

## **Exhibit P-69**

## THE COMMONWEALTH FUND

HARKNESS HOUSE

1 EAST SEVENTY-FIFTH STREET

NEW YORK 21, N. Y.

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APR 9 1954

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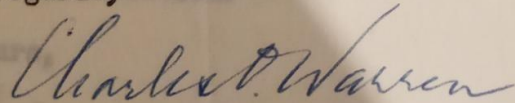
April 7, 1954

Dear Dr. James:

This is just to acknowledge receipt of your letter of April 2nd and the attached materials, including letters from Dr. Wittkower, Dr. Cameron and Dr. Oswald Hall, constituting the formal application to the Fund in support of the proposed research program on Family Health, Adolescent Roles and Mental Health. As I explained to Dr. Wittkower when I saw him in New Orleans, we are going to give this matter full consideration, particularly since it involves a decision on our part as to whether the Fund shall extend its research commitments into the area that might be described as social psychiatry. Our investigation of this whole matter will take a considerable amount of time, in the course of which we shall want to visit with your group again and to go into fuller discussions than were possible on my last visit. Dr. John Eberhart, formerly Director of Research Grants, National Institutes of Health, Division of Mental Health, has recently joined our staff, and we are tentatively planning for the two of us to get to Montreal sometime within the next month or so. I shall communicate with Dr. Wittkower regarding the more specific timing of this visit as soon as our travel schedules are more fully worked out.

I greatly appreciated the opportunity to discuss certain matters with you during my last visit and share your hope that our paths will cross again in the not too distant future.

Sincerely and with kind regards,



Charles O. Warren, M.D.

The Hon. F. Cyril James  
Principal and Vice-Chancellor  
McGill University  
Montreal 2, Que., Canada

CW:MM

c.c. Dr. Eric Wittkower

McGILL UNIVERSITY  
PRINCIPAL AND VICE-CHANCELLOR  
F. CYRIL JAMES

Department of Psychiatry

April 2nd  
1954

Dear Dr. Warren,

The attached research memorandum concerning Family Health, Adolescent Roles and Mental Health, together with the supporting letters from my colleagues Cameron, Hall and Wittkower, is the culmination of the discussions that went on during your visit to Montreal and for many months prior thereto.

You would not want me in this letter to duplicate the discussions contained in the memorandum but I should like to repeat my verbal assurance that I am deeply interested in this project. The pattern of life in the Montreal community offers a rich opportunity for such a study and the active contacts which McGill University has with many parts of the world will facilitate the wider comparisons that are envisaged. Even more important to the success of the project is the close cooperation that exists between the two departments chiefly responsible for this investigation and the equally close association of these departments with many other departments in the University, which can from time to time usefully offer advice and assistance. This indeed is one of those projects which can enrich the intellectual life of the University as well as add to the body of knowledge.

May I add a personal word and express the hope that our paths may cross again in the near future so that we may discuss further some of the interesting ideas which bubbled up during our all too brief conversation?

Cordially yours,

Principal F. Cyril James  
McGill University

Dr. Charles O. Warren,  
The Commonwealth Fund,  
1 East Seventy-Fifth Street,  
NEW YORK 21, N.Y.

Encs: Encls.

copies to Professors D. Ewen Cameron, Wittkower, Hall.

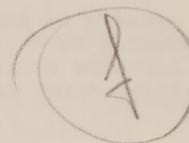


McGILL UNIVERSITY  
MONTREAL

APR 1 1954

Department of Psychiatry

March 31, 1954



Dear Principal James,

I am enclosing the submission to the Commonwealth Fund applying for a grant in aid of research.

You will note that there are accompanying letters from Dr. Wittkower, Professor Hall and myself.

We should be most grateful if you would transmit this material to Dr. Charles O. Warren, with a covering letter from yourself.

For your files there is attached hereto a copy of the research memorandum and of the technical outline.

Yours sincerely,

D. Ewen Cameron, M.D.

Principal F. Cyril James  
McGill University

Encls.



Research Memorandum

Concerning

(a) FAMILY HEALTH, ADOLESCENT ROLES, AND MENTAL HEALTH

1. INTRODUCTION

The problem of Mental Health is a crucial one in modern society. It is to this problem that the proposed research is directed. The underlying purpose of the study is to learn and analyze selected factors within the family and peer groups of adolescents which predispose to Mental Health.

With this broad aim in view, it is planned that an interdisciplinary team of Psychiatrists and Sociologists should collaborate in a study of a selected number of families in a middle-class section of Montreal. It is hoped that as the final outcome of the study, means and ways will be found to reduce the incidence of mental illness in the population.

2. DELIMITATION OF THE PROJECT

The proposed project is delimited by its focus on the "normal" emotionally well-adjusted individual and by its emphasis on family patterns and peer groups. Other significant social and cultural forces will be introduced only insofar as they are directly related to family patterns and peer groups.

3. CONCEPTUAL MODELS

1. Psychoanalytical Theory: Psychoanalytical theory maintains:

- (a) That apart from genetic factors, the foundations for later emotional maladjustment are laid in early childhood.
- (b) That personality malformation is based on early conflicts arising from child-parent relationship.
- (c) That upbringing affects the emotional growth of an individual.
- (d) That by precept and example the cultural milieu of parents and ancestors is transmitted to the child by his parents.
- (e) That, during adolescence, the relative weakness of the Ego in relation to the Id impulses reproduces a relationship between these two psychic instances which is comparable to the one existing in early childhood.

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(f) That the strength of the Ego is derived not only from the defensive function of the latter, but also from its synthetic function which, during the latency period, is governing the process of socialization in the conflict-free sphere of personality.

(g) That environmental factors to which an individual is exposed and the cultural milieu in which he lives, affect his adaptive mechanisms.

## 2. Sociological Theory

(a) The sociological person is the biological individual with roles and statuses in groups.

(b) Status is the position in a social structure and consists of the expectations of both covert and overt behaviour.

(c) The ability to play, and knowledge about the content of, roles, is essential to participation in collective life.

(d) The individual develops the ability to play roles, gains the knowledge of their content, and develops an affective orientation towards them, primarily in intimate groups, of which the most important is the family.

(e) The selection of, and type of adjustment to statuses and roles, is a function of the clarity with which such roles are defined and the ability of the individual to make them congruent with one another.

## 4. RESEARCH DESIGN

The research design may be thought of as falling into the following four phases: (The technical details of the planned research are given in a separate section.)

### 1. Background Training and Contacts

In this phase, the directors of the study will:

(a) Prepare the detailed plans of the study.

(b) Make contacts with other projects which have worked on related problems.

(c) Review, and file for future reference, the most relevant literature on the subject.

(d) Make contacts with the School authorities.

(e) Interview and hire the necessary field personnel.

(f) Prepare an interdisciplinary training and seminar program for the participants in the study.



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## 2. Selection of a Sample

The sample will consist of two groups of adolescents, matched according to age, grade in school, religion, ethnicity, and socioeconomic status, and varying in their degrees of emotional adjustment. The well adjusted adolescents may be thought of as the experimental group and the disturbed adolescents as the control group.

Adolescents have been selected as the subjects of study because:

- (a) Adolescence is a stage in which physical development is essentially complete.
- (b) Adolescents are old enough to be able to express verbally their thoughts and feelings.
- (c) Adolescence is the latest stage in which the child is still a functioning member of his family.
- (d) Adolescence is a stage in which the child is developing independence and is likely to be strongly influenced by non-family participation groups. (We view the Mental Health of an adolescent as a function not only of his personality, but also of the external situation in which he must function.)

The subjects of the sample will be selected and classified on the basis of school records, Intelligence tests, Sociometric Tests, and Projective techniques.

## 3. Interviewing

Each adolescent selected, and all the members of his family, will be interviewed by a Psychologist, Sociologist, and Psychiatrist. The material gathered in these interviews will be fully recorded so that all the members of the research team will have access to the data gathered by others. The Psychologists, Psychiatrists, and Sociologists expect to cooperate fully in gathering the data, discussing the problems of each case, and in pooling results.

## 4. Analysis and Writing

Following the gathering of the data, the Directors of the study will further discuss and analyze the data, and will jointly prepare a final report for publication. Also, during this period, the Directors will crystallize their suggestions for further needed research in the area.

Since the areas of responsibility of the Sociologist and Psychiatrist are obviously closely intertwined, the researchers from both disciplines will cooperate in obtaining and coordinating the desired information.

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6. DIFFICULTIES TO BE EXPECTED

1. Recruiting of families willing to cooperate may not be an easy matter.
2. To maintain their interest and cooperation may be difficult.
3. Requests for psychiatric assistance may be expected; intervention by the psychiatrist which would disturb the research situation, would have to be reduced to a minimum.
4. Difficulties in cooperation between psychiatrists and sociologists have to be expected: (a) for reasons of prestige, (b) in view of their different frames of reference, and (c) in view of their different orientation regarding action. Sociologists are predominantly observation minded; doctors are predominantly action minded.

7. OBJECTIVES

A. Immediate objectives

1. Social Roles in the Family (sex, activity, etc.)
  - (a) As they are seen and evaluated by the adolescent.
  - (b) As they are implicitly dramatized in such family routines as dining, use of bathroom.
  - (c) As they are expressed in basic non-routine behaviour patterns such as entertaining, relationship with authority figures, meeting friends, etc.
  - (d) As they are verbally professed and held up as ideals in the family.
2. Peer Groups. Relationships of the Adolescent
  - (a) Heterosexual relationships of the adolescent.
  - (b) Status within the peer group.
  - (c) Peer group values.
  - (d) Attitudes and feelings towards peer group members and relationships.

Underlying the selection of the data to be gathered is the assumption that the Mental Health of the adolescent is a function of his ability to coordinate and arrange a compromise between the demands and expectations from himself, his parents, his peer groups, his teachers, etc.

Thus we expect to study the relationships between the social roles of the family, the relationships of the adolescent's peer groups, and the actual functioning of the adolescent.



5.

ROLE OF THE DISCIPLINES

The Departments of Psychiatry and Sociology are mutually interested in research on the relationship between family experience, adolescent roles and mental health. It is believed that a research project in this area logically contains both psychiatric and sociological tasks, and the following represents the division of labour and responsibility which, it is thought, will contribute most fruitfully to an understanding of this area.

The Sociologist will study

1. The history of the family with respect to socio-economic mobility, ethnic and religious backgrounds.
2. The family as a status and role system, including the division of labour and the patterns of manifest authority.
3. Family routines such as rising and retiring, dining, use of bathrooms, care of mild illness, visiting and entertaining, etc., to determine patterns of interaction, status relationships, and their meaning for the members of the family.
4. The content of the peer group culture and its impact on role definitions, aspirations, general frames of reference and self conception.

Throughout, the emphasis of the sociologist will be on the relationships between group definitions and expectations of behaviour and the individual's images of these definitions and expectations.

The Psychiatrist

The work of a psychiatrist, as a rule, is confined to individuals who are sufficiently disturbed emotionally to seek his help or so anomalous in their behaviour that psychiatric assistance is forced upon them by others. By and large, the psychiatrist's contact with his patient's family consists literally of hearsay. It is intended to extend his function in the proposed investigation (a) to a study of individuals who do not conform to the above definition and (b) to a study of whole families.

(b) It would fall to the psychiatrist to make a personality assessment of the parents regarding emotional adjustment, behaviour deviations, psychological and psychosomatic disorders, if present. Such factors would be covered as background motivations for choice of spouse, marital compatibility, conscious and unconscious attitude towards the children at time of conception and afterwards. As far as the children are concerned, factors such as feeding, toilet training, identification with either parent, presence or absence of one parent during the formative years, emotional and affective attitudes to parents, school performance and relationships to teachers, and to peers of both sexes would be considered.

Since the areas of responsibility of the Sociologist and Psychiatrist are obviously closely intertwined, the researchers from both disciplines will cooperate in obtaining and coordinating the desired information.

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### 3. Psychiatric.

- (a) To study the psychodynamic interaction of all members of a family with due regard to individual personality configuration, conscious and unconscious attitudes, predominant drives and predominant defences.
- (b) Points to be considered may be; (1) in parents: personality structure, motivation in choice of partner, compatibility on mature and neurotic level, (2) in children: early feeding habits, toilet training, loss of, or separation from, one parent in early life, positive or negative identification with one parent, sibling rivalry, etc.
- (c) To assess the effect of all these factors on the psychosexual and emotional development of the children with special reference to emotional stability or instability.

In particular, it should be possible by a study of each member of the family,

- (a) to correlate (conscious and unconscious) attitudes of the children to their parents.
- (b) to test the effect of the overt expression of the parents' apparent indifference and severity.
- (c) to detect the factors underlying adjustment and maladjustment, the basic question being: what are the consistent factors or combinations of factors which make for good adjustment?.

### 4. Interdisciplinary.

- (a) To learn in a limited research project the difficulties of interdisciplinary research and the means of overcoming them.
- (b) To establish a smoothly working interdisciplinary team for future research and training.
- (c) To establish the relationship between the child's experience of conflict with respect to family relations, experiential sequences, role definitions, discipline, and definitions of the situation, and the child's psychodynamic and social adjustment.
- (d) To learn the relationship between the child's acceptance of certain peer group definitions, and his personality and social adjustment.

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B. Long-term objectives (Comparative studies)

The present study is in reality a pilot study since it will make possible, and is a necessary preliminary to, such further studies as:

1. A prediction study of the relationship between family experience and mental health in which the families are selected on the basis of the variables shown by the present study to relate to health and illness. If, for example, the present study suggests that the personal stability of adolescents is correlated with (1) the fact that family members agree on what is a good mother, and (2) the mother in the family actually fulfils this image, then the final study will be specifically directed to such an hypothesis.
2. A comparative study of families (a) of different social classes; (b) of different religious persuasion; (c) of different ethnic origin.
3. A study of contrasting communities.
4. Cross-cultural studies.

In view of the high reputation which McGill University enjoys in the community and in view of preliminary informal discussions with school personnel there is good reason to believe that access to the schools will not be difficult.

The following schools have been envisaged for cooperation: Westmount High School, Westhill High School, Mount Royal High School and Montreal High School.

B. Building up of Research Unit.

Other preliminary steps to be taken are:

- (1) Interviewing and hiring of psychological, secretarial and student personnel.
- (2) Securing of basic supplies and test material.
- (3) Finding and equipping offices for the accommodation of