NATIONAL SHATTERING SILENCE COALITION

Psychosis, Antipsychiatry, and the Medical Model: Distinguishing Fact From Ideology

Submitted by Darrell Herrmann, February 6, 2026

This paper is designed to be a brief introduction to the antipsychiatry movement as it exists today. It is not intended to be an in depth analysis, but rather to highlight key themes and characteristics of the movement. The goal is to help mental health advocates and professionals recognize common indicators that an individual or organization may align with antipsychiatry perspectives.

To understand what is meant by antipsychiatry , it is first necessary to explain what the psychiatry profession generally believes about mental illness. This paper will focus specifically on schizophrenia, though many of the same arguments apply to other psychotic illnesses as well.

The medical model of schizophrenia represents the consensus view within modern psychiatry. It holds that schizophrenia results from biological differences in brain functioning. Treatment is usually guided by the biopsychosocial model, which addresses biological, psychological, and social factors.

The biological component is primarily treated with prescribed antipsychotic medications. The psychological component focuses on psychotherapy aimed at improving functioning despite residual symptoms and addressing social and cognitive impairments associated with the illness. The most commonly used psychotherapy today is Cognitive Behavioral Therapy (CBT).

The social component involves creating an environment that supports recovery, often by reducing stress in work, family, and social settings. The medical model has been the prevailing framework within the psychiatric profession for more than half a century.

The medical model remains the consensus because it is supported by a substantial body of scientific evidence. However, it also has its limitations. Despite significant advances in research, the biological mechanisms underlying schizophrenia are not yet fully understood. Current evidence suggests that the illness results from a complex interaction of genetic and environmental factors, rather than a single identifiable cause.

Another limitation is that although treatment within the biopsychosocial model is not fully effective for all individuals, it provides significant symptom relief for most. There is broad agreement within the psychiatric profession that better treatments are needed and that the development of a reliable diagnostic test would greatly improve care for those affected. Research in these areas is ongoing, and continued advances in both treatment and diagnosis are anticipated in the coming years.

An insightful observation about the current state of the medical model was made by British Researcher Dr. Robin Murray. His statement is as follows:

Dropsy was a Victorian diagnosis over a hundred years ago, where people had breathlessness, ankle swelling, and retained fluid—they were water-logged. The diagnosis was dropsy. We don't make that diagnosis because now we can do tests and show that dropsy can arise because of renal failure or because of cardiac failure or from a range of other conditions. I bet that schizophrenia is like dropsy; the diagnosis is based on the symptoms that people present, but it's only when you understand the pathophysiology that you can make good distinctions.

The contemporary antipsychiatry movement of today can be broadly divided into two major forms, which I will refer to as *classical antipsychiatry* and *modern antipsychiatry*. While these categories are useful for discussion, in practice the views of individuals or organizations often reflect a combination of both forms rather than fitting into one category.

Classical antipsychiatry emerged primarily during the 1960s, a period when the psychiatric profession had not yet firmly established that illnesses such as schizophrenia were biological medical conditions. This era was marked by broad cultural shifts towards free thinking and challenges to traditional authority.

During this time, several influential figures argued that schizophrenia was not a medical illness but rather a reaction to social and personal constraints. Psychiatrist Dr. Thomas Szasz famously claimed that schizophrenia did not exist and instead was an invention of psychiatry. Psychiatrist Dr. R.D. Laing proposed that individuals diagnosed with schizophrenia were often the most psychologically healthy members of dysfunctional families and that family dynamics were central to the development of the illness. Harry Stack Sullivan theorized that schizophrenia resulted from repressed homosexuality. These theories are just a few examples of the many speculative and often conflicting explanations that were prominent during this period.

Alongside these ideas, a movement known as the *consumer-survivor* or *psychiatric survivor* movement emerged. This movement was composed largely of former mental health patients who believed that they had been mistreated by the psychiatric profession. It is a highly diverse group, encompassing a wide range of perspectives and beliefs.

Some commonly expressed views within this movement include the belief that individuals were never ill and their difficulties were caused by the psychiatric treatment itself. Family dynamics are also frequently cited as a primary cause of distress, with some advocating separation from family members. Many within the movement oppose the use of psychiatric medications altogether. Others make limited exceptions, accepting medication only if it is freely requested by the individual, though even in those cases long-term use is often discouraged. Some factions within the movement advocate for the complete abolition of the psychiatric profession and the closure of mental hospitals entirely.

In fairness, not all consumer-survivor critiques are without merit. Some psychiatrists have indeed fallen short in providing quality care, and certain complaints about the mental health system are legitimate. However, it is important to recognize that consumer-survivor perspectives do not represent all patients, and many individuals do have a genuine biological

illness, such as schizophrenia. Modern medicine currently relies on antipsychotic medications as the most effective way to help a person recover from psychosis.

Consumer-survivors have historically been very vocal about their beliefs. One well-known example is Mind Freedom, an organization founded by David Oaks that has been active for decades. More information can be found on their website: https://mindfreedom.org/

Consumer-survivor groups commonly protest the medical model of mental illness, which they often refer to as biological psychiatry. Many also participate in or promote Mad Pride events. In general, when an individual or organization openly opposes the medical model or biological psychiatry, they are likely aligned with antipsychiatry perspectives.

A more modern organization with a similar philosophy is Mad In America, founded by Robert Whitaker, who also authored a popular book of the same name. Mad In America maintains a website, podcast, and publishes numerous articles. The organization is consistently critical of psychiatry in all areas. While it occasionally cites valid scientific critiques of certain psychiatric practices, it also frequently publishes content that is unscientific or misleading. As with the consumer-survivor movement, there are legitimate criticisms of psychiatry. However, much of what Mad In America publishes appears aimed more at discrediting psychiatry as a whole than promoting meaningful reform. More information can be found on their website: https://www.madinamerica.com/

To understand what I view as the modern antipsychiatry movement, it is important to first define what psychosis is. Within the psychiatric profession, psychosis refers to a set of symptoms that include hallucinations, delusions, and a loss of touch with reality. These symptoms are not simply "unusual thinking" or "eccentric behavior" but represent a profound disruption in perception and interpretation of the world. For an in-depth discussion of psychotic illnesses, see the following guide: https://www.nationalshatteringsilencecoalition.org/uploads/1/4/4/2/144281710/nssc_guide_psych_illnesses__3_.pdf

The modern antipsychiatry movement applies a different and broader definition of psychosis. In their view, a person experiencing hallucinations, even without losing touch with reality, can be considered psychotic. Under this definition, individuals may be labeled as having schizophrenia or another psychotic disorder, even though they do not meet the diagnostic criteria used by psychiatrists. This discrepancy is particularly evident when examining a common phenomenon known as hypnopompic and hypnagogic hallucinations. These are hallucinations that can occur while a person is drifting off to sleep or waking up. Psychiatrists consider these experiences normal, common, and not indicative of any illness. Using the modern antipsychiatry definition, however, someone experiencing these typical sleep-related hallucinations could be erroneously classified as psychotic and diagnosed with schizophrenia, illustrating the limitations and risks of their approach.

For a psychiatrist hallucinations alone do not constitute psychosis, whereas for a modern antipsychiatrist they often do. In common usage, however, no distinction is made between the two definitions. Both are simply referred to as psychosis, and no differentiation is made when discussing diagnosis such as schizophrenia. This creates a serious problem, because the two definitions describe very different phenomena. As a result, modern antipsychiatrists may promote talk therapy or peer support as treatment for psychosis, while psychiatrists maintain that antipsychotic medications are the only interventions capable of bringing someone out of true psychosis. When evaluating books, studies, or public claims, it is therefore critical to understand which definition of psychosis is being used. While modern antipsychiatrists may raise some valid points, they are often not addressing psychosis as it is understood within psychiatry, and their conclusions may not be applicable to true schizophrenia or other psychotic illnesses.

In general antipsychiatrists of all types oppose any use of force or coercion in mental health treatment. Because they reject what psychiatrists define as true psychosis, this position is internally logical to them. However, when dealing with actual psychosis, where an individual has lost touch with reality, some degree of force or coercion is often necessary to ensure safety and initiate treatment. As a result, legislative efforts that allow for limited coercion in treatment of psychosis are adamantly opposed by antipsychiatrists. Frequently, antipsychiatry activists who have been told they have schizophrenia based solely on hallucinations testify against such legislation as "peers". Because they do not believe true psychosis exists, they also dismiss anosognosia as fictional, citing the fact that they themselves have never experienced it. I have heard many of these activists give impassioned and compelling testimony from their perspective. It is important to clarify, however, that these individuals do not, in fact, have schizophrenia or another psychotic illness as defined by psychiatry, even though they have been told they do and sincerely believe that they do.

Let us now look at some examples of modern antipsychiatry organizations. One of the most prevalent and widespread is the Hearing Voices Network. Members of this organization report experiencing hallucinations, most commonly voices, though other types of hallucinations are sometimes described. They typically refer to themselves as "voice hearers". A review of these personal accounts reveals little evidence that voice hearers lose contact with reality or experience delusions. As a result, they do not meet the psychiatric definition of psychosis. Here is a link to the U.S. version of this organization: Home - Hearing Voices Network USA

The international parent organization of the Hearing Voices Network is INTERVOICE, which was founded by Dutch psychologist Professor Marius Romme. INTERVOICE holds the view that hearing voices is a normal part of the human experience. Consistent with this belief, the organization has previously campaigned for the complete removal of schizophrenia from the DSM. This position is internally consistent if one adopts the antipsychiatry definition of psychosis. However, it requires disregarding the psychiatric definition of psychosis, which recognizes loss of contact with reality and is well established as a real and serious medical condition. Ignoring this distinction collapses two fundamentally different experiences into one

and obscures the reality of severe psychotic illness. Here is the link to the INTERVOICE website: https://www.intervoiceonline.org/#content

Another prominent U.S. organization associated with modern antipsychiatry is the National Empowerment Center (NEC). The organization was led for many years by psychiatrist Dr. Dan Fisher, who has publicly stated that he has schizophrenia himself. Based on publicly available information, it appears that this diagnosis was made using the antipsychiatry definition of psychosis rather than the psychiatric definition that includes loss of contact with reality. Dr. Fisher has been highly active and influential for decades and is well known for asserting that schizophrenia and other psychotic illnesses can be successfully treated using his approaches, which differ significantly from the medical model of psychiatry. His work and public presentations have been widely promoted within peer and recovery-oriented systems of care. A critical perspective of one of Dr. Fisher's events was published by a Canadian reporter, whose observations highlight significant concerns with these claims and the framework being presented. The critique is particularly instructive in understanding the gap between modern antipsychiatry narratives and the clinical realities of severe psychotic illness. Here is a link to that article:. (the original link is no longer valid. See the following link for an article which includes the interview mentioned) Anti-Psychiatry – Understanding the Opposition | Mind You Reflections on mental illness, mental health and life

Dr. Fisher is now largely in a semi-retired capacity. The National Empowerment Center is currently led by Oryx Cohen, who previously served on the board of Hearing Voices Network U.S. and remains actively involved in their programs. NEC receives substantial funding from the Substance Abuse and Mental Health Services Administration (SAMHSA), as disclosed on their website. Despite this federal support, NEC does not endorse the medical model of mental illness and instead promotes non-medical, peer-driven frameworks that are inconsistent with the psychiatric understanding of psychotic illness. Here is a link to the National Empowerment website: https://power2u.org/

There is also a professional organization that promotes modern antipsychiatry perspectives. This organization is known as the International Society For Psychological and Social Approaches To Psychosis (ISPS). Its U.S. chapter operates under the name ISPS-US. It is important to note that the medical model described above explicitly includes psychological interventions as part of treatment for psychotic illnesses. The critical difference is definitional. ISPS and similar organizations rely on the antipsychiatry definition of psychosis, which does not require a loss of touch with reality. Based on this definition, they claim that psychosis can be successfully treated using psychological and social interventions alone, without medications. For individuals experiencing true psychosis as defined by psychiatry, marked by delusions, hallucinations, and loss of insight, psychological approaches are not effective until the individual is stabilized with antipsychotic medication and no longer psychotic. Until that point, meaningful engagement in psychotherapy is generally not possible. As with other modern antipsychiatry organizations, ISPS's claims must therefore be evaluated in light of the fact that

they are not addressing psychosis as it is clinically defined and treated in psychiatric medicine. Here is a link to the ISPS-US website: https://isps-us.org/

When evaluating modern antipsychiatry activism, the most important factor to examine is the definition of psychosis being used. When organizations such as Hearing Voices Network, INTERVOICE, The National Empowerment Center (NEC), or ISPS-US are promoted or endorsed, it is highly likely that antipsychiatry ideology is involved.

Antipsychiatrists of all types frequently appear in news media, publish books, and produce other forms of content. They rarely state their beliefs plainly and will strongly deny being antipsychiatry activists. Many are highly skilled at obscuring their true positions. As a result, they often receive favorable attention and legitimacy from organizations that would otherwise be expected to oppose these views. Robert Whitaker of Mad In America was invited to speak at a NAMI national convention. In Ohio where I live, NAMI Ohio has publicly spoken favorably of Dr. Dan Fisher of the National Empowerment Center. NAMI Ohio has also praised a prominent antipsychiatry activist, Pat Risser, who lived in Ohio at the time. Risser was further honored by National Mental Health America, receiving the Clifford W. Beers Award in 2005, considered the organization's highest honor. Although Pat Risser died in 2016, his website was later restored in his memory. The content on this site clearly reflects antipsychiatry ideology and illustrates the concerns outlined above. It can be viewed at the following link: https://patrisser.com/

Conclusion

The modern antipsychiatry movement poses a significant challenge to the treatment of psychotic illnesses by redefining psychosis in ways that conflict with established psychiatric understanding. By equating hallucinations alone with psychosis and ignoring loss of contact with reality, these narratives blur critical clinical distinctions and promote approaches that are not effective for true psychotic disorders such as schizophrenia.

While psychiatry is not without flaws, the medical model remains grounded in decades of scientific evidence and recognizes psychosis as a biological brain disorder requiring a biopsychosocial approach. Antipsychotic medication is essential to restore reality testing, after which psychological and social supports can be effective.

Confusion around these competing definitions has real consequences, shaping media coverage, professional training, and public policy—often leading to resistance to necessary treatment, including intervention when anosognosia is present. Recognizing antipsychiatry frameworks and understanding what definition of psychosis is being used is essential to ensuring that reforms, advocacy, and legislation remain focused on evidence-based care and the needs of those living with severe mental illness.