

Austerity and precarity: The social milieu creeps into the psychotherapeutic context

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Abstract

The focus of this study is on psychologists' accounts of how their psychotherapy work has been impacted by the socioeconomic crises that have had unprecedented effects in health care services and people's lives in Greece. Thirteen semi-structured interviews were conducted with psychologists in Community Mental Health Centers in Athens and Crete aiming to obtain nuanced and in-depth reflections on psychotherapeutic practice in the midst of socioeconomic hardships. Interpretative Phenomenological Analysis (IPA) was used to analyze the experiential accounts of the participants, derive themes in each transcript, connect the themes, and cluster the themes across the interview protocols. Three overriding and interconnected themes were derived: 1) Austerity: "Poverty, tragic circumstances and deficiency, are creeping into the therapy sessions"; 2) Empathizing or identifying with versus solidarity; and, 3) psychotherapy and precarity. Discussion focuses on the antithetical aspects of the psychologists' reflections and the social versus the intrapsychic interpretations that they apply in discussing their psychotherapeutic work.

Keywords: austerity; precarity; psychotherapy; Interpretative Phenomenological Analysis; socioeconomic crises.

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Introduction

A great deal of dialogue and social science discourse has focused on the world financial crisis and the ensuing austerity policies that have been playing havoc on peoples' lives, livelihoods, and overall health (Kentikelenis, Karanikolos, Reeves, McKee, & Stuckler, 2014; Stuckler & Basu, 2013). The people in Greece have been burdened with a multitude of crises that have taken hold in the country and their health (Kondilis et al., 2013; Zavras, Tsiantou, Pavi, Mylona, & Kyriopoulos, 2012) and mental health (Anagnostopoulos & Soumaki, 2013; Economou, Madianos, Peppou, Patelakis, & Stefanis, 2012; Stavrianakos et al., 2013) have been affected. The socioeconomic crises have had unprecedented effects on people's everyday lives and the concept of crisis has been applied to describe people's lived social, work, family, and self experiences. The financial crisis has impacted people's lives gravely, and a large sector of the population has confronted social, economic, and political implications, including high unemployment rates, poverty, exclusion, political instability, injustice and lack of social cohesion (Council of Europe, 2012, Resolution 1885). Moreover, people have read, heard, and used the word 'crisis' so many times that they often are at risk of feeling lost in its meaning.

Knight (2012) in his analysis of the crisis in one geographical area in Greece describes how personal, collective and cultural memories of the "Great Famine" during World War II are superimposed and embodied by people as they transverse the multitude of crises today. Emotional identifications through the processes of nationalism and collective memory bring the felt-sense and embodied experience of oppression, fear, hunger, scarcity, austerity, precarity and overwhelming hardship to the forefront. In this fashion the current crises are symbolically colored with the poignancy of the World War II years superimposing historically and culturally into peoples' daily lives. Whilst, learnings derived from experiences, stories and readings that had become part of social or collective memory reverberate piercingly mentally, morally, behaviorally and politically in recurrence of another world-wide and Greek crisis. As Knight (2012) writes, "this is to say that memories of crises are embodied and experienced to the core; they are not merely a reaction to or an analysis of a contemporary critical event" (p. 358).

Austerity and precarity along with the 'psychology' associated with them have occupied and been featured in one Greek publication which focused on the World War II occupation and famine years. The book was originally published in 1947 and titled: Contribution to the study of the psychopathology of hunger, fear and anxiety from the medical chronicle of the occupation: neurosis and psychoneurosis. The Psychiatrists F. Skouras, A. Catzidimos, A. Kaloutsis, and G. Papadimitriou (1991) were the authors. Their research was based on the analysis of interviews, journal entries, and observations. They focused on two forms of what they dubbed "psychopathology" - hunger and terrorism. Using excerpts from their data and relying on all of the bibliography available, they described and interpreted all that hunger was for the population at that time. The book expatiates and distinguishes between the subjective-embodied and the objective realities of famine. Along these lines, most of the evidence and argumentation culminates by depicting how people's realities were an amalgamation between the unprocessed and natural matter of existence (no food, death everywhere, beatings, and weapons) and people's mental phenomena. Moreover, they describe how resistance (acts or praxis) was the route toward social and personal salvation and healing.

Current research and scholarly work has enumerated the social ills that the continuing and now long-term crises have engendered. They include staggering unemployment (27% for the general population and nearly 60% for the under 25 years of age), steep reductions in wages and earnings, increased taxation (Hellenic Statistical Authority, 2014¹), declining access to health services and their privatization (Kondilis et al., 2013), poverty and homelessness (Stamatis, 2012), suicidality (Economou et al., 2012; Stavrianakos et al., 2013) and overall

¹ www.statistics.gr (accessed February 2014).

uncertainty about financial matters and precarity regarding employment (Chung & van Oorschot, 2010). There is also a reported overall decline in people's health (Vandoros, Hessel, Leone, & Avendano, 2013). The detrimental effects of the financial and other social hardships correspond to massive injustices and inequalities which, in turn, have been linked to mortality, diminishing health and mental health, a vicious cycle of injustice, deprivation, and precipitous decline in health outcomes (Karanikolos et al., 2013) and morbidity due to impacted physical health and restricted access to public health services (Stuckler & Basu, 2013).

As it is evidenced in the literature cited above regarding health indices people are distressed. It is at this time of great need for publicly funded services that systemic changes and severe cutbacks affecting mental health services and their delivery have been put into place (Christodoulou & Anagnostopoulos, 2013; Grammatikopoulos, Koupidis, Pefelos, & Theodorakis, 2011). In addition there is evidence that mental health services have been inundated with calls and referrals (Ifanti, Argyriou, Kalofonou, & Kalofonos, 2013; Triliva, Fragkiadaki, & Balamoutsou, 2013) and are hard pressed to accommodate and respond to people's needs. Despite the considerable amount of research on the "health economic crises" – health outcomes associated with public health-care restructuring where the government's cuts in spending to fit neoliberal economic adjustments have negative consequences (Williams & Maruthappu, 2013) and on its impact in health and mental health services there is no research to our knowledge addressing if and how the crises are impacting psychotherapeutic work. There is one empirical paper on the impact of the crises on mental health services (Triliva et al., 2013) and 4 theoretical papers focusing on psychotherapy in private practice. In one of these papers, Apostolopoulou (2013) focuses on fees when clients can no longer afford therapy and the need to be mindful of the symbolic significance of the exchange of money without, however, delving into the psychology of scarcity, precarity and debt. In second theoretical paper, Skourteli (2013) presents a theoretical account of the impact of the crisis on mentalization giving little credence to the social underpinnings of the crisis and focusing on individual mental phenomena. Vallianatou and Koliri (2013) offer a theoretical argument on same-culture identities (where therapist and client are from the same culture) in the therapeutic relationship in times of economic crisis without taking into account cultural memories of famine, hunger and terrorism of the War World II years. Mentinis (2013) taking a radical critical psychology perspective argues that psychologist in Greece have adopted and developed neo-liberal and individualistic discourses that promote "social atomization," the logic of bolstering personal defenses and the creative potential, and adhering to the perspective that the crisis is also an opportunity at the expense of emancipatory (attempts to free the populace from the oppressive fiscal restraints imposed by the International Monetary Fund, the European Central Bank, and the Greek government), resistance, and solidarity discourses.

In summary, research focusing on the crises in Greece has primarily come from a public health perspective concluding that peoples' health is in peril and has been deeply affected. Research from the mental health field has urged for community mental health services and different foci in psychotherapy. Empirical work focusing on psychotherapy and how it has been affected by the crisis has not been published to this date. This research endeavor aims to contribute to bridging this gap by exploring how psychologists in their roles as psychotherapists are interpreting the outcry for psychological assistance, and if and how- the tumultuous social context has been impinging on their therapy work. In addition, the paper is an attempt to contribute to the Special Issue of *Rivista di Psicologia Clinica* which is dedicated to interpretative models of mental health and illness through an international and interdisciplinary dialogue and exchange.

Methods

Methodology

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The present study focuses on the socioeconomic crises that have taken hold in Greece during the past four years and how psychologists working in the public sector are reflectively interpreting the crises impact on the psychotherapeutic process. The idiographic nature of this study entailed capturing, analyzing and reporting how the professionals talked about the psychotherapeutic process, their clients, and their roles within the crises-ridden milieu. The study aims to develop understanding as to what psychologists are saying about psychotherapy conducted in the midst of socioeconomic crises and to explain why they are talking about their work in the way they are. In other words the tensions and contradictions in their accounts will be focused on, identified and unpacked. A phenomenological epistemological approach was implemented in clarifying and examining the psychotherapists' reflections and interpretations, particularly as expressed by Spinelli (1989): "to rephrase this issue phenomenologically, we can say that we are concerned with the difference, if any, between the appearance of things and what those things actually are (that is, 'the things themselves')" (p. 7).

Participants

Participants were recruited by contacting them first by phone and in person through a snowballing procedure. A total of 18 psychologists working in publically funded Community Mental Health Centers (CMHC) were contacted through these methods and 14 agreed to participate. The participants worked in 6 different CMHC serving lower middle class (2), middle class (3), middle and upper-middle class (1), and mixed including rural communities. Four of the CMHC are in the Athens metropolitan area and 2 are on Crete. The participants were all seasoned therapists and professional experience ranged from 8 to 27 years. There was variation in psychotherapeutic orientation with 6 participants having been trained in systemic theories and intervention strategies, 4 stated that their orientation was psychodynamic, 2 cognitive behavioral, 1 cognitive behavioral and systemic and 1 psychoanalytic. They were informed about the nature of the study and provided consent. The research protocol was approved by the Department of Psychology's Ethical Review Board.

Data collection

Fourteen semi-structured interviews were conducted by the two researchers. The psychologists provided rich, detailed and complex accounts of their work. Both researchers adhered to the same protocol which included the following core questions:

1. Has your work as a psychotherapist been impacted by the socioeconomic crisis? How?
2. Can you reflect upon and discuss the presenting problems people have been bringing to therapy ever since the economic crisis began.
3. Can you please describe how you have conceptualized or formulated the economic difficulties people bring into the therapy session?
4. How has your psychotherapeutic praxis been impacted by all the changes in healthcare policies?
5. Have you, alone or with colleagues, thought or considered changing the way services are provided or your psychotherapeutic praxis?

Both researchers asked additional questions and prompted and encouraged detailed discussion about the psychologists' work, roles, and the psychotherapeutic methods they applied. They did not offer their point of view and neither one is currently working in the role of a psychotherapist.

Data analysis

Data from the 14 interviews and the field notes were audio-taped, transcribed, translated to English and subjected to Interpretative Phenomenological Analysis (Smith, Flowers, & Larkin, 2009). IPA was considered a suitable method in capturing how participants made

sense of their psychotherapeutic practice. The interview transcripts were first analyzed separately and then compiled for analysis following the methodological guidelines outlined by Smith et al. (2009). The following procedures were adhered to: (1) the interviews were read, re-read and analyzed in detail using descriptive, linguistic and conceptual comments by the first author; (2) codes were derived by focusing on the meaning conveyed by the participants, discussed in order to understand the content and complexity of the meaning, and considered interpretively by both researchers by looking for themes for each interview protocol, and (3) connecting and clustering the phenomenological themes through inductive procedures and a process of deliberation and dialogue.

Findings and discussion

All of the psychologists that took part in this study explained that they have been inundated with work at the CMHC where they work since the advent of the crises. They elucidated that service seekers “are not disturbed psychologically and do not have major psychological problems” (Male Psychologist, Crete) and “people have psychosocial problems due to the socioeconomic crisis and not psychological problems” (Male Psychologist, middle class community, Athens). Therapists describe, however, that “people are psychosocially worse off and in extremely precarious positions” (Female Psychologist, Crete) and “due to the crisis people’s problems have deepened, for example, anxiety issues got worse, depression, even family violence” (Female Psychologist, lower middle class and working class communities, Athens). There is ample evidence in the literature that empirically substantiates these observations (Christodoulou & Christodoulou, 2013; Kentikelenis et al., 2014; Kondilis et al., 2013; Skapinakis et al., 2013). Moreover, the participants acknowledged that the number of service seekers increased because “people can no longer afford to pay for therapy in private practice settings” (Male Psychologist, serving middle class community, Athens) and that “people need psychotherapeutic support more and more” (Female Psychologist, Crete). The demographics of the population seeking services have also changed in that “younger and greater numbers of males who do not have a history of psychological problems” (Female Psychologist, serving lower middle class community, Athens and Female, Crete). They also all noted that they are now seeing people for short-term therapy, are more ‘supportive’ in their approach and are under great pressure. Despite these assertions 10 of the 14 of the psychologists initially outwardly stated that psychotherapy did not change as a process. An example of this initial ‘denial’ that psychotherapeutic processes had not changed follows.

“The psychotherapy has not changed... all that has changed is that in the process the issue of surviving economically comes up and I am more supportive. It is necessary to make more obvious to a young person what his potentialities are. One needs to be supportive because there is disappointment and desperation. We try to empower people so that they do not give up, to see what their next steps should be, to believe that they can survive. This takes a lot of energy from the therapist, much more than therapists exerted before” (Female Psychologist, lower middle class community, Athens).

It is within the nexus of these paradoxical responses: “psychotherapy has not changed” yet, “people’s presenting issues are closely tied to the crisis” and “I am much more supportive” that the following core themes emerged: 1) Austerity: “Poverty, tragic circumstances and deficiency, are creeping into the therapy sessions”; 2) Empathizing or identifying with versus solidarity; and 3) Psychotherapy and precarity.

These themes were evident in all the protocols and recurred even within the same interview. In addition they were often overlapping and difficult to disentangle. Perhaps, the crisis has infused daily life to such an extent that the power that it yields is all encompassing and materializes at aggregate and intricately intertwined levels as part of the social, political, cultural, and economic milieu. Likewise, the crisis invokes fear and unevenness in power

relations that materialize in households, neighborhoods, workplaces, and communities (Ettlenger, 2007). In the analysis that follows we attempt to disentangle these themes.

1) Austerity: “Poverty, tragic circumstances and deficiency, are creeping into the therapy sessions”

Ten of the fourteen psychologists noted that therapy had not changed since the advent of the relentless austerity measures. Their arguments, however, did not appear to support their immediate reactions regarding how unaltered the psychotherapeutic process has remained in light of financial desolation and social instability. Two characteristic excerpts are provided below.

“There is no change in the psychotherapeutic process. I have seen a tremendous change in children regarding the economic realities families are confronting, children who are depressed, adolescents who come and cry because there is not enough to eat at home, there is no money to buy clothes... younger children whose families can no longer afford to pay for foreign language lessons. Our catchment areas (names two towns) have been hard hit, and unfortunately we, more often than not, see families where both parents are unemployed. Some survive on tiny pensions that grandparents are receiving. All the more people are living under tragic circumstances” (Male Psychologist, serving lower middle class community).

The harsh austerity measures have literally impinged upon people’s bodies and they now manifest “anxiety and depression”. Therefore, changes in the economic realities within the community are transported into psychotherapy time and space.

“People mention the economic crisis a lot, they talk about being financially distressed or unemployed, even if they are employed fiscal uncertainty is mentioned, they have become major issues discussed in therapy... people express despair, some feel desolated and desperate due to the financial problems they are confronting... these issues creep into therapy and into people’s psyche, mostly with anxiety reactions and depression” (Female, CMHC serving middle class community).

The excerpts from the transcripts above coincide with similar reflections from other participants and portray that the psychologists, on the one hand, state that the socioeconomic crises have not impacted therapy and, on the other, describe presenting problems and the service users themselves as being different from those before the crisis years. These shared interpretations illustrate and reproduce, to a great degree, consensus viewpoints which are automatically agreed upon by professional groups (Spinelli, 1989) and, in this instance, a group of psychologists that are individual-focused and a-political. It is very difficult to decipher however, if these professionals privilege or place emphasis on autonomy and by doing so, “de-legitimize” the literal and social effects of austerity (hunger, unemployment, and interpersonal and societal desolation) and publically “de-authenticate” (Buchanan, 2012) these social issues by delegating them to the intrapsychic realm of existence and experience. The participants do use diagnostic labels such as “depression” and “anxiety” in discussing the problems presented in psychotherapy oftentimes reifying, individualizing and de-politicizing theories and therapeutic interventions (Bondi, 2005). These modes of conceptualizing and intervening have been criticized for proliferating inequality, social invalidation and exclusion. Such ‘psychotherapeutic technologies’ (Bondi, 2005) are, oftentimes, equated as being part and parcel of the austerity and occupation regimes (Buchanan, 2012; Skouras et al., 1991; The Marmot Review, 2010). That is social and economic policies put into place by the European Central Bank and the IMF (outside forces, ‘occupiers’) that are oftentimes considered “disciplinary” (Stewart, 2014) and particularly incapacitating for specific groups of people. On the other hand, 4 psychologists also noted that their work had changed and interpreted the austere social reality as being inextricably tied to the literal, embodied, and harsh effects on people’s lives. The psychologists in this study mentioned diagnosis and treatment regimens,

emphasizing how the social precursors were the core dynamics for the etiopathogenesis of the people's problems. The following excerpt from one of the protocols depicts this antithesis, where social problems are equated with anxiety symptoms.

“Some have lost their jobs, others feel pressured by family life and others talk about being in a precarious social and economic position. They have lost great portions of their incomes and are in danger of losing their jobs completely, being made redundant. They are in a precarious insecure state of being and their social positioning is precipitously declining... and this trickles down to their family lives and it comes into the therapy sessions... in the form of anxiety symptoms” (Female Psychologist, CMHC in Crete).

Along the same lines, these 4 psychologists described the importance of prevention, setting up social support networks and community outreach services. From their perspective “the crisis is at the societal level, one of values and relationships and at CHMC that is where our work should focus” (Female, Psychologist, Crete). Yet again, the antipode to the social interpretations is the intrapsychic dynamics.

“People talk about and mention the economic crisis a lot, they discuss economic difficulties or unemployment, having or not having work, the economic issues are overriding and salient ones... although I do not have statistical data, I would say that all this is tied to the manifestations of anxiety or with depressive symptomatology. There is an underlying core for anxiety reactions and this kind of psychic distress goes hand-in-hand with the desperation, desolation and hopelessness which are on the surface of the depressive condition” (Female Psychologist, serving middle class community, Athens).

This type of privileging of internal states, dynamics, and intrapsychic mechanisms can be interpreted as dismissive of the social, political, economic, and cultural exigencies that social networks and resistance strategies intend to combat (Ettlinger, 2007; Mentinis, 2013). Their interpretations and conceptualizations of the crises and their impact fall short of placing emphasis on the social positioning of the subject and how such political (dis)placement differentially exposes people to socioeconomic and political violence. This can be interpreted as “reflexive denial” of the prominent and all encompassing precarious social context, along with the concomitant attachment to individualistic theories for conceptualizing and treating people's problems “legitimize the constructed boundaries, and in the process aim at eliminating... possibilities for negotiation; the tensions between these goals and material realities helps explain misrepresentations that can be catastrophic at multiple scales, re-creating precarity” (Ettlinger, 2007, p. 319). In other words, personhood (the cultural and legal recognition of the equal and unalienable rights of human beings) is placed in a precarious position; where groups of people can more readily become marginalized, excluded, and demoralized. This occurs when the social norms are kneaded into one's being and recapitulated (Butler, 2009). According to Kotraski (2012):

Social reality is a normative structure that is simultaneously external and internal to the actors. It is external in the sense that it represents constraint on their ability to achieve their goals. It is also internal because the normative structure establishes culturally and historically specific ways in which actors think and the norms that guide what is acceptable (p. 12).

For the people living in Greece, the current social reality reverberates back to the ‘last occupation’ as they often say, the World War II famine and occupation years. Occupation or ‘colonization’ (Stewart, 2014) holds a prominent and complex significance for the Greek people. It refers to the Ottoman occupation years, the WWII Nazi occupation years, and the political and economic situation that has currently been imposed by outside forces, neo liberal policies, globalized business and mass media. All this occupies people minds and psyches

with worry and dread. As Knight (2012) highlights, memories of the Great Famine “are embodied and experienced to the core; they are not merely a reaction to or an analysis of a contemporary critical event” (p. 358). The psychologists do not take these ‘historical memories’ into account in their interpretations. They also do not fully consider how people who experience crises can change psychologically, morally, and politically, (Knight, 2012; Skouras et al., 1991). The therapists’ interpretations fall short of showing how the social delegitimization and de-authentication (Buchanan, 2012) can be rectified through resistance which was highlighted in Skoura et al.’s (1991) treatise on the scarcity, hunger, terrorism, uncertainty, and hardship that prevailed during the occupation years. According to Skoura et al., (1991) the WWII occupation was overcome via resistance (fighting to thwart or overcome foreign occupation) which was an active and therapeutic stance. The psychologists appear to accede to the pressures of their individual-and intervention-focused theories where diagnosis, symptoms and treatment are core components of conceptualizations of these human realities. Clinging on to their ways of knowing and intervening is understandable in the face of such adversity, and although, this on the surface goes against the “resistance” (an organized force to oppose the disciplinary austerity measures) that social scientists studying the austerity realities are calling for (Buchanan, 2012; Kentikelenis et al., 2014; Kondilis et al., 2013; Stuckler & Basu, 2013). At other levels the participants “portray themselves as politically engaged, and argue that the practices in which they are embedded contain politically subversive possibilities” (Bondi, 2005, p. 498). This materializes via empathic processes.

2) Empathizing or identifying with versus solidarity

All of the psychologists interviewed mentioned that they understood the experiences, sentiments, emotions that people expressed regarding the austerity policies and their impact, and that it was this level of understanding, that has impacted their work greatly. The therapists differed in how they interpreted these dispositions or aesthetic experiences of other humans; for some it can be interpreted as empathy/sympathy, for others identifying with and for a few solidarity.

Thinking of me and thinking of you: empathizing or sympathizing, “taking people’s problems home”

“I have been working for many years, I am well-seasoned by now in my professional role... I learned how to leave people’s problems at the office after all these years, but more and more recently the adolescents’ tears disturb me... it is unbelievable what is happening, it is so tragic that it permeates everything... and believe me, I am not overstating things, they come here to talk about their problems and somehow they become mine emotionally” (Male Psychologist, serving lower middle class community).

It is difficult to disentangle if the psychotherapist who made the above statement is empathizing, that is fusing with the feelings or suffering that the adolescents voiced during the therapy sessions or if he sympathizes with them as human beings who are in a state of profound vulnerability but does not feel what they feel (McLeod, 1994). In contrast in the quote below the psychologist identifies with the service users.

“We now see people who are not by any means chronically mentally ill. They are people who experience the same things we do on a daily basis... major doses of stress that impact their and our lives, they present with anxiety issues. There is oftentimes no evidence of pathological dynamics, they are having problems adjusting to all that is going in their everyday lives. We are all adjusting and re-adjusting... constant change. We have all been violated” (Female Psychologist, Crete).

Freud (1921) stated, “identification is known to psychoanalysis as the earliest expression of an emotional tie with another person” (p. 105). Although we do not use it here with its psychoanalytic meaning, it is an emotional tie that the psychotherapist implied, a tie that

brings her very close to her client's internal frame of reference of being "stressed" and "violated."

Solidarity among fellow sufferers

In the literature focusing on health and emanating from Greece in the past 4 years health professionals and lay people alike are urged for solidarity, resistance and community interventions. Milionis (2013) makes an argument for ethical practice and solidarity. Kondilis et al., (2013) categorically state: "as the populations of Greece and other European countries face unprecedented austerity policies, the dangers to public health likely will deepen, unless popular resistance leads to the defeat of such policies" (p.15).

Karanikolas et al. (2013) write that public health voices have not been heard and that although civil society organizations have made an effort to publicize the deleterious effects of spending decreases for public health, thus far nobody appears to be listening and or there is a great deal of "denialism" (Kentekelelis et al., 2014). According to Herman (1992), "denial, repression and dissociation operate on a social as well as an individual level" (p. 4). Christodoulou and Christodoulou (2013) make a strong case for talking a community mental health perspective and establishing networks of care, alliances between agencies and prevention initiatives. This is echoed by one participant in this study.

"Relationships, social-networks, solidarity, mutual support, and sharing...are...the core components of the social crisis and what needs to be fixed in order to bring about change" (Male Psychologist, middle class community, Athens).

Sealing or bracketing the professional self off instead of pursuing solidarity and camaraderie in confronting adverse circumstances is a quandary for the psychotherapists. Yet, all of them have a tendency for 'apt for 'resisting' by doing their outmost in that they strongly sympathize and identify with the service users and display their solidarity by doing so. The following quote exemplifies this:

"People who come for services are like us, they are not different to us. It is difficult to support such a person and at the same time very important because essentially you are supporting yourself...We have changed at the CMHC, we are now actively pursuing social solidarity... As we confront fear and agony we are offering more here at our center, due to the socioeconomic crisis we as staff are giving more than before" (Male Psychologist, Middle Class Community, Athens).

The first psychologist quoted above sets the tone by emphatically describing the ubiquitous nature of precarity and highlighting that the reality of professionals is not different from the people they serve. The second and third psychologists call for social solidarity, unity and cohesion in confronting austerity, precariousness, and unjust policies. Violation, oppression, and injustice bind people together ideologically, politically, and in their resistance and opposition. According to Skouras et al. (1991), "fortunately, there was movement for reorganizing and counterattacking. From within the fiery circle of the horrific ordeal a huge effort towards resistance to the imminent extinction sprung forth" (p. 8). For them resistance was therapeutic culturally and individually during the occupation and famine years of World War II, this is also perhaps, part of the 'culturally proximal social memory' of the people experiencing the current difficult situation (Knight, 2012). Perhaps, such 'cultural proximal memories' need to be processed and interpreted in psychotherapy sessions.

It is important to note here that although the psychologists empathized, sympathized, noticed similarities between themselves and their clients, or allied with them in solidarity they did not place themselves in the "anxiety" or "depressed" category but in what they called positions of "uncertainty" regarding work, employment and earnings. Perhaps, in this manner, portraying how they have professionally accepted as truth aspects of subjectivity that the neo-liberal models of professionalization have installed. In other words they have uncritically accepted

that experts or professionals shall not confront economic and psychological uncertainty while anxiety ridden clients do because of to their psychological makeup. Nevertheless, contradictory to this, they depict how they work “within and against” the system in an effort to resist the impact of policies that they had, just prior to the crises, considered themselves a part of (Bondi, 2005).

3) Psychotherapy and precarity

As noted above the level of deficiency and poverty was a primary focus of how the participants talked about the presenting problems of the service users and were concomitantly the issues that affected them the most. These issues seem to place both the service users and the psychotherapists in a precarious position in that they added strain and risk and magnetized the already difficult therapeutic situation. The difficulties in the CMHC were further exacerbated by the increasing contingency, instability and uncertainty brought on by the cutbacks and changes in health and welfare policies (Kentikelenis et al., 2014; Kondilis et al., 2013). As it is evidenced from the quotes below, these changes placed the ‘life’ of the centers and the professionals working there in precarious positions. Hence, fragility, worry, strain and unpredictability (Ettlenger, 2007) began to corrode the psychologists’ lives and the atmosphere in all CMHC. The excerpts below highlight how as Ettlenger (2007) writes, “precarity inhabits the microspaces of everyday life” (p. 319).

Unable to predict one's fate: instability and precarity become widespread

The psychotherapists highlighted the power of the austerity measures to invade all aspects of life and to bring vulnerability to the forefront. The contingent work conditions and the funding constraints invoke fear in both the staff at the CMCH and the service users and as Ettlenger (2007) describes, “precarity spares no one, haunting even privileged persons, who like everyone else, cannot escape the terror of the disease” (p. 322).

“The surrounding and prevailing atmosphere is that there are no funds, no money in Greece and certainly these issues in lacking and deficiency at the national level, trickle down to less and less funding for mental health services. In our field there is a great deal of insecurity, fear and a negative climate. Which agencies will close? This creeps into one’s work” (Female Psychologist, Crete).

Jobs and livelihoods are at stake and in the social imaginary people talk about this by stating, “who will have money to eat” or “be eaten” (idiom meaning-lose their job, house, and/ or family and livelihood). Parallels to what Skouras et al., wrote 67 years ago in reference to the 1941-1942 “Great Famine” are very striking:

In no other country were the occupation conditions so merciless; nowhere else did the diptych hunger-terrorism create such a brutal and unrelenting reality. The particularity of that period can be interpreted and linked to the social restructuring that the occupation triggered. The declining and deteriorating conditions were most notable within economic transactions, and consequently, in every cultural facet of being and relating. The same disintegrative and regressive tendencies were also obvious in every manifestation of psychic life, which was so severely disturbed by the occupation (p.8).

In the social imaginary the famine years have returned and experiences of desolation, devastation and precariousness prevail.

Existential precarity: danger for the mental health field

According to Ettlenger (2007) “precarity crosscuts spheres of life; it infuses life” (p. 323) and this appears to be what the psychologists are expressing below.

“I don’t think that I have changed in my role as a psychotherapist. If we take the perspective of my role as a service provider in an agency I have seen change. I have experienced great

agony and anguish. There is great anguish with regard to the provision of services to great numbers - therapy sessions, numbers, people... this quantifies work it renders it a numbers game. I think that in the long run it will have an impact on all and everything” (Female Psychologist, serving middle and upper middle class setting).

The psychologist in this quote is describing how precarity has permeated her work life and how it may pervade “everything”. Another participant focuses on the unpredictability of work and the political and social context.

“In the past couple of years things are chaotic (in providing mental health services), there are mergers, re-organizing. In our Center the past two years have been like living with the constant quandary month-by-month, are we going to exist the next month... In the mental health field we do not know if we will be living tomorrow. Nobody knows. Uncertainty about the future knocks on our door too. We are not above the gods or the mortals... This is existential, survival issues, what will we do to survive, we and the people” (Male Psychologist, serving lower middle class community, Athens).

Precarity here is equated with life or death where political and economic conditions are induced on a large sector of the population and people may be ‘harmed,’ violated, or placed in great peril of the type that they fear for their survival (Butler, 2009). It is very interesting that all of the psychologists interpreted the difficulties they have been experiencing at work as precariousness while the service users’ experience was mostly understood and classified in terms of stress, anxiety, depression or psychic pain. Service users and professionals are part of the same context or are they being “differentially exposed to injury, violence, and death”? (Butler, 2009). Or, are the psychologists groping for certainty (Ettlinger, 2007) in their efforts to understand what is going on in people’s lives? After all, their task is to seek and achieve equilibrium, order, and a cure and not to delve into the complexities of the social determinants of health which change through political will and action and not psychotherapy (Buchanan, 2012; The Marmot Review, 2010). Nevertheless, the political, economic, social, cultural and ecological conditions are vital in understanding the everyday lives of people and when they are not taken into consideration misinterpretations occur (Ettlinger, 2007). If these conditions are not taken into consideration in intervening, those yielding power will be given ample excuses not to listen and to do very little about ameliorating or changing the policies that are detrimental to people’s health and well-being.

Conclusions

The psychologists who participated in this study described how they understand and make sense of the great need for mental health services that has become evident during the past ‘crisis’ years in Greece. They also provided somewhat antithetical accounts of how the complex and crises-engulfed social context is “creeping into” psychotherapy sessions. The psychologists did use ‘psychopathology’ terminology, yet, also mentioned people’s experiences of financial poverty, destitution, and misery. Their accounts of empathizing, identifying with and solidarity appear to be their modes of resistance to policies that both professionals and service users find dehumanizing and oppressive. There are limitations to this study however that limit the scope and depth of the findings. It was based on reflections on psychotherapy practice and not actual recording of processes that took place. Further research, focusing on psychotherapeutic processes as well as wide-scale empirical studies of how people make sense of their lives within this ‘crises-ridden’ social context is essential.

References

- Anagnostopoulos, D.C., & Soumaki, E. (2013). The state of child and adolescent psychiatry in Greece during the international financial crisis: a brief report. *European Child and Adolescent Psychiatry*, 22, 131-134. DOI: 10.1007/s00787-013-0377-y
- Apostopoulou, A. (2013). The impact of the economic crisis on the private practice of counselling and psychotherapy: How much are clients and therapists 'worth'? *European Journal of Psychotherapy & Counselling*, 15, 311-329. DOI: 10.1080/13642537.2013.849274
- Bondi, L. (2005). Working the spaces of neoliberal subjectivity: psychotherapeutic technologies, professionalisation and counselling. *Antipode*, 27, 497-514. DOI: 10.1111/j.0066-4812.2005.00508.x
- Buchanan, D.A. (2012). The austerity bargain and the social self: conceptual clarity surrounding health cutbacks. *Nursing Philosophy*, 14, 38-44. DOI: 10.1111/j.1466-769X.2012.00549.x
- Butler, J. (2009). Performativity, precarity and sexual politics. *Anthropologos Iberoamericanos en Red*, 4, 1-13. DOI: 10.11156/aibr.040305
- Christodoulou, N.G., & Anagnostopoulos, D.C. (2013). The financial crisis and the future of mental health in Greece. *International Psychiatry*, 10, 3-6.
- Christodoulou, G.N., & Christodoulou, N.G. (2013). Financial crises: impact on mental health and suggested responses. *Psychotherapy and psychosomatics*, 42, 279-284. DOI: 10.1159/000351268
- Chung, H., & van Oorschot, W. (2010). Employment insecurity of European individuals during the financial crisis: A multi-level approach. *Working paper on the reconciliation of work and welfare in Europe. European Commission Sixth Framework Programme*. Retrieved from <http://www.socialpolicy.ed.ac.uk/.../REC-WP>
- Council of Europe, Parliamentary Assembly (2012). *Resolution 1885. The young generation sacrificed: social, economic and political implications of the financial crisis*. Retrieved from <http://assembly.coe.int/ASP/XRef/X2H-DW-XSL.asp?fileid=18918&lang=en>
- Economou, M., Madianos, M., Peppou, L.E., Patelakis, A., & Stefanis, C.N. (2012). Major depression in the Era of economic crisis: A replication of a cross-sectional study across Greece. *Journal of Affective Disorders*, 145, 308-314. DOI: 10.1016/j.jad.2012.08.008
- Ettlinger, N. (2007). Precarity unbound. *Alternatives*, 32, 319-340. DOI: 10.1177/030437540703200303
- Freud, S. (1921). Group psychology and the analysis of the ego. In J. Strachey (Ed. & Trans.), *The standard edition of the complete psychological works of Sigmund Freud* (Vol. 18, pp. 105-110, 123). London: Hogarth Press.
- Grammatikopoulos, I., Koupidis, S., Pefelos, E., & Theodorakis, P. (2011). Mental health policy in Greece: Implications into practice in the era of economic crisis. *European Psychiatry*, 26 (Suppl. 1), 539. DOI: 10.1016/S09249338(11)72246-5
- Herman, J. (1992). *Trauma and Recovery*. New York: Basic Books.
- Ifanti, A.A., Argyriou, A.A., Kalofonou, F.H., & Kalofonos, H. (2013). Financial crisis and austerity measures in Greece: Their impact on health promotion policies and public health care. *Health Policy*. DOI: 10.1016/j.healthpol.2013.05.017.

- Karanikolos, M., Mladovsky, P., Cylus, J., Thompson, S., Basu, S., Stuckler, D., ... McKee, M. (2013). Financial crisis, austerity and health in Europe. *Lancet*, *381*, 1323-1331. DOI: 10.1016/S0140-6736(13)60102-6
- Kentikelenis, A., Karanikolos, M., Reeves, A., McKee, M., & Stuckler, D. (2014). Greece's health crisis: From austerity to denialism. *Lancet*, *383*, 748-753.
- Knight, D.M. (2012). Cultural proximity: Crisis, time and social memory in Central Greece. *History and Anthropology*, *23*(3), 349-374. DOI: 10.1080/02757206.2012.697064
- Kondilis, E., Giannakopoulos, S., Gavana, M., Ierodiakonou, I., Waitzkin, H., & Benos, A. (2013). Economic Crisis, restrictive policies, and the population's health and health care: the Greek Case. *American Journal of Public Health*, *103*(6), 973-979. DOI: 10.2105/AJPH.2012.301126
- Kotarski, K. (2012). Deconstructing the Profligacy Myth Using Critical Theory and Social Constructivism: The Case of Greece and Its Wider Socio-economic and Political Consequences. *Croatian political science review*, *49*(2), 7-29.
- McLeod, J. (1994). *Doing counselling research*. London: Sage Publications.
- Mentinis, M. (2013). The entrepreneurial ethic and the spirit of psychotherapy: Depoliticisation, atomisation and social selection in the therapeutic culture of the 'crisis.' *European Journal of Psychotherapy & Counselling*, *15*, 361-374. DOI: 10.1080/13642537.2013.855248
- Milionis, C. (2013). Provision of healthcare in the context of financial crisis: approaches to the Greek health system and international implications. *Nursing philosophy*, *14*, 17-27. DOI: 10.1111/j.1466-769X.2012.00552.x
- Skapinakis, P., Bellos, S., Kounidis, S., Grammatikopoulos, I., Theodorakis, P.N., & Mavreas, V. (2013). Prevalence and sociodemographic associations of common mental disorders in a nationally representative sample of the general population of Greece. *BioMed Central Psychiatry*, *13*, 1-4. Retrieved from <http://www.biomedcentral.com/1471-244X/13/163>.
- Skouras, F., Hatzidimos, A., Kaloutsis, A., & Papadimitriou, G. (1991). *The psychopathology of hunger, fear and anxiety: neuroses and psychoneuroses*. Athens: Odysseas/ Triapsis Logos 3. (Reprinted, original 1947, in Greek).
- Skourteli, M.C. (2013). The impact of the socio-economic crisis on intrapsychic and intersubjective processes within the therapeutic relationship: Implications for the ethical practice of counselling psychology and psychotherapy. *European Journal of Psychotherapy & Counselling*, *15*, 330-345. DOI: 10.1080/13642537.2013.849273
- Smith, J.A., Flowers, P., & Larkin, M. (2009). *Interpretative phenomenological Analysis: Theory, Method and Research*. London: Sage.
- Spinelli, E. (1989). *The interpreted world: An introduction to phenomenological psychology*. London: Sage Publications.
- Stamatis, G.A. (2012). Homeless in Greece in the current financial crisis. What perspectives? Retrive from <http://crisis.med.uoa.gr/elibrary/13.pdf>

- Stavriannakos, K., Pachi, A., Paplos, K., Nikoviotis, D., Fanouraki, E., Tselebis, A., ... Moussas, G. (2013). Suicide attempts before and during the financial crisis in Greece. *European Psychiatry*, 28 (Suppl.1). DOI: 10.1016/S0924-9338(13)76690-2
- Stewart, C. (2014). Colonizing the Greek mind? Indigenous and exogenous psychotherapeutics. In C. Stewart (Ed.), *Colonizing the Greek mind? The reception of modern psychotherapeutics in Greece* (pp. 9-34). Athens: Deree, the American College of Greece.
- Stuckler, D., & Basu, S. (2013). *The body economic: why austerity kills*. New York, NY: Basic Books.
- Stuckler, D., & McKee, M. (2012). There is an alternative: public health professionals must not remain silent at a time of financial crisis. *European Journal of Public Health*, 22, 2-3. DOI: 10.1093/eurpub/ckr212
- The Marmot Review (2010). *Fair society healthy lives. Strategic review of health inequalities in England post-2010*. Retrieved from <http://www.ucl.ac.uk/whitehallIII/pdf/FairSocietyHealthyLives.pdf>
- Triliva, S., Fragkiadaki, E., & Balamoutsou, S. (2013). Forging partnerships for mental health: The case of a prefecture in crisis ravaged Greece. *European Journal of Psychotherapy & Counselling*, 15, 375-390. DOI: 10.1080/13642537.2013.849275
- Vallianatou, C., & Koliri, M.E. (2013). The economic crisis and its implications on same-culture identities and the therapeutic relationship. *European Journal of Psychotherapy & Counselling*, 15, 346-360. DOI: 10.1080/13642537.2013.855249
- Vandoros, S., Hessel, P., Leone, T., & Avendano, M. (2013). Have health trends worsened in Greece as a result of the financial crisis? A quasi-experimental approach. *European Journal of Public Health*, 23(5), 727-731. DOI: 10.1093/eurpub/ckt020
- Williams, C., & Maruthappu, M. (2013). "Healthconomic crises": Public health and neoliberal economic crises. *American Journal of Public Health*, 103, 7-9. DOI:10.2105/AJPH.2012.300956
- Zavras, D., Tsiantou, V., Pavi, E., Mylona, K., Kyriopoulos, J. (2012). Impact of economic crisis and other demographic and socioeconomic factors on self-rated health in Greece. *European Journal of Public Health*, 23(2), 206-210. DOI:10.1093/eurpub/cks143