EDITORIAL
The Medical Model and Milieu Therapy

A. Hoffer, M.D., Ph.D.

Recently, labeling theory has invaded psychiatry. It has been heralded by Thomas Szasz and R. D. Laing. This theory holds that people who are schizophrenic have no biological basis for their abnormal behavior, that this is merely a convenient label and if accepted by the person and family leads to predictable patterns of behavior. Had the label not been applied this behavior would have been avoided. It is a theory which totally ignores biology and genetics or, if it does not avoid them, bases its ideas on outmoded concepts of genetics and biology. Murphy (1976) believes it is also based upon sociological - anthropological ideas of the 1930's and 1940's and is no longer supported by modern investigation. We now know that biology is invading sociology. Murphy examined two widely divergent cultures, the Eskimo of Alaska and the Yoruba of Nigeria. She found that both cultures identify their mentally ill much as we do. Being crazy in Eskimo is "nuthkavihak." For the Yoruba it is "were." These diagnostic terms (labels for labeling theorists) were applied to a pattern of symptoms, to a syndrome, like the schizophrenic syndrome. It consists of a pattern of perceptual and thought changes leading to behavior which is crazy.

Murphy concludes, "Patterns such as schizophrenia, were, and nuthkavihak appear to be relatively rare in any one human group, but are broadly distributed among human groups. Rather than being simply violations of the social norms of particular groups, as labeling theory suggests, symptoms of mental illness are manifestations of a type of affliction shared by virtually all mankind."

Dr. Loren Mosher has applied labeling theory to treatment in a house in California labeled Soteria House. His first report on the outcome one year later has now appeared. In sharp contrast, Earth House is run within the Orthomolecular model. The results of treatment in both houses using widely contrasting frames of reference are compared here. I compare Earth House which follows Orthomolecular principles with Soteria House which follows labeling principles (one of the continuous models, i.e., psychoanalytic, social, psychedelic, conspiratorial, or family interaction model (Siegler and Osmond, 1974).

EARTH. HOUSE, THE BIOCHEMICALLY ORIENTED HALFWAY HOUSE

C. C. Pfeiffer, M.D., Ph.D.

The biochemically oriented halfway house is the residence of choice for recovering schizophrenics. This short-term, high-expectation community residence provides the environment, supervision, and guidance necessary for the patient's successful transition into society. Public or private outpatient community residences may offer individual psychotherapy and vocational rehabilitation, but they do not provide individually regulated diet, supervised nutrient therapy, and education on the biochemistry of schizophrenia.

Earth House is a prototype of the biochemically oriented halfway house. This unique haven was founded in 1970 by Ms. Rosalind LaRoche to provide a structured home for Brain Bio Center patients in the final stages of recovery. Earth House is a 19th century Dutch farmhouse situated along the banks of the historic Raritan Canal, 10 minutes from Princeton, and one hour from New York City. The house and barns are surrounded by 70 acres of wooded farmland. Thus, Earth House offers the tranquility necessary for recovery yet has cultural and entertainment opportunities close at hand.

Earth House recognizes that the recovering schizophrenic is returning to the world where he can rediscover useful goals, desires, and reasons for living. Unfortunately, many recovering schizophrenics can neither return to their families nor live alone. Their sudden shifts of emotion and behavior may prove too much for their inexperienced spouses, parents, or siblings. Low self-esteem, confusion, and occasional despair play havoc with the convalescent schizophrenic. One moment the patient may appear hostile—unable or afraid to communicate. The next moment he may demand inordinate amounts of attention and concern from his family. Speaking from experience, Mark Vonnegut describes this phase as:

tightrope walking for the schizophrenic(s) and everyone around them as well. One day you feel fine, ready to take on the world. The next you find yourself clutching your knees shaking in the corner. There's the fine line of taking on too much too fast and possibly bringing on another breakdown or doing too little and allowing yourself to slide into apathy. In an effort to be understanding, families may react to these mood swings too indulgently. At Earth House, however, the orderly routine and experienced staff guide the schizophrenic along the sometimes troubled path to recovery.

Patients who are recovering from prolonged dysperceptions need guidance into the amenities of social interactions. Earth House facilitates recovery through group interaction, free of sibling rivalry and parental dominance. A compassionate atmosphere is created by the shared goals, doubts, and aspirations of the residents and the staff. This community helps the resident to recognize, understand, accept, and combat his illness using nutrient therapy and living therapy. The occupants of Earth House may be called residents, guests, members, or, fondly, Earthlings, but never patients. Upon referral, the candidate visits Earth House to view the house and meet the residents. A mutual agreement between house and candidate must be established before a new resident is admitted to insure the family atmosphere.

Earth House residents are dedicated individuals united by these common goals: (1) to rigidly follow the nutrient program, (2) to educate one's self concerning the program, and (3) to nourish one's love of life—to raise one's standards of living, laughing, and loving. A resident may experience many symptoms of the schizophrenias, including depression, paranoia, lack of self-confidence, and dysperceptions. Most of the residents have been hospitalized, and more than a few have attempted or seriously contemplated suicide. Several have been involved with drugs and

hallucinogens at one time. A guest shares the failures and successes of all the residents. A guest actively participates in his own recovery while observing the different levels of recovery of his peers. Most importantly, a guest strives to use the experiences and knowledge gained at Earth House to continue the nutrient and living therapy in his life outside.

Providing individual attention for residents, Earth House accommodates a maximum of eight to 10 residents. Ages of guests range from 16 to 35, with no discrimination in race, religion, or ethnic background. The length of stay averages about three months and thereby renders the house flexible in mood and personality.

Personal stability, warmth, integrity, common sense, and dedication are required qualities for house staff members. Education and experience requirements vary according to specific responsibilities. The house has an affiliated physician with professional expertise and education in the biochemical aspects of the schizophrenias. The physician and the director work together to create an orderly well-structured routine for the house. In addition, the Earth House staff includes a psychologist, a nutritionist, an allergy specialist, a cook, and yoga and craft instructors.

The potential growth of biochemically oriented homes presents a need for specially trained house managers. The position is within the professional career ladder and requires appropriate education. Earth House is meeting this need with a formal training program for approved candidates.

Earth House is a revolutionary approach to better mental health care. Humphry Osmond observes that Earth House demonstrates the compatibility of the biochemical approach with "a humane and humanistic understanding of this great family of illnesses." Another visitor, Mark Vonnegut, considers the atmosphere of Earth House "ideal," continuing:

The most *heartening thing I've observed at Earth House is how quickly many of the recovering schizophrenics gain a sense of humor about themselves and their disease. It's something I've seen all too infrequently in other programs and . . . it might well be the most important part of recovering . . . For those who have seen the program in operation the only question is "Why isn't there more of this sort of thing going on?"* Combining biochemistry, nutrition, psychotherapy, and compassion, the Earth House program has taught many schizophrenics to help themselves to full recovery.

This article has been adapted from The Schizophrenias: Ours to Conquer, a forthcoming book by Dr. Carl C. Pfeiffer.

Earth House and Soteria: The Medical and Psychedelic Model Compared

The contrast between Earth House and Soteria House is striking. Soteria House was set up by Dr. L. Mosher, chief, section on schizophrenia, NIMH, as an alternative to the usual way of treating this syndrome. It follows the basic philosophy proposed some time ago by R. D. Laing. Tranquilizers are avoided as much as possible (17 percent still required this form of toximolecular pyschiatry). It employs young non-professional therapists and rejects the philosophy of the mental hospital. It is described as small, intimate, and unhurried. It seems to be modelled upon a similar experiment started under Laing's direction some time ago in England which ended with a whimper. We have still not seen any final account of what happened to the patients who were placed in that setting until public pressure terminated the experiment.

Earth House is firmly rooted in the medical model. It provides individually regulated diets, supervised nutrient therapy, and a psychosocial environment conducive to convalescing schizophrenics. Soteria House is firmly opposed to the use of the medical model. The

philosophy of that institution is that the medico-disease model in a sterile clinical setting places rehabilitation beyond the control of the patient. They believe that the medical model induces the patient into a career as a mental patient or a schizophrenic. It is not clear what kind of psychosocial support Soteria provides, but it seems to be a system dependent primarily on dynamic interpersonal relationships.

Dynamic was the term originally applied to the relationship between therapist and patient, but never did mean that it was a system of theory of treatment which continually evolved into a more scientific approach. It has, as far as I can tell, remained at the same "dynamic" state it was in over 25 years ago. According to Laing's psychedelic model people who become schizophenic do so voluntarily in search of self-enlightenment, much as many normal people did, who used psychedelic drugs. Therefore, they are entitled to as much time as is necessary in order to derive the maximum benefit from the experience. The environment is designed to provide kindly and helpful support for as long as is necessary in order to allow ample time for the continuous self-exploration. I doubt that the patients were given a choice of either remaining psychotic or having it terminated by chemotherapy. At least 17 percent indicated that they preferred chemotherapy by their behavior and were given tranquilizers. Soteria completely ignores the biophysical environment of their guests while Earth House firmly deals with both environments.

The attitudes of the staff are entirely different. "Earth House recognizes that the recovering schizophrenic is returning to the world," i.e., from a serious illness being treated by biochemical therapy. At Soteria "the staff views schizophrenia as an altered state of consciousness involving personality fragmentation and a loss of sense of self. The disruptive psychotic experience is believed to have a unique potential for reintegration and re-constitution if it is not prematurely aborted." Here is the Laingian model in action (see Siegler and Osmond, 1974). Earth House does not consider itself a hospital either. The schizophrenics remain patients of their own physician who, as an Orthomolecular therapist, works entirely within the medical model. But Earth House provides all the other psychosocial support required for recovery. Soteria violently opposes any use of the medical model and uses drugs very reluctantly. Phenothiazines are not given unless no change is seen after six months. This is consistent with their philosophy not to abort the valuable psychotic experience. It is not clear whether patients were given the right to request abortion of their experience as soon as they were admitted to the house.

Both houses agree that patients should be responsible. Thus, at Earth House, "A guest actively participates in his own recovery," while at Soteria House "psychosocial adjustment is enhanced by demedicalizing madness and maximizing individual power responsibility and positive expectations." But Earth House treats them as responsible patients while Soteria demands the impossible—that they be responsible non-patients or, in other words, irresponsible patients. They do not use the medical model, but it is hardly likely they consider them as healthy people (not sick), or why would the patients spend many thousands of dollars at the home and under the care of a project director and a part-time psychiatrist? The part-time psychiatrist must feel like an intruder. It would be more fitting to Soteria philosophy if they were to demand of the part-time psychiatrist that he surrender his medical degree and become a guru, or councillor, or some similar nonmedical person.

The kinds of patients admitted are quite different. Earth House residents have been sick much longer. Most have been hospitalized in the past, several had attempted suicide, and several had also abused drugs or hallucinogens. They stay in the house an average of three months. At Soteria the patients admitted came from the type of schizophrenic

considered the best prognostic group where there is usually a 35 percent spontaneous recovery rate. They were "clearly schizophenic deemed in need of hospitalization with no more than one previous hospitalization for two weeks or less, age 16 to 30, and unmarried."

The recovery rates were quite different as well. Earth House aimed at recovery. According to Orthomolecular criteria a recovered patient is free of symptoms and signs, is functioning normally in society, and is getting on well with family, friends, and community.

Soteria has aimed its sights much lower and justifiably so since at the end of their study patients were no different than a comparison group of similar patients treated only by toximolecular means. The control group was treated in locked wards well staffed; an active treatment facility oriented toward crisis intervention. It employs toximolecular principles only, rapid evaluation, and placement in other parts of the common treatment system in that area. In other words, this treatment center depended upon tranquilizers only.

The Soteria group required 167 days in hospital compared to 21 days in the psychiatric ward, a difference of 800 percent. This Mosher modestly describes as being significantly longer. Even in the psychedelic atmosphere at Soteria 17 percent of the guests required tranquillizers. There was no difference in the global Psychopathology after one year between the two groups. But in spite of the fact that in every index of change there was no difference, Mosher and Menn feel there is a trend favoring their approach. In striking contrast when Mosher was a member of the APA Task Force Committee on Megavitamins and Psychiatry he found that no amount of data, no matter how great the difference, was persuasive. This is consistent with his remark several years ago that if every psychiatrist were convinced that megavitamins worked, he still would not accept it as a valid treatment. Their philosophy demanded that there must be a difference in favor of their Soteria group. They, therefore, found some comfort in the fact that six weeks after the experiment was started the experimental group was significantly better on one item of the IMPS subscale. There were no significant differences in any of the subscales at the end of one year. One could equally scientifically conclude that after six weeks the continuing atmosphere at Soteria has caused this group to relapse.

There was no difference in community adjustment, no difference in rehospital-ization, work, and interpersonal relationships. However, the two optimistic authors again took comfort in a nonsignificant trend for the percentage of controls who are working at one year to decrease compared to their prehospital-ization work records. They, therefore, concluded:

(1) the unhurried pace at the experimental facility is not harmful and may be advantageous,

(2) it is not necessary to use antipsychotic drugs routinely if a proper milieu is provided,

(3) the nonmedical model minimizes the development of a mental patient identity.

The first conclusion is trivial because there is no discussion of who is being harmed. There is no doubt that chronic patients have a much poorer chance of recovering than acute patients. The longer a patient is immobilized by the illness whether at home, in hospital, or in Soteria, the greater the difficulty in producing a recovery. There may have been a difference in the rate of deterioration of the Soteria group, but the fact that they were no better raises the real possibility that their chance for eventual recovery has been irreparably harmed. An unhurried pace is dangerous for any chronic illness, schizophrenia being no exception, i.e., dangerous to the patient and family, not to the investigators who can endure as much leisure as they wish.

The second conclusion is also trivial since such a conclusion applies equally well to every illness and every treatment. Nor has it yet been shown that milieu

therapy is more than the opportunity to breathe the air of the institution in which they are housed.

The third conclusion has not been established by any data that they have presented, but is merely the original expectation of the authors rephrased. The only valid conclusion from this one-year experiment is that Soteria is no worse and no better than a psychiatric ward when both practice moderate or intensive toximolecular psychiatry.

The contrast with Earth House is very striking indeed. Earth House uses the Orthomolecular approach and most of their patients recover.* I would hope that Dr. L. Mosher would now use his influence and resources of the NIMH to make a detailed outcome comparison of Earth House and Soteria by admitting patients to Soteria as sick as those in Earth House. I doubt that he will find this suggestion appealing.

In a previous report Gunderson and Mosher (1975) reported that schizophrenia cost the U.S.A. 12 billion dollars in 1972, most of it being loss of productivity. In other words, patients treated by toximolecular psychiatry do not pay taxes. Only one-fifth of the cost was a direct charge due to treatment. But nowhere in their Soteria report is there any estimate of the productivity of the experimental group compared to their control group. "There is a nonsignificant trend for the percentage of control who are working at one year to decrease, but this was not found with the Soteria group." The key word, in my opinion, is nonsignificant.

The only valid conclusion is that neither toximolecular psychiatry nor psychedelic therapy (using the patients' own schizophrenia as the hallucinogen) materially interferes with the natural progression of schizophrenia, a conclusion Orthomolecular psychiatrists, the patients, and their families have come to many years ago. In a recent memo to me Dr. H. Osmond analyzed the Soteria study. He wrote:

"Until recently our critic L. Mosher has been writing from the position of strength. Not having treated anybody or at least not having published anything Mosher was in the lucky position of being able to travel around at NIMH expense criticizing other people's work. In future that will not be quite so easy.

"What is striking is how uninnovative these supposed innovations are. Renee Nell has been doing this and more for a decade. Earth House does much more than this using the 'medico-disease model' of the responsible patient. Mosher's attempt to be original seems futile, badly researched, if not scientifically dishonest. He does not cite others' work. Had Mosher used some of his large funds to search the library at Bethesda he might have been more modest about this anachronism.

"It is not clear to me why the medico-disease model, whatever that may be, must be associated with a sterile clinical setting. As a matter of fact, the best psychiatric hospitals have, as Mosher should and probably does know, avoided such sterility. For one who is always hypercritical about other people's results, Mosher seems to be hypocritical about his own. He has clearly chosen very easy cases—much better ones than those who were in the Marlboro and Douglas Hospital studies with niacin.

"This is undoubtedly the psychedelic model being used at a time when its founder Ronald Laing appears to be disenchanted with it. I like that coy remark about 'the experimental patients . . . stayed under care for significantly longer periods than did the controls (167 versus 21 days).' I should think they did for they were in hospital almost eight times as long. For such a prolonged stay, about $5^1/2$ months opposed to three weeks, one would expect some evidence of betterment, but there seems to be very little.

"Considering the special nature of this treatment there could be no question of a double blind, which Mosher has claimed to be so necessary for other investigators.

*** Earth House estimates that 70 percent of the people who came there were able to function independently after an average stay of three months. Of the remainder, half were significantly improved.**

At the end of a year the tranquilizers and the Soteria group seem to have done equally well or badly depending upon how you look at it. Wisely perhaps, this article gives us no idea how healthy the controls were, so that telling us just that they did equally well tells us precisely nothing. It is quite unclear to me just what the baseline used here is. We are given no clear idea whether the control sample are in the sick role, or in the psyche role, or in some cross between the two. There is no evidence that the control patients are in the role of the responsible patient. It is this role within the medical model which avoids the stigmatization due to the effects of labeling. Becoming aware of and learning about one's illness is not a process of stigmatization, but is one of acquiring essential information. Most patients are nothing like as concerned about labeling and stigmatization (what a mouthful) as Mosher and his colleagues believe. In my opinion, the worry and resentment about diagnosis now considered to be labeling and stigmatization was a direct result of not telling people their diagnosis in a humane, concerned, and hopeful way. It is quite understandable that hospital staff, especially junior staff, forced to keep diagnosis secret, sometimes under threat of dismissal, came to look upon them as being obscenely magical, things that could be used to bribe, threaten, or tease patients with.

"I do not doubt that many patients have learned about their psychiatric diagnoses in circumstances which resemble emotionally the crudest form of sex education. The fact that some people learn about sex as a brutal assault or as a shaming seduction lubricated by alcohol does not mean that there should be no sex education, quite the reverse.

"Many patients learn about their diagnosis in a casual or cruel way, and to make matters even worse their inquiries from their psychiatrist are liable to be met with all kinds of double talk. We have many examples of this, such as: "(1) 'Why do you want to know?' (If mental illness is like any other illness any patient would naturally want a diagnosis).

"(2) 'I don't believe in labeling people.' (Yet inevitably there will be a diagnosis. Nature, medicine, and insurance companies abhor a vacuum.) "(3) 'We are all of us a bit schizophrenic (or manic depressive).' (All of us do not end up in a psychiatric hospital, or in Soteria.)

"(4) 'You are trying to divert attention from your real problem.' (The psychiatrist is using his Aesculapran authority to undermine the sick role.) "(5) 'You should develop your full potential more and exercise responsibility.' (Failure to recover, which is always possible in any illness, is now made the full responsibility of the patient. Unless Soteria was much more successful than hospitals, this would make failure very bitter.)

"Mosher's hypothesis is a weak one based on dubious evidence (Laing) and even if successful would tell us very little because there are many variables. One obvious one is that the patients have been selected who are prepared to remain at Soteria almost eight times longer than is necessary. This tells us something about Soteria's patients. We know Soteria is a domestic setting, but are told nothing about important variables such as food. It is odd that Mosher, so critical of others, is so slovenly in his own researches, or at least seems to be so from this account."

"Dinosaur or Astronaut? One year follow-up data from the Soteria Project," Mosher and Menn (1975). These authors explain their treatment philosophy as "so daringly anachronistic that it is positively innovative." Their paper was read at the APA meeting, 1975.

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