Soteria:
As viewed by (ex-)users and survivors of psychiatry

Peter Lehmann

For the majority of (ex-)users and survivors of psychiatry, the particular elements of the Soteria approach are of great interest: no psychiatric violence, no models of illness and disorder, abstinence from the arrogance of 'experts', a critique of Big Pharma, a critical attitude toward neuroleptics, the delivery of humane support, and the integration of the wealth of the experience of the (ex-)users and survivors.

In 1995 I was a member of the Board of the German Association of Users and Survivors of Psychiatry (BPE). We were asked by a psychiatric journal whether we would be willing to participate in a survey about improving the quality of psychiatric treatment. We agreed to take part but changed the questions because we Board members could not agree that any type of current psychiatric treatment could be considered to have 'quality'. The following are some of the questions we put to 665 members of the association, who were sometimes more critical of psychiatry, and sometimes less:

- 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 treatments?
- Were you informed about alternative treatments?
- What do you think was lacking, to the detriment of good quality psychiatric care?

Over 100 members of our association responded to the survey. But only 10% of those who answered said that psychiatry had helped them find a solution to the problems that had led to their psychiatrisation. Ninety per cent said that their dignity had been violated. In response to the question concerning information given about the risks and 'side effects' of treatments, not one single person replied 'Yes, they had been informed'.

As for a qualitatively acceptable psychiatry, the following fundamental criteria have to be fulfilled: the dignity of men and women must be observed, there must be warmth and humanity, company, a relationship of confidence, not fear. Many (ex-)users and survivors viewed many aspects of the psychiatric system as unhelpful or useless: e.g., the presence of violence, the use of psychiatric drugs, coercive measures, electroshock, doctors with fixed ideas who believe that they know more about their patients than they themselves …

People wanted alternatives so that they could make their own choices. The following suggestions were made: alternative drugs (e.g., homeopathic remedies), self-help, runaway houses (like the Runaway House in Berlin) and other alternatives like those developed by Mosher and Laing, soft rooms like those in Soteria (Peeck et al., 1995).

I have no doubt that today, 15 years later, the answers would not be very different.

What does Soteria represent?

The essence of Soteria is its humanistic approach and its independence from the medical model, with all of its consequences. Volkmar Aderhold, a German psychiatrist like his co-authors, and a friend of Loren Mosher, 'the father' of the Soteria approach, describes it in the book *Alternatives Beyond Psychiatry*:

> *Mosher was a life-long sceptic of all models of 'schizophrenia,' primarily because they stood 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 experience – were seen as extremes of basic human attributes.* (Aderhold et al., 2007: 146)

Abstinence from the medical model, with its tendency to see human problems as technical difficulties of one sort or another, was accompanied by abstinence from the arrogance of 'the expert'. This can be seen by how workers would qualify for the Californian Soteria House:

> *About seven full-time staff members plus volunteers worked there, selected for their personal rather than any formal qualifications, and characterized as psychologically strong, independent, mature, warm, and empathic. Members of the Soteria staff 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.* (Ibid.: 147)

On many occasions former residents went on to become staff members. Aderhold and colleagues write about the avoidance of violence and overwhelming abstinence from neuroleptics, both of which are consequences of the medical model, as well as from the belief that it is possible to be an expert in finding solutions to other people's life problems:

> *Neuroleptics were considered 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.)

It is well known, and not surprising, that with less psychiatric drugging, less psychiatrisation, better social integration and better personal development, in the long term the Soteria results were somewhat superior to conventional psychiatric treatment (Bola et al., 2005). Psychiatry often makes a patient's condition chronic or even causes premature death.

In 1980, in his final book about Soteria, written nearly a quarter of a century after finishing the follow-up project of Soteria (1971–1983), Emanon (1974–1980), Loren Mosher and Voyce Hendrix pointed out the basic Soteria approach by means of 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: emphasise biography, life events, trigger factors instead of vulnerability; promote experiences of success.
- Encourage residents to develop their own recovery plans: consider them the experts.

(Adapted from Mosher & Hendrix, 2004)

Isn't this list nearly identical with the wishes and demands of the members of the German association of users and survivors of psychiatry? Or with the recommendations of the European study *Harassment and Discrimination Faced by People with Psycho-social Disability in Health Services*? (At the behest of the European Commission, this was developed by associations of (ex-) users and survivors of psychiatry and their families from the UK (Mind), from Austria, Germany, Spain, the Netherlands and France, and in conjunction with a Belgian research institute. (See www.enusp.org/documents/harassment/recommendations)

Soteria and further consequences

In modern times, psychiatrists sometimes call their units 'Soteria'. This goes with the offer of so-called atypical neuroleptics instead of traditional ones, or the offer of a room where psychiatric workers and inmates can brew up together. I speak from my experiences in Germany. The word 'Soteria' refers to the Greek goddess of safety and deliverance from harm, so it is not copyright and anyone can use it for their own purposes.

From my point of view, and considering the original approach, not only does the separation from medical models and toxic psycho-drugs belong to Soteria, but also its separation from the industrial psychiatric-pharmaceutical complex. On this level, Loren Mosher was an example to his colleagues, making his Soteria approach still more sympathetic to users and survivors of psychiatry, who are interested in recovery, personal development, health and freedom.

In 1998, in a letter to its President, Loren Mosher explained why he was resigning from the American Psychiatric Association:

In my view, psychiatry has been almost completely bought-out by the drug companies. The APA could not continue without 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)

Of course, there is good reason to believe that all the other mainstream organisations of psychiatrists have also been corrupted by drug company money. Mosher said 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)

'Do no harm' was also the basis on which Loren Mosher supported the report *Coming Off Psychiatric Drugs* (Lehmann, 2004), a book with first-hand reports of (ex-)users and survivors of psychiatric drugs from all over the world. It also had additional articles from psychotherapists, physicians, psychiatrists, natural healers and other professionals who provided information to help people with withdrawal from psychiatric drugs. In his preface Mosher addressed the problem of mind- and body-altering psychiatric drugs, and withdrawal symptoms:

Most patients 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 – 'Above all, to 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 MDs, not M-deities. Unlike gods, they have to be held accountable for their actions. (Mosher, 2004: 16–17)

Conclusion

Like many others, because of his criticisms of mainstream psychiatry, Loren Mosher was often ignored. In 2003 he claimed:

> *I am completely marginalized in American psychiatry. I am never invited to give grand rounds. I am never invited to give presentations. I am never invited to meetings as a keynote speaker in the United States.* (cited in: De Wyze, 2003)

Of course, he was appreciated by organisations of self-confident users and survivors of psychiatry. For decades now, the original Soteria approach has been received positively and integrated into other approaches such as the Berlin Runaway House (Wehde, 1991: 46–50), and also by the self-help movement. Regina Bellion, a German survivor of psychiatry, wrote a report, 'How We Discovered the Soteria Principle', concerning the approach of mutual support in their group. She concludes:

> *We try to recognize a psychosis early on, as soon as it appears as a speck on the horizon. We can have an impact against such a little speck, each in our own way. We have to be vigilant and pay attention to ourselves. In fact, we have to be constantly on the alert. During good periods it may be enough to take one critical look at myself per day. I have a whole catalogue of precautionary measures and I have to stick to them. Up to now we have been lucky. Since 1993 none of us has been hospitalised, there have been no suicide attempts, and none of us has been prescribed neuroleptics. Of course, we all sometimes hear voices or see something that can't really be there. We take that as a sign that things are getting to be too much and that we have to take better care of ourselves. And we are getting better at it all the time. Loren Mosher would definitely be pleased.* (Bellion, 2007: 82–3).

And Kerstin Kempker, former leading worker in the Runaway House, 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 antipsychiatry from the early 70s, Laing's Kingsley Hall and its 'children' – Soteria, Emanon and Diabasis – we would not have that evidence to lean upon: that the normal psychiatric measures are not necessary, and instead, what is most helpful is life within a warm and aware community, where everyone has equal rights.* (Kempker, 1998: 66)

This is why Soteria is a rather good idea from the perspective of users and survivors of psychiatry.

Sources

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About Peter Lehmann

Critic of psychiatry is awarded the degree of honorary doctorate

Anyone who pays attention to the violation of human rights by psychiatry, to the users and survivors of psychiatry movement, and to alternatives beyond psychiatry will invariably encounter the name Peter Lehmann.

A social-pedagogist, he was born in 1950 in Calw (Black Forest, Germany). He underwent involuntary psychiatric detention and treatment in the 1970s. He has worked for the rights of psychiatric patients, and their world-wide networking, during the last 30 years. Among many other organisations, he was a founding member of the European Network of (ex-)Users and Survivors of Psychiatry, of PSYCHEX (Switzerland) and of the Runaway House, Berlin. Based on his own experience, his books, such as *Coming Off Psychiatric Drugs* and *Alternatives Beyond Psychiatry*, describe current self-help possibilities for individuals experiencing madness, as well as the risks and harms of psychiatric drugs and electroshock, alternatives beyond psychiatry, and strategies toward implementing humane treatment.

In acknowledgement of his 'exceptional scientific and humanitarian contribution to the rights of the people with psychiatric experience', the School of Psychology of the Aristotle University of Thessaloniki, Greece decided unanimously to award him an Honorary Doctorate. The ceremony took place in September 2010. Peter Lehmann is the first survivor of psychiatry anywhere in the world to to be

honored in this way for pioneering achievements within the realm of humanistic antipsychiatry.

According to Professor Kostas Bairaktaris, in particular this award recognises Peter Lehmann's perennial contributions to a scientific paradigm that counters the dominant medical model of psychology by proposing formalised psychotherapeutic approaches to difficult human problems as if these were technical difficulties of one sort or another. Since the end of the 1970s, Bairaktaris has himself played a key role in dismantling the scandalous psychiatric prison on the Island of Leros and, in the mid-1980s, began the processes of de-institutionalisation from the state-run psychiatric facility of Thessaloniki. Professor Bairaktaris is certain that the tribute to Peter Lehmann, which he initiated, will stand as a symbol for the growing significance of the international self-help movement of users and survivors of psychiatry and other socially marginalised individuals.

For more information about Peter Lehmann see www.peter lehmann.de/inter.htm

For his lecture 'International Noncompliance and Humanistic Antipsychiatry', see www.peter-lehmann-publishing.com/articles/lehmann/noncompliance-a.htm. You can also download his acknowledgement to his companions over the last 30 years: www.peter-lehmann.de/danke.

One Step Beyond?

A review by Helen Spandler

Alternatives Beyond Psychiatry
edited by Peter Stastny and Peter Lehmann
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For more information: www.peter-lehmann-publishing.com

Alternatives Beyond Psychiatry is grounded in many years of work and activism within and against the mental health system. This provides its validity. Its achievement is in bringing together the shared wisdom and experience of service users, survivors and activists. The book arose out of a co-operation between Peter Lehmann, publisher in Berlin and survivor activist within the international user/survivor movement, and Peter Stastny, Associate Professor of Psychiatry at the Albert Einstein College of Medicine in New York and founding member of the International Network Toward Alternatives and Recovery (INTAR). Both have a long-standing track record of developing alternative services that negate the need for psychiatric intervention and offer autonomous paths towards recovery and self-determination.

As its title suggests, the book does indeed take us beyond a number of limited ideas and practices in mental health. First, it demonstrates how far the survivor movement and radical mental health initiatives have moved beyond 'anti-psychiatry'. Although the various authors in this book do not completely disregard the insights of the anti-psychiatrists (and some of the authors make due reference to the work of RD Laing et al.) their work is only informed by these critiques, i.e., they are not *framed* by them.

The alternatives presented not only move us beyond the potential nihilism of 'anti-psychiatry' and various academic critiques of psychiatry. They also take us further than the reformist strategies of the Italian Democratic Psychiatry movement, social psychiatry or community extensions of psychiatric institutions (what Robert Castel has referred to as 'merely a form of psychiatric expansionism'). Indeed, the authors are careful not to impose any new replacement psychiatric or psychological 'models' or 'techniques'. Rather, *Alternatives Beyond Psychiatry* prioritises new ways of living with madness and diversity, without recourse to diagnosis, psychiatrisation or undue reliance on medication.

On this count, this book could be construed as 'anti-medication'. But that would miss the point. The mental health system in the West is heavily reliant on medication as a basis for mental health care. The authors make a compelling case that this isn't always necessary and that there are viable alternatives. It would be more apt to say that the book is anti-coercion and pro-voluntarism and informed choice.

Alternatives Beyond Psychiatry functions as a powerful indictment of the failings of the mental health system and a rallying cry for more humane and authentic support services. It is driven by anger at a psychiatric system that is seen to invalidate people's experiences and actually prevent recovery. But, rather than dwelling on negativity, it uses this anger to inspire and develop new forms of support infused with hope. We read of the experiences of Dorothea Buck-Zerchin (a 90-year-old woman with 70 years' experience of coercion in the mental health system), Kate Millet's passionate re-instatement of the 'myth of mental illness', survivors' personal accounts of how they survived, about examples of concrete working alternatives (e.g., Soteria House, the Windhorse Project, Hotel Magnus Stenbock, and the Berlin Runaway House) and various practical support tools. From around the world, it offers examples of innovative and creative ways of supporting people through mental health crises, but outside the conventional mental health system.

Yet, this book also goes well beyond 'self-help' by offering examples of legal, community and political action to secure rights and demand alternatives (e.g., the 'Evolving Minds' group in the UK, PsychRights in Alaska, and the international Icarus Project). It also takes us beyond mainstream liberal ideas about 'recovery' and 'social inclusion' by rooting its ideas in the actual practices of mental health activists, users/survivors and their allies. This means that the chapters do not assume our goals should necessarily be 'inclusion' in mainstream society and 'recovery' regardless of mental illness (which at its worst translates as: 'Keep taking your medication, get off benefits and get back to work').

Lastly, *Alternatives Beyond Psychiatry* moves beyond tired academic or professionalised debates concerning the latest competing models or theories 'about mental health'. Packed as it is with stories, information and ideas, it provides an indispensable resource for anyone concerned with improving mental health care and creating a better society.

Peter Lehmann (left) and Peter Stastny (right)