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DEFENCE-DISRUPTING THERAPY*

E. T. Barker, M.D.[1], M. H. Mason[2], and J. Wilson[3]

Introduction

At the Oak Ridge Division (Maximum Security) of the Penetang Psychiatric Hospital we are attempting to treat severely sick persons whose legal and psychiatric situations could hardly be worse. Many patients are admitted after having been charged with serious offences and found unfit to stand trial, or not guilty by reason of insanity. Where the past record and present dynamics suggest — and very often they do with Oak Ridge patients — that murder, assault or arson will be likely to accompany the early stages of a subsequent relapse, their management revolves around the mandate that they are not to be released until they are no more likely to burst into violence than members of the general public.

Traditionally, society's processes have confined such persons for an indefinite period, with the primary emphasis on the protection of society by a very long period of segregation. Administrative efforts have been maintenance-oriented, using the traditional psychiatric measures of tranquillizers and E.C.T., and measuring progress by the accumulation of amenities, such as radios, T.V., movies, sports and volunteer programs.

Patients who are well enough to realize the seriousness of their situation are at least intellectually keen to volunteer for rigorous programs which might free them from the tyranny of their illnesses — and consequently from incarceration—in a shorter time. Largely because of this we have been able to organize 'Encounter Therapy Units' which encourage, develop and depend on the skills of patients in treating each other — a resource not easily tapped except in 'long stay' hospitals, which are chronically understaffed. These treatment methods have been described in detail elsewhere (2, 3, 7, 8) but a particularly complex challenge to the resources of the therapeutic community is presented by the patient who enters the hospital with a relatively calm exterior and an abundance of social graces, enabling him to convince himself and other patients that 'he needs no treatment'. While 'obviously psychotic' patients are often sent to us, we find that a majority of serious offenders carry a façade of plausible sanity. These persons are seriously ill in a special way, and we think that for such a person to have the intense chaos of his disturbance made more obviously apparent, both to himself and to others, has clear treatment advantages. We are therefore starting to use treatment methods geared towards exposing the shape and depth of the illnesses which many of our patients carefully conceal.

Two years ago we began by using amytal-methedrine, dextro-amphetamine imipramine,† and LSD-25, but have found that in our setting the joint use of scopolamine and methedrine is probably of greatest value in loosening the rigidly implanted patterns of behaviour behind which many patients hide the turmoil of their disorders. This paper describes our experience in the administration of about 1,000 doses of scopolamine-methedrine to physically healthy young males over a period of two years, a treatment method labelled DDT by the patients (Defence-Disrupting Therapy). Only patients who volunteer receive DDT. The treatment method has now gained such high status among the patients that requests for it exceed our capacity to give the drugs.

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[1]Assistant Superintendent, Penetang Psychiatric Hospital.
[2]Patient, Oak Ridge Division, Penetang Psychiatric Hospital.
[3]Summer Staff, Penetang Psychiatric Hospital.

†Dexamyl/Tofranil.

The Drugs

Both scopolamine and methedrine have been used separately to assist in uncovering hidden information. The term 'truth serum' was coined by Calvin Goddard in 1932 in connection with scopolamine, and our experience with it has tended to support the notion that it does not necessarily elicit the truth. The drug has been the subject of much criminological investigation concerning pharmacological effects (10). There has also been considerable dispute over its use by police agencies as a means of getting confessions, and the Cens case (10) is an outstanding example of the ramifications surrounding the employment of the so-called 'truth sera'. Goodman and Gilman (5) note that "scopolamine in therapeutic doses normally causes drowsiness, euphoria, amnesia, fatigue, and dreamless sleep. However, the same doses occasionally cause excitement, restlessness, hallucinations or delirium instead". Goldner and Forrer (6) stated that scopolamine is one of the drugs which alters ". . . the state of consciousness of an individual so that otherwise protected information is released upon questioning." They concluded that, used alone, scopolamine was only of limited value in releasing repressed material.

Methedrine receives glowing endorsement from Sargant and Slater (11) who state that doses of 10-20 mg. IV will abolish inhibitions and allow underlying thought processes and preoccupations to appear. The flow of talk is increased, while consciousness remains clear, and they consider IV methedrine to be the drug of choice for working over problems in the past and present life of the individual.

Methedrine also produces the secondary effect of sleep deprivation, and although our review of the medical literature does not indicate any specific therapeutic value in this, Bach (1) has attested to the value of sleeplessness in group interactions, commenting that "exhaustion and fatigue . . . lead to refusal to expend any energy on 'acting up' or 'acting out'. Tired people tend to be truthful. They do not have the energy to 'play games'."

The Supporting Culture

The orientation of our Encounter Therapy Units led to the development of an elaborate system for observing and protecting suicidal and homicidal patients. Norms which have been heavily reinforced since the beginning of these therapeutic programs make for the effectiveness and security of this system, since it has become more and more accepted as time goes on that each member of the community is in a very real sense his 'brother's keeper'. Disturbed patients on these wards are observed closely and conscientiously by their fellow patients, and if necessary are secured during the daytime by a locked canvas wrist strap (4) attached to the wrist of unmedicated patients, who observe him in four-hour shifts for as long as is necessary. At night a disturbed patient sleeps in a 'safe room' with two others who are responsible for his welfare. These arrangements not only give the usual advantages of peer group supervision but make DDT economically feasible; for the cost of traditional methods of hiring sufficient staff to observe highly disturbed patients would be out of the question. Moreover, ward staff are released from immediate involvement and can act in a supervisory role and as a flexible back-up resource.

Administration

Initially the drugs were administered in a variety of ways, and to some extent still are. At first we began by giving 1/75 gr. scopolamine and 15 mg. methedrine I.M. at 3:00 p.m., followed by 1/75 gr. scopolamine and 30 mg. methedrine I.M. at 7:00 p.m. For some time we alternated scopolamine and methedrine injections hourly for four to six hours. More recently, we have been giving scopolamine gr 1/75 I.M. q.l.h. until delirium (usually

three doses), starting in the morning, then 15 or 30 mg. methedrine I.M. in the afternoon if the patient seemed willing and able to talk with others, and followed by one or two dexedrine spanules at night.

Whichever the method of daily administration, the pattern is repeated for three or four successive days. All injections are given I.M., not only because it is felt to be safer in terms of slower peak effects on heart rate compared with IV administration, but also because this procedure eliminates the immediate dependency on a physician.

The Consequences: Physiological

The group of patients taking these drugs range in age from 17 to 25 and are in excellent physical condition. Both drugs raise heart rate and blood pressure but by different mechanisms, and for a time we used 30 mg. propivane by mouth to counteract the effects of scopolamine on the heart rate. We find that the pulse rate usually rises by the fourth day to a rate of 140-160 when the patient is standing, and it is suspected that this and the occasional hyperventilating and vomiting that occur are mostly due to the extreme anxiety evoked. There is always a reduction in the patient's appetite and he eats little during the period of administration. Sleeping is curtailed or eliminated completely.

Each patient is assigned a patient observer who is responsible for taking care of him, bringing food to him if necessary and completing a form which is subsequently passed to the ward physician, giving resting and standing pulses at periods of half an hour, one hour, and three hours after administration, as well as details of food and fluid intake and physical and psychological signs and symptoms. There is a doctor on call at all times but we have never had any medical 'emergencies' associated with the administration of these drugs.

Consequences: Psychological

The patient experiences drowsiness, fatigue and disinterest in his surroundings, interspersed with delirious episodes which are accompanied by hallucinations and floridly 'psychotic' behaviour. Contact with 'reality' is highly irregular and recall of events is patchy, the main presenting feature being a general lack of pattern to the sequence of experience and behaviour. Considerable paranoia is exhibited by most patients and the content of their delusions sometimes throws valuable light on underlying dynamic processes. Most of these experiences disappear within twenty-four hours of the final injection.

However, what seem to be the most useful effects occur during the weeks after drug administration, which appears to be a defence-readjustment period. It has been found that patients experience more anxiety for periods of up to two months following the termination of treatment. They seem less well defended, more sensitive, restless and troubled, undergoing changes of behaviour in which they frequently turn to their peers for support. Needless to say, for our polished, confident but insightless psychopaths and schizophrenics, such an experience appears to spur them to examine their assumptions about themselves and the world. Our experience suggests that subsequent courses of DDT increase the degree and duration of the anxiety experienced. We think also that the more prolonged and complete the period of delirium, the more are these delayed effects displayed. The defence readjustment periods warrant a research evaluation to find out whether they are a function of expectation, the *milieu* or physiological factors. It is possible that the drug-induced random experiencing of events and nullified interpersonal sanctions represent a partial desocialization process, more useful than simple retraining as a prelude to resocialization. (9).

Consequences: The potent disruptor

We have also found that scopolamine and methedrine may be employed to control patient behaviour which is massively and dangerously disruptive to the treatment *milieu*. Patients who have a solid background of introduction in the norms of a reform institution inmate subculture tend to undermine subtly or attack violently the principles of free communication upon which the therapeutic community depends, and their persuasive glibness or numbing hostility is profitably fragmented by DDT. As a rule they emerge from the experience with their aggressiveness considerably diluted. What is more they are also anxious and therefore considerably more accessible to treatment than had they been managed with large doses of a tranquillizer or seclusion, both of which have the two-fold disadvantage of making them a management problem and halting their involvement in the program.

DDT also gives a marked advantage to the psychopath who in our treatment setting must continue to live with the same group of people after they get 'on' to him. When forced to continue living with the same persons the initial attractiveness of these patients sours quickly to an acid savagery that wards off potentially helpful encounters. Most patients find it is easier to develop concern for the psychopath when he is chemically cooled out and dependent, than when he is 'normal' and coldly aloof.

Consequences: For the group

A major effect of DDT is its dramatic exposure of obviously abnormal behaviour to the patient and attendant groups. Ordinarily the behaviour of most patients in our Encounter Therapy Units is superficially sane enough, so that without these trenchant reminders both patients and staff run the risk of being lulled into forgetfulness of the underlying chaos. The patients frequently fall into this trap, solemnly substantiating their requests for release with the uneventfulness of their previous year in hospital.

The immediately obvious 'insanity' of the patient on scopolamine-methedrine also defines unmedicated patients in clear helping roles. Close bonds of responsibility and affection are sometimes developed between the 'sane' patient therapists and the chemically 'insane' patients. At times when four patients in the same unit are receiving the drugs simultaneously, every member of the unit is involved in immediate physical interaction with one of them. It seems that much of the value of DDT lies in the active participation of patients in the process of caring for one another, in the same way as has been suggested of insulin coma therapy.

Summary

Although its exact effects are uncertain and the best patterns of dosage and frequency have yet to be ascertained, a combination of scopolamine and methedrine given intramuscularly appears to have some value as a means of rendering young, physically healthy, mentally ill offenders more accessible to treatment when they are participating in an intensive therapeutic community program. It offers a form of control of the psychopathic patient which is superior to heavy doses of tranquillizers or seclusion. In all phases of its employment its effects on the group seem cohesive, providing a focus for concerned and helpful activities.

Addendum

The author has increasing reservations about the wisdom of publishing this paper. On the one hand, since it describes a rather radical procedure in steady use for some time it should be brought to the attention of the scientific community, but on the other hand the misuse of these drugs could be harmful in situations where the stakes are not so high as they seem to be for those incarcerated as 'criminally insane'.

~~E.T.B.~~ May '69.

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Résumé

Bien qu'on n'en connaisse pas encore exactement les effets précis et que les meilleurs modes de posologie et de fréquence restent à déterminer, une combinaison de scopolamine et de méthédrine en injection intra-musculaire semble avoir une certaine valeur quand il s'agit de rendre des délinquants, jeunes, physiquement bien portants mais atteints de maladie mentale, plus accessibles au traitement lorsqu'ils participent à un programme intensif de thérapeutique communautaire. Cela permet de maîtriser le psychopathe mieux encore que des doses massives de tranquillisants ou que la séclusion. Dans toutes les phases de son emploi, ses effets sur le groupe semblent cohésifs et permettent de faire converger les activités sur un but intéressé et utile.

The race of mankind would perish did they cease to aid each other.
We cannot exist without mutual help.
All therefore that need aid have a right to ask it from their fellow-men; and no one who has the power of granting can refuse without guilt.

Sir Walter Scott
1771-1832