

# A critique of digital mental health via assessing the psychodigitalisation of the COVID-19 crisis

Jan De Vos 

School of Social Sciences, Cardiff University,  
Cardiff, Wales, UK

## Correspondence

Jan De Vos, Cardiff University, Cardiff,  
Wales, UK.

Email: [janr.devos@outlook.com](mailto:janr.devos@outlook.com)

## Abstract

Reading the report 'The Digital Future of Mental Health-care and its Workforce' by the National Health Service (NHS) from the United Kingdom makes for a strange experience. Most centrally, it is utterly perplexing that no single argument is mounted in the report to wave aside accusations that it depicts a totalitarian world governed by a digipsy-complex. As it seems to presage the COVID crisis in its assertion that digital mental health care will and should be the future, this paper takes the pandemic as its point of departure. However, it does not set out not from the apparent digitalisation of psy-care under COVID-conditions, but rather, from the psychologisation of the COVID crisis itself; that is, individualising and pathologising the discontents and socio-subjective sufferings under COVID. The aim is to tackle from here the intertwining of the psychological and the digital, of psychologisation and digitalisation. This article engages in a close 'symptomatic reading' of the report and makes two points. The first concerns how digitalisation as such is closely connected to the neurobiologisation of subjectivity. The second point is about how digitalisation is also closely connected to the commodification of all things subjective and social. After discussing and interrelating these two issues, the article

This is an open access article under the terms of the Creative Commons Attribution-NonCommercial-NoDerivs License, which permits use and distribution in any medium, provided the original work is properly cited, the use is non-commercial and no modifications or adaptations are made.

© 2021 The Authors. Psychotherapy and Politics International published by John Wiley & Sons Ltd.

explores what a critical response could be, and what it should not be.

**KEYWORDS**

COVID-19, digital mental health, digitalisation, neurologisation, psychologisation

## 1 | INTRODUCTION: READING STRANGE REPORTS IN STRANGE TIMES

Reading the report 'The Digital Future of Mental Healthcare and its Workforce' by the National Health Service (NHS) from the United Kingdom makes for a strange experience. Or, in stronger terms, as James Barnes (2020), writer and psychotherapist from Exeter, tweeted: it 'makes for a VERY disturbing reading'. It made me ask: is this really where the NHS people believe we should be heading? In what kind of world do we live in, or will we live in? The report, one could argue, reads as a sci-fi novella, with the reader torn between, on the one hand, the assessment that the writing offers a predictable and therefore tedious dystopian vision, and, on the other hand, the worry that this is not sci-fi and that the report actually describes the gist of our current times.

The report is based on expert one-to-one interviews, expert focus groups, and 'purposeful literature searches', and is prepared in support of the so-called Topol Review, which aims at the 'Preparing the healthcare workforce to deliver the digital future' (Topol, 2019) and which outlines recommendations

... to ensure the NHS is the world leader in using digital technologies to benefit patients. It will involve implementing technologies such as genomics, digital medicine, artificial intelligence and robotics at a faster pace and on a greater scale than anywhere else in the world.

Britannica will rule the digital (mental) health waves? Topol is not an acronym; as I learned, it refers to the cardiologist, geneticist, and digital medicine researcher Dr Eric Topol who was commissioned to write a review preparing the healthcare workforce to deliver the digital future. Topol (2019), introducing The Technology Review, offers us a glimpse into the future, talking about how you, as a patient, would get

a warning on your wrist through your watch that your heart rhythm isn't right or you can get your potassium in your blood through your watch (...) you can get your genome sequence then you can get your gut microbiome sequence (...) there's so many ways to understand each human being like never before.

But while Topol gets lyrical in his claim that digital technology could allow medicine to truly individualise and particularise, a claim returning in full force in the report, I cannot but be reminded of the words of the Portuguese novelist José Saramago (2008): 'we will know less and less what is a human being'.

What adds to the disturbing potential and the element of strangeness of the report, published in February 2019, is that it seemed to presage the COVID crisis in its assertion that digital mental health care will and should be the future. For especially in the first phases of the pandemic when, during worldwide lockdowns and quarantines, counselling and psychotherapy were forced into exploring alternative ways of providing their services, it was the digital technologies which imposed themselves as the obvious next best choice. This enforced digital turn was heralded and eagerly embraced (Torous et al., 2020; Wind et al., 2020, p. 20), but equally bemoaned and criticised (Tullio et al., 2020). However, it might be safely argued that the digitalisation of counselling and psychotherapy

played right into the hands of official policies such as presented in the report 'The Digital Future of Mental Healthcare and its Workforce', or, as in the title of an older NHS report: 'The Future's Digital' (Cotton et al., 2014).

To get a first idea of the general direction after the pandemic, a quick glance on mental health related projects funded by UKRI, a funding agency in the United Kingdom, under the umbrella of tackling the impact of COVID-19 is very instructive. Psy-researchers are developing podcasts, videos, digital platforms, apps, to, for example, 'help children and families live happier lives in extraordinary times' and counter 'worsening mental health as a result of the COVID-19 pandemic—for instance stress and anxiety disorders, depression, addictive behaviours, anger control issues, eating disorders, psychosis and even PTSD' (UKRI, 2020). The 'latest A.I. technology' or 'an accurate inexpensive bluetooth sensor, which users can use at home (on their finger or wrist)' to measure their stress/anxiety levels, are employed in all kind of projects that nudge users 'to build healthier behaviours and resilience'. The recurring argument is that the easy to use and cheap solutions offered by digital technologies 'reduce the need for in-person check-ups, and increase the efficiency of mental health care delivery generating significant savings to providers and improving the patient experience' (UKRI, 2020).

However, in order to critically scrutinise 'The Digital Future of Mental Healthcare and its Workforce' report, I aim to set out not from the apparent digitalisation of psy-care under COVID-conditions, but rather, from the psychologisation of the COVID crisis itself. That is, what could be observed quite rapidly after the onset of the pandemic was a highly psychologising approach to what is primarily a health crisis (e.g., stressing the need to address psychological issues, announcing the 'other pandemic' of anxiety and depression). To clarify from the onset, I do not want to trivialise or dismiss the manifold manifestations of discontents and social and personal suffering, but I want to question whether the individualising and pathologising approach of the mainstream psy-experts—and their tendency to pair their cardboardesque depictions of the good life with equally simplifying solutions (this is what I mean here by psychologisation)—is not above all a trivialisation and hence a dismissal in itself of the social and psychic misery that COVID brought us.

My methodological argument is that in order to understand the push to the digital in the 'The Digital Future of Mental Healthcare and its Workforce' report, it is expedient to start from a more broader critique of mainstream psychology and its practices. And here, the first observation of the psychologisation of the COVID-crisis is that it was immediately linked to digitalisation. That is, while the pandemic served as an impetus to move more and more things such as shopping, socialising, educating (etc.), to the online and virtual spheres (Klein, 2020), the psy-experts also urged us to seek shelter online, to use the digital means to connect with others so as to galvanise our mental health and, if needed, to reach out for digital resources to seek help.

It is precisely this intertwining of the psychological and the digital, of psychologisation and digitalisation, that I hope will be a fruitful way-in to offer a critique of the 'The Digital Future of Mental Healthcare and its Workforce' report. In the remainder of this paper, I will engage in a closer reading of the report and, more in particular, a 'symptomatic reading,' the latter being theorised by, amongst others, Louis Althusser, as the methodology of a Freudian-like consideration of a theoretical discourse in its blind alleys (Althusser & Balibar, 1970). For Althusser, the limits and fissures of theoretical discourses point to the presence of ideological elements, and this is where theory opens up to the political (Althusser & Balibar, 1970). This method, looking for omissions, displacements and repressions is, according to Nestor Braunstein (2020), particularly expedient when it concerns psy-discourses, as he invites us to attend to, within a text, the answers that are anticipated and the questions that are omitted.

Following the aforementioned method for closely scrutinising both the 'The Digital Future of Mental Healthcare and its Workforce' report and the psychologising discourses related to the COVID-19 crisis, there are two points that I want to make. The first concerns how digitalisation as such is closely connected to the neurobiologisation of subjectivity; that is, to a reduction of all things subjective and social to biological issues, and how this as such points to a fundamental and structural aporia within psychology. The second point is about how digitalisation is also closely connected to the commodification of all things subjective and social. After discussing and interrelating those two issues, I will explore what a critical response could be, and what it should not be.

## 2 | NEUROBIOLOGISATION AS A CONDITION FOR DIGITALISATION

A cursory reading of the 'The Digital Future of Mental Healthcare and its Workforce' makes it clear that mental has to be understood primarily as a medical and biological issue. Of course, one could argue, this is to be expected, as the NHS is a government-funded medical and health-care service system, and so a strong focus on the somatic and the bodily should come as no surprise. After the opening paragraph of the foreword of the report, where 'the health of the nation' (the biopolitical signifier par excellence) is proclaimed to vitally depend on 'good mental health services' (Foley & Woollard, 2019, p. 3), throughout the remainder of the text the future of this relationship is most centrally situated in the coupling of the somatic to the technological. However, while the topics then covered concern issues such as 'telemedicine', 'biomarkers,' 'genome sequencing' (etc.), one is left waiting in vain for a clarification or a justification of this sweeping move of equating the psychological, or the subjective, with the biosomatic. If this refers to the questions that are omitted, to re-use Braunstein's (2020) wordings here, what then are the answers that are anticipated?

Here I argue that in order to digitalise mental health, a complete and wholesale biologisation and medicalisation of the 'mental' is the necessary, prior underlying assumption: that is, somatising subjectivity seems to be a precondition for aligning it with silicon digitality. The whole rationale becomes clear in the following passage of the report:

A biomarker is an objective indication (...) observed from outside the patient, which can be measured accurately and reproducibly. In mental health, digital biomarkers are indicators of mental state that can be derived through the patient's use of a digital technology. Commonly cited biomarkers cover physiology (eg heart rate), cognition (eg screen use), behavioural (e.g., global positioning system) and social (e.g., call frequency) (Foley & Woollard, 2019, p. 19).

In sum: reducing the subjective and all things human to measurable biomarkers allows and makes possible datafication. Hence, medicalisation, biologisation, and neurologisation are the prime conditions for digitalisation.

'An enhanced understanding of underlying pathology will become possible through technologies such as genomics and neuroimaging' (Foley & Woollard, 2019, p. 28). If I may put it this way, the subjective—as the troublesome, the tricky, the always evasive—is biologised in order to be fed into the computer: there, transferred to the realm of the computable, the 'mental' can finally be pinned down and understood: these are the answers that are anticipated.

Of course, one should not overlook how this rationale (biologising the psychological in order to digitalise it) is, as such, based on the digital technologies stepping in at a prior stage. That is, it was precisely digital technologies that made possible the neuro-turn in the psy-sciences. That the 90s of the previous century were announced as 'The decade of the Brain' would not have been happened without the advent of digital imaging techniques allowing us to chart the brain and to consider it as the fully mapped seat of our psyche. This is the double move: biologising the subjective in order to digitalise it, and digitalising the neurobiological:

Technology seems likely to change our understanding of mental health. The major psychiatric disorders, like depression and schizophrenia, appear to have many different genetic and environmental causes. A new understanding of mental health/illness aided by digital phenotyping, genotyping and neuroimaging will challenge current diagnoses and enable a more personalised approach to treatment (Foley & Woollard, 2019, p. 20).

Is this not where the subjective (and perhaps also the bodily?) is evacuated? The flag of personalisation is waved, while, arguably, this is where the computed and the generalised cannot but generate particular models, digital doubles or avatars, to which eventually the singular and the subjective (and the bodily?) has to succumb.

But we need to add a further twist here: if the second part of my argument is that the reductionist neuro-turn itself is based on the reductionist move of bringing in digital technologies, then I still have to situate an even earlier and more fundamental reductionism. That is, the use of digital technologies in, for example, neuroimaging, can be said to be not psychology neutral: as I have discussed extensively elsewhere, if you want to do a fMRI study on, for example, aggression, you need to start out from a particular understanding and hence from a psychological theory on aggression. Clearly, it would make a wholesale difference if you set out from a cognitive-behavioural conception of aggression or a psychodynamic one. So, to put it in sharp terms I've used elsewhere: 'it is psychology that is mapped onto the brain, it is psychology that provides the pencils with which the brain is coloured' (De Vos, 2016, p. 25). Or, put still differently, psychologisation (e.g., psychologising aggression), is the prime move: it is the claim that we know what aggression is about, it is this answer omitting and silencing the questions, that underpins the technologically propelled neuro-turn.

But, in order to orientate ourselves in this potentially 'hall of mirrors' of the psycho-neuro-digi-triad, let us turn to the COVID-crisis. For, the aforementioned psychologisation of the COVID-crisis goes hand in hand with a neurobiological framing of all things psychological and subjective. In my home country, the society of clinical psychologists formed a 'Psychology and Corona Expert group'. However, these experts only became officially involved after first publicly demanding to be part of the governmental steering group that guided the exit from the first quarantine, the so-called GEES-group which, hitherto, consisted of public health experts, economists, and captains of industry. The psy-experts demanded a seat on the table arguing that their knowledge should be used to steer the behaviour of the public; and to give their argument weight, in an open letter to the nation, they immediately mentioned the brain as the key to understanding habits and behaviour and thus to changing (if not manipulating, I would add) the latter (Psychology and Corona Expert Group, 2020).

We also need to look at the media where relating 'the psychology of COVID' to the brain is a recurrent theme. Think, for example, of this article in The Guardian: 'Has a year of living with Covid-19 rewired our brains?' You can find it on: <https://www.theguardian.com/world/2020/dec/13/covid-19-rewired-our-brains-pandemic-mental-health>. The reason why I write this URL in full is that it as such answers the question of the article: yes, 'COVID-19-rewired-our-brains', further medicalising the socio-subjective side of COVID by labelling it as a mental health pandemic. A further straightforward answer along with corresponding directives can be found here: 'Coronavirus: the pandemic is changing our brains—here are the remedies' (Sahakian et al., 2020) a popularised version, by the authors themselves, of an academic paper (Vatansever et al., 2021). In the popularised version, the authors start out by arguing that research suggests that the virus may gain access to the brain, and that this might explain (note in passing that hard science seems to sit at ease with a lot of suggestive and tentative claims) symptoms of stress, anxiety, and depression in patients who have contracted the virus. Then suddenly, the argument takes a big leap:

But it's not just people who have contracted the COVID-19 virus that have suffered from increased anxiety and depression during the pandemic. Excessive worry over contracting or spreading the virus to other family members, as well as isolation and loneliness, can also change our brain chemistry (Sahakian et al., 2020).

What is so striking here is the absence of any data, explanation, or argumentation: we might find here the true meaning of a 'missing link', for there is as such no link provided! To make clear, again, my concern here is not to contest the clearly massive social and subjective effects of the lockdown, leading to isolation and loneliness; rather, to highlight (and question) how and why psychologising all this most rapidly leads to neurobiologising the effects of the pandemic (and in this way the subjective itself). And as, if we follow a bit further the papers (both the popularised and academic) just mentioned, we see that the great leap is then followed by the shortcut that the remedies for our current predicaments lie in the digital realm. Here we are led to the conclusion that it is precisely the task of the digital to conceal or seal the big divide between the psychological and the neurological. That is, the solutions proposed all concern brain training via digital devices: gaming, virtual reality solutions, wearable devices,

telepsychiatry (Vatansever et al., 2021) all of which are suggested to have beneficial effects on the brain and thus on our well-being.

However, if, as said, one of the main messages of the psy-experts on COVID was that we should counter so called social distancing with the digital nearness of social media, one should not overlook that the psy-experts often voice the caveat that the digital is a good but not sufficient substitute for bodily contact. One the one hand we are urged to go digital (see in this respect the American Red Cross (2020) advice to 'connect with others through video and phone calls, texts or social media). Talk with people you trust about your concerns and how you are feeling'. On the other hand, there are warnings not to give children or adolescents unfettered access to screens or social media (Unicef, 2020) or it is pointed out that digital socializing is still removed from the real thing:

...social media can never be a replacement for real-world human connection. It requires in-person contact with others to trigger the hormones that alleviate stress and make you feel happier, healthier, and more positive (Robinson & Smith, 2020).

Is this, in the end, still biologising argument, a defence of something beyond the digital that we should applaud and endorse? Should we mount a resistance starting from the argument that there is something at the side of (biological) life which resists and exceeds the digital? Perhaps not. But this is something to which I have to come back to further on in this paper.

For the moment, let me foreground the coercive and mandatory aspect of the digital interpellation. In times of the pandemic, we are urged from different sides to move all things subjective and intersubjective to the digital realm. As the title of the already mentioned older NHS report runs: 'The future's digital'. There seems to be no alternative, and this receives a particular twist in the 'The Digital Future of Mental Healthcare and its Workforce' report: 'While engaging with services through digital technology will be something that patients can choose to do, it will not be optional for the mental health workforce of the future' (Foley & Woollard, 2019, p. 4).

This is clear, the professionals of the future will not be able to choose, make no mistake. However, the disturbing question here is: would the 'patients' themselves truly still have the option to choose? In order to answer this, let us consider a well-known artificial intelligence therapy platform called Wysa. Wysa, launched in 2017, is claimed to promote and endorse 'mental and emotional wellness' and offers three pathways: an AI chatbot, a library of evidence-based self-help tools, and messaging-based support from human psychologists. While in the latter option you can pay for video sessions with human therapists, the basic free plan is an app, featuring an animated penguin that gives mental health exercises and tips (Garsd, 2020; Roxby, 2020). Does this signal the options for patients in the digital future of mental healthcare? That is, if you can afford it then you can pay for the human connection (albeit passing over digital channels); if not, you wind up with an infantile AI cartoon! Or else, there is Woebot, 'the friendly little bot, ready to listen, 24/7' (Woebot Health, 2021). The silly cartoon figure matches the name. Regarding the latter, did you get the pun? If not, just ask a toddler in your neighbourhood to pronounce the word 'robot'. (Or am I mistaken here, and does it contain a potentially racist reference to Asian people?)

This infantilising fun factor keeps popping up when one delves deeper into the digital future of mental health. Of course, this is closely connected to the fact that the digitalisation of counselling and psychotherapy is where the next step towards commercialisation and commodification of subjectivity is taking us. Woebot Health (2021), for example, founded in 2017 by a team of Stanford psychologists and AI experts, pitches its 'product' as follows:

... new approaches are needed to meet the soaring global demand for accessible solutions that can help people manage symptoms in the moment, and over a lifetime. (...) Digital products designed to easily adapt to symptoms and severity, and deliver the right intervention to the right person at the right time.

Human discontents and suffering becomes an issue of demand and customised just-in-time supply, firmly placing its 'customers' in the same neo-liberal framework: where they become themselves little entrepreneurs managing their assets and liabilities. Woebot is free, up till now; nevertheless, their website includes a disclaimer that the company may need to charge a fee in the future to achieve a sustainable business model (Eve, 2020). Yet another example of commodification is Talkspace, which provides various forms of online therapy, and which besides special offers also has gift cards available: 'Offering someone a path to a happier life is more valuable than any material gift. Send your friend or family member a Talkspace gift card'—I found this phrase of <https://www.talkspace.com/> a while ago, but I could not retrieve it when writing this paper. They are, however, still offering giftcards. Imagine getting such a voucher at Christmas from a friend of a relative...

### 3 | THE POLITICAL ECONOMY OF DIGITALISATION

That digitalisation is closely connected to the commodification of all things subjective and social is adamantly clear in 'The Digital Future of Mental Healthcare and its Workforce' report. If the first rationale of the report is the neurobiologisation of mental health in order to make it computationable, then the second rationale is the neoliberal scheme of efficiency geared towards aligning the mental, the subjective, and the social with the current digitalised forms of political economic organisation, with what has been called 'communicative capitalism' (Dean, 2005), 'surveillance capitalism' (Zuboff, 2019), or simply 'digital capitalism' (amongst others: Fuchs & Mosco, 2015). The key signifier in the 'The Digital Future of Mental Healthcare and its Workforce' report is 'data', which means that which can be gathered via digital technologies so as to feed the algorithmic driven forms of digital mental healthcare:

In the next 10 years, NLP [Natural Language Processing] technology may be able to analyse general conversations within the home or work environment, then provide feedback to individuals on how they could adapt their communication styles (such as expressed emotion) to help a patient or to promote better general mental wellbeing (Foley & Woollard, 2019, p. 22).

Therefore, as the report speaks about 'predictive mental health data' (Foley & Woollard, 2019, p. 5), digital mental health care needs to be understood as congruent with how, in the search for market domination and profit maximalisation, 'surveillance capitalists', to use Soshana Zuboff's wordings, skim the digital world for ever-more predictive sources for the 'behavioural futures market' (Zuboff, 2019, p. 8). Foley and Woollard (2019) formulate the future of mental healthcare in the same terms of the data business model, putting forward that 'phenotypic information can be extracted from social media to aid the prediction and monitoring of mental health disorders' (Foley & Woollard, 2019, p. 5).

In the report, it is furthermore clear that in this move to a data-driven psycho-economy, the digital psy-pundits find their natural allies in those psy-theories and models that understand the human precisely as an entrepreneur managing assets and resources to sustain his/her mental health balance. This is what faces the mental health 'workforce' in the digital future: '(...) They will also have to help their own patients to run personal experiments, using technology, to understand what works best for them' (Foley & Woollard, 2019, p. 27).

The 'patients' thus are interpellated to be the data-scientist or the data-entrepreneur of themselves. Which is, of course, a mere prolongation of what we are all now called upon to do: to gather data from our Fitbits or other wearables, to analyse our run or bike courses via apps, with Google even offering a well-being app that gives you a daily view of how often you check your phone and how frequently you use different apps (see <https://wellbeing.google/>). All this is believed to empower the subject, as it is stated in the report: 'Patients in turn will have access to their medical records and data, which they may choose to use with other online services' (Foley & Woollard, 2019, p. 23).

Arguably, this is a fake trade-off: being the data-scientist/entrepreneur of yourself amounts to doing the control and the surveillance of yourself, if not simply, a form of voluntary servitude where one 'freely' chooses to offer one's data to 'other online services'. The issue here is not so much whether personal and sensitive data will be shielded, or whether or not data will be sold to third parties: from the very moment (inter)subjectivity is datafied, reification and alienation enter the fore and (inter)subjectivity is aligned with today's data capitalism. All of this, of course, is sold as something good and emancipatory for the patients with Foley and Woollard (2019) claiming '[Digital technologies] will enable the realisation of personalised or precision psychiatry for individual patients and will collectively amount to a Learning Mental Health System' (Foley & Woollard, 2019, p. 19).

The level of the use of newspeak in Foley and Woollard's (2019) report is at times astounding. For, if I am allowed to make this association: does 'precision psychiatry' not bring into the mind the US president George W. Bush using the wordings 'precision bombing' in the Iraq wars? As it has been argued, the rhetorical use of 'precision bombing' aimed at giving a humane, clean, scientific and neutral picture of war (Deer, 2007). Arguably, the same rhetorical ends are at stake in Foley and Woollard's report, as it is argued that data-driven technologies are offering precise and effective directions so as to target what needs to be targeted and how this should be done: 'Eventually, algorithms may be able to predict which clinician will most effectively treat a given patient' (Foley & Woollard, 2019, p. 29).

Here one should not miss the underlying argument: it is claimed that there is a 'neutral' technology, that there are objective scientifically informed algorithmic models that can decide upon which kind of therapy is suited for a particular person. Algorithms thus allegedly can adjudicate which approach, which kind of theory and which therapeutic school would be indicated in certain cases. However, the primordial problem, of course, is that this technology, these algorithmic models, are far from neutral on the level of the different theoretical models and different therapeutic schools they presuppose. Clearly, from the very beginning, these decision models and heuristics cannot but be filled with one or other psychological theory or framework. This is actually stated in the report itself:

Effective behaviour change requires a theoretical framework for understanding the reasons why a behaviour exists in the first place. It then requires evidence-based interventions targeted on those reasons. Such frameworks exist and must be baked into new technologies and the systems within which they are deployed (Foley & Woollard, 2019, p. 31).

Literally: certain psychological frameworks are scripted into the technologies. So if, as stated, the digital heuristic will be fed with the evidence based model (or with CBT models as in the case studies presented in the report), of course one knows what will come out of those algorithmic assessments and predictions. Here the 'there is no alternative' message becomes a double edged sword: going digitally will not be optional, but theoretical obedience to certain particular psychological models will be demanded: evidence based and CBT will be the officially and governmentally sanctioned models.

Here we encounter a specific instance of the aforementioned Althusserian argument: that in the limits and fissures of theoretical discourses, the ideological and the political perspires. While I have first pointed to how a close scrutiny of the digitalisation of mental health care exposes its alliance with the current political-economic model, this NHS report also testifies to how politics opens up to the theoretical. In other words, while in the cracks of the psychological theories and practices the political arises, it is in the fissures of the political discourse and practices that we more than often see a turn to the psychological. This is precisely what I argue is at stake in the psychologisation of the COVID-crisis.

To make the latter point clearer, let me start from the argument that the COVID-crisis opened up a window to at least reflect upon our political-economical predicaments. This argument has been made by a whole range of people and could perhaps be summarised in the title of a recent edited volume: 'Everything Must Change! The World After COVID-19' (Ávila & Horvat, 2020). To give the floor to just one voice:



So it's a critical moment of human history, not just because of the coronavirus, that should bring us to awareness of the profound flaws of the world, the deep, dysfunctional characteristics of the whole socio-economic system, which has to change, if there's going to be a survivable future (Noam Chomsky cited in DiEM25 TV [2020]).

Is it not precisely here, at this political juncture and moment, that we have to situate the already discussed psychologisation of the COVID crisis, as a way to escape or even a way to counter this political moment? As said, shortly after the outbreak of the COVID crisis—while initially the debate was dominated by epidemiologists and policy-makers—the psy-experts insinuated themselves into the debate. Was it a coincidence that the psychologisation of our lives regained momentum precisely at the same time that the entrepreneurial world was asking governments to urgently restart economic activities and to return to business as usual? It is as if the psychologists, on hearing Chomsky et al.'s rejoinder (DiEM25 TV, 2020) that this is a political moment, we have to change the socio-economic system, predictably demurred: no, no it's the psychology (we have to fight anxiety and depression), whilst whispering through their teeth: it's the economy (we've got to get the schools and the factories open).

Of course, the reader could object here, does this depiction not avoid complication or nuance, and moreover, is this not offering an all too bleak vision? However, if I am allowed to answer this objection in this way, if you want to avoid reading something blunt, offering not only a unidimensional if not cardboardesque depiction of the human being but also a dark and dim glimpse into its future, then you should surely steer clear of the 'The Digital Future of Mental Healthcare and its Workforce' report.

## 4 | HOW (NOT) TO RESIST

Arguably, the report 'The Digital Future of Mental Healthcare and its Workforce'—envisioning 'automated treatment', 'ingestible sensor technology', 'nanotechnology to deliver drugs directly to the brain'—paints an unsettling vision of the surveillance society to come in which being disconnected is no longer an option. As such one wonders why the people who have written this report have not undertaken any effort to ward off or counter the so obvious and to be expected allegation that they are preparing for the ultimate surveillance society:

National data sets should contain data on every patient treated in mental healthcare services or in the Improving Access to Psychological Therapies (IAPT) programme. Improved interfaces and visualisations can make this data more useful and accessible to policy makers, commissioners, providers, clinicians and patients (Foley & Woollard, 2019, p. 6).

The assumption here is that 'the human' can be datafied, visualised, and interfaced, so that it eventually would enable 'limited automated treatment'. Notice that here, after all, some restraint is exhibited: it says 'limited'..., but of course, in the future this might go much further: 'In the future, artificial intelligence (AI) and natural language processing (NLP)-enabled chatbots may facilitate more advanced automated or semi-automated therapeutic tools' (Foley & Woollard, 2019, p. 5).

The first thing to ask here is, where does this leave the therapists and the counsellors? If psychotherapy is to be a semi-automated process, then, logically, therapists and the counsellors are subordinated to the algorithmic computations. We read that clinicians 'will be assisted by decision-support technology' (Foley & Woollard, 2019, p. 28), meaning the data itself will be gathered independently of the clinician, and that the future will see 'the generation of predictive mental health data by non-mental health services' and via other data sources: 'Interaction with the phone, such as clicks, finger movements, scrolls, locks and unlocks, notifications, charges, app usage, call and SMS frequency, and calendar data, may all provide important indications of the patient's mental state' (Foley & Woollard, 2019, p. 14). The digital is the 'one ring to rule them all':

Effectively, the workforce may become a sensor network, initially recording text, then voice, and eventually, even the staff's physiological indicators could drive predictive algorithms to identify potential high-risk or high-cost events in inpatient or community settings (Foley & Woollard, 2019, p. 25).

How not to understand this as 'mental health 1984'? Again, it is utterly perplexing that no single word, no single argument, is mounted to counter argue or wave aside accusations that this report depicts a totalitarian world governed by a digipsy-complex. At best, the report reduces 'ethical aspects' to issues of digital literacy and access to digital technologies, or cultural issues involved in the latter:

These have the potential to greatly increase access, but there is a question mark around the implications for the therapeutic relationship. It is thought that such systems could be adapted to be more culturally appropriate to sections of society that currently find it anxiety provoking to engage (Foley & Woollard, 2019, p. 21).

In no single instance do the authors of this report stop to wonder if their digital future itself would not provoke anxiety and a reluctance, or perhaps even resistance, to engage with Big Psy who is not only watching all of us but would even be capable to probing what we think and what we feel: 'NLP applications may be able to first transcribe conversations, then later to understand the sentiment of participants within a conversation, and eventually summarise conversations automatically' (Foley & Woollard, 2019, p. 17).

And if you would have doubts that the digital would miss out on 'non-verbal' communication, not only on the level of understanding it but also on the level of using it itself, make no mistake, for that will be taken care of too in the nearby future: 'As communication develops across new modalities, for example, through shared VR, there will be new possibilities for richer communication at a distance, utilising a broader range of senses, such as touch' (Foley & Woollard, 2019, p. 26).

So the argument mentioned above that there would be some aspect of the biological and bodily life that would exceed and resist the digital (the idea that 'real' in-person contact with others triggers stress alleviating hormones which the digital way of connecting could never replace) is here already countered: VR and haptic devices will do pretty good and once we can connect brains directly to the computer and with each other (see Elon Musk's project Neuralink, and for a critique, see De Vos, 2020) we will be totally covered.

Is this what the future of digital therapy will be about—giving hugs, pats on the shoulder via VR? Will Wysa and Woebot wrap their blue and brown cartoon arms around us so that we, via a direct cortical connection, feel their algorithmic warmth. Yak! The horror! I know, this is getting ridiculous; reading my own last sentences, I would be tempted to dismiss the Foley and Woollard report and similar discourses as, to reuse the terms of my introduction, an all too predictable and therefore tedious dystopian vision. But here, I cannot but again turn to my favourite Hannah Arendt (1958) quote:

The trouble with modern theories of behaviorism is not that they are wrong but that they could become true, that they actually are the best possible conceptualization of certain obvious trends in modern society. It is quite conceivable that the modern age—which began with such an unprecedented and promising outburst of human activity may end in the deadliest, most sterile passivity history has ever known (Arendt, 1958, p. 322).

Hence, in the same way, the prime problem with reports such as 'The Digital Future of Mental Healthcare and its Workforce' is that they would become true; that their tedious, stereotypic or even cartoonesque vision of the future is actually an accurate conceptualisation of certain obvious trends of our times and will, in one way or another, become reality. For the time being, this reality is 'becoming' in forms that we critics might judge as rather

ludicrous and innocent (e.g., in the form that well-being bots will let the control pad in your hands slightly vibrate when the algorithms, underpinned by the mainstream psychotherapeutic models, would decide you need a compassionate and empathic response so that you would feel that you are being understood). But we should make no mistake here: other and more far-reaching technological features will be arriving further down the line. Nor should we under-estimate the power of interpellation, as illustrated via reports such as the NHS Foley and Woollard review but also via the websites and other channels of private corporations offering digital therapy, where professionals and laypersons alike are drawn into this discourse and its rhetorics, which, to be clear, will only be judged as 'VERY disturbing' by some and not by all.

What should our resistance be here: to shield or withhold our data, or to claim that the human, the subjective, the mental, the psychological is in the end not datafiable? That it needs a human to understand another human? Yes, but no! Instead of contesting the possibility of AI understanding the human (see the quote above mentioning how NLP would be able to 'understand the sentiment of participants within a conversation'), perhaps we should in the first place assert that what we are deprived of here is, rather, the non-understanding that might be characteristic of personal and interpersonal matters, and, added to this, the confused feelings, if not the absence of feelings..., and, for that matter, not the hugs, but rather our discontents with touch, or our melancholia as each touch or bodily contact always already was never enough.

Our defence should therefore not be: the digital cannot fully capture all the things 'we know' as typically human. Rather, we should argue, in psychodigitalisation, we are enforced and interpellated to take upon us the cardboardesque models of the unidimensional homo psychologicus of the mainstream psychological theories and models. Here, we are precisely robbed of our not knowing what our being human is about.

The latter is precisely at stake in the psychologisation of the COVID-crisis: the COVID psychologists argue: we know what COVID does with you, it makes you anxious and depressed. So go online, it will be taken care of. Do not isolate. This is precisely what social media always was about: it most coercively demands our presence: 'Tell your friends what you are doing'; and it does this obviously in a psychologising mode: 'tell your friends what you are thinking and how you feel'. We are robbed of our not-thinking, from our not knowing how we feel, if not from our not-feeling. Our little absences have to be turned into full emotional presences. And the latter are steered and pre-configured by algorithms that are based on the mainstream psychological models of presence and emotions.

Of course, as said, I do not contest that people have massively suffered from COVID and the lockdown; we do, we all experience personal, or better social-subjective, problems due to the pandemic. But here I want to lean on Christopher Lasch's (1978) words: therapeutisation is not about 'diverting attention from social problems to personal ones, from real issues to false issues, but [about] obscuring the social origins of the suffering' (Lasch, 1978, p. 30). In other words, what we need to contest is psychologisation processes that obscure how the personal (and the discontents and the suffering) is as such a social and a political-economic issue.

The psychology section of the Belgian Red Cross (2020) has just launched a COVID related app to incite people to take care of each other: 'if you see someone who someone who doesn't believe our shared stories, who evades crowds, and is critical about everything... then the app "Handhold" can help you help'. I must say, I feel personally targeted. Is this the mobilisation of a thought police, a well-being police to make us comply with the general story, to join the crowd and be no longer critical?

## ORCID

Jan De Vos  <https://orcid.org/0000-0002-9659-504X>

## REFERENCES

- Althusser, L., & Balibar, E. (1970). *Reading capital*. New Left Books.
- American Red Cross. (2020). *Coronavirus: Coping with stress as the pandemic continues*. <https://www.redcross.org/about-us/news-and-events/news/2020/steps-to-help-cope-with-evolving-coronavirus-situation.html>
- Arendt, H. (1958). *The human condition*. University of Chicago Press.

- Ávila, R., & Horvat, S. (Eds.). (2020). *Everything must change! The world after COVID-19*. OR Books.
- Barnes, J. (2020). *Thread on "The digital future of mental healthcare and its workforce" NHS report*. <https://twitter.com/psychgeist52/status/1281305845276585984>
- Belgian Red Cross (2020). *App 'Houvast' biedt eerste hulp bij psychische problemen [App "Handheld offers first aid for psychic problems]*. <https://www.rodekruis.be/nieuws-kalender/nieuws/app-houvast-biedt-eerste-hulp-bij-psychische-problemen/>
- Braunstein, N. (2020). *Psicología: Ideología y ciencia 2020. Discurso de Xalapa [psychology: Ideology and science 2020. Presentation at Xalapa*. <http://nestorbraunstein.com/?p=741>
- Cotton, R., Irwin, J., Wilkins, A., & Young, C. (2014). The future's digital: Mental health and technology. *NHS Confederation*.
- Dean, J. (2005). Communicative capitalism: Circulation and the foreclosure of politics. *Cultural Politics*, 1(1), 51–74. <https://doi.org/10.2752/174321905778054845>
- Deer, P. (2007). Introduction: The ends of war and the limits of war culture. *Social Text*, 25(2 (91)), 1–11. <https://doi.org/10.1215/01642472-2006-023>
- DiEM25 TV. (Producer). (2020). *Noam Chomsky: Coronavirus - what is at stake?*. [https://www.youtube.com/watch?v=t-N3In2rLI4&feature=emb\\_logo](https://www.youtube.com/watch?v=t-N3In2rLI4&feature=emb_logo)
- De Vos J. (2016). What is Critique in the Era of the Neurosciences? In J. De Vos & E. Pluth (Eds.), *Neuroscience and Critique. Exploring the Limits of the Neurological Turn* (pp. 22–40). Routledge.
- De Vos J. (2020). *The Digitalisation of (Inter)Subjectivity: A Psi-Critique of the Digital Death Drive*. Routledge.
- Eve. (2020). *Woebot—the bleeding intelligent self-help therapist and companion*. <https://digital.hbs.edu/platform-digit/submission/woebot-the-bleeding-intelligent-self-help-therapist-and-companion/>
- Foley, T., & Woollard, J. (2019). *The digital future of mental healthcare and its workforce*. <https://topol.hee.nhs.uk/wp-content/uploads/HEE-Topol-Review-Mental-health-paper.pdf>
- Fuchs, C., & Mosco, V. (Eds.). (2015). *Marx in the age of digital capitalism*. Brill.
- Garsd, J. (2020). *Business is booming for therapy apps but what really works?*. <https://www.marketplace.org/2020/04/15/covid-19-therapy-apps-mental-health/>
- Klein, N. (2020). *Screen new deal. The intercept*. <https://theintercept.com/2020/05/08/andrew-cuomo-eric-schmidt-coronavirus-tech-shock-doctrine/>
- Lasch, C. (1978). *The culture of narcissism*. Norton.
- Psychology and Corona Expert Group. (2020). *Aanbevelingen mentale gezondheid in het kader van covid-19 [Mental health recommendations under covid-19]*. <https://www.vvkp.be/dossiers/expertengroep-psychology-and-corona#Mentaal>
- Robinson, L., & Smith, M. (2020). *Social media and mental health*. <https://www.helpguide.org/articles/mental-health/social-media-and-mental-health.htm>
- Roxby, P. (2020). *Coronavirus: 'Profound' mental health impact promotes calls for urgent research*. <https://www.bbc.com/news/health-52295894>
- Sahakian, B. J., Langley, C., & Vatansever, D. (2020). *Coronavirus: The pandemic is changing our brains-here are the remedies. The Conversation*. <https://theconversation.com/coronavirus-the-pandemic-is-changing-our-brains-here-are-the-remedies-144451>
- Saramago, J. (2008). *Death with interruptions*. Harvill Secker.
- Topol, E. (2019). *Preparing the healthcare workforce to deliver the digital future the Topol Review: An independent report on behalf of the Secretary of State for Health and Social Care*. NHS Health Education. <https://topol.hee.nhs.uk/the-topol-review/>
- Torous, J., Myrick, K. J., Raueo-Ricupero, N., & Firth, J. (2020). Digital mental health and COVID-19: Using technology today to accelerate the curve on access and quality tomorrow. *JMIR Mental Health*, 7(3), e18848. <https://doi.org/10.2196/18848>
- Tullio, V., Perrone, G., Bilotta, C., Lanzarone, A., & Argo, A. (2020). Psychological support and psychotherapy via digital devices in Covid-19 emergency time: Some critical issues. *Medico-Legal Journal*, 88(2), 73–76. <https://doi.org/10.1177/0025817220926942>
- UKRI. (2020). *UKRI-funded research projects and other awards related to COVID-19 [Excel document, no longer online]*. <https://www.ukri.org/wp-content/uploads/2020/11/UKRI-061120-COVID-19ResearchList.xlsx>
- Unicef. (2020). *How teenagers can protect their mental health during coronavirus (COVID-19)*. <https://www.unicef.org/lac/en/stories/how-teenagers-can-protect-their-mental-health-during-covid-19>
- Vatansever, D., Wang, S., & Sahakian, B. J. (2021). Covid-19 and promising solutions to combat symptoms of stress, anxiety and depression. *Neuropsychopharmacology*, 46(1), 217–218. <https://doi.org/10.1038/s41386-020-00791-9>
- Wind, T. R., Rijkeboer, M., Andersson, G., & Riper, H. (2020). *The COVID-19 pandemic: The 'black swan' for mental health care and a turning point for e-health*, p. 20. Internet Interventions.
- Woebot Health. (2021). *Welcome to the future of mental health*. <https://woebothealth.com/>
- Zuboff, S. (2019). The age of surveillance capitalism: The fight for a human future at the new frontier of power. *Public Affairs*.

## AUTHOR BIOGRAPHY



**Jan De Vos** currently is Lecturer in Critical Social Psychology at Cardiff University, UK. He holds an MA in psychology and a PhD degree in philosophy. His main interests are the critique of (neuro)psychology, (neuro)psychologisation, and, related to this, the subject of the digital turn. His inspiration is continental philosophy, Freudo-Lacanian theory and ideology critique. His books include *The Digitalisation of (Inter)Subjectivity A Psy-critique of the Digital Death Drive* (2020), *The Metamorphoses of the Brain. Neurologisation and its Discontents* (2016) and *Psychologisation in Times of Globalisation* (2012). <http://janrdevos.weebly.com/books.html>

**How to cite this article:** De Vos J. A critique of digital mental health via assessing the psychodigitalisation of the COVID-19 crisis. *Psychother Politics Int.* 2021;e1582. <https://doi.org/10.1002/ppi.1582>