

Cultural rupture and subjectivity: Tensions in the personal and professional identity of mental health professionals in times of crisis

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Greece is one of the European countries most affected by the socioeconomic crisis in Europe; in order to repay its growing debt, Greece has had to borrow under extremely strict conditions and to sign memoranda, agreeing to drastic cuts in public spending. The implementation of severe austerity policies has had a serious impact on welfare and health provision, as well as on several aspects of citizens' everyday life and welfare, leading to income reduction, social exclusion, job insecurity, unemployment, as well as increased physical and mental health problems.

Between 2007 and 2016 the Gross Domestic Product in Greece decreased by 24.4%, with an associated decrease in the income of households and deteriorating living conditions for Greek citizens (Hellenic Statistical Authority, 2017a). According to the Hellenic Statistical Authority (2017b), the risk of poverty and social exclusion in Greece increased from 28.1% in 2008, to 31% in 2011 and 35.7% in 2015, whilst in 2015 the relevant rates in the Eurozone was 23.7%. The rate of material deprivation (i.e. the percentage of the population that cannot afford basic home comforts) was 28.4% in 2011 and increased to 38.5% in 2016. Adult unemployment rates have exceeded the average European unemployment rate of 10%, approaching percentages of 24.4% in 2012, 27.5% in 2013, 26.5% in 2014 and 23.5% in 2016 (Hellenic Statistical Authority, 2017c).

The impact of the financial crisis on healthcare in Greece has also been dramatic. Kentikelenis, Karanikolos, Papanicolas, Basu, McKee and colleagues (2011) summarize the situation and highlight the deterioration of access to healthcare, especially for vulnerable social groups. They report that in 2009, as compared to 2007, an increasing number of citizens opted not to visit doctors, because of practical difficulties and the deterioration of healthcare provision, such as for example long waiting lists, travel distance and inability to afford private medicine. The Greek healthcare system has suffered serious cuts (approaching 40% since 2010), which have led to understaffing and lack of medical supplies; at the same time, there are reports of increase in the number of admissions in public hospitals, a 24% increase between 2009 and 2010, and of 8% between 2010 and 2011 (Karamanoli, 2011; Liakopoulou, 2011;

Polyzos, 2011). Furthermore, Kentikelenis and colleagues (2011) report that violence, homicide, and theft rates have nearly doubled in Greece between 2007 and 2009.

The financial crisis seems to have significant repercussions for the health and mental health of citizens, especially those with middle or low income (Hudson, 2005). Several studies have shown the impact of financial strain on citizens' quality of life noting a correlation between unemployment and other economic indicators and levels of general morbidity, mortality, depression and suicide (Catalano & Bellows, 2005; Murphy & Athanasu, 1999; Uutela, 2010). Data from epidemiological studies in Greece show a negative correlation between financial strain and mental health, especially with regards to the prevalence of depression and generalized anxiety disorder (Economou, Madianos, Peppou, Patelakis, & Stefanis, 2013; Economou, Peppou, Fousketaki, Theleritis, Patelakis, Alexiou, Madianos et al., 2013; Giotakos, Karabelas, & Kafkas, 2011; Madianos, Economou, Alexiou, & Stefanis, 2011). More specifically, two cross-sectional surveys showed that one-month prevalence for depression nearly doubled in one year, from 3.3% in 2008 to 6.8% in 2009. Furthermore, individuals from socially disadvantaged groups and those with major financial difficulties were found to be at higher risk for depression (Madianos et al., 2011). The prevalence of depression continued to rise and reached 8.2% in 2011, a 20.8% increase compared to 2009. Furthermore, major financial difficulties were found to be significantly correlated with depression; unemployed people were three times more likely to suffer from depression in 2011 than in 2009, a rate of increase that was double to the one experienced by people in employment over the same period. Other factors that increased the risk for depression included age (over 45), lower education level, marital status (those married), place of residence (Athens). Furthermore, people aged 25-45 who were employed were found to be increasingly prone to generalized anxiety disorder, a finding that is thought to be associated with the stresses of reduced income and job insecurity (Economou, Madianos, et al., 2013; Economou, Peppou, et al., 2013).

Other studies found significant correlations between economic indicators (unemployment and income) and mental health factors, such as visits to emergency units/outpatient clinics, suicide and homicide rates (Giotakos, et al., 2011). More specifically, a significant correlation was found between unemployment and visits to outpatient and emergency units, as well as rates of homicide and divorce between 1981-2008. Average income was negatively associated with visits to outpatient and emergency units as well as with the number of suicides (Efthimiou, Argalia, Kaskaba,

& Makri, 2013). According to data from the Department of Health, the annual suicide rate in 2011 increased by 40% compared to 2010 (Economou, Madianos, Thelertis, Peppou, & Stefanis, 2011). Economou and colleagues (2011) reported an increase of 36% in suicide attempts in the previous month between 2009 and 2011. These findings are in line with previous studies showing a 17% increase in suicidality in Greece between 2007 and 2008 (Stuckler, Basu, Suhrcke, Coutts, & Mckee, 2011). Moreover, suicidality rates were strongly correlated with unemployment; related studies in Europe have shown that for every 1% increase in unemployment there was 0.8% increase in number of suicides, whereas an increase of more than 3% in unemployment, the number of suicides increased by more than 4% for under 65-year-olds (Stuckler, Basu, Suhrcke, Coutts, & Mc Kee, 2009).

In sum, there are several findings supporting the view that the financial crisis has significant adverse effects on the physical and mental health, as well as social wellbeing of people in Greece.

Burden on mental health professionals

There is evidence that mental health professionals' wellbeing and quality of life can be seriously affected by different aspects of their work, such as increased workload, contact with mental distress, high levels of work-related stress, conflicts with colleagues, low job satisfaction and low payment (Rossi, Cetrano, Pertile Rabbi, Donisi, et al., 2012; Hiscott & Connop, 1996). In a recent study, Depastas and Pierrakos (2015) found that 63.6 % of their sample of mental health professionals working in NGOs in Greece faced mental health difficulties themselves; these were associated with the duration of employment in these organizations as well as with the number of months of delayed payment. Several recent studies in Greece have shown increased emotional burden, burn-out and depression in mental health professionals (Karanikola & Kleanthous, 2011; Kyloudis, Georgiadis, Rekleiti, Giaglis, Wozniak, et al., 2011).

Recent cuts in mental health and welfare services in Greece, in conjunction with increased service-users' demands, have affected the workload and work-related stress of mental health professionals; at the same time, many professionals experience job insecurity. Furthermore, Triliva, Fragkiadaki, & Balamoutsou (2013) examined the personal experience of mental health professionals in Crete and found that, under the pressures associated with the crisis, professionals have to extend their roles and developed new forms of intervention, such as community-based, resilience enhancing

practices. Given that mental health professionals belong to a group at the frontline of providing care and support during times of crisis, this study aims to better understand the ways in which they make sense of their professional role and identity. More specifically, it focuses on the subjective experiences of mental health professionals practicing at the times of crisis in Greece, their representations about the crisis and the impact it has had on their professional life and identity.

The financial crisis and biographical disruption

From the perspective of narrative psychology, different experiences characterized by sudden and negative changes in one's life course -such as serious illness (Bury, 1982), immigration (Serdedakis, Tsiolis, Tzanakis, & Papaioannou, 2003), institutionalization and confinement in institutions (Savvakis & Tzanakis, 2006)- have been studied through the concepts of *biographical disruption* (Bury, 1982) and *narrative reconfiguration* (Crossley, 2000). Such experiences could be characterized as personal crises, i.e. events that unexpectedly threaten one's continuity in time and coherence of identity; these events may lead to a rupture in one's self-narrative, with the associated loss of previously available resources and sources of self-construction (Anderson & Bury, 1988). Biographical disruption often leads to a need for a radical redefinition of the world, one's self, one's priorities and personal meanings; this process had been described as narrative reconstruction and entails process of identity transformation (Booker, 2005; Robinson & Smith, 2009). The concept of biographical disruption is in line with the theoretical assumptions underlying the Re.Cri.Re. project. In the theoretical rationale of the project, two possible scenarios are postulated as likely responses to the crisis. In the scenario of continuity, individuals are able to interpret the crisis and assimilate it into their pre-existing representations of the world and their social identity. In the scenario of discontinuity, on the other hand, the crisis constitutes a significant rupture, which leads to radical changes in representations of reality and self, causing a deep anthropological change in social identity.

The study presented in this chapter aimed to deepen our understanding of some of the issues highlighted through the synchronic analysis of the cultural milieu in Europe carried out in the context of Re.Cri.Re. Drawing upon these theoretical premises, we explore the extent to which the financial crisis in Greece is associated with a narrative rupture for professionals providing mental healthcare. We focus on the

subjective experiences of the crisis reported by mental health professionals working in different services in Greece and used concepts and methods from narrative theory to investigate the stories they narrated and the processes of identity negotiation in these narratives.

Method

Participants

Eleven mental health professionals participated in two focus groups. They were invited to participate following a workshop on the aims and initial findings of Re.Cri.Re. The first group consisted of six professionals providing psychosocial support to vulnerable social groups (e.g. homeless, victims of domestic violence) in different non-governmental organizations. The second focus group consisted of five professionals working in two mental health centres working with adults, adolescents and families. All participants were female; there were nine psychologists, one social worker and one psychiatrist. Their age ranged between 25 and 55 years and their work experience ranged from five to 28 years.

Below, we briefly describe the participants in each group, using pseudonyms.

Focus group 1 consisted of:

Joanna is a psychologist and works in a service for women victims of domestic violence.

Claire is a psychologist and is coordinator of a psychosocial service.

Marian is a psychologist and works in a service for women victims of domestic violence.

Anna is a social worker and works in a service providing psychosocial support for homeless adults.

Catherine is a psychologist and works with adults experiencing psychosocial problems and immigrants.

Nancy is a psychologist and works with adults experiencing psychosocial problems and immigrants.

Focus group 2 consisted of:

Nicole is a psychiatrist and psychoanalyst and works with adults in a community mental health centre.

Melanie is a psychologist and psychotherapist working with adults in a community mental health centre.

Olivia is a psychologist and family therapist working in an outpatient family therapy department.

Christina is a psychologist and family therapist working in an outpatient family therapy department.

Andrea is a psychologist and family therapist working with children and families in a community mental health centre

Data collection

The research material consists of the verbatim transcripts from two focus groups. Focus groups were used as they provide an opportunity to better understand the meanings and attitudes about a significant topic that participants are experts in, through informal, vivid group discussions (Krueger & Casey, 2009). The focus group discussion was organized along two main axes. The first concerned participants' *personal experiences of the crisis*, and consisted of a discussion regarding the subjective meanings, the assumed causes and the impact of the crisis on participants' lives. The second axis concerned the *effects of the crisis on participants' work life and professional identity*; questions concerned changes in the number and type of referrals to services and the difficulties reported by service users, as well as issues regarding professionals' work conditions, such as job security, the resources they draw upon to cope with the crisis, and changes in their professional identity.

The focus groups took place in December 2016, at the School of Psychology of the Aristotle University of Thessaloniki and lasted between 90 minutes and two hours. In addition to a facilitator, which was a clinical psychologist, two undergraduate students participated as observers in each group. The research material was video-recorded and transcribed verbatim.

Ethics

All participants were informed about the aims and procedures of the study and signed an informed consent form. The study has approval from the Ethics Board of the Research Committee of the Aristotle University of Thessaloniki.

Method of analysis

The focus group transcripts were initially coded thematically (Braun & Clarke, 2006), with an aim to map the main themes, patterns and meanings emerging from the group discussions. Next, narrative analysis was employed (Bruner, 2004; Polkinghorne, 1988; Sarbin, 1986) with a focus on the personal accounts participants narrated and the identities they constructed through these narratives; furthermore, the main narrative types that were manifest in the focus group discussions were examined, drawing upon the literature on biographical disruption and repair.

Findings and discussion

In this section we report the main findings of the two focus group discussions. Initially, we present the meanings attributed to the socioeconomic crisis by participants in both groups. Then, we report the main narratives that emerged regarding the impact of the crisis on participants' work life and professional identity in each of the groups. The findings from each group are presented separately, as there were important differences between them. These differences could be attributed to contextual factors, as participants in the first group provide support to people severely affected by the socioeconomic crisis, whereas those in the second group provide therapy to people with less significant psychosocial difficulties. Secondly, professionals in the first group are employed with relatively short-term contracts and experience themselves job insecurity, whereas those in the second have permanent contracts and have been working in the same organization for several years.

Constructions of the crisis

Participants represented the socioeconomic crisis as an event that brought abrupt changes to their life and the lives of those around them. Two main themes were evident in their constructions of the crisis: *the collapse of institutions and frameworks of meaning* and *economic deprivation*, which in turn leads to major changes in social stratification as well as one's personal and social identity.

A key aspect of the representation of the crisis in participants' talk concerns the loss of stable, taken for granted structures, that provide both a material and a semantic framework for living one's life. There are many references to the state, as unable to provide a sense of security to its citizens, untrustworthy, chaotic, without specific plans or direction, incapable of finding satisfactory solutions to big problems.

Nancy: and then we turn to the other issue, which at least for me, it's the way I sort of define the crisis on different levels, for example on an institutional level, and then I think to myself 'who am I expecting to provide me with answers?', when I see this, and I notice - the little that I notice because I feel desperate when I look- that there is no plan, no direction, irrespective of political parties, [...]I feel it, this is what is all around us, everywhere, institutionally no one has a plan

Nicole: For me, there was a sense of the existing system collapsing, people found themselves totally unsupported, not knowing how to react faced with something new that was not promising, it was simply the collapse of a whole system

Olivia: And social, social structures have been destroyed, and the sense that you can rely somewhere socially, because everything is measured in economic terms, everything is - the criteria used are economic in nature, so everything has been destroyed, everything that you thought existed socially, a social network, that there is something, social (.) that you can rely on.

Christina: the feeling that is around now is that of insecurity and fear, no sense of certainty

Andrea: a sudden betrayal, hm, a sudden betrayal, like, in the wider social environment, it's like the fear caused by something sudden, like, the fear caused by a sudden ..., like, shock, and like, ehm, a bleeding of resources, that's how I would sum things up

As can be seen from the extracts above, participants describe the crisis as the collapse of the social system as a whole. They report a sense that everything they know is dissolving and find themselves in an unstable situation, where everything is in flux, without a sense of what the future might look like. They describe experiencing despair, uncertainty, insecurity, fear and a sense of being abandoned and unprotected. Characteristic in these narratives is a sense of loss of the previous points of reference

and anchors of meaning, which formed the basis upon which people used to plan their life. As an example, participants talk about the loss of previously held values around education, in which they had invested.

Nicole: Now, I feel that everything is collapsing, all the investments we used to make, in whatever way we made them, are shattered. While in the past we would think 'if someone gets an education, they will find employment', hm (.) things used to be like that (...) Now nothing is certain, everything is in flux, so, and that's what causes people to move, so many people, young people are leaving, not just young people, right? And adults, and people our own age, in order to secure something

Based on the above, the crisis seems to be associated with a major disruption in participants' sense of the world and their life trajectory; this situation would be described as traumatic from a narrative psychological perspective, in the sense that one's basic assumptions about oneself and the world are shattered (e.g. Bury, 1982; Janoff-Bullman, 1992).

Another key meaning associated with the crisis by participants was that of personal and social resources being depleted and the emergence of a widespread impoverishment, which has affected the whole of Greek society. Economic strain and resulting changes in social stratification are described as the core of this process. Participants describe a 'new type of poverty' that affects the middle class, whereas long-term unemployed or only occasionally employed people are now completely unable to make a living. People in employment, on the other hand, are described as also experiencing financial strain, due to severe salary cuts, and many working on short-term contracts and experiencing job insecurity. Overall, the crisis is constructed in terms of impoverishment, a 'bleeding of resources' and a threat to livelihood for a large sector of the population, as is illustrated in the extracts below:

Nancy: And this is what we see in our work with the people who come to us, that is, people who before, like, '08 would not have knocked on the door of our social services (.) who would have a job, and now they turn and say 'I have debts since so and so and I have not been able to repay them'(...) Groups that wouldn't be our target group before, in the sense that they would not be the users of services

(...) and that makes me think instantly about this new category of homeless people, around 50 years old who used to have their job, their home, their business, many of them lost everything overnight, and suddenly they are left out in the streets. Especially some who might not have a family support network. People who would never have been homeless before, or without a place to stay or, like, without a supportive network, these groups were created precisely as a consequence of this situation.

Andrea: I would like to add that (...) the financial aspect for me, in the way I see things, is just a trigger, it is not the whole picture (.) but it was a strong, a strong kick, like, you asked what we think has changed. I think that there has been a complete change of personal, whole sense of (.) oneself. It is totally different, I grew up in a generation, most of us, that did not experience poverty. We were in a middle, a middle class, we were never deprived of anything, we did not have luxuries but there was a basic security in this aspect. It is a very different thing to experience the threat of poverty

These ideas resonate with one of the main findings of the Re.Cri.Re. project concerning the current cultural milieu in Europe more generally and in Greece in particular. They are in line with the symbolic universe ‘Others’ world’, which is a fatalistic narrative, associated with a worldview whereby people are untrustworthy, things are getting worse, institutions and agencies are completely unreliable, and one’s life belongs to those who have power.

Narratives regarding the impact of the crisis on professional life and identity

In this section we outline the plots characterizing the narratives constructed in the two focus groups. As already mentioned, the two groups produced fairly different constructions regarding the effects of the crisis on their lives and professional identity. In brief, professionals working in psychosocial support services constructed what we term a ‘compassion narrative’ that is characterized by empathy and relatedness, while professionals working in therapeutic services constructed a ‘quest narrative’ (Frank, 1995) that centres on notions of personal development, empowerment and positive outcomes following a crisis. The main elements of these two narratives are described below.

Professionals working in psychosocial support services: Compassion Narrative

The basic plot of the narrative constructed in the group of professional working in psychosocial support services is that professionals, being themselves members of society, have suffered a trauma, which is still ongoing, and they are still struggling to reconstruct their identity and life story. They seem to be searching for new meanings, different to those that organized their life before the crisis, but which they have not yet managed to find. In this sense, the crisis is represented in terms of a disruption in one's life course and associated rupture in meanings and professionals are not immune to the crisis.

Nancy: Sometimes I feel that I can empathize that the other really has no way out, because I also don't see the way out

Anna: It's just that, the difficult part is that we are experiencing it too, because even if you yourself have a job, it's likely your friend won't have one or the person next to you won't have one, someone in your family won't have one, and you are called into a position to deal with this difficulty

Participants in this focus group expressed their sense of vulnerability, frustration and despair. However, although affected by the crisis, they described the fact that they are themselves employed as a privilege and their narrative is imbued with feelings of guilt.

Marian: and the comparison, that we go to the service, we serve people, and then they leave, and we come out and go and eat with that money, and we have different living conditions, and then we go back to work, to people that can hardly say they had something to eat today (.) I think that's it, the guilt

Furthermore, participants describe conflicts in their role and express anger towards the state's expectations from them, in the sense that they are expected to provide support whilst representing a state that has itself created the crisis. This places them in a problematic position of someone who is at the same time harming and helping those in need. This problematic positioning brings to the fore questions about one's identity, as is illustrated in the following exchange that took place towards the end of the meeting.

Anna: No, if we are supposed to believe in it (the system) as Marian said, and we are called to help, like, think if we believe in it, imagine how the service users feel; doubly and triply frustrated by the system (.) that is, because I think that most of us see that many things don't work as they should because we experienced things from the inside, imagine how the service users, who need this, how difficult it is for them

Claire: But it's like we bring the users here, that's what Nancy said, it's like brought them at this table, as if we are speaking on their behalf

Anna: But we are here for them, at this point in time

*Joanna: And to them we present ourselves as representatives of the system.
[laughter]*

Claire: Exactly (.) it's terrible

Anna: And the same thing that you sometimes have to, quote, defend, while you feel that, ok, now, that is, it stings sometimes. Yes, but you must, no, despite its weaknesses, make things better, provide help

Even though they experience the effects of the crisis on their personal life, participants construct these difficulties as minor compared to those faced by others, who are worse off; accordingly, they represent themselves as having the resources and the moral duty to provide help and support to those in need. They also describe feelings of guilt at being more privileged and adopt a strong moral stance to provide support to others less lucky than themselves. Their narrative centres on a recognition of shared human suffering and on compassion as a way to deal with adversity. Strong emphasis is placed on empathy and the creation of connections with those suffering more than oneself. Participants describe that they may be unable to change the service-users' actual life circumstances, but they try to help mainly through listening with empathy and compassion.

Anna: We're all swimming together, and we're trying to be their life jacket in a sense

In terms of solutions, participants in this group discussed two possible responses to the crisis: adopting an empathic and ethical stance and living from day to day. In this narrative, the answer to surviving in the current chaotic situation is relatedness.

Creating empathic interpersonal bonds: Expanding the idea of relatedness in a broader social framework, participants stress the necessity of providing practical, psychological and moral support to each other as a way of surviving devastating conditions. This seems to be associated with a new sense of community, based on a stance of facing life's difficulties together, rather than on shared characteristics or desires. A core feature of this kind of relationship is empathy and compassion.

Catherine: But really for me it is all about relationships, human relationships, which you may find in a gym, or in a theatre group, even here (.) even this [focus group] is sharing; relatedness

Furthermore, relatedness is represented as an important therapeutic tool in itself. Participants discuss the necessity to transform psychological practice towards creating support frameworks for vulnerable populations and discuss how placing relatedness at the core of their practice has been a major shift from the traditional way of practicing psychology. They propose a new professional role that is based on empathy and equality, distinct from the role of expert who has privileged access to knowledge. Relatedness also concerns the connections between colleagues, which provides professionals with the resources needed to cope with the burden associated with their work.

Nancy: and also my colleagues are for me not a life-vest they are a life-boat, that is, think that if our relationships with colleagues were different, and the support we receive from one another, I would not have been able to cope at certain points in time, this is very clear to me

In sum, this narrative centres on the notion that, in the midst of turbulence and flux, what remains stable is an ethical and empathic stance. As such, the crisis has not deconstructed the basic principles of the helping professions. Although professionals experience many conflicts, frustrations and disappointments, they still describe doing

the best they can, adopting a compassionate stance towards others' pain and sharing with them feelings of strength and hope.

Living from day to day: Participants described adopting a way of living focused on the present moment, taking one day at a time, as a way of dealing with the anxiety and uncertainty about the future. The primary goal is surviving and becoming resilient.

Catherine: and also this change, working with short-term contracts, what this has offered me is a sense of 'OK, what will be, will be', sometimes I see it like this, and I don't mean to vulgarize it, I do try to plan for my future and to have a goal, dreams, etc., but OK, the same OK my grandmother used to say

They describe a personal transformation in the way they see the world and in the belief that one can control life; as is evidenced in the next extract, this highlights the existential impact of the crisis on participants' personal identity.

Anna: I think that is what our profession teaches us, that this need for control, unfortunately we cannot control anything, no matter how much we want to, no matter

Catherine: But, we can change ourselves and the way we see things

Anna: No, for me, what helps me often is, I often say: OK [that's how things are]

Catherine: This is maturity, in a way

Anna: Maturity, and also [a recognition] that things cannot be unchanging and everything flowing nicely, we have waves and storms, that's what things are like

As shown above, lack of control is reconstructed as a mature choice that entails a process of letting go of efforts to control something which is, ultimately, uncontrollable. This change is represented as a positive outcome, involving the capacity to keep calm in the face of an unstable and threatening situation, being able to adapt, and displaying resilience through traumatic situations (Skourteli, 2013).

These observations enrich the findings regarding the symbolic universe termed 'Interpersonal Bond', which is characterized by the vital importance of interpersonal,

emotional bonds. People become connected through shared values, trust and reciprocity and share needs. Belongingness requires sacrifices, but it means, also, being able to count on the power of the group and to pursue a fulfilling life (ISBEM, 2017; retrievable at www.recire.eu). In the present analysis, participants emphasize the creation of personal relationships as a way of living a meaningful life and as the only way one can survive the crisis. In making sense of their situation, participants in this focus group seem to draw upon apparently conflicting yet complementary narratives: on the one hand the crisis is experienced as a serious threat, and on the other hand they describe a sense of hope and courage through sharing a common fate.

Professionals working in psychotherapy services: Quest narrative

The basic plot of the narrative constructed in the second focus groups includes a move from a period of shock to personal growth. This narrative type is very similar to the ‘quest narrative’ (Frank, 1995) that has been found in studies on serious illness. Key features of this narrative are the person’s regeneration from his or her ashes, benefit finding in adversity, the search for inner strength, personal development, and a belief that something new, and better, will emerge. This narrative emphasizes turning inwards to find inner strength and promotes personal change, insight and personal growth; it has been argued that it incorporates several values of western culture, such as introspection, personal growth and finding benefits in adversity.

Participants in the second focus group construct the crisis by focusing primarily on its positive aspects, and more specifically on the emergence of solidarity, social activism, and the strengthening of social ties between citizens. They emphasize the need for relatedness at a collective level, as well as the need for finding meaning, and suggest that these needs are evidenced in the emergence of many citizens’ movements.

Andrea: through this collapse we have seen the ideology of solidarity has been strengthened (.) and this was almost dead in Greece, right? I want to say that it’s not, the big ones were lost

Christina: The dominant ideologies, right, right, you are right

Olivia: New ones emerged, and I think that this change in ideology this is the biggest change that came out from this [crisis]

In this narrative, an optimistic future is constructed, with the expectation that something better will eventually emerge. Accordingly, the crisis is represented as an opportunity, in the sense that it entails the collapse of a deeply problematic system; in the aftermath of this collapse, the creation of a better social structure is expected to emerge, where people will be more aware and more closely connected with each other.

Olivia: And I think that now there is the possibility, because we are more focused on looking to our resources, our strengths and all that. While the prosperity, this like pink balloon, that she said, it was really pseudo- it didn't make you, it made many people not think about such things or move on. While now it makes you turn to yourself and to your resources, and to interact with others, and to think about what you can do. The previous [situation] was very individualistic, 'I will buy this, and this, and get a loan and a car'

Concerning their professional identity, participants also focus on positive and creative aspects they have discovered through the crisis, despite the excessive demands and pressure they face in their work. They refer to both individual and contextual resources that enhance their resilience against burnout and exhaustion (Matheson, Robertson, Elliott, Iversen, Murchie, 2016; Robertson, Elliott, Iversen, Murchie, et al., 2016). Contextual resources concern relatedness and solidarity with colleagues, as well as the development of tighter links with other services. Other more personal resources relate to the meaning attributed to their work and past resources that foster their sense of security.

Melanie: It [threat of closure of their service] led to better relationships between us, made us more connected in connection, we started having ideas how best to use the space etc.'

Christina: I think is the meaning we give to our work and if you do not give meaning to our work, our work does not make sense, how can I say it, it is the interactions that keep you there

Another issue discussed by participants relates to their sense of a strengthened identity, a belief in the importance of their professional role, and a sense of

responsibility towards society. They seem to value the social role of their profession and describe their work as associated with creativity, rebellion and liberation. At the same time, their narrative is imbued with a moral sense of duty and responsibility to provide for those in need.

Andrea: I think that I found my inner core, that is, this revolutionary part, the social part, like, I experienced it more strongly (.) it was like I came from another era and now my era has arrived, eh, and I found myself in it (.) not in the sense of, how did you put it?, reconsidering things, but in the sense of becoming more intensely aware of, like, the social necessity of what I am trying to do (.) and this brings me joy (.) and creativity, like, a lot, I think my creative part has grown, the flexible part (.) this whole thing, this is the positive part for me

Melanie: I feel that I take more responsibility, I feel that, I take on more difficult things, and more (.) and this makes me feel more confident in myself, a confidence that 'Yes, we can', like, somehow, I feel that things are, with work (...) that we can, we can lift the burden, that we do have the ability and the resources to lift the burden, even if we often take days off and leave because, like, we cannot take it anymore, we get fed up, but I do feel, on the other hand, that my hands are more robust.

This narrative structure draws upon wider cultural ideas of benefit-finding in adversity and the importance of a fighting spirit. The professional identity constructed in this narrative is in line with the ethical principles of mental health professions. Therapists are represented as social scientists with a mission to make the worlds a better place and professionals are represented as ethical, socially aware and oriented with a broader aim to change the social context that causes distress (Burton, 2004; Fox, Prilleltensky & Austin, 2009; Martín-Baró, 2006).

Andrea: I think what happened to us, I think an aspect that is important is, is that we got in touch with, how can I put it, something about our personal dignity, like, we started to rely more on what we are, as social scientists, as health professionals (.) like, we are not just employees, for example somewhere,

working for Coca Cola and our jobs being under threat (.) we have a connection with something social, which we do not let go off.

It is worth noting, however, that there is some evidence of another side to this idealistic construction; despite the optimism characterising this narrative, some tensions were evident in participants' talk, small cracks in their new, strong identity. One of these tensions concerns their position vis-à-vis the state; long stretches of talk concerned a dilemma experienced by professionals between serving the needs of the state versus taking a critical stance and adapting one's work to the demands of citizens. Furthermore, there was a sense that participants hesitated to voice their fears, insecurity, sense of vulnerability, and their exhaustion from the pressure of working with people in times of crisis. It would seem that such experiences have no place in the dominant narrative produced in this group.

Nicole: when our department was threatened with closure, then it was hard, we had experienced it, on the one hand feeling under threat ourselves and on the other hand people would come experiencing the same threat, with their demands and their despair. And it was a bit difficult at first, we did find our feet again though, leaving our own stuff out of the way, so we could act as therapists

Based on the above, we could hypothesize that the identity reconstruction reported is only partial, in the sense that some aspects of participants' experience are not fully processed but seem to be partially concealed. These concern primarily vulnerable feelings of exhaustion, threat of poverty and insecurity, and possibly burnout that participants may not have felt able to express. As in the case of many quest narratives, a question remains regarding the extent to which they function defensively, to protect oneself from the effects of trauma.

In sum, this group of professionals represented crisis as an opportunity and as a challenge that empowered their professional identity, despite the precarious social ground. Thanks to the meanings attributed to their profession, and the significant role it can play, the close connections they forge, and their fighting spirit they strive to continue helping people with effectiveness and creativity. The optimistic narrative constructed in this focus group shares some of the features of the symbolic universe of 'Interpersonal bond'. Participants stressed in their accounts the importance of

solidarity, relatedness and openness at a collective level as a coping mechanism, which helps them survive the crisis, and this could be described as a new ideology for survival. Furthermore, their narrative is characterized by an idealized account of the world, a vision for future society, in which citizens will be more agentic and institutions will provide for citizens' wellbeing. This desired account is reminiscent of the symbolic universe 'Caring society', in which society and institutions are trustworthy providers of services and are receptive to the demands and needs of people.

Discussion and conclusion

In this small-scale qualitative study, mental health professionals described the socioeconomic crisis as a major disruption in citizens' lives, resulting primarily from the significant financial turbulence and austerity policies, but also as a consequence of the collapse of valued institutions, such as education. This 'new world' is described as chaotic, unstable and uncertain. On the one hand, these meanings are partially in line with the findings of the synchronic analysis carried out in the context of Re.Cri.Re., where the symbolic universe 'Others' world' seems to be prevalent in Greece. This symbolic universe depicts the world with the most negative and pessimistic connotations, resembling a '*jungle*' and a '*semiotic black hole*' (Salvatore, Fini, Mannarini, Veltri, Avdi, Battaglia, et al., 2018), where no solution and possibility of change and recovery from the crisis appear in the horizon. But this is not the only meaning that prevails in the narratives produced by participants in this study. They describe emerging from the crisis resilient and empowered and continue to provide care to service users, adopting an ethical and empathic stance, with compassion and a fighting spirit. Despite adversities they experience, they create narratives of surviving the crisis by making use of the resources available to them, and primarily through relatedness and they see the crisis as an opportunity to reactivate connection, bonding, caring and supporting one another. As already mentioned, the symbolic universe 'Interpersonal Bond' (Salvatore, et al., 2018) is in line with the means that mental health professionals used to counteract the adverse effects of the current socio-economic crisis in Greece. Furthermore, professionals describe a sense of strength and hope that they are able to overcome the current deficiencies of the system and show adaptability and resilience (Matheson, Robertson, Elliott, Iversen, Murchie, 2016; Robertson, Elliott, Iversen, Murchie, et al., 2016; Masten & Wright, 2010; Rutter, 1993) in the challenges they face, primarily drawing upon relational resources and meanings that are

semantically closer to the symbolic universe ‘Interpersonal Bond’. Moreover, participants in the second focus group visualize a society where everyone will be authentic and the state will be again trustworthy and caring towards its citizens. Such examples of ‘semiotic capital’ have been shown as a main solution to lack of meaning currently characterising European societies (ISBEM, 2018). The vision of a society that cares about its citizens, resonates with one of the two symbolic universes that were found to be associated with increased semiotic capital, termed ‘Caring society’. This reflects participants’ hope about the reformation of the current state of institutions into something positive and more authentic. Drawing on the above, the findings of this study indicate that in the process of meaning making, the boundaries between different symbolic universes become blurred. In this study the representation of crisis in terms of the symbolic universe ‘Other’s world’ was found to also have more optimistic connotations, that resemble the meanings inherent in the ‘Interpersonal Bond’ representation. It seems that, although in Greece the prevalent representation of the crisis is pessimistic, mental health professionals, possibly due to the characteristics of their professional role, seem to also identify with more optimistic meanings.

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