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Three Years of Antipsychiatric Practice at the Berlin Runaway-house

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SUMMARY: This paper describes life in an anti-psychiatric institution, where people can live without psychiatric diagnoses or drugs and regain control over their lives.

KEY WORDS: User control, antipsychiatry, survivor movement, drug withdrawal

The Berlin Runaway-house 'Weglaufhaus' was finally opened on January 1, 1996, after ten years of struggle for its realization. It is the first anti-psychiatric institution that managed to get official funding as a crisis centre for homeless survivors of psychiatry.[1] The Runaway-house is a place for people who want to get out of revolving-door psychiatry and have decided that they want to live without psychiatric diagnoses and psychiatric drugs. It opens up a space outside or beyond the (social) psychiatric net that keeps people dependent, a space in which the residents can try to regain control over their lives. Here they can recover, regain their strength, talk about their experiences and develop plans for the future without psychiatric views of illness blocking access to their feelings and their personal and social difficulties. Refusing any diagnoses opens new perspectives on people's lives which for years have been categorized and reduced to symptoms to be combatted or reduced. Responsibility returns to the residents themselves.

It took ten years of fighting

The Runaway-house originates from the survivor movement in Germany.[2] After being a project group within the Lunatics' Offensive (Irren-Offensive), a self-help group for survivors, the Association for Protection against Psychiatric Violence (Verein zum Schutz vor Psychiatrischer Gewalt e.V.) was founded in 1989 as a mixed group of survivors and other antipsychiatric activists. In 1990 a private donor whose son killed himself in a psychiatric institution bought the villa which was turned into the Runaway-house. The house, being the only prerequisite for the Berlin Senate to assure the financing of its running, turned out to be no longer sufficient after political majorities had changed. It took another six years of intensive fighting with contradictory demands of the various authorities involved until finally a day rate remuneration for people's stay in the house was agreed upon according to §72 BSHG (Federal Social Welfare Law) 'Help in special social difficulties'. This also meant limiting the target group to clients who are homeless or in danger of losing their homes.

Being an openly antipsychiatric project the Runaway-house continues to challenge psychiatry and to be perceived as provocation for a lot of different social actors. The neighbours went into court in order to prevent the house from opening but did not succeed. However, they are still

carefully observing the house, although so far nothing extraordinarily dangerous has happened. The Runaway-house also has a lot of political enemies, but we hope that the longer we prove that we are working successfully, the weaker their position gets.

Daily life in the Runaway-house

The concept consists of not having a concept. Instead of being a therapeutic institution, the Runaway-house focusses on everyday life. Up to thirteen residents share the old villa in a Northern part of Berlin and organize the household, i.e. cooking, cleaning, shopping, working in the garden or looking after the house by themselves. The workers have a different role and serve as facilitators or supporters and so holding the house together, ensuring its functioning.

The team consists of 10 part-time permanent workers and two who work on a honorary basis. More important than formal professional qualifications are qualities such as attentiveness, tolerance, sensitivity, openness, personal experience, the ability to deal with conflicts and a clear antipsychiatric attitude. This means considering the residents without prejudice, being direct, honest and upfront with them, not to think of them in terms of mental illness but to regard them as responsible human beings, who decide about their lives themselves. At least half of the team members are survivors of psychiatry. Having been an inmate of a psychiatric institution does not in itself qualify people for working in the Runaway-house, but having had the experience oneself and reflected upon it and gotten out of it and having found other ways to come to terms with extraordinary emotions, experiences, perceptions, madness[3] than psychiatry's violence against them is a particular knowledge that is part of the foundations of the Runaway-house. However, it is important to note that not every inmate of a psychiatric institution has been crazy. The less significant professional qualifications and identities of team members (of both, survivors and non-survivors) include social workers, pedagogues, philosophers, psychologists, mechanics. There are no medical professionals and especially no psychiatrists working in the house.

Who lives in the house?

The residents who can live in the Runaway-house for up to six months have all been inmates in psychiatric institutions and are homeless or threatened with losing their accommodation. 34% of the residents (statistics refer to 1996-98) came directly out of a psychiatric hospital, 20% were homeless and living in the streets, 23% came from other social (psychiatric) institutions or women's shelters, 13% came from their families, friends or acquaintances and 8% out of their own apartments where they could not stay any more.

In the first three years 132 persons lived in the house, 63 women and 69 men, the average stay in the house was 62 days. In the first two years women stayed a lot longer than men, 98 compared to 38 days. In 1998 the average stay of women and men was almost identical. The majority of those who seek advice and support in the Runaway-house have long histories of psychiatric treatment, most have been institutionalized at various times, have been forcibly treated and heavily drugged. They have been labelled with all kinds of psychiatric diagnoses during their stays in psychiatric institutions. These diagnostic labels are completely irrelevant in the Runaway-house. If they are 33 years old which is the average age of the residents (although the scope is from 18–68 years of age) psychiatry has mostly determined their lives for more than ten years.

It is notable that hardly anybody gets referred to the Runaway-house by other institutions. We insist on people interested in staying in the house to contact us themselves. Residents can only be in

the house voluntarily and they are free to leave at any time. In the introductory talk where we try to find out whether the Runaway-house is the right place for a person we only rely on the information given to us by the potential resident. We trust his or her self-description and do not demand any authority's opinion. In my eyes, this starting point of taking a person and his or her self-presentation seriously and trusting their own words makes an enormous difference to their former experience due to institutionalization, since almost all the residents have experienced stigmatization and prejudice because of their psychiatric labels.

One of the most important characteristics of the Runaway-house is that it offers a choice and a new perspective to those who are dissatisfied with psychiatric services' treatment. Thus, the explicit offer that people can withdraw from psychiatric drugs (neuroleptics, antidepressants, tranquillizers, lithium, carbamazepine, etc.) in the supported environment the Runaway-house provides makes it a unique place. Since there are no doctors in the house, the residents are consulting general practitioners or other supportive doctors outside the house that are not easy to find. We mostly advise those residents who have taken their decision to get off psychiatric drugs gradually, especially if they have taken them for a long time. We also talk about questions like: What helps you, if you get crazy? Which kind of support do you want or need? Which experiences do you have with withdrawal? Most residents are amazed when asked about their wishes and experiences because nobody has asked them such questions before. Often they do not know what they would want or need because they have never had the possibility of experiencing it. We then try to find out about helpful strategies together.

What happens in the house?

There is no therapeutic concept behind the work in the Runaway-house. Residents get support in everything they want. They choose two team members as persons of confidence, i.e. workers who feel especially responsible for them, who keep an eye on the things to do or to sort out. The residents can and will discuss and do things with every team member available, but there are sympathies and you get on more easily with some people. This system of special attention or responsibilities also enables the residents to choose with whom they want to talk more intensively.

Besides the important possibility of living through crisis, madness or extreme situations in a supported environment without being numbed by psychiatric drugs, the support is directed mainly to daily life. Planning a future: how do the residents want to live after their time in the Runaway-house: by themselves in an apartment of their own? Together with others in a shared apartment? In some kind of sheltered or supported living? It is often difficult to find some kind of sheltered apartment where the residents' critical attitude towards psychiatry and psychiatric drugs is respected, since we are the only antipsychiatric institution in Berlin. But we sometimes negotiate and succeed in finding solutions.

Most of the residents do not have professional qualification or training, some have not even finished school. Here we talk about their ideas: do they want to go back to school? Are they interested in an apprenticeship or training? Which kind of professional future do they imagine for themselves? What are their talents? How could they realize their ideas on a long term basis? Dealing with the employment office and training centres, doing applications, filling in forms are practical aids in this field.

On a different level, spare time activities and interests are relevant. Depending on the interests of the residents, art or gardening activities might take place within the house. Excursions outside

the house, swimming, going to parties, dancing, sport courses, going to the cinema, and generally trying new things are also engaged in. Workers or interns might make suggestions or bring in their own interests, but it is always the residents' choice which activities might happen or not.

Clarifying the financial situation of the residents is also a task. Most of the residents live on Social Welfare aid, some get pensions or unemployment benefits. To find out which benefits they are entitled to, which authorities are responsible and to make the claims correctly is also part of our offer. If residents have debts we advise them in making arrangements with creditors.

Moreover, the juridical situation of the residents can be an issue. Often the residents have guardians for specific tasks. If they want to change their guardian because they cannot trust him or her or feel patronized and not supported, they are helped to change the guardian or to even get rid of him or her altogether. We also refer residents to competent lawyers for specific questions.

Another important means to protect yourself, if you end up in psychiatry again is the 'Psychiatric Will', i.e. advanced directives where you declare how you want to be treated and what you refuse, which drugs you might agree to take, who are persons of confidence to be consulted, what you need in crisis and other details. It is important to make such a Psychiatric Will in a state of 'undoubted normality', i.e. when outside a psychiatric institution. This has some juridical validity in Germany and it enables people to get out of hospitals sooner and also to sue psychiatrists if they do not respect their wills.[4]

Most of the residents are very isolated when they come to the Runaway-house; reflecting upon relationships with (former) friends and family members plays an important role. Sometimes this means trying to reactivate contacts or friendships, sometimes it also means ending destructive relationships. In the house the residents are confronted with a community of survivors who have had similar experiences. Encouraging the self-help potential in the residents is an important basis for the events in the house. Some residents get on well with each other, support each other and even develop friendships or contacts that last after their stay in the house. But there are also a lot of conflicts among the residents. Sometimes residents think that others persecute them or want to harm them. If there are conflicts, we first encourage the residents to solve them on their own, but if they do not succeed, a worker would serve as mediator and be there as a third person. It sometimes takes a lot of work and ongoing discussion and confrontation to clarify that different perceptions of the same reality are equally valid. A feeling of persecution might be real, although the other person does not have any intention or interest in hurting the persecuted person. Finding a shared reality is an ongoing struggle.

Every resident has his or her own story. Most residents have not only experienced psychiatric violence, but also sexual, physical or psychic violence during their childhood. Talking about their lives and the traumatic experiences, and being believed in is an important part in the Runaway-house reality. Residents are empowered to shed a different light on their personal history that goes beyond the organic psychiatric view, to make sense of their experiences, to re-appropriate their past. This is a decisive aspect of the space the Runaway-house opens.

Structures

User-control is assured in the Runaway-house on various levels. In the *Association for Protection against Psychiatric Violence* the survivor members who currently hold the majority have a right to veto on all matters. In the team we have established a quota which assures that at least 50% of the

workers are survivors of psychiatry. Half of the team members have to be women—in fact, there were always more women than men working in the house.

Decision making bodies are the weekly team meeting and the house meeting twice a week with all the residents and the two workers present. From time to time, especially when basic decisions are to be discussed, a 'general assembly' of the team and all residents takes place.

As transparency is a key issue for people who have experienced being decided upon without their knowledge or being denied access to their psychiatric files, all official documents and internal notes are written in co-operation with the residents and always accessible to them. They have the option of attending the team meeting when we talk about them. We also document what we have said about them and tell them afterwards. They always can comment on anything team members write on their behalf. Initially, we did not want to have any files or documentation, but this became indispensable as a condition because of receiving official funding through the Social Welfare authorities. However, we do not write anything about residents without their agreement and we try to communicate as few personal details as possible, in order to respect their privacy.

The house meeting is the highest authority in the house. Organisational and everyday life issues are discussed there, common activities are planned, conflicts among the residents can be thematized and all decisions concerning life in the house are made there. The meeting also includes votes on visitors, new residents' stays after a two weeks trial period and on future interns or workers after they have trial worked for a day. The final decision, however, lies with the Association. The team members only serve as facilitators at the house meetings.

Finances

A stay in the Runaway-house is financed on grounds of §72 BSHG (Federal Social Welfare Law). With the day-rate-remuneration which is part of 'help in special life situations' guaranteed by the law only the very basic needs are covered. Coverage of costs has to be granted for each resident individually by one of the 23 different Social Welfare offices in Berlin. This leads to an enormous bureaucracy and distressing situations for the residents, since a lot of the responsible officers raise difficulties over the coverage of the costs, take a long time to decide, grant the aid only for a very short time or demand an enormous number of documents and justifications. To characterize this type of 'official madness', I invented the new diagnosis 'folia officialis' which describes the production of floods of papers, a denial of responsibility, a lack of accessibility etc.[5]

In times of scarce resources and cuts on budgets, some of the official representatives consider the Runaway-house with a day-rate of 200 DM per day as expensive, but this depends on the object of comparison. Compared to other institutions for homeless people that are not crisis centres but so-called 'lice pensions' of very low standards with very little support, the Runaway-house might seem relatively expensive, but compared to psychiatric wards (300-700 DM per day) it is extraordinarily cheap. It is a short-sighted and very limited perspective to just consider your own restricted domain. This narrow perspective combined with the arrogant attitude towards the residents as an expensive burden instead of persons in need who claim their rights leads to very humiliating experiences for the residents and often causes fear and anger towards the authorities. In these situations, the support of the residents in the fight for their legitimate demands becomes vital. However, among the 23 different offices in Berlin we also encounter representatives that are very supportive and ready to help, and who are happy that a place for the doubly discriminated group of homeless survivors of psychiatry exists.

The financial situation of the Runaway-house remains precarious, although we have survived the first three years, but only by means of radical economies, temporary worsening of working conditions and a great deal of self-sacrifice of the workers.

The existence of the house is also still in danger. The actual financing agreement (which states the day-rate-remuneration the different Social Welfare authorities are supposed to pay for a resident's stay in the house) came to an end in December 1999. The change in the §93 BSHG (Federal Social Welfare Law) which sets the juridical grounds for the remuneration of social services now demands a new general agreement for Berlin. However, as negotiations could not be agreed, as planned for the 1st January 1999, a transitory agreement was necessary. It took a lot of public and international support and intensive lobbying to finally persuade the Berlin Senator for Health and Social Services (who at first refused to continue the financial basis for the Runaway-house). Probably, the juridical impossibility of cancelling the agreement at that point was the major reason for her finally giving in. Negotiations between the Berlin Senate and the Welfare Associations are continuing for a permanent agreement after 2000. As we still have influential political enemies, we cannot be sure that once again purely political reasons and unfounded prejudice alongside ideologically motivated opposition might lead to arbitrary denial of funding. This is why the Runaway-house still needs moral and financial support.

Success

It is difficult to conclude success from statistics or to describe it in abstract terms. Moreover, only the residents themselves can evaluate the importance of their time in the Runaway-house.

20% of the residents moved into their own apartments (sometimes with an individual support worker for some hours a week). 25% moved into other institutions such as sheltered accommodation, supported living, or women's refuges. 17% went to stay with friends or their families. 13% went into a psychiatric or psycho-somatic hospital. As for this group it is important to note that, e.g. in 1998, four out of eight residents who went into psychiatry stayed only four days in the Runaway-house, the other four less than a month. 7% left for the street or shelters for homeless people and 5% are unknown to us. Statistically, it is evident that the longer the stay in the Runaway-house the higher the number of those who move into their own apartment or into a considerably less intensive form of supported accommodation. The ideal of someone moving into her own flat, being socially integrated, having found a job, living an autonomous life free of psychiatric drugs and without ending up in psychiatry again is a very ambitious measure which only a small number of the residents come close to. However, quality lies in the details of small changes and success cannot be defined in absolute terms.

It is a success if vivid expressions return back to a face of a person who has suffered from the so-called Parkinsonian side-effects of neuroleptics, when she gradually withdraws from them during her stay in the house. 60% of the residents did not take psychiatric drugs before moving to the Runaway-house or immediately stopped taking them. All the others gradually withdrew from them supported by general practitioners outside the Runaway-house.

I consider it a big development to start to think about oneself in other than psychiatric categories of mental illness. This implies not to declare one's (crazy or extraordinary) experiences an illness, but to make sense of them (which I believe every individual can only do for him or herself) and to take responsibility for them. Assuming responsibility can be a heavy task after having been cared for by institutions for years, but it is also a challenge and can lead to completely

new perspectives and to step by step realization of possibilities one has dreamed of for a long time. Going mad is, to a certain extent, possible in the Runaway-house, as long as there is some kind of contact with the others around. Contact does not necessarily mean straight verbal communication, but can have various forms. Our form of crisis support consists primarily of 'being with' as it was named in the Soteria Project in California.

Some women even managed to relive situations of extreme sexual violence they had suffered from as a baby or child. They became the child that was abused, they fought with their rapist. We were just there, prevented them from hurting themselves, talked to them, told them where they are, who we are, that no harm is done to them any more. They did not hear it, but at some point came back to their adult reality. Then it was very important to tell them in detail what had happened because they could not remember it. In psychiatry those women had been violently tied to a bed by several men and forcibly treated with neuroleptics which just meant a repetition of the original traumatic experience. Sexual violence as a child that very often leads to institutionalization in later life for women (but also for men) is an important topic in the Runaway-house. This connection is still widely ignored in psychiatry.

Not all forms of crisis or craziness can be supported in the Runaway-house: If contact or mutual agreements become completely impossible or if people several times break the house rules (no violence, mutual respect, no consumption of alcohol or illegal drugs in the house) and do not assume responsibility for it afterwards, or if people need the permanent presence of a worker for a long period of time, it gets difficult and residents might have to leave the house. This is always very painful because there are hardly any alternatives. Sometimes, however, it helps the residents if we clearly point out our limits and their risk of having to leave the house.

Another aspect of success is found in the residents starting to develop and try out new strategies of how to deal with the voices they are hearing or to find alternatives to self harming. Finding different ways to come to terms with phenomena like fear, anger, aggression, persecution, using the sports and raving room, throwing things at the wall with someone else present, walking in the fields, writing, listening to music or playing it, working in the garden, etc. can be helpful actions. All these small steps can favour the residents' self-confidence that mostly has been severely disturbed due to institutionalization. It is not easy to regain trust in one's own perceptions, if one has been attributed a distorted view of reality or a mental illness for such a long time. The survivor members of the team are important partners for discourse on these issues as well as for the experiences of withdrawal from psychiatric drugs, as they have been in a similar situation. They somehow serve as role models, but the exchange with the other residents is at least as essential.

All in all, the three and a half years' practical experience of work in the Runaway-house have shown that psychic crises can be managed without psychoactive drugs and without means of coercion. It is also evident that more survivor-controlled spaces with less restrictions on access need to be created.

Footnotes

1. The German term *Psychiatrie-Betroffene* (persons afflicted by or confronted with psychiatry) does not really translate into English. Since most of the members of the Association for Protection against Psychiatric Violence identify themselves as survivors rather than (ex-)users of psychiatry, I chose the term survivors of psychiatry, although it is more radical and critical than Psychiatrie-Betroffene. To my mind, however, *Psychiatrie-Betroffene* accentuates the

violence of getting into psychiatry compared to the nowadays popular term of *Psychiatrie-Erfahrene* (persons who have experienced psychiatry) which is used by the German national association of (ex-)users and survivors of psychiatry (Bundesverband Psychiatrie-Erfahrener).

[2.] Some of the basic ideas behind the Runaway-house in its early stages can be found in Uta Wehde's article 'The Runaway-house: Human support instead of inhuman psychiatric treatment' in *Changes, Vol. 10, No. 2,* June 1992.

[3.] The German word for mad or crazy 'verrückt' contains the notion of being distant from normality, if you take it literally. This means madness can be considered as a relationship rather than a quality or defect attributed to the crazy person. According to those connotations I consider madness or craziness as descriptive and not pejorative terms.

[4.] The German version of the Psychiatric Will is published in: Kempker, K. and Lehmann, P. (eds.) (1993) *Statt Psychiatrie*. Berlin: Peter Lehmann Antipsychiatrieverlag (pp. 253-298). The German version refers to Szasz, T. (1982) The psychiatric will—A new mechanism for protecting persons against 'psychosis' and psychiatry. *American Psychologist, Vol. 37, No. 78,* 762-770. and Szasz, T. (1983) The psychiatric will: II. Whose will is it anyway? *American Psychologist, Vol. 38, No. 3,* 344-346. Cf. also: Kempker, K. and Lehmann, P. (1993) Unconventional approaches to psychiatry. *Clinical Psychology Forum, 51,* 28-29

[5.] For further details on this topic cf. my article 'Ämterwahn' (pp.149-158) in the book about the Runaway-house: Kempker, K. (ed.) (1998) *Flucht in die Wirklichkeit*. Berlin: Peter Lehmann Antipsychiatrieverlag. The book gives an excellent and colourful practical view of the life in the Runaway-house and includes articles by residents, workers, interns and members of the association.

[6.] The Runaway-house can be reached: Weglaufhaus 'Villa Stöckle', Postfach 280 427, 13444 Berlin, tel: 49-30-40632146, fax: 49-30-40632147 or via www.weglaufhaus.de.