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An alternative approach to acute schizophrenia: Soteria Berne, 32 years of experience

by Luc Ciompi[1]

Abstract

«Soteria Berne» is a small therapeutic community focused on a partly alternative understanding and treatment of acute schizophrenia. It was created in 1984 and continues to function successfully. Information on the basic concepts, the practical realisation and the therapeutic results on this pilot project has extensively been published elsewhere[2]. The aim of this paper is to present a short overview over these three decades of experience, to discuss its position in mainstream psychiatry, and to explore possible future developments.

Keywords: schizophrenia, emotions, psychotherapy, sociotherapy, affect-logic

Historical roots and basic concepts

The Soteria Berne experience, started in 1984, was partly inspired by a previous experience by Mosher et al (6-8) in San Francisco/USA, bearing the same name (Soteria, greek, means safety and protection in the present context),

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[2] For a basic information in German or English see ref (1) or www.ciompi.com/fields of interest/Soteria Berne, in French see ref (2), in Italian see ref (4). For

comprehensive presentations and critical discussions see ref (3-5).

and partly by our own understanding of the schizophrenic psychosis based on the co ncept of affect-logic (1,9,10). This concept aims at a clinically and theoretically relevant synthesis of current interdisciplinary research on omnipresent interactions between emotion and cognition (11,12). In addition, it is based on our empirical studies on the long-term evolution and rehabilitation of schizophrenia (13,14,15), and on extended clinical, psychoanalytic, sociotherapeutic and familytherapeutic experiences with psychotic patients. Other constitutive element are Zubin's and Spring's generally accepted vulnerability-stress- hypothesis (15) and about twenty empirical studies which confirm the existence of highly significant relations between the outbreak of psychosis and the so-called high expressed emotions (16).

The concept of affect-logic postulates, on these bases, that overt or hidden emotions play, contrary to widespread beliefs, a key role, in the evolutionary dynamics of schizophrenia (17). Of central importance is the fact that persons at risk for schizophrenia tend to develop acute psychotic symptoms when overtaxed by a critical increase of emotional tensions related to stress. The main aim of all therapeutic (and also preventive) measures against acute psychosis should therefore be the systematic reduction of the level of emotional tensions in and around a person at risk. This basic postulate is, however, often far from beeing sufficently met in the usual hospital treatment of acute psychoses. Emotional tensions may even be increased e.g. by non-transparent proceedings at hospitalisation, by too big, too complex and too often changing therapeutic environments, by too short duration of hospitalisation, by insufficient collaboration with the relevant familial and social environment, or by too much promiscuity or violence in the therapeutic setting. Even the neuroleptic medication itself may sometimes rather increase than decrease the level of tension, e.g. by non-compliance and related compulsory measures. Alltogether, such unfavorable factors may hamper the most important precondition for a successfull therapy in our eyes, namely the building-up of a long-lasting

and trustfull «therapeutic alliance» between the therapeutic team, the patient and his relatives.

Practical realisation and organisation

In order to minimize such antitherapeutic influences as much as possible and, simultaneously, to actively induce a sustained emotional relaxation, Soteria Berne is organised around the following eight principles (1,4):

1. Small, open, relaxing, stimulus-protected and as normal as possible therapeutic setting outside of conventional psychiatric institutions.
2. Continual personalized "being with" the psychotic patient during the acute psychotic state, by a specially selected and educated member of the therapeutic team.
3. Personal and conceptual continuity over the whole period of treatment.
4. Ongoing close collaboration with the family and/or other important persons of reference.
5. Clear and concordant information for patients, family and staff on the illness, its treatment and the existing risks and chances.
6. Consensual elaboration, with the patient and the relevant social environment (family, working place, school, etc.) of realistic common goals and expectations for future housing and work.
7. Consensual low dose (or, exeptionally, no dose) neuroleptic medication, in collaboration with the patient and his family, with the final aim of controlled self-medication.
8. Part-time or ambulatory aftercare and relapse prevention for at least two years, in the frame of the available integrative network of services.

The concept of recovery, too, is an integrating part of the Soteria Berne approach.

Soteria Berne is located in a former boarding house in the midst of a normal housing environment near the center of the town (see photo). It offers rooms for 9 patients and at least two continually present team members. The treatment is subdivided into four phases characterized by different therapeutic proceedings and aims: 1. Emotional relaxion during the acute psychotic state. 2. Gradual integration into normal everyday activities within the therapeutic community. 3. Gradual reinsertion into the external world and preparation for dismission 4. Ambulatory or semi-ambulatory aftercare.

Patients with a florishing acute psychosis are continually accompanied, during 24 hours per day, in a stimulus-protected so-called «soft room», preferentially by one of the two staff members (usually a man and a women) directly responsible for the individual therapeutic program and the relations with the familiy. During phase 2 and 3, everyday household activites like shopping, cooking, cleaning, planning etc are shared by all team-members and patients, and integrated into the individual therapeutic programs.The

team consists of carefully selected and specifically trained nurses, psychologists, social workers and lay persons under the direction of experienced psychiatrists. In order to favor the building-up of trustfull interpersonal relations, team members work without interruption for 48 hours in overlapping shifts, followed by several days of break. For half a day per week, the whole therapeutic team meets for transmission of information, elaboration of therapeutic programs, and periodic intervision and supervision.

Soteria-Berne is a specialised semi-private institution administratively supported by a nonprofit organisation called «Interessengemeinschaft Sozialpsychiatrie Bern» (IGS). It closely collaborates with the local public psychiatric services and the private practitioners. Its legal status is that of a psychiatric hospital financed by the public health insurances and health services which evaluate and compare its performance annually with those of other psychiatric institutions.

Clinical experiences and comparative research

The essential clinical finding which became obvious right from the beginning is, that a big majority of patients suffering from acute schizophrenia can indeed be successfully treated in an alternative therapeutic setting of the described type, and that such a setting offers a number of at least subjective advantages (less stigmatisation and less traumatic experiences both for patients and relatives). Only about 10% of randomly assigned patients in average had to be referred to conventional closed insitutions, be it because they consistently refused all collaboration, repeatedly run away, or became at moments too dangerous for themselves or others. Seriously dangerous incidences were extremely rare throughout these 3 decades, in spite of the open setting: About 3 life-threatening situations and 4 suicides (which all occurred outside of Soteria) happened among 50-70 treated cases per year in average, or approximatively 2000 cases in total.

According to our outcome studies, about ⅔ of the initial cases were completely remitted or significantly improved at dismission. Outcomes after 2 years did not significantly differ from those achieved in four conventional settings of comparision in Switzerland and Germany, in terms of psychopathologic state, working and housing situation, and relapse rates. These results were, however, achieved with highly significantly lower daily and total doses of neuroleptics over 2 years (4,18,19). Comparative outcome research in Soteria Francisco yielded quite similar or slightly better results (6-8,21,22).

Initially, daily costs and 2-year costs at Soteria Berne were considerably higher than in conventional psychiatric settings, but became consistently about 10% lower during the last 10-15 years, according to the official annual evaluations. This is mainly related to a progressive reduction of the initally much longer average duration (about 90 days) of the in-patient treatment in Soteria which aimed, initially, to include full rehabilitation. Currently it is about 49 days in average, thanks to the creation of an additonal network of part-time and outpatient services for former Soteria patients, among them a protected appartement for 3 patients, a day-hospital for about 10 patients, an outpatient and home treatment service for about 50-60 patients, and a center for early detection and treatment organised in collaboration with the Bernese university department of psychiatry. Another cost-reducing factor is the already mentioned fact that all cooking and household work is part of the therapeutic program and done by the members of the community themselves, without additional ressources.

Personal contacts between former patients, team members and relatives remain usually friendly and cordial over years, thanks mainly to very liberal visiting politics and regular monthly meetings between relatives and team members along so-called educational lines. Supportive long-term contacts with former patients are also favored by three informal meetings with team members per year, and by the

recent creation of a very popular mixed choir for former patients and staff members. Long-term evolutions of former Soteria-patients still are, however, only very partly known. A recent tentative reinvestigation of 22 patients which had participated at the 2-years follow-up study 25-30 years ago partly failed, because only 11 former index-patients could be relocated and were willing to collaborate. These 11 long-term catamneses provided a contradictory picture obviously without statistic signification. It corresponded, however, quite well to well known long-term evolutionary trends brought to light by a number of follow-up studies over several decades (among them our own, 13,14) which had revealed, roughly, about ⅓ full remissions, ⅓ minor residuals, and ⅓ severe chronicity (23). 3 of the former 22 patients were dead, 2 of them by late suicide. These figures, too, correspond to known long-term trends. According to these fragmentary findings, the early antipsychotic treatment in Soteria Berne had no significant impact on the often very complex long-term life evolutions over decades, except generally quite positive subjective memories.

Soteria's position in mainstream psychiatry and possible futur developments

In spite of its more more than three decades of successful existence, the Soteria approach remains marginal in current mainstream psychiatry. This is probably due to a complex mix of factors, among them structurual and administrative obstacles, negative prejudices against alternative socio-psychiatric solutions, and, especially in academic psychiatry, the nearly absolute dominance of drug-centred neurobiological approaches during the last two decades. Another important factor is the relative rarity of empirical research data on the Soteria approach and the lack of objective large-scale confirmations of its clinical value.

In spite of these shortcomings, the Soteria idea has continually spread out since its first European realisation in Berne/Switzerland 32 years ago, firstly to Germany, where

about 15 Soteria-like institutions were created during the last 15 years. Similar institutions were also implemented - under the same or another name - In the Netherlands, in Sweden, Israel, Japon, and in the USA. An international Soteria Association was founded in 1997 in Switzerland and restructured in 2015 in Germany. Given the emergence of a great variety of Soteria-like institutions, a «Soteria fidelity scale» was recently created in order to objectively evaluate and compare their quality and organisation (24). In addition, something that could be called «the spirit of Soteria» lead in many traditional psychiatric wards both in Switzerland and elsewhere, with or without explicit reference to the Soteria idea, to reforms toward more personalised approaches of humanistic or phenomenological orientation (25). Pressure in the same direction is often exerted by a widespread dissatisfaction of user organisations with the too unilaterally neurobiologically and drug oriented modern psychiatry which, allegedly neglects both the person and the social context of the patients. More integrative approaches are, however, also supported by recent neurobiological findings which speak for a strong influence of environmental factors - and especially of the quality of interpersonal relations and the «emotional atmosphere» of therapeutic settings - on normal and pathological brain functioning (26).

In the light of such findings, we believe that the Soteria approach is much more than just a marginal psychiatric curiosity or a nostalgic relict of the last century. Both the daily clinical experience over more than three decades and the available results of empirical research prove its considerable therapeutical and also theoretical potentials. Therefore, it still appears as a pioneering mouvement capable of inspiring the development towards a, hopefully, truly integrative psycho-socio-biological psychiatry of the future.

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