

Work, wellbeing, resilience, and politics: Mental health centers, psychotropic drugs and biomarkers in the era of the "new normal"

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In recent months there has been extensive debate in the media on mental health issues, and in particular on issues relating to the use of psychiatric medication. Numerous publications (indicatively Daskalopoulou 2022; Bakouli 2022) in print and digital media discuss the significant increase in the number of people receiving psychiatric diagnoses and the proliferation of psychiatric drug use. At the same time, implemented mental health policies continue to be fragmented, focused on specific issues, supported by state-sponsored NGOs, while the social and political context of suffering is disregarded, often constructing a new model of self-focused citizenship. It is in this context that this paper will discuss the announcements of new psychiatric centers, especially those aimed at workers. What does another fragmentation serve? And who is the worker today? What is required of him or her? And finally, what kind of culture is being formed when subjects are increasingly perceived as neurobiological-neurochemical and progressively as digitized (biometric data-based) entities?

A whole society suffering from psychoses

The results of the study on "Characteristics of Greek outpatient prescribing 2015-2021", conducted by Nikos Polyzos, Professor of Health Economics at the Democritus University of Thrace, and George Mavridoglou, PhD, University of Peloponnese, announced at the 11th Panhellenic Congress of Patients, were widely republished in the media (indicatively TVXS, 2022). The data are worth studying.

The study finds that the consumption of medicines, particularly psychotropic drugs, has been increasing steadily from 2015 to 2021. The average growth rate during this period was 3.1%, while the corresponding increase in 2021 compared to 2015 is 20.8%. In parallel, pharmaceutical expenditure shows a significant increase, higher than the increase in quantity: it reached 4.6 billion euro in 2021, registering an increase of 31.9% compared to 2015.

More specifically, from 2015 to 2021, the consumption of psychotropic drugs in Greece doubled in the 30-50 age group, while in the 15-29 age group it more than doubled and the use of antidepressants more than quadrupled. Also in the 15-29 age group, in addition to the explosion in the prescription of psychotropic drugs in the six-year period, the increase in the amount of antiepileptic drugs during the same period is shocking. According to the study, in the age group of people aged 30-44 years, 16.2 million packs of drugs for various mental illnesses and disorders were prescribed and dispensed in 2021, compared to 8 million packs dispensed in 2015. Within six years, consumption of psychotropic drugs doubled (from 6.2 million boxes in 2015, twelve million were prescribed in 2021) and psychoanaleptic drugs almost tripled (from 1.8 million packs in 2015 to 4.2 that were dispensed in 2021). Finally, in the 45-59-year age group, 1 in 6 drugs taken belong to the therapeutic group of sedatives, anxiolytics, hypnotics, etc.).

In general, in Greece, it seems that the first "explosion" in the use of psychotropic drugs took place during the Memorandum era (Economic crisis era). As shown by laboratory findings, the decline in their use started in 2016 but increased again during the pandemic.

Similar data are available almost all over the "western world" (Lewer et al. 2015). For example, already in 2015, 9% of the UK population was taking

antidepressants, while in the decade 2012-2022 14.7% of the population in England - totaling 56.5 million people - received at least one type of prescription for antidepressants. In the same period, 8.32 million adults were prescribed antidepressants compared to 7.5 million before the pandemic (The Pharmaceutical Journal, 2022; NHSBSA, 2022). The increasing trend is also seen in a 2016 survey (NHS Digital, 2017), which shows that overall in the UK prescribing rates have doubled between 2006 and 2016, a trend that has been in place since the 1990s.

In the UK, it is clear that five major classes of psychotropic drugs, antidepressants, hypnotics and anxiolytics, antipsychotics, central nervous system stimulants and ADHD drugs, and anti-dementia drugs are more likely to be prescribed to patients living in more deprived areas of England. In fact, the largest discrepancy is for "medicines used in psychosis and related disorders, prescribed to three times as many patients by GP practices in the most deprived areas of the country, compared to the least deprived" (NHSBSA, 2022). Our clinical experience and similar data from other countries suggest that this is very likely to also be the case in our country.

You are not going to save society with psychiatric centers

So what happens? What is the debate on these issues? In general, the scene looks familiar. The crisis creates dysphoria, the dysphoria is dubbed a disorder, the disorder is treated with drugs administered by fragmented services to fragmented people. Especially in the Greek case, services have been almost entirely outsourced, through a constant privatisation effort, to state-dependent NGOs. Marvakis & Triliva, (2019) comment on the NGOization of psychological work in Greece as a result of a neoliberal transformation aimed at overcoming the real crisis of capital accumulation. It is a "political project, which attempts in every possible way to exploit as much as possible the creative potential and productive potential of people [...] unfolding simultaneously in every social field and sphere of people's lives, transforming meanings and relationships "

Increasingly, the responsibility for the services provided is placed on the market instead of the state, with the result according to Speed (2022:182) being

that “the dominant model of governmental organisation is based on market competition and thus the emergence of the need for strict regulatory control of non-institutional mental health service providers [...] must be seen as signalling an extension of the principles of neoliberalism within the third sector [...]. The emergence of the possibility of providing institutional services is inherently linked to processes aimed at promoting competition (choice) between providers so that local buyers can secure the best price. The inclusion of civil society organisations in this context is simply an opportunity to introduce new providers in order to increase competition”.

Against this backdrop of successive crises and the consequent increase in the prescription of psychiatric drugs and the use of illegal psychotropic drugs, the political leadership of the Ministry of Health comes, once again, to announce psychiatric centres so that “providers” can have a cut of the resources of the Public Investment Programme - Recovery and Resilience Fund. Piecemeal actions that respond in a piecemeal, short-term and fragmented way to people's conditions and multi-factorial needs. Thus, in order to deal with the consequences of the pandemic and to strengthen the renowned mental resilience of the population, psychoeducation and counselling is proposed at a cost of 2.480.000,00 € (no. G3b/G.P.οικ.59202/ 19.10.2022 decision of the Deputy Minister of Health). For psychological support and empowerment for the people of Euboea affected by the wildfires, another 2.015.000 € are provided (Protocol no.: G3b/G.P.οικ.59206 decision of the Deputy Minister of Health). Indicative of the way in which money is distributed is the fact that only for the celebration of World Mental Health Day at the Zappeion Hall on October 10 2022, the Federation of Mental Health and Psychosocial Rehabilitation Organizations ARGO, together with PEPSAEE received 50,000 euros. (Protocol no.: G3b/G.P.οικ.52784 decision of the Deputy Minister of Health).

In the midst of these "celebrations", the then Deputy Minister of Health at the 1st International Forum on Wellbeing (Ministry of Health Press Release, 2022a), announced new psychiatric centers and day centers. In particular, in a speech three months later (Press Release Ministry of Health, 2022b), she announced, among other things, 4 Day Centres to support employees, as,

according to her, a survey conducted in collaboration with HELLAS EAP, Ernst Young Greece and the Experimental Psychology Laboratory of the Department of Psychology of the University of Athens, on the Mental Health and Wellbeing of Employees in the Greek Market, in 2021, showed that a percentage of employees could not manage stress and those most affected were women and younger workers.

We will leave a comment on wellbeing for later and limit ourselves to "the need for employees to have support in the workplace regarding mental health issues."

The candidates for salvation

But who is this "worker" for whom the Ministry is concerned? In an article with the provocative title "What skills will the worker of the future be required to have", distributed by the Athens News Agency - Macedonian News Agency, in June 2021 in the midst of a pandemic and the restrictive measures, the governor of the OAED (Employment Agency), Spyros Protopsaltis. The President of the Hellenic American Chamber of Commerce, Nikos Bakatselos and Katerina Argyropoulou, Assistant Professor of Vocational Guidance and Professional Decision Making at the Department of Secondary Education, School of Philosophy, University of Athens, Greece, describe what the National Development and Resilience Plan "Greece 2.0", requires following the partnerships with Google, Coursera, Amazon and Cisco from the employee: [he must be] equipped with digital skills, critical thinking, creativity, ability to work in teams, in continuous training and adaptability to the new digital environment, with skills in a range of personality elements, behaviours and skills related to participation in the labour market, such as a sense of time perspective and vision for the future, professional adaptability, mental and professional resilience, planned randomness, emotional intelligence, problem solving, decision-making management, mental fortitude, reflectivity, hope, time management skills, dynamic and positive tackling of challenges, assertiveness, networking, inclination towards innovation, social justice and empowerment of social cohesion. Ms. Argyropoulou also explains which workers are considered adaptable: "When making transitions in the professional field,

adaptable professionals are defined as those who: are interested in the future of their professional life; control their efforts to prepare for the future of their profession; demonstrate curiosity by examining their potential and aspirations for their professional development; and, enhance their confidence in pursuing their aspirations."

And of course, no one talks about working conditions, about the labour relations in which production takes place, about workplace safety, about stable decent wages, etc. In short, nobody talks about all the things that are killing us. It is of course acknowledged by Aristides Lorenzo as a psychologist and Career Counsellor that adaptation "does not come without a strain on the psychology of the worker", as a "shock" to one's career as one is faced with unexpected events (e.g. dismissal). And as for the drug? If not a psychotropic then, surely even more flexibility! A flexible worker, adapted to the demands of the market, who knows how to manage his negative emotions, especially anger. Flexibility and adaptability (Argyropoulou, K., 2019), resilience and well-being are key words.

The issue now, says Byung-Chul Han (2023:75), is not only intellectual skills, but also emotional skills. He even quotes a Daimler-Chrysler job advertisement: "As behavioural elements play an important role in service delivery, the social and emotional skills of employees will also increasingly be taken into account in relevant evaluations". Neoliberalism has replaced rational management with emotional management and neoliberal psychopolitics usurps emotion in order to invent operations at this pre-reflective level for the psychopolitical control of human beings (Byung-Chul Han, 2023:76-77)

So, let us see below how some keywords have been making a splash in recent years. Psychological wellbeing and resilience are extolled by various mental health experts, yet the reading of these concepts, in my opinion, cannot be one-dimensional and one-pointed.

The new mantras of the moment are 'psychological well-being' and 'resilience'

There are infinite threads one can pull to explain a situation. Let us take one and remember Margaret Thatcher (1981): *"What bothers me about the whole*

course of politics over the last 30 years is that it is skewed towards collectivism. People have forgotten personal society [...] Changing the economic paradigm is the means of changing this approach [...] Economics is the method; the object is to change the way we think and feel." If we examine how this change took place, I would attribute a plausible role to psychology, among other things, especially with the creation of the movement of "positive psychology", which, according to Edgar Cabanas & Eva Illouz (2020: 18), addresses a citizen who is individualistic, loyal to his or her values and ideals, optimistic, with high emotional intelligence, ability to satisfy oneself and mental resilience. The pursuit of happiness, the management of emotions, the creation of a paradigm on how people should feel about both themselves and the world around them, were deeply rooted in American culture as early as the 1960s where terms such as self-awareness, self-esteem, emotional intelligence, self-motivation ability, personal improvement, personal development, were becoming more and more widespread in popular culture

The emerging science of happiness and Positive Psychology with its founding in 1998 and subsequent direct and generous funding, established itself as a controversial but highly influential trend that dominated the following years by engaging with economic, political, and other powerful circles of influence, putting happiness at the top of the academic, economic, political and financial agenda. Positive psychology claims to promote human happiness and is based on the belief that a person's life circumstances (such as working conditions) have a negligible effect on happiness and that, instead, people should think more positively about their lives.

These are at the core of neoliberalism, an individualistic social philosophy whose focus is the self, and whose basic anthropological belief is that, as Aschoff puts it, "we are all independent, autonomous actors, who meet in markets and shape their own destiny but, in the process, also in society [...] with the basic ethical and moral axiom that individuals must be free, autonomous and responsible beings, equipped with a strategy for managing their emotions and a will to pursue and fulfill their purpose: the achievement of their happiness" (Cabanas & Illouz, 2020: 86)

For the world of work, positive psychology has enough positive elements of the vagaries on which this approach is based that it should not prove too problematic. What positive psychology offers to the business-industrial sector is a very helpful way of managing the moral anger of employees. It says to the employer: "If your employees are angry, you don't need to change workplace tactics, you can change employee perceptions. They will learn to become more resilient, more mindful, and you won't have to change workplace practices, no matter how toxic the environment." Positive psychology teaches employees to treat the source of their anger as a personal, pathological way of thinking. (Duckett, 2021).

All the above, however, create a vicious cycle. As soon as the individual is cut off from his social relations, and his experiences (anger, unhappiness, despair, etc.) become a personal affair, the possibility of overcoming the contradictions created, for example by the reality of work, becomes insurmountable. Everything is measured and calculated, including the self, which becomes an asset as well. Constantly running for a collection of degrees, for the development of skills, for the accumulation of points for an appointment, at the same time as being encouraged to remain optimistic, smiling and constantly reckoned with in a social arena, self-esteem becomes impossible as it cannot be realised in a competitive society. It is impossible for a person to make it on his own. Eventually all efforts stop, the person collapses and psychotropic drugs seem to be unavoidable in order to keep the smile alive.

In the dominant systems of psychological discourse, the concept of resilience seems to contain, in itself, what one needs to recover from a crisis, whereas the concept of resistance is seen as something negative. This approach seems to serve the narrative of a constantly resilient and adaptive human being, who is, at the same time, seen by governments as "so fragile" and "irresponsible" that he or she must be controlled at all times for their safety and well-being (Gabriel, 2022). This contradiction of having to see yourself as strong and adaptable, while at the same time those above you see you as incapable or irresponsible seems to work very frustratingly.

All the aforementioned bring to mind the cover of this summer's issue of the English radical magazine *Asylum*: "They call us resilient while they tighten the grip around our necks". In the next issue, Sabahat Ali Wani (2024), a feminist, author, researcher, and artist from Kashmir, did a quick search of the key word "resilience" on Amazon bookstore that brought up more than 50,000 book titles. Around 10,000 of those (20%) were found under "health, family and personal growth", including the subgenres of "family and relationships", "healthy living and wellbeing", "personal transformation", and "self-help). The majority of these books were published during or after 2020, when the "great lockdown" was at its peak.

Mark Neocleous (2013), in his impressive *Resisting Resilience*, claims that "resilience is by definition against resistance. Resilience wants acquiescence, not resistance [...] But it also demands [...] to accommodate ourselves to the capital and the state, and the secure future of both, rather than to resist them". While resistance implies fighting back, resilience emphasises surviving. It does not arm us with the tools and the resources necessary for living a fair, secure, healthy, and just life. In contrast, it aims to turn us all into punching bags.

Simultaneously, women are taught to shoulder the weight of the change of development and wellbeing. In these "resilient times", women - that are hungry, whose families are starving to death, and are deprived of basic resources, who lack access to appropriate education and healthcare, who are tormented in precarious, exploitative and predatory working conditions, who are transported with unsafe, overloaded mass transport vehicles, who face daily assaults, abuses and murders – are characterised as "resilient", which according to the Merriam-Webster dictionary means that they are "capable to withstand shock without permanent deformation or rupture" (Sabahat Ali Wani, 2024).

Perhaps the greatest commercial success of positive psychology consists in establishing the belief that anyone and everyone could be potential customers. It is no coincidence that the main alliance and core funding came from disciplines related to economics, as the basic agreement was that "it was necessary to devise more accurate methodologies capable of overcoming excessive introspection and valuing emotions in an objective way". Moreover, it was

considered necessary to have "new, qualified happiness experts who could push people towards the right path to happiness and communicate to people the right criteria by which they should value their lives" (Cabanas & Illouz, 2020: 60). In this way, Happiness could become a measurable, self-evident good the acquisition of which depended on the use of the appropriate techniques, and always with the assistance of the appropriate experts for this purpose. The idea that people can continue to feel good despite the steady decline in objective indicators of quality of life is admittedly appealing.

And all this in a network of relationships where not everyone has the same bargaining power.

Within this culture, there are four important shaping axes through which we are invited to view the use of psychotropic drugs and the consequent increase in their use. These are the pharmaceutical companies, the dominant systems of psychology and psychiatry discourse, the public, and governments.

So much has been written about the role of the pharmaceutical companies as capitalist enterprises involved in the manufacture of desires. The goal is clearly profit, and this includes patenting and extending the life of the patent, targeting more commercial and long-lasting drugs, understanding the drug as a commercial product to be advertised, sponsored and controlling research, which is often directed, involving doctors at all levels, for example as "ghost writers", withholding much data that "does not fit", and, especially in the last thirty years (Moynihan, 2002), the construction of diseases and new diagnostic categories ("disease mongering"): ADHD, social phobia with the Prozac paradigm and so many more.

With the majority of psychiatrists trained in biological interpretations it is not difficult to understand why it is common for a brief discussion to be followed immediately by a prescription. And classification manuals provide a quick, algorithmic way of understanding mental distress. Thus, doctors often become sign and symptom detectors. According to Horwitz (2002), the major change occurred in the 1970s with the introduction of the DSM-III, with its conversion from a causally oriented to a symptomatologically oriented manual. It was then that

more people were put into a diagnostic category and thus became potential drug recipients. Duckkett (2019) reminds us that psychology, along with psychiatry, has managed to solidify in the minds of the industrial and business sectors (as much as in the minds of government officials and journalistic organizations and anyone else interested in listening) that there are physical signs of what is referred to as mental illness, and that emotional states such as sadness, anxiety, and anger, when increased, are symptoms of illness: brain disorders.

We have already mentioned above how the public is constantly being trained to see their problems as individual problems. Job insecurity is dubbed adjustment anxiety, resentment from working conditions is dubbed a personality disorder, fear from the overwhelming necropolitical atmosphere in the years of the pandemic and the lockdown is treated as a panic attack, etc. The public is ready to consume guidelines and coping tactics but not to judge and evaluate the power exercised over them.

In this landscape, western governments are important because they create and set the frameworks for health services, including access to medicine, determine access to care and service provision (pharmaceutical and otherwise) and evaluate the impact on the economy.

Psychotropic drugs and the construction of the neurochemical self

We recently commented ([Triantafyllopoulou & Karatzaferis, 2022](#)) that “in recent years, mental health issues have been appearing at an increasing rate in print and electronic media, with most of the posts resulting in easy statements and advice on every aspect of our psyche. Furthermore, in everyday conversations with friends, increasingly often someone will be hastily labeled as depressed, someone will talk about their panic attacks, while a third person will mention taking a psychotropic drug.” But although references to the so-called biopsychosocial model of mental health are everywhere, the reality seems to be different. The political, social, economic and other factors that directly affect how we experience and interpret our mental state are directly or indirectly eliminated.



Meanwhile, we try to highlight in conferences, discussions and workshops (indicatively: Initiative Psy, 2022) that “the issue of psychiatric drugs seems to be one of the most thorny and controversial in the field of mental health, causing intense controversy. The recent revival of the debate on the biological basis of depression has brought the impasses in psychiatry to the foreground once again. At the same time, the mass production of crises in recent decades coincides with the mass production of antidepressants and the rapid spread of their use, although many questions remain unanswered. For example, although most clinical drug trials have followed people taking antidepressants for only eight to 12 weeks, millions of people take them for many years and it is not clear what happens when patients take them for longer than this (Lewis, 2021). Also clinical trials suggest that although antidepressants improve symptoms of depression in the first few months, their benefits are moderated and become less pronounced in people with mild depression compared to those with severe depression. Publication bias, the inability to predict whether an antidepressant will work or not, and economic factors create a condition where more and more people are taking antidepressants, when they are probably not as necessary for the majority of them (Moncrief, 2019: 233-291; Stone et al., 2022; Turner et al., 2022).

Additionally, with increasing frequency, from discussions with colleagues, we find that in the general population there is a continuous rise in conditions that are clinically usually called anxiety disorders. More and more often young people refer to “a life without meaning”, “without a way out”, where uncertainty marks a permanent condition, and where very often the experience is not (re)communicated. Resorting to medication or, for the more “privileged”, to psychotherapy, is usually a lonely choice, where very often and despite all evidence to the contrary, the distress experienced is attributed to a simple biological imbalance that will be easily resolved by the use of the appropriate medication. More and more often we find people looking for a quick “fix”, to “take something to get well”, something to “regulate serotonin” etc.

But in my opinion, the comprehensive approach to finding the chemical equation for depression and other psychiatric disorders may not be the most fruitful way to understand depression and mental health issues as a whole, since

there is such strong evidence that stressful life events are closely linked to its occurrence. Despite this, if you ask people on the street what depression is, a large percentage will answer "a neurochemical abnormality" in the brain. Three decades since the 90s - dubbed the "brain decade" - and the everyday knowledge that bad things can make a person crazy gave way to countless technological interventions.

The "culture of regulation", or as sociologist Nikolas Rose (2004) has put it, the idea of the "neurochemical self" has been built on such pockets of poaching that initial assumptions (which have also emerged and dominated within particular socio-political contexts) become dogmas and are embedded in pop culture. Rose, in his talk entitled "Normality and Pathology in a Biomedical Age", starts from the fundamental distinction between the normal and the pathological - as introduced into French epistemology by Georges Canguilhem - in order to examine contemporary developments in the fields of molecular biology, neuroscience and psychopharmacology. The modern "genomic biological citizen", as he puts it, is constantly asking himself "am I normal?".

The neurochemical model of mental illness was tempting, in part, because it provided a clear commitment: a moral alibi that could free people from certain forms of responsibility, and thus, it was said, from stigma. As Tanva Luhrmann convincingly argues in her analysis of American psychiatry, "*biology is the great moral evasion of our time. As long as something is in the body, the individual cannot be blamed; the body is always morally innocent*" (2000:8).

The critical psychiatry network has pointed out (e.g. Bracken et al. 2012) that these and so many other questions with political implications risk being obscured by what has been called scientific and/or technological psychology and psychiatry, where priority is given to explanations through causal scientific models of disturbed subjects rather than to meaning. At the same time, context is eliminated so that answers are provided through technological interventions based on scientific data.

The threads are many, the ball is just one

Any attempt to "read" the numbers is biased. We do not believe in the neutrality of science, but we recognize in it the uncertainty and ambivalence that it must carry in order to generate questions and thought. The people we meet are tormented by the uncertainty of the crises that are being manufactured or are emerging, in the ever-accelerating transition to this new capitalist restructuring often referred to as the fourth industrial revolution. In this historical phase, debates about the social and political causes of suffering are, unfortunately, waning. Alongside the dramatic underfunding and understaffing of public services, that makes them even more managerial and dismissive, and the proliferation of relapses, the four factors mentioned above (the public, big pharma, psychiatry/psychology, politicians) are co-constructing a narrative that tends towards increasingly biogenetic interpretations.

But not everyone has the same power. Dozens of studies have shown that historically the public has turned to more mundane explanations to interpret their pain (losses, upheavals, traumatic life events), as opposed to mental health professionals who have consistently given higher rates of biomedical explanations. We now know which way the scales tip. A prime example is the myth of the serotonergic aetiology of depression. Despite the fact that it is no longer accepted and was always only a theory, it reached the public as a certainty mediated by the mouths of psychiatrists, and the countless articles that discussed it. At the same time, as Hengartner (2017) states, "the estimated effectiveness of pharmaceuticals is significantly higher when research was funded by the pharmaceutical industry compared to non-industry funding".

And here perhaps lies an important aspect of the problem. In a recent article published in the *Journal of Addictive Disorders and Mental Health*, Jose Luis Turabian (2021), a professor of medicine at Complutense University in Spain, concludes that the focus on biomedical approaches and mental health interventions has led to psychotropic drug use too early, too often and too long. Everyday problems are medicalised, attributed to biological imbalances and treated with pharmaceuticals. But psychotropic drugs make changes in thoughts, feelings and behaviours that over time become structural and permanent. That way, the general practitioner, in his ongoing care over time, sees passive patients,

unable to understand and deal with the causes and consequences of their condition. These patients, with years of psychopharmacological treatment, continue to suffer similar levels of distress often unable to recover. The result is well known: More and more doctors, more and more easily and for increasingly longer periods of time, prescribe psychiatric drugs that in the long run seem to create more problems than the ones they were supposed to fix.

We live on an ever-accelerating fitness treadmill that calls for us to walk faster and faster. Maintaining continuous growth, which in political economy terms corresponds to primary accumulation, requires shorter and shorter intervals between innovations. This admission does not come from some radical point on the planet, but from the Santa Fe Institute, where West, G. (2018) sees our bodies now in perpetual motion, constantly seeking their maintenance, their well-being and their prowess. At the same time, they enter into a constant competition in a “stock market of values” where not everyone can be happy.

From the "neurochemical" to the "digitised" self

But a stock exchange cannot work without numbers. The old psych paradigm is not sufficient to connect the body to the stock market. But the body can be measured and parameterised – as can its behaviour. So, in closing this paper, perhaps a first observation is needed - and certainly further elaboration is necessary - for another transformation that seems to be already here. It may not directly affect political actions in Greece, but it is already being perceived, it has a political dimension and will probably have a great impact in the coming years.

Jan De Vos is a postdoctoral researcher (FWO) at the Department of Philosophy and Ethical Science at the University of Ghent (Belgium). His main interests are (neuro)psychology and related digital developments. Influenced by continental philosophy, psychoanalytic theory, and the *critique of ideology* and political discourse analysis, he points out (2021) that the doctrine of one-size-fits-all treatment has been surpassed, and the trend is now that of "personalized medicine". It sounds appealing as the logic of personalisation is intended to provide key solutions to the previous approach, which often led to inadequate or excessive treatment of patients, and a consequent risk of adverse effects.

However, it is interesting to see what personalisation now means. According to De Vos, the goal of medicine today is to tailor treatments to subgroups of patients who share similar genetic characteristics.

Without ignoring the importance of biogenetic approaches, the problem is that more and more often what is defined as individualized, what corresponds to a particular person is increasingly reduced to a genetic parameter and, at best, to the interaction of genes with his/her environment (epigenetics). Yet, the person is not identified through genetics and biomarkers. According to Phil Thomas (2014, 139-158) two fundamental elements of our existence are temporality and historicity, which, is characterized by contingency, contemplativeness and pre-contemplativeness. As persons, then, we have a history, we constitute a meaning and all of this is interconnected with our action.

Finally, digitalisation was directly linked to the neurobiologicalisation of subjectivity, as the neoliberal subject had already reconciled with the idea of the neurochemical self, i.e. an attribution of all subjective and social presuppositions to biological matters, and, as De Vos suggests, this points to a fundamental and structural weakness of psychology. Digitisation is directly linked to the commodification of all subjective and social things. Directly linked to the above, AI, as McQuillan points out, exacerbates precariousness and supports the neoliberal retreat of welfare and labour rights, turning work into temporary work with insecure arrangements. The case of platform work, managed by algorithms, shifts risks to individuals, leading to increased exploitation and stress (McQuillan 2022). McQuillan also highlights the notion of epistemic injustice, where decisions made on the basis of artificial intelligence override the experiences and knowledge of marginalised groups. (Brailas, 2022)

An illustrative example set by De Vos relates to the NHS (Health Education England, 2019) report entitled “The digital future of Healthcare and its Workforce”, where it is recognised that a biomarker is an objective indicator. Thus, in mental health, digital biomarkers are indicators of mental status that can be extracted by the patient’s use of digital technology. Usually the reported biomarkers cover physiology (heart rate, perception (e.g. screen use), behaviour (GPS) and sociality (call frequency). Meanwhile, an emerging field, digital

phenotype, assesses people's health and well-being based on their digital footprint, i.e. how often they post on social media, how quickly they check their contacts, how often they check their phone at night. Technology companies track users' activity looking for changes in their behaviour, which, in turn, provide data on their physical and mental health. In this vein,, Sharecare, an Atlanta-based health services company, has an app that analyses users' stress levels during phone calls, and at the end of each call sends a message to the user that says “you seem stressed” or “you seem balanced”. In addition to that, the app characterizes the relationship between the user and the person they were talking to as, for example, “domineering” or “affectionate”. The company describes this service as an “emotional selfie”.

The issue calls for a lot of attention and investigation, as questions that arise are crucial. Is it possible for what is human, subjective, mental, and psychological to be reduced to data? What are the social and political contexts of the parameterization of human behaviour? According to McQuillan, prediction algorithms could function as mechanisms of “state racism”, deciding whether certain individuals deserve certain public resources, which aligns with the notion of necropolitics: “under austerity, AI's abilities to rank and classify, help distinguish between 'deserving' and 'undeserving' welfare recipients and allow for the data-driven classification of public services”. (Brailas, 2022)

Instead of epilogue

The first sensation created in this condition is often a choking sensation. The choking softens, becomes lighter and even turns into joy when I recall this small phrase that calls me to move “*against the pessimism of reason, for the optimism of action.*” On a first level, for me, action means keeping questions open, resisting one-sided interpretations, keeping the debate open and insisting that social and political issues need discussions and answers at the social and political level. It means talking to each other by listening beyond the ease of diagnoses and traversing once more the reverse path from the individual to the community. It may mean pausing, refusing violent adaptation, reinventing the communities that nourish us, seeking alliances on the basis of a collective ethic

for justice. There we can see how our emancipation and ultimately our recovery passes through encounters where the oppression of a refugee on psychotropic drugs in a concentration camp is linked to the oppression of a worker consuming anxiolytics and a woman who has been abused and dubbed a borderliner.

As has been argued elsewhere (Karatzaferis, 2023), it is consistent from an emancipatory perspective, to seek ways to see the crisis - which often permeates and fragments any notion of identity and personal constitution - in relation to the crisis of the settings that contain the persons in question, and in relation to the crisis that I myself experience as a professional accompanying (to a certain extent) on the road to recovery, as part of the social crisis. I am part of the world of threat and abuse by which the “patient” feels oppressed, and the crisis of the “patient” is my own crisis too. Seeing man being cut off from his social and productive relations, I too am cut off from the world. I need to move towards all possible levels: from the ego to the world, from the “therapeutic relationship” to the relationships with partners and associates, from the personal to the political, etc. The struggle for social justice and freedom still retains, not only, an emancipatory perspective but also constitutes a form of “therapy”. Our way out, our recovery, in the sense of regaining our strength, will either be a collective, emancipatory process of social liberation or it will not be a recovery.

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