

CAPA'S ANTIPSYCHIATRY FACT SHEET

This fact sheet is meant to dispel myths and correct misperceptions about antipsychiatry activists and our goals. The first section addresses myths about the antipsychiatry movement prevalent within the general population. The second section addresses concerns about antipsychiatry within psychiatric survivor and mad communities. It is our hope that as people come to understand what the antipsychiatry movement stands for, we can foster stronger ties with different groups that hold complementary goals and interests.

Section I: Widespread Myths about the Antipsychiatry Movement

Myth	Fact
Antipsychiatry is utopian and does not recognize human suffering.	While there is no question that antipsychiatry tries to envision and work towards a better world, antipsychiatry activists have no doubt that human suffering is real and that authentic help for alleviating suffering is necessary. What we reject is both forced “help” and the misguided treatments called psychiatry.
Antipsychiatry activists think that all psychiatrists are bad.	Antipsychiatry is a political perspective that views the theories and interventions of biological psychiatry as fundamentally flawed. Further, antipsychiatry activists believe that most psychiatrists do considerable harm. Additionally, given the power they have in law, we believe that interactions with psychiatrists can always become dangerous. Nonetheless, we are well aware that there are psychiatrists who have been helpful to people. Insofar as individual psychiatrists are being helpful, we are pleased, but it is important to note that they are being helpful because of who they are as human beings and <i>despite</i> not <i>because</i> they are psychiatrists.
Antipsychiatry is outdated.	The critiques of antipsychiatry are as necessary and as valid today as they were when the movement started. Additionally, antipsychiatry has not remained frozen in time. New strands have come out as needed, for example, feminist antipsychiatry, and we expect the movement to continue to evolve in response to both new assaults by psychiatry and new protests against psychiatry by various marginalized groups, including women, people of colour, queers and trans people, and people with disabilities.
Being critical of psychiatry and being antipsychiatry are the same thing.	All antipsychiatry activists are critical of psychiatry, and as such, have something important in common with all other people who are critical of psychiatry. However, not all people critical of psychiatry are antipsychiatry. What distinguishes the antipsychiatry position is that it constitutes a fundamental rejection of psychiatry. We say this in the interest of clarification, not to criticize people who hold other critical positions.

Section II: Misperceptions about Antipsychiatry in Psychiatric Survivor and Mad Communities

Misperception	Fact
Antipsychiatry activists are a bunch of professionals and academics.	A broad stream of people are part of the antipsychiatry movement, including radical professionals, academics, psychiatric survivors, artists, individuals who cover a combination of the above designations, and others coming from different social locations. While antipsychiatry was first explicitly articulated by professionals and academics, as is the case with many other philosophies, intellectual pursuit is not the heart and soul of antipsychiatry. What antipsychiatry activists have in common is a total rejection of the psychiatric system.
Antipsychiatry does not recognize the existence and validity of different ways of experiencing/processing the world.	Just as we do not deny human suffering, nor do we deny the existence of different ways of understanding and experiencing the world. Antipsychiatry is, among other things, based on the premise that psychiatry tries to cure people of totally legitimate different ways of experiencing the world. We feel that difference needs to be both recognized and celebrated.
If you are using the psychiatric system, you cannot be part of the antipsychiatry movement.	A number of well-respected antipsychiatry activists are using the system. We make a distinction between the personal and the systemic and eliminating psychiatry from one's personal life has never been a requirement for belonging to the movement. We recognize that there are limited supports available and that people end up with dependencies on the system. Antipsychiatry activists are not in the job of judging people's means of coping.
Antipsychiatry activists are hostile to survivors on psychiatric drugs.	Antipsychiatry activists have a critique of psychiatric drugs, not of the people who use them. Again, we recognize that people may have formed dependency on these substances and that people cope as best they can. There are all sorts of drugs that people use to alleviate their pain, and psychiatric drugs are among them. We do not judge the people who use psychiatric drugs or people who use other types of drugs. Antipsychiatry is opposed to presenting psychiatric drugs as a cure or forcing people to take them. By the same token, if there were a government initiative in place to force people to take alcohol or heroine due to a deficiency, then we would oppose it.
The antipsychiatry movement is trying to take away supports from survivors.	Antipsychiatry activists are trying to create a society where a huge variety of supports exist for survivors and other individuals experiencing difficulty. We do not think that such a wide range of supports will come about as long as psychiatry dominates the field.
The antipsychiatry movement is not grounded in the needs of psychiatric survivors.	Antipsychiatry is a political movement that is trying to achieve systemic change. Insofar as the focus is on systemic change rather than individual support, it is true that antipsychiatry does not address individual needs. However, part of what we are fighting for is a society in which all people's needs are addressed.
The antipsychiatry movement rejects the mad movement.	The mad movement is a large movement with many political strands in it. Some people in the mad movement are antipsychiatry, and some are not. In general, there are important overlaps between these movements, they can complement each other, and should not be seen as in competition.

