Critical Psychiatry, Mad Studies and the Popular Imagination

Student conference

TECHNISCHE UNIVERSITÄT DRESDEN

CHAIR OF **BRITISH CULTURAL STUDIES**

21 - 22 February 2025

Wiener Straße 48

Critical Psychiatry, Mad Studies and the Popular Imagination
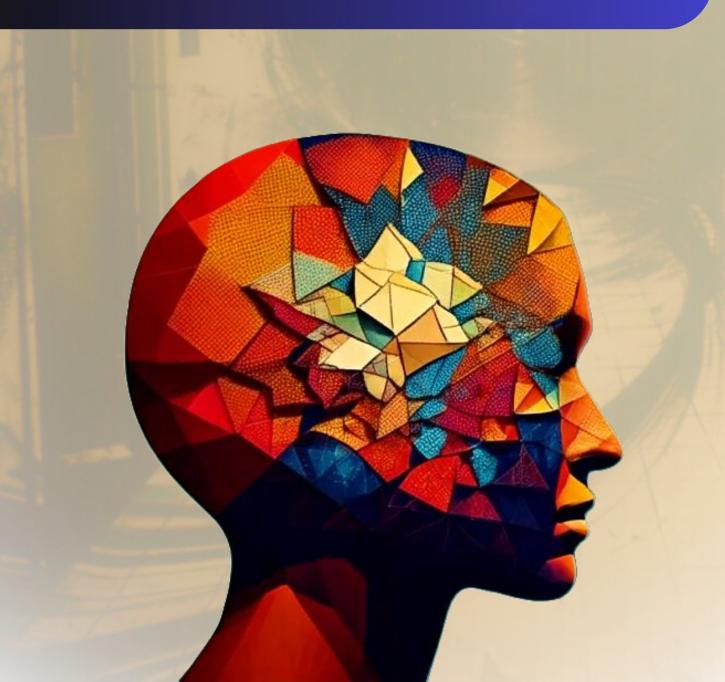
Student conference

Following the similarly titled seminar in winter semester 2024/2025, this conference comprises students' perspectives and explorations of the Madness and Civilization discourse. The seminar started with a historical overview of the evolution of psychiatric practices, paying particular attention to the operation of power, control, and the medicalisation of human experience and subsequently introduced key texts from the fields of critical psychiatry, mad studies and neurodiversity studies. This laid the basis for exploring the role of various media in shaping public perceptions of mental distress and people labelled as mentally ill.

In their papers, students critically analyse media representations and practices related to madness or mental health to uncover the stereotypes, myths, and tropes that perpetuate stigmatising views of mental distress – or texts which challenge precisely these. Papers explore how these representations influence societal attitudes and reinforce or challenge dominant discourses regarding mental distress and/or madness.

The conference provides a platform for sharing research, insights and encourages critical reflection upon assumptions and biases regarding mental health, as well as the broader cultural and societal implications of psychiatric practices and representations of mental distress. The overall aim is to challenge pervasive biomedical understandings of mental distress by exploring the socio-political dimensions of psychiatric practice and public attitudes towards mental distress and people living with psychiatric diagnoses.

Programme

Friday, February, 21st

10:00   **WELCOME AND INTRODUCTION**

PANEL I: FILMIC REPRESENTATIONS

10:05   **The Madness Discourse in *Alice's Adventures in Wonderland***
Yasmin Altmann

Autism (Re)presentation in Thai Television Shows
Emily Rudolph

The Representation of Neurodiversity in *The Big Bang Theory*
Lucy Ullmann

15 minutes break

"I didn't eat for three days so I could be lovely:" The Representation of Anorexia Nervosa in *Skins*
Johanna Witkiewicz

Feminized Madness and the Monstrous-Feminine: Madness, Gender, and Subversion in *Dr. Jekyll & Sister Hyde* (1971)
13:00   Michelle Eperjesi

13:00-13:30 Lunch break

PANEL II: MEDIA REPRESENTATIONS

13:30   **TikTok says I have ADHD - Social Media's Role in Mental Health and (Self)Diagnosis**
Sandra Samol

Madness as Gameplay: Representations of Mental Illness in Video Games
Johannes Herold

How Ethics Failed — The Role of Psychiatrists and Mental Illness in Nazi Propaganda Media
15:05   Nina Heller

15:05-15:25 Coffee break

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PANEL III: STRUCTURAL INEQUALITY IN HEALTHCARE SYSTEMS & INSTITUTIONS

15:25   **The Westernization of Mental Health**
Alina Nikolaev

Poverty as a Structural Barrier to Mental Health Recovery: Examining Recovery Narratives through a Socioeconomic Lens
Jenny Oettel

The Epistemic Vulnerability of Madness
17:00   Lena Vogel

Saturday, February, 22nd

11:00   **START**

PANEL IV: HISTORICAL DISCOURSES & PRACTICES

11:05   **The Medicalisation of Women's Emotions**
Leonie Wimmer

Hobbe's and Locke's Reasons for Madness
Millane Kock

Madness **as Inspiration: A Critical Study of the "Mad Genius" Trope**

Clara Uhrig

The Medicalisation of Emotions. From Grief to Depression
13:00   Tom Hähnchen

13:00-13:30 Lunch Break

PANEL V: CONTEMPORARY DISCOURSES & PRACTICES

13:30   **The Good in the Bad – Positive Developments due to the British Deinstitutionalization of Mental Health Hospitals**
Tanja Ruhland

Psychological Strain in Professional Soccer - Consequences of Depression due to Pressure, Criticism, and excessive Demands: The Cases of Robert Enke and Babak Rafati
Marius Ludwig

(Dis)Ability? The Commodification of Neurodivergence in Guardian Articles' narratives on employability
Henrike Fabienne Resch

Madness or Therapy? Contradictory Discourses on Climbing and Mental Dispositions
15:20   Katharina C. Hummel

15:20-15:50 Coffee break

PANEL VI: LITERARY REPRESENTATIONS

15:50 **Mad Perspectives: Examining a mentally ill Narrator's Perspectives on societal Norms in J. D. Salinger's *The Catcher in the Rye***
Lukas Arnold

Submission and Self-Destruction as a Consequence of abusive Behaviour in *Normal People*
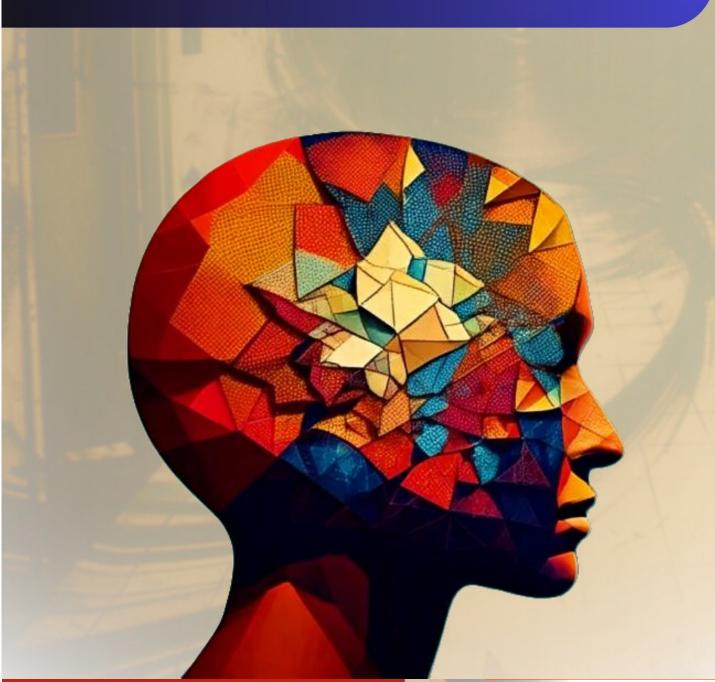16:45 Fanny Antemann

16:45-17:00 Coffee break

KEYNOTE LECTURE

17:00 **Poetry as Survival Technique:**
Co-Creating Intensive Care Communities
17:45 Dr. Olaf Berwald Middle Tennessee State University

CONCLUDING REMARKS

Abstracts

The Madness Discourse in *Alice's Adventures in Wonderland*

Yasmin Altmann

The concept of "madness" has been theorised many times in history. The "madness" discourse is also subject of this conference paper. Through an analysis of Lewis Carroll's *Alice's Adventures in Wonderland* (1865) and its contemporary movie adaptations *Alice in Wonderland* (Tim Burton, 2010) and *Alice Through the Looking Glass* (James Bobin, 2016), it becomes clear how cultural understandings of mental distress have shifted throughout the last century.

The Victorian children's novel was first published in a society that feared the "madness" of the individual as well as social disruption, whereas contemporary anxieties mainly include societal pressure and consumerism. These circumstances are displayed within the narratives. Carroll's work reflects and challenges Victorian beliefs about the subconscious and "madness", as it exhibits nonsensical logic as well as dreamlike qualities. Moreover, the novel explores the boundaries of reason and imagination. The line between Alice's conscious and subconscious mind are blurred continuously and loosely portray the deconstructive process of trauma, yet without the need for a traumatic trigger that causes it within the original narrative.

Disney's latest adaptations retain central elements of Carroll's novel; however, they reimagine "madness" through a contemporary lens. While Alice in the novel wanders off to Wonderland out of boredom, the viewers of the 2010 movie are presented various triggers for potential trauma (e.g. death of a loved one, public pressure). Moreover, Alice's age is changed from a girl to a 19-year-old woman who struggles to fulfil societal expectations and then finds herself on a journey of self-discovery. In the 2016 sequel, the Mad Hatter's and the Red Queen's behaviours are explained through time travel and the revelation of traumatic events in their past, further emphasising the contemporary tendency to normalise and explain mental distress within the media. By examining these texts, the paper demonstrates the way that the concept of "madness" has changed throughout time. The novel serves as an insight on historical ideas and anxieties surrounding mental distress, whereas the movie adaptations use the source material but make deliberate changes to the original material, which indicates that the focus of the message has shifted. While the Victorian era viewed "madness" primarily as a threat to social order, contemporary anxieties tend to centre around individual experiences of alienation, anxiety, and depression regarding societal pressures.

Through this comparative analysis, the paper aims to demonstrate how these cultural texts, spanning over a century, provide valuable insights for understanding the evolving discourse of "madness" and the ongoing challenges regarding the portrayal of mental distress.

Autism (Re)presentation in Thai Television Shows

Emily Rudolph

In recent years, Thai Television series have enjoyed increasing global attention, which drags along growing responsibilities for the relatively small industry focusing mostly on LGBTQ+ representation. With its strength established in the presentation of this specific minority and ambitions shown to branch out into the representation of others, the question of how the industry presents other minorities gains relevance. The minority that has arguably seen the most representation in the recent years are people with Autism Spectrum Disorder (ASD). In these past two years, three side characters from different shows are universally understood to have ASD: *Penneung* from *Home School* (2023), *Aylin* from *23.5* (2024) and *Chadjen* from *High School Frenemy* (2024). These Thai depictions deviate from ASD portrayals British – and by extension Western – audiences are accustomed to, and yet create their own pitfalls that have potential repercussions.

To explore this subject matter appropriately, contemporary portrayals of people with ASD and the resulting narrative patterns that British and wider Western audiences are more accustomed to need to be discussed, before the analyses of the chosen shows and their overarching patterns can be compared to them. As the Thai shows examined are small-screen productions, a restriction should be drawn to small screen portrayals. And while there are few ASD representations coming from the British cultural realm itself, the ever increasing globalization of media means audiences from any specific region are no longer restricted to the minority representations their own spheres produces. Many popular American portrayals have thus found their way into the living rooms of Europeans and Australians alike. The narrative patterns experienced by Western audiences have been summed up most comprehensively by V. Sue Atkinson et. al. in their recently published study *Stereotypes on the Small Screen: Applying a Media Rating Tool to Portrayals of Autism in Television Series 2010 – 2019*. Between tropes like *The autistic character as a burden* and *The autistic character as a plot advancing device,* the three authors illustrate our media landscape as one permeated by lacking to harrowing attempts of representation. And while many of these tropes are not overly visible, or are at least mitigated, in the representations coming out of Thailand, in the process of dodging some of these pitfalls, the Thai representation attempts fall into new pits hidden under their own surfaces.

The Representation of Neurodiversity in *The Big Bang Theory*

Lucy Ullmann

Media, especially television, shapes our everyday lives and our understanding of the world. Often enough, what is depicted on the screen is not carefully questioned, nor are the impacts it has on individuals, who carry these ideas also outside the media sphere. Especially marginalised or misunderstood groups, like neurodiverse individuals, are affected, as they often lack appropriate representation in the media landscape. Yet, media holds the potential for promoting awareness, education, or to foster awareness.

Therefore, this paper argues that while the TV show *The Big Bang Theory* portrays neurodiverse traits through characters like Sheldon Cooper, the show often relies on stereotypes and comical exaggerations, ultimately influencing the viewer's perceptions of neurodiversity, reinforcing oversimplified understandings, and stigma. After introducing the topic, the concept neurodiversity, particularly its inclusion of Autism Spectrum Disorder (ASD), is defined to establish a solid basis for argumentation. This framework is used to examine the portrayal of neurodiverse traits in *The Big Bang Theory*, with a focus on the character Sheldon Cooper. His behaviour, characterization, and interactions with other characters in selected scenes from season one are analysed. The discussion highlights the comical exaggeration of Sheldon's neurodiverse traits through the lens of the *Benign Violation Theory* and explore its impact using Stuart Hall's *Representation Theory*.

It is crucial to examine cases like these because of popular media's significant role in everyday life, shaping societal attitudes, and understandings. The intersection of media studies, psychology and cultural studies informs how marginalised or misunderstood groups, including neurodivergent individuals, are perceived and provide frames for the public discourse on these topics. It also highlights the responsibility of creators to navigate the balance between entertainment and the reinforcement of harmful narratives. This analysis is particularly relevant for the TV show *The Big Bang Theory* because the show is globally recognized and widely viewed. Looking ahead, research like this helps gaining new insights on the topic and promotes awareness about the accurate and respectful portrayal of neurodivergent individuals, as well as raising critical questions about the balance between entertainment and ethical representation. Through a responsible and informed representation, media can play an important role in normalising neurodiverse experiences, ultimately encouraging acceptance and reducing stigma.

"I didn't eat for three days so I could be lovely:"
The Representation of Anorexia Nervosa in *Skins*

Johanna Witkiewicz

Over the past decades, eating disorders have become increasingly prevalent in Western society (Holmes 149). While there are several reasons for that, the relevance of media representations of eating disorders as well as Western beauty standards cannot be overlooked (ibid.). This paper examines, how anorexia nervosa is represented in the first season of the TV show *Skins* and its impact on unaffected individuals as well as people who suffer from an eating disorder.

Within the paper, the illness will be explained with possible symptoms, causes and medical complications. Certain character traits, such as perfectionism, low self-esteem and being overly competitive oftentimes contribute to the development of an eating disorder (Moskowitz and Weiselberg 73), making it hard to accurately portray the disorder without causing distress or competitive thinking in already struggling individuals. Further, the framing theory is explained as means of presenting different perspectives from which an issue can be looked at. Thus, representations can influence people's opinions on specific topics (Chong and Druckmann 104) and have a crucial role in shaping how anorexia nervosa is understood by the viewers of the show.

Produced by Bryan Elsley und Jamie Brittain, *Skins* (2007) is a British TV series that explores the lives of teenagers in Bristol, focusing on their struggles with relationships, identity, and mental health. One of the main characters from the first two seasons is Cassandra "Cassie" Ainsworth, played by Hannah Murray. She is depicted as a dreamy and vulnerable young woman who manages challenges with her mental health, including disordered eating.

Analysing how television productions portray anorexia nervosa provides valuable insights into the role of media in shaping societal perceptions of mental health. Such portrayals can influence how eating disorders are understood by unaffected individuals, either by creating awareness or by reinforcing harmful stereotypes. On the other hand, such depictions can also lead to anorectics copying shown behaviour or idealizing struggling characters. Understanding this impact is crucial for creating responsible and accurate media representations that minimize harm while promoting awareness.

The purpose of this paper is to demonstrate, that through the character of Cassie, the first season of the teen-drama *Skins* (2007) provides a portrayal of anorexia nervosa that raises awareness and offers valuable insights for unaffected individuals. On the other hand, the portrayal can have serious adverse effects, such as downplaying the severity of the anorexia nervosa and potentially triggering vulnerable individuals.

Feminized Madness and the Monstrous-Feminine:
Madness, Gender, and Subversion in *Dr. Jekyll & Sister Hyde* (1971)

Michelle Eperjesi

If, as Michel Foucault writes in *Discipline and Punish*, "the soul is the prison of the body" (30), what happens when the body's integrity is disrupted – transformed into something entirely new? What happens when this prison changes its metaphorical guard?

The Gothic genre engages with those questions of (non-)bodily identity. Resultant is a plethora of classic horror monsters, turning into their very own archetypes, yet never wholly bound to single interpretations. Stoker's Dracula, Shelley's Frankenstein – or rather his creature – and Stevenson's Hyde encapsulate many shifting meanings. Tied to the historical, cultural, and social backgrounds they are constructed and read in, they become a stand-in for anxieties surrounding e.g. class, addiction, distress, gender, sexuality, and ethnicity. Recognizing their resistance to stability exposes the instability of supposedly static dichotomies e.g. male/female, good/evil, or sane/mad.

The genre's persistent influence is evident in numerous adaptations that both continue their Gothic lineage and disrupt or subvert their progenitors' premises. A prime example is the 1971 film *Dr. Jekyll & Sister Hyde*. Despite limited scholarly attention, Hammer's adaptation of Stevenson's novella *The Strange Case of Dr. Jekyll and Mr. Hyde* (1886) allows a fresh perspective on the well-established "monster," offering insights into how cultural anxieties shape related discourse. Since (media) representation influences perception, analyzing manifestations of such depictions in horror helps dismantling, questioning, and maybe even deconstructing ingrained biases.

An elixir made from female hormones transforms Jekyll into Sister Hyde. "Femininity" is what creates Hyde's monstrosity and what literalizes Victorian and Freudian concepts of hysteria, allegedly rooted in the female body. The film grants a feminine-presenting character agency, diverging from prior adaptations which often relegate women to roles of (passive) victims or objects of desire. Drawing on Barbara Creed's concept of the *Monstrous-Feminine,* I will thus unveil how this paradox blurs the heteronormative boundaries between "female passivity" and "male activity," hence defying these gender roles. The traditional battle between Jekyll and Hyde for dominance turns into a battle between masculinity and repressed femininity – a proxy for contesting the hierarchization of gendered bodies within patriarchal structures. I argue that, thus, *Dr. Jekyll and Sister Hyde* both critiques and complicates the cultural constructions of "madness" and gender, making it geared for applying a socio-critical reading that engages with the complexities of gender identities, societal norms, and power.

Alongside Creed, Halberstam's framework on Gothic horror and Ussher's critical theories on myths surrounding women's "madness" will provide an analytical foundation. This allows an interdisciplinary, deconstructionist reading that interrogates the (de-)pathologization of femininity and madness within horror.

TikTok says I have ADHD –
Social Media's Role in Mental Health and (Self)Diagnosis

Sandra Samol

For years, the amount of content concerning mental health issues on social media platforms has exponentially risen. As the discussion of mental illness is more prominent and open amongst adolescents and young adults, these topics transfer into digital spaces as well. Oftentimes, videos with captions like "5 signs you have ADHD", "behaviours you thought were normal are actually stimming" or "coping mechanisms for panic attacks" draw the attention of the user. Through video snippets of everyday life, this content feels approachable and relatable to users who might be already experiencing mental illness, or suspect to be suffering from one (or more).

Previous research concluded that half of the most popular videos about ADHD include misleading information and were created by non-medical individuals. Studies have also shown a rise of self-diagnosis in relation to mental health content on social media, especially TikTok. Even engaging with social media, without searching for specific content, can negatively impact one's mental well-being. But social networks also provide options for easy connection and an entry-level of understanding mental issues, which can lead to professional medical diagnosis and treatment.

Social media offers engaging and relatable content about and from people dealing with mental health issues, thus lowering the stigma surrounding mental health and smoothing the way for people seeking psychological support. However, by being an unregulated body, social media posts spread misinformation and invite harmful self-diagnoses across shallow content that is not critically investigated or fact-checked by users. This paper shall examine several case studies of (short form) videos discussing mental health from across different social media platforms (TikTok, Instagram, YouTube) and compare them in validity (Is the information truthful or misleading? Are sources used and disclosed?), relatability and impact (comments), among other criteria.

Madness as Gameplay: Representations of Mental Illness in Video Games

Johannes Herold

The representation of madness and mental illness in video games is a complex and multifaceted topic that intersects with cultural narratives, player psychology, and media ethics. This paper explores how madness is depicted across a range of video games, analyzing its impact on cultural perceptions of mental health and its potential to foster empathy or perpetuate stigma. It argues that the representation of madness in video games serves as a powerful lens to examine cultural attitudes toward mental illness, revealing both the medium's potential to perpetuate harmful stereotypes and its capacity to foster empathy and understanding. Through an analysis of narrative design, gameplay mechanics, and developer collaboration in titles such as *Hellblade: Senua's Sacrifice*, *Silent Hill*, and *Celeste*, this paper argues for a more nuanced and responsible approach to portraying mental health in interactive media.

Mainstream titles like *Silent Hill* often utilize psychological horror and metaphorical representations of trauma to create immersive experiences that challenge players' perceptions of reality. In contrast, indie games such as *Celeste* approach mental health more directly, addressing anxiety and depression with sensitivity and player engagement. *Hellblade: Senua's Sacrifice* represents a significant milestone in the industry, as developers collaborated with neuroscientists and individuals with lived experiences of psychosis to create an authentic portrayal that combines artistic innovation with educational value.

The paper draws on theoretical frameworks, including media studies, cultural theory, and psychology, to critique recurring tropes such as the "mad villain" or "unstable hero," which often reinforce stereotypes about mental illness. However, it also highlights the growing trend of games that aim to educate players and promote empathy through nuanced storytelling and mechanics that simulate the lived experience of mental health challenges. By comparing the portrayals of madness in video games to representations in other media, the paper situates these digital narratives within broader cultural and historical contexts. It argues that while some games risk trivializing mental health, others demonstrate the medium's potential as a tool for awareness and destigmatization.

How Ethics failed –
The Role of Psychiatrists and Mental Illness in Nazi Propaganda Media
Nina Heller

The ethical failure of psychiatry and the exploitation of mental illness in Nazi propaganda media are crucial chapters in the intertwined histories of psychiatry and mass communication. This paper investigates the role of shared narratives utilised by both the British eugenics movement and the Nazi regime. While the latter is often recognised for its use of propaganda, the origins of these ideas are frequently overlooked. This study explores the similarities in how British scientists and Nazi propagandists manipulated the portrayal of mental illness to further their ideological objectives.

Drawing on Michel Foucault's concept of biopower, this paper examines how psychiatric discourse was co-opted to exert control over populations by defining and managing notions of "degeneracy". Biopower, as Foucault conceptualizes it in *The Will to Knowledge*, refers to the mechanisms by which states regulate bodies and populations through medical, scientific, and institutional means. The paper posits that Nazi propaganda reflect British eugenic narratives by employing similar rhetorical strategies, such as medical authority and moral appeals, to portray "degeneracy" as a racial threat.

This argument is further elaborated through a case study analysis of the 1937 propaganda film *Opfer der Vergangenheit* ("Victims of the Past"). This analysis demonstrates how psychiatric concepts and imagery of mental illness were strategically employed to support eugenic policies, ultimately leading to the exclusion and subsequent extermination of those deemed "unfit". Focusing on narratives used in the film, the paper explores the intersection of media representations like this one with popular attitudes towards the institutionalisation and treatment of the mentally ill. Furthermore, the study compares psychiatric concepts and pseudoscientific ideas similar to the concepts of the eugenics movement in Britain, highlighting how these narratives provided medical legitimacy to the politics of persecution. Through this analysis, the paper underscores the historical entanglement of psychiatry, propaganda and state power in shaping societal perceptions of mental illness and human worth.

The study concludes by emphasising that Nazi propaganda employed psychiatric narratives and pseudoscientific arguments in a manner that served to reinforce state control through biopower. This research underscores the ethical implications of psychiatric complicity in eugenic propaganda and the dangers of medical authority being leveraged for ideological ends. While the study focuses primarily on historical contexts, its findings underscore the need for vigilance in contemporary discussions of mental health, media representation, and state power.

The Westernization of Mental Health

Alina Nikolaev

Mental health is no universal concept. Considering the various social and cultural backgrounds individuals come from and live in, they share different understandings and perspectives on mental health, which depend on the environment that influenced their lives as well as their way of thinking. This also implicates differing cultural concepts of mental health and mental disorders. While Western cultures have their own understandings of psychology and psychiatry and how for instance one should deal with symptoms hinting towards mental disorders based on scientific research results, non-Western cultures may offer different solutions, approaches, descriptions of symptoms.

Given the fact we live in a world in which society is broadly intertwined and globalized, approaches towards topics like mental health have spread across the globe. The predominant concepts are the ones suggested by Western cultures that eventually replaced more traditional and local approaches. The driving force behind this is cultural imperialism, which characterizes processes of imposition of knowledge and cultural practices, especially linked to colonialism by Western nations. The local cultures are not recognized as legitimate, for example due to their lack of scientific evidence, and most of the time not even considered as civilizations. The ignorance towards other cultures understandings can lead to suffering of people who live with mental problems, characterized by misunderstandings and inconsideration of an individual's given socio-cultural circumstances by Western psychiatry. A conflict arises between hegemonic perspectives and the ones that are pushed back but still play a role locally. These concepts do not align and may therefore lead to an ineffective mental care, when forcing them upon people with non compatible backgrounds.

To enable mental care that actually helps people who suffer from mental problems, it is of importance to leave a one-sided concept behind and to recognize and accept the fact that different circumstances result in different mindsets and mentalities that need a proper analysis accompanied by an adjustment of treatment. This underlies, for instance, the theory of 'Social Constructivism' by Lev Vygotsky as well as the critical psychological perspectives on colonialism by Frantz Fanon.

For that reason, my paper argues that the Westernization of mental health may lead to discrimination towards members of non-Western cultures and their cultural perspectives on mental dispositions, which prevents them from receiving proper and suitable mental care.

Poverty as a Structural Barrier to Mental Health Recovery: Examining Recovery Narratives through a Socioeconomic Lens

Jenny Oettel

This paper explores the relationship between poverty and mental health recovery and critically examines how structural barriers are often overlooked in traditional Recovery Narratives. These narratives, which emerged within neo-liberal paradigms, tend to emphasise individual agency and personal transformation while neglecting the broader socio-economic conditions that shape mental health recovery. The lack of attention to structural factors such as poverty, inequality, and social exclusion marginalises the lived realities of individuals whose recovery journeys are deeply impacted by systemic challenges and silences their experiences.

Drawing on critical perspectives and recent scholarship, this paper argues that poverty functions as a key structural barrier to mental health recovery, affecting individuals on multiple levels: micro (personal and immediate economic struggles), meso (community-level challenges like neighborhood poverty), and macro (systemic income inequality and policy failures). The paper critiques the current focus of the Recovery Narrative on individual responsibility, highlighting how this approach fails to acknowledge external constraints such as limited access to healthcare, housing insecurity, chronic stress, and societal stigma.

Using critical realism as a theoretical framework, this paper aims to provide a nuanced analysis of the interplay between individual experiences and structural determinants. Critical realism bridges the gap between personal agency and structural influences, offering a more comprehensive understanding of the mechanisms through which poverty hinders recovery. This perspective highlights the need for recovery frameworks that not only empower individuals but also address the systemic inequities that make recovery inaccessible to marginalised groups.

In addition to critiquing traditional narratives, this paper advocates for systemic reforms that integrate mental health strategies with broader social policies. Measures such as poverty alleviation programs, affordable housing initiatives, and equitable access to healthcare are essential to creating conditions that support sustainable recovery. By linking recovery processes to social justice principles, this work challenges the dominance of individualistic approaches and calls for a more inclusive, equity-driven understanding of mental health recovery.

This analysis contributes to ongoing discussions in Critical Psychiatry and Mad Studies by highlighting the socio-economic dimensions of recovery and proposing alternative frameworks that incorporate structural realities. The paper concludes by emphasising the importance of reimagining Recovery Narratives to reflect the complex, multi-layered nature of recovery, ensuring that mental health policies prioritise the needs of marginalized populations and address systemic barriers to well-being.

The Epistemic Vulnerability of Madness

Lena Vogel

Miranda Fricker's *Epistemic Injustice: Power and the Ethics of Knowing* (2007) created a new perspective on justice in the realm of knowledge. Epistemic injustice is harm done to a person in their capacity as a knower. This paper focuses on three of its subtypes, Hermeneutical injustice (Fricker; Jenkins), testimonial injustice (Fricker), and hermeneutical sabotage (Edgoose), to examine the link between madness and epistemic injustice.

I argue that mad people are particularly vulnerable to epistemic injustice through their exclusion from knowledge production, the legitimization of this exclusion by the medicalisation of mental distress, and its perpetuation through deeply rooted discreditation of their testimony. The lens of epistemic injustice is applied to the construction and history of madness, to its pathologization and medical diagnosis, and the perpetuation of madness stereotypes and stigma in dominant discourses, e.g. mainstream media. This analysis combines hermeneutical injustice, sabotage, and testimonial injustice in an attempt to better understand the epistemic challenges faced by mad people. As their perspectives are marginalized and obscured from dominant discourses, it is crucial to investigate the underlying phenomena to foster epistemic visibility of the unseen.

Hermeneutical injustice results from hermeneutical marginalization, the unequal participation of disadvantaged groups in the creation of meaning. This creates a gap in the collective resource of societal understanding where, the lived experience of e.g. mad people should be. Consequently this experience becomes unintelligible not only to mad people themselves but also to the broader society.

Hermeneutical sabotage is the deliberate distortion and exclusion of alternative interpretative frameworks from dominant discourses by agents of epistemic power. As madness is almost exclusively viewed through the medical lens by dominant discourses, the agency of mad people as contributors of resistant knowledge about their own experiences is severely undermined. Their exclusion from the construction of meaning is actively reinforced by the deliberate actions of dominant knowers.

Testimonial injustice occurs when a hearer discredits a speaker's testimony due to identity-based prejudice linked to the speaker's membership in a particular social group. Being perceived as mad renders a person's account irrational and, therefore, devoid of meaning. This prejudice is reinforced by the aforementioned power asymmetries in knowledge, enabling hermeneutical marginalization and sabotage to remain both highly effective and largely unchallenged.

Epistemic injustice occurs within the realm of knowledge but has real-world consequences, including internalized stigma, social exclusion, and restricted opportunities for advocacy. Mad individuals are affected by these forms of injustice, with harmful outcomes evident throughout the history of madness. This paper aims to highlight and address how knowledge systems perpetuate the ongoing marginalization of mad people.

The Medicalisation of Women's Emotions

Leonie Wimmer

The paper examines the historical and contemporary medicalisation of women's emotions in psychiatry and analyses how gendered practices in mental health care perpetuate societal inequities. Drawing on feminist theory and interdisciplinary insights, the paper critiques psychiatry's role in framing women's emotional experiences as pathological, and reinforcing patriarchal norms while marginalising women's lived experiences and agency.

Historically, this is epitomised by the diagnosis of hysteria, which emerged in the 18th and 19th centuries as a distinctly gendered construct. Rooted in societal expectations of femininity, hysteria framed women's emotional and physical experiences as inherently unstable, often attributing distress to reproductive biology. This reductionist approach not only reinforced stereotypes of emotional irrationality but also upheld patriarchal social orders by pathologizing deviations from prescribed gender roles. Case studies, such as the treatment of Charlotte Perkins Gilman and the cultural portrayals of "hysterical women", illustrate how psychiatry served as a mechanism for social control, silencing women who resisted their roles as passive caregivers and dependents.

In the modern context, the paper critiques the persistence of gendered diagnostic frameworks, such as those associated with depression, anxiety, and borderline personality disorder. These often individualise women's emotional distress, isolating it from the socio-political realities of systemic inequality, violence, and discrimination. By medicalising emotional responses to structural pressures, psychiatry continues to obscure the broader contexts that contribute to women's mental health struggles. Feminist critiques highlight the inherent biases within diagnostic criteria and treatment paradigms, which frequently perpetuate stigma and delegitimise women's experiences by framing distress as a dysfunction within the individual rather than a rational response to adversity.

The paper advocates for integrating feminist perspectives and socio-political awareness into psychiatric practices to address these entrenched biases. Such an approach necessitates moving beyond biomedical paradigms to holistic, inclusive frameworks that recognise the structural and cultural factors shaping women's emotional well-being. This paper also underscores the importance of re-evaluating psychiatric methodologies to ensure that they validate women's lived experiences, promote equity, and dismantle patriarchal assumptions embedded within mental health narratives.

Ultimately, the findings highlight the need for a paradigmatic shift in mental health care, one that prioritises empowerment and systemic change over pathologisation. By contextualising women's mental health struggles within broader socio-political frameworks, psychiatry can transform into a discipline that fosters inclusivity, justice, and agency, addressing the root causes of distress rather than perpetuating cycles of inequality.

Hobbe's and Locke's Reasons for Madness – "Which reasons did the British philosophers Hobbes and Locke attribute to madness?"

Millane Kock

The belief that there are only a few easy-to-diagnose mental disorders is entirely incorrect. In contrast, there are numerous mental illnesses that can be differentiated from one other, just as there are numerous reasons attributed to them. As a matter of fact, reasons attributed to psychiatric disorders altered over time, becoming both more multi-facetted as well as accurate. To comprehend how those reasons developed over time, one has to reflect on the past and the respective attributions. Due to this, I am keen on exploring which reasons the British philosophers Hobbes and Locke attributed to mental illnesses.

By an analysis of Hobbes' and Locke's reasons attributed to madness, this paper contributes to the understanding of how reasons attributed to mental disorders changed over time, but also how mentally distressed people have been considered by society at that time. Furthermore, it encourages to relate historical perspectives on psychiatric illnesses to current scientific findings.

Hobbes attributes psychiatric illnesses to disruptions in the imagination as well as to irrational passions. That people who are especially prone to anxiety and superstition "are subject to the like fancies; and believe they see spirits and dead men's Ghosts walking in Church-yards" (Hobbes 1651, 7), is what he contends. Thus, those people tend to have psychiatric disorders due to disruptions in their imagination. Furthermore, Hobbes calls people who have stronger passions than it is ordinary "mad" (qtd. in ibid., 35). As rage and fury are the excess of pride, which means perpetuated passion (qtd. in ibid., 35). In sum, unusual actions, as conducted by psychiatry distressed people, proceed from extravagant passions.

Locke's attributed reasons to mental distress originate in his theory of ideas. This theory predicates that distinguishing between ideas is utterly crucial for humans (qtd. in Locke 1689, 68). Indeed, stating statements depends on the ability of differentiating an idea from another (qtd. in ibid, 68). However, Locke contends that the disability of distinguishing between ideas results in a disruption of reason and judgement (qtd. in ibid., 68). To be exact, he is of the opinion that "Mad men put wrong ideas together, and so make wrong Propositions, but argue and reason right from them" (ibid., 71). Thus, they take their viewpoints as realities and live by them. Bearing that in mind, a mentally distressed person could put wrong ideas together in a way that makes him or her believe to be a gorilla and argue accordingly.

I intend to structure my term paper in the following way: First of all, an introduction is given, including the overall explanation and relevance of the topic, the outline of the paper and the thesis statement. Thereafter, an overview of the attributed reasons to mental distress by each Hobbes and Locke is given, as well as a distinction between both of their attributions. Lastly, a conclusion is drawn.

Madness as Inspiration: A Critical Study of the "Mad Genius" Trope

Clara Uhrig

This paper will examine the trope of the "mad genius," which depicts a connection between extraordinary artistic or scientific genius and mental illness. This trope could also be described as the mad scientist trope or the crazy genius archetype. The centre of this archetype is that someone with extreme intelligence or creative vision is mad and turning their suffering into something productive.

This paper suggests that while this romanticised connection is beloved and has historical roots, it often perpetuates harmful stereotypes about mental illness. By exploring the historical origins, cultural representations, and ethical implications of this trope, the paper argues for a more nuanced understanding of creativity that detaches it from suffering. More importantly, it argues for an understanding of mental distress that anchors around seeking help and not ignoring mental issues as long as they contribute to art or inventions. This paper critiques the romanticisation of mental health struggles in modern media, emphasising that while they may shape creative expression, they are not necessary conditions for achievement.

The discussion begins with an analysis of the trope's origins in ancient and Romantic philosophies, particularly Aristotle's notion of madness as a trademark of great minds and the Romantic era's idealisation of the suffering artist. It then examines classic examples such as "Doctor Jekyll and Mr. Hyde" as well as modern portrayals in media and literature, such as Doktor Krieger (Archer, -2023), where characters and real-life figures are often depicted as funnelling their mental issues into creative or scientific pursuits. These representations, while compelling, often romanticise madness and instead of drawing attention to the intense and perhaps preventable suffering of the individual.

The trope's glamorisation of suffering can discourage individuals from seeking help and perpetuate harmful stigmas, particularly for marginalised groups whose experiences are often ignored or minimised. On the other hand, the narrative of the mad genius has occasionally empowered those who find consolation in transforming pain into art, emphasising the nuanced nature of this trope.

Additionally, this paper shall explore the gender bias that surrounds the mad-genius trope in both media and minds. To put it simply, men with this archetype are seen primarily as the genius and only afterwards as insane while women experience it the other way around. Men may even be supported through their issues while women are more likely to be stigmatised and less likely to be accepted for their work.

In conclusion, this paper aims to dissect the archetype of the mad genius by exploring both a brief history of its origin as well as the stigmatisation around mental health now. This will be done by researching examples and evaluating how the portrayal in media can be harmful for affected individuals and those vulnerable to issues as well as researching how the gender bias around mental illness and this trope still persists.

The Medicalisation of Emotions. From Grief to Depression

Tom Hähnchen

The perception of grief has undergone a significant shift due to the medicalization of human emotions. Depending on historical knowledge and personal experience the emotion of grief can be defined as a normal response to loss but has been increasingly reevaluated as a disorder that demands medical intervention. This conference paper will underline this drastic transformation and focus on diagnostic criteria changes in the most influential guidelines, the "Diagnostic and Statistical Manual of Mental Disorders" and the "International Classification of Diseases". Additionally, this paper will focus on the influence of the pharmaceutical industry and their effect on the change of these criteria.

As Ronald Pies mentions that the removal of bereavement as a diagnostic category and therefore the loss of the differentiation between grief and depression, is a crucial moment when discussing medical distress and the diagnosis of emotion (Pies, 2014). He further argues and is supported by Michael Kavan that this change bares the risk of overdiagnosing grief as depression or even equating them can lead to an increase in the prescription of antidepressants without the medical necessity (Kavan, 2014). According to other sources there is an ongoing trend towards grief becoming a clinical condition that has the urgency to be treated medically despite other sources arguing the validity of these diagnostic categories (Prigerson et al., 2009).

Adding to the intensifying discourse about the necessity of medicating grief with antidepressants of any sort, there are pharmaceutical companies playing a significant role in this process. As some marketing strategies of these companies indicate that emotional distress is a chemical imbalance, Horwitz & Wakefield argue that grief and emotional imbalance are more complex situations (Horwitz & Wakefield, 2007). This raises questions about ethical aspects and morality about boundaries and necessities of medical intervention and the generalization of emotional distress and the obligation of medical treatment.

The last argument this paper wants to make is that the medicalization of emotional distress, especially grief has a profound societal impact. Medicalization in general cannot be viewed negatively as it provides some individuals with medical support that might benefit from it but there are the risks of overmedicalization, especially in the case of a "wrong" diagnosis. Depicting the cultural aspect, overmedicalization can diminish the usage of psychological therapy based on an autonomous and uniform pharmaceutical approach (Szuhany et al., 2021).

In conclusion, this paper argues that the medicalization of emotional distress with the example of grief in diagnostic guidelines, risks the pathologization of natural bereavement and promoting a pharmaceutically based approach. An accurate and individual balance of clinical support with the background of individual experiences of grief is necessary to prevent overmedicalization and to preserve the emotional integrity of individuals.

The Good in the Bad – Positive Developments due to the British Deinstitutionalization of Mental Health Hospitals

Tanja Ruhland

It has been almost 75 years since the deinstitutionalization of Britain's mental health hospitals, the so called asylums, officially commenced. The notion was motivated by politics and newly developed pharmaceuticals that should help the patients' reintegration into society. Many researchers have analysed the circumstances under which the restructuring of mental health care transpired and how certain problems were influenced by political decisions, social changes or economic conditions. Most of the research focused on negative aspects and problems that arose due to deinstitutionalization. Little room was left for discussing and highlighting the positive attributions brought about by the changed treatment of mentally distressed or the new different treatment facilities.

A close reading of research on the British deinstitutionalization uncovers interesting developments and movements, which can be further developed into showcasing a positive side to deinstitutionalization. The literature taken into account for this paper is constricted to research on deinstitutionalization in Great Britain and general informative texts about deinstitutionalization for a deeper insight regarding the movement. Research is mostly unanimous on the general opinion that this historic evolution of mental health treatment has an overall positive outcome, even if still flawed and with multiple problems surfacing over the years. Yet, positive aspects were not highlighted as much as problems. They are, therefore, less noticeable, but not less important to the historical development of the shift from asylum to community care and psychiatric wards in hospitals. The issues, which have been broadly analysed by research, can be contrasted with positive developments, even if they appear to be sometimes minor in comparison to the bigger problems underfoot.

The problems discussed are of political, social and even medical nature and revolve around treatment, living conditions, funding, marginalization and stigmatization. These issues are important and should not be dismissed or ignored. However, undervaluing the positive improvements deriving from deindustrialization in the United Kingdom like better living and treatment conditions for patients, patient rights movements, the improvement on community ties to mental health patients and less marginalization of mentally distressed patients shines a biased light onto the movement and represents only the more polarizing dark parts of mental health history by neglects the positive and even not so minor impacts these changes brought about.

Psychological Strain in Professional Soccer - Consequences of Depression due to Pressure, Criticism, and excessive Demands: The Cases of Robert Enke and Babak Rafati

Marius Ludwig

In today's world, soccer is one of the most renowned sports globally. Thousands of people earn their living as players, managers, officials, or referees in the sport. Every weekend, fans from all over the world watch soccer matches on TV or live in stadiums. However, what happens behind the scenes remains unseen by most. The pressure placed on players, coaches, and referees is immense and affects each individual deeply. This paper focuses on the consequences of depression caused by external pressure. However, the scope is limited to burnout and suicide, as discussing additional effects would exceed the constraints of this work.
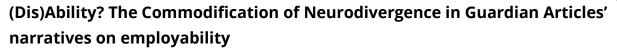
The question that everyone asks is: What exactly is depression, and how does it arise? It is challenging to pinpoint how and why depression occurs, as many circumstances can trigger this illness. Depression is a condition characterized by a disruption in a specific brain region called the limbic system, which regulates emotions and moods. According to the World Health Organization, depression is among the most severe illnesses, surpassing diabetes or heart disease. Consequently, it cannot be compared to other illnesses, as it requires long-term treatment rather than a quick cure.

There are four types of depression:

- **Unipolar Depression**: The most common form, consisting solely of depressive episodes.
- **Bipolar Depression**: Characterized by alternating depressive and manic episodes, occurring equally in men and women.
- **Dysthymia and Cyclothymia**: Usually affecting young individuals, these are milder forms of unipolar or bipolar depression that often persist for an extended period.
- **Seasonal Affective Disorder**: Occurring during winter and subsiding in spring or summer, with relatively mild depressive symptoms lasting up to six months.

Early diagnosis and appropriate treatment are crucial for successfully managing the illness. However, the nature of depression often makes taking the first step towards seeking help particularly challenging. Today, depression can be effectively treated, provided an accurate diagnosis of the specific form is made. Globally, over 350 million people suffer from this illness. In Germany, depression ranks among the most common diseases. It is estimated that 15% of men and 24% of women will experience depression at some point in their lives. Among those whose condition is diagnosed too late or untreated, 10-15% attempt suicide. Only 39% of affected individuals seek professional help. Gender differences also play a role, with women having twice the risk of developing depression compared to men.

(Dis)Ability? The Commodification of Neurodivergence in Guardian Articles' narratives on employability

Henrike Fabienne Resch

In recent years, there has been a surge in discussions centering around neurodivergence, particularly in social media. This discourse has also influenced workplace policies and recommendations that claim to promote inclusion. However, despite increasingly widespread awareness of conditions like ADHD or autism, individuals affected still report experiences of discrimination and social prejudice. While these occur in various areas of life, one focal area for government support like the National Autism Strategy has been employment. Data from the 2022/2023 Labour Force Survey highlights that 3 in 10 autistic people are employed. While this shows how important support for neurodivergent individuals in the workforce is the underlying assumptions should be evaluated critically.

If one believes scholars like Erich Fromm, Michael Foucault or Paul B. Preciado, one may conclude that in capitalist systems only those who serve some utilitarian purpose within systems of power remain visible. As an extension, B. Preciado's concept PO-TENTIA GAUDI describes how an individual's worth is based on the amount of pleasure they can bring. In capitalist societies, this pleasure often translates to value created by economic productivity and adaptation to systematic structures. We are led to question how this can be applied to neurodivergent individuals and how this affects visibility and marginalisation.

In this light, I aim to critically analyse the narratives of two articles within UK media that highlight the complicated relationship of acceptance with usefulness.
Overall, this paper aims to show that UK media narratives surrounding neurodivergence, specifically ADHD and autism such as those in selected articles from *The Guardian* render neurodivergent individuals a resource for the workforce applying an essentialist and medicalised view. It argues that positioning neurodivergent individuals' worth based on their ability to contribute to the labour market further marginalises many while neglecting the systematic structures and barriers.

Through critical discourse analysis, I will trace how essentialism is employed, subscribing certain qualities to all neurodivergent individuals and penalising those that do not apply to them – while rewarding others that do. Further, these narratives will be linked to the explicit and implicit role medicalisation plays in the analysed material. I will explore how the expected management of symptoms and the idea of personal responsibility reinforces a medical model which neglects psychosocial influences. Finally, I will utilise Foucault's concept of Biopower — how power operates through institutions, discourse, and norms to regulate bodies and populations—to assess both the exploitation of neurodivergent individuals and the invisibility of those who do not fit market demands.

Madness or Therapy? –
Contradictory Discourses on Climbing and Mental Dispositions

Katharina C. Hummel

Since their beginning as sportive and exploration-related activity, British climbing and mountaineering have been viewed ambivalently with both praise and scepticism. As a result, contradictory discourses about the climber/mountaineer and their mental state developed and shape the way they are represented and represent themselves. Climbing and mountaineering are single or small-group activities in oftentimes isolated environments, thus the linguistic representation of experiences plays an important role in the construction and distribution of meanings and community sense, resulting in a large body of spoken and written accounts.

The contemporary discourse encompasses historical traces as well as new influences, which result in manifold perspectives on the mental dispositions of climbers and mountaineers. Generally, they include positively associated aspects, e.g. courage, exploration, and enhanced wellbeing, and at the same time highlight negative consequences e.g. overtly risky behaviour, egomania, and mental distress caused by societal pressure. Despite some of these characteristics are confined to e.g. professional sports climbing or high altitude mountaineering, the mental dispositions in the context are generally viewed ambivalently. The use of language shows that this derives from differences within both the self-representations of and other's perspectives on climbers and mountaineers.

In this paper I argue that the contemporary linguistic representation of climbers'/mountaineers' mental dispositions reveals contradictions within the British discourse and shifting associations related to societal trends and the climbing/mountaineering discourses of past and current times, which exemplifies the struggle for discursive power within the context, but also highlights coexisting meanings.

An overview of the historical and contemporary context of the climbing/mountaineering discourse as well as academic perspectives provide the background for a corpus linguistics study on language use in texts by and about climbers/mountaineers. This allows for empirical evidence of the contradictory discourses which shape the contemporary perception of the mental dispositions in climbing/mountaineering in the British context.

PANEL VI: LITERARY REPRESENTATIONS

Mad Perspectives: Examining a mentally ill Narrator's Perspectives on societal Norms in J. D. Salinger's *The Catcher in the Rye*

Lukas Arnold

One theme that is repeatedly brought up in the wider field of Critical Psychiatry is that of Mad Perspectives, as an attempt to counteract the structural discrediting of the viewpoints and opinions of mentally ill individuals on societal issues. After acknowledging the validity and importance of mad perspectives, it naturally follows to apply these ideas to fictional narratives. This results in the opening up of a novel lens of analysis for said narratives.

J.D. Salinger's *The Catcher in the Rye* is not only a classic of modern literature, but also offers a rich opportunity to explore mad perspectives. While the need for a thorough psychoanalysis of the main character and narrator of the story Holden Caulfield is in itself questionable, the novel also resists this avenue of analysis already by the first sentence. Still it is still very much evident that Holden is in fact a mad narrator, hugely shaped by past trauma, overall this necessitates taking him seriously and looking at what insight his unique perspective gives.

The concept that defines Holden's outlook on society is that of 'phoniness', a word that he uses numerous times throughout the novel to describe people and their actions. Holden is obsessed with this kind of dishonesty that is an integral part of social interactions within our society. This is expressed not only through direct interactions with other people but also for example through his hatred of Hollywood movies with their formalization of art and his sympathy for children who are too young tho follow the social conventions he despises.

This aversion to social conventions naturally lends itself to an analysis through the lens of Goffman's *Dramaturgical Analysis*, while the conflicts that arise whenever Holden tries to challenge these conventions very much follow Foucault's ideas of 'madness' as a concept being used as a way to oppress those that challenge societal norms.

Giving credibility to Holden as a 'mad' narrator, reframes *The Catcher in the Rye* from a story of teenage rebellion and the common but inevitable struggle to fit into society, to one of a trauma-induced shift in perspective, resulting in a new antagonistic perspective towards societal norms. A position that is not accepted by society, that is not even up for discussion and is replied only with personal antagonism and finally institutionalization.

Submission and Self-Destruction as a Consequence of abusive Behaviour in *Normal People*

Fanny Antemann

In fear to be captured in her feeling of loneliness and isolation Marianne seeks someone to give her a sense of security and proximity that she never experienced through any relationships before. Raised with the idea that she has a "frigid and unlovable personality" (Rooney 2018, p.65) Marianne came to the belief that she "herself [is not] to be loved by any person." (Rooney 2018, p.44) Her story reveals how the inflicted wounds of her families emotional and physical abuse influenced her personal development, her behaviour in relationships and self-image. An abusive family environment as portrayed in Normal People by Sally Rooney can lead to submissive and self-destructive behaviour within relationships to experience a sense of belonging.

In the theoretical analysis of emotional and physical abuse of children the developments of these aspects are central to illustrating the severe consequences that a person carries on to their adult life. According to Shelly A. Riggs the child's experiences could lead to "substantial vulnerability for maladaptive interpersonal schemas that interfere with social functioning, contributing to poor peer relations in childhood and adolescence [...], and later insecurity in the adult romantic attachment system. (cited in Riggs 2010, p.6) In order to explore how the theoretical framework applies to the descriptions of Marianne's character in Normal people I considered various aspects of the book by Sally Rooney as well as of the TV Series to draw from the whole spectrum of considerable information. Thereby the paper focuses on Marianne's environment while growing up as well as her relationship with her family in adulthood. Additionally, this follows a close reading of her romantic relationships and friendships throughout the book and how they are influenced by her childhood trauma including her submissive and in parts self-destructive behaviour continues to play a role within these relations. To support my arguments, I refer to theoretical frameworks that deal with the Psychology of submission, attachment patterns and emotional and physical abuse especially relating to children.

The deep examination of Marianne as an exemplary story of being raised in an emotional and physical abusive household demonstrates the severe consequences for a child even in adult relations. It has an inevitable relevance because "[w]ithout intervention at some point, the cycle may repeat itself in the next generation when adult attachment insecurity, emotional disturbance, and poor marital relations negatively affect parenting behaviour, potentially resulting in emotionally abusive behaviour toward offspring."