**SUPPLEMENTARY DOCUMENT N0 3. FOR CHAPTER 5.**

***ALEXANDER KENNEDY’S LECTURE 26 FEBRUARY, 1960; COMMENTARY; COMPARISON WITH PRACTICE OF SARGANT, CAMERON, HEBB & DR. JAMES’ (1962 BMJ PAPER)***

***Introduction***

The full text of Professor Kennedy’s lecture (‘*The Scientific Lessons of Interrogation*’; published in *Proceedings of the Royal Institution of Great Britain*38, 93-113, 1960) was hard to obtain, and, may be rather inaccessible, yet it is very interesting. It runs to 20 pages with no reference list[[1]](#footnote-1). It appears to be a rare, yet important paper, but was given me in ‘read only’ version which I could not copy. I have transcribed it (see below) without exact formatting, but annotated with inserted numbers in square brackets referring to comments which follow.

In his lecture, Kennedy describes a method of interrogation that he knew could sometimes be used to achieve sincere change of beliefs, loyalties and overall attitudes. It might beused in wartime interrogation, or in peacetime therapeutic practice. In a military setting, it would open the possibility of captives becoming active agents working against rather than for their former military colleagues. In psychiatry, it offered to troubled patients, a way to shift deeply entrenched habits of thought and behaviour which were ruining their lives. Within these regimes he understood how it was possible to induce artificial neuroses and emotional crises. His methods included creating conditions of mental conflict, conflict in interpersonal relations, resultant emotional turmoil and transferences of allegiance during any of military interrogation, psychotherapy and religious conversion. The parallels between artificial neuroses, and those seen in clinical practice aided his understanding, and were central to the argument presented in his lecture.

Professor Kennedy drew on historical precedents, not only Soviet political interrogation, but, going further back, centuries of inquisition of heretics by the Catholic church[[2]](#footnote-2). He also drew on his own experience as an interrogator during the second World War (although he strenuously denied this in the remaining months of his life). Other sources were recent scientific insights into consciousness and conditioning.

The content of Kennedy’s lecture bears comparison with methods of William Sargant in *Battle for the Mind*, Basil James’s attempted reorientation of sexual preference, and also the methods of Donald Hebb and Donald Cameron. In my view, Kennedy is more scholarly and well-reasoned than the others (except Hebb). Details of James’ methods invite comparison. After Kennedy’s lecture and comments, I add an annotated version of James’ ‘methods section’, followed by further comment.

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**THE SCIENTIFIC LESSONS OF**

**INTERROGATION**

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In studying the effects of stress on body and mind two kinds of evidence have to be considered, that which is objective and measureable and that which depends on the personal account given by the subject. The latter is available only in man and the extent to which the human subject can be subjected to extremes of stress in experimental conditions are necessarily limited [1]. One must, therefore, like the cosmologist, wait upon such experiments as nature and circumstances see fit to provide. War and occasional major physical disasters have provided unique opportunities where large numbers of individuals have been exposed to the same stress in conditions which have rivalled those of laboratory experiment in their simplicity and rigour. This discourse is based on the recorded observations which have been made on a relatively small number of individuals exposed to a highly specialized form of stress, that of detailed interrogation having as its object the transfer of loyalties. The emphasis throughout will be placed on those results for which applications have since been found either in the further scientific investigation of stress or in the treatment of psychiatric illness.

**INQUISITION AND WAR**

The history of major conquest shows that defeat in battle alone does not often change the heart of an enemy and that it may even render the transfer of his loyalties more difficult. If wars are to continue, the future choice for those who initiate them would seem to be between making an uninhabited desert of the enemy’s country and calling it peace or embarking on the dangerous un-certainties of total psychological warfare, for, as will be seen, survivable physical offence merely gives coherence to the psychological defenses of both individual and group [2].

On the sidelines of war of whatever temperature an agent or a key political figure of one power inevitably falls from time to time into the hands of another. He may be interrogated in the hope that the information he bears will be of value, but his greatest importance in the eyes of some ideological groups lies in his potential use as a weapon of offence. If he can be made sincerely to change his loyalties, he can be used to give false in-formation to his sponsors, or he can give public testimony of his change of heart and his former deviation from what he now knows to be the right. From a history of the Inquisition we learn that certain empirical discoveries were made and recognized as important by a thoughtful and objective minority of those concerned. The first was that if a prisoner was once induced to give a detailed history of his past and to discuss it with his interrogator in the absence of threat or persuasion or even of evidence of interest, he might after an emotional crisis recant and confess his heresies. The second discovery was that true and lasting conversion could never be produced by the threat of physical torture. Torture not infrequently had the opposite effect and induced a negative state in which the prisoner could no longer feel pain but could achieve an attitude of mental detachment from his circumstances, and with it, an immunity to inquisition. The most surprising feature was the genuine enthusiasm of those who did recant. While these results were necessarily ascribed at the time to the powers of persuasion of the Inquistadores, it is evident in retrospect that something was happening which was beyond their control. The same facts come to light in the long history of Russian political interrogation. In the Leninist period, success of the immensely tedious method of didactic interrogation then in use was similarly ascribed to the appeal of Marxist doctrine to reason. The fact is that in conditions of confinement, detailed history-taking without reference to incriminating topics, and the forming of a personal relationship with an interrogator who subscribes to a system of political or religious explanation, there may occur an endogenous and not always predictable process of conversion to the ideas and beliefs of the interrogator. Further confirmation of this principle comes from the classical technique of psychoanalysis where the aim is to explore the analysand’s past in conditions of minimal distraction so as to review and to revise basic attitudes [3] acquired in his early years. The usual result is that, if he persists beyond a certain point, the patient becomes an enthusiastic convert to the dogma of the psychoanalytic school to which his analyst belongs. The comparison with both religious and political conversion and instruction is inescapable. [4]

In the presence of evidence of this sort, it is for science to observe what has happened, while keeping an open mind about the explanation, to look for further examples of the same process in other settings, and to seek ways of making the process predictable. Opportunities have arisen in circumstances where it is thought an urgent matter to interrogate certain types of war-detainee in minimum time [5] and to induce in them a state of conversion which can be exploited in the interests of those who have detained them. The published literature on this subject is now extensive and it is possible from it to piece together the principles of the method and its results including the subjective effects on those submitted to it.

**SOURCES OF THE TECHNIQUE**

Since this discourse is concerned with information derived from the methods used rather than with the method itself, it will suffice to summarize briefly its origins and the principles which underlie its use. The main principles were derived from the following sources:

1. Existing knowledge of the physiology of consciousness, and the psychological effects of sensory deprivation [6].
2. The theory and technique of Conditioned Reflexes [7] as applied to the conditioning of the physical concomitants of emotion in man and the induction of artificial neuroses.
3. The empirical and largely personal methods of experienced and successful interrogators such as those of the Inquisition and of armies which subject prisoners of war to detailed interrogation.

**ESSENTIALS OF THE METHOD**

Although the steps by which results are achieved are remarkably uniform when the wide variations in human personality are considered, detail has necessarily to be varied or eliminated and the method adapted to different subjects and circumstances. The following summary compiled from a variety of sources is therefore simplified and standardized. The division into stages is largely artificial as management of each individual is a continuous process.

I. *Disorientation and Disillusion*

Induction of disorientation as to time and place by the use of conditions of partial sensory deprivation [6] and by subjecting the subject to confusing stimuli. Production of uncertainty as to contact with the environment, personal identity and basic social orientation. Causing doubt as to the existence of values such as right or wrong, to which the interrogator shows complete indifference. Creation, based on the foregoing, of a state of insecurity as to the dividing line between the thoughts of the detainee and those of his interrogator. The avoidance of negative or inhibitory states is essential at this stage and is achieved by showing no positive response to anything said and ignoring all questions [7], [8].

II. *Synthetic Conflict and Tension*

Production by conditioning methods of a state of psychological tension, with its concomitant physical changes in heart, respiration, skin and other organs, the feeling of being unattached to any particular set of ideas. This is later caused to transfer itself to synthetic mental conflicts created out of circumstances chosen from the subject’s life-history, but entirely irrelevant to the reasons for his detention. The object is to build up anxiety to the limits of tolerance so as to invoke pathological mental mechanisms of escape comparable to Conversion Hysteria [1], [9].

III. *Crisis and Conversion*

At this point the subject is without any system of reference by which to guide his attitudes or solve his conflict [10]. He is concerned only with his own limited present. Without any attempt at persuasion, it is indicated largely by implication that a way of life and thought exists which will provide a stable, even if false, basis for existence and will give relief of tension by its acceptance. The subject is tempted to achieve peace of mind and relief from his ‘abstract’ anxiety by a change of orientation and acceptance of an idealized, dogmatic frame of reference. [11] This is now made easier by his belief in the power of the interrogator to know the content of his thoughts and even his dreams. [12] Following a state of doubt and conflict an emotional conversion-crisis is then induced. A sense of quiet and a desire to make up for bad thoughts in the past are now allowed to appear (i.e they are not ignored by the interrogator who shows personal sympathy [7]). Acceptance of the new doctrine, as soon as it has occurred, is immediately rationalized by a token act of treason on the part of the subject (e.g recording his new beliefs for broadcasting or denouncing a colleague) so that he is now irrevocably committed to an act of treason for which he has no insight.

IV. *Rationalization and Indoctrination*

Detailed analysis of the past is now undertaken in the light of the newly accepted system of reference.[13] The subject realizes his errors or deviations, for which he feels a sense of guilt and a desire for atonement. Guidance is available from an interrogator with whom a friendly but dependent relationship has been formed. The detainee is glad [14] to accept a humble status within revised loyalties. He is given adequate rest conditions amounting to convalescence and healthy occupation. [15]

V. *Apologetics and Exploitation*

An introspective search is now carried out for ways in which the subject’s knowledge of the enemy’s activities can be used to further the aims of the system, now invested in his mind with qualities of reasonableness and justice. He is integrated into a limited community already loyal (i.e interrogated) to the induced credo with ceremonial and symbolic acts of acceptance within it which stir him deeply. His re-education and training is carried out in a group of similar subjects who voluntarily police each other, jealous of their new-found loyalties. [16]

**OBSERVATIONS DERIVED FROM THE METHOD**

The unique experimental neurosis created during these interrogations and such opportunities as have occurred of observing physical variables and recording the subjective responses of subjects has produced valuable information. It has also suggested further experiments which can be made in entirely humane circumstances. It has cleared the ground for re-examination of the psychology and physiology of consciousness and has obvious applications to the treatment of psychiatric disorder. The rest of the discourse will be devoted to these applications. The broader fields from which the technique has been drawn and to which its results have contributed are here represented diagrammatically (Fig 1).

**SOME APPLICATIONS OF PRINCIPLES OF INTERROGATION**

A general account can now be given of some of the fields in which information gained from the method has been applied in Medical and Psychological treatment.

I. THE INGREDIENTS OF CONSCIOUSNESS AND THE TREATMENT OF DELIRIUM

In conditions of solitary confinement prisoners soon become aware of the need to orient their thoughts about temporal landmarks such as the arrival of food, the cycle of day and night and the regular routine of the prison. Where they are kept in the dark and visited irregularly, they realize sooner or later the danger of allowing themselves to drift into a state in which awareness of the passage of time is lost. They may feel impelled to occupy themselves mentally by a fear of losing control. If they are in a silent room, the walls of which do not reflect sound, in darkness or dimly lit, and

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food is brought at randomized intervals by uniformly dressed individuals who make no comment, orientation in time is inevitably lost. Further, if the individual, on his arrest, is given no explanations and no information about the identity of his captors and if he is at once made unconscious and only awakened when he has been put in a ‘neutral room’, the process is greatly accelerated. If he is exposed to confusing sounds in the first few hours, his doubt as to where he is is increased so that orientation in place and in his relationship to those into whose hands he has fallen becomes very uncertain indeed. Experiments with volunteers have shown that in conditions of nearly complete sensory deprivation a total loss of consciousness will occur usually within forty-eight hours and that on restoration of normal conditions there is a long period of confusion in which the individual may have difficulty in distinguishing between his own thoughts and information reaching him through his senses. He may experience hallucinations and make mistakes in perception like those of patients in delirium. Recently, while we were waiting on the construction of a sensory deprivation chamber, my colleague Dr H Bethune [17] suggested that we might, for the time being, try to produce the effects of sensory A picture containing text, diagram, circle

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deprivation by hypnotizing volunteers and inducing functional blindness, deafness and loss of all sensation. This was done successfully, communication being maintained only by a system of tapping signals on an area of skin on one wrist. The effects were remarkably like those of complete sensory deprivation, the patient on arousal after eighteen hours being in a severe state of confusion. The indications, therefore, are that hypnosis which, of course, induces no structural change, can produce a temporary loss of function of the nervous pathways by which the individual is in contact with his surroundings. The electroencephalographic tracings at this time resemble those of delirium.

From this and the evidence from pathological lesions which have interrupted the sensory pathways reaching the central regions of the brain, it seems probable that consciousness cannot be maintained for long in the absence of a sensory intake. Consciousness appears therefore to be an epiphenomenon of the process of integrating new sensory impression with memory-traces already imprinted on the nervous apparatus. A prisoner may retain his orientation by forcing himself to recite poetry or making inventories of his possessions or his knowledge, as is so well described by Dr Edith Bone [18] in her experiences in a Hungarian prison. Sooner or later, however, in the absence of external stimulation, disorientation occurs and with it a condition resembling delirium, as consciousness is quantitatively reduced, has a most unpleasant emotional tone of fear and uncertainty. The ingredients of consciousness may be represented diagrammatically (Fig.2). From this it will be seen that consciousness is relative. Complete sensory deprivation is not necessary to produce the effects described. When the level of consciousness is low, fatigue or very small amounts of drugs will produce hallucinatory experiences, especially if ambiguous sounds and unstructured visual stimuli are presented to the subject. These he will misinterpret through errors or perception due to the combined effects of the drug and his own reduced state of consciousness.

The resemblance of the effects of this induced disorientation to the delirium so often seen in the aged is very striking. In 1948 with the later Dr Oscar Olbrich I was faced with the problem of treating attacks of acute confusion in aged patients who were being admitted to a psychiatric observation ward in Newcastle-upon-Tyne and a geriatric unit in Sunderland. Many of these patients, before their admission to hospital, had been living alone in dingy rooms, rarely visited by the younger generation, and were suffering from the effects of inertia and self-neglect. Many of them, had poor sight and hearing and had little initiative to go out shopping or to maintain contact with relatives and friends so that they were in fact in a state of partial sensory deprivation. When we began, our treatment consisted mainly of the elimination of the toxic illness and nutritional defects. It was fairly successful, but it was soon evident that the extent to which these patients made contact with the nurses and were treated as individuals had a considerable influence on their speed of recovery. Further, if on recovery their beds were moved so that they faced in a different direction or even if they lost their spectacles, they might relapse completely. The importance of orientation in general thus became clear as well as the particular effect of disorientation in time in increasing spatial and personal disorientation. Delirium may thus be brought about by cumulative effect of partial disorientation in a brain working in conditions of poor nutrition.

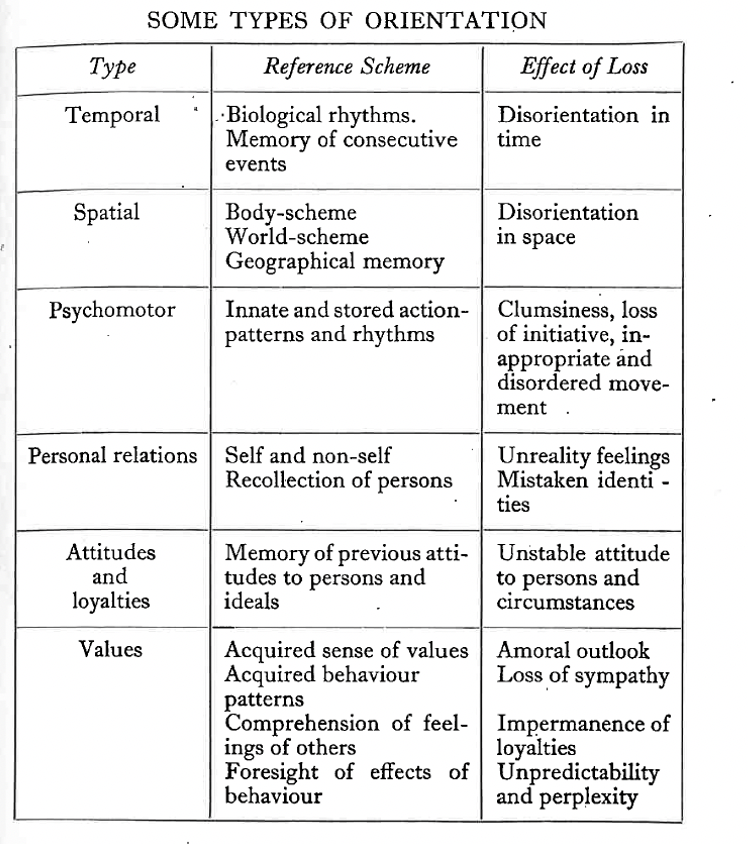
From this and similar observations has been developed in the last ten years a system of nursing delirium in which there is an emphasis on orientation in time and place, recognition of familiar objects and faces, illumination at night, minimal changes of staff and breaking down of the impersonality so common in hospital life. Gradual improvement in the technique with the aid of a highly conscientious team of nurses and doctors has justified the recent setting up of a special delirium ward in Edinburgh. It is decorated in colour which, as seen through the aged eye, help the patient to get his bearings. Curtains and walls are free of designs likely to be misinterpreted in a state of reduced consciousness. The results are striking not only in the speed of recovery to a reasonable level of mental health but in mortality itself, for death from exhaustion due to restless delirium was quite frequent before the present methods of treating senile confusion were adopted. It is true that much of the improvement has also been due to new methods of regulating the metabolic chemistry of the aged, but there is no doubt about the importance of surroundings and of a nursing team aware of the paramount importance of orientation. Needless to say, awareness of the orientation factor in the causation of this type of illness can lead to its earlier recognition in the patient’s homes and prevention, by means of social services designed to eliminate the conditions in which senile delirium develops.

II. PHYSICAL ORIENTATION AND ITS RELATION TO ETHICAL AND MORAL VALUES

It has been a matter for surprise that after interrogation individuals with the strictest principles have abandoned and betrayed them without appearance of guilt of distress. A possible explanation lies in the supposition that moral values and principles of conduct are a form of orientation in the relationship of the individual to his civilized environment. In any act of recall there are two factors, the material to be recalled and the framework of associations with which it becomes linked in the act of making the initial memory-trace [15]. Where a course of conduct is under consideration, it is recalled in relation to general principles by which behaviour is guided, principles learned in earlier life. In interrogation the aim is not so much to extinguish memory but to destroy the systems of reference by which events or ideas are remembered [10]. When the biological clock has also been rendered useless and disorientation in time results, spatial orientation in relation to the individual’s own built-in schema and world-schema is the more easily lost so that there is eventually a loss of the sense of personal identity.

By the time the individual has thus become almost *tabula rasa* he is also unable to refer to his former ethical principles, so that for the time being he becomes a palimpsest upon which new and artificial values can readily be inscribed by an interrogator towards whom the subject has positive feelings. I have shown elsewhere that the integrity of certain nervous pathways is essential for the existence of ethical evaluation so that a kind of moral unconsciousness or unawareness appears when they are destroyed by disease. A hypothesis of this kind may possibly explain the ethical inconsistencies which are so much in evidence after the crises of interrogation or, for that matter, after conversion-crises in religious or political belief. There are now, for instance, a number of accounts of conversions from Communism to Christianity which have resulted in the betrayal of Communist groups to which the convert formerly belonged. These betrayals, for such they are in whatever direction the conversion may be, are accomplished without any sense of guilt and indeed with every semblance of righteousness. There is every reason to believe that the conversion could be reversed in the hands of Communist interrogators.

While there observations make no direct contribution to the problem of human responsibility [2] they do point out the necessity for presenting to each individual in the course of his development, a clear orientation in the principles of conduct which is neither too naïve as to be implausible nor too abstract as to be unintelligible so that it will persist even in conditions in which his relation to the rest of society are in doubt or in which an inefficient brain weakens his orientation in general. Severe delinquent behaviour in the 8-14 age-group, the age in which social responsibility is being learned, is often related to brain disease [19], while in those whose first offences are in adolescence it is more often associated with conflicting codes and uncertain personal relationships. Perhaps a simple code is better than no code at all. The status of moral values in a hierarchy of orientations is here suggested in diagrammatic form:



III. APPLICATIONS TO THE THEORY AND TREATMENT OF NEUROSES

Neurosis is a manifestation of failure on the part of an individual to adapt efficiently to his circumstances. In all neurosis evidence of past or present anxiety can be elicited. It has been generated by fear, frustration of mental conflict arising within the individual and from the interaction between him and his environment [20]. In interrogation, anxiety is produced artificially and brought to the point where an artificial neurosis has been installed and this is then treated in a way which allows of the formation of a personal relationship with the interrogator and an acceptance of his ideology [7]. Experimental neurosis in animals and its treatment has already taught us a great deal about the physical concomitants of anxiety, and the action of the heart, capillary blood vessels, respiration, fluid balance, nervous excitability and response to conditioning stimuli can be measured objectively. There was no means, however, of correlating these changes with the feelings and attitudes of the subject. Such measurements as have been made during interrogation are a step in that direction. The working hypotheses or psychodynamic theories at present used by most psychiatrists in the treatment of neurosis have been derived from psychoanalysis, and as there are many theories there is a serious need to check them against objective results. In some respects, the results of the method confirm some of the theoretical framework while in others they have pointed out what may be fundamental errors. Some examples will be given of the light thrown on some widely held beliefs which are used as a basis for psychological treatment, but which are difficult to subject to experimental proof. That the results of psychoanalysis are very difficult to submit to statistical scrutiny is generally agreed so that any reliable check on its basic tenets is to be welcomed.

(a) *The non-specific effects of treatment of conflict and anxiety.*

Some of the individuals subjected to the method have given a history of previous psychological maladjustment so that their choice of work as an agent or saboteur may have resulted from a sense of failure in work or marriage which in this way they were hoping to escape. The recovery of their mental health after the treatment of an artificial neurosis has suggested that treatment of the anxiety due to artificial conflict may have had a beneficial effect on that arising from a real one. It is within the experience of most psychotherapists that a patient may recover following the development of insight into a mental conflict and that it may come to light subsequently that a much more serious conflict existed which was not even discussed. These results point to the same conclusion. The fact that patients with similar neuroses can recover after treatment based on a variety of theories, all of which cannot be correct in the absolute sense, suggests that the manipulation of anxiety in general in the treatment situation may sometimes be much more important than any insight the patient may gain into the chain of causation of his neurosis. [21] The traditional emphasis on insight in psychotherapy may in fact be misplaced and man may be an even less rational animal than psychoanalysis has suggested.[22]

(b) *Place of Catharsis in treatment*

The outpouring of emotion in relation to the recall of painful past experience was an important part of early psychological treatment, since it was usually followed by improvement in the patient’s symptoms. In the so-called abreaction methods of treatment, it still occupies a central place, and a great deal of psychotherapy still consists of ‘working through’ and ‘acting out’ emotionally charged situations in the patient’s past. For the tension induced in the course of inquisition, catharsis or the outpouring of emotion associated with confession, gives only temporary relief and then only if the subject is allowed to produce new facts. It does not appear to make any permanent contribution to the resolution of the neurosis but acts as a sort of safety-valve when tension is in tolerable. The urge to vent emotion is increased by indifference on the part of the interrogator or psychotherapist. It can thus be exploited by converting it into an urge to confess so that its main value in treatment seems to be to elicit more information. Catharsis therefore is a useful expedient, but the use made of it as an end in itself in psychotherapy is not supported by the results in artificial neurosis [23]

(c) *The Freudian Theory of Dreams*

Freud regarded the study of dreams as the most important clue to the general trend of unconscious thought. He postulated that the dream was a loosely woven succession of thoughts made up from events from the previous day, the effects of sounds or feelings appreciated during light sleep and the emotions derived from instinctual drives and buried conflicts which usually appeared in a disguised and symbolic form. These disguises enabled the dreamer to protect himself from waking up as a result of his thoughts and of outside stimuli. While this may be a simplified statement of the theory of dreams, information derived from interrogation appears to support it in every detail.

In the course of detailed interrogation, the subject necessarily becomes fatigued, but deep sleep may be prevented by stimulation, by refusing to let the subject remain in a comfortable position or close his eyes, or by the use of such drugs as thyroxine or amphetamine. When he is in light sleep noises may be made, the interpretation of which by the prisoner is fairly pred-ictable, when the interrogator is aware of the full content of the previous day’s discussion. In this way the interrogator soon has a good idea of the content of the prisoner’s dreams so that he can on the following day refer to them as something known to both. The purpose of this device is not only to destroy the distinction between uncontrolled dreaming and waking thought, but also that between the thoughts of the interrogator and of his prisoner in the mind of the latter [12]. This accelerates the process of destruction of personal identity [5]. The fact that it works indicates that Freud’s assumptions based on his own and other people’s dreams are reasonable and the use of guiding stimuli in light sleep has already been tried on volunteers and in the treatment of neurosis. Freud’s theories were mainly derived from the interpretation of dreams with a sexual content, and they now received confirmation from dreams in which the tension was derived from a very different type of stress. While a wholly sexual theory of human neurosis is now held only by a few psychoanalysts, these results show that the aetiology of similar states can be wholly non-sexual.

(d) *The Conditioning of emotional states*

By studying physical variables such as the pulse rate and skin resistance during interrogation, it is possible to find questions which regularly elicit an anxiety response. This is principle of some of the ‘lie detector’ methods. By associating these responses with stimuli such as musical notes or the movement of a revolving disc with sectors in different colours, it becomes possible to reproduce the physical effects of anxiety by giving the stimulus in the absence of a question. The presence of these physical changes produced a feeling of anxiety which can thus be generated in relation to innocuous questions or to the discussion of conflicts quite irrelevant to the interrogation. The most striking feature is the small number of trials necessary to install the abnormal response, when the process is compared with the results of human conditioning experiments in the absence of emotion. From this may be derived the general principle – *that conditioned responses are installed in man after a minimal number of trials in circumstances where attention is maximal due to the presence of anxiety or fear* [5]*.* This has important implications for psychopathology. It may further be concluded that a most important factor is the interest or indifference [7] of the interrogator at the time the answers are given to questions, so that the use of positive or negative attitudes is a most useful method of furthering the interrogation. Just as a prisoner kept in complete darkness will sometimes shout out unsolicited confessions, so indifference to facts will elicit more facts and a positive or negative attitude in the course of treatment may determine whether the patient comes forward with information or retreats into a negative or inhibitory state.

(e) *Negative or denial reactions*

The infliction of pain, exhibitions of anger or the threat of torture or death have long been known to lead to a state of indifference to the efforts of interrogators associated with anaesthesia to the effects of pain and a sense of calm. While the serenity of the prisoner has often been attributed to a spiritual enlightenment, it seems for practical purposes to be comparable to the ‘Belle Indifference’ seen in the subjects of conversion hysteria. It also has features in common with states induced by hypnotism. As in some hypnotic states and in hysteria of recent onset, the subject, so far from being suggestible, does not react at all and the same applies to the detainee who has gone into a negative or inhibitory state. After a conversion crisis, however suggestibility is maximal and almost any doctrine is acceptable. Moreover, the subject may spontaneously pass into amnesia fugues in every way comparable to those of hysteria. On this basis, the induction of both an inhibitory state and a suggestible state in the course of interrogation would suggest that there may be two types of hysteria, a purely inhibitory denial reaction and a state which follows the crisis of conversion in which suggestibility is maximal. This would indicate that Pavlov’s observations on dogs in the conditioning chamber are, so far as hysteria is concerned, nearer to the realities of human neurosis than the theoretical framework derived from psychoanalysis.

(f) *The effects of Traumatic psychological experiences*

A fundamental feature of psychoanalytically-oriented theories of neurosis is that adverse psychological experience is thought to leave an almost indelible effect on subsequent attitudes. Although they are inflicted on the mature and not the developing mind, the experiences of the interrogated are nothing if not traumatic. Considerable interest therefore attaches to the long-term effects of the experience both from the point of view of neurosis in later life, and also that of the permanence of doctrines accepted as a result of exposure to the method. The examination after a long interval of a small number of subjects has given an indication of its long-term effects. In these, the missionary zeal for the new cause had died down and had been replaced by a notable tolerance of the doctrinal excesses of others rather comparable to that seen in the prisoners of the Japanese who had survived their experience without a break in morale. Nightmares and fears had long subsided, and all commented on the fact that they were in some respects the better for the experience. There was an initial unwillingness to recall the experience, but this repressive tendency seemed to be confined to the constellation of ideas which included capture, interrogation, and the subsequent acts of treason. It was, however, possible to promote quite full recall although the distinction between thought and actual experience was blurred and the experiences had a dream-like quality and were clearly distorted, certain incidents standing out clearly. It was notable how little ill-will was borne against those who carried out the process. There was some resemblance to the introspective objectivity of the individual who has emerged successfully from a training psychoanalysis. In others in whom detailed interrogation had clearly not been brought to the point of crisis because a treasonable bargain had been struck with their captors at an earlier stage, the effects were quite different, the prisoner’s subsequent life containing many instances of rationalizing the treason, including the writing of books and newspaper articles. Some of these have undergone religious conversion in a way which suggests that they finished off voluntarily what their interrogators found at the time unnecessary. The results of the limited evidence available so far suggests that the permanent effects of interrogation may not be adverse, provided that it is complete, and that the human mind has greater powers of spontaneous recovery than has been thought. One of the results of the statistical follow-up studies of psychoanalysis in recent years has been to draw attention to the fact that the untreated cases or neurosis who acted as controls had a much better outlook than was thought possible.

(g) *Psychosomatic changes and the biological clock*

A striking feature of artificially induced confusion is the way in which disorientation in time accelerates the whole process. It suggests that, apart from a continuous sensory intake, *a time-base may be necessary for human mental operations.* It is difficult to imagine any kind of rhythmic, consecutive or periodic operation without some sort of time-marker and there are indications that in certain diseases of the nervous system characterized by disorderly movement and tremors of constant frequency, that some such mechanism has gone wrong. Physical changes which have a diurnal rhythm become disordered if this is changed, for instance by air journeys through different time-zones. So far as longer periods are concerned, there are phases in some diseases which suggest not only a menstrual but a seasonal cycle so that there are probably both neural and glandular sequences of activity which serve as time-markers. The disordered timing of prolonged confinement in conditions of partial sensory deprivation provides an opportunity to learn about these mechanisms by finding out what happens if their normal operation is disturbed.

An examination of the immediate ‘alarm reaction’ and longer ‘training response’ to stress shows that the physical and psychological mechanisms by which the human organism protects itself from being overwhelmed by sudden stresses and prepares itself for future stress shows definite time-relations. In the course of interrogation, it has been noted that disorders of function of the kind referred to as psychosomatic are very frequent. The complete unpredictability of the situation so far as the body is concerned appears to lead to a failure of coordination and consecutiveness in the physical responses to mental stress resulting in changes in blood pressure, outbreaks of boils, rashes, etc. The occurrence of these changes in man points the way to experimental conformation in animals.

Some of the statistical studies which have been made on the effects of detailed psychological treatment suggest that it can achieve little more than would a masterly inactivity on the part of the psychotherapist. Yet we are constantly meeting with instances where relatively brief treatment has brought the patient to a point where his own defenses can take over. In the present state of knowledge chance as well as design play a part in the results we obtain. The effects of interrogation indicate that a brief and intensive approach planned in detail may achieve more than one which is spread over a long period [5] and also that spontaneous recovery from the effects of psychological trauma is the rule rather than the exception. It may be therefore that conditioning methods and techniques designed to efface self-perpetuating unhealthy mental activity by removing its reference systems may have a future. This would be no more than using the physician’s principle of doing only enough to allow the body’s own defense mechanisms to accomplish the rest of the cure. It may be that the lessons of a barbaric assault on the mind can lead us to re-examine some of the established tenets of psychotherapy and so assist in the resolution of neurosis for more civilized ends [2].

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**MY COMMENTS ON KENNEDY’S LECTURE**

[1] ‘*The extent to which the human subject can be subjected to extremes of stress in experimental conditions are necessarily limited’.* Kennedy may have been disguising what he knew from first-hand experience.

[2] *‘If wars are to continue, the future choice for those who initiate them would seem to be between making an uninhabited desert of the enemy’s country and calling it peace or embarking on the dangerous un-certainties of total psychological warfare, for, as will be seen, survivable physical offence merely gives coherence to the psychological defenses of both individual and group ‘; ‘While these observations make no direct contribution to the problem of human responsibility’. ‘It may be that the lessons of a barbaric assault on the mind can lead us to re-examine some of the established tenets of psychotherapy and so assist in the resolution of neurosis for more civilized ends’*. These and other comments lead me to believe that Kennedy was by no means blind eye to the ethical issues involved in methods he describes. I suspect that these were candid references to issues on which he had been ruminating since the end of the war, to which, in ethical terms, as he neared his own death, he did not know the answer.

[3] *‘Attitudes’*: This word occurs nine times in Kennedy’s lecture. Concern in US intelligence circles focused on change of *‘attitude’* during Soviet interrogation (see later in Chapter 4), and in what their own interrogators hoped to achieve. The similarity in use of this term *might* be no more than coincidence; but it probably indicates trans-Atlantic influence, introducing American concepts to British interrogation style (or vice versa). As already suggested, amongst US interrogation experts, the word had special significance to indicate that, whether or not explicit beliefs – had shifted, a more subtle shift of underlying attitude betrayed a turning the allegiance of captives.

[4] Kennedy, like Sargant develops an analogy between processes of inquisition (historically), psychoanalysis, and ‘turning’ of allegiance of captives during military interrogation. Kennedy is more persuasive than Sargant in my reading, and I find the analogy convincing.

[5] ‘*in minimum time’*; ‘*This accelerates the process of destruction of personal identity’; ‘conditioned responses are installed in man after a minimal number of trials in circumstances where attention is maximal due to the presence of anxiety or fear. ‘; ‘The effects of interrogation indicate that a brief and intensive approach planned in detail may achieve more than one which is spread over a long period’.* Lines such as these may have persuaded the impressionable young would-be psychiatrist, Dr Basil James to imagine he could accelerate the process of re-orienting sexual preference, based on a method recently described in translation from a Czech source conducted in Prague (but with doubts even there of its practical utility).

[6] *Sensory deprivation.* Kennedy’s lecture was delivered after research on this topic from Hebb’s department at McGill had been published, and he clearly knew of this work. However, Kennedy’s version of sensory deprivation was less rigorous than and different from Hebb’s, and included solitary confinement with *social* deprivation.

[7] ‘*Theory and technique of conditioned reflexes’*: Kennedy was referring mainly to Pavlovian manipulation of conditioned emotional responses. However, he also used shrewd regimes of reward and punishment, acknowledging that for most human beings, their overriding need (and therefore source of reward and punishment) is for social contact. ‘Aloofness’ or ‘warmth’ of the interrogator’s tone was deliberately manipulated to contributed to processes of conversion, or ‘turning’ of allegiance. This is quite different from Pavlovian conditioning paradigms.

[8] The objective of the first stage of interrogation was to dissociate the captive (or possible patient) from all that was familiar, even at most fundamental levels - included cues about time and place, social norms, relationships, loyalties, moral values and human sympathies, even the sense of being a person. In the end, normal biological rhythms and memory of consecutive events were disrupted. Captives begin to lose trust in their basic perceptual processes, including their body image (which is part perceptual, part conceptual), and thereby the most basic source of a sense of personal identity.

[9] The emphasis here is on manipulating the intensity of anxiety, rather than topics upon which anxiety is focused, as in traditional psychotherapy.

[10] ‘*Subject is without any system of reference’;* ‘*. . the aim is not so much to extinguish memory but to destroy the systems of reference by which events or ideas are remembered.’* This is a principle I find most interesting, referring to the processes of preparing a detainee for interrogation. An implicit understanding is similar to my own, expressed in psychologists’ language, rather than brain science concepts: Every set of patterned signals circulating in the cerebral cortex is ambiguous, essentially meaningless - until it is located in an appropriate context (as I explain in Supplementary document no 1, for my Introductory Chapter).

[11] Apart from the need for social contact, in humans another most powerful driver – and therefore strong reinforcer – is to have a frame of reference which helps us to understand our environment. Most of us will bend any rigorous notion of truth *ad lib*, to give us a frame of reference which, somehow, ‘makes sense’. Therein lies the power of the interrogator with his ‘innocent’ hints to the detainee, regarding trivial acts of treason.

[12] ‘*This is now made easier by his belief in the power of the interrogator to know the content of his thoughts and even his dreams*.’ ‘*When he is in light sleep noises may be made, the interpretation of which by the prisoner is fairly predictable, when the interrogator is aware of the full content of the previous day’s discussion. In this way the interrogator . . .can on the following day refer to them as something known to both. The purpose of this device is . . . to destroy the distinction . . between the thoughts of the interrogator and of his prisoner in the mind of the latter’.* This is another subtle strategy to undermine the sense of personal identity.

[13] ‘*Detailed analysis of the past is now undertaken in the light of the newly accepted system of reference.’* After the new doctrine is accepted, subtle suggestions, sympathy and offers of support to enable the new doctrine to be consolidated, until the captive or patients is irrevocably committed to a new world view. During this stage every memory is reinterpreted and relocated within the new-found framework.

[14] Kennedy writes: ‘*The most surprising feature was the genuine enthusiasm of those who did recant.*’ He appears to describe what he has witnessed during military interrogation. It corresponds closely to conversion experiences during medieval inquisition, and other similar circumstances. I comment that when the mind/brain has no ‘context representation’ to disambiguate signals it receives, it can register new memories with astonishing speed, because there are no alternatives to oppose them. It may be seen in small children: I have seen it in mine: I read a well written children’s story to my daughter. Next day, as I read it again, she is reciting it along with me, with near-perfect verbatim recall!

[15] ‘*He is given adequate rest conditions amounting to convalescence and healthy occupation.*’ In my introductory chapter (footnote no. 1) I referred to a recent brief summary of my account of ‘*A scientific basis for personhood’*. The basic concept is that, to disambiguate the signals circulating in our brain we need an all-purpose context. If that all-purpose context is broken into pieces – another way to describe Kennedy’s stages I-III – there is likely to be a period of sub-optimal performance in almost any mental function: perception of body schema, recognising sensory patterns (e.g people by their faces), episodic memory recall, coordinated conceptual thinking. There may even be poor motor control or coordination of movement, making people clumsy and accident prone. So, a period of convalescence and recuperation is needed. Just the same considerations apply after severe psychological trauma under normal circumstances, for instance after a difficult bereavement.

[16] In religious conversion, this may involve new rituals; military and intelligence agencies may have something equivalent, performing essentially the same function.

[17] I assume this is New Zealander, Dr Henry (Harry) Charles Bethune, born in 1918 (exact date and place not identified). It is useful to give more detail on Dr Bethune, to illustrate the unruly state of psychiatry at the time.

* He served in the second World War, receiving NZ War Service Medal (Service no. 47015; Second New Zealand Expeditionary Force no.6, embarkation from 1 October 1941 to 231 December 1941
* In 1951 the MBChB (Otago) degree was awarded; Registered as a practitioner on 15 February 1952.
* He served as medical officer in Korea (service number 202901). On several occasions he was moved up a rank on a temporary basis, suggesting that Korean forces were short-staffed for medical personnel.
* NZ Gazette of 18 June 1953 records his position in the ‘1st casualty clearing station’ (within RNZAMC)
* 17 May 1954: still on 1st casualty clearing station, granted 4½ yr short-service commission
* He was described (by one-time member of the Family) as ‘weird – he had a Frankenstein complex. Mad keen on zapping people with ECT’.
* It is reported[[3]](#footnote-3) that in Java he met Dr Raynor Johnson (see below) and Harvey Barnett (who, in the mid 1950s was recruited into the Australian Secret Intelligence Service, headed intelligence stations in Singapore, Cambodia, and south Vietnam, and later came to head ASIO). At that time, the three were involved in a Javanese spiritual movement called Subud. I guess that this was around 1955.
* 21 February 1958: He relinquishes his military role, receiving several military medals.
* In the late 1950s he became a Research Fellow in the Department of Psychological Medicine at Edinburgh University, and on 30 December, 1961 he published a paper in The Lancet based on work done there, on hypnotherapy for skin disorders[[4]](#footnote-4). At the time his residential address was given as Epsom, suburb of Auckland.
* On 31 January 1961 he was recalled for military service. This may have been in relation to Vietnam. Insurgency from the North Vietnam was increasing through this month. Expansion of ARVN was needed. How this might have influenced the posting of New Zealand soldiers or military physicians is not clear.
* Sometimes between 1965 and 1969, he joined ‘The Family’[[5]](#footnote-5) as ‘new-age spirituality cult, functioning in suburban Melbourne.
* In 1966 he published a paper in New Zealand Medical Journal[[6]](#footnote-6) (address and professional affiliation at the time uncertain) entitled ‘Preliminary notes on Nitrazepam (an newly-introduced benzodiazepine with longer time course of action than those at that time in use. One of his co-authors Roger H Culpan, was mentioned later in testimony from a CCHR witness to the Royal Commission on Abuse in Care. In 1978, so the CCHR witness stated, this doctor had objected to that idea that informed consent be mandatory when ECT was thought appropriate.
* Between 1966 and 1970, massive ‘clearings’ presumably using LSD, were carried out by the psychiatrists at Newhaven.
* In 1968, he was practising as a psychiatrist in Auckland, and spoke for the defence in a high-profile murder trial in New Plymouth.
* In 1969, one patient at Newhaven, who suffered ill effects from being overdosed with LSD planned legal action against Harry Bethune and the Victorian government[[7]](#footnote-7).
* I have no evidence that he ever acquired any specialist qualifications in psychiatry or psychological medicine (which was not unusual at that time in New Zealand), and for most of his life he identified himself as a ‘medical practitioner’, not a psychiatrist. It is not clear when Dr Bethune moved away from Newhaven. He probably oscillated between Auckland and Melbourne for some years.
* 15 May 1975: The NZ Gazette records that on ‘retired list’, he was appointed Consultant Psychiatrist to the Armed Forces for a term of three years, and granted honorary rank of Colonel, effective 15 May 1975
* 12 June 2007 died in Malvern East (South-east suburb of Melbourne conurbation), with his professional stated as ‘psychiatrist’.

I summarise his story as a person whose life was unhinged by involvement in two bitter wars, which led him into an area of medicine for which, even by the undisciplined standards of the day, he was unsuited.

[18] Dr Edith Bone (1889-1975): Originally Edit Olga Hajós from Hungary, a medical professional, journalist and translator, at various times member of communist parties in Britain, Catalonia, but, post-war as a journalist in Hungary for the *Daily Worker* was accused of being a spy for the British government, and, without ant trial, spent seven years in solitary confinement.

[19] *‘Severe delinquent behaviour in the 8-14 age-group, the age in which social responsibility is being learned, is often related to brain disease.’* This is exactly the clientele who were induced to enter Lake Alice Child & Adolescent Unit, in the 1970s; and Kennedy’s comment indicated that the fallacious re-conceptualization of the difficult social problem of unruly and rebellious youth into a biomedical problem was alive and well not only in north America, but also in some circles in Britain.

[20] The definition of the term ‘neurosis’ here is hardly precise enough to serve the interests of scientific reasoning. A better definition would be limited to the manifest effects of what can be implied, insoluble internal conflict of whatever nature (and not just sexual*).*

[21] *‘The fact that patients with similar neuroses can recover after treatment based on a variety of theories, all of which cannot be correct in the absolute sense, suggests that the manipulation of anxiety in general in the treatment situation may sometimes be much more important than any insight the patient may gain into the chain of causation of his neurosis.’* Only partly true, in my view. Anxiety may be rooted in as yet unsolved but soluble internal conflicts which are real, and for which wise counselling may be very valuable.

[22] *‘The traditional emphasis on insight in psychotherapy may in fact be misplaced and man may be an even less rational animal than psychoanalysis has suggested’.* Here Kennedy gives away an underlying assumption, which I question. Admittedly in his previous coercive world, dominated by military and intelligence experience, most participants are least able to have recourse to the best notions of rationality. In normal peacetime life, from which he had not fully returned (I suggest), many of us can get closer to the ideal of rationality.

[23] *Catharsis*: Clearly Kennedy, like others by this time, had rejected the view which Sargant had taken from Freud’s early work, that catharsis in itself was therapeutic.

***Annotated Text of Basil James’ Method, with Comment*:**

*Treatment was carried out in a darkened room* [1] *and during this time, no food or drink other than prescribed alcohol was allowed* [2]. *At regular two hourly intervals* [3] *he was given an emetic dose of apomorphine by injection followed by two oz (57ml)* [4] *of brandy. On each occasion when nausea was felt a strong light was shone on a large piece of card on which were pasted several photographs of nude or near-nude men* [5]. *He was asked to select one which he found attractive, and I was suggested to him that he recreate the experience which he had had with his current homosexual partner. His fantasy was reinforced verbally by the therapist on the first two or three occasions.* [6]

*Thereafter a tape* [7] *was played twice over every two hours during the period of nausea. This began with an explanation* [6] *of his homosexual attraction along the lines of father deprivation* [8] *occurring at a time when awareness of homosexual attraction was not abnormal, this being reinforced by his first homosexual experiences, a learned pattern this being established* [5]. *The adverse effect of this pattern on him and its consequent social repercussions was then described in slow and graphic terms ending with words such as ‘sickening,. ‘nauseating’ etc, followed by the noise of one vomiting* [5, 8]. *This invariably accentuated he emetic effect of apomorphine. After 30 hours, the treatment was terminated because of acetonuria, and the patient was allowed up and about* [9].

*After a period of 24 hours treatment was repeated with another tape, which concentrated more wholly upon the effect his practices had had on him, again ending histrionically. Again the treatment was stopped because of acetonuria, this time after 32 hours* [4].

*The following night the patient was awakened every two hours* [3] *and a record played which was frankly congratulatory and which explain ned I n optimistic terms what would have been accomplished if, in. fact, his homosexual drive had been reversed. At this stage no other treatment was given, and next morning the patient was allowed up and about* [6]. *On each of the third, fourth and fifth days after the apomorphine treatment had finished, a card was placed in his room, pasted on to it being carefully selected photographs of sexually attractive young women. Each morning he was given an injection of testosterone propionate and told to retire to his room when he felt any excitement. He was provided with a record-players and records of a female vocalist whose performance is generally recognised as ‘sexy’.*

**COMMENTS**

[1] Partial sensory deprivation: Kennedy and James (like Sargant) used dark or dimly-lit rooms. Kennedy mentions walls designed acoustically to deaden sound reflection.

[2] There was no mention of deprivation of food or water in Kennedy’s lecture, or of any physically aversive methods. However, he recognised that, in a state of disorientation, subjects were unusually sensitive to tiny doses of psychoactive drugs. James of course used brandy in large measure, and no other drink, or food. This is more like Sargant’s methods.

[3] In James’s method, there was a degree of sleep deprivation is implied. The same can be said of Kennedy’s method

[4] For the brandy measure in James’ method, 2 oz = 0.1 British pints. Over 30 hrs, this would equate to 1.5 pints of brandy, on an empty stomach; on the second procedure of 32 hour’s duration, the total would be 1.6 pints – a considerable load of alcohol.

[5] The supposed Pavlovian aversive stimulus pairing of nausea with homoerotic images assumes that pornographic images amount to genuine sexual reward. This is not fully genuine, and hardly enough to serve for aversive conditioning of something as basic as sexual preference – even if it was, in principle possible.

[6] True to Pavlovian principles, words were to be used as Pavlovian conditioning stimuli by both Kennedy and James.

[7] The production of ‘*Tape loops’* required expertise: The expert who developed the method was Leonard Rubenstein in Montreal. There are claims that he assisted Sargant to develop the same method on a visit to Britain. This may have been the occasion when the same method was acquired by Dr James in Bristol.

[8] ‘*Father deprivation’*: This idea originated with Freud, and was plausible in the post-war period to account for homosexual attraction in men, when many fathers had been away on military duties. As an explanation it is no better than any other, and lacks decisive support.

[9] ‘*Allowed up and about’*: The phrase is now rather out-dated, coming from a time when ‘doctor’s orders’ had quasi-military authority.

[10] For both Kennedy’s and James’ methods, there was a need for the whole process to be done quickly, which suggest military provenance. The urgency is less in Kennedy’s than James’s methods. However, in Cobain’s monograph the same method, with the same emphasis on speed, is mentioned for. torture in Kenya and Cyprus.

***General Conclusions*:**

There are similarities in the methods used by James and Kennedy (points [1], [3], [6] & [10] above) as well as in the overall strategy (to reshape the basis of personhood). However, many of Kennedy’s methods were relevant to - and could have been incorporated into - James’ methods to achieve disorientation, but were not used. Instead a state of drunkenness was induced in that unfortunate soldier. The conclusion is that James may have been encouraged by publicity over Kennedy’s lecture regarding the overall strategy, and the emphasis on rapid change of mind-set, but, otherwise he gained little if anything from Kennedy’s lecture on details of the method. On this he owed more to Sargant than to Kennedy.

Beyond this comparison, the topics described in Kennedy’s lecture raise profound ethical and moral issues. Some comments on this are to be found towards the end of Chapter 4. Apart from this I am alarmed by the easy way in which Kennedy describes how he used what are usually instinctive social and emotional responses (aloofness versus warmth) as part of the conditioning-interrogation-psychotherapy process. I appreciate the candour in Kennedy’s explanation. It rings true to what I have seen of some psychiatrists, and perhaps it is built into the training of psychiatrists in some centres; but of course, it would follow that the profession, like intelligence services in many countries, must be intrinsically secretive, otherwise the methods would not work. Once the cat is out of the bag, for instance by wide publicity given to Kennedy’s lecture, who would ever trust a psychiatrist?

1. In the PDF file I received, several pages bore an official stamp reading: ‘*Patent office library, 15 June 1960.*’ My enquiries to the British Library, whence I received this paper, indicated that this was a routine matter in this case, and that Alexander Kennedy had never filed a patent in relation to the methods he described in his lecture. [↑](#footnote-ref-1)
2. The Inquisition which we know most about is the Spanish inquisition, starting in 1478, which attempted to enforce religious uniformity in the multi-ethnic Iberian Peninsula, from which Moorish Islam had recently been expelled. This inquisition used very brutal methods of torture. More widely in Europe, the Catholic inquisition to reframe the beliefs of heretics had already been operating for several centuries with less extreme methods. It is probably this, rather than the Spanish inquisition to which Kennedy referred. [↑](#footnote-ref-2)
3. Chris Johnston & Rosie Jones *The Family*. Scribe, 2016. [↑](#footnote-ref-3)
4. HC Bethune, CB Kidd (1961) Psychophysiological mechanisms in skin disease. Lancet, 278, 1419-1422 [↑](#footnote-ref-4)
5. ‘The Family’, founded by Anne Hamilton-Byrne in 1963 in Melbourne, Australia. It made free use of psychedelic drugs. Its apparent focus was on emergence of a new society after the destruction of the present era. Ms Hamilton-Byrne was a charismatic spiritual teacher, demanding absolute loyalty, and obedience to her demands. Her immense power over followers was enhanced by suggestions made to them, while under the influence of LSD and related drugs. She taught that she was Jesus Christ. Most adherents were well-heeled middle class residents of Melbourne suburbs, including a number of medical professionals, amongst whom were three psychiatrists who practised from a private hospital called Newhaven. She proclaimed her first follower - Dr Raynor Johnson - to be John the Baptist. The Family attracted media attention in 1987 after police investigations under ‘Operation Forest’, into child abductions, illegal adoptions, child abuse, and many other charges. Hamilton Byre raised much money from her adherents, which may have been her underlying motive, but was never successfully prosecuted. [↑](#footnote-ref-5)
6. Bethune HC, Burrel RH, Culpan RH, Ogg GJ (1966) Preliminary notes on nitrazepam. *New Zealand Medical Journal,* 65, 613-5. [↑](#footnote-ref-6)
7. Megan Christine Lomax (2017) Beyond the aetiology debate: the “great LSD scandal” at Newhaven Private Hospital & the social foundations of mental health legislation in Victoria, Australia. Doctoral Thesis, University of Melbourne. [↑](#footnote-ref-7)