

Exhibit P-56

F.C.S.

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PROPOSEDWORLD MENTAL HEALTH RESEARCH INSTITUTEI. GENERAL PROPOSALS

1. That the World Federation for Mental Health and McGill University should undertake jointly:

- (a) the establishment and
- (b) the operation

of a World Mental Health Research Institute.

2. That Canada be conceived of as a laboratory state, in which the major stresses to which people everywhere are currently subjected may be studied.

3. That special manifestations of these stresses in other geographical areas be studied through field research groups organised by the World Mental Health Research Institute.

The World Mental Health Research Institute, as here proposed in association with McGill University, would have the following advantages for the World Federation for Mental Health:-

- (a) amalgamation with an ongoing and expanding mental health research organisation;

Read
Plan should
provide for a
re-examination
of the agreement
between the
Federation at
the end of
five or
ten years

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Recording methods could include motion picture and sound in addition to clinical observations by a social psychologist and psychiatrist. A practical aim here would be detection of mechanisms involved in group therapy.

(b) Physiological recordings could be made in certain of the above interpersonal situations.

(c) Physiological and behavioural phenomena in the setting of individual psychotherapy. Here one would conceive of recording both from patient and therapist.

(d) Study of phenomena directed more specifically toward semantics.

3. Application of Biophysical Method to Related Problems in Psychology and Psychiatry:

(a) Development and evaluation of bio-electric indicators employed in research and/or clinical work in this field.

(b) Problems of biophysical theory as applied to the intact human subject.

4. Short-term clinical research problems:

This project would be organized on a flexible basis to permit the investigator to undertake study of unusual or interesting phenomena encountered in specific patients in the routine clinical practice of the Institute. He would have available the research facilities of the departments, but would not necessarily be responsible for a long-term project. The primary aim would be to provide data of immediate clinical significance and with teaching value. Over a period of years the accumulation of such data may yield more general results, such as:

(a) New procedures for evaluating therapy.

(b) Demonstration of mechanisms involved in therapy and certain clinical disorders.

5. Neuropsychological investigation of tension:

This is conceived more broadly than in terms of muscle potentials. It is conceived more along the lines of Lewinian "tension", and would include studies in social psychology. This work would be new, but would also be a logical development, stemming from present work with muscle potentials. Present work has already led us to discover a hitherto unexpected degree of identification between the broader concept of tension and muscular contraction as measured by means of muscle potentials. This work would seek to discover the dynamics of tension "charge" and "discharge" in individuals and groups, and to make these concepts meaningful in neuropsychological terms.

PSYCHIATRIC LABORATORIES

1. EXAMPLES OF TYPES OF BASIC AND PROJECT RESEARCH
TO BE CARRIED ON IN THE
 (a) WORLD MENTAL HEALTH RESEARCH INSTITUTE (McGILL UNIVERSITY)

- (b) Physiological and behavioural aspects of functional psychosis.
 (c) Physiological aspects of organic psychosis.
 (d) I. BIOPHYSIOLOGICAL LABORATORIES.
 II. PSYCHOLOGICAL LABORATORIES.
 III. GERIATRICS LABORATORIES.
 IV. ELECTROPHYSIOLOGICAL LABORATORIES.
 V. SOCIO-ANTHROPOLOGICAL LABORATORIES.
 VI. CONSTITUTIONAL LABORATORIES.
 VII. PROJECT LABORATORIES.
 (a) Studies of oxygen utilization and cardiac output under varying psychological conditions.
 (b) Employment of already established techniques with populations of psychotics (organic and functional).
 (c) Related animal investigations.
 (d) Investigations of the psychology of learning in relation to the behaviour disorders.
 (e) Clinico-psychical studies of special intermediary somatic symptom mechanisms (e.g., "trigger" mechanisms).

phenomena associated with inter-internal reactions and communications

BIOPHYSIOLOGICAL LABORATORIES

The planning of an extension of the existing research program falls naturally under three headings:

1. Clinical
2. Physiological
3. Biochemical

This represents not only three types of approach, but three levels of study of problems which require, for their full exploitation, these varieties of study. Each is, in some measure, autonomous, but the inspiration for the studies arises from the same type of objective - a desire to investigate and elucidate the part played by various factors in the reaction of the person to external and internal stresses. The part played by the autonomic nervous system and the endocrine system in the reaction of the person concerned is the basic problem. If studies can be conducted simultaneously on these three levels, the results can be integrated, and a better understanding should be anticipated.

1. The clinical problems include the examination and detailed follow-up of patients exhibiting psychosomatic symptoms, either with or without frank neurotic phenomena as well. The type problem would be the investigation of peptic ulcer, and an assessment of bodily reactions in terms of hormone excretion studies, and the relative importance of these associated physiological disturbances in the development of symptoms. This naturally leads to suggestions as to therapy.

2. Physiological problems can be investigated at two levels:

- i. On patients subject to clinical studies.
- ii. In controlled animal experiments in which isolated aspects of the problem could be investigated, e.g. smooth muscles function, cardiovascular responsivity under conditions of varying hormonal status.

3. The biochemical problems may be divided into:

- i. Excretion studies which are an integral part of the clinical problem.
- ii. Tissue studies which involve enzyme and hormone metabolism studies of tissues, including the brain.

In order to carry out an intensified pursuit of such a program, the present staff of 12 would have to be doubled or trebled gradually. Any attempt to delineate problems more specifically at the present time would be unwise, because developments in research dictate the most profitable avenues to be pursued, and unexpected findings may radically alter an approach once a study is under way.

PSYCHOLOGICAL LABORATORIES

1. Bodily phenomena associated with the behaviour disorders:

General subdivisions here would include:

- (a) Physiological and behavioural aspects of psychoneurosis.
- (b) Physiological and behavioural aspects of functional psychoses.
- (c) Physiological aspects of organic psychoses.
- (d) Intermediary mechanisms involved in the psychosomatic disorders.

It should be noted that our present research contract involved work covered only under subdivision (a). We have at times touched on problems falling under (b) and (d), but have not had the facilities to extend work in these areas. Suggested lines of approach to these problems which could be undertaken in the new expanded set-up might include the following:

- (a) Radiological investigations of internal organ (e.g., G.I. tract, heart) reaction under varying psychological conditions.
- (b) Studies of oxygen utilization and cardiac output under varying psychological conditions.
- (c) Employment of already established techniques with populations of psychotics (organic and functional).
- (d) Related animal investigations.
- (e) Investigations of the psychology of learning in relation to the behaviour disorders.
- (f) Clinico-psychophysiological studies of special intermediary somatic symptom mechanisms (e.g., "trigger" mechanisms).

3. Phenomena associated with interpersonal reactions and communication:

The approach here is conceived at various levels, with emphasis on objective elucidation of basic principles. Suggested specific areas include:

- (a) Behavioural observations of graded types of interpersonal situation, involving such variables as:
 - i. number of participants
 - ii. topics discussed
 - iii. clinical type of participant.

GERIATRICS LABORATORIES

1. The electrophysiological field of psychiatry can be farreaching in the use of sound, light, alternating electric current, ultrasonic energy, ultra high frequency radio waves, and magnetic fields.
1. Use of the Warburg method to study respiration of brain tissue of animals of various age groups. This comprises an extensive series of investigations, calling not only for the studies of brain tissue respiring from the youngest to the oldest, but also studies of respiration of different areas of the brain.
2. Studies of the effects of drugs upon the brain, in various age groups and with respect to various functions, including tissue respiration.
3. Preliminary studies seem to indicate that proteolytic enzymes in leucocytes are more active in old age than in young adults. If this is confirmed on a large scale study (taking normal old human beings instead of seniles, and also studying the same phenomena in animals) it would open up a great scope for expansion, particularly in the direction of the problem of tissue catabolism and aging, suprarenal function and old age, etc.
4. Development of methods by which saliva can be used as a body fluid for clinical chemical studies. Preliminary work suggests that this is likely to lead to methods particularly suitable for the study of the male climacteric, etc.
5. Investigation of psychogenic factors contributing to and enhancing organic senility in man.
6. Investigations of therapeutic agents, particularly psycho-therapeutic procedures, suitable for use in the aged.

ELECTROPHYSIOLOGICAL LABORATORIES

1. The electrophysiological research which can be foreseen in the field of psychiatry deals primarily with extracranial stimulation using sound, light, alternating electric current, ultrasonic energy, ultra high frequency radio waves, and magnetic fields.
2. Such stimulation of high energy content naturally requires test animals with which to work. Direct cortical and subcortical stimulation could be carried out if animals were available.
3. During and following various modes of stimulation we would like to record the cortical, skin, and EKG potentials, and test coordination, emotional lability, "flicker fusion", and other facets of the personality in normals, psychoneurotics and psychotics.
4. Further work should be done on patients with focal epileptogenic lesions in an attempt to activate the lesions with normally subconvulsive electrical stimulation.
5. Methods of electrically stimulating the brain to alleviate depression without the necessity of generalized convulsions should be investigated.
6. Scalp electrodes and nasopharyngeal electrodes of more comfortable design must be developed for this work.
7. We should like to determine the feasibility of learning useful psychological concepts, responding to suggestion, and of stimulating dream production during sleep, thereby possibly decreasing the time required for psychotherapy. (The possibility of shortening the time required for formal general education by at least one-fifth has already been suggested by investigators.)
8. Further work on the D.C. potentials and galvanic skin response of psychotics, psychoneurotics and normals should be carried out.
9. A less irritating method of obtaining gastric potentials from psychoneurotic individuals with gastric symptoms should be devised.
10. Psychoneuroses with their great variability of background electroencephalographic activity should be a most fertile field in which to do fundamental work on the origin of alpha, beta, and slow wave activity in the EEG.

SOCIO-ANTHROPOLOGICAL LABORATORIES

1. Study of cultural indoctrination and form of behavior breakdown.
2. Study of cultural beliefs and response to psychotherapy.
3. Investigation of social factors tending to increase group anxiety.
4. Study of social factors leading to increase in community hostility.
5. Stabilizing factors in community organization.
6. Investigations into "contagiousness" of mental ill health.
7. Effects of "group decision" and "group anticipation" upon the outcome of psychotherapy.
8. Study of means of modifying damaging cultural beliefs.
9. Studies of social dynamics of hospitals and other treatment facilities.
10. Investigations into social factors governing sexual patterns of behavior.
11. Studies of factors in family structure which make for breakdown and those which make for sound mental health.
12. Studies of factors in industrial organization which make for breakdown and those which make for sound mental health.

CONSTITUTIONAL LABORATORIES

1. Investigations into the broad field of the normalization of behavior. Among the studies which should be carried out here is that of the mechanisms which serve to maintain behavioral homeostasis.
 2. Studies in the general field of adaptability.
 3. Explorations of the concept of the incomplete organism.
 4. Twin studies of the various categories of behavioral breakdown.
 5. Investigations of the extent to which one's type of anxiety response is constitutionally determined, as contrasted with the extent to which it is culturally determined.
 6. Relation of constitution to type of breakdown.
 7. Animal studies - of the extent to which basic behavioral patterns are inherited - experimental production of constitutional changes.
- Studies of the modification of inherited behavior by environmental factors of all kinds - sociological, climatic, nutritional, medicinal.
- Methods of controlling panic in civilian populations.
- Methods of identifying psychologically hazardous occupations.
- Methods of promoting adjustment to climatic extremes - e.g., the Arctic.

PROJECT LABORATORIES

1. Clarification of therapeutic factors in ECT.
2. Study of anxiety-reducing action of insulin.
3. Application of group dynamics to ward management and to group psychotherapy.
4. Development of antidotes to antabuse.
5. Application of laws of learning to psychotherapy.
6. Exploration of the use of adrenolytic substances in anxiety.
7. Development of indices of mental health - projective techniques, finger painting, katrographic recording of anxiety.
8. Studies of effects of civilian disaster upon individual stability.
9. Studies of outbursts of hostility in the community.
10. Investigations of methods of temporarily depressing the activity of the fore brain by drugs, electrical stimulation and other means.
11. Investigation of methods of increasing frustration tolerance.
12. Devising of new methods of brief psychotherapy.
13. Study of the use of hormones in acute psychic trauma - e.g., after civilian disaster.
14. Exploration of psychological causes of accidents.
15. Study of the use of energizing drugs in psychotherapy - such as, desoxyn, testosterone and benzedrine.
16. Development of more adequate methods of recording recovery from depression.
17. Study of more effective means of (a) screening and (b) assimilating immigrants.
18. Methods of controlling panic in civilian populations.
19. Means of identifying psychologically hazardous occupations.
20. Methods of promoting adjustment to climatic extremes - e.g., the Arctic.

A.

MEMORANDUM TO THE REPRESENTATIVES OF WORLD FEDERATION FOR MENTAL HEALTH
CONCERNING THE OBJECTIVES OF THE PROPOSED WORLD MENTAL HEALTH INSTITUTE

1. It has already been agreed that the objectives of the Institute shall be research and training.
2. With respect to the research objectives, we refer, for the sake of brevity, to the report of the Expert Committee on Mental Health of the World Health Organization, dated May 1950 and constituting No. 9 in the Technical Report Series. This contains, on page 18, six areas in which the Committee recommends that WHO should foster research. We would also refer you to the report of Working Group 11 of the Fifth Annual Meeting of WFMH held at Brussels. This group dealt with "Formulation of the Unsolved Problems of Mental Hygiene" and acted under the chairmanship of the Vice-President of WFMH, Dr. H.C. Rumke.
3. We are in full agreement that these represent the problems and the kind of research problems with which the World Mental Health Institute should be concerned.
4. While we consider that the statements referred to in paragraph 2 indicate our conception of the research activities of the World Mental Health Institute, we are appending a brief list of research areas which are selected (a) as illustrative of the whole range of such areas, and (b) as representing a group of projects upon which it would be useful and feasible to make an early start.
5. These projects are the following:-
 - (a) Studies of the impact of industrialization upon mental health in different subcultural and cultural groups.
 - (b) Comparative studies of the outbreak of group and community hostility.
 - (c) Investigations of the separation hypothesis (Bowlby) in different cultural groups.
 - (d) Studies of somatization as a response to stress as it occurs in:
 - (i) different types of personality structure; (ii) different cultures.
 - (e) Work on the damaging effects of anxiety and the defences which have been developed against this in various cultural groups.
 - (f) Comparative ecological and phenomenological studies of some of the major personality disorders--such as, schizophrenia and alcoholism.
 - (g) Comparative studies of the mental health consequences of the use of guilt, shame and pride as means of social control.

Possible substitute studies:

- (a) Comparative studies of suicide.
- (b) Comparative studies of attitudes toward age, as factors in breakdown during the later years of life.

Memorandum B

SUMMARY OF RECOMMENDATIONS OF GROUP 11 (EXPERT COMMITTEE ON
MENTAL HEALTH) WORKING ON THE "FORMULATION OF THE UNSOLVED
PROBLEMS OF MENTAL HYGIENE"

This Group was concerned with three main sets of problems:-

1. Problems of methodology, including the biases imparted by the cultural background of the investigator and also the limitations of his investigative techniques.
 2. Problems of an individual clinical nature, such as, the dynamics of psychotherapy and psychopathological factors operative in the stages beyond early childhood.
 3. Problems related to groups of people, among these being the ecology of schizophrenia and homosexuality, the effects of rapid cultural change on mental health (among these changes being industrialization), and intergroup hostilities.
- The extent to which the incidence of psychosomatic affections is influenced by social, economic, and cultural factors and individual characteristics and personality structure. The sampling studies of activity recommended in section 17 would provide valuable information of this type.
- The relationship between psychological disorders on the one hand and infective processes, nutritional deficiencies, and physical disturbances on the other.