

Loren Mosher is still standing out against the psychiatric establishment

LONE voice



In December 1998 Loren Mosher hit international headlines when he resigned, loudly, from the American Psychiatric Association. It was, he said, so deeply in the pocket of the pharmaceutical industry that it would be more accurately named the American Psychopharmacological Association. Accusing the APA of having ‘neurobiological tunnel vision’, he wrote in his resignation letter: ‘No longer do we seek to understand whole persons in their social contexts... Do I want to be a drug company patsy who treats molecules with their formulary? No, thank you very much.’

For more than 30 years Mosher has been a voice in the wilderness, crying out against his own profession’s obsession with the medical model of mental illness and its treatment with ‘toxic’ drugs. In England last month for a week-long holiday that was hi-jacked by the Critical Psychiatry Network, he has been revisiting his infamous Soteria crisis house experiment for the benefit of a new generation of lone voices who share his views about the benefits of psychopharmacology and the influence of the ‘Big Pharma’.

Soteria – meaning deliverance, or salvation – was an ordinary ‘family home’ that provided residential treatment for up to eight young people at a time with first episode psychosis. It was staffed by people with no professional training; there was no medical hierarchy; no policies or procedures; no rules or regulations (other than a ban on illicit drugs), and – crucially – no use of neuroleptic medication, for at least the first six weeks. The staff, supported by a legion of enthusiastic volunteers, were told simply to ‘be with’ the clients, to ‘step into their shoes and try to walk in them’, as Mosher puts it. ‘They worked out what was the best thing to do in the circumstances.’ In the ancient video that Mosher uses to accompany his talks, a young woman explains the unconventional approach thus: ‘They let me do it because they knew that was what I had to do – it was part of finding out who you really were.’

This was in the early 1970s, and it’s tempting to see Soteria as simply a manifestation of hippy ideology, but it was a valid, scientific, random controlled trial of a radical approach to treatment of psychosis, based on the RD Laing model of schizophrenia. And it worked – 43%

of the young people going through Soteria were never given any neuroleptic drugs and still had better two-year outcomes than the control group who were admitted to hospital and treated with conventional antipsychotics. Perhaps more startling was the finding that at six weeks after entering Soteria residents had fewer psychotic symptoms than their hospitalised counterparts: ‘I had expected recovery to be slower than recovery brought about by neuroleptic treatment. The message for those worried about withholding drugs is that if you have a proper social environment it’s not really a problem,’ Mosher says.

This ‘proper’ social environment was essentially a safe, containing and accepting environment, social support and a non-judgmental, listening ear. ‘Neuroleptics come with problems – they are very toxic substances and even the newer drugs are turning out to be just as noxious as the old. They may change the person’s external ways of being and behaviour but they don’t solve the problem. All they do is sit on it,’ Mosher argues.

Soteria also developed around itself a community of former residents, staff and volunteers that continued to be a source of social support – providing housing, jobs, friendship networks – when residents left. ‘Once you had been through the “black box” of Soteria, what kept people in the community was the nature of the relationships they had established and the fact that they could continue the relationship with the house if they wanted to,’ Mosher says.

The trouble is, the psychiatric establishment wasn’t impressed. Despite producing evidence of equal, if not better, clinical and cost effectiveness to conventional inpatient treatment with drugs, Soteria ran out of money in 1983 and closed its doors. Modified versions have emerged since, in Montgomery and Maryland in the US and in Berne, Switzerland, with less strict rules about use of neuroleptics and equally comparable results, but these are isolated examples. ‘The main problem is the US insurers and public health system won’t pay for it, mainly because they look on it as experimental and they think it takes too long and costs too much. You try convincing an NHS trust that spending money upfront will save you money in the long term,’ Mosher believes. But, more fundamentally, he believes the Soteria model presents too great a challenge to the psychiatric establishment and the pharmaceutical industry. ‘One, Soteria called into question the medical model: it said, whatever schizophrenia is, we don’t believe it’s a medical illness. Two, if schizophrenia isn’t a medical problem, it doesn’t need to be treated in hospital. In the US we have a huge psychiatric hospital industry, and if you say what you guys are doing can be done as well or better in the community, without all these trained professionals and facilities, you close down wards and put staff out of work. And three – no neuroleptics. At the time of Soteria Big Pharma didn’t have the power and influence it has today so it was a background variable. But if you started to do a Soteria today I think you’d get a lot more problems. They’d try to stop it or prevent its ongoing funding or, more likely, they would take the position that it’s malpractice not to treat people with neuroleptics. They’d accuse you of withholding a known safe and effective treatment.’