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Meeting re Dr. Wake's Special Project

A meeting was held in the Privy Council Committee Room on August 2nd, 1961, at 2:30 p.m. to consider the planning already done in connection with a special research project to be undertaken by Dr. F. R. Wake. The following persons were present:

Mr. R. B. Bryce  
Secretary to the Cabinet (Chairman)

Mr. N. A. Robertson  
Department of External Affairs

Commissioner C. W. Harvison  
Royal Canadian Mounted Police

Mr. Paul Pelletier  
Civil Service Commission

Dr. G. D. W. Cameron  
Department of National Health & Welfare

Dr. J. P. S. Cathcart

Dr. R. G. Ratz  
Department of National Health & Welfare

Dr. F. R. Wake  
Carleton University

Mr. D. F. Wall  
Privy Council Office

Mr. J. Timmerman  
Department of External Affairs

Mr. D. Beavis  
Privy Council Office (Secretary)

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The Chairman said that he considered it would be useful for those few senior officials who had been for some time concerned with the problems of character weakness and homosexuality in relation to sensitive positions in the public service to meet with Dr. Wake before he began his research programme.

At the Chairman's request, Mr. Wall said that a small committee had been considering over the past two years the (security difficulties arising from the employment in sensitive positions of persons who, through instability or sexual deviation, might be the target of blackmail or other exploitation for intelligence purposes by foreign agencies.) The committee had previously agreed to consider a programme of research into the possibility of devising tests which might identify persons whose instability would on security grounds

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preclude their being posted to sensitive positions. As a result of this decision Mr. Wall had consulted with Drs. Cameron, Ratz, Cathcart and Wake with a view to having Dr. Wake make a special study of the problem while on a sabbatical leave in the United States, particularly in government agencies where considerable work had been done with machine testing for human weaknesses of concern to security authorities. Mr. Wall said that in the autumn he and Dr. Wake would visit the National Security Agency, the Central Intelligence Agency and the Federal Bureau of Investigation while in Washington, at which centres extensive testing programmes were known to be in effect.

Dr. Wake said in outlining his proposed itinerary that, while the Washington visit would give ideas of the types of machine and tests in use, he also intended to visit those centres of psychological testing where other techniques of possible use to the Canadian government were known to be under development. Among these he cited Harvard University, where a study of emotional changes by means of fantasy analysis, a modified thematic aperception test, was being conducted, and added that claims were now being made that the information resulting from the tests was suitable for complete evaluation. Dr. Wake said that it was his hope, by investigation of the studies at various American centres, that a combination of tests might be devised which would assist Canadian authorities in selecting for very sensitive positions stable individuals who would not be subject through weaknesses or sexual deviations to blackmail or other pressures which could make them security risks. As a hypothetical combination Dr. Wake outlined the use of polygraph, or "lie-detector", machines to detect physiological changes in the breathing, pulse, blood-pressure, skin conductivity and muscular tension of the person interviewed while being given word association tests, or other projective types of tests which, by themselves, might be incapable of giving even a trained interviewer a reliable indication of the personality of a highly intelligent, quick-witted subject.

Dr. Wake said that, in addition to tests for initial selection, or rejection, of personnel, it might be possible to devise "job orientation" training programmes by means of which an unstable individual, or a sexual deviate, could be convinced of the necessity to report situations which would leave him open to blackmail or other pressures, if he was considered sufficiently valuable to a department to be kept after his weaknesses were known to departmental authorities through testing and interview. Also, an examination of possible methods of rehabilitating valuable employees might be possible in light of attempts in this direction known to be in progress in the United States.

In reply to Dr. Wake's query, Dr. Cathcart said that in his experience it was possible to help sexual deviates if they came under treatment early enough. In his opinion deviate tendencies were at least capable of being "reversed", if not "cured". Mr. Bryce said that if individuals with known weaknesses were not in sensitive posts abroad where they were more exposed to exploitation our natural inclination would be to attempt rehabilitation.

Dr. Wake said that he intended to complete an exhaustive background review of the literature available, as well as visiting research centres and United States agencies where practical application of psychological testing techniques was known to be in effect. From this approach to the problem he hoped that a practical plan showing "where we are going and what we should do" would emerge. Dr. Wake stressed that he could not predict such beneficial results from his study, but pointed out that there was no sense in doing research if one already knew the answers at the outset.

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Dr. Cameron agreed that the approach was sound, but felt that any set of tests would be difficult to apply, not at the recruiting level but in relation to a relatively senior person of considerable service who for the first time was being considered for a sensitive post. Dr. Wake said that, if a weakness were detected through tests, in his experience most people when confronted with the knowledge of the weakness by a sympathetic interviewer would either admit the problem and seek assistance, or, if not admitting the problem, would at least appreciate the nature and gravity of departmental concern and would therefore be less likely to run the risk of blackmail in light of their new awareness of the department's knowledge of their propensities. If the individual refused the test which would have to be a condition of employment, there would be no problem. If he accepted taking the test and a weakness was discovered, he might withdraw his application.

Commissioner Harvison said that the Michigan State Police claimed 92% confessions from criminals who knew they would be subjected to polygraph tests before the tests were actually made, on the basis that the criminal believed the machine to be capable of exposing an attempt to lie. Dr. Cathcart agreed that, in addition to the pre-test results cited by Commissioner Harvison, it was his experience that the machine tests themselves were remarkably accurate. Dr. Wake said that in some instances the machines known to him were too sensitive, and that one of the things he hoped to find out was how to compensate for the unusually nervous person's reactions during a test, how to establish a "base-line". Mr. Pelletier asked how differences in temperament could be discounted. Dr. Wake replied that by establishing a "base-line" for each individual the man was, in his reactions to questions of particular sensitivity to him, being tested against himself, not others. Dr. Cathcart said that this was similar in effect to, for example, medical tests indicating high-blood pressure which on re-test by the same doctor the following day, when the patient was more familiar with his examiner and less apprehensive, would be found to be normal.

Mr. Robertson said that he was uncertain of the legitimacy of equating emotional instability to sexual deviation. He felt that testing might well produce physiological evidence of various kinds of nervous tension but that such tension or anxiety under examination was not necessarily an indication that a weakness of the sort to leave the individual open to blackmail or other exploitation was the reason for the reaction shown on the machine's graphs. Dr. Wake agreed that skepticism was needed in our whole approach to this problem and that the end result of testing was a "best guess", nothing more; that test results had to be one of the many tools in the hands of the examiner. He stressed, however, that machine test results can indicate areas of sensitivity which further examination by other methods such as interviewing may quickly reveal to be of concern. Commissioner Harvison said that at this stage of our interest the decision was simply whether to make a study of the problem. Consideration of methods and application should come after the results of Dr. Wake's research were examined. Dr. Wake said that it appeared most likely that known tests would indicate emotional stability or lack of it, but would probably not indicate the precise outline of the area of instability, whether sexual or emotional, which would have to be determined by other techniques. In reply to Commissioner Harvison's question as to whether all unstable individuals are apt to have homosexual tendencies and whether all homosexuals are unstable, Dr. Wake said that he was of the opinion that the former was not demonstrable; that the latter was true, but for a particular set of reasons having to do more with society's attitude to the deviate than with the simple fact of the individual's deviation. He considered that the necessity for concealment created

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pressures which resulted in the homosexual becoming emotionally unstable even though he might not have been inherently an unstable person. Dr. Cathcart said that in his opinion there was no evidence of inherent homosexuality, but that a discoverable family pattern of paternal disinterest and maternal over-interest could result within the first few years of a child's life in the development of homosexual tendencies when the child was, as all are, exposed to early sex-play which in itself had no homosexual intent. Commissioner Harvison said that the R.C.M. Police had sought medical opinion in connection with avoiding the recruitment of homosexuals into the Force and that the family pattern described by Dr. Cathcart was one of the indicators they had been warned to look for.

Mr. Bryce asked Dr. Wake whether in spite of attempts to conceal homosexuality from other persons, homosexuals were capable of recognizing each other when not recognizable by heterosexuals. Dr. Wake said that this was one of the points he hoped to investigate, but that it was his belief that no instinctive recognition existed; rather, a series of increasingly meaningful manoeuvres or successive approximations resulted in recognition. Commissioner Harvison said that some homosexuals interviewed by the R.C.M. Police claimed to have a "homing instinct". Dr. Wake said that some homosexuals were more skilled in the application of the techniques of successive approximation and those more skilled had better chances of successful recognition of other homosexuals. The biggest argument against the existence of a "homing instinct" was the number of homosexuals arrested as a result of errors in recognition.

Mr. Robertson asked whether an estimate of the incidence of homosexuality could be obtained. He felt that the percentage generally attributed to the Kinsey study was staggeringly high in comparison to the personal knowledge of most individuals. Dr. Wake said that, although he knew of no figures in which he would place faith, current estimates he believed were of the order of 5 to 10% practising male homosexuals. Dr. Wake pointed out that the Kinsey percentage was based not on practising homosexuality but on a question as to "some form of homosexual experience at some time". In addition, he said, some question as to the reliability of the Kinsey method of interview existed. Commissioner Harvison said that the North American incidence rate if it could be established would not affect the concern of the committee with those homosexuals in the public service with access to sensitive information. Mr. Robertson felt that figures on incidence would be useful as a framework in which to focus our concern. Dr. Wake agreed that this might be of interest and undertook to attempt to find information on the matter during the course of his research.

Mr. Pelletier asked whether Dr. Wake intended examining female homosexuality at the same time. Dr. Wake said that both aspects were, from the point of view of the committee's interest in security, of equal concern. Mr. Robertson said that in the experience of his department as much difficulty had been provided by illicit heterosexuality as by any other weakness, but that one instance of Lesbianism had come to the attention of the department.

Mr. Robertson said that in his view the question of application of tests was on the edge of a dangerous field in terms of government policy; that if a man refused the test procedures an unjustifiable assumption of guilt might be drawn by departmental authorities. Dr. Wake said that the assumption would not be made by a trained interviewer conducting the test and Mr. Robertson said that this reaction might not be the same in a non-scientific application.

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Commissioner Harvison said that, although the R.C.M. Police at the recruitment level would refuse to accept an individual who would not take the tests if they were available, he felt no general rule could be laid down for the whole of the government, but the matter would be one of departmental concern and discretion.

Mr. Pelletier said that, while he was skeptical about the prospects of being able to apply successfully any tests which might be devised, he felt that the study should be made. If the research results appeared to be useful to the government and if the tests were to be administered by the Civil Service Commission, a special group of highly trained persons would be required. Mr. Robertson said that his department had had arrangements with the Department of National Health & Welfare for at least two years for both psychological and psychiatric interviews of staff being posted abroad, with some 30 to 40 persons having been interviewed. His impression was that one or two had withdrawn application but that no one had refused to cooperate. Dr. Ratz said that initially considerable resistance to the procedure had been noted by the interviewers in his department, but that since the Department of External Affairs personnel division had begun to explain the reasons for the interviews and had, to a degree, pre-conditioned or indoctrinated the subject of the interview before the meeting took place, the problem had been removed. Dr. Ratz said that the experience in his department pointed up the necessity of constantly remembering not only the validity of the information elicited by interview, but how the information was to be applied. Dr. Cameron said that techniques of interview and of machine or other testing were only a part of the method and had to be kept in perspective by the employing department with whom remained the decision as to the application of information to their handling of a given problem. Commissioner Harvison said, on the question of refusal to take the tests, that he could see no difference between procedures which might result from Dr. Wake's study and the generally accepted medical examinations of public servants. He also pointed out that since 1954 fingerprinting of persons with access to classified information had been required by the government without causing undue resistance or outcry. It was pointed out that the mandatory fingerprint requirement had not, however, been made retroactive when the decision was implemented in 1954. Commissioner Harvison said that he could not see what right an employee or prospective employee would have to refuse the tests, which would presumably have been made known to him as a condition of employment established by the department. The applicant or employee always had the choice of withdrawing.

Mr. Pelletier wondered whether, if the tests were applied and an unexpectedly high percentage of homosexuals were found in governmental employ, the security risk might be less. Commissioner Harvison did not think so. Mr. Bryce said that the reduction of risk was not a function of numbers but of society's recognition of the commonness of the deviation, if this were true, and of a resultant change in the present social attitude that such practices are reprehensible.

Dr. Ratz requested the advice of the committee on how best to avoid embarrassing questions as to the nature of the study, and suggested that it might be explained in terms of a current programme of testing immigrants in order to detect psychopaths. Mr. Bryce said that Dr. Wake could be said to be consulting on the techniques of psychological testing for the Department of National Health & Welfare, which would not imply a general governmental interest. The committee agreed that Drs. Ratz and Wake would work out satisfactory details of a cover story with Mr. Wall.

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After discussion the Committee further agreed that Dr. Wake's proposed research into the problem should be carried out during his sabbatical leave from Carleton University, and that the cost would be borne by the Department of National Health & Welfare.

D. Beavis,  
Secretary.

Privy Council Office,  
September 22nd, 1961.