

**Harbusch, M. (Ed.) (2022). *Troubled Persons Industries: The Expansion of Psychiatric Categories beyond Psychiatry*. Palgrave Macmillan. 345 pages, ISBN 978-3-030-83744-0**

**Reviewed by Benjamin Hemmings\***

Increasingly, social scientists have noted that psychiatric categories have come to feature prominently in how professionals who have little to no connection to psychiatry perform their work. Multiple separate accounts have emerged of how teachers, line managers, parents, self-help group leaders, social workers, lawyers and nurses have come to use the thoughts and practices of psychiatry in their everyday vocational life, drawing upon this discipline of the human mind to make sense of individual conduct, capabilities and differences, and particularly to intervene when troubles emerge. In this new edited collection by sociologist Martin Harbusch (University of Siegen), he not only acknowledges the ease with which we find psychiatric categories in sites that are traditionally far from psychiatry, but he more importantly draws our attention to how psychiatric concepts and categories are now being produced, circulated and established without the direct help of psychiatric professionals or institutions.

It is this movement beyond psychiatry, the production, circulation and success of psychiatric concepts, their modes of management and the ways in which they make selves thinkable without psychiatry, that this edited collection explores. The book does so by taking as its starting point Joseph Gusfield's (1989) concept of the 'troubled persons industries'. Referring broadly to "the professions that bestow benevolence on people defined as in need" (Gusfield, 1989, p. 432) (including social workers, clinical psychologists and counsellors), the notion provides the space for a collection of critical mental health scholars from a range of disciplines (including sociology, education, social work, community psychology and anthropology) to explore in-depth how non-psychiatric professionals and their clients engage with and encounter psychiatric narratives. Through eleven substantive chapters as well as an Introduction by Harbusch and a Conclusion by Harbusch and fellow sociologist Michael Dellwing (Leuphana University Lüneburg), the volume considers the flexibility and openness of psychiatric discourses (namely, how the discipline's concepts and categories have become reformulated by and central to the ways non-psychiatric actors manage social problems), while simultaneously foregrounding just how persuasive and quotidian these discourses have become.

Framing the substantive chapters, the Introduction and Conclusion detail how the "adaptability, flexibility and resilience" (p. 2) of troubled persons professionals allows psychiatric discourse to be able to penetrate and circulate throughout non-psychiatric spaces. For example, in the Conclusion, Harbusch and Dellwing use historical analysis to argue that it was the American Psychiatric Association's move away from the psychoanalytically-informed nosology with the third edition of their *Diagnostic and statistical manual of mental disorders* (DSM-III; American Psychiatric Association 1980) that introduced a new fluidity of language that allowed for psychiatric concepts to be "vague" enough that they could easily be used by other social authorities (p. 321).

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The substantive chapters themselves consist of micro-studies of psychiatric discourses, their circulation beyond psychiatric institutions, those who use them and those that navigate life under these discourses. These are self-contained discussions, chiefly drawing their findings from data collected from significant fieldwork and using a variety of theoretical positions. These case studies are not separated into themes, areas or topics, but broadly follow one of two approaches. The first one attends to emergent psychiatric categories, exploring how people navigate, contest, produce and transform proposed labels of mental pathology. For example, in a chapter by Emmanuelle Larocque and colleagues titled *Unpacking the labelling process: Framing responsibility in sex addiction*, the authors examine how some self-identified sex addicts construct a certain understanding of sex-addiction as a way of asserting some control over a problem of sexual excess and desire that feels uncontrollable. The chapters that align with the second approach explore how non-psychiatric social authorities use the discipline, its categories and practices in sites that have been traditionally absent from psychiatric interventions. Studies of workplaces, prisons, the family and the education system feature particularly prominently, and explore how psychiatric ‘know-how’ has become entangled in processes of induction, learning and becoming. For example, in their chapter *Psychiatrisation of school children: Secondary school teachers’ beliefs and practices on mental health and illness*, Zoe Timimi and Sami Timimi examine how teachers transform the everyday problems of their students into psychiatric concepts. Although the concepts help these education professionals explain their students’ troubles, the authors note that this process is ultimately disempowering, as the teachers often feel they cannot truly act upon these troubles without the help of a qualified psychiatrist. In chapters such as this one, the collection is able to demonstrate some of the tensions within the troubled persons industry as the use and adherence to psychiatric knowledge can ultimately constrain how non-psychiatric professionals manage social problems.

In these micro-studies, readers will also find emergent threads of critical mental health theorising, including discussions on the ‘psychiatrisation’ of emotions as well as arguments that reveal psychiatric discourse as a tool of optimisation, surveillance or oppression. The focus on emotions by professionals outside of psychiatry are perhaps the most notable. In one of the most explicit analyses on this topic, Roberto McLeay and Darren Powell’s chapter *Governing emotions in school* identifies how school counsellors have reconstituted emotions through a biomedical framework to help guide the conduct of their students. In these schools, certain ‘negative’ emotions are positioned by the counsellors as “sick”, “unhealthy” and “troubled” (p. 53), resulting in students being directed towards certain practices and productivities to become “well” (p. 54). These critical discussions of emotions and psychiatric discourse are also found embedded in other chapters which do not specifically take such feelings as their pivotal point of analysis. For example, in the chapter *Psychiatric expansion and the rise of workplace mental health initiatives*, Bruce Cohen unveils the ways in which negative emotions have become one site of intervention in the workplace, acted upon through psychiatric knowledges to optimise individual productivity.

Also prominent in the collection are discussions of the spread of psychiatric discourse within Aotearoa/New Zealand and Australia, with many of the chapters using parts of the region as their fieldwork sites. For instance, in her chapter *The psychiatric surveillance of pregnancy and early parenting*, Emma Tseris investigates how the everyday experiences of parenting have undergone psychiatric intervention in the Australian context. Through an exploration of mental health screening tools, Tseris illuminates how the perinatal period has been re-framed as a high-risk state for the development of mental disorders among new parents. During this period, people who either express too little or too much distress are considered to be unwell and in need of intervention. Tseris directs our attention to how dominant notions of gender and motherhood are still very much entangled in and shape Australian understandings of mental health. Meanwhile, in *Mental health categories and the construction of cultural identities in the United States and New Zealand*, Charles Nuckolls demonstrates how dominant ideas on mental illness in Aotearoa/New Zealand shape notions of race and ethnicity. Exploring mental health assessments labelled as “culturally sensitive” (p. 289), Nuckolls demonstrates how these tools nevertheless (re)produce traditional understandings of race and

ethnicity. For example, while Māori are presented as “displaced and frustrated” within the individualistic structure of Aotearoa/New Zealand and its mental health care system, Pākehā (white European groups), in contrast, are depicted as comfortable and calm within it (pp. 313–314).

For those hoping to find nascent, generative positions towards psychiatry and how psychiatric discourses can circulate outside of psychiatry this edited volume does not provide much beyond its broader thesis and the theoretical contributions in the Introduction and Conclusion. In some of the case studies this can amount to a rehearsal of classical and commonplace theoretical positions. Consider medicalisation as a conceptual tool. Whereas through the work of Busfield (2017) and Rose (2007) the concept of medicalisation has been expanded, agitated and uprooted, changing its contours, its texture and the ways in which we understand how it operates in society and shapes us, the use of the concept in some parts of this collection is limited to Conrad and Schneider’s (1992) definition (namely, an instance in which a non-medical issue is made into a medical problem). Although this classical formulation is helpful in making sense of psychiatric categories beyond psychiatry, this does not push the boundaries of how we consider the production of things as medical (let alone psychiatric) as these other expansions and agitations on medicalisation have.

That being said, *Troubled persons industries: The expansion of psychiatric categories beyond psychiatry* can still be considered an innovative text. The broader thesis and the contributing chapters are fundamentally an important addition to studies investigating the expansion of psychiatry and its success beyond psychiatric professionals and institutions. Through its theoretical contributions in the Introduction and the Conclusion, the collection offers a much-needed perspective that foregrounds the utility of psychiatric knowledge in making sense of and managing social problems as central to their use by non-psychiatric professionals. Likewise, the research highlighted in the substantive chapters provide multiple cases studies that help illuminate the expansion of psychiatric discourse as well as the attempts of people to navigate this new landscape of the psychiatric beyond psychiatry. Lastly, part of the radical element of the collection is that it stands as a critical provocation for mental health scholars to re-evaluate their sites of study, with the collection encouraging the reader to look beyond the clinic, psychiatric materials and psychiatric professionals to a broader range of public, private and professional spaces. Harbusch says as much in the Introduction, when he states that such research into the everyday contexts and uses of psychiatric discourse will help to bring “new actors ... into social scientific view” (p. 12). All in all, this volume will be useful to critical scholars who are interested in psychiatry and mental health. But it will also be a very welcome addition to critical mental health scholars who are studying discourses of mental health and illness in spaces outside traditional psychiatric institutions. For these critical scholars who may be undertaking fieldwork in workplaces, prisons, courtrooms, digital spaces, religious institutions, community centres or perhaps schools, this edition will provide them with a critical approach to consider how the ideas and knowledge of psychiatry have come to infiltrate these spaces and a range of case studies to compare and contrast to their studies of psychiatric categories beyond psychiatry.

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