



# **Outside Mental Health Voices and Visions of Madness**

Will Hall

***Outside Mental Health: Voices and Visions of Madness*** reveals the human side of mental illness. In this remarkable collection of interviews and essays, therapist, *Madness Radio* host, and schizophrenia survivor Will Hall asks, "What does it mean to be called crazy in a crazy world?" More than 60 patients, scientists, journalists, doctors, activists, and artists create a vital new conversation about empowering the human spirit through transforming society.

"Bold, fearless, and compellingly readable...  
a refuge and an oasis from the overblown  
claims of American psychiatry."

Christopher Lane, author of *Shyness: How Normal Behavior Became an Illness*

"An intelligent, thought-provoking, and rare  
concept. These are voices worth listening to."

Mary O'Hara, *The Guardian*

"Must-read for anyone interested in creating  
a more just and compassionate world."

Alison Hillman, Open Society Foundation Human Rights Initiative

"Brilliant...wonderfully grand and big-hearted."

Robert Whitaker, author of *Anatomy of an Epidemic: Magic Bullets,  
Psychiatric Drugs, and the Astonishing Rise of Mental Illness in America*

**INTERVIEWS INCLUDE** Gary Greenberg, Bonfire Madigan, Robert Whitaker, Eleanor Longden, John Horgan, Alisha Ali, Christopher Lane, Clare Shaw, Ethan Watters, Paula Caplan, Jonathan Metzl, Tim Wise, Kalle Lasn, Arnold Mindell, & dozens more...

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## **Acclaim for *Outside Mental Health: Voices and Visions of Madness***

“Will Hall’s *Madness Radio* has long been for many a refuge and an oasis from the overblown claims and corporate interests of American psychiatry and Big Pharma. This collection of interviews and writings—bold, fearless, and compellingly readable—captures *Madness Radio*’s importance and fierce independence, urging us to think differently and anew about the ‘thought disorders’ involved in illness and wellness, sanity and recovery. Required reading.”

### **Christopher Lane**

author of *Shyness: How Normal Behavior Became a Sickness*

“This is a brilliant book... Nicely written, and wonderfully grand and big-hearted in its exploration of the world of mental health and much more. Remarkable in scope, *Outside Mental Health* delves into autobiography, psychology, sociology, philosophy, and spirituality. Will Hall elevates the radio interview format into an art.”

### **Robert Whitaker**

author of *Anatomy of an Epidemic: Magic Bullets, Psychiatric Drugs, and the Astonishing Rise of Mental Illness in America*

“Will Hall’s gentle wisdom shines through in this diverse collection of intimate interviews. *Outside Mental Health* adds to our collective understanding of the complexity of human suffering, and offers new opportunities for compassion and healing.”

### **Yana Jacobs, LMFT**

former Chief of Adult Mental Health Services, Santa Cruz County, California, and current Senior Program Officer, Foundation for Excellence in Mental Health Care

“It is an exhilarating challenge and a great pleasure to be interviewed by Will Hall—a widely knowledgeable and widely explorative interviewer.”

### **Maxine Sheets-Johnstone PhD**

author of *Phenomenology of Dance*, University of Oregon Department of Philosophy

“An intelligent, thought-provoking, and rare concept...These are voices worth listening to.”

**Mary O’Hara**

*The Guardian* newspaper columnist, and author of *Austerity Bites: A Journey to the Sharp End of Cuts in the UK*

“*Outside Mental Health* is a must-read, not only for those in the mental health field, family members, and those who experience extreme or altered states, but for anyone interested in creating a more just and compassionate world. Hall’s lyric, authentic voice, woven throughout, speaks powerfully to the dominant narrative about mental illness, and provides hope for transformational change in our approach to emotional distress.”

**Alison Hillman**

Open Society Foundation Human Rights Initiative, past Program Director for Disability Rights International, and 2011 appointee to the Presidential Committee for People with Intellectual Disabilities

“There are few books that I come across that make me want to drop everything I am doing and immediately read it on the spot. *Outside Mental Health* is such a book. Will Hall has given us a real gift: this book offers us a new, helpful, liberating—and dare I say, sane—way of re-envisioning our ideas of the nature of mental health and mental illness in a world gone mad. Truly an inspired, and inspiring, work.”

**Paul Levy**

author of *Dispelling Wetiko: Breaking the Curse of Evil* and Director of the Padmasambhava Buddhist Center, Portland Oregon

“Will Hall has done an extraordinary job bringing together a wide-ranging and diverse collection, all united by a concern with empowerment. These voices challenge current orthodoxy and constitute a fantastic resource for those who are seeking change.”

**Dr. Pat Bracken MD**

psychiatrist, philosopher, and Clinical Director of Mental Health Services, West Cork, Ireland

“This extraordinary book will make a difference for therapists and ‘patients’ alike. Interviews and essays acknowledge the overuse of medication and hospitalization, but don’t demonize these treatments... *Outside Mental Health* reads with fierce emotional intensity: journeys shaped by forced commitments, homelessness, and soul-crushing family conflicts, as well as extraordinary triumphs, creativity, and originality.”

**Stanley Siegel**

author, *The Patient who Cured His Therapist and Other Tales of Therapy*, and publisher, *Psychology Tomorrow* web magazine

“A terrific conversation partner.”

**Joshua Wolf Shenk**

author of *Lincoln’s Melancholy: How Depression Challenged a President and Fueled His Greatness*

“Phenomenal... a tome of treasures, filled with great findings for all kinds of seekers. And it begins with Will Hall’s story, bravely and lovingly told. This outstanding book has brought together a rich trove of fascinating interviews with survivors, philosophers, researchers, artists, psychiatrists, journalists and scientists, all of whom illuminate the darkness and plot innovative strategies for survival and recovery.”

**Susan McKeown**

Grammy award winning singer-songwriter

“*Outside Mental Health* explores the lived experience of psychosis and psychiatric treatments with openness and curiosity. Will Hall brings lessons learned from his own altered states and work as a therapist to offer fresh perspectives on madness and how to respond to it.”

**Arnold Mindell PhD**

Jungian therapist, founder of Process Oriented Psychology, and author of *Processmind: A User’s Guide to Connecting with the Mind of God*

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# The Muse's Call

## Bonfire Madigan

Bonfire Madigan Shive is a visionary cellist, vocalist, healing activist, and touring musician. A key figure in riot grrrl, queercore, and chamber punk, she was a founding collective member of The Icarus Project.

At night I'd be making  
up little magical worlds  
at four in the morning.  
I still believe there  
was a spirit in the wall  
behind where the  
doorknob hit, a portal  
to many worlds.

**WILL HALL** You've always been a visionary outsider, tell us about that.

**BONFIRE MADIGAN** My parents were counter-culture young people in the late '70s. My mother was a heavy trauma survivor who was in a car accident that so badly damaged her left brain she had to learn basic motor skills again. She was told it was unlikely that she could have kids. My father was a long-haired hippie who fell in love with my mom when she was sixteen. He would sit outside her hospital room and do all the physical therapy with her. My grandparents were going to put her in a nursing home, they couldn't fig-

ure out what to do. So my father said “Well I want to marry her.” She was underage, and my father became her legal custodian. A year and a half later I was born, conceived in a cranberry bog shack they were squatting in.

**WH This was in the Pacific Northwest?**

**BM** Washington State. I lived in tipis, in cars, and cabins with no running water or electricity. I was raised by a radical counterculture tribe of indigenous people and back-to-the-land people and farmer communities. I was renamed Running Pony by a woman named Horse Woman. She gave us a part quarter horse, part Shetland pony, and I named it Co-Pony. It would wake me up in the morning and I would ride through the trails down to where the breakfast nook was. I was about two and a half years old at the time. Before I could run in a straight line I could pull myself up onto Co-Pony.

That was such a different world; we treat our children so precious now.

**WH Your mom was partly in this reality and partly in other realities?**

**BM** She was so different and an amazing force, an intense anti-authoritarian. She had to deal with being ostracized and pathologized and being told she wasn’t smart. I dealt with that a lot, that people like us just weren’t as smart as other people.

We moved around frequently, and there was always dread of our housing being taken away or even me and my sister being taken away by Child Protective Services. When the school became concerned that I was malnourished at the age of seven or eight, I had to perform for their assessment. I learned “Ok, I see the role they want me to play.” So that is how I fell in love with being a performer. I became a story-teller and moved into different roles and shoes. It was a healing possibility for me, and freed me from some of the persecution and judgment.

**WH Your family ran into conflict with the system and police?**

**BM** That threat was always there, often because of my mother’s behaviors. She just wasn’t going to conform. She would do a lot of really bizarre things that would confuse and enrage people. She was also always dealing

with addiction, and I trace that back to the hospital telling her she needed something from outside to heal her, whether it was drugs, vocational schools, or whatever. She tried to work but she got fired from fast food restaurants, she got kicked out of programs because she just wouldn't behave. They would say she had an IQ of 30-something, and that would of course break her spirit. But she was so childlike and so positive most of the time, she was a real healer. She just naturally carried around this non-judgmental healing energy that made you feel heard and listened to. She believed in each person's own healing capacity. She worked with kids with disabilities, and older people, and was a private nurse for a few years. It exposed me to people who were experiencing reality in different ways, friends with cerebral palsy she was taking care of, a young boy with Huntington's disease. I found myself attracted to these kids and the way that they were experiencing the world and how we could learn things from each other. So I think even at the age of nine I was involved with disability rights.

#### **WH Did you yourself ever end up in the system?**

**BM** Mom lived with the constant threat of Washington State Hospital, in Skagit Valley where she grew up. She had uncles who worked there, and they had thrown her brothers and sisters in when they were on acid trips they couldn't come down from. After she was in the coma my mom had so much fear, paranoia and rage about her own hospital experience. She would say "I would rather die or be in jail or on the streets than in a psych ward." That's such a young age for me to hear that she would rather die.

Once the school sent a child psychiatrist to our house to see if I was malnourished. He was completely the stereotype: a white guy with a beard and a little turtleneck sweater. I felt all this shame, I remember looking at my dad like "I'm so sorry, I'm so sorry." There was nothing wrong, but I knew "Ok, I have to perform this role to make the psychiatrist go away." My mother used heroin, it was her way of self-soothing, so there would be a lot of altercations with police. I would often get persecuted under this guise of concern.

Then the principal pulled me into her office wanting to know if I was a drug dealer or doing drugs. By this time I was into Riot Grrl, fem-

inism, music, and I was a vegan, I was going to Earth First! and Queer Nation meetings, getting totally radicalized. I felt so much shame when my dad looked at the principal and said “It isn’t Madigan, it’s her mother who is the heroin addict.” It was the first time I heard my dad say that to somebody outside of our family, and I had so much shame I started with tears.

I couldn’t look at the principal in

the face but I wanted to throttle her, it was just so insensitive. And then she looked at me and put her hand on my shoulder and said, “I know what you’re going through, my husband is a chain smoker.” My dad and I looked at each other and we had a little chuckle, “Ok, you upper middle class liberal.” But we knew the principal meant well. But it was like, “Thanks, and... can we go now?”

**My mom lived with the constant threat of Washington State Hospital. She would say “I would rather die or be in jail or on the streets than end up in a psych ward.”**

**WH When did art become part of who you are?**

**BM** My mother made me a Raggedy Anne doll, and it was like my best friend. I would talk with it, we’d swap clothes, it was my companion that I would tell my deepest secrets to. And as I got older my mom would go through many different states, there was a lot of rage and a lot of pain, dishes flying across the kitchen, things like that. And I remember feeling “I don’t know what love is unless it’s things smashing around me.”

I had a little room with a hole in the wall exactly the size of the doorknob from the door being slammed so much. At night I’d be up making little magical worlds at four in the morning. I still believe there was a spirit in the wall behind where the doorknob hit, a portal to many worlds. I called the spirit Whisper, it was very androgynous and childlike, and I would put my mouth up to that hole and we would talk.

A few years later I found the cello, my life-long amulet and friend. I connected to a dialogue beyond text and dominant languages.

**WH How did you discover the cello?**

**BM** I was nine for “meet the instruments day” at school, and they paraded all of us into the cafeteria with instruments set up. At first I went right for the trumpet, but a woman intervened and said, “Oh, no. Your mouth is all wrong for the trumpet.” So I went to another line, and out of the corner of my eye I saw a big violin. Something clicked in me and I started thinking, “That’s what I want.” So I said “What’s that big violin, can I play that, can I try that?” And the woman said, “Oh, no, we decided we’re not getting it out, but there’s these flutes over here...” I was usually the smallest girl in the room, I was very small for my age, and I felt like she was sending me to this little petite thing, the flute. So I lost it. I think because I felt shut down by that woman, I threw a tantrum and started screaming, “I want the big violin! That’s what I want! The big violin!”

## **I threw a tantrum and said “I want the big violin! I want the big violin!”**

Finally they handed it to me, and I put my arms around it and it was just like the Raggedy Anne doll my mom made. It was like hearing Whisper in the door. Just running my hands on it felt like a woman’s body, or my body, so human yet wooden, it took me back to living in tipis and the trees and the forest. And when I held that bow... that’s horsehair in the bow, you know... it connected everything up to that point together. And I said, “What is this? What is this?” She said, “It’s a cello.”

I ran home, and my mom was doing bong hits or something, really loaded. I said, “Mom! I know what I’m going to do. I’m going to play the cello!” And she looked at me and smiled because I was so happy. But then she just said, “What the heck is a cello?” And in that moment I thought, “This amazing wooden thing I just had my arm around, I’m going to make it about us, about my mom and me, I’m going to make it about who we are.” And that’s what I set out to do.

**WH** Beautiful. How did you bring the cello into punk rock and Riot Grrrl? No one had done that before.

**BM** I was in Seattle in the early '90s and we would drive down to Olympia for the all-ages shows, and I got exposed to punk, which was an ideology of “find your creative voice and share it with us.” I was seeing performances and music and words that I had never heard on the radio or TV. I started to realize I could use what I had, acoustic instruments, and instead of an outward explosion of energy and rage and voicing, I could draw people closer and have them lean in. I started the band Tattle Tale

**Sometimes I had to say things no one wanted to say, and then people would get scared of me. I didn't know how to express things in a way that was compassionate.**

with Jen Wood, and next thing you know we're playing at these hardcore punk boys' shows where they've got their shirts off, and when it was our turn we would play right in the middle of the mosh pit where all that energy was, without any mics or anything, and we would play our songs. And these teenage, shirtless, sweaty boys would sit down and lean in and kind of touch each other and they're listening to us, and people were crying. Jen was fifteen at the time I had just turned seventeen.

**WH** How do you create songs?

**BM** Every day to me is alive, an electric moment that I am conversing with. This is what keeps me excited about being in this reality right now, and keeps me away from what I call my “deep-pressing-end,” and my relationship to my suicidal feelings. It's almost like there's always something waiting there to reveal itself to me, and I am in a position to hear it and absorb it, and then I can sculpt with it.

**Every day to me is alive, an electric moment I am conversing with.**

**WH** You mentioned being a livewire for the present moment. Can that vulnerability be difficult?

**BM** Sometimes I had to say things no one wanted to say, and then people would get scared of me. I didn't know how to express things in a way that was compassionate, so it alienated me from a lot of people. And I had so much of my own trauma. After my mom died people close to me couldn't handle it, they didn't know she was using heroin. A lot of people died in my family and my life, so that was really hard, the isolation. After burning out my lovers and friends, I became aware that I needed to put my healing in my own hands. Now I create a life and a schedule that is healing to me, and I don't feel judged for it. If I need to sleep from 6am

to noon, this is where I'm at, and people have to support that.

**Punk was an ideology of "find your creative voice, and share it with us."**

**WH** Did that lead you to become a mental health activist?

**BM** I felt so sensitive that I was collecting a lot of stuff around my home, so much that my partner said "I think you should go to this meeting." So I started going to groups for people with hoarding issues. Then I became facilitator,

and then was hired as an advocate around harm reduction, homelessness, and accommodations for people with mental health "disabilities."

Today I feel safe sharing all this publicly because I have a whole community around me of people who talk about states of consciousness and mood extremes. We are the web we weave together to save our own lives. I want to create a world not only worth living in but worth thriving in, a world we can all be excited about contributing to. That is something my mother didn't get in her lifetime, and it definitely fuels me. For me this is a very exciting time, a kind of, as the Zapatistas of Mexico like to say, global-awakening for the humble, simple people. A time for all of us to heal. ■

# Remembering John Brodie Inez Kochius

Inez Kochius is a Freedom Center and Madness Radio volunteer who supported her friend John Brodie. The article "A Vt. Drowning Sets Off A Story of Revelations," about John Brodie's death, appeared in the *Rutland Herald* on April 9, 2006.

I am blessed that John Brodie was in my life.

At 36, John was a Princeton PhD and already a world-renowned string theory physicist; the *Journal of High Energy Physics*, for example, published his essay "*D-branes in Massive IIA and Solitons in Chern-Simons Theory*." He was also a psychiatric abuse survivor, whose non-ordinary mental states were repeatedly met with forced treatment in hospitals.

On the night of his death, John was not violent or suicidal, or breaking any laws, but was behaving in a strange way: knocking on doors at 11pm.

Confused and frightened neighbors called 911, and when police arrived a harmless situation escalated into a tragedy. John was terrified of the police and the threat of forced hospitalization. He ran away in a panic, fleeing into a freezing river. He drowned.

John's death is a great loss to the world.

In John's memory I ask people to stop the oppression and the torture of forced treatment. We can all start by making a conscious effort to change our thinking, abandon our fears, show love and gentleness, and accept and embrace each other's differences.

The police have *no* place in mental health care. The police are an armed force: frightening, violent, and intimidating with their guns and uniforms.

I still miss John, and the injustice is beyond words. To me John did not accidentally drown, he was driven into the water: by all of us. ■

# Inside Soteria House

## Voyce Hendrix

Voyce Hendrix was clinical director of the Soteria project, worked closely with Soteria founder Dr. Loren Mosher, and was co-author of the National Institute of Health report on Soteria.

A lot of people went all the way through a psychotic process without medications.

**WILL HALL** Were you always interested in psychology and working as a therapist?

**VOYCE HENDRIX** I actually thought of myself as an athlete more, I was a pole vaulter. But the military changed that. I was drafted, and that's very different from a volunteer army. The military changes you, you grow up real fast.

I remember working in communications and we had these different codes, and one day I saw one and thought, What is that? The code was "Vietnam." This was right before the war escalated, but I had done my time in the Army and so I was discharged.

I became a touring musician, traveling around. It was probably about a year on the road, and one night I remember waking up in a hotel, not having a clue where I was or what I was doing, thinking that all of these hotels are the same. I was by myself and I thought, "I can't do this anymore. This is not who I am." So I ended my music

career. My girlfriend was on staff at Agnew State Hospital and suggested I try working there, so I did. That was 1965.

**WH** How did you meet Loren Mosher and become clinical director of Soteria House?

**VH** Loren did a double-blind study at Agnew State Hospital when I was there that had a huge impact on hospital culture. They assigned new psychotic patients either placebo or medication, to show people could get better without medication. This was the '60s and at the time young people were growing their hair and dressing informally. But all Agnew staff, including me, wore white uniforms and hats. Within a year of the study the entire staff wore normal clothes, and you could wear a beard. That study transformed hospital culture.

**WH** How did the study go?

**VH** Though it was a double blind study, the staff claimed to “know” who was taking medications and who wasn't, because of who got better. But at the end it was almost totally the opposite: people the staff thought had recovered because they were on medication were actually not on medication.

This was a time of great changes. My friend David Rosenhan did a hugely important research study, “Being Sane in Insane Places,” where hospitals labeled graduate student volunteers with schizophrenia solely because they said that they imagined hearing a strong noise.

After the Agnew project Loren got a proposal for the Soteria House study, which he ran from 1971-1983 in San Jose California, and he invited me to be involved. I was considering quitting the field altogether, but something happened at Agnew that made me stay.

A young kid around 21 was admitted to the hospital unit at Agnew where I worked. He would sit and gesture to himself, smiling and sort of laughing. The head nurse was very upset he was making gestures, and said he clearly needed medication. We went to give him a shot and he immediately stopped what he was doing and was very rational, and said, “No, I don't want the medications, I am allergic to it.” There was nothing in the chart saying he was allergic. So we held him down and gave him the shot.

It turned out he was in fact allergic like he said, and he had an aller-

**People who came through Soteria had markedly better results: less criss, fewer hospital readmissions, less long term disability and much lower medication use.**

gic reaction to the medications. He wound up biting a large chunk out of his arm. It was a very vivid thing to see. It disturbed me.

Something was wrong, I had learned nursing, and this didn't make sense. He wasn't doing anything or hurting anybody. The fact was that the *nurse* was upset. But we dealt with him instead of dealing with her. At Soteria, if I saw someone like this guy and I said, "We need to do something," other Soteria staff would point out that it was *me* who was upset, not him.

There were several of those kinds of incidents I saw as a traditional nurse, so when Loren was talking about doing innovative things, I took a large cut in pay and went to work at Soteria.

Loren was chief of the Center for Studies of Schizophrenia at the NIMH at the time he started Soteria: he was in the top position in psychiatry in terms of public service, at least. And he had also spent a year in London at Kingsley Hall.

**WH That was Scottish psychiatrist R.D. Laing's experimental community at the Philadelphia Association.**

WH Folks with a mental health issue could live in a sort of asylum at Kingsley Hall. And no one had staff status, there were people called Friends of Kingsley Hall just to be there and be supportive. In his time there Loren saw people going through psychotic processes without medication and coming out doing better on the other end. Some people were using medications, and there were a lot of people not doing well, but overall it was therapeutic and people were being helped.

Loren couldn't explain why some people were getting better or some weren't, so he came back to the US and designed a study using some of what he saw at Kingsley Hall, adapted to the US culture. The first Soteria

staff trained with Jungian John Weir Perry, and we did a retreat at Esalen, the human potential movement center.

**WH** How was the Soteria research designed?

**VH** Clients we accepted had to be on their way to being hospitalized, considered a danger to themselves, danger to others, or gravely disabled. People were very psychotic when they came to Soteria. We also didn't take people with drug or alcohol issues, which could confuse things. And we didn't take married people because they already had a greater likelihood of recovery. We focused on people who were at most risk for becoming chronic in the system, people aged 18-35 who would get diagnoses like schizophrenia, paranoid schizophrenia, or bipolar with psychosis.

**WH** What was the medication policy at Soteria?

**VH** For the study 100% of the control group at the county hospital received medication. At Soteria we did use medication, but it was only about 8% of the clients, and it was short term. There was also a third control group of people who were considered for Soteria but who were turned down because it was full, to make sure they had similar outcomes to the hospital group and we weren't taking only the clients more likely to recover clients.

People who came through Soteria had markedly better results: less criss, fewer readmissions, less long term disability, and much lower medication use. Soteria clients also ended up with much better employment than the hospital group; I even ran into a former client who now works a job in high tech. And the costs between Soteria and the hospital group were about the same.

**If I saw someone like this guy and I said, “We need to do something” other Soteria staff would point out that it was *me* who was upset, not him.**

**WH** What else was different about Soteria?

**VH** What really stands out about Soteria is that we tolerated what we call psychosis. As long as people were not hurting anyone we tolerated it. And a lot of people went all the way through a psychotic process without medications.

**WH** To tolerate psychosis often means stretching taboos and ideas of what's acceptable. Getting naked, being idle for days and days, anger, vulgarity, weird communication styles, obsessive ranting, solitude... as a society we assume it's degrading for someone to go through such things, so we prefer to medicate them into looking more acceptable.

**One of the problems with the mental health system today is we are not there. You give medication and then people are just so isolated.**

**VH** If someone was in a psychotic state and left the house, for example, we didn't stop them. Soteria was never locked. If they walked out the door we just walked with them.

I remember one man who said, "I'm taking off, I don't want to be here anymore" and walked out. I felt really unsafe seeing him to do that, so I walked out behind him. He said, "You stay here!" And I said, "I feel uncomfortable where you are at this point." And I walked behind him for a while, and after a mile or so walking we started talking. We walked for at least four or five miles around town talking for several hours, and eventually wound up back at the front door of Soteria. And he went back in, went upstairs and went to sleep. He was over it.

**WH** I'm trying to imagine that happening in a hospital setting today: at one outpatient residence where I lived, I was told if I even tried to leave they'd call the police.

**VH** We had that commitment to people, even people we think are so delusional they're not in touch. It wasn't about technique, it was about relationship.

Let me give an example: the first resident at Soteria was very psy-

chotic. One night she and I spent a lot of time sitting together, and I had no idea what she was talking about, but I was trying to use this technique I learned from a Freudian, Melanie Klein: I kept interpreting what she said in terms of “Good Mommy” and “Bad Mommy.”

Years later she had left the system and was doing great, is a surfer, enjoying having her life together. We were talking together at a restaurant, and she says, “Do you remember that night sitting together? That was so comforting, it was one of the best days of my life.”

Then she says, “But you were kind of strange, you kept talking about ‘Good Mommy’ and ‘Bad Mommy.’” Here I was thinking I was a great therapist, but she was more in touch with herself than I was at the time! It was the comfort that was important, not some psychoanalytic interpretation I was offering.

And from that point on, in my whole professional life I saw interventions and approaches as making no sense. We have an idea that people are broken and we fix them with our interpretations and techniques. It’s not about that. It is about relating to people.

So working there affected me as much as it affected others. I am a very different person because of Soteria.

### **WH** How did relationships at Soteria help people in psychosis?

**VI** I don’t believe the brain is broken to begin with. I don’t know what schizophrenia is and I don’t think anyone else knows. These are labels that we have put together. A diagnosis just means a normal brain has the capacity to do all kinds of things and function in all kinds of ways. We adapt to the social system, we adapt our values and behaviors. Humans can’t survive in systems where they don’t understand the rules. So we create some kind of other reality and then work within that reality. That gets called psychosis. I think that’s what’s going on.

If you create a healthy social system, people will pick out of that social system what they need to balance themselves. I can be who I am and I can

**Soteria was never locked. If they walked out the door we just walked with them.**

be there, and then the other person maybe can use something from me or maybe not use something from me, and thereby change who they are. But there is no way for me to do that *to* the person.

The best and most powerful thing we can do in a therapeutic setting is to be there. The brain has a capacity to change. It's like if you hurt your hand or arm and you keep it clean, 90% of the time it will heal itself.

One of the problems with the mental health system today is we are not *there*. We give medication and then people are just so isolated. That's why other countries around the less developed world, without modern treatment systems, often have better recovery. People are not institutionalized, they stay with their families, their behaviors are more or less tolerated. They can go out in the community, because the community itself is more flexible in allowing for strange behavior. And so people get through it.

**WH** Is there one more example or story you wanted to share from Soteria?

**VH** 50% of the positive outcomes at Soteria came from something we only realized after the research was analyzed: anyone who went through Soteria was encouraged to come back to Soteria and be involved at some level.

**If you create a healthy social system, people will pick out of that social system what they need to balance themselves.**

So what happened is that a large connected community was formed, and that helped people recover.

In 1983 when we closed Soteria we had a final get together for everyone. And just by calling three staff and two ex-residents they were able to locate 80% of folks who went to Soteria. That's how connected the community was.

**WH** People really stayed in touch and formed lasting friendships.

**VH** There was one woman who left Soteria and went back to her secretary job. Then when something happened in her family, her mother died

I think, she showed up again at the house. You would see her with everybody, hugging and laughing and talking. Then an old staff or ex-resident would start talking to her and it would come out what had happened. She did this at least four times during the thirteen years we were there, a loss, a breakup with a boyfriend, or different things. She would be with us for three or four hours, maybe sleep on the couch over night, then go to work

**Humans can't survive in systems where they don't understand the rules, so they create some kind of reality and then work within that reality. That gets called psychosis.**

the next day. And then years later she would come back. Without that kind of support it's more than likely she would have ended up hospitalized again.

**WH** After I left a facility where I lived in San Francisco, I tried to contact one of the few friends I made. Staff wouldn't help me reach him. They could have used an intermediary if they were concerned about his privacy, but they didn't.

**VH** A lot of ex-Soteria folks became volunteers and several of them became staff. Most of the folks there as residents came back once or twice after they moved out. Soteria was a kind of a flop house! And a lot of the new residents would wind up making friends with an ex-resident who was hanging around, and so they had someone to share a room with as a way out to leave Soteria.

Soteria happened thirty years ago. People say we can't do studies like this today, because we have become so pro-medication that a project like Soteria, where we didn't use meds, is considered unethical. But the human impact of medication, the dismal recovery rates, the wasteful cost of traditional hospital care... it all says we have to look at history and at Soteria for a new way forward. ■

# Letter to the Mother of a “Schizophrenic” Will Hall

California has gone through a long political struggle around whether to involuntarily treat and drug people in mental health crisis. This essay, written in 2015, is a response to that struggle, and appeared in *Psychology Tomorrow* web magazine and *Mad In America*.

## How can friendship and trust possibly come out of violence?

A few months ago I met your son. He said he would be waiting for us in the Berkeley park near where he sleeps outside at night, but at the last minute he called and was in San Francisco. He said he was at “the Mrs. Doubtfire house” with a photograph of his best friend, and that the photo showed numbers and codes predicting Robin Williams’ suicide. He found the house where Williams made one of his films, and was trying to talk to the owner: it was all part of a complex plan, marked mathematically in signs and omens he was collecting.

We drove across the Bay, worried. Were we too late? Would he be arrested and end up in the hospital again, this time for trespassing and harassment, a psychotic man caught bothering someone at a private residence?

When the GPS showed we were getting near the address he gave, I started to see people milling around, a commotion, cars stopped. My first thought was that something had happened. May-

be we weren’t in time, maybe he was already in trouble with the police, arrested at the house he seemed obsessed with?

At Steiner and Broadway we found your son, sitting on the sidewalk, but he wasn’t alone. He wasn’t the only one interested in the Mrs. Doubtfire house. The sidewalk was strewn with flowers, and dozens of other people were also there. What first seemed crazy, now seemed normal: many people, like your son, were drawn to the private residence where a Robin Williams film was made, to commemorate the actor’s suicide with a pilgrimage.

I walked up to your son and greeted him, unsure how this young disheveled man would respond to me. I had been told he was considered “severely mentally ill,” the worst of the worse, so beyond reach in his delusions that clinicians were considering using force to bring him

**We can, and must, do better. We must think outside of the false choice between coercion or no help.**

to the hospital for treatment. But as soon as we made eye contact I was surprised. There was a clear feeling of affinity and communication. He explained in rapid speech about the numbers and messages on the photo, Robin Williams’ middle name, and the sidewalk code. It was all part, he said, of an alphanumeric psyche that communicates to him through signs and coincidences.

It was exhilarating and exhausting keeping up with the math calculations, anagrams, and nimble associations that flowed when he spoke. But he also at times talked normally, planned a walk up the street to a coffeehouse, explained what had happened about our delayed meeting. I lost the thread at different points in our discussion, but one thing was clear: your son is brilliant. I was not surprised when he told us he got a perfect score on the SAT. “It was easy,” he explained when I asked. “Anyone can get a perfect score if they take the practice tests.”

We were quickly engrossed in conversation, and when he unexpectedly wove the author Kurt Vonnegut into the pattern, my eyes widened. Just moments before our meeting I was talking with my colleague, telling my own story of meeting Vonnegut. And now here your son was mention-

ing the author. I was amazed by the coincidence. As your son's talk became wilder and more complex, referencing the Earth Consciousness Coordinating Office, SEGA Dreamcast, and numerology, and as he did math equations instantly to prove his obscure points, I sensed an uncanny power and clairvoyance in the air. I was in the presence of someone in a different reality, but a reality with its own validity, its own strange truth. A different spiritual view.

Perhaps I am eager to raise up your son's talents because today he finds himself so fallen. I don't romanticize the suffering that he, or anyone, endures. His unusual thoughts and behavior led to a diagnosis of schizophrenia, and seem to be part of deeper emotional torment he is struggling with. I don't romanticize because I've been through psychosis and altered states myself. I've been diagnosed schizophrenic, many years and many life lessons ago, moving on with my life only after I found ways to embrace different realities and still live in this one.

So when we met your son I was completely surprised. The "severely mentally ill man" I was told needed to be forced into treatment was intelligent, creative, sensitive... and also making sense. Like someone distracted by something immensely important, he related to us in fits and starts as he sat in conversation. Living on the street and pursuing an almost incomprehensible "calorie game" of coincidences on food wrappers isn't much of a life, perhaps. And maybe it's not really a choice, at least not a choice that most of us would make, concerned more with getting by than we are with art, spirit and creativity. But what surprised me was the connection I had with your son. Because I took the time, and perhaps I also have the background and skill, I was quickly able to begin a friendship.

By taking interest in his wild visions, not dismissing them as delusional, and by telling him about my own mystical states, not acting like an expert to control him, we began to make a bond. Tentative, fragile, but a beginning. I spoke with respect and interest in his world, rather than trying to convince him he "needs help." What, after all, could be more insulting than telling someone their life's creative and spiritual obsession is just the sign they need help? That it has no value? By setting aside the professional impulse to control and fix, I quickly discovered, standing on that cold sidewalk and then over hot tea in a cafe, that your son is able to have

a conversation, can relate, communicate, even plan his day and discuss his options. Some topics were clearly pained, skipped over for something else, and he was often strangely distracted, but it was after all our first meeting, and I sensed some terrible and unspoken traumas present that were still not ready to be recognized. But to me, clearly, he was not “unreachable.”

That we had a connection in just a short time made it very hard for me to understand why you or anyone would want to use force, to use *violence*, to get him into mental health treatment. A traumatic assault by medical personnel, instant mistrust, betrayal, restraint, then a complex web of threat, coercion, and numbing medications to impose compliance, possibly a revolving door of re-hospitalization, more medications, more threats and force and police... Surely creating a relationship, building trust, and interacting with compassion over time is a much better way to show concern and offer help?

**I was in the presence of someone in a different reality, but a reality with its own validity, its own strange truth.**

When you think you know what is best for someone, it might seem faster to send a patrol car and force them off the streets and into a locked hospital cell. But would that really be safer? For whom? Or would it push someone farther away, undermine the connection needed to find a real way out of crisis?

You’ve become an outspoken public advocate of new legislation to empower clinicians to intervene drastically in the life of your son and others like him. In pushing for so-called “Laura’s Law” the idea is to pressure, through force, compliance with medication and hospital care. Your son, homeless and in an altered state, is today held up as a perfect example of why force is needed. I share your desire to help people in need; that’s why I went to meet your son in the first place. And I agree that our broken mental health system needs fixing, including new legislation and new services. I do want your son to get support. I want there to be more resources, more access to services, more connection, more caring, more healing. But I do not see your son, or people like him, as so “unreachable” that they cannot

form a relationship with someone genuinely interested. That just wasn't the man I met that day. I don't see him as so less than human that his own voice and perspective should be ignored. I don't see strange beliefs and an outsider lifestyle on the street in any way justifying the violence of forced treatment. I don't see him as any different than any other human being, a human who would be terribly damaged by the violence of force, confinement, and assault, regardless of it being perpetrated in the name of "help."

That day I met your son I met a man possessed by a mysterious artistic and spiritual quest that others around him can't understand. He is homeless and perhaps very afraid deep down, but he is a person with feelings, vulnerabilities, emotions.

Alongside the rapid fire associations that I couldn't keep up with, he was also capable of connecting. His pilgrimage to Robin William's Mrs. Doubtfire house wasn't some lone obsessive symptom, the sign of schizophrenia and a broken brain, but understandable when put in context.

His ranting was not a meaningless mutter but a creative and encyclopedic stream of enormous intellect. Yes he seemed to be in touch with some other reality, an altered state that demanded most of his attention. Yes I would love to see him living indoors, less afraid, more cared for and more caring for himself. I'd like to see many homeless people in the Bay Area have the same. But no, this is not a man I would want to force into restraints, injections, and confinement. I would not want anyone to be subjected to such violence, and it is violence, as people who have endured it will tell you. I would not want to destroy my emerging friendship with him with such an attack, because I know it is friendship, long, slow, developing connection and understanding, that can truly heal people who are tumbling in the abyss of madness.

Concerned and wanting to help, wouldn't it be better for us to find the resources to gently befriend your son, to learn more about him, create trust, and meet him in his life and world? Even if this took patience, skill, and

**The sidewalk was strewn with flowers, and dozens of other people were also there. What first seemed crazy, now seemed normal.**

effort? Isn't this how we want others to approach us if we seem, in their opinion, to be in need of help? Don't we want our voice respected if we disagree with someone about what is best for us? How can friendship and trust possibly come out of violence?

**It might seem faster to send a patrol car and force them off the streets and into a locked hospital cell. But would that really be safer? For whom?**

Again and again I am told the “severely mentally ill” are impaired and incapable, not quite human. I am told they are like dementia patients wandering in the snow, with no capacity and no cure, not to be listened to or related to. I am told they must be controlled by our interventions regardless of their own preferences, regardless of the trauma that forced treatment can inflict, regardless of the simple duty we have to regard others with caring, compassion, and respect, regardless of the guarantees of dignity we afford others in our constitution and legal system. I am told the “high utilizers” and “frequent flyers” burden services because they are different than the rest of us. I am told the human need for patience doesn't apply to these somehow less-than-human people.

And when I finally do meet the people carrying that terrible, stigmatizing label of schizophrenia, what do I find? I find a human being. A human who responds to the same listening and curiosity that I, or anyone, responds to. I find a human who is above all terrified, absolutely terrified, by some horrible trauma we may not see or understand. A human being who shows all the signs of flight and mistrust that go along with trauma. A person who may seem completely bizarre but who still responds to kindness and interest, and recoils, as we all would, from the rough handling and cold dismissal so often practiced by mental health professionals. Listening and curiosity might take skill and affinity, to be sure, when someone is in an alternate reality. But that just makes it even more of a responsibility to provide that skill and affinity. Do we really want to add more force and more violence to a traumatized person's life, just because we were not interested in finding a different way?

Your son may be frightened, may be in a different reality, may spend most of his time very far away from human connection. But his life, like everyone's, makes sense when you take time to understand it. He deserves hope for change, and he deserves careful, patient, skilled efforts to reach him and to connect, not the quick fix falsely promised by the use of force.

Even under the best of circumstances mothers and sons sometimes have a hard time communicating. Many young people refuse help just because the hand that offers it is the hand of a parent they are in conflict with. Perhaps the need for independence is stronger than the need to find refuge in the arms of a parent. Perhaps children flee their parents in spite of themselves, because of some complex reality they are seeking to overcome, some developmental impulse for independence and autonomy. So maybe the help that is needed is not just for the sick individual but for repairing broken relationships. I say this because after my own recovery from what

## **I do not see your son, or people like him, as so “unreachable” that they cannot form a relationship with someone genuinely interested.**

was called “schizophrenia” I became a counselor with families. I see again and again, and the colleagues I work with also see again and again, that by rebuilding relationships, not tearing them down with force, healing can occur. A young person whose promising life and career were interrupted by psychosis can regain hope for that possible future.

A simple look at the research literature over the past 50 years shows that recovery from what is diagnosed as schizophrenia is well documented and a real possibility, for everyone. Not a guarantee, but a possibility worth striving for. It is only in the past few decades that we forget this basic clinical truth about the prognosis of schizophrenia and psychosis, and instead predict chronic, long term illness, for everyone (and lifelong customers for the pharmaceutical companies). Such a prediction threatens to become a self-fulfilling prophecy, as we lower our expectations, give up hope, and relegate people to a lifetime of being controlled and warehoused in the identity of “severely mentally ill.”

I do believe help is needed, help not just for your son, but help for everyone in the family affected by the strange and overwhelming experience of psychosis. But when parents, who are alone and desperate to change their children, resort to pleas for force and coercion, they risk sacrificing the very connection and bond that can be the pathway towards getting better.

I hear the claim that Yes, we should respect the right to refuse help, but when people are suffering so greatly and everything else has been tried, we have no choice but to infringe on freedom. This is false. We have not already tried everything we can. We have not tried everything we can with your son, or with you. There is a huge wellspring of creative possibilities, skill, and resources possible if we just direct our mental health system to try harder and do better for you and your son and the many people like you. It takes money, vision, and political willpower, but people struggling with mental illness deserve the dignity of true help, not false promises of quick fixes.

We can, and must, do better. We must think outside of the false choice between coercive help or no help. We might start by asking people who have recovered from psychosis, and there are many, what they needed to get better, and give them a leading role in shaping our mental health policies. We might start by respecting people’s decision to avoid treatment, and seek to understand the decision rather than overpower the person making it. When you have been traumatized by violence from those offering help, avoiding treatment might even be a sign of sanity, not madness.

**His ranting was not a meaningless mutter but a creative stream of enormous intellect.**

Maybe some of us, when we are terrified, discover different realities to hide in. And maybe some of us, when we are terrified about people we love, reach for help in desperate measures like forced treatment policies and Laura’s Law. I believe that people who are afraid, perhaps such as your son and perhaps such as you yourself, need caring, kindness, patience and listening. Trying to force you, or him, to change may only drive us all farther apart.

I believe it is often the most brilliant, sensitive, artistic, and yes sometimes even visionary, telepathic, and prophetic people who get overwhelmed by madness. We need to discover who they are, and meet them as we ourselves would want to be met, rather than giving up hope for human connection.

At the cafe where we talked, the waiter was polite, but kept his eye on your son, seeing only a dirty and homeless schizophrenic, not the human being I was getting to know, not the son you love dearly. When we said

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and unspoken traumas  
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goodbye I tried to imagine what it would be like, living rough on the street, facing suspicion or worse from everyone I passed. I imagine it would be lonely, that I might fall asleep at night missing my childhood home, missing my mother. ■