

5 March 1973

MEMORANDUM FOR:

SUBJECT : Mind/Behavior Control

1. The purpose of this memorandum is to succinctly outline the various techniques that fall under the rubric of "mind" or "behavior control" (paragraph 2) and to indicate which projects has supported, is currently supporting, or is considering for support that may be misconstrued as having the control of others as the primary goal (paragraph 3). The terms "mind control" or "behavior control" can be interpreted in context of controlling others or controlling self; the question of ethics is likely to arise if the former interpretation is used. Whatever interpretation is used, the techniques are not as efficacious or finely tuned as the popular media leads one to believe. Lastly, one should bear in mind that most of the techniques are still experimental in nature and have as a primary goal the understanding of brain-behavior relations which in turn may lead to "control" in the sense of therapeutic intervention or patient management.

2. The following techniques are generally considered under "control" technology:

a. Psychosurgery - direct intervention into the neurological pathways that mediate or control behavior. The procedure may be non-reversible (surgical extirpation) or reversible (electrical stimulation). This approach has received a great deal of publicity recently in context of surgery being performed to control aggressive behavior.

b. Psychopharmacology - behavioral control is achieved by altering the brain chemistry. Tranquilizers and energizers are the two most common classes. This technique is widely used in clinical medicine. The technique is for the most part safe and effective but does not really afford fine control. The notion of a "peace" pill, "truth" pill or "smart" pill is still in the wish stage.

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c. Behavior modification - this term refers to alterations in behavior that are achieved by using conditioning techniques, usually variations on operant or performance conditioning. The behavior being altered or controlled can be either external (behavior) or internal (autonomic or central nervous system) responses. The conditioning or control of internal response (biofeedback), particularly those of the central nervous system, e.g., alpha waves, has received much publicity as mind control with fantastic claims for its utility. While there is no doubt that the physiological responses are indeed controllable (within limits), there is no good evidence that the desired behavioral concomitants are automatically changed, i.e., creativity increased. On the other hand, there is some evidence that control of autonomic nervous system functions may have some therapeutic utility, e.g., control of cardiac arrhythmias or hypertension, again within limits.

d. Education - the most innocuous, most effective and acceptable means of effecting behavioral control or change is education. The educative process which includes propaganda techniques, does not merely transmit information but a belief or value system as well. It is the latter which often provides the impetus to dramatic and difficult to understand behaviors, e.g., suicidal terrorist activities.

e. Special techniques:

(1) Hypnosis and self-hypnosis (autogenesis) - this is a real but very poorly understood phenomena. Contrary to popular belief, hypnosis is effective only with very cooperative and suggestible subjects. Much is dependent upon the belief system of the subject, particularly in self-hypnosis. Except with rare subjects, the technique does not appear uniformly reliable. Of late, hypnosis and biofeedback are being tied together apparently on the simple premise that two is better than one. There is no good evidence for or against this linkage.

(2) ESP - interest in this area is on the upswing again, in large part due to current popularity in lay literature of "biofeedback" technology. The basic premise appears to be that all individuals (or most) have "ESP" as a latent capability

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and that biofeedback programs will allow it to become manifest. This then becomes the route to "mind control" in the sense that the individual will have at his beck and call telepathic, clairvoyant, psychokinetic or other unusual capabilities. The claims are made by companies offering training programs, marketing biofeedback equipment or both. Thus far, no evidence (other than testimonials) has surfaced which substantiates these claims.

3. Past, present, or planned [] projects by category as in paragraph 2, which may be misconstrued as a CIA program in mind or behavior control:

a. Psychosurgery. [] has supported a basic research project on the Localization of Memory Processes. The experimental animal is the rhesus monkey; selected areas of the animals prefrontal lobes are surgically removed and the animal is tested to determine its ability to "remember" old tasks and/or to learn new ones. This class of research has been going on in academia for over 35 years and is deemed "respectable" in that setting. There are no renewal plans upon the expiration of the current contract with []

[] This research has been UNCLASSIFIED.

b. Psychopharmacology - the ~~OPTIC~~ program fell into this category. The objective of the MATERIALS ANALYSIS/~~OPTIC~~ program was to develop the capability of detecting and nullifying the use of psychoactive drugs on U.S. personnel abroad. The central project in the program was the maintenance of a facility to determine the biological and behavioral activity of certain compounds in mice, rats, and monkeys. Per direction, all ~~OPTIC~~ projects have been cancelled and are in various phaseout stages. Association with the Agency has been classified; major contractor was the []

c. Behavior modification:

(1) Operant conditioning, biofeedback - no work in this area has been supported in the past. Biofeedback will be examined in context of the [] program. Association with the Agency will be classified; probable contractor is the []

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(2) [redacted] Studies - this is an on-going project whose goal is to determine whether the potential can be used as an indicator that an individual may have undergone some "conditioning" process impinging on his value system. The [redacted] is the contractor, work and association are UNCLASSIFIED.

d. Education - no [redacted] activities; some past work in support of [redacted] e.g., program assisted instruction studies.

e. Special techniques:

(1) Hypnosis - past involvement was to use expertise of a contractor (who had been tasked to examine other things) to stay abreast of developments in the field. Current plans call for preliminary work on hypnosis in context of the [redacted] program. Probable contractor is the [redacted] association with the Agency will be classified but the work will be UNCLASSIFIED.

(2) ESP - the basic position [redacted] has taken has been to stay abreast of the developments through the use of a personal services contract. Apart from the monitoring effort, [redacted] did support [redacted] a project with [redacted] on coincident EEG's in twins. Results were negative. Plans for future active research are uncertain but are likely to be a cooperative endeavor with [redacted] in context of [redacted] current program at [redacted]

Project Summary

19 December 1966

4. Sleep and sleep learning.
studies are continuing with no problems. Data is suggestive but not particularly exciting.