

1978

IB

PENETANG

In the mid 1960s, a very innovative program that had been developed in Denmark and then in England for the treatment of the criminally insane was implemented by Dr. Barry Boyd and carried out by Dr. Elliot Barker at the Oak Ridge Unit of the Penetang Maximum Security Mental Health Center. As it evolved over the next few years it became, to a degree, a programmed attempt to find ways to treat and perhaps even to cure deep-rooted character disorders, psychopaths and schizophrenics -- illnesses for which conventional psychiatry would say there are no effective cures. Particular attention was paid to psychopaths who continue to perplex the judicial system with whether they are "mad or bad" and leave the question as to whether they should be in psychiatric care at all or in prison.

The program was based on the idea of a completely therapeutic community. In essence, it is a pyramid structure at the top of which there is a small psychiatric and medical staff. Beneath this is a hierarchy of four wards with an intricate network of committees made up of inmates. It is these inmates who, under the close supervision of selected leaders and security staff, carry out the therapeutic treatment of those incarcerated in the institution.

The therapy system itself was made up of many techniques including lengthy talk sessions, encounter group dynamics and drug

programs aimed not at sedating but rather at getting patients past their defenses, back in consciousness to explore the primal reasons for their illnesses. A capsule was designed by Dr. Barker like a womb-room in which a carefully monitored patient with the assistance of specific drugs could go as crazy as he had to in order to come to understand himself. One of the drugs dispensed to Penetang by the Federal Government was LSD. A constant attempt was made to make the patients communicate, the feeling being that it was a lack of communication that had caused them to act out or to commit the crime that eventually brought them to this place.

It was an exciting era and gradually, the treatment systems at Penetang came to be at the cutting edge of contemporary psychiatry and were gaining international recognition.

In 1977, the McGuigan Sub Committee studying the Penetentiary System in Canada was so impressed with the Penetang Therapeutic Community that it recommended this system of treatment, in whatever form it might have to be adapted to be implemented throughout the Canadian Penetentiary System. The chairman of these hearings stated publicly that Dr. Barry Boyd, Chief Administrator at Penetang, Dr. Barker and the staff had "developed the techniques that, I suspect, are the most fruitful anywhere in the universe at the present time."

In the early 1970s, a young man called Gary Maier was finishing medical school at the University of Western Ontario. He had worked summers in a number of Ontario Hospitals and was looking around for somewhere to establish himself after graduation. He

attended a talk that Dr. Boyd gave in Toronto and was intrigued and impressed with what he heard about Penetang. A short time later, Maier went up to Penetang to meet with Dr. Barker.

For some time, Dr. Barker had had his eyes open for a successor to take over the programs he had developed at Oak Ridge and in Maier he could immediately see a strong natural ability that this young man had to deal with these patients.

Maier was offered the job and within a few months was made head of the Social Therapy Unit.

Following in the footsteps of Dr. Barker, he at first tread lightly. Barker had virtually shaped all the programs and had left a very strong personal imprint on Oak Ridge through his relationships with security staff, patients, administration and government. For the first year, Barker served as a mentor to Maier and was a great help to him.

Times, however, were beginning to change and gradually ^{problems} ~~proglens~~ began to arise from a number of sides.

The hospital was becoming accredited which meant that change were coming in administration and accountability. Civil rights of the patients were coming to be questioned and in turn, the rights of the state to treat these people. Some of the programs might have seemed hard for the layman to understand. But Maier was not going to let these matters get in the way of what he saw as tremendous challenge.

At a time when it would have been prudent to maintain the status quo or maybe to even pull back a little, Maier was introducing new elements into the programs and onto the wards some of

which seemed extreme to observers. He came to work, live and breathe these programs and was so tied up with patients and his staff in what was becoming a highly insular environment that there was a feeling that he wasn't seeing as much of the overall picture as others were.

Eventually, he was cautioned by other staff and questioned. But he was headstrong and determined to take the programs further and further and to find success with them. He came into conflict with several, ultimately formidable factions.

From the beginning, Maier's relationships with the security staff had not been good. He radically underestimated the importance of these men to the functioning of the programs. Maier and most of the men working on security came from very different backgrounds and there came to be a mistrust between them.

In spite of the friction, Maier was seeing success. It was of a type perhaps difficult to measure and opinions varied. Nonetheless in his care, many patients went through what appeared to be substantial changes.

He was not, however, even remotely political in the way he was coming to handle his dealings with the security or administrative staffs and this would become his undoing.

Some people feared that, with Maier, what had been an excellent program was getting carried into realms of esoteric philosophy . . . and they said so.

Maier's reaction was abrasive. He felt that the security staff was unsympathetic to his programs and didn't understand what

he was doing. They said that some of his programs were causing security problems in the institution. Morale began to slip, first in the security staff and then in the patient population . . .

Some of the patients were objecting to certain aspects of the programs and demanding clarification of their civil rights. Families of patients were becoming more and more concerned as the issues began to be made public. Scientologists began sending letters to Ottawa claiming that unconventional treatments were being applied to patients who were not in a position to give informed consent.

In spite of mounting objections, Maier continued to believe in what he was doing. He took a stand and went on with the programs. Scientologists were banned from entering the building. He also attempted to shift around the security staff in order to bring more sympathetic attendants onto the therapy wards and this created a further alienation with these men.

Where trust and the amicable interaction of the security attendants had been the keystone in the programs, now, with the drop in morale, there developed for the first time in many years a prison sub-culture.

Incidents began to pile up until the situation was looking serious. Finally, there were vague rumours of an escape plan being formulated on H Ward and reports of weapons somewhere on the wards.

In February, 1978 the security staff locked the therapy wards up and insisted on carrying out a thorough search. As it evolved, there was no immediate threat to the security of the institution.

However, by this time, the security staff was fed up completely with the communication problems with Maier, with the problems of morale and with what they referred to as the difficulty of keeping secure a place where the programs that Maier was running were going on. It turned into a lock out.

They refused to reopen the institution to psychiatric or administrative staff until such time as there would be a hearing where they could air their grievances and be assured that some changes would be made. The chief change they called for was the removal of Dr. Gary Maier from his position.

After the hearings, several changes were made. The famous capsule about which so much had been written was dismantled. The more extreme forms of encounter group techniques were dropped and the LSD program was terminated.

Dr. Maier's experience at Penetang points up a number of interesting issues. Surely there is an element of risk for the psychotherapist himself working in such a strange and closed environment. Some people, including Maier, felt that in his deep involvement with the patients and the programs that he perhaps lost touch with the reality and several years later, he was to say that he got lost in the game at Penetang.

One of the games in which Maier got lost was his attempt to take the systems that Dr. Barker had originally set out and to try to push further and further beyond the frontiers of our understanding to some kind of radical breakthrough in the causes and the

treatment of the criminally insane. But the game that he refused to even play was the political one and it was here, in spite of his gifts as a psychiatrist, that Maier failed in his inability to deal with the security personnel and administration who are essential to the functioning of the programs and the institution.

Some would say that Maier's tenure at Penetang constituted a grand and bold experiment but that given the complexity and the lack of clear-cut legal grounds on which such radical experimentation and treatment may be carried out, it was doomed. Others would say that Maier was too ambitious, insensitive to the far reaching politics of what he was doing and that he simply tried to go too far too fast.

In either case, what harm may have been incurred by the institution was, with time, mended and today, the Social Therapeutic Community at Penetang is still considered one of the best systems in the world for dealing with the kinds of people who are admitted there.

This brief presentation obviously does not fully lay out the entire story of the Therapeutic Community at Penetang or the lead up events to the lock-out. It is, however, an attempt to make clear the beginnings of our understanding of some of the principal factors involved in the lock-out.

Lengthy preliminary interviews have been held with Dr. Maier in Wisconsin and it is our desire in order to see this story in the fullest way we may, to conduct interviews with other people who were involved with the Penetang Therapeutic Community at that time.

We would like to gain access to these people and to the institution to conduct further research through interviews with the following to begin with:

Patients:

Security: Hector Adams, Leo Morrow

Psychiatrists: Dr. Elliot Barker, Dr. Barry Boyd

Psychologists: Manfred Pruesse, Doug Tate, Paul Henry

Chaplain: Al McLaughlin

Nurses: Anne Kerr

Chief Justice Haines

Others who may be suggested by those on this list.