

# General and Specific Beneficiaries of Alternative Approaches

## Introduction

We could only make a limited selection from the large number of different groups who, with their specific problems, have become the object of patronizing and damaging psychiatric treatment. More and more children, who are not in a position to make their own decisions, are being given psychiatric drugs in order to adapt them through chemical means to a hostile environment. More and more defenceless older people are given these substances as a way of making up for deficiencies in their care. An increasing number of women are being given psychiatric drugs to chemically neutralize their disruptive reactions to a silencing and restrictive patriarchal environment. Ever greater numbers of people who come into conflict with the law are given psychiatric drugs in order to keep them quiet in prisons or to break their resistance to deportation. People with disturbing handicaps, members of minority groups and people with deviating sexual orientations...there is almost no limit to the number of groups who have become targets of psychiatry.

The debate about the psychiatric problems of gay men should not overshadow the discussion about the problems of women in psychiatry. Since women and their supporters have been speaking out about alternative approaches for years, we want to talk here about the issue of men in psychiatry: men who have been psychiatrized because of their sexual orientation and their refusal or

failure to adapt successfully to the male stereotype. We see the included contribution by Guy Holmes and Geoff Hardy as a first step towards an alternative approach – whenever “the men” are finally ready – for men who develop psychiatric problems because they have been driven crazy by male role expectations.

The problems experienced by relatives of people caught up in psychiatry are complex: despair when experiencing the misery of psychiatric treatment from close up, excessive worries or a need to dominate, feelings of guilt, family constellations that can drive someone mad, intra-family aggression, the influence of pharmaceutical sponsorship and much more means that cooperation with relatives and (ex-) users and survivors of psychiatry in the area of self-help is not exactly easy. For this reason, the constructively critical approach practiced in Canada in an exemplary manner should be an impetus for the desperately needed development towards tackling the multiplicity of psychosocial problems in a cooperative and independent fashion.

Increasing migration in almost all countries of the world has led to a need for alternative approaches to psychosocial support for migrants. The example from the U.K. demonstrates clearly that the basics of effective support must be sought in the culture and traditions of the migrants themselves and not the other way around. This applies for children and adolescents as well as for elderly people with emotional distress. When we look at these approaches we realize that we are only beginning to rethink our way of doing things. The following contributions should act as encouragement for this project.

*Translated from the German by Mary Murphy*

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## **Families: A Help or Hindrance in Recovery?**

This article outlines how traditionally families have not been given adequate information or strategies for helping them in the recovery