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Introduction: Are We All Mad Here? The Normalization of "Trouble" in Everyday Life

Martin Harbusch

A studied look into the history of psychiatry shows a discipline which has experienced constant change over the past century (cf. Shorter, 1997; Foucault 1965). The complexity and paradigmatic diversity of the perspectives involved, as well as the constant reformulations of the proffered definitions and concepts, make it seem almost absurd to speak about psychiatry as if it were just one discipline. Aside from common reference points for categorizing and treating "disturbed" behavior, different therapeutic and psychiatric schools throughout the history of the discipline bore little in common and, at the beginning of the twentieth century, experienced difficulties not only in drawing internal lines and establishing boundaries but also in presenting a homogenous and organized image to the outside world (cf. Houts, 2000; Blashfield et al., 2014: 28; APA, 1952: vii).

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Since the 1960s, the unification and systemization of this "polyglot of diagnostic labels and systems" (APA, 1952: v) has been considered a central goal of psychiatric work—especially following the emergence of the DSM (Diagnostic and Statistical Manual of Mental Disorders); this clarification and homogenization of psychiatric thought has, to date, not been entirely successful. This could be read as the failure of the discipline to establish a unified structure and orthodoxy. On closer inspection, however, it is precisely this surviving heterogeneity that engenders adaptability, flexibility, and resilience which in turn allow for a pragmatic openness in the everyday application of psychiatric concepts. This surely is central to the success of psychiatric labels in establishing a beachhead into everyday life, achieving levels of everyday recognition far exceeding that of the jargon and technical terms of most disciplines in both the social and natural sciences. Whether the aspired to homogenization of concepts and applicable labels would truly further psychiatric interests, or whether this pursuit is essentially a staged battle taking place on the front stage of the discipline, is question worth considering.

The incompatibility of different psychiatric approaches has fittingly been relegated to the backstage as the simulacrum of uniformity established by the diagnostic catalogs (since the 1960s) took precedence, but it has not truly dissolved. On the contrary: even if the diagnostic manuals appear to the layperson as a uniform catalog of criteria, a closer look behind the curtain reveals the discursive inconsistency of the supporting arguments. This can be seen in the progression and revision of the manuals themselves, in the constantly changing and historically dependent forms and content of psychiatric disorder constructions, in the dependence of disease categories on social situations and social actors that is more often than not stricken from these definitions, in the monetary interests of the pharmaceutical industry in increasing the population which is considered diagnosable, and in the reliance on the banners, trappings, and styles of medicine without a comparable reliance on classical medical evidence (cf. Frances, 2013). Psychiatry has always been, and continues to be, a chimera; one which has always adapted its ideas of social deviance to the social, political, and hegemonic conditions of the age, and from time to time attempting to reconfigure social

contexts into psychiatric contexts with understanding, other times with an authoritative, even oppressive, face.

Sociology has developed alongside psychiatry—sometimes in parallel, sometimes in cooperation, and sometimes in direct opposition. It has differentiated itself particularly in its critical perspectives (cf. Cohen, 2019; Pilgrim & Rogers, 2005). It has also not only broadened its theoretical and conceptual apparatus over the past few decades, establishing the expansion of psychiatric illness categories itself as a topic of sociological interest, but also recognizing (and defending) wider social contexts as field being affected by psychiatric perspectives.

Today, psychiatric categories are more prominent and respected than ever in everyday life. They are brought to bear, albeit not uniformly, by countless professional and private actors to describe problematic social contexts. The success of these categories is no longer solely due to the direct work of psychiatrically trained professionals working in psychiatric institutions or therapeutic practice. It also fundamentally relies on the everyday practices of non-psychiatric actors pursuing differing interested—both professional and private—through the use of psychiatric knowledge systems. Gusfield once referred to these actors collectively as "troubled persons industries" (1989), highlighting the important of (psycho)social, governmental, and economic institutions in the everyday reproduction of categories of concern. This term bundles a broad field which has been primarily explored in micro-sociological studies in recent years. These studies have examined how psychiatric knowledge is used in both institutional and non-institutional contexts. They not only reflect on the expansion of psychiatric arguments from an academic to a mainstream category, but they also show the processes of categorical transformation that facilitate broader non-expert understandings or even establish new forms of psychiatric expertise. They further explore the respective institutional advantages and disadvantages that accompany the use of psychiatric knowledge and the institutional and personal consequences that these applications have for all those involved.

The success of psychiatry appears to lie, paradoxically, precisely in the fact that the psychiatric narrative has left the confines of psychiatry and, as it emerges in increasingly more outside contexts, can still command support by psychiatric contexts, actively and passively. In this sense, the

current strength of psychiatry is based in contradiction: it maintains its power through its everyday dissolution.

One of the tasks of sociological criticism of psychiatry in the coming years will be to accompany this process and its development, to make its situational achievements and individual consequences visible and empower critical voices. The present volume is an attempt to contribute to this task.

De-contextualization of Social Problems

With the renewed expansion of the categories of mental disorders through the catalog DSM-5 (Diagnostic and Statistical Manual of Mental Disorders), new disorders and new contexts of (self-)attribution have come under the scrutiny of social scientific criticism of psychiatry. In part, contemporary social science perspectives draw on the classics of critical psychiatry and critical approaches generally, which reached their peak in the 1970s. At the same time, these new approaches fundamentally update and expand this discourse, reacting not only to significant changes in the status and structure of psychiatry in the previous decades but also to changes within the social sciences.

Even today, the central arguments of the classical critiques hold up to scrutiny. These arguments focus on how psychological diagnosis seeks to decontextualize social problems by acting as an objectification, naturalization, and individualization under the guise of biologically oriented attribution (cf. Harbusch, 2019: 197f.). Within these psychiatric frames, the causes of social and socially determined "disorders" are seen as lying within individual behavior. The context surrounding a situation which is evaluated as "disturbed" remains broadly unquestioned, the normative and dominant structures nominally defended, overlooked in the shadow of the now putatively disturbed individual. A division is thereby established between the normal and the deviant through distinctly social processes, while this social construction itself is implicitly held to be natural, even inevitable.

At the center of the sociological critique of the psychiatric interpretation of social problems is then the accusation of simplifying the social

world and, more significantly, doing so in a way that avoids even the suggestion of a potential rooting of concepts of "health" and "illness" within social, cultural, historical, institutional, situational, or strategic contexts. It is the accusation that the psychiatric worldview is broadly a defense of bourgeois ideas of normality. Biologically framed conceptualizations, having found their way into psychiatric as well as public discourse to a significant degree since the 1980s following the DSM III, exclude more complex interpretations of social deviation from public debate. These interpretations include those represented in the DSM I (1952) and II (1968), which still considered the social embeddedness of disorder concepts. The potent interdisciplinary framing of the (social and/or individual) engagement of opposing actors within social structures for the social negotiation of valid orders of knowledge—which can be a considered a paradigmatic starting point for psychotherapy, social pedagogy, psychoanalysis, political science, history, jurisprudence, sociology, and philosophy—is silenced in favor of, and with the help of, a medical-technical approach. At the same time, social actors continue to make appearances in the diagnostic catalogs of psychiatry, serving as contrasting foils in the lists of disturbed behaviors. However, with the symptomizing of "disturbed" behavioral patterns, all attributions of cause related to social context are removed. In this sense, the underlying psychiatric argument is a sort of sleight of hand which lets the audience marvel at the empty hat, while the rabbit, the purported focus of attention, has long been confined to a cage backstage.

Following for example the listing for ADHD in the DSM V, an individual who "often does not seem to listen when spoken to directly" could be considered to show symptoms of that disorder. In this case neither the individual nor their situational mode of communication are in question, just as the role or involvement of the person making the diagnosis are not considered in relation. The social context of the occurrence and the involvement of additional interaction participations is similarly excluded from the assessment, as is the power relation that allows one person to demand the attention of another, and that forbids this other from *not* paying attention. The question of what "often" means and who can define what effectively establishes a pattern or routine of "often-ness" remain unaddressed, as well as the obvious room for interpretation in

identifying behaviors which "seem" to appear in a certain way, as well as the additional vagueness here in terms such as "spoken to directly." These are not the measured results of medical tests, but rather generalized assessments made from very specific, context-rich circumstances, and ones which cannot necessarily be inferred from behavior alone—of any type—in an abstract and situationally independent way, but instead can and indeed must be questioned sociologically. Moreover, these are all questions requiring comprehensive reflection on the situation and its actors (cf. Goffman, 1967) that are, for the most part, simply not asked. Psychiatric narratives to assert interest-driven professional perspectives that may—indeed, *often must*—disagree with the perceptions and understanding of the affected person, and to do so in a way that maintains public legitimacy, require critical consideration and analysis. In medical terms, mental disorders become something abstract, lacking in context and history, something deterministic, even fated, relevant to social life and the individual's very existence within a society only to the extent that these disorders "disturb" this existence. They are seen as only tangentially related to potential confrontations with difficult social circumstances, relationships, or even to the individual's own engagement with the professionally-led "correction" of disturbed behavior. Classical social scientific criticism of psychiatric perspectives has discussed these contexts as processes of institutional attribution steeped in power. This criticism attempted to give a voice to those caught up in psychiatry's unyielding categorical webs. It addressed the objectification of interactional conflicts into categories of illness as a manifestation of institutional structures and hegemonic orders (Cohen, 2016), exposing the pathways that had led to a fundamental distrust of the language games of identifying madness and the independence of psychosocial expertise as early as the 1970s (Illich, 1977).

From a sociological perspective, the categories of mental disorder primarily represent a creation of meaning (Dellwing & Harbusch, 2013). They arise as meaning within a social space and are consequently only reflected as a construction of this space and its actors. Putative disorders are perceived social deviations that only become apparent as such against the background of a socio-historically dependent concept of normality (Frances, 2013; Goffman, 1971). At the same time, in every

situation of perception and attribution there are private as well as public actors who play roles in establishing definitions. With their actions, they produce, design, diagnose, treat, pass on, and/or defend broader images of disorder. These actors can be psychiatrists, psychologists, or physicians, all of whom are well positioned to reproduce psychiatric knowledge orders to effectively interpret the situation.

Today, however, professionals from other institutions, as well as individuals in private life, are increasingly utilizing psychiatric disturbance patterns in the interpretation of situations. The main point is that, today, the psychiatric narrative is increasingly visible in professional contexts outside the strict bounds of psychiatry in which pathologizing is also understood as a task within that profession. Psychiatry has been particularly successful with its individualistic explanations of social reality to a great degree because the idea of "mental disorder" has been through various applications been carried increasingly further away from its original professional center, successfully colonizing various territories of everyday social existence. Psychiatric ideas are widely present as explanatory tools and plausible narratives in workplaces, schoolyards, television broadcasts, online forums, and in the homes of concerned parents. They are reproduced at birthday parties and over coffee, in conversations between neighbors over garden fences. With an increasingly visible presence and growing acceptance in the public sphere, psychiatric interpretations and medicalization of life (Illich, 1982) are currently achieving a reach and potency they have never before held. Psychiatric wards are no longer dark, opaque asylums on the outskirts of cities where madness is hidden and treated with the cruelest methods, denying the very humanity of those consigned to "treatment" (Foucault 1965; Shorter, 1997). The lunatics of Western society are no longer considered madmen whose bizarre and self-destructive actions endanger every rational order as well as those with whom they come into contact. Instead, the transformation and expansion of these labels has led to their broad acceptance, establishing these labels as well as those who are labeled as visible within the core of society rather than relegated to real or metaphorical "urban fringes," as medically proven outcomes. In this way, the psychiatric narrative has managed to establish that effectively all members of society can be affected by these labels and the underlying disorders, that everyone is

in some way at risk. This refers to diagnosed persons who are caught up in the net of psychiatric knowledge systems, with their numbers rising steadily as a result of both continuously expanding and differentiated diagnostic catalogues as well as the often-stated assumption that most mental illness goes undiagnosed, as well as to "healthy" people who find themselves and their social backdrop increasingly presented in terms of psychiatric terminology (Frances, 2013). This provides the entire population with increasingly new and modern vocabularies and grounds for suspicion against identified and abstract others. More broadly, it influences public narratives and vocabularies—in media formats, everyday interactions, and culture in its broadest sense—in terms of how health, illness, normality, and deviance can be spoken of intelligibly in Western society as well as how related concrete and attributed behaviors are situationally perceived and interpreted. Medicalizations detach complex contexts from their social, political, historical, individual, and/or institutional contexts of origin and transfer them into a one-dimensional representation that fails to recognize the contingency of psychiatric categories as much as it conceals the social character of definitions of social deviance.

Re-contextualization: New Perspectives on Psychiatric Labeling

With the expansion of psychiatric knowledge orders, the social roles that form with and around these orders in the public sphere have fundamentally changed and become amplified. Making these broad developments visible, reconstructing them, and reflexively accompanying them is the challenge facing current critical engagement with psychiatry from a social science perspective, and one that has been taken up on several levels in recent years. There has been a focus on the newer and expanding meanings and consequences of psychiatric narratives for the subject who takes up psychiatric and/or therapeutic narratives on a daily basis and uses them as a reference point for neoliberal self-dramatization. At the same time, with the psychiatric annexation of ever wider social contexts, new demands on existing professional roles have come into view, within

professions that have not played major roles in the context of "psychiatry" in past decades.

Recent works examine how psychiatrically organized disease categories are translated into biographical, narrative logic to be applied to those affected and, in this way, become anchored in practices of subjectification (Cohen, 2015). These practices present the subjects themselves both as equal creators and as created, constantly increasing the demand for individual self-optimization. They are creators in that they apply techniques in a pragmatics of the self (Foucault, 2010) in order to be able to understand and develop themselves as subjects—always in the mirror of their environment—both actively and creatively. However, they are also always created by confronting definitional demands of social contexts to which they feel connected. Here, communities and organizations are often seen as instances of subjectification. These groups create meaning for members and non-members and form them to create their own meanings of self in accordance with these organizational frames, but in the process of making subjects through organizational expectations, also allow these subjects to resist and withdraw, make meaning in relation to, but apart from these organizations. In the context of neoliberal demands on self-optimization as well as self-exploiting active subject in times of life-temporal acceleration (Rosa, 2013), psychosocial thematizations appear as an aid for a self-reflection that has become necessary, opposing a tyranny of success.

The more recent social science criticism of psychiatry is characterized in particular by its focus on emergent contexts and role models which have blossomed in light of psychiatric knowledge coming both from institutional as well as individual sources. At the center of these perspectives is the idea that the core psychiatric argument has become detached from psychiatry itself and stolen away to embed itself into new realms.

Even if the actors involved in the critical debate today continue to be concerned with making visible the power-imposing structures that are constructed and attributed on the basis of the psychiatric argument, many participants no longer focus on a total theorization of the psychiatric field. Rather, they refer to the social processes of production, (self-)attribution, and treatment of mental disorders on the one hand, and the social roles and small, everyday situations of individual

shaping produced with these categories on the other hand. This particularly helps to emphasize the situational as well as structural opportunities, possibilities, and benefits offered by the concept of mental disorder. Which interpretations are the right ones for the respective situations in this context is a question that sociology cannot clarify without subtly becoming normative.

When Conrad and Schneider (1992), for example, call for a reflexive and critical examination of the social character of the process of medicalization, a process steeped in power and is essentially able to monopolize public discourse, they advocate for a demystification of psychiatry and its positivist understanding of reality, and for a reordered model of deviance that does not formulate itself solely in a dichotomy between illness hand and criminality. In addition to her equally strong criticism of the expansion of psychiatric disease diagnoses (Caplan, 1995), Paula Caplan calls for strengthening the role of the individual in the medicalization process by publicly advocating for the education and emancipation of female patients and motivating them to be courageous and contradict psychiatric attributions. Especially in contact with therapists, perceptions of one's own otherness are reinforced and doubts about the correctness of one's own behaviors are sprinkled into one's self-assessment (Caplan, 1995: 12). Questioning of the "success" of the increased use of medication to treat supposedly mentally disturbed people in a historically informed manner, Robert Whitaker (2010) criticizes the narrative of the "damaged, chemically unbalanced brain" which must be repaired through medication. He recognizes this publicly rehearsed narrative as just that: a "storytelling process" (Whitaker, 2010: 307). By rejecting this narrative, he aims at alternative means to conventional mass medication (Dellwing & Harbusch, 2013: 49). In this indictment of the hegemony of the medical-psychiatric model for solving socially difficult contexts, Whitaker does not stop at an abstract critique, but focuses on the process of increasing psychiatric interventions as an active manufacturing process pursued by politically and monetarily interested groups. The services these groups provide and advocate for have become so firmly entrenched in society that they could not be easily eliminated without replacement. Annemarie Goldstein Jutel's work (2011) decentralizes the idea of mental disorder and focuses instead on the process of its emergence

and anchoring. She looks at the role of psychiatric/medical categories in everyday situations and in micro-processes of professional settings in emphasizing the individuality and the specificity of the diagnostic situation. For Jutel, diagnoses are hybrids that operate as connectors between the hiatus of structure and action and aim to bring theoretical constructions to a practical, everyday application. The focus is thus on a complex context of the diagnostic process, which can neither be presented unilaterally as an interest or power-driven divestment of psychiatric knowledge orders, nor as a simple recognition of physical processes.

These critiques (and many others) appear as an extension of a traditional critique of psychiatry and indicate a trend toward a broader investigation of micro-processes. Without giving up the critical connotation, but also without remaining in a pure oppositional position which could possibly further advance a monopoly position of psychiatry due to the demolition of categorical bridges (Pilgrim & Rogers, 2005), the micro-sociological view appears as a path on which an oppositional but also conciliatory social science can proceed in a constructive manner. Perhaps, in this way, it would be easier to seek solidarity with other critical perspectives and professions, because psychiatric criticism today is neither just a field of social science, nor does it concern psychiatric matters alone. At present, (social) educators, anthropologists, educationalists, criminologists, science journalists, psychologists, political scientists, and psychiatrists in particular are also committed to revitalizing the debate.

Public and Social Institutions as Troubled Persons Industries

The actors within the social system, but also those of public institutions, have been drawn into the maelstrom of medical interpretations and, by genuflecting before psychiatry, have placed themselves in a highly paradoxical situation. Today, nurses, social workers, teachers, lawyers, judges, health insurance employees, kindergarten teachers, employees of state institutions, parents' representatives, journalists, and many other groups are identifiable as "sy-professions" (Cohen, 2016: 8) and troubled

persons industries. They are framed as "professionals" as well as "lifeworld experts," that is, as people "who have over time acquired an authority on the supposed real nature of humans as psychological subjects" (Cohen, 2016: 8).

In terms of psychiatric sociology, this focus on troubled persons industries calls into question not only psychiatric concepts for describing social realities themselves, but also whether and how the workings and logics of practical application can be reconciled with the logic of these categories and how this actually happens situationally. Practice appears as a multilayered interested organizational, professional, and/or individual context, which takes up, reproduces, transforms, trivializes, exaggerates, adapts, rejects, and/or criticizes elements of scientific knowledge. In any case, it brings them to the logic of their own fields, and with this knowledge, it also centrally co-constitutes their own fields *as a field*. In doing so, however, this shift always means that the knowledge used is stripped of its original, academic context and is "worked down" in the sense of the application situation (Beck & Bonß, 1989: 9). A reconstruction of application situations decentralizes the question of the veracity of scientific results, which for them can only appear as a field-specific, illusory question anyway. Instead, fields and contexts of use, and especially those situations in which elements of one field of knowledge enter the other and/or in which two systems (have to) communicate with each other, take a central position.

To address psychiatry and its institutions as (co-)producers of increased attributions of illness is certainly an important sociological insight; it is also fundamentally correct. However, it necessarily overlooks the everyday contexts of the anchoring of psychiatric vocabularies in everyday discourse. The reconstruction of contexts of use not only make concrete everyday contexts addressable, contexts in which the ideas of mental disorders are carried into people's everyday lives. In addition, and related to this, new actors come into social scientific view who actively build the lifeworld bridge between academic formulas and individual narratives. They are characterized by the fact that in many cases they are academically trained and aware of the multiperspectivity and contingency of professional and lifeworld constructions. At the same time, however, in their work they always remain bound to a logic of

the situation, the institutions and also the sensitivities and needs of the clients and, as scientifically trained practitioners, are pragmatically interested in incorporating academic categories into lifeworld contexts. In terms of the everyday use of psychiatric knowledge, they are troubled persons industries because they work much closer to their clients' life situations than clinical or academic actors within psychiatry. As experts, they turn medical constructions into social contexts in their everyday counseling process and use psychiatric vocabularies to devise solutions to the client's problems, seeking a fusion of academic constructions and lifeworld narratives. Here, the difficulty of this mediation is not that experts of troubled persons industries are institutionally and/or monetarily interested, and turn help-seeking people into clients of the welfare system with logics of communication, documentation, and also billing (Bergmann, 2014): that is, it is not that they have a "false face" (McKnight, 1977: 40). The problem lies rather in the fact that they—as McKnight already suspected in the 1980s—are in many cases convinced of the correctness and importance of their interpretations. "The power of service ideology is revealed precisely by the fact that most service providers cannot or may not distinguish this mask from their own face" (McKnight, 1977: 40). Yet the great paradox of the use of pathologizing concepts in troubled persons industries is that professionals, in their search for truth and professionalism, enter a field in which they themselves must maintain their appearance as laypeople. For they work with concepts whose mode of production and background lie outside their expertise. In this way, they make themselves non-professionals regarding the content they use, abandon their own concepts to clarify unclear situations. They become service providers to psychiatry by transforming people into abstracted cases of the psychosocial system that can be treated and managed in a care-oriented and consultative manner. The incipient expansion and differentiation of the social science discussion around the social phenomenon of mental disorder currently shows how broad the disciplinary and everyday fields have become on which psychiatric knowledge orders have begun to poach paradigmatically, sometimes vigorously supported by the resident professionals. And it also shows that the desired homogenization of the psychiatric argument, a homogenization that was supposed to disciple, has become more distant than ever

before. This makes the argument about psychiatry much more difficult: Paradoxically, the increasing dissolution of the psychiatric argument into broader untethered contexts makes it more important.

This Volume

The present volume is devoted to the contexts of the use of psychiatric knowledge beyond psychiatry. It is an attempt to trace new empirically oriented social scientific preoccupations with psychiatry beyond psychiatric contexts and to give them a common direction in the term "Troubled Persons Industries."

Gathered together are international participants in the debate, whose studies show how multilayered the related discussion can and must be. While some participants deal very concretely with contexts of pathologizing and practices of social institutions, others can show how many actors and perspectives contribute to the emergence of the idea of a mental disorder today by focusing on specific "disturbance patterns" and illuminating the sites of production.

Zoe Timimi and Sami Timimi focus on the role and the perspective of teachers in the current process of the increasing pathologization of young people in British schools. On the empirical basis of interviews with teachers, considered important actors in mediating the discourse of "troubled persons," the authors investigate the underlying beliefs and altered practices of the interviewees regarding mental health problems among pupils. Schools today are intertwined with political discourse and governmental programs and have become key supporters of an individualizing capitalist system which helps in transforming everyday life problems into psychiatric concepts. The article demonstrates that the discursive and conceptual transformation of the concepts of mental health and illness in schools bear serious consequences not only for the pathologized children themselves, but also for the work and self-conception of teachers, who are trapped in a position which is ironically powerful and powerless at the same time. As long as they adapt the medically formed public discourse of putative individual problems teachers maintain their expert status, their authority, and their conceptual power

in a troubled persons industry, possibly with quite good intentions. Yet, colonized by this mental health discourse and depended on governmental decisions, they utterly lack in resources to challenge these labels.

In their article *Governing Emotions in School*, **Roberto McLeay and Darren Powell** describe how emotions and the "right" way of feeling and talking about them has gained increased attention in the psychological and social system in Aotearoa New Zealand over the last years. Today it seems to be important for actors of the social system that young people learn to handle and control their "troubling" emotions, if they want to stay healthy and happy. Schools are one of the main institutions which function as troubled persons industries in this context. Mental health programs in schools and the development of educational and institutionalized roles—such as counseling services—are not only catching up to political programs, but also to an increasingly medicalized public discourse which problematizes the emotions of the younger generations under the banner of the idea of public well-being. After a short theoretical discussion on the transformation and development of the concept of emotion, McLeay and Powell show in their paper—on the example of the counselor as psychiatrically trained agent in schools—how complex the field not only in Aotearoa New Zealand is and how much work has to be done within critical sociology to reconstruct the everyday practices in which psychiatric ideas are reproduced in schools.

Charles Marley and David Fryer offer a theoretical re-conceptualization of the rise of ADHD ascription and treatment in a deindustrialized region of Scotland. The aim of their paper is to understand ADHD as a construction of official institutional knowledge on the one hand and specific social practices on the other. Not only do social problems need to be framed as personal problems in order to understand ADHD as a connector for multiple social problem-oriented institutions and to stage it as a local solution for the individual case. There must also be concrete practices as well, which construct young people as affected, "troubled" persons. In their empirical examination, framed in critical theoretical voices, the authors make visible the processes and conditions under which this taking place. They can show very clearly that

ADHD diagnoses not only depend on social and always already interested contexts, but are deeply entangled with contemporarily dominant political and economical discourses.

Stephen L. Muzzatti and Dawn L. Rothe understand universities as neoliberally transformed places which have developed ways to pathologize and disenfranchise undergraduate students over the past few decades. In the tradition of a cult of the "Damaged Self" and against the backdrop of a changing understanding of universities, which increasingly adopt corporate management models, the authors describe this change and conceptionally reconstruct how the lives and the (self-)understandings of professors, staff, and student have changed during this neoliberal turn. While, for students, university is more understandable as a commercial service today, the students themselves—as a vulnerable and easily victimizable group—have become customers for institutions centered around political and monetary interests and troubled persons industries. Emphasizing the reproduction of contemporary neoliberal trends and of public ideas of mental health and illness as well, Muzzatti and Rothe present a comprehensible and lucid argument for understanding universities as part of today's troubled persons industries.

Bruce Cohen looks at the world of work as a context in which psychiatric expansion became more and more widespread as a consequence of the increasing process of neoliberalization in western societies. Looking at the historically changing concept of worker productivity and its expanding foci, first on improvements in work processes and working conditions, and later on the individual worker, Cohen reconstructs how these concepts were loaded with more and more psychological interpretations and evaluations. Initially interested in the improvement of the work process itself, the perspective on work productivity has changed significantly toward an increasing psychiatrization of the discourse today. With reference to new research results as well as with a look into the diagnostic catalogs of psychiatry, Cohen shows lucidly why and in what way every worker today is in danger of becoming entangled in the web of psychiatry.

Alison Fixsen and Anna Cheshire offer a constructionist view of the emergence of a new psychiatric category: Orthorexia nervosa, the medicalization of "extreme" healthy eating. After some thoughts about the

process of diagnosing and a theoretical examination of the field of eating disorders, the authors present and discuss interview research that focuses on central actors of this new field: those who self-identify as highly preoccupied with healthy eating, professionals with expertise in eating disorders, and posters on a social media site focused on eating disorders. The paper not only shows how practices of eating come under psychiatric scrutiny in western societies, in which ways the body is framed more and more as an individual, self-controlled project of self-optimization, and how many institutional and social actors are interested and involved in those psychiatric labeling. With their reconstruction of the interview material, the authors also give an internal perspective on this process of emergence, showing how social phenomena come up in life-world contexts and how these phenomena get transformed into psychiatric categories.

Emma Tseris' text *The Psychiatric Surveillance of Pregnancy and Early Parenting* shows how the widespread use of mental health screening tools in perinatal healthcare settings establishes pregnancy as a "high risk" time for the emergence of mental health problems. Pregnancy and motherhood are not only constructed idealistically as very satisfying experiences full of joy and happiness but simultaneously also as times of vulnerability which subject women to emotional distress, public pressures, and exhaustion. These risks are often depicted in formats and with frames that imply solutions involving high levels of micromanagement and a loss of autonomy. Tseris illustrates how psychiatric categories—particularly perinatal distress—undermine formerly dominant ideas of motherhood and transform the experiences of women pre- and post-pregnancy into status conditions which warrant medical attention, intervention, and correction.

Emmanuelle Larocque, Baptiste Brossard, and Dahlia Namian direct our attention to the label of Sex Addiction in a multi-perspective way. On the theoretical base of classical labeling theory and interviews with both professionals within the troubled persons industries in Canada and Australia and self-designated sex addicts, the authors show how a concept emerges to become a widely reproduced and therefore relevant construction in the broader social world. The authors demonstrate

with their rich material that on a micro-social level not only the individual involved professional actors follow strategic interests while—for example—they are making meanings, assigning or declining responsibility or defending ideas of normality and control, but also that the powerful assigning process of troubled persons industries is located in everyday life situations, carried out by non-professionals who apply labels to the other as well as the self.

Ruari-Santiago McBride takes a closer critical look to the interwoven relationship between prisons as troubled persons industries and psychiatry. While both institutions were intentionally separated in the nineteenth century, current therapeutical reforms that transform prisons into places of care and support (at least on the front-stage), psychiatry is again deeply implicated in carceral practices and logics. McBrisde shows very convincingly how the contemporary world of the prison is framed as a psychiatric context and how constructions of health and control meet at this point. The article then offers a much deeper empirical look into the lifeworld of prisoners. In an interview-study with inmates, McBride reconstructs their narrated experiences with the carceral-psychiatric complex. Those accounts can paint a vivid picture of practices of psychiatrists in the everyday prison work, of fellow-inmates and their addiction to psychiatric medicals, or of prisoners, who actively try to avoid psychiatric diagnoses. McBride reveals this field as both interesting and terrifying, showing how psychiatric actors' masks of help slip in favor of their controlling power in an open and official frame of carceral control.

William Dolphin and Michelle Newhart deal with the relationship between cannabis use and mental health. On the one hand, the medical consumption of cannabis is framed as helpful by professionals as well as by laypersons, and a growing number of people in the United States are involved in medical cannabis programs. On the other hand, the effects of cannabis use have been classified as mental health disorders since the beginning of psychiatry. During their exploration of this putative paradox, the authors come across a complex, historically changing field permeated by different aspects of privately, publicly, and institutionally entangled actors, interests, and discussions. In doing so, as they walk through the debate, they encounter contexts and practices

that demonstrate, as clearly as revealingly, the importance to psychiatric discourses and the surrounding troubled persons industries of framing people as troubled and maintaining control over conversational ways and substances that are able to sustain these roles.

Charles W. Nuckolls looks to Aotearoa, New Zealand against the backdrop of American (psychiatric) discourse. While in the United States, psychiatric ideas are formulated in terms of cultural and especially gender-specific images of individuality on the one hand and sociality on the other, the New Zealand discourse of mental disorders is still strongly guided by the constructions of "race" and "ethnicity." Although Pakeha (European settlers) and Maori constructions of self and other are intertwined, entangled, and to be understood as in a dialectical process with each other, the author's study of psychiatric discourse in Aotearoa, New Zealand demonstrates the ways in which the Pakeha view has become entrenched as the leading perspective in psychiatric programs and in troubled persons industries.

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