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Peter Lehmann

The Particular Elements of Soteria from the Perspective of (ex-) Users and Survivors of Psychiatry

For the majority of (ex-) users and survivors of psychiatry the particular elements of Soteria are their central positions and interests, which are included in the Soteria approach: Abstinence from psychiatric violence, abstinence from any kind of illness and disorder models, abstinence from “expert”-arrogance, critique of Big Pharma, critical attitude toward neuroleptics, delivery of humane support along with the integration of the treasure of experience (ex-) users and survivors of psychiatry.

In 1995, when I (P.L.) was a member of the board of the German Association of Users and Survivors of Psychiatry (BPE), we were asked by the journal *Sozialpsychiatrische Informationen* (Social Psychiatric Information) whether we would be willing to participate in a survey on the subject of improving the quality of psychiatric treatment. We agreed to take part but changed the questions, as the board members could not agree on whether any type of psychiatric treatment could be considered “quality.” The following are some of the questions we put to 665 members of the association—(ex-) users and survivors of psychiatry who were more or less critical of psychiatry:

> Did the psychiatrists address the problems which led to your admission? Was your dignity respected at all times? Were you fully and comprehensibly informed of the risks and so-called side effects of treatment measures? Were you informed about alternative treatments? What was lacking to the detriment of qualitatively good psychiatric care?

Over 100 members of the association (BPE) responded to the survey. The result: only 10 percent of those who answered said that psychiatry had helped them find a solution to the problems that had led to their psychiatrisation. Ninety percent said that their dignity had been violated. In response to the question of whether they had been informed about the risks and “side effects” of treatment measures, not one single person replied with “yes.” For being able to talk of a qualitatively acceptable psychiatry, the following fundamental criteria have to be fulfilled: Observance of the dignity of (wo)man, warmth and human bestowal, individual company, a relation full of confidence instead of fear. There are many useless things in psychiatry: for many (ex-) users and survivors of psychiatry the whole institution together with the psychiatrists is useless. In general, the following factors were found to be useless: violence, the use of psychiatric drugs, coercive measures, electroshocks, fixation. Medical (wo)men who believe that they know more about their patients than they themselves are useless. Alternatives are important for giving options to choose on. Concerning the question what these alternatives shall be like, the following suggestions were made: alternative drugs, e.g. homeopathic remedies, self-help, runaway houses, alternatives according to Mosher and Laing, soft rooms à la Soteria (Peeck, *et al.,* 1995; see also Lehmann, 1998).

What is Particular about Soteria?

The essence of Soteria is its basic humanistic antipsychiatric approach along with its independence from the medical model and all its consequences. Volkmar Aderhold *et al.* describe it in the book *Alternatives Beyond Psychiatry* (2007):

> Mosher had a life-long scepticism vis-à-vis all models of “schizophrenia,” primarily because they would stand in the way of an open phenomenological view. He saw the phenomenon, which is usually called “psychosis,” as a coping mechanism

and a response to years of various traumatic events that caused the person to retreat from conventional reality. The experiential and behavioural attributes of "psychosis"—including irrationality, terror, and mystical experiences—were seen as extremes of basic human attributes (Aderhold, *et al.,* 2007, p. 146).

Consequence 1: Abstinence from „experts"-arrogance

This consequence is described at the same place:

> Soteria offered a homelike environment in a 12-room house with a garden in a fairly poor neighbourhood of San José, California and intensive milieu therapy for six to seven individuals. About seven full-time staff members plus volunteers worked there, selected for their personal rather than formal qualifications, and characterized as psychologically strong, independent, mature, warm, and empathic.
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> Soteria staff members did not espouse an orientation that emphasized psychopathology, deliberately avoided the use of psychiatric labels, and were significantly more intuitive, introverted, flexible, and tolerant of altered states of consciousness than the staff on general psychiatric inpatient units. These personality traits seem to be highly relevant for success in this kind of work. Former residents became staff members on several occasions (ibid., p. 147).

Consequence 2: Avoidance of violence and overwhelming abstinence from neuroleptics

Aderhold *et al.* write about the use of neuroleptics in the Soteria House:

> Neuroleptics were considered as problematic due to their negative impact on long-term rehabilitation and therefore used only rarely. Specifically, during the first six weeks at Soteria these drugs were only given when the individual's life was in danger and when the viability of the entire project was at risk. However, benzodiazepines were permitted. If there was insufficient improvement after six weeks, the neuroleptic drug chlorpromazine was introduced in dosages of about 300 mg. Basically, any psychiatric drugs were supposed to remain under the control of each resident. Dosages were adjusted according to self-observation and staff reports. After a two-week trial period, a joint decision was taken whether it made sense to continue the "medication" or not (ibid.).

Consequence 3: Availability of positive approaches

Without complying with mainstream psychiatric beliefs, positive perspectives, such as a readiness to deliver humane support, respect for the Hippocratic Oath and human rights can become reality. General guidelines for behaviour, interaction and expectation:

- Do no harm.
- Treat everyone, and expect to be treated, with dignity and respect.
- Guarantee asylum, quiet, safety, support, protection, containment, interpersonal validation, food and shelter.
- Expect recovery from psychosis, which might include learning and growth through and from the experience.
- Provide positive explanations and optimism.
- Identify plausible explanations: emphasis on biography, life events, trigger factors instead of vulnerability; promoting experiences of success.
- Encourage residents to develop their own recovery plans; consider them the experts (adapted from Mosher & Hendrix, 2004).

Pat Bracken, Consultant Psychiatrist and Clinical Director in Ireland, shows in his paper "Beyond models, beyond paradigms: The radical interpretation of recovery":

> I believe that the medical model is only one manifestation of a more fundamental problem: the tendency to see human problems as technical difficulties of one sort or another. I call this the “technological paradigm.” (…) In this technological paradigm, issues to do with values, meanings, relationships and power are not ignored but they are always secondary to the more important technical aspects of mental health. In this paradigm, the technical aspects are primary. Furthermore, this paradigm underscores the centrality of “experts”: professionals, academics, researchers, codes of practice, training courses and university departments. Service users might be consulted and invited to comment on the models and the interventions and the research, but they are always recipients of expertise generated elsewhere.
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> For me, the recovery agenda and the emergence of a mental health discourse that is user/survivor led present a radical challenge, not just to the medical model, but to the underlying technological paradigm. This user/survivor discourse is not about a new paradigm or a new model, but reorients our thinking about mental health completely. It foregrounds issues to do with power and relationships, contexts and meanings, values and priorities. In the non-psychiatric literature about recovery, these become primary. As I read it, this literature does not reject or deny the role of therapy, services, research and even drugs but it does work to render them all secondary. For example, when it come to drugs and their use, the literature emerging from independent users and survivors of psychiatry seeks to prioritise access to information about the mode of action, the unwanted effects and debates about efficacy. It also works to ensure that psychiatric drugs are only administered with consent and has exposed the profits made by Big Pharma in the area of psychotropics. (…) In my opinion, we should judge how much the recovery agenda is being accepted by looking at how much prominence is afforded this user/survivor discourse in the training of professionals and academics. The most radical implication of the recovery agenda, with its reversal of what is of primary and secondary significance, is the fact that when it comes to issues to do with values, meanings and relationships, it is users/survivors themselves who are the most knowledgeable and informed. When it comes to the recovery agenda, they are the real experts (Bracken, 2007, pp. 400-402).

Consequence 4: Leaving the American Psychiatric Association

In a letter to Rodrigo Munoz, President of the American Psychiatric Association, on December 4, 1998, Loren Mosher explained his discharge of the APA:

> In my view, psychiatry has been almost completely bought out by the drug companies. The APA could not continue without the pharmaceutical company support of meetings, symposia, workshops, journal advertising, grand rounds luncheons, unrestricted educational grants etc. etc. ... What we are dealing with here is fashion, politics, and money ... I want no part of a psychiatry of oppression and social control (Mosher, 1998).

Psychiatry has been corrupted by drug company money, so Mosher in another paper:

> In my view American psychiatry has become drug dependent (that is, devoted to pill pushing) at all levels—private practitioners, public system psychiatrists, university faculty and organizationally. What should be the most humanistic medical specialty has become mechanistic, reductionistic, tunnel-visioned and dehumanising. Modern psychiatry has forgotten the Hippocratic principle**:** *Above all, do no harm* (Mosher, undated).

Five years later, as a board member of MindFreedom International he also supported hunger strike in Pasadena, California, that won international media publicity. The demand to the psychiatric system, especially the APA, was: Produce scientific evidence about why a single model—the medical theory of 'chemical imbalances' and pills—ought to so overwhelmingly dominate mental health care as it does today. A team of 14 mental health

academics and practitioners, MFI board member Loren Mosher included, was reviewing the APA response to MFI's open letter from August 16, 2003, and said:

> Perhaps the treatment is worsening the disorder. At best, the treatment is not helping: researchers now recognize that the most popular psychiatric drugs, the SSRI antidepressants, rate only slightly better than inert placebos. In addition, negative research findings (sponsored by industry) are commonly suppressed, and adverse drug effects are massively under-reported in psychiatric journals and to the Food and Drug Administration. These dubious but tolerated practices create an enormously misleading view of the actual impact of drug treatments. (…) In sum, the APA's statements reflect less the "pace of science" than the pace of commerce: they blur with the pharmaceutical advertising themes saturating our media. This is because the APA is not an independent organization. One third of its operating budget comes from the drug industry. Drug companies dominate its professional meetings to advertise drugs. In addition, the drug industry funds, directs, and analyses many drug studies, and psychiatric journals publish so-called scientific reports of these drug studies that are ghost-written by industry employees or marketing firms. Psychiatric drug experts with no significant ties to industry can hardly be found. Industry largesse binds many psychiatric practitioners to the industry (cited in MindFreedom International, 2003).

Consequence 5: Supporting the withdrawal from psychiatric drugs

Do no harm is also the basis, on which Mosher supported the report "Coming off psychiatric drugs", a book with first-hand reports of (ex-) users and survivors of psychiatric drugs from all over the world and additional articles of psychotherapists, physicians, psychiatrists, natural healers and other professionals helping to withdraw. In his preface Mosher addressed mind- and body-altering psychiatric drugs and withdrawal symptoms:

> Most had never been warned that the drugs would change their brains' physiology (or, worse yet, selectively damage regions of nerve cells in the brain) such that withdrawal reactions would almost certainly occur. Nor were they aware that these withdrawal reactions might be long lasting and might be interpreted as their "getting sick again." … However, because the drugs were given thoughtlessly, paternalistically and often unnecessarily to fix an unidentifiable "illness" the book is an indictment of physicians. The Hippocratic Oath—to above all do no harm—was regularly disregarded in the rush to "do something." How is it possible to determine whether soul murder might be occurring without reports of patients' experiences with drugs that are aimed directly at the essence of their humanity? Despite their behaviour, doctors are only MD's, not MDeity's. They, unlike gods, have to be held accountable for their actions. This book is a must read for anyone who might consider taking or no longer taking these mind altering legal drugs and perhaps even more so for those able to prescribe them (Mosher, 2004, pp. 16-17).

Consequence 6: World wide appreciation by (ex-) users and survivors of psychiatry

I suppose Loren Mosher and his original Soteria approach are linked to each other inseparably. Soteria has given evidence, that

- The avoidance of psychiatric violence is possible even for a psychiatrist and even from the psychiatric perspective—not surprisingly—has better results than the use of typical psychiatric measures.
- Staying away from illness and disorder models of any kind—not surprisingly—brings better results than the use of typical psychosocial constructs.
- The abstinence from „experts"-arrogance opens the view on the real problems of the people and promotes the co-operation with users and survivors of psychiatry.
- The criticism of Big Pharma is appropriate and overdue.

- The overwhelming avoidance of neuroleptics is more than useful.
- The delivery of human support by integrating of the treasure of experience of (ex-) users and survivors of psychiatry coincides with the interests of people with mental problems of a social nature.
- Even with a psychiatric education, a humanistic philosophy of life is possible—not only in words, but also in practice.

No wonder, that the Soteria approach was receipted positively and integrated into further approaches like the Berlin Runaway-house (Wehde, 1991, pp. 46-50). Kerstin Kempker, (former) leading worker in this well-known project, explained why Soteria and comparable approaches have been so important for creating alternatives beyond psychiatry:

> Without the Dutch runaway-houses and Uta Wehde's intensive engagement with their concept and practice, the Berlin Runaway-house would not exist. Without the antipsychiatry from the early 70s, Laing's Kingsley Hall and its "children" Soteria, Emanon and Diabasis we would miss the evidence, that the abstinence from psychiatric measures and—instead of them—the life in an awake and warming community with equal rights is at most helpful (Kempker, 1998, p. 66).

And no wonder, that the membership assemblies of the European Network of (ex-) Users and Survivors of Psychiatry (ENUSP) and the World Network of Users and Survivors of Psychiatry (WNUSP) in July 2004 conjointly mourned the death of Loren Mosher:

> We express our deep sorrow at the loss of our dear friend Loren Mosher.
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> Loren cared passionately about our human rights, our freedom, and our ability to lead self-determined lives.
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> His pioneering work at Soteria House proved that humane, non-medical support is the best way to help people undergoing severe emotional distress.
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> His bravery in publicly resigning from the American Psychiatric Association called to public attention the way in which Big Pharma and bio-psychiatry have allowed profits to overrule human needs.
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> Loren's warmth and caring touch so many of our lives, and he will be deeply missed (Chamberlin & Lehmann, 2004).

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Address for correspondence

Peter Lehmann, Zabel-Krueger-Damm 183, 13469 Berlin, Germany, Tel. +49-(0)30-85963706, e-mail: mail@peter-lehmann.de, Internet: www.peter-lehmann.de/inter