters to Prime Minister Mulroney but the Canadian government's minimal interest in the victims is both disturbing and predictable. The fact that the CIA secretly funded research in Canada for its own political ends did not upset the Mulroney government even though it was understood during the 1950's and 1960's that neither government would fund classified or even declassified defence research in the other country without permission, or at the very least, disclosure.[37] This indicates a patronizing deference to U.S. authority that most Canadian officials passed off as acceptable protocol. Canada sought to avoid an active role in making the CIA accountable to the victims in court and wanted to distance itself from any legal or moral responsibility for what had been done to them. Hence the *Cooper Report*, which Rauh

35. *Collins, supra,* note 1 at 139. Cf. *Marks, supra*, note 3 at 150

36. *Collins, ibid.* at 216-17.

37. *Ibid.* at 218-19.

described as one of the "shabbiest, most mean-spirited and error-ridden official documents ever produced by a government following Anglo-Saxon legal principles of fairness and due process of law...."[38]

Lacking public and political support, the case was widely perceived as being relevant only to those on the fringes of society.

> "Few people who haven't been in mental hospitals find ex-inmates a credible source of comment on anything - even their own experiences in mental hospitals.... Nobody except the fringe-dwellers pays attention to the fringes."[39]

Collins only tentatively addresses the issue of how such barbaric practices could be therapeutically sanctioned by the psychiatric profession. The usual response runs through the *Cooper Report* like a complacent refrain: Cameron's work was not scientifically nor ethically improper given the standards of the day. The line between routine and experimental treatment was less clear than it is now. The [supposedly] strict regulatory guidelines governing experimental treatments and the expanded requirements for obtaining informed consent have only become formalized and entrenched over the past twenty years.

The fact that hindsight offers easy solutions need not prevent one from taking issue with this response. Ethical standards covering medical experimentation were in place during Cameron's career. The Nuremberg Code's first provision on voluntary, informed consent was supposed to apply to *all* doctors, not just those employed in Nazi death camps.[40] Medical professional bodies and health organizations

---

38. *Collins, supra*, note 1 at 230. Halifax lawyer George Cooper was appointed in 1985 by Justice Minister Crosbie to study the issue of the Canadian government's possible liability in the case. Cooper concluded that it bore no legal or moral responsibility because Cameron's grant applications were subjected to official scrutiny and peer review and no objections were made to those in charge of allocating the funds. Cooper concluded, per Lord Denning, that "we must not condemn as negligence that which is only a misadventure." Despite this conclusion, Cooper suggested an *ex gratia* settlement of $100,000 for each of the nine plaintiffs. External Affairs Minister Clark eventually recognized their need for financial assistance and awarded them $20,000 each. See *Collins* at 234-35. See also the complete Cooper Report, *infra*, note 45.

39. *Ibid.* at 4.

promulgated their own versions of the *Code*. By the 1950's the American Medical Association's legal advisors were stating that blanket consent forms for even standard treatments were insufficient: "patients had to consent to the specific treatment or operation."[41] According to an affidavit on the development of medical ethics by Columbia University professor David J. Rothman filed by the nine plaintiffs in the CIA suit, "a requirement for voluntary [informed] consent was widely recognized in an uncodified form by the medical community before the Nuremberg trials and... this requirement was [only] formalized in the Nuremberg Code."[42]

Widely recognized, perhaps, but not widely relied upon by doctors who could profess to having their patients' best interests at heart.[43] These standards were clearly not inhibiting to the CIA. Short of the intentional infliction of death, there are few indications that the CIA took them seriously enough to put definitive ethical brakes on its use of "terminal researchers" and the development of psychological means of offence, regardless of the United States' government's 1953 claim to the contrary.[44]

---

40. This provision is quoted by Collins *supra*, note 1 at 111-112 and reads as follows:

> "The voluntary consent of the human subject is absolutely essential. This means that the person involved should have the legal capacity to give consent; should be so situated as to be able to exercise free power of choice, without the intervention of any element of force, fraud, deceit, duress, over-reaching or other ulterior form of constraint or coercion; and should have sufficient knowledge and comprehension of the elements of the subject matter involved as to enable him to make an understanding and enlightened decision. This latter element requires that before the acceptance of an affirmative decision by the experimental subject there should be made known to him the nature, duration, and purpose of the experiment; the method and means by which it is to be conducted; all inconveniences and hazards reasonably to be expected and the effects upon his health or person which may possibly come from the experiment."
>
> The duty and responsibility for ascertaining the quality of the consent rests upon each individual who initiates, directs, or engages in the experiment. It is a personal duty and responsibility which may not be delegated to another with impunity."

41. *Ibid.* at 112.

42. *Ibid.* at 253-54.

43. *Ibid.* at 112-113.

To state that few formal, in-hospital regulations were in place for ensuring compliance with these standards is probably correct, but it does not negate the standards themselves. They were apparently not perceived as being relevant to most psychiatrists who were ostensibly trying to help their patients, let alone one of Ewen Cameron's eminence. As one psychiatrist pointed out in his submission to the *Cooper Report:* "Medical paternalism was still prevailing" during Cameron's career and "the ethics of an experimental procedure were very much left to the judgement and conscience of the researcher...."[45] The assumption of this benign paternalism was also shared by the general public in its long standing deference to medical authority. Cameron's talk of "beneficial brainwashing" in the national press did not, to my knowledge, provoke a public outcry or calls from concerned citizens for an investigation.

It is difficult to accept the contention that it may not have been clear that Cameron's combination of psychic driving, depatterning, sensory isolation and psychoactive drugs was not experimental. This combined treatment mode originated with Cameron and to my knowledge was exclusively conducted at the Allan under his general aegis. It was *not* a routine treatment of the times for anyone but Cameron and perhaps some of his associates.... It is specious to state that his treatments were then regarded as "heroic if extreme attempts to help patients who were suffering and were not receiving benefits from conventional treatments" that were not experimental.[46]

Cameron's work did not escape the criticism of some of his own eminent contemporaries although no one went public with them.[47] Most of the criticism was expressed privately between concerned psychiatrists. We might conclude that they did not feel comfortable coming forward because to them, Cameron *was* the profession. Those who may have thought otherwise knew that at the very least, he *was* the Allan Memorial Institute.[48] The treatments were stopped shortly after Cameron's retirement by his successor, Dr. Robert Cleghorn. He later

---

45. *Opinion of George Cooper, Q.C., Regarding Canadian Government Funding of the Allan Memorial Institute in the 1950's and 1960's* (Canada: Minister of Supply and Services, 1986), Appendix 4 at 10.

46. *Ibid.* Appendix 6 at 7.

47. *Ibid.* at 75-86.

48. *Collins, supra,* note 1 at 198.

wrote that Cameron's treatments amounted to "therapy gone wild with scant criteria."[49]

Collins has written a compulsively readable book that will make a strong impression on even the most jaded reader. Her reportorial writing style adds much human colour to a story that is based on the lives and careers of real people. Ewen Cameron's career will always be stranger than fiction.

In The Sleep Room is a grim reminder that the ethics of experimental treatment should not be left to the sole discretion of the researcher or selected professional contemporaries. The personal values, ethics and conscience of the physician are valued as necessary elements in the treatment process, but they are insufficient safeguards by themselves. Until we demystify our reliance on medical paternalism, our belief in the professional ethics of informed consent will be based on trust that is unsupported by legally sanctioned, independent scrutiny.

49. *Collins, supra* note 1 at 197.