THE POLITICAL LIFE OF ANXIETY

MARKET PSYCHOPATHOLOGIES &
THE PRODUCTION OF SUBJECTIVITY

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ABSTRACT

This dissertation critically examines the phenomenon of increasing anxiety in the context of modern capitalist societies, or what is termed ‘anxio-capitalism.’ The research starts by analysing the historical and conceptual trajectory of anxiety, exploring the development of its definitions, perceptions, and instrumental function in the production of subjectivity under capitalism, feeding a perception of humans as self-interested market actors. Through a survey of market psycho-pathologies that looks at shifts from ‘laissez-faire misery’ and ‘Fordist boredom’ to ‘neoliberal anxiety’ it illuminates how the dynamics of mental and emotional health evolved alongside new forms of economic and socio-technical management termed ‘social factories.’ Subsequently, the dissertation focuses on the rising influence of the biomedical industry, laying out its tendency to commodify and pathologize mental health and wellbeing. The discussion then delves into the intersection of biomedical practices and machine intelligence, revealing a system that fosters a culture of normalized anxiety and self-quantification that is perpetuating the mental health crisis.

It argues that a deep-set paradox of dis/empowerment underpins this mental health crisis, as the social factory of anxio-capitalism simultaneously promotes the idea of the sovereign, rational individual yet imperceptibly structures people’s experiences and perceptions of anxiety within a market-driven framework. This pathologizing of unproductive behaviours and emotions leads to their medicalization, leveraging human suffering as a market for pharmaceuticals and therapeutic services. The resultant effect is the formation of disoriented epistemologies that draw people into isolating reactionary fantasies and conspiratorial ‘hypercultures.’ The dissertation examines both

the personalizing and de-personalizing impacts of these pathologies on the potentials for collective consciousness and communal politics, proposing a reframing of anxiety through ‘trans-diagnostic praxis’ and ‘anxious solidarity.’ In essence, this project offers an in-depth critique of the systemic structures that produce and manage the proliferation of anxiety, simultaneously probing strategies for responding to escalating mental health challenges in the context of anxio-capitalism.

ACKNOWLEDGEMENTS

To state the obvious: this project represents the completion of a long and impactful personal and scholarly journey. Throughout the many years I have been thinking about, researching, and writing this dissertation I have learned a lot about anxiety — perhaps too much — and its relationship to the larger structures and norms that govern our world, as well as about myself. I am only mostly joking when I tell people that over the course of immersing myself in the 'political life of anxiety' I have become a much more anxious person.

For their support in helping me to successfully navigate this complex and perilous terrain, I have several important people to thank. To start, I want to extend a heartfelt thank you to my PhD supervisor Robert Latham, who has been a supportive mentor, collaborator, and friend. Over the years, Robert has been deeply encouraging of the project as it has grown and changed across different iterations. I will never forget what Robert taught me, first and foremost that when any hegemonic system deteriorates and a more progressive world becomes possible, this is by no means a foregone conclusion. Anything can calcify into a new order if the terrain is truly open-ended. People must always be building the capacities for a better future in their present, lest it be seized by reactionary forces out from under them.

In my attempts to trace such processes of deterioration and seizure across the changing psychopathologies of market societies, dissertation committee members Shannon Bell and Greg Elmer have been greatly supportive, and under their guidance and direction I felt empowered to tinker with concepts and methods in unorthodox and interdisciplinary ways. The exciting work with Max Haiven and Aris Komporozos-Athanasiou on the 'conspiracy games and counter-games'

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To all of you, thank you. Charting and recasting the political life of anxiety is a task far greater than the will of any one individual person. Without each other, we are nothing.

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PREFACE
ANX-I-ETY

I have what clinicians call high-functioning anxiety (HFA). It is not a diagnosis recognised in the DSM-5 classification of mental health disorders used by practitioners in North America. Nor is it limited to the behaviours commonly associated with generalised anxiety, such as interpersonal avoidance, social paralysis, and persistent fatigue. Rather, HFA is catch-all term referring to people like myself who live with anxiety but manage to function reasonably well on a day-to-day basis (Kingsmith, 2022). Those with HFA tend to be proactive, successful, put-together, and reasonably calm — until they are not — the typical 'type A personality' who excels at work and life. However, from personal experience, what someone thinks and feels can be very different from the outgoing, ambitious, proactive, detail-oriented, or self-sufficient exterior they present to the world. While one in ten are formally diagnosed with some sort of anxiety disorder, making it the most statically prevalent mental health challenge, in this productivity-driven society it is virtually impossible to know just how many people struggle with high-functioning anxiety.

Discussions of HFA have become more widespread in recent years because they emphasise a positive side to anxiety. Since nobody wants the social stigma that comes from acknowledging they have a problem, people stress the bustling and instrumental aspects of their anxiousness — 'my anxiety pushes me to perfect tasks at work, get all the chores done at home, to be a more attending partner, colleague, friend, etc.' This dissertation, for instance, would never have been completed without the persistent pull of my own high functioning anxiety, tethering my fingers to the keys draft after redraft. And yet, when anxiety accumulates it can become increasingly

immobilising, leaving a person unable to cope with the demanding routines and expectations that it once enabled. People with HFA often try to the ignore symptoms, or 'power through' them by fashioning false persona that conceal the need for constant reassurance, a fear of failure, tendency to compare oneself negatively to others, nervous habits and the potential for substance abuse all masked by an outward facade of confidence and levelheadedness. It is not until they are alone that they 'crash'.

Despite being celebrated as productive and even beneficial, HFA has fuelled a myriad of nervous habits in my own body — racing thoughts, lost time, procrastination, cracking knuckles, lip and nail biting — that cannot be so easily separated out from the dominant narratives about productivity and efficiency within a neoliberal social and economic order. This brings me to an important theme I will interrogate throughout this dissertation: if we look at capitalism through a lens of critical political economy — that is, how people's preferences, opinions, and identities are determined largely by their material conditions — mental health becomes not an internal reaction to the external world but a socio-political problem. This problem extends beyond the horizon of any one individual and into the everyday norms, values, and contexts we inhabit, all of which are underpinned by the ways we perceive work and working life. After all, it is the unrelenting pressure for increased outputs that transforms my own toxic busyness and self-destructive overwork into 'key strengths' that can shine on my résumé and be showcased with 'pride.' It is not that I am unable to take the occasional break from the unrelenting drive to produce. It is that I often struggle to understand what this break really means, for every thought of taking one triggers the question: 'What have I done to deserve it?'

Compulsion to self-blame

Since value in a capitalist society is determined by the labour extracted from people and not by the ambitions and principles they hold, we have accepted that the busier we keep ourselves, the happier we can expect our lives to be. This marks the problem of anxiety, or any other form of mental and physical distress experienced in the realm of social life, as one's own fault and thus one's responsibility to fix. Like hundreds of millions of people, my own personal experiences with HFA echo this compulsion towards self-blame. Driven by the unrelenting pressure to produce, which permeates the university as much if not more than other spaces, I found myself slipping deeper and deeper into anxiety's inimical embrace over these past few years. What started as out as mild headaches, muscle aches and the occasional trouble sleeping developed into insomnia, hypertension, and the onset of bruxism — the multifactorial jaw muscle activity characterised by the clenching or grinding of teeth. The harder I pushed my body to keep in step with mounting deadlines, precarious contract work and general pressures to accrue endless social capital, the more helpless, isolated, and inadequate I felt.

In search of reprieve and yet lacking in comprehensive health insurance, I cycled through the multitude of wellness, mood tracking and meditation apps on offer — carefully following their prompts to journal my feelings, quantify my emotional swings and regulate my sleeping and eating patterns. For a brief time, I felt somewhat empowered, in control and was able to sustain the outputs a neoliberal society demanded of me — which, as a white male, are less than it demands of many others. Yet this feeling was fleeting, one of increasingly diminished returns. Soon, all the work it took to track my experiences, to optimise and streamline all my actions, became a new source of anxiety — another thing that I was now compelled to do to stay afloat amidst the deluge of endless obligations — coupled with the innate realisation that the intimate information I was willingly

feeding into these vast databases was being repurposed as targeted ads for more products and services that promised to keep me in a perpetually productive state of anxiousness.

Yet there was no going back. When a person is using digital platforms to navigate their struggles, the constant refrains — 'Are you bipolar? Take this quiz and find out!'; 'Feeling sluggish? Download this app and mediate your life back together!' — become unwelcome reminders that can activate traumas and worsen mental health. The more I read about my own HFA, the more I began to understand the extent to which being trapped in endless feedback loops, where all attempts to alleviate anxiousness produce further vectors of anxiety, was not only a 'me' problem. When we internalise the dominant capitalist narrative of productivity above all else, which portrays people who rest and take breaks as unworthy of amity and contentment, it becomes an ideological apparatus through which we make sense of the world. This apparatus inundates all the apps, ads, self-help treatments and self-tracking practices, which frame anxiety as something that is wrong with you — be it your own behavioural deficiencies or faulty coping mechanisms — by pushing users to internalise their health and wellbeing as synonymous with productivity and purchasing power.

A breakdown in capacity?

An aim of this dissertation is to explore alternative ways to make sense of the problem. And importantly, to look at how many of the alternatives on offer end up feeding right back into the logics of the system. This is not to say that anxiety itself is the causal factor in a breakdown of people's capacities, but rather, that the proliferation of anxiousness is one of the core outgrowths of large-scale neoliberal reforms across all of society. After all, people are more than cognitions, psyches, or passive objects of consumption waiting to be 'fixed'. Treatments like cognitive behavioural therapy (CBT) and the biomedical profession from which they flow attempt to produce

wellbeing, comfort, and adaptation — flexible, resilient, self-reliant workers are ‘good’ workers. But the good workers are also real people whose material interests, whether we can accept it or not, are opposed to that which produces us as good workers in order to enable our exploitation. Widespread experiences of mental distress are far more than isolated instances of illness to be cured by pharmaceutical drugs or programmatic treatments for objectification. They point to the ways structural deficiencies and imbalances are coded into our identities, compelling us to make excuses for the system but never for ourselves.

Personally, this worldview — a stoic oversimplification that reduces histories and lived experiences of pain and insecurity to a question of making the ‘right’ choices — failed me in every instance of need and doubt. Despite the promise of enhancement by self-quantification and empowerment via self-promotion, I was paralysed by the incessant feeling it was never enough — there was always more journaling, meditating, healthy eating, exercising, and bootstrapping to do. However, the impossibility of realising a productive equilibrium between too much and too little anxiety was helpful in one regard. It got me thinking about the tension between agency and alienation under capitalism. The first part of this tension refers to the experience of collective powerlessness in the face of ecological, technological, political, and cultural changes produced by what is objectively an increase in humanity’s social and material power. At the same time, loneliness and isolation have emerged at a historical moment in which people are objectively more interdependent than at any previous point in history, and in which technologies for communication and social interaction have never been more readily available.

Taken together, these dual processes reflect what I explore in this dissertation as the ‘social factory of anxio-capitalism,’ which is underpinned by a ‘paradox of dis/empowerment’ characterised by a divergence between humanity’s objective potentiality on the one hand and our

abilities to control and utilise this potential on the other. What connects anxious people is not some flat, universal experience of insecurity, but a pervasive condition that has spread into our homes and workplaces, our dreams and desires — always tracking along the contours of longstanding exclusion and marginalisation. How else can we comprehend why racialized or queer people are, on average, more anxious than white or straight ones? That working-class children are more stressed than middle- and upper-class ones? Such trends not only exceed the purview of any one individual, but also the limits of human and subjective life altogether. In this sense, high-functioning anxiety is a so-called 'structure of feeling', saturating our world in uncertainties about what the future will bring, about rent, global warming and the pandemic, about surveillance, conflict, hopelessness and the rise of right-wing forces.

We are all very anxious

In this dissertation I underscore that people are not nearly as alone as their anxieties would have them believe. Yet, as I show in detail, the supports on offer are subject to market rationalities and biomedical regimes that have little interest in eradicating or even suppressing mental ill-health. What counts for help seeks to expand our capacities to continue producing while remaining unwell, exploiting every possible moment of time and spare resource for the purposes of 'self-actualisation.' Whereas most treatments today — from enduring psychiatric and pharmaceutical interventions to mindfulness, CBT, and the other psychotherapeutics — offer increasingly personalised and customised means to such ends, my discursive, historical analysis of the operations of what I term 'anxio-capitalism' challenges the dominant neoliberal compulsion to blame all suffering on the sufferers. Instead of treating it as incumbent on individuals to resolve their own mental anguish — and accept the vast privatisation of stress that has taken place over

the last thirty years — this dissertation investigates how, and for what purposes, it has become 'normal' that so many people today are anxious.

A brief note on structure: for clarity and conciseness I have organised this dissertation in a traditional format with a more detailed outline at the end of the first chapter. Chapter One opens with an introduction to the 'age of anxio-capitalism' by sketching out the problem of anxiousness through the conceptual frames I use to examine the relationship between mental health and subjectivity in a capitalist market society. In doing so, it profiles how I develop my core question, core argument and research methods. The literature review in Chapter Two situates this framing within larger discussions of anxiety, insecurity, modernity, and market psychopathologies in critical political economy, psychoanalysis, and post-Marxian thought. Chapter Three examines the political stakes of this framing through a comparative analysis of two case studies looking at how production and insecurity have increased in tandem with the expansion of the social factory over the past century. The presentation of research results in Chapter Four returns to the mental health industry and biomedical subjectivity through a detailed analysis of how the personalizing and fragmenting technologies of neoliberalism pathologize productivity through the constant threat of insecurity. Chapters Five and Six conclude with some thoughts on reciprocal mental health alternatives that can offer reprieve by centring the social and structural processes of anxiety, as opposed to the internal, individualised ones.

CHAPTER ONE
INTRODUCTION

> To solve political problems becomes difficult for those who allow anxiety alone to pose them. *It is necessary for anxiety to pose them.* But their solution demands at a certain point the removal of this anxiety.
> (Bataille, 1988, p. 14) emphasis added.

I. Anxio-Capitalist Relations

Worldwide rates of anxiety climbed by more than 25% since 2020. That is hundreds of millions more cases of anxiety, in addition to the over one billion already reported around the world. Over the past three decades, anxiety diagnoses have risen steadily and today anxiety-related disorders, panic disorders, and related social phobia are the leading causes of disability.[1] Importantly, these increases also disproportionally affect marginalized groups. Anxiety rates for women, racialized populations, and younger generations have increased at higher levels than those of men or older generations (Santomauro et al., 2021). While Anglo-American countries (the U.S., U.K., Canada, Australia, New Zealand) have constantly recorded the highest levels, there has also been a striking increase in the number of people suffering from anxiety in Global South (WHO, 2022a)

There are several boilerplate explanations for these upsurges in anxiety. Some researchers link increasing rates of anxiety to higher levels of education, resulting in a greater sense of social

[1] According to research by the World Economic Forum, an estimated 275 million people suffer from anxiety. That is around 4% of the global population, with a spread of between 2.5% and 6.5% per country. Around 62% of those suffering from anxiety are female (170 million), compared with around 105 million male sufferers (Fleming, 2019). While it is important to problematize the assumptions around sickness and normality that are built into the data, the full extent of anxiety-related disorders is likely to be higher than the latest figures indicate, as it tends to be under-recorded across the developed and developing worlds. Even those who are diagnosed do not often receive the right treatment, leading to further negative outcomes and feeding an increased distrust of the medical system.

and emotional sensitivity (Flannery, 2018). Consequently, they argue that younger generations are speaking out about their mental health challenges like never before. Some connect it to the introduction of populations in developing countries with severely overburdened healthcare systems to global health statistics (WHO, 2022b). Others suggest anxiety is not necessarily increasing, but thanks in large part to the COVID-19 pandemic, that it has become less taboo (Gold, 2020). As a result, more people today are open about their insecurities and actively seeking treatment. Widespread issues around underreporting have also been dramatically reduced as social and workplace stigmas give way to prominent mental health awareness campaigns and outreach. Still other experts blame sedentary lifestyles, worsening diets and sleep hygiene, so-called 'fragile' millennials, the rise of a digitally networked society, particularly social media platforms, for provoking an incessant fear of missing out (FOMO) and interpersonal toxicity that makes people feel lonely (Laurence, 2022; Mcmaster, 2020).

Indeed, these factors play a role in a mental health crisis that is projected to cost the global economy around $16 trillion USD between 2010 and 2030 (Patel et al., 2018). According to the 'Lancet Commission' report by 28 global specialists in psychiatry, public health, and neuroscience, as well as mental health patients and advocacy groups, some of these costs will be the direct costs of healthcare, medicines, or other therapies, but most are indirect — coming in the form of lost productivity and widening gaps in social welfare and public education.[2] What is more, most of those who are diagnosed by a professional do not receive adequate treatment. As the World Health Organization (WHO, 2022b) reiterates, the failure of health systems to respond to the burden of

[2] Before 2020, anxiety was already the leading contributor to the global mental health-related burden. What this 2021 report makes clear is that the emergence of the COVID-19 pandemic has created an environment where many pre-existing stressors and other determinants of poor mental health have been exacerbated. By surveying PubMed, Google Scholar, preprint servers, grey literature sources, and consulting experts, the authors estimated an additional 76.2 million cases of anxiety disorders globally (an increase of 25.6%), which is concentrated in more marginalised groups (women, working class, racialized, etc.) and has created a prevalence of 5000 cases per 100 000 people.

mental health disorders has created a wide gap between the need for treatment and its provision all over the world. It is estimated that in low- and middle-income countries, between 76% and 85% of people with mental disorders receive no treatment. In high-income countries, between 35% and 50% of people with mental disorders are in the same situation.

Beyond all this data around lost productivity, digital isolation, generational shifts, and gaps in treatment however, there is a bigger story to tell about rising anxiety — one that situates anxiety in the larger social, economic, biomedical, and technical processes of neoliberal capitalism. From ads promoting various cures to the 'Sunday Scaries' — the apprehension that sets in on Sunday nights with the impending return to office, school or work — and the flood of best-selling memoirs, self-help books and streaming shows romanticising insecurity to rise of 'schizoposting', meme nihilism, and a culture of conspiracies — the fact that anxiousness is repeatedly invoked to describe everything from the banality of a stressful Sunday evening to a violent Q-Anon rally reveals certain logics within that society. In unpacking these logics, my dissertation is not focused so much on whether rates of anxiety are actually going up — a question more dependent on the metrics and practices developed to quantify and diagnose anxiety than anything else — but on how anxiety has become a dominant structure of feeling for the current moment. To do so, my core research question asks: how do the relations between prevailing systems of mental health management and the mode of socio-economic production within contemporary capitalism increase people's experiences of anxiety, depersonalisation, insecurity, and disempowerment?

Double movement of capital

Answering this question, I argue, requires a more robust consideration of the formation of subjectivity and the effects of its production on mental health. For instance, a key principle of neoliberalism is that economies and societies should be organised along the doctrine of the so-

called ‘free market.’ It is often argued the neoliberal subjecthood that flows from this principle is generally beneficial because it encourages individuals to strive for self-actualisation, personal growth, and happiness (Adams et al., 2019). This dissertation will unpack the limits of such an assumption through its core argument: mental health is aggravated by neoliberalism through a double movement that simultaneously normalises competition between individuals by imposing a logic of hyper-personalisation while also de-personalising people by rendering them as nameless data points in larger algorithmic and computational systems beyond their control. Such a movement, I argue, is facilitated by what Byung-Chul Han (Han, 2022) calls the ‘hyper-domain of culture’, which has collapsed differences between near and far, familiar and foreign. Forms of expression have become detached from their places of origin, circulating across un-restricted and un-bound socio-economic relations characterised by hybridisation, fusion, and co-appropriation.

In mapping out this double movement, I also ask: how do the connections between anxiety, productivity, hyper-culture, and data-driven behavioural and algorithmic technologies internalise responsibility (individuation) while also dispersing agency and personhood (dividuation) in ways that deepen the conditions of alienation and isolation through the production of subjectivity? And how are forms of resistance and struggle against these conditions constantly co-opted and repurposed to further intensify people’s anxieties? Is there no alternative? Connecting these questions is a tension of social power and alienation, whereby the intensification of capitalist production generates a sense of profound social isolation. This alienation is just as prominent in Karl Marx’s fragmentation of the subject as in Michel Foucault’s entrepreneur of the self — both stress how the productive aspects of modern life are constantly transformed into a burden of rehabilitation (fitness for work) and optimisation (efficiency in life) that falls primarily on individual subjects (Foucault, 2010; Marx, 1993). This has resulted in general feelings of

powerlessness at a time when people are constantly reminded of technologically driven increases in humanity's social power and material capabilities (Bauman, 2000). Similarly, loneliness and estrangement have exploded at a time when people are more interdependent than ever, in and which communication and globally networked connectivity have never been more readily accessible (Berardi, 2019).

As I elaborate in the next chapter, neoliberalism draws inspiration from 19th century *Laissez-faire* principles in its belief in sustained economic growth as the means to achieve human progress, its confidence in free markets as the most efficient allocation of resources, and its skepticism of regulatory state apparatuses (Harvey, 2005).[3] At the same time, neoliberal laissez-faire policy and ideology does not call for reduced state intervention in the market (Foucault, 2010). Rather, it aims to develop a private highway for trade and capital across which market competition can freely function, but which requires permanent vigilance and intervention by the state to support. Given it has become the dominant political-economic ideology over the past forty years, it is surprising how little research has systematically examined the effects of neoliberal practices on mental health and wellbeing as a de-personalizing system. Since the 1980s neo-Marxian thinkers in the vein of Gilles Deleuze and Felix Guattari (Deleuze & Guattari, 1987) have argued that increasing disempowerment and depersonalization are not side effects of neoliberal market reforms that privilege the individual but are itself important features of political life that serve as mechanisms to increase control and productivity. Rising inequality, in turn, is related to lower levels of social cohesion and trust resulting in the subsumption of all aspects of life into a

[3] Neoliberalism is form of capitalism that seeks to maximize profits by intensifying the exploitation of labour, eroding social welfare systems, and expanding markets through globalisation. To this end, elites have reshaped the state to increase their power and wealth and elevate the 'free market' as the primary regulator of economic activity. Within orthodox political economy, the principles of neoliberalism are often taken to be a somewhat static politico-economic doctrine that provides a basis for evaluation, and that can later serve to explicate variations on the view. I take neoliberalism to be a dynamic system of subject formation that explicitly address the noneconomic preconditions of functioning markets, state institutions, and the interactive effects between markets, institutions, and their surroundings.

productive self-image and data profile that is continually engaged in work — both work for self-optimisation and work that serves the goal of capital accumulation.

Structures of desubjection

What explains such processes is the dual nature of the production of subjectivity within capitalism. Following Deleuze and Guattari, Maurizio Lazzarato (Lazzarato, 2014) highlights two primary capitalist dispositifs (apparatuses) termed 'social subjection' and 'machinic enslavement' that are central to my methodological framing of neoliberal capitalism in this dissertation. Subjection is the way in which we are individuated as discrete subjects — fitted with an identity (sex, body, profession, nationality, etc.). Yet we also experience a process of de-subjectivation — which acts both at the pre-individual and supra-individual levels — that dismantles the individual subject. While it might seem that the driving force behind mental health challenges is self-identification with pre-existing power structures, there is also an oft-obscured layer of de-subjection that abstracts concrete social practices into emotive gestures, data vectors, machine intelligence measures, economic forecasts, and modulates human behaviours in the interests of capital. So, following Lazzarato (Lazzarato, 2014), I argue if we focus on anxiety as merely an outcome of the 'humanist cynicism' of assigned individuality and pre-established roles through which subjects are necessarily alienated, we miss the dividuating effects of a 'dehumanizing cynicism' that no longer distinguishes between humans and non-humans, subject and object, words and things.

Raymond William's (R. Williams, 1977) well-trodden concept of 'structures of feeling' is helpful in this regard. It highlights the vital emotive aspects of experience that are not captured by the terms a society uses to describes itself, whether commonsensically, as in the undisputed value of a certain type of data, or through organized disciplinary knowledge. Williams located his insight in the tension between description and analysis on the one hand, and the lived experience of the

social and emotional structures of a society on the other.[4] We should avoid, in other words, reproducing the juxtaposition of the social and the individual, objective and subjective, rational and emotive, humanized and dehumanized and so on, which systematically obscures what it feels like to live in a neoliberal society. For Williams (R. Williams, 1977), two connected moves, then, are in order: first, a shift in our attention from the stable and personal towards the emergent and de-personal, and second, the effort to treat the emergent as serious social phenomena worthy of theorisation and indeed as significant components of the social fabric. Rather than reduce the social to fixed, individuated forms, structures of feeling emphasize the complexity of experience and the fundamentally social nature of subject formation.

Along these lines, this dissertation makes two interventions of its own. First, we must understand the formation of anxious subjectivities as never static but as an immediate and emergent structuring of feeling that is always bound to concrete practices and techniques of individuation and disassembly. This, I argue, is because anxious subjectivities isolate and exploit people through an imperceptible double-movement, whereby sufferers are simultaneously individuated (oriented as self-directed identities entirely responsible for and guilty of their actions, patterns, and outcomes) and dividuated (rendered as data points scattered across social networks, search engines and population databanks functioning increasingly independent of subjective awareness). As such, we must refit critical political economy theories to examine the relationship between personalized mental health frameworks for self-care and psychopathologies of the market

[4] As Williams (R. Williams, 1977, p. 131) elaborates, a structure of feeling characterises the "particular quality of social experience and relationship, historically distinct from other particular qualities, which gives the sense of a generation or a period." For my purposes, I expand the concept to describe the experiences of what I call 'structures of de/subjection'. 'Experience' is a useful term when understanding the process of subject formation because it speaks to the very banal yet complex phenomena of everyday life. After all, people rarely stop to ask: What does it feel like to be in this specific situation? From where do my propensities for doing this and not that emerge? How do routines pertaining to emotion and bodily sensation affect the ideas and values we proclaim? Asking such questions gives us a better conception of the lived experience of subjects within a culture — that is, not only what was said and done at a particular place and at a particular time, but what it 'feels' like, qualitatively, to embody a particular context.

society in an increasingly de-personalizing world. And second, this dissertation recovers a genealogical analysis of the social practices and techniques that previously structured feelings and de/subjectivized labour and working life within laissez-faire and Fordist-Keynesian modes of capitalist production to retrieve strategies into how people can contend with the personalising and de-personalizing processes of the 'social factory of anxio-capitalism' operating today.

Finally, I have chosen the phrase 'the social factory of anxio-capitalism' to gesture toward the claim made in Anti-Oedipus (Deleuze & Guattari, 1983) that the unconscious is not an inter-personal theatre, but a social factory, which is constantly expanded and contested through the antagonism of capitalist social relations. In essence, the social factory is a social production machine that structures and governs the lived experience of a society. First introduced by Mario Tronti (Tronti, 1966) in his text *Workers and Capital*, the Autonomist Marxist concept of the 'social factory' describes how capitalist social relations have expanded outside the sphere of production to all of society. While, on the surface, an individual may appear to be a player in an open-ended social performance of self-care and personal affirmation, they are also a cog in an assembly line and a data point in a predictive algorithm. In bringing out the factory behind the theatre, Deleuze and Guattari are pointing to this machinic process of de-subjection that bypasses the identity, choices, and autonomy of the sovereign individual subject. Lazzarato invokes the term 'enslavement' to describe this process as closed-off relationship in which this so-called sovereign subject unwittingly serves the psychopathologies of the corporate society.[5] I mobilise the term 'anxio-capitalism' to describe the concrete operations of this social factory of veiled subjection —

[5] For Lazzarato, this concept of enslavement generally refers to a configuration in which two or more devices are set up in such a relation that one will have unidirectional control over the others. Lazzarato understands this process of "machinic enslavement" to be a relationship of forced labour in which a subject becomes subjected to — i.e., "the slave" of — a machine (Lazzarato, 2014). For Deleuze and Guattari, the machinic is first introduced as a process whereby individuals are reduced to parts in a larger, desiring machine of social production or a 'socius' (Deleuze & Guattari, 1987). As Brett Zehner elaborates in his dissertation, across this formation individuals are not just atomised workers, they are also de-personalized components of the machines they operate, feed, and maintain (Zehner, 2021).

that is, how neoliberalism strategically produces insecurity to drive competition and self-interest by diverting attention away from the failings of the wider system.

II. Homo-Economicus-Anxious

In this section, I set the grounding for examining the 'social factory of anxio-capitalism' through a theoretical discussion of how subjectivity is governed. To do so, I survey foundational thinking in political economy and social theory to explain the mechanisms through which a neoliberal mode of production imposes the customs and values of market-oriented thinking on all domains of life, profoundly affecting the way we experience and make sense of ourselves and others. For instance, in *One Dimensional Man*, Herbert Marcuse (Marcuse, 1991) suggests that capitalism integrates people into a flattened model of consumerism, where they work and consume more than they need. This has damaging effects on the environment, social life, and mental health, installing false needs that people want to satisfy. As is acknowledged in mainstream mental health literature, these damaging effects are materially conditioned by the social structures of gender, race, and class — single parents, racialized populations, people with less wealth, lower incomes, worse jobs, less education, lacking in citizenship and living in poor neighborhoods are much more likely than their securer counterparts to manifest mental health risks and impaired health status (Fergusson et al., 2007; Ridley et al., 2020; D. R. Williams, 2018).

In very general terms, by affecting the way that we deal with distress and suffering in a social context wrought with attendant racial, gendered, and classed dispossessions, capitalism not only regulates material access to care but influences the kind of requests for help a person might extend to a therapist or social worker. As I discuss in the next section, this feeds into a crisis of contemporary health care, which has failed reduce to health inequalities, and a crisis of possibility,

whereby there seems to be no viable alternatives to the current system. Such an order is upheld through a mode of 'governmentality' which reinforces the notion that anxious, precarious people are responsible for 'doing the mental work' to organize themselves and their actions in line with the norms of productive, rational, self-possessed sovereign subjecthood. First introduced by Foucault, the concept of governmentality is central for my analysis because it develops a new understanding of power that encourages us to think of governance and the political not only in terms of the hierarchical, top-down power of the state, but also forms of social control dispersed across disciplinary institutions (schools, hospitals, psychiatric facilities, prisons, etc.) that are normalized through certain mentalities and ways of thinking (Foucault, 2011).

In broad strokes, markets are not tied strictly to the circulation of value in economic exchange, but also the reification of prevailing values, norms, attitudes, and practices that assert themselves as fully synonymous with reality, as *natural*. As I elaborate in the literature review to follow, the trick here is the inception of a shift in thinking away from people as social beings who foster bonds of exchange and reciprocity ('homo-reciprocans') to atomistic 'entrepreneurs of the self' whose tendencies to complete must be nurtured and further cultivated ('homo-economicus'). This is done with internalised motivations that govern behaviours through the promise of reward and the threat of punishment (Benabou & Tirole, 2003). As Jason Read explains: "the operative terms of this neoliberal governmentality are no longer rights and laws but interest, investment, and competition," (Read, 2009, p. 29). Whereas rights exist to be exchanged and are in some sense constituted through the original exchange of a social contract, interest is irreducible and inalienable, it cannot be exchanged. By assuming subjects will always calculate their interests in an extrinsic, rational, and self-serving manner, people's desires are governed indirectly by making desirable activities accessible and undesirable activities inaccessible.

Neoliberal governmentality

As a process of subject formation, neoliberal governmentality does not directly mark or maim the body so much as manage and regulate the conditions of possibility (Foucault, 2008). It produces a fundamental 'paradox of dis/empowerment' I identified at the outset: as governance becomes less physically restrictive it also becomes more intense, saturating the field of possible actions. Understanding the figure of homo economicus is integral to this process because it creates an illusion of 'governance without governing' through which subjects perceive a great deal of freedom and autonomy to act — to choose between competing strategies. The origins of this figure can be traced back to John Stuart Mill (1836/2015), who set out to define political economy, describing human nature as a 'being who desires to possess wealth, and who can judge the comparative efficacy of means for obtaining that end.' Drawing from earlier literature such as Adam Smith's *The Wealth of Nations* (1776/1976), which suggested society is always ruled by rational self-interest, Mill took things a step further, advocating that people are most fulfilled when operating as utility-maximising self-sufficient actors.

As foundational figures in liberal economic thought the ideas of Mill and Smith have been essential to the extensive influence of this prototypical individual — always seeking to maximize utility as a consumer and profit as a producer (Sen, 1977). Across this dissertation, I develop several significant critiques of homo economicus, which are worth stating briefly here. For starters, the focus on free markets and individual choice brackets the social and technological elements of capitalism that directly influence economic norms and behaviours. The figure of homo economicus also lacks in historical and cultural context, reducing the complexity of everyday life to economic motivations and rational calculations, while disregarding other significant factors such as altruism, reciprocity, social obligations, and emotional connections. Since the endless pursuit of wealth

maximization is unsustainable in the long term, homo economicus is also ill-equipped to account for the ecological limitations of utility-maximisation and the impact of economic activity on the environment (Kalimeris, 2018). Moreover, the abject failure of market forces to self-regulate has generated widespread socio-economic inequality constantly intensified by the fiction of isolated, atomised individuals competing in a zero-sum game.

By integrating 19th-century models of Newtonian physics into this perspective, the deeply influential text *Theory of Games and Economic Behavior* built upon the assumptions of Smith, Mill, and others to codify rational choice theory as a prevailing model in economic thought central to the process of subject formation (Von Neumann & Morgenstern, 2007).[6] In the book's second edition, the authors unveil their theory of expected utility, an extension of rational choice that rests on the notion that given the power to choose between competing strategies, subjects will always opt for the highest personal gain. Yet as I explore in the next chapter, the 'physics envy' driving their appropriation of concepts like elasticity, friction, and equilibrium from the natural sciences, the trajectory of homo economicus never endeavoured to make sense of the world as it actually exists (Rapley, 2018). Rather, it aims to naturalise social and economic relations as a unified system of laws and formations by imposing a mode of subjectification in which competition is the basis of social relations while fostering those same relations. For instance, the contemporary trend away from long-term, more secure work and towards increasingly temporary and precarious labour is not only an effective economic strategy, freeing corporations from the expensive commitments of health care and other benefits, it is an effective strategy of subjectification as well.

[6] It is important to note that rational choice theory as theorised by von Neumann & Morgenstern does not assume perfect rationality, but rather a bounded rationality that is beholden to the so-called immutable laws of the market (Von Neumann & Morgenstern, 2007). The term 'physics envy' is often used by critics to highlight the desire of neoclassical economists to uncover universal laws based on an economic 'scientism' and physiocracy that superimposes a mechanical mode of science onto explanations of human behaviour. Overall, these critics argue that economics, dealing as it does with human beings and their social interactions, can never achieve the precision and predictability of the natural sciences (Rapley, 2018).

By encouraging workers to see themselves not as exploited labourers in a political sense, who have something to gain through solidarity and collective organization, but as 'companies of one', they become individuals for whom every action, from taking courses on a new computer software application to having their teeth whitened, can be considered an investment in human capital. As J.K Gibson-Graham observe, what initially brought legitimacy to an economic man that started out as a 19th-century laissez-faire archetype, were the advent of new technologies for statistical modelling and behavioural control that rendered society as a series of observable inputs and outputs (Gibson-Graham, 2006). As I elaborate in my extended discussion of the social factory in the third chapter, by the mid 20th-century, burgeoning data banks generated by the expansion of jurisdiction over regional economies and the centralisation of administrative bureaucracies were increasing state capacities to compile and cross-reference information on commerce, resources, labour, and industry. Soon states were overtaken as new methods of accounting for raw materials, incomes, stocks, investments, capital flows and growth within this closed system amplified confidence in these 'rational' calculations and forecasting at all levels of analysis.

Deleuze's control society

With the shift from an understanding of the economy as something that can be managed by people or institutions to a mode of behavioural modelling and risk management that governs all of society, the economic imaginaries of Smith and Mill became objective reality. While central to the mythology of homo economicus, in such a context, the personal motivations or intentions of individual social subjection become supplanted by automated systems of observable inputs and outputs put in place to measure and predict any external action. As I mentioned at the outset, this subsumption of humanity by logics of technical abstraction produces a mode of de/subjection that is often ignored in critical analyses of capitalism's impact on mental health — a 'dividual' to be

controlled. Central to my theoretical framework, the concept of the dividual was most famously mobilized by Deleuze's 'Postscript on the Societies of Control' to indicate the rise of data markets that divide or fragment each individual from within through social credit scores and other metrics (Deleuze, 1992). As I examine at length in the next chapter, for Deleuze, this fragmented subject occupies a climate of insecurity because they are trapped in a perverse gap between perceived freedom and actual autonomy, lacking the ability to make their own decisions, but believing they are acting under their own volition.

Whereas Foucault's disciplinary society was characterised by the creation of docile subjects ideal for the economics, politics, and warfare of the modern industrial age — bodies that can function in factories, ordered military regiments, psychiatric wards, and school classrooms — these forms of exclusion, enclosure, and punishment still upheld centralized ideals of top-down sovereignty (Foucault, 2010). What Deleuze's control society emphasises is a shift in the mode of governmentality from the factory to the corporation and from workers to entrepreneurs typified by decentralising and de-subjectivizing practices of endless modulation and training paradigms (machinic enslavement):

> The factory constituted individuals as a single body to the double advantage of the boss who surveyed each element within the mass and the unions who mobilized a mass resistance; but the corporation constantly presents the brashest rivalry as a healthy form of emulation, an excellent motivational force that opposes individuals against one another and runs through each, dividing each within... We no longer find ourselves dealing with the mass/individual pair. Individuals have become "dividuals," and masses, samples, data, markets, or 'banks' (Deleuze, 1992, p. 7).

To illustrate the operations of this control society, Deleuze draws on a science fiction screenplay written by his collaborator Guattari (Guattari, 2016; Zehner, 2021) (Guattari, 2016). His story, titled 'Love of UIQ', centers a 'machinic subjectivity' named Universe Infra-Quark (UIQ) in an urban space without traditional borders of walls, gates, or blockades. UIQ records the position of

every user through an electronic card that permits access to certain areas based on data profiles. The barriers are no longer strictly physical in a disciplinary sense. Instead, they are determined by shifting categories of identification that cut across individuated and dividuated subjection. Much like the biometric passports and key cards that have become ubiquitous in our own society, these technologies can permit or deny entry to spaces through access points, as well as allow or disallow financial transactions on currency exchanges or at automated teller machines.[7]

Datafication, the depersonalizing process of converting all aspects of lived experience into quantifiable data, unfolds seamlessly across this control society. As a form of quantity fetishism that I unpack in later chapters, everything in this datafied society can be tracked, analyzed, and used to predict and manage behaviours, enabling subtler and more pervasive forms of surveillance, prediction, and control (Moore, 2017). As people interact with digital platforms and use various digital services, they are integrated into this vast data-processing machine. Every click, like and share feeds into the machine, becoming commodified in an ongoing cycle that influences thoughts and decision-making processes (Iveson & Maalsen, 2019). This functions as is a form of machinic enslavement whereby individuals are integrated into a larger mechanism and their subjectivity is disassembled and simplified across decontextualized data points. This mode of desubjection is not merely a passive process — as people utilise these platforms, they also actively participate in and contribute to an environment where personal worth and value are perceived to be contingent on an individual's digital footprint and performance metrics (Van Dijck, 2014).

[7] The Social Credit System, a national credit rating introduced by the People's Republic of China in 2014, is perhaps the best contemporary example of the control society as envisioned by Deleuze and Guattari (Deleuze & Guattari, 1987). As a national regulatory method based on blacklisting and whitelisting, the social credit initiative calls for the establishment of a unified record system so that businesses, individuals, and government institutions can be tracked and evaluated for trustworthiness (Liu, 2019). The credit system is meant to serve as a market regulation mechanism across which the goal is to establish a self-enforcing regulatory regime that is closely related to China's mass surveillance systems such as Skynet, which incorporates facial recognition, big data analysis, and artificial intelligence (Drinhausen & Brussee, 2021; C. F. Shen, 2019).

While the atomised individual of social subjection is exactly what the phrase implies: in-dividual — it cannot be divided or dissolved into larger social processes — for Deleuze, such technologies indicate that we as discrete selves are not only in-divisible entities; we can be divided and subdivided endlessly. What starts as unique information about one's identity can be separated and recombined in new ways outside of our control. Importantly, my point here is that this technical disassembly of subjectivity from the sovereign subject into dividual data points is not a displacement of homo economicus but a contemporary mutation I term 'homo-economicus-anxious'. Instead of a Fordist production process built on conventional factory assembly lines that gather components in tightly integrated commodities that are the sum of all its parts, anxio-capitalism is a technical corporation that constitutes individuals in a single body and divides bodies into ever-more divisible fragments. In the next section, I connect this theoretical framing of neoliberal governmentality and the double bind between individuation and disassembly to a summary of its direct effects on declining mental health under neoliberalism by outlining the relations between discourses of healthism, mechanisms of self-quantification and the increasing dominance of anxiety in people's lived experiences.

III. Healthism & Self-Quantification

Methodologically, this dissertation is motivated by the need for a 'theory of scale' that helps people to better understand the links between their anxieties and the structuring of the systems — medical, social, technical, natural — in which they live. What I mean by scale, is an analytical emphasis on moving across what appear to be binaries such as individual-dividual, personal-social, private-public, local-global, macro-micropolitics, and so on to trace the effects of capitalist modes of production on subjectivity. These oppositions are not so much stark binaries between good and

bad ideals that one can select or choose. Rather, they are relations of production and representation, organization, and its capture. As I summarize in the remainder of this introduction, capitalism has direct negative effects on mental health precisely because it is constantly traversing these dualisms to generate the double bind between individuation and disassembly. From global mental health to personal self-care, rigid medical regulatory bodies to loosely defined wellness industries, market logics flow across and between these practices and institutions with little resistance. It is for this reason that Deleuze and Guattari, specifically in their analyses of capitalism, paranoia, and schizophrenia, theorise a 'rhizomatic' model of the social factory, which resists linear, binaric frameworks that chart causality along chronological lines in search of the originary source of a problem (Deleuze & Guattari, 1983, 1987).

Rather than narrativize history or politics, the rhizome takes the operations of power as a map or wide array of attractions and influences with no specific origin or genesis, for a "rhizome has no beginning or end; it is always in the middle, between things, interbeing, intermezzo" (Deleuze & Guattari, 1987, p. 25). What dualisms like individuation-disassembly offer are a series of bipolar axes and double registers through which to scrutinize the material operations of capitalism and to guide people's choices when intervening in these processes. As Rodrigo Nunes makes clear, "these choices concern identifying the givens of present problems and producing new solutions to them — not choosing one pole over the other," (Nunes, 2021, p. 110). How this 'politics of the middle' works as an analytical approach is best articulated by Frederic Jameson, who refers to Deleuze and Guattari's dualisms as a form of 'fictive mapping', which organises materials into 'force fields' (Jameson, 1992). Whereas a focus on dualisms tempts us to 'choose a side' based on a normative axis of good vs. evil, a force field is a dyad that centers the intensive continuum produced by two or more attractors that have a politically significant relationship.

The work of Farhad Dalal provides a clear example of the dangers of dualistic thinking in contemporary mental health care and treatment. In his book *The Cognitive Behavioural Tsunami: Managerialism, Politics and the Corruptions of Science*, Dalal takes aim at the practice of cognitive behavioural theory (CBT), arguing it has intensified the rise of neoliberalism by helping to internalize an atomised managerialist mentality and a hyper-rational understanding of 'efficiency' within subjects seeking support for mental health challenges (Dalal, 2018). The issue is not with cognitive therapies per se, but with CBT's focus on cultivating logical, self-regulating individuals that can be fed into behavioural health data algorithms as a catch-all solution to large-scale sources of psychological distress and suffering. By collapsing people's symptoms into causes, the duality of CBT generates a prevailing polarization: "…at one pole happiness and health, at the other, mental illness and mental disorder. The dichotomy is so powerful that it makes it seem that the only available territory resides at one or other of the poles, leaving no place to stand anywhere between mental illness and mental health," (Dalal, 2018, p. 6).

Dyads of sickness & health

Either you are stable and thus 'have' mental health, or you are unstable and therefore 'have' some sort of internal deficiency. Yet if stability is getting harder and harder to find, maybe that is because the material context within which security can be achieved is becoming more precarious and insecure. The use of dyads over dualisms to explore linkages between precarity, capitalism, solidarity, and subjectivity are central to the 'transindividual' approaches of thinkers like Jeremy Gilbert and Jason Read. Both Gilbert's *Common Ground* and Read's *The Politics of Transindividuality* explore a force field between the binary division of individual and collective to unpack how human interactions across individuals and society produce subjects (Gilbert, 2014; Read, 2016). Rather than see individuality and collectivity as a zero-sum game, in which

individuality is developed through an erosion of social life and collectivity through a suppression of individuality, transindividuality takes collectivity to be nothing other than a way of being individuated and individuality as a particular articulation of collective habits and ways of being.

In a similar vein, mental illness is not constituted through the negation of mental health. Instead, the two are intimately conjoined across a force field to the extent that many of the supports in place to treat people's anxieties have the effect of worsening them. Once again, this paradox of dis/empowerment is vital to understanding the relationships between mental health and capitalist production. By asserting it is impossible to separate out any one person's mental health from the wider ills of market-driven social relations, the Socialist Patients' Collective (SPK) popularised the term 'iatrocapitalism' to describe how biomedical practices of self-care were transforming mental health into mode of governance and control (Sozialistisches Patientenkollektiv, 1972). As I unpack in the subsequent chapters, this process is systematic and follows a bifurcation in which psychiatrists constitute a sort of ruling class with a monopoly over determining what is 'normal' sic productive behaviour.[8] As a result, symptoms are divorced from socio-economic interactions between people and reduced largely to faulty thought patterns, bad habits or irregular genes.

Today, the term 'healthism' is a useful descriptor for a system that sees mental health as the property and responsibility of the individual and ranks the personal pursuit of wellbeing above anything else. Starting in the 1960s, the turn towards healthism was driven by the growth of new health and consciousness movements for self-care, holistic care, and alternative medicine that have to some extent become integrated into mainstream treatment practices. As a technique of social subjection, healthism mobilizes representation (both political and linguistic), risk management and

[8] The Socialist Patients' Collective is a patients' collective founded in Heidelberg, West Germany, in February 1970. Their position assumes that illness exists as an undeniable fact and believe that it is caused by the capitalist system. In response to these conditions, the SPK promotes illness as the protest against capitalism and considers illness as the foundation (a 'breakthrough' instead of a 'breakdown') on which to create new societies.

biomedical practices of self-regulation to produce medicalised subjects — "'subjects' of 'I's,' of individuals" (Lazzarato, 2014). By placing a moral importance on maintaining good health, healthism is realized in the 'human capital' that makes each one of us a self-governing subject responsible for and guilty of their own actions and patterns of behaviour. This has significant consequences for how we think about mental health and healthcare policy because it positions the achievement and maintenance of 'good' mental health as the central component of a meaningful identity, "so that an individual's everyday activities and thoughts are continually directed toward this goal" (Lupton, 2013, p. 397).

By elevating health-as-productivity to the level of a universal value, a symbol for the 'good life', healthism extends the privatisation of mental health to all aspects of society. The human capital necessary for this process is produced by the figure of the self-entrepreneur-as-consumer who, in a sovereign manner, chooses from an endless array of merchandise. As I elaborate in the next chapter, this possibility of 'sovereign' choice is central to the operations of homo economics. From white noise machines, diffusers, weighted blankets, salt lamps and meditation headbands advertised alongside meditation hacks and yoga selfies on Instagram, an anxiety industry has exploded in recent years (Kingsmith, 2019). Aids for anxiety disorders are now branded in the same fashion as scented candles. The act of scrolling through endless products like Goop's 'body vibes' stickers, which promise to "rebalance the energy frequency in our bodies" work in effect to reduce widespread material insecurities and injustices as small personal problems such as dry lips or shaving rash, and ones just as easily treated (Wiseman, 2019). The banality of these offerings effectively normalises anxiety and other mental health challenges — recoding systemic failures as value neutral outcomes of modern life that can be managed through wellness-directed consumption, rather than a de/coded mode of subjective governance.

Digital mental health logics

Digital technologies play a vital role internalising responsibility and stimulating consumer desires as they facilitate the self-quantification necessary for individuals to make health-related choices. As I elaborate in the fourth chapter, this shift toward digital platforms is especially prominent in mental health, where more than one-third of all health apps are used for the diagnosis, treatment, or support of mental health challenges (Anthes, 2016). Mindfulness apps such as *Calm* and *Headspace* facilitate self-tracking practices where people collect information about themselves, which they then review and apply with the aim of optimising their lives. Importantly, the datafied logics driving such practices are not only self-quantifying but de-subjectivizing, taking as given that subjects have vast untapped potentials that necessitate the extensive collection of biodata — mood, pulse, sleep and heart rate, alcohol and food intake, brain waves, muscle motions and more (Iveson & Maalsen, 2019). Daily assessments, personalised guidance, self-correction, risk-assessment chat-bots, and artificial intelligence-assistants are just some of the techniques for extracting this information from users (Reichardt & Schober, 2020). Working at the level of the dividual, this de-personalised data is modeled through non-representative, operational, and diagrammatic algorithms, which distribute the economic subject across partial, modular, and sub-individual processes.

For companies specializing in digital mental health interventions, users are not perceived as a subject with rights to privacy and autonomy but rather as a source of exchange and information processing. While platforms promise empowerment through actionable insights, human functions, like those of technical elements, are restricted to making the machine work, providing it with the raw material of information (Lazzarato, 2021). This creates a mode of machinic enslavement that codifies existing power imbalances. It has been well-documented in Safiya Noble's *Algorithms of*

Oppression and Ruha Benjamin's *Race After Technology* that biases and prejudices informing discriminatory practices in society have been programmed into machine learning algorithms for determining medical treatment plans and health insurance rates (Benjamin, 2019; Noble, 2018). For example, a cost-cutting diagnostic algorithm widely used in U.S. hospitals to allocate care to patients was found to be systematically discriminating against Black people, who had to be sicker than white people before being referred for additional help (Ledford, 2019). In total, only 17.7% of patients that the algorithm assigned to receive extra care were Black, whereas that the proportion would have been 46.5% if the algorithm were unbiased.

The rise of healthism and self-quantification are but the newest manifestation of a shift away from the nation-citizen of the Keynesian era — whose suffering was managed by more overt mechanisms of pharmacology, welfare, and institutionalisation — to an emphasis on the autonomous neoliberal consumer. Importantly, as Nicholas Thoburn observes, this self-directed consumer is a fiction that masks the operations of a social factory that leaves no room for personal sovereignty or the subject of politics (Thoburn, 2003). Instead, the consumer is only empowered through lobbying, litigation, buying, corporatized outreach campaigns and other reformist strategies subsumed by discourses of mental health professionalism (McLean, 2000). Such a shift is propelled by a 'user-centered' and data-driven project that cultivate a de/subjectivized focus on conspicuous consumption and self-advocacy. As I elaborate in my outline of chapters, the result is that social control is administered through a double bind as people rely on chemical, cognitive, behavioural, and generally consumptive fixes to modify themselves to endure the onslaught of precarity and insecurity. Such a biomedical approach to mental distress, serves to pathologise — stigmatise as aberrant, irrational, abnormal, dangerous, or deviant — behaviours and desires that deviate from the directives of the social factory of anxio-capitalism.

IV. Outline of Chapters

Through a theoretical discussion of the governance of subject formation and a summary of its effects on prevailing approaches to mental health management, the main argument I emphasise in this introduction is that mental health care under capitalism operates through the permanent reframing of subjugation as empowerment across which people are made to function like mechanical pieces, forming components and 'human' elements of production. As I explain in the chapters that follow, this has created the conditions for material insecurity, and thus anxiety, to flourish. On the one hand, social subjection categorises us by assigning identities — a gender, race, profession — a position of symbolic representation and sovereign identification slotted into the paradigm of healthism. On the other, the production of the individuated subject is coupled with a process of desubjection that dismantles consciousness and representation, mobilising self-quantification practices via digital platforms to generate algorithmic models of reality stripped of personhood and agency. Importantly, this double bind takes place on a dissociating and disorienting terrain that is best analysed using a rhizomatic emphasis on the 'politics of the middle', which, instead of centring the poles, focuses on the intensive continuum produced by different attractors (individual-dividal, self-other, local-global, health-sickness, etc.) to show how the presentation of empowerment-as-control is vital to processes of subject formation.

Whereas a binaric model describes conceptual distinctions or divisions formed into pairs of opposites or mutually exclusive categories, a dyadic model transverses dualistic classification, explaining how two parts or elements can be co-extensive and non-reducible to either of the so-called poles in a binary (Coleman & Ringrose, 2013). In the context of mental health, this means exploring how the relationship between sickness and health is not one of mutually exclusive conditions in a binary, but co-emergent processes paradoxically generated by the social factory of

anxio-capitalism. When it comes to the production of subjectivity within such a system, this means examining how individuals/dividuals and collective social formations become attached and connected through the lived experience of anxiety. Framed around the co-constitutive tension between homo economicus as a static condition, and homo reciprocans as a transformative process linked to the formation of alienated, isolated, individuated subjects, **Figure 1** introduces the operational dyads I explore in the following chapters.

Figure 1: Operational Dyads of Anxio-Capitalism

Homo Economicus	**Homo Reciprocans**
Zero-Sum	Positive-Sum
Individual/dividual	Collectivity
Self-Interest	Reciprocity
Networks	Communities
Homogenizing	Heterogenous
Majoritarian	Minoritarian
Business Ontology	Social Solidarity
Biomedical Pathology	Transdiagnostic Process
Psychological Complex	Liberation Health Praxis

The point is not to reproduce a normative binary of ‘good vs. bad’ by juxtaposing the repressive and disempowering elements of homo economicus with the liberatory and empowering aspects of homo reciprocans. By taking a dyadic approach, my emphasis is on how the paradoxical operations of homo economicus within anxio-capitalism have created the conditions for the emergence of homo reciprocans by enabling the possibilities for connection and collaboration. The challenge

becomes redirecting these capacities to serve the aims of an alternative collective subjectivity. In this sense, the underscoring of dyads across a politics of the middle challenges the divide between theory and practice by creating a mode of critical inquiry that Deleuze describes as a praxis "of the seemingly fictive world that empiricism describes; a study of the conditions of legitimacy of practices that is in fact our own," (Deleuze, 2005, p. 36).

Chapter Two

The second chapter proceeds through a literature review of anxiety and subjectivity that situates this double bind within the lack of actual control people have over their lived experiences, creating an existential feeling of uncertainty. In this fictive mapping of anxious de/subjection, I elaborate on my initial theoretical framing of homo-economicus-anxious by connecting relations of anxiety, subjectivity, and mental health, engaging with Søren Kierkegaard — who frames anxiety as an indefinite feeling of dread born out of the pure possibility of modern life — and Erich Fromm — who argues the anxiety associated with our inability to express control engenders conformity to the social order (Fromm, 1994; Kierkegaard, 1980). By tracing out how anxiety has become integral to 'subject formation' under modern capitalism, I draw on Wilhelm Reich (Reich, 1993), Jacques Lacan (Lacan, 2016), Georges Bataille (Bataille, 1979), as well as contemporary thinkers on risk and the advent of modernity (U. Beck, 1992; Giddens, 1997; D. Neilson, 2015) to theorise anxiety as a hinge mechanism through which people are coded/decoded as social, political, and economic subjects. My aim in connecting anxiety and possibility as a mode of subject formation to an extended discussion of homo-economicus-anxious and the transition from modes of discipline to modes of control is to ultimately argue that the structure of anxious modernity today emanates from a longstanding and repressive relation between increasingly malleable forms of subjection and intensifying modes of control.

Where the rational choice assumptions underpinning these modes of discipline and control presume *a priori* that the health of subjects is instrumental, atomistic, utility maximizing, and, of course, based on a set of predetermined interests and preferences, the second chapter de-centres the individuated subject and instead looks to the sickness and health of social structures. Consequently, I take prominent psychopathologies not to arise from or in any one person, but within a matrix of homogeneous capitalist forces that structure decisions within a social field that is both strategic and selective. Paraphrasing Marx's (Marx, 1990) point that 'people make their own decisions, not as they please, but within structures that are encountered and transmitted from past decisions,' I unpack why and how people are forced to be selective — because the social terrain permits some decisions while making others more difficult — and strategic because this structure is constituted through decisions made by others. Importantly, the 'us' or 'we' I invoke throughout is not reference to any specific organisation or group, but a shared a recognition of widespread exploitation and inequality affecting the anxious conditions of life today.

By framing anxiety as a governance strategy that imposes self-regulation and disassembly to create the illusion of autonomy, agency, choice, and freedom, the literature review does the work of unpacking how a sense of powerlessness and insecurity is produced through dismantling and reorganising people's productive capacities on a previously unimagined scale. It then maps this theorisation of anxious subjectivity onto the ways negative freedom and illusory choice feed into market psychopathologies that have normalised the worldview of homo economicus, which extols the virtues of individuated sovereignty while, ironically, assuming that people are always driven by external motivations (extrinsic) over (internal) intrinsic ones (Fisher, 2009). To unpack this paradox, I connect methodological threads in existential philosophy, critical political economy, psychoanalysis, and Marxian thought to explain how anxiety is uniquely invested in

events, spaces, and bodies through a meritocratic framing that: 1) obscures a more reciprocal view of humans as cooperative actors who are motivated by improving their environment with positive reciprocity; 2) disguises the role of social stratification and historical legacies of sexism, inequality, and racism — privileging some to the detriment of others, and then blaming those who are unable to be productive as responsible for their own marginalization.

Chapter Three

By situating this process within structured inequities and injustices, Chapter Three moves to further elaborate on the relationship between capitalist modes of production and mental health management by understanding de/subjection as a form of dispossession.[9] From the first derivatives insuring slave holdings, genetic reporting, and cognitive testing, to the 'risk dividual' measured by the insurance industry, the Taylorist model of efficiency tracking in healthcare management, and prejudicial diagnostic-AI denying care, I show how the history of dispossession by de/subjection is a long and oft-ignored one that has direct implications for how we theorise anxiety and mental health today. These modes of disassembly are not secondary to the sovereign individual, which, as Guattari points out, is "like a terminal for processes that involve human groups, socio-economic ensembles, data-processing machines, etc." (Guattari, 2008, p. 53). Rather, they reveal how the dyad of subjection and desubjection can be read as a site of political struggle for alternative modes of subjecthood that do not conform to the market psychopathologies of capitalism. Here I use texts like Rodrigo Nunes' *Neither Vertical nor Horizontal* and José Esteban Muñoz's *Disidentifications*

[9] Social subjection functions as a form of alienation because the archetype of 'sovereign individual' is not afforded to everyone. However, I am emphasising desubjection here at the machinic level as the dispossession it produces, which I examine in Chapter Three, is often overlooked in any sort of analysis of the relation between capitalism and anxiety. In the context of 'machinic dispossession' — what Zehner's study of dispossession and the RAND corporation refers to as 'behavioral dispossession' — dispossession refers to a condition where people are increasingly dispossessed of their roles, tasks, and abilities, as these get taken over by machines or automated systems (Deleuze & Guattari, 1987; Zehner, 2021). For instance, in the context of work and working life, machinic dispossession could refer to the process of automation, where human labour is increasingly displaced by machines, algorithms, and AI systems.

to ground this proposition by introducing the practice of disidentifying oneself from normative modes of power and identity with the aim of uncovering more reciprocal ways of relating obscured by the ubiquity of homo economicus (Muñoz, 1999; Nunes, 2021)

The third chapter elaborates on the concept of the social factory from an Autonomist Marxist perspective, setting the stakes for this political struggle through a comparative analysis of two significant modes of production and accompanying structures of de/subjectification preceding neoliberal anxiety — 'Fordist boredom' and 'laissez-faire misery' — both of which internalised responsibility while also dispersing agency in ways that deepened the conditions of alienation and isolation for the average person (Institute for Precarious Consciousness, 2015; Negri, 2005; Tronti, 1966). In the laissez-faire era (until the post-war settlement), the dominant mode of de/subjection was the immiseration of the working class, which I explore through a reading of Marx's 'doctrine of increasing misery' (Marx, 1993; McMahon, 2018). For Marx, the process of industrialization marks an initial mechanism of de/subjection because it reduces labour's relative share of the things they make and produce in a time of surplus productivity and widespread industrialising. After the Second World War, the structure shifted to Fordist-Keynesian boredom, as welfare provisions aimed to reduce misery, but jobs were made up of rudimentary, tedious, and monotonous tasks. Drawing together work by Situationists (Debord, 2010; Vaneigem, 1994), Autonomists (Berardi, 2010; Hardt & Negri, 1994), political economists (Aglietta, 2015; Ruggie, 1982), and affect theorists (Anderson, 2021; Berlant, 2011), I describe the formation of a social factory of monotony through which more people than ever before could access what they needed for subsistence, but with few opportunities for life outside of that survival.

Following Foucault, these case studies are genealogical as I trace de/subjection through the persistence of ever more subtle techniques of governance, production, and dispossession

(Foucault, 1980). Building from analyses by Silvia Federici, Bernard Stiegler, and Fred Moten, I take the term genealogy to refer to a method of writing critical history — a way of using historical materials to bring about a 'revaluing of values' in the present day (Federici, 2004; Harney & Moten, 2013; Stiegler, 2010).[10] In analysing the contours of laissez-faire misery, Fordist boredom, and neoliberal anxiety, I am not just documenting the meaning (etymology) of changing modes of de/subjection, but the social basis for these changes. The point here is to apply my theoretical formulation of neoliberal anxiety as a social factory governed by techniques of individuation and disassembly to previous modes of production (Keynesian-Fordism, laissez-faire industrialism) to better understand how modern struggles against these conditions are constantly co-opted and repurposed to further intensify people's insecurities. Through this genealogical 'revaluating of values' I call for schematics for building 'anti-anxiety machines' that 'click' into the structural nature of insecurity by mapping previous structures of de/subjectification onto modes of mental health management (or lack thereof) and evaluating the strategies sufferers of misery and boredom developed to challenge their current orders.

Chapter Four

Connecting the literature review of anxious subjectivities and market psychopathologies in Chapter Two with the genealogical case studies of structures of de/subjectification and forms of resistance in Chapter Three, the fourth chapter works towards a presentation of my research results by situating the structure of anxiety within the biomedicalised operations of modern personalised

[10] Across his writings, Foucault expanded the concept of genealogy into a counter-history of the position of the subject which traces the development of people and societies through history. This genealogy of the subject accounts "for the constitution of knowledges, discourses, domains of objects, and so on, without having to make reference to a subject which is either transcendental in relation to the field of events or runs in its empty sameness throughout the course of history" (Foucault, 1980, p. 306). Foucault also describes the genealogical approach as a particular investigation into those elements which "we tend to feel [are] without history", (Foucault, 1980, p. 139). This point is important for my purposes because it centres things such as sexuality, emotion, and other discrete elements of everyday life.

mental health management. In doing so, I examine how the rise of personalised medicine and the biomedical industry create an overarching 'psychological complex' that normalizes discourses and practices of healthism, mindfulness, and self-quantification by pathologizing the drive for productivity through the constant threat of social and economic insecurity. The resultant effect is a biomedical pathology of mental illness that actually increases the alienation and isolation of those living with mental health challenges. While mental health campaigns often promote the idea that thinking about mental illness as a disease can reframe those with disorders as victims of their biology, thus reducing stigma. Research I examine by critical psychiatrists and social scientists including Ivan Illich, Robert Whitaker, Joanna Moncrieff, and B.J. Deacon reveals that such reframing serves to reenforce unfounded concerns about the chronic and untreatable nature of mental 'disorders' and thus has increased a desire among the public to avoid those labelled as mentally unwell (Deacon, 2013; Illich, 1976; Moncrieff, 2009; Whitaker, 2002).

Chapter Four traces the formation of this industry through the development of the Diagnostics and Statics Manual (DSM) for cataloguing mental health challenges in conjunction with the pharmaceutical and talk-therapy treatments (CBD, DBT, etc.) that flow from these taxonomies (American Psychiatric Association, 2022). By reducing anxiety to the functioning of neural synapses and internal stimuli, this biomedical emphasis on disorder-specific treatments have generated what I draw on David Smail, Bruce M.Z. Cohen, Gabor Maté, and others to catalogue as a self-regulatory system in which mental health challenges are diagnosed in isolation from social problems (Cohen, 2016; Maté & Maté, 2022; Smail, 2018). When coupled with machine intelligence — the complex of algorithmic analysis, machine learning and modelling frameworks that mine analytics (clicks, likes, dislikes, shares, and views) to generate predictions based on users' behaviours — I show how these dual mechanisms of de/subjection code people as

autonomous actors while simultaneously decoding them as behavioural surpluses within an architecture of data extraction and surveillance. From an increased emphasis on 'delusions of persecution' in later editions of the DSM to the advent of data-driven workplaces inundated with self-tracking metrics, such practices normalize anxiety across an expanded field of mindfulness and meditative practices that has been normalized through the ubiquity of what critics call the 'happiness ethos' (W. Davies, 2016; Purser, 2019).

At its core, anxiety is a response to the false promise of contemporary life. While we are constantly reminded that modern digital technologies and social structures have created a system that empowers individuals and rewards hard work (homo economicus), the material inequalities and lack of control many people have over their position in society creates a state of perpetual nervousness in which crisis and insecurity have become the norm. Han's description of hyperculture is particularly useful here, as it describes a social order of de/subjection without thresholds, where everything is intermingled and networked with everything else — a hybridized space in which cultural and territorial markers are obscured yet still enforced (Han, 2022). Rather than offer an escape, attempts to disidentify from dominant modes of de/subjection often end up feeding right back into the logics of the system, creating a widespread crisis of trust in previously venerated social institutions. I draw on critical social analyses of conspiracy fantasies to trace the effects of this paradox of dis/empowerment across the formation of 'disoriented epistemologies.'[11] These epistemologies are anticipatory, data-driven ways of thinking, which have directed people's

[11] Much of the work connecting conspiratorial culture to the rise of anxious subjection was inspired by my work on the 'conspiracy games and countergames' project based at the RiVAL Lab from 2020-2022, which investigated the rise of conspiracies, conspiracy theories, and conspiratorial thinking in a gamified capitalist world. In our writing on the topic, we opted to use the term 'conspiracy fantasy' over 'conspiracy theory' for several reasons. For starters, in social science the concept 'theory' has the implication of a well-reasoned hypothesis based in evidence and grounded in actual historical events. The reality is that 'fantasy' is often a more accurate term for the phenomena, as it accounts for the formation of elaborate, often implausible narratives that combine various aspects of folklore, mythology, and fictional elements, implying that hidden forces shape world events. As they engage the audience on a deeper emotional level, conspiracy fantasies can be especially hard to challenge with mere facts (Haiven et al., 2022a, 2022b, 2021).

frustrations away from the material causes of their suffering (inequality, nepotism, privatisation, historical injustices), and towards isolating and reactionary fantasies, which often coalesce around xenophobic, insulating, alienating myths and theories (Birchall, 2006; Haiven et al., 2022b; Knight, 2021). As I elaborate, these fantasies are often grounded in deep-seated emotional needs, desires, or fears about the future rather than a genuine attempt to explain real-world events.

Chapter Five

By creating a world where no middle ground exists between a psychopathological acceptance of neoliberal market rationalities on the one hand, and a reactionary attachment to conspiracy fantasies on the other, I explain how disoriented epistemologies generated by the social factory of anxio-capitalism have produced a situation in which people are incapable of conceiving of politics as a communal and reciprocal activity. Regardless of advances in the treatments on offer, anxiety will remain a widespread social problem for as long as the structures of feeling that interdict the possibilities of all de/subjection remain. While a detailed analysis of alternatives is beyond the scope of this dissertation, Chapter Five surveys possible prescriptions for dismantling these structures of mental health management using a process that I term ‘trans-diagnostics’. Instead of focusing on what ‘you’ as a sovereign individual consumer can do or buy to ‘get better’, which merely serves to intensify the neoliberal drive to produce in a context where increased output feeds worsening mental health outcomes, trans-diagnostic processes draw on reciprocal, liberatory, and collective models of subjectivity (homo reciprocans) to narrow people’s focus to the overlapping social and structural co-morbidities underpinning the systemic vulnerabilities of anxio-capitalism. They do this to leverage the Autonomist Marxist antagonism of capitalist social relations for the creation of more engaged and transformative mental health.

Wielding homo reciprocans against behavioural economics, the chapter explores people's inclinations towards mutual aid and community support, reemphasising the capacity of workers to resist and change capitalist systems through agency and creativity. While homo reciprocans provides a model of human behaviour that supports cooperative action, Autonomist Marxism provides the political framework for understanding such collective resistance in a capitalist context. Such collective resistance is discussed in terms of the formation of 'subjugated group consciousness,' which refers to an awareness within a group that they are oppressed or marginalized by dominant social structures (Fisher, 2009). This is connected to Deleuze and Guattari's concepts of majoritarianism (the dominant, normative forces in society that impose a certain standard or norm) and minoritarianism (marginalized or subjugated groups) (Deleuze & Guattari, 1983, 1987).[12] In the chapter, the formation of subjugated group consciousness is examined as a minoritarian response to anxio-capitalism through its ability to break the paradox of dis/empowerment by overcoming the pacifying and atomising limits of what Fisher calls 'a class without class consciousness' (Fisher, 2009). It does this by initiating a shifting of perspective or 'click' that can lead to an 'activating subject position.'

Importantly, I argue that such a reframing must occur at the intersections of mental health care and political economy. In the place of a biomedical industry, where suffers of anxiety experience themselves as atomised subjects through which treatment is a practice done to them, I draw on Paulo Freire, Dawn Belkin-Martinez, and Jared Kant to highlight an alternative practice

[12] As I unpack in detail later, majoritarianism represents the normalized, homogenized 'standard' against which all behaviours, values, and data are compared. It is the statistical norm, or the ideal type, established by the dominant forces of the society. Minoritarianism, on the other hand, signifies those who deviate from these norms, the outliers in the sea of data, embodying difference and diversity (Deleuze & Guattari, 1987). In the control society, minoritarian positions often become sites of heightened surveillance and control, as they pose a challenge to the established order. This not only refers to the control of physical labour but also intellectual and affective labour. And yet, the machinic dispossession at the core of majoritarianism goes beyond just the work context — it also manifests in other areas of life, such as social relationships, personal identities, and cognitive processes (Deleuze & Guattari, 1986)

of ‘liberation health modelling’ (Belkin-Martinez & Fleck-Henderson, 2014; Freire, 2000; Kant, 2015). What distinguishes liberation health from biomedicalism is that active collaboration and input form the basis for care because the practice situates increasing anxiety within its social and structural contexts. As a result, sufferers are able to move from feeling paralysed by their own faulty wiring to reframing their anxieties in the context of system governed by productivity and insecurity. In the place of the homo economicus model, where a rational agent is assumed to have consistent and stable preferences in their pursuit of self-interest, I examine the ‘Recovery in the Bin’ Collective’s ‘unrecovery star’ alongside Cassie Thornton’s peer-networked ‘Hologram’ project, a robust multidimensional health network of collectively-oriented social practices inspired by the operations of social solidarity economies during the 2007-08 financial crisis (Recovery in the Bin Collective, 2016; Thornton, 2020).

Chapter Six

A core point reiterated across the latter chapters is that the search for ‘magic bullet’ solutions often leads to a passive acceptance of mental health struggles as chronic, unchangeable conditions. Anxio-capitalism’s fixation with imposing normality intensifies this process by pathologizing human differences, obscuring the systemic grounding of social inequities, and stigmatizing those deviating from ‘normal,’ productive outputs. The concluding chapter reflects on strategies for confronting these majoritarian operations of mental health management, gesturing to a move beyond zero-sum competition that could potentially transform the lives of millions of sufferers through forging what I term ‘anxious solidarity’. Anxious solidarity refers to a form of common understanding and mutual support among people collectively experiencing anxiety, often through the recognition of its shared social, economic, or political conditions. I examine how such a positive sum framing of anxiety can act as a bonding mechanism (‘getting unstuck together’),

creating reciprocal connections and fostering empathy among sufferers who otherwise feel alienated and isolated in their experiences. As a counter to this, anxious solidarity implies a sense of unity and collective action, recognising that the sources of insecurity are systemic and interconnected, thus requiring collectivised responses (a 'minor politics') rather than individuated ones.

A key aspect of breaking free from abusive systems is reclaiming control. While increases in public acknowledgments of mental health are shedding light on the socio-economic contexts within which people's suffering is produced, the ubiquity of anxiousness does not guarantee a solidaristic, egalitarian drive towards social transformation. As the chapter elaborates, this is due to the challenges faced in overcoming hierarchical care and personal apathy, which block the formation of subjugated group consciousness at every turn. For example, liberation health models that have proven effective in shifting perspectives and empowering sufferers still reenforce the patient-practitioner dichotomy. To break free from such traps, the concluding sections reiterate how people can reframe their anxieties, turning to the work of Moten's 'undercommons' and Latham's 'arc of anti-capitalism' to point to spaces beneath institutional structures where such solidarity can form (Harney & Moten, 2013; Latham, 2020a). Here it is possible for a shared struggle against mental health management to counteract the fragmentation and alienation imposed by mainstream methods of diagnosing and treating suffering, allowing for re-engagement as a collective subject that can actively contribute to the transformation of anxio-capitalism, working to create a world beyond capitalist market psychopathologies.

By restating the problem of simultaneously too much consumer empowerment and not enough tangible alternatives to the de/subjectivizing processes of the system, my aim in the concluding chapter is to gesture to collectivised ways of theorising anxiety that confront the

problem of rising anxiety as governed by market relations. As I show though a promising ‘score’ for operationalising anxious solidarity across groups of sufferers, these repertoires need not be cast from faraway imaginaries or hypotheticals — they operate by taking note of how we are feeling right now, thinking from the position of people’s lived experiences of insecurity (Feenstra, 2018; Hedva, 2016). Since neoliberalism is already always hybridized, localised and universalised, dominated by a surplus of hyper-possibility, revealing the cracks in such logics necessitates praxes that can move across scales and subjects just as seamlessly. To this end, the dissertation’s investigation of anxiety and its connections to productivity, hyper-culture, and data-driven behavioural and algorithmic technologies that individuate responsibility while also dividuating subjecthood is not a linear search for the origins of anxiousness. Instead, it analyses the disorienting, dehumanizing, and contradictory logics of anxio-capitalism to reveal the influence that power has had on how mental health is conceptualised, diagnosed, and managed.

CHAPTER TWO
LITERATURE REVIEW

> Being separate means being cut off, without any capacity to use my human powers. Hence to be separate means to be helpless; unable to grasp the world — things and people — actively; it means that the world can invade me without my ability to react. Thus, *separateness is the source of intense anxiety.*
> (Fromm, 1994, p. 8) emphasis added.

Chapter Introduction

This chapter explores changes in anxiety, from a natural physiological response to threats or hazards in an environment, to a widespread collective state tied to capitalist modernity. It does this by reviewing the literature connecting anxiety to subjectivity and positioning it within the context of existential uncertainty and social control. Surveying the work of Kierkegaard, Fromm, Reich, Lacan, Bataille, Beck, and Giddens, among others, the review elaborates on the concept of homo-economicus-anxious and the notion of 'anxious modernity' — terms that encapsulate the oppressive relation between fluid forms of subjection and intensifying control structures in the modern world. In underscoring how the capitalist system repurposes anxiety as a mechanism for coding normative social, political, and economic subjects, the chapter troubles conventional conceptions of mental health, focusing instead on societal structures to theorise the formation of 'pathological structural couplings' that conceal social stratification and systemic inequity behind a façade of consumer empowerment and choice. The review concludes by framing anxiety as a governing strategy that instills a sense of dis/empowerment and insecurity, fostering illusions of autonomy, agency, and ultimately giving rise to 'market psychopathologies' that perpetuate the

homo economicus worldview. These pathologies have created a ‘capitalist realist anxiety’ that privileges heteronormative, neurotypical experiences and marginalizes neurodivergent and non-heteronormative ones. Such processes are illuminated through the integration of existential philosophy, critical political economy, psychoanalysis, and Autonomist Marxian thought.

I. Anxious Subjection

Anxiety has long been understood as a vital physiological response to potential threats or stresses in an environment. Across the ‘classical world’ physicians distinguished anxiety from other types of negative affects such as fear or panic, diagnosing and treating it as they would any medical disorder that can threaten the wellbeing of a community (Harris, 2013). Indeed, ancient Epicurean and Stoic philosophers suggested techniques driven by detachment, self-reflection, and logic to reach an anxiety-free state of living that is eerily reminiscent of modern cognitive behavioural therapies (Crocq, 2015; Murguia & Díaz, 2015; Robertson, 2020). But from sweaty palms and rapid breathing to increased heart rate and muscle tension, the ‘fight or flight’ response mechanisms that once worked to prepare humans to fight or flee have become twisted and misdirected in the modern world, no longer capable of eliciting action or responsiveness in the same ways they once did.

While anxiety, as a feeling of worry and apprehension, has been present in different bodies across human history, the literature review in this chapter will focus on anxiousness as a dominant and collective emotional state rooted in the expansion of capitalist modernity on a global scale. Drawing from critical theory, psychology, and political economy, it does so by surveying notions of insecurity and modernity to highlight the linkages between anxiety and the production of subjectivity. In connecting a conceptual mapping of anxious de/subjection to the proliferation of

market psychopathologies, it charts out how anxiety has become a sort of hinge mechanism through which people are coded as normative social, political, and economic subjects. This coding takes place through the formation of pathological structural couplings, which disguise the operations of social stratification and historical legacies of classism, racism, and sexism through an artifice of consumer empowerment and choice. As I explain, this is done by constructing taxonomies of normality and homogeneity to superimpose the notion there is one 'normal' or 'healthy' type of brain/mind and one 'right' style of neuronal and subjective functioning. I ultimately argue that by reconfiguring people's productive capacities in ways that privilege heteronormative, neurotypical subjection, non-heteronormative, neurodivergent experiences and subjects are repeatedly stigmatised and marginalized. The resultant effect is the formation of a pervasive atmosphere of 'capitalist realist anxiety', which generates a psycho-pathological structural coupling based on the widespread belief that, to be successful in the neoliberal market sphere, one must compete ruthlessly with others for scarce resources.

The inner turmoil of anxiety

At a biochemical level anxiety does not seem so politically charged. After all, it is commonly accepted that the instantaneous sequence of hormonal changes and physiological responses associated with anxiety help the body to prepare for danger by putting it on high alert (Bateson et al., 2011; Izard, 1972). Yet by speeding up the body's internal functions, people enter a state of excitation as the fight or flight response of the brain's sympathetic nervous system is pricked repeatedly again and again (McCarty, 2016). Over time, constant activation of these responses leads to a state of chronic stress and overstimulation, which is linked to high blood pressure, the formation of artery-clogging deposits, and increased behaviours of paranoia, depression, and addiction (Dhabhar, 2014, 2018). In effect, people's expanding anxieties, stressors, negative

thinking, and the constant arousal of our natural threat detection systems have effectively dysregulated the body's natural response to stimuli. Everyday life in modern capitalism has become a torrent of confusing and disorienting sensations — a complex mix of contradictions that leave people unsure of what to do, what is going to happen, what others are thinking and feeling, while also feeling isolated, helpless, and increasingly insecure.

Such a shift has created a situation in which people are on edge pretty much all the time and this experience can be utterly debilitating. After all, as a state of constant apprehension and worry becomes the norm, anxiety can manifest in a body without the person consciously noticing it (Salecl, 2004). So much so that even something as banal as a picture of Donald Trump might make a person feel uneasy (Eklundh et al., 2017). This is the complex nature of anxiety. As a longstanding threat response characterised by an apprehensive state of inner turmoil that includes objectively unpleasant feelings of dread and uncertainty, it cannot simply be 'willed away' (Lader, 1972). This is because the 'inner turmoil of anxiety' is directly linked to structural factors outside of any one 'sovereign' individual's control. For instance, the very real dangers of rising inflation and inequality, intensifying heatwaves and impending ecological catastrophe, the loss of trust in public institutions, and increasingly sinister COVID-19 variants do not cease simply because we refuse to acknowledge them. At the same time, a focus on anxiousness as a resultant effect of the changing conditions of modern life is not new.[1] As industrialisation and globalisation have intensified over the past two hundred years of capitalist expansionism, people have grown increasingly uncertain of what the future might hold (D. Neilson, 2015).

[1] As I elaborate later in the chapter, in Western culture anxiety is typically a future-oriented emotion, and it is correlated to feelings of trust and security since they both have a relation to an openness of the future typical of modernity (Rebughini, 2021). As Giddens notes, future-oriented modernity recognises that the future is unknowable and thus fosters trust in expert systems, but also reflexivity, criticism, and anxiety towards them (Giddens, 1997). While the uncertainty of future events is a significant driver of such anxiety, it also stems from a perceived lack of the necessary skills, resources, or abilities to handle future challenges and crises. Importantly, all forms of anxiety can lead to catastrophizing, where people imagine the worst possible outcomes (Salecl, 2004).

The concept of anxiety

Already in the 19th century, Søren Kierkegaard was writing about the gut-wrenching feelings of uncertainty that emerge as one begins to recognise changes in the established norms and values of society. In this sense, early theorising on anxiety is rooted in the history of European modernity, in its conceptions of subjectivity and autonomy, its connections with secularism and science, its teleological relationship with the future, and with its ambitions to manage risk and control populations. In *The Concept of Anxiety,* Kierkegaard centres these tensions by theorising anxiety as "a desire for what one fears", a sympathetic antipathy that grips the individual subject in powerlessness (Kierkegaard, 1980, p. 223). Anxiety, he maintains, works as a process that mediates freedom and fear. While such antipathy can be very alienating, "one cannot tear [themselves] free from it and does not want to, for one fears, but when one fears, ones desires" (Kierkegaard, 1980, p. 224). This desiring-fear is represented by the possibility, or the necessity, to make choices as the supreme privilege of the 'free' modern individual. Accordingly, the fear conjured by anxiety is related not only to uncertainty about the future, but also to the ability of a 'sovereign' subject to decide in an autonomous way independent of their community.

To explain this relationship between desire, fear and anxiety, Kierkegaard offers the image of a person standing at the edge of a very high cliff. When they look over, they have an aversion to the possibility of falling, but at the same time, they feel a terrifying impulse to jump. The mere fact that one has the desire to do something, even the most frightening of possibilities, triggers feelings of anxiety because we feel ambivalent towards this freedom (Beabout, 1988). As individuated subjects we are attracted by the feeling of agency this possibility grants us but repelled by the demands and confusions it imposes on us (Tsakiri, 2006). These demands take the form of self-control, rationalization, and predictability — a rejection of pre-modern ways of thinking to

gain mastery over nature through techno-sciences, bureaucratic administration, legal formalism, and economic capitalism. Thus, for Kierkegaard, anxiety contains the possibility of freedom through breaking with the past. Not an abstract or subjectless freedom, but the modern individuated subject's freedom as the power to choose and to act according to one's own desires.

Here it is important to note that the connection between anxiety, choice and future possibility gestured to by Kierkegaard is distinct from the emotional experience of fear, which spreads more abruptly and is focused on the present. While anxiety can be and often is frightening, fear is conventionally understood to occur in situations with a clear and known threat (Ahmed, 2003). One 'fears' or has a fear that can be articulated, located, and represented. As Joanna Bourke points out, fear spreads through the externalisation of immediate and objective threats (Bourke, 2005). When people are afraid, they tend to come together, forming groups and organisations or creating communities as forms of protection. When people are anxious, they tend to retreat inwards, feeling incapable of communicating or connecting with each other (Teo et al., 2013). Whereas fear comes from within the subject, and is directed at an objectified and externalized danger, the theorisation of anxious subjection I develop in this chapter looks at how anxiety, as a mystifying future-oriented process, reinforces the boundaries between subjects and others and can persist long after the trigger is removed or arise with no specific trigger at all.

According to Kierkegaard, if the source of anxious disorientation was more personally comprehendible and widely acknowledged, people would not be anxious about it, they would fear it. Instead, the noisy and paralysing anxiousness of modernity drives people back from freedom — "grasping at finiteness", we cling to the imagined security of the ledge, of tradition and convention. Kierkegaard refers to this turn away from possibility as the 'dizziness of freedom' because the accelerating pace of modern life leaves subjects teetering on the edge — an indefinite

feeling that ‘comes from nowhere’, hanging over existence as “a kind of existential paradox of choice” (Kierkegaard, 1980, p. 44). As I unpack later in this chapter, this presents anxiety as both the attraction to and the repulsion of choice — not a just a personal feeling, but a de/subjective reaction to the possibility of freedom. For Kierkegaard and later for Lacan, the internal anguish of anxiety we know today is caused by a failure to harness our ‘ambiguous power’ (Lacan, 2016). Importantly, this is not because of the explicit prohibition or regulation of one’s anticipations and desires — no one is there to keep you from jumping — but from people’s willful subordination to norms and rules during times of uncertainty and change.

Anxiety & uncertainty

In *The Consequences of Modernity*, Anthony Giddens reiterates that anxiety is a disorienting response to the changing conditions of life characterized by a historical culture of rationality, control, and teleological hope in never-ending progress that is dominant in Western societies (Giddens, 1997). As capitalist modernity has a low tolerance for uncertainty, this has fostered the continuous search for a cause, a culprit, or an enemy to be removed so that a situation of control can be re-established. Moreover, what is a matter of concern and a cause of anxiety in the Western world continues to set the agenda of global worries with systemic effects (U. Beck, 1992).[2] Such sources of public anxiety are usually related to governance of the immediate future: managing immigration flows, forecasting economic upheavals, governing poverty, managing inflation, social exclusion and political unrest, monitoring technoscience and biomedical research, estimating

[2] As Ulrich Beck elaborates, such notions of risk are systematic ways of dealing with hazards and insecurities induced and introduced by modernisation itself. In this regard, we have moved from external risks (like natural disasters) to manufactured risks, created by human activity, such as nuclear accidents, climate change, or financial crises. Such insecurities include surges of technological rationalization in work and organization coupled with changes in societal characteristics, lifestyles, the structures of power and influence, forms of political repression and participation and in views of reality and in the norms of knowledge (U. Beck, 1992). These manufactured risks are often global in scope and do not respect political boundaries. For example, a pandemic, ecological disaster, or a financial crisis can have impacts far beyond where they originate.

environmental catastrophes and climate change. As David Neilson observes, such anxieties are usually expressed and monitored in terms of danger and risk, and the way in which they are communicated and managed can change according to the generation and category of people concerned, as well as to the local context and its characteristics (D. Neilson, 2015).

By positioning the management of uncertainty and mitigation of risk as central to subject formation under capitalist modernity, Lacan intuits later analyses by Giddens and Beck, centring anxiety and the insecurities it engenders as an axis through which bodies become de/coded as individuated political subjects. In other words, the place from which anxiety emanates, for Kierkegaard by way of Lacan, is this gap between modern capitalist de/subjection and the future — a relation mediated by uncertainty through which anxious individuals make their choices alone. For Lacan, this attitude is the precursor for the subsequent aspirations of modern Western institutions and the subjects they produce to control the future, gain mastery over space and time through bureaucratic administration, legal formalism, technoscience, and economic capitalism (Lacan, 2016). In sum, Lacan subsumes the existential, anticipatory qualities of anxiety from Kierkegaard into a psychoanalytic framework for understanding how psychosomatic states of subjecthood are formed, maintained, and elicited. In doing so, he conceptualises anxiety not only as a response to indeterminate dangers, but an emotion directly connected to the insecurity and uncertainty resulting from the alienation of individuated freedom (Wolf, 2019).

Since Kierkegaard's early theorisations, anxiety has proliferated due to the ambitions of security and control dominant in social and material life, and on the inevitable acknowledgement of the impossibility to control a growing variety of risks. Whereas anxiety had been posited as the *result* of social repression, Lacan draws from this realisation to conceptualise anxiety as preceding repression and also giving rise to it. This is because anxiety conveys an intimate encounter with

the ‘Real’ — a category beyond the symbolic and imaginary structures that usually frame our reality. In this way, Lacan’s ‘Seminar on Anxiety’ grounds the experience of anxiety in structural, material, and semiotic configurations of power, which, through directive processes of alienation, produce anxious subjects (Lacan, 2016). This is significant because, as Andreja Zevnik observes, Lacan takes anxiety to be a fundamental human emotion that arises from the individual's recognition of their own lack or incompleteness (Zevnik, 2017). By re-animating Kierkegaard’s claim that anxiety is generated not by transgressing rules and norms but by upholding and reinforcing them, Lacan adds that people are subject to anxiety at the very moment they call into question the symbolic order of modernity. As Giddens, Beck, and Neilson observe, deference to authority and custom thus become useful tools for warding off anxiety. To combat the isolation and alienation driving people’s sense of powerlessness, they gain strength from the belief that there is someone else in control of the situation.

Homogeneous & heterogeneous

By giving up power to the powerful, people become the powerful and no longer feel alone. In this sense, anxious modernity lends itself to what Lacan describes as a form of sadomasochism, where people submit to a leader (such as Adolph Hitler) and demand power over their perceived enemies (Jews). Writing in the 1930s, as fascism took hold across Western Europe, Wilhelm Reich explores this entanglement of authority and anxiety, arguing that alienation becomes internalised as a neurotic form of ‘character-armour.’ Expanding out from Lacan’s conception of anxiety as a fundamental condition both preceding repression and giving rise to it, Reich asserts that regressive anxieties are “deeply rooted in the body itself” as alienation is internalised as neurotic character-armour (Reich, 1993, p. 17). For Reich, character-armour creates a barrier of denial between the body on the one hand and the world on the other, preventing intense contact between the two. Akin

to Lacan, Reich forwards a conception of anxiety as a pre-personal reaction of the body (Reich, 1993). This reaction creates a barrier between inner and external expressions that can provide the basis for rigid characteristic responses and hence for social roles and conformity that lends itself to a mass psychology of standardised norms and values.

In 'The Psychological Structure of Fascism,' Bataille elaborates on this barrier of denial between body and world in terms of two structures or orders in society: the homogeneous and the heterogeneous (Bataille, 1979).[3] For Bataille, homogeneity describes dominant conventions structured by production, rationality, predictability, and preservation — terms which characterise the dominant logics of modernity — an othering process that excludes anything that does not conform to its homogenous structure. In other words, Bataille, like Lacan, sees the 'rational,' risk-averse capitalist society as fundamentally structured by the 'making-safe' of the world through establishing a general equivalence among people and things. Whereas homogeneity is focused on common norms and flattening measures under which all are commensurable, heterogeneity is, for Bataille, divergent and fragmented. It encompasses those processes that are deemed unproductive, irrational, incommensurable, unstructured, unpredictable, and wasteful (Bataille, 1988). Heterogeneity is associated with the disordered, divergent, with socially marginalized groups that cannot be subsumed within the general equivalence. As they violate the rational principles of a commodity and consumption driven society, the boundaries of heterogeneity are policed through degrees of force and control that I examine in more detail later in the chapter.

Across the formation of anxious subjection, this drive towards authority and internalisation of alienation function to intensify Reich's character-armour, which engenders the homogeneous

[3] The interplay of homo and heterogeneity directly inform Bataille's conception of the sovereign subject, "whose exterior objective aspect is always inseparable from the interior" (Bataille, 1979, p. 27). This maps onto my analysis of anxiety as a personalizing and also de-personalizing force through Bataille's attempts to understand the complex interplay between the inside and the outside of the subject which is essential to chart the dynamics of sovereignty.

predisposition to social conformity. Returning to Deleuze and Guattari's dual conceptualizations of majoritarianism and minoritarianism, we can understand these terms as descriptors of a process through which anxio-capitalism simultaneously individuates and disassembles people's psyches, emotions, bodies, and identities (Deleuze & Guattari, 1986). In this context, homogeneity reflects a majoritarian paradigm, wherein dominant societal norms, values, and behaviours are established to suppress and order the diversity and unpredictability of all possible outcomes. This takes places by transforming varied human experiences into quantifiable data points and performance metrics that feeds into rigidly defined social roles (Van Dijck, 2014). Conversely, a heterogeneous society parallels a minoritarian perspective, challenging the rigidity of character armour with the diverse, dynamic nature of human identity, which, as I explore in the latter chapters, contains divergent, unstructured, and often marginalized elements that defy homogeneous norms. Overall, a vital point here is that the tension between these two structures or paradigms of flattening and disjuncture are elemental in the formation of anxious subjection across capitalist modernity.

II. Dizziness of Freedom

From a general apathy towards change to a conscious rejection of the structures of modernity, this survey of anxious subjection highlights how modernity intensifies the insecurities of the subject by dismantling any dreams or illusions of a different future. To sum up, connecting anxiety to modern capitalism is the idea of agency as the possibility to make an autonomous choice and govern the situation, where an individual can decode the characteristics of their context, the stakes and values orienting their action, and be accountable for it. Thus, anxiety is not only an emotion based on awaiting an uncertain future, or a response to stress — it is also a condition through which the modern Western subject has been shaped, where individualization becomes a goal and ongoing

accomplishment, a form of discipline and the way in which individuals find self-fulfilment, self-gratification, and try to make sense of their experience.

In *Kierkegaard in the Present Age*, Gordon Marino highlights the relation of anxiety to freedom, knowledge, modernity, and time: "In anxiety, we use our freedom to make ourselves feel powerless or unfree. But in order for freedom to become entangled in itself, it must be actual" (Marino, 2001, p. 318). Thus, we have anxiety as the basic emotion of a human condition shaped and manipulated by modernity and anxiety as the resultant effect of a society planned by homogeneous structures that produce a malaise typical of the hyper-rationalized individual.[4] Here I reiterate the paradox of dis/empowerment discussed at the outset. The development of modern social institutions with worldwide reach have created vastly greater opportunities for human beings to enjoy a secure and rewarding existence. At the same time, new possibilities for insecurity and danger have been introduced through modernity's emphasis on immanence and contingency in the face of unpredictable futures. As Eve Sedgwick points out, the effects of this 'vast programme' of modernity can be criticized both as a harbinger of anxiousness for the individuated subject, and as a source of systemic paranoia related to its constitutive dualisms such as nature/culture, emotion/rationality, identity/otherness (Sedgwick, 2003).

Social power & alienation

There is an important connection here between the fragmented nature of the dividual introduced by Deleuze in the previous chapter and the bifurcating experience of anxious subjection. On the

[4] The homogeneous in this context refers to the structures and systems that maintain order and stability in society, such as the economy, politics, and culture. These structures are characterized by their ability to maintain continuity and predictability, and to exclude or eliminate anything that threatens their stability. To reiterate, the heterogeneous, on the other hand, refers to elements that are outside of or incompatible with the homogeneous structures. These elements are seen as transgressive, and may include things like death, violence, sexuality, and other forms of excess. The homogeneous and the heterogeneous are in constant tension, and that the suppression of the heterogeneous leads to a build-up of energy and tension that ultimately threatens the stability of the homogeneous (Bataille, 1979).

one hand, facing the absurdity of anxiety can lead to existential resignation — a desire to repress and to be repressed. On the other, it can lead to activation — a desire to try and seize control of one's situation. What connects this survey of anxiety, subjectivity, and modernity in philosophic and psychoanalytical thought are their respective attempts to explore this hypothesis that people are not necessarily powerless but are made to *feel* powerless by the paradox of dis/empowerment. Kierkegaard's turning away from the openness of freedom, Lacan's governance through apathy as a response to uncertainty, Reich and Bataille's barrier of deference to safety and security — all these conceptions of anxiety point to the deep-set connections between insecurity, indecision, and the search for and response to foundational structures and systems of meaning in modern life further articulated by Giddens and Beck. Through the ubiquity of this condition, they also gesture to the possibility that anxiety can lead to a practice of disavowal and disassembly — what Lacan articulates as the moment when the subject is faced with the realization that the sovereign in fact 'does not know' (Lacan, 2016).

The unknowing sovereign here is that vast programme of systemic paranoia, which governs the conduct of the rational, individuated subject of homo economicus — a homogeneous force that obscures heterogeneous modes of relating that I discuss later in the chapter. This process of marginalization is intensified by anxiety, which dwells in an uncertainty and possibility that is both terrifying and inviting. In *Hyperculture: Culture and Globalisation*, Byung-Chul Han elaborates on the connections between immanence, contingency and the anxiousness of possibility by looking at how modernity has eliminated distances from cultural life. Han describes this process as an untethering that allows cultural expressions to converge in such a way that they become disorienting hybridizations, liberated from the biological codes of the earth, "without center and without God" (Han, 2022, p. 23). This hyperculture of modernity promises more freedom by

severing ties with history and land, decoupling culture through converting the subject into the digitally networked homo-economicus-anxious, free to be and work anywhere without ever having to leave the house. Rather than a process which erases otherness and heterogeneity, Han highlights a shift as globalization becomes a homogeneous force for the appropriation and commodification of difference.

Politics of the middle

In describing the excessive and disorienting confluence of hyperculture, Han turns to Deleuze and Guattari's rhizome, where any point can be connected to any other through an open model of heterogeneous elements. Again, we can see this 'politics of the middle' I use to frame my analysis at work as modernity mixes and transforms the flows of social life into "a stream without beginning or end [that] undermines the two banks [and] acquires speed in the middle" (Han, 2022, p. 47). Yet it is important to note that the notion of the rhizome originally envisioned by Deleuze and Guattari as a non-hierarchical and organic embodiment of the network has taken on new meaning in the modern world. While the rhizome was infamously adopted by early internet enthusiasts as a technical model for the liberation of isolated individuals through collective communication, the distribution of the means of production has not translated into the decentralization of power.[5] Instead ubiquitous connectivity has brought about increasingly novel and invasive modes of control. Thus, Kierkegaard's dizziness of freedom — a freedom to choose, to have options — is regulated by overwhelming degrees of insecurity and dislocation that turn the liberatory potentials of anxiety against the subject (Kierkegaard, 1980).

[5] Akin to the structure of the rhizome, the internet is run by a collection of different nodes and servers which are constantly interlinking together and forming new connections between one another, but not one of them is the central node. At the same time, the centralisation of media networks and the monopolisation of the industry has led to a situation where certain big tech companies can exert undue influence and have to an extent centralised the web.

The rhizome is useful for my purposes because it helps to analyze an ongoing and varied process of de/subjection in which "all individuals are interchangeable, defined only by their state at a given moment — such that the local operations are coordinated and the final, global result synchronized without a central agency" (Deleuze & Guattari, 1987, p. 8). By taking power to be rhizomatic, that is, as a wide array of processes with no specific start or end point, a compulsory demand for flexibility coupled with pervasive feelings of disorientation appears, dispersed across the whole of the social factory. At work, play, school, leisure, in public, and private — across our connections and obligations to the state, family, employers, friends, and other social networks we are 'free' to experience ourselves as atomistic agents and thus to accept responsibility for a range of non-self-determined events. Even if we realise on some level that reducing social life to differences among so-called 'sovereign' rational agents is more of an imposition than a lived reality, the notion that individuals are largely self-contained is constantly reinforced. In *Undoing the Demos*, Wendy Brown reiterates this shift, highlighting how neoliberalism frames all basic elements of society in economic terms, subordinating the state and intuitions to the needs of the market by redefining subjects as private firms (Brown, 2017).[6]

At the same time, these individuated limits are frequently overcome by the machinic. Advertising focus groups stopped relying on personal questionnaires decades ago in favour of aggregating biometric responses to stimuli through the senses, heartrate, and eye-tracking. There are already punitive consequences at many jobs for failing to track one's moods during the workday, as employers command enthusiastic behaviours from employees (Moore, 2017; Reichardt & Schober, 2020). Big data analytics allows for sentiment analyses to ascribe positive

[6] Despite the careful precision of Brown's analysis, she pays little attention to the rising power of the machinic and its hold upon us, except in her all too brief evocation of the "market metrics contouring every dimension of human conduct and institutions," (Brown, 2017, p. 176). What distinguishes this analysis of the anxious relationship between neoliberal capitalism and subjectivity is the consideration of this machinic element as a central process.

or negative emotions to social media posts and purchase histories to detect and diagnose disorders, bringing to the fore concerns about safety, privacy, and the function of the machinic elements of digital life in deepening people's insecurities (Shayaa et al., 2018). It is important to reiterate that the notion of the 'machinic' as I use it here (following from Deleuze, Guattari and Lazzarato) refers to something much more than the technical machine as a prosthetic tool deployed by a human subject. The machinic is rather a functional process, incorporating material, semiotic and incorporeal as well as human elements (Lazzarato, 2014, p. 81).

Desubjectivizing techniques

While this literature review has looked at anxiety as a mode of subjection that results from the alienation and isolation of possibility, it is also important to situate this process within the desubjectivizing techniques of modernity. After all, we cannot simply mitigate the problem of anxiety in an industrialised and globalised world by suggesting that people have simply *always* been anxious.[7] This would be to conflate the particular experience of de/subjection and hyperculture across anxious modernity with a much broader category of precariousness or potential vulnerability that is a normal and necessary part of human life. For instance, rather than see the factory as a timeless container for machines of mass production, it is better seen as a machine itself, integrating individuated bodies into a process involving not simply technical machines but also material flows and different forms of semiosis (diagrams, plans, balance sheets, etc.). If, in Marx's time, the factory was the main site where machinic enslavement was concentrated, now, with the spread of mass and social media, mass consumption and information

[7] Of course, as I make clear in the introductory paragraphs, previous historical periods involved vulnerabilities which have provoked and intensified anxiety. The point here is precisely that developing new ways of thinking about anxiety today as a mode of subject formation and a fundamental form of vulnerability requires new approaches for imagining radically different futures.

technology, the machinic is everywhere (O'Shaughnessy, 2019). This reflects a significant shift in the relationship between humans and technology, one where technology is not just a tool used by humans, but a transformative force that fundamentally reshapes human life and subjectivity.

To summarize, mechanisms of subjectivation are individuating: that is, they name, separate, specify and localize. Machinic enslavement, in contrast, is radically disassembling — it dissolves specific identifications into broader systems. Both are necessary to create the dizziness of freedom, one to allocate and justify roles, ownership, and rewards, the other to insert human elements into complex processes from which profit can be extracted. To use anxiety to frame social problems in a world wrought by so much unease and disorientation is to rediscover an analytical grounding that can situate insecurity and ill-health in their historical and material contexts, recognising the extent to which feelings, thoughts and behaviours are shaped by changes in economic, cultural, and political circumstances beyond the horizon of any one individuated subject. As I discuss in the following sections, such an approach transverses homogeneous assumptions about mental health, locating confusion, alienation, and suffering not in bad habits and personal failings, nor in the neurodivergence of heterogeneous disorder, but in the cruelty and neglect people experience in their lives as the result of living in a political system that subsumes difference and alterity with varying degrees of co-optation and control.

When a person or a community is unable to rely on its usual coping strategies or defenses, they tend to feel threatened, vulnerable, and become prone to anxiety. As I have elaborated in this section, such dizziness of freedom is personal and subjective, but it is also a depersonalising response to a dependence on technology and a need to constantly adapt and conform to technological systems and processes. In *Escape from Freedom*, Erich Fromm reiterates these concerns, arguing that the anxiety associated with our inability to express agency coupled with the

deep-set disorientation of modernity causes people to conform to the social order (Fromm, 1994). By acting like everyone else, holding the same values, purchasing the same products, and believing in the same morals, people gain a sense of belonging. For those with the ability to conform, this compliance assists in not feeling alone and helpless, but it also undermines the ability to contravene and transform one's situation (Giddens, 1997). The tension between the transgressive illusion of freedom and the desire to be in community with others lies at the very core of anxiety. Across his work, Fromm makes a compelling case (later elaborated by Han) that people living within industrialised capitalist modernity have been freed from the spatial and temporal bonds of pre-individualistic societies, which simultaneously gave them security, and also set particular limits around what an individual could do (Fromm, 1994).

Proletarianization of the worker

Through its normalization of the ideals of autonomy and rationality, for Fromm, this 'existential freedom' has separated us from each another, creating a prevalent sense of isolation, nervousness and ultimately powerlessness. Regarding this 'automatisation of the individual' and the loss of meaning, Fromm pre-empts later arguments made by Lazzarato, Deleuze and Guattari, contending that the development of industrialisation has transformed people into cogs within a mechanism of minimal importance relative to the incessant progress of industry. When people are caught like this, in the double bind between the individuated mode of social subjection — the digital influencer, Uber driver and LinkedIn profile — and the dissolution into machinic configurations — biometric data points, user profiles, chat logs — labour disappears as a category, as does the manifestation of shared social and class interests. By contrasting the medieval craftsperson, for whom the finished product was a symbol of personal achievement, with the 'modern industrial manufacturer' who conceives of creation only in terms of capital and return on investment, Fromm

links changes in the mode of production to the structuring of an anxious atmosphere in which a person with no economic utility is essentially considered to be worthless.

In *For a New Critique of Political Economy,* Bernard Stiegler argues that the only workers protected from increasing insecurity are those whose roles cannot be fully automated, requiring a certain degree of interpretation, of initiative — of freedom (Stiegler, 2010).[8] The problem, for Stiegler, is the widespread loss of knowledge and skill of the worker through an ongoing process he describes as 'proletarianization'. The proletarianization of the worker is the transformation of human life into labour power. This quantifiable force is a precursor of the proletarianization of the consumer, which is characterised by a loss of the knowledge about how to reproduce one's life that transforms the individual into a form of buying power (Stiegler, 2010). While modelling based on the archetype of homo economicus creates the illusion of freedom by promoting the myth that people produce for their own wants and needs and then sell off the surplus in a competitive market, Stiegler extends proletarianization to cover the general loss of knowledge, craft, and skill in an increasingly automated consumer society. As a result, these processes of making, trading, and expending value are no longer understood as real social relations involving human giving and taking, getting and receiving, but are re-formed as technical mechanisms in which rational, self-interested economic actors negotiate across zero-sum social relations based on personalized, subjective perceptions of utility.

Proletarianization has created a culture of relentless productivity by requiring people to produce enough surplus value to be employable. Whereas in pre-capitalist societies there were lots of opportunities for people contribute to their communities, in the capitalist system labour only

[8] The recent rise in popularity of ChatGPT, an advanced AI language model developed by Open AI, represents a significant leap in the automation of tasks that involve natural language processing, interpretation, and response generation (Oschinski, 2023). From counselling to news writing, ChatGPT is expanding the list of tasks and roles that public and private organizations are automating and delegating to machine learning algorithms and processes.

has economic value if it generates sufficient profit (Stiegler, 2010). This process of exclusion from the productive workforce deprives people of a connection with and investment in their communities, thus contributing to feelings of marginalisation, which are then labelled (wrongly) as mental illness. Importantly, these mechanisms of de/subjection and disassembly do not reduce subjective individuation, rather, they increase it in a sort of feedback loop. This is the complex nature of the double movement and its effects on perceptions of freedom and autonomy. As Read clarifies, machinic proletarianization disconnects production from the worker's capacity and powers, making it appear as a miraculous attribute of capital itself (Read, 2016). Rather than capital being dependent on the worker for its production, the worker appears to be dependent upon capital for a job, for a livelihood. As the subjective component of labour is reduced to a minimum, a machinic cog, the subjective, isolating dimension of responsibility is also increased. All these texts and theorists echo a core theme I explore in the next section: internal compulsion is a vital aspect of external force. Subjection is the internalization of the very forces of compulsion, the point where the division between constraint and freedom breaks down.

III. Illusion of Choice

Neoliberalism is associated with a focus on individual achievement and antagonism, and the belief that personal success is directly linked to one's own efforts and abilities (Foucault, 2010). Such an emphasis on individual responsibility requires a single individual to find a solution, or to make a choice, often outside their range of control or comprehension. The resultant effect is a sense of pressure and a need to constantly strive for success, which contributes to feelings of anxiety. What connects Kierkegaard, Lacan, Bataille, and Reich on anxiety is that they theorise it as the result of, and a precondition for, the integration of individuals into social and economic systems of self-

management and self-regulation, and the creation of a dependence on these systems for one's identity, social status, and well-being. This integration creates a need to conform to societal norms and expectations and can lead to a loss of autonomy and agency. Ironically then, the intensification of individuation, a process that tends to be associated with choice, uniqueness, sovereignty, in fact operates as a homogeneous force that maintains order and predictability by excluding or subsuming anything that threatens its stability.

Pre-empting Foucault's explication of homo economicus, the entrepreneur of the self, and the ambiguities of self-government in neoliberal societies that I introduced in the previous chapter, Fromm pinpoints a pre-eminent characteristic of the modern era central to the homo economicus model, the emergence of individuals in constant competition with one another, no longer bound by the reciprocal 'primary ties' that defined previous eras, which gave all concerned the reassuring feeling that they belonged to a community (Fromm, 1994). Importantly, such observations are based on a two-sided view of freedom that goes back to Immanuel Kant and was famously analysed by Isaiah Berlin in "Two Concepts of Liberty", which distinguishes between negative freedom (freedom from) and positive freedom (freedom to) (Berlin, 2002).[9] Fromm, whose original analysis of positive and negative freedom predates Berlin's by more than a decade, argues that increasing negative freedom (freedom from serfdom, freedom from religious persecution, etc.) comes not only with benefits, but also dangers and responsibilities, because the shackles and restrictions that existed previously also provided, to people in a rigid class system, certainty, and a cultural role to identify with (Fromm, 1994).

[9] The distinction between positive and negative freedom is a significant one in terms of the dominant role of the state (Berlin, 2002). Negative freedom tends to be a focal point in libertarian and some liberal ideologies that emphasize the importance of individual liberty and autonomy against state interference or societal pressure. Positive freedom is often associated with social democratic or socially liberal ideologies that emphasize not just the absence of constraints, but also the conditions necessary for individuals to live autonomously and fulfill their potential. Following on from this, the role of the state is a key dividing line within an oversimplified model of political thought between those on the right of the libertarian axis and those to the left.

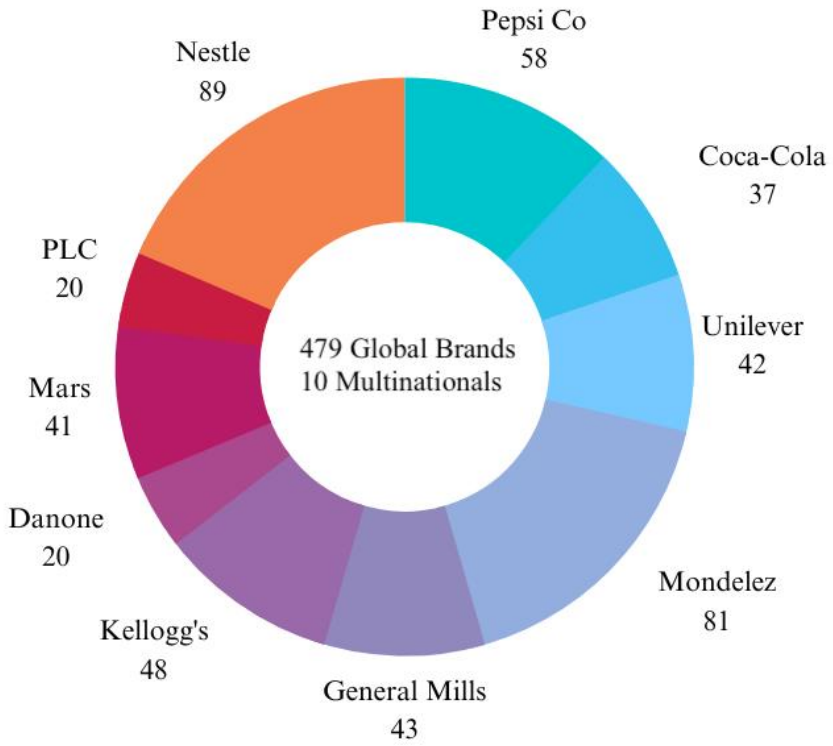
Fromm posits that the negative freedom associated with the rise of capitalist modernity generates masses of atomised individuals who live in a state of anxiety, and who seek to escape this by aligning their interests with market logics. To make sense of this alignment, I expand on the connections between anxious de/subjection and the dizziness of freedom to analyse their functions across changing regimes of power (discipline and control) in the context of capitalist consumerist culture and the market psychopathologies that it engenders. Taking cues from Richard Warner's *Recovery from Schizophrenia: Psychiatry and Political Economy,* I do not suggest social forces and material conditions create anxiety all on their own (Warner, 2013). Rather, that they continue to shape the effects and outcomes of people's insecurity and influence its frequency in ways that are often overlooked by current analysis of anxiousness as a socio-political phenomenon. As a result, there is a clandestine nature to anxiety as a dominant structure of de/subjectification that has ramifications for individuals and consumer choice and more broadly for how people organise and operate within the material conditions of neoliberal capitalism. My point is that anxiety cannot be separated from the ways in which human beings 'are made subjects' through the requirement to control risks but also due to a process of individuation deeply embedded in social life. In general, such a framing is useful because it problematizes the *a priori* moralist presumptions of homo economicus, that people are simply rational actors, entrepreneurs of the self, seeking to maximise their utility.

Repressive desublimation

The average consumer does not deal in reasoned calculations of self-utility so much as they are pushed and pulled by a historically specific regime of mass production that is rationalised through stories about choosing freely amongst a diverse set of options. This is most clearly highlighted by the countless 'illusion of choice' infographics popping up in recent years. The 2013 'Behind the

Brands' report illustrated in **Figure 2** links hundreds of brands to ten multinational conglomerates generating revenues upwards of $1.1 billion USD a day and employing millions of people in the growing, processing, distributing, and selling of their products (Hoffman, 2014).

Figure 2: The Illusion of Choice



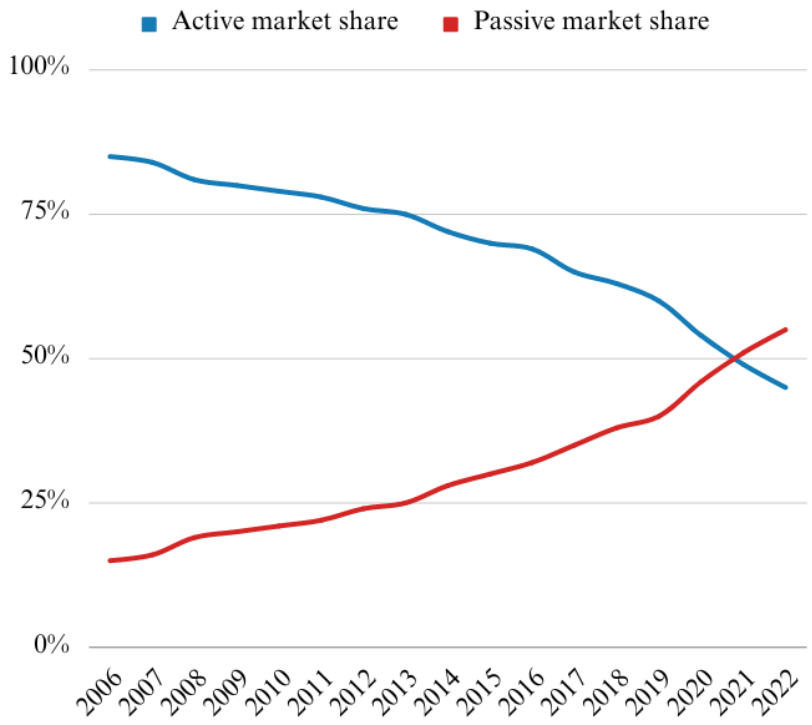
With nearly 500 brands between them, the 'Big Ten' companies scrutinized in the report direct a food and beverage industry valued at $7 trillion and representing roughly ten percent of the global economy (Hoffman, 2014). Nestle alone owns nearly 90 brands that dominate sectors ranging from baby and pet food, to soups, sauces, and sparkling waters. Many of these are household names and boast annual sales over $1 billion (Dayen, 2020). Similar, practices and visualisations have been compiled to highlight the monopolistic tendencies of capitalist markets through the concentration of top beauty brands, clothing companies, technology and media conglomerates, film production, political institutions and more (Lakhani & Chang, 2021; K. Taylor, 2017).

As Marcuse puts it, to be a consumer like this is to participate in one's own deception; it is in some sense chosen (Marcuse, 1991). This process is not hidden but fully transparent to consumers so that they have the simultaneous perception of their desire for an incapacitating culture industry and self-loathing because of their desire. What infographics like this reveal is that individuated subjects of consumerism are not free to choose in some open-ended marketplace of ideas but are limited to a predetermined set of options. For Marcuse, this false-promise is made tolerable through what he terms 'repressive desublimation' — the process whereby consumer culture whips up libidinal energy only to put it in the service of intensified consumption (Marcuse, 1991, p. 34). What I want to highlight here is the overlap between Marcuse's theory of repressive desublimation and the paradox of dis/empowerment discussed throughout. Repressive desublimation can only be satisfied by the perception of the increased empowerment of the individual. Yet this 'empowerment' takes the form of less physically restrictive forms of homogeneous governance achieved through the cultivation of a fascination with the 'power' to assert one's individual will through conspicuous consumption.

Rather than mass culture threatening high culture from below, Jameson reiterates Marcuse's point that mass culture is the intentional hybridization and integration from above — it is the culture of corporate power (Jameson, 1992). Drawing from Marcuse and Jameson, Han's notion of hyperculture emphasises that a society organized around flattened models of consumption accomplished what the society organized around work could not: the total control of everyday life (Han, 2022). The commute to work, browsing social media, grocery shopping — these are the sites upon which an unstable society creates the impression of stability. Beyond the fact that most everything people choose to eat, play, work and rest is produced by a handful of dominant entities working actively to undermine any remaining competition, the illusion of choice

extends to the machinic aspects of capitalist market through contemporary investment logics and trends. Whereas so-called 'active' stock pickers and hedge funds like Warren Buffett's Berkshire Hathaway tend to select a diversified mix of companies for their portfolios, **Figure 3** charts the steady rise in passive exchange-traded funds (ETFs) over the past two-decades, which promise to curb investor worries in these insecure times by focusing on 'secure' stocks with larger weights in their indices.[10]

Figure 3: The Rise of Passive Investing



Since the seven biggest ETFs all count the same five stocks as their top holdings — Apple (AAPL), Microsoft (MSFT), Alphabet (GOOGL), Amazon (AMZN), and Facebook (FB) — instead of

[10] This figure is my reimagining of a previous one illustrated in the work of David Trainer, who writes on the 'Hidden Dangers of Passive Investing' as a challenge to the imaginary of 'free market' capitalism. This is for reasons that include: a lack of flexibility in adjusting to market conditions, the forced buying of entire indexes and concentration of market risk, and a lack of control (Trainer, 2020). This complacency can expose passive investors to sector-specific or company-specific risks, as investors are thus exposed to the full volatility of the market and can suffer significant losses during a market downturn.

allocating capital to companies based on any kind of due diligence, ETFs simply funnel investor money into their most powerful offerings (Trainer, 2020). Far from a situation in which companies compete for funds in a contested marketplace, passive investing has created a loop in which automated algorithms feed an enormous chunk of the market capitalisation back into the hands of the biggest companies. This, in turn, has tethered the efficacy of the economy directly to the continued growth of a select few enterprises privileged by powerful indexes.

The consumer practices highlighted in **Figure 2** and the market concentration of passive ETFs passive underlined in **Figure 3** illustrate how market logics reinforce the double move of social subjection and machinic enslavement through creating an illusion of choice. Rather than capital being allocated through diligent selection, it is funneled into preprogramed mechanisms to reinforce market dominance. As Lazzarato reiterates, social subjection and machinic enslavement are not different epochs, or even two different modes of subjection, but two different processes (individuation and dividuation) acting on the same subjects, or processes of subjection, in different ways (Lazzarato, 2014). As has been discussed at length, social subjection — the alienation inherent to a particular job or consumer function — is regulated through the homogeneous prefiguration of individuated choices people can make. This is done by managing subjectivity and identity insofar as they are signified, represented, and conceptualized. Machinic enslavement — the non-representational techniques that exploit partial and fragmented subjectivities — is then regulated by feeding those prefigurations into larger algorithmic networks and processes. This is done by codifying gestures, affects, and actions into larger depersonalized models that integrate technology into all aspects of life, including work, leisure, and communication. This integration creates a dependence on technology and a need to constantly adapt and conform to technological systems and processes (Lazzarato, 2021). From the masking of monopolies through the illusion of

choice to the passive concentration of investment, de/subjection is a kind of exclusion, a recognition of individual freedom to serve the productive power of enslavement that surrounds it.

Top-down discipline

Despite these deep-set instances where choice and competition are supplanted and undermined, the influence of homo economicus, as Ute Tellman reiterates, is tied to this imagined moment when the subject decides — "an individuated entity observed in relation to choices that need to be or have been made" (Tellman, 2015, p. 25) From within this imaginary, the economy and society more broadly manifest only as the aggregation of 'active', reasoned choices about the best allocation of available resources. However, as I have elaborated in this section, people's lives are tied more to the passive circulation and consumption of information, goods, and services than to the actual production of anything. Given such passive alienation takes place in a world of unprecedented economic and social inequality, to act 'rationally' is to optimise, to accomplish more with less. Being economical in this sense is equivalent to saving up, to cutting costs in an increasingly finite world. Yet behind the façade of rationality as frugality — 'choosing' to go without so as to pay off mounting debts — lurks the ugly truth of homo economicus: the 'lack' people experience — in terms of a lack of food, shelter, security, community, etc. — is not a natural condition but something that has been refined so as to appear natural (within the market) and thus justifiable within the social factory of anxiety.

Building out from this process described by Marcuse and Fromm, Foucault argues that since subjects do not understand the extent to which they are being managed and watched, they internalize new modes of surveillance and discipline (Foucault, 1977). Such modes of top-down disciplinary capitalism are famously described by the image of the panopticon, a structure where an all-seeing eye surveils and constructs a centralized power using architecture and design, rather

than through the use of physical force or coercion.[11] However, the panopticon is not simply an architectural plan, it is also a political statement. As process of governance that creates the illusion of autonomy (governance without governing), the panopticon is a site for the sovereign to contain power by instructing subjects on how to discipline themselves through tightly knit layers of surveillance that create a sense of self-discipline and conformity. Foucault describes homes, schools, factories, hospitals, armies, and prisons as spaces of discipline and labour for material production. In these spaces, there are some things you can do and some things you cannot, and if you do the wrong thing, you get punished by the central authority.

In Deleuze's analysis, Foucault's disciplinary panopticon is simply the modern iteration of a hierarchical capitalist structure presided over by a paternal figure (manager, teacher, doctor, parent, general) who manages the distribution of labour among the workforce (Deleuze, 1992). After all, capitalism needs the masses to produce goods and also to consume them. In the panopticon, the distinction between the oppressor and the oppressed (or the bourgeoise and proletariat to use Marx's terms) is clear because they occupy different spaces and functions. However, as we move from analog to digital, module to modulation, and from the barracks of a prison to stacks of code, Deleuze prompts us to pay attention to the changing forms of power in a transition from discipline to control (Deleuze, 1992). As Alexander Galloway observes, while discipline is about regulating enclosures and setting limitations on the sovereign subject, control is about 'passing through' by fostering mobility inside certain strictures of motion and monitoring apparatuses — "where openings appear rather than disappear, where subjects (or for that matter

[11] As a work of architecture, the panopticon as introduced by Jeremy Bentham allows a watchman to observe occupants without the occupants knowing whether or not they are being watched (Elmer, 2003). In many ways, the watchtower at the heart of the panopticon is a precursor to the cameras fastened to our buildings — purposely visible machines with human eyes hidden from view. As a metaphor, the panopticon was commandeered in the latter half of the 20th century as a way to trace the surveillance tendencies of disciplinarian societies. For Foucault, those who are detailed within the panopticon are at the receiving end of asymmetrical surveillance: 'one is seen, but one does not see; one is an object of information, never a subject in communication' (Foucault, 1980).

objects) are liberated as long as they adhere to a variety of prescribed comportments" (Galloway, 2014, p. 2).

Imperceptible limits of control

An important aspect of the society of control is that we are allowed to do 'whatever we want.' Like the disorienting possibility of anxious modernity discussed in the previous sections, control presents itself as a kind of freedom. No longer restrained by enclosed structures, the new terrain of precarious labour consists of freelancers, part-time employees and 'gig' workers who are encouraged to be creative and entrepreneurial (Woodcock & Graham, 2020). Yet this supposed openness and flexibility diffuses responsibility throughout life. While 'freed' from the enclosed workspace, the demand of work comes to pervade all our time. There is no clocking off or tuning out from 'the grind.' Thus, while freedom seems to be increased on the one hand, the control of our activities expands on the other (Hern, 2020). Rather than a panopticon, with a centralized focal point from which activity is surveilled, we have a diffuse matrix of information gathering algorithms. Everything is tracked and encoded, interpreted into patterns that are either acceptable or unacceptable. Touch off enough markers in your internet activity, by going to certain sites, or using certain words, and you'll be placed on some sort of 'watchlist.'

The effect is the same as with the panopticon: it does not matter if you are actually being watched, but to create the feeling that you might be under surveillance at any moment. Yet, in a society of control, even that feeling is discouraged. We know that we are being tracked but are encouraged not to worry about it because it important for the society of control to maintain the illusion of freedom. One can say, do or buy whatever one wants within the circumscribed parameters. Most of us fall within those parameters without even thinking about it — since the only forms of discourse truly proscribed are radical indictments of our political system — and so

experience ourselves as fully free to express our views, live our lives, and so on. The important thing to grasp is the ways in which the contemporary apparatus of power can exert a new form of control that is more diffuse and flexible. Through this dizziness of freedom, an illusion of choice is created — a class that falls outside the 'we' who have freedom — and deep thought about the shared humanity of these individuals is strongly discouraged.

To reiterate, anxiety is the central thread running across this story. The existentialism of Kierkegaard and Bataille, the psychoanalysis of Reich and Lacan, the critical theory of Marcuse and Fromm, and the disciplinary and control societies of Foucault and Deleuze all converge in describing anxiety as an emotion characteristic of the development of Western capitalist modernity, but they also have in common a reflection on the relation of anxiety with immanence and contingency. After all, anxiety as it is experienced by most sufferers is the acrobatic exercise of an individuated subject obliged to cope with the unpredictability of the future, and the inconsistency of self-planning and self-management. At the centre of the dizziness of freedom and the illusion of choice that buttress this obligation is the idea of agency as the possibility to take autonomous action, wherein an individual manages the situation. Anxiety is not only an emotion based on awaiting an uncertain future, or a response to stress — it is also the condition in which the modern subject has been shaped, where individualization becomes a goal and an ongoing accomplishment, a form of technologically-mediated control and the way in which individuals find self-fulfilment, self-gratification, and try to make sense of their experience.

IV. Market Psychopathologies

A key point connecting anxiety, insecurity, and freedom is that people in the control society embody the conflicting desires of freedom and punishment, exploit and comradery. This is because

the question of "who is exploiting who?" can no longer be answered so easily. Deleuze's concept of the 'dividual' is central to my analysis because it describes fragmented subjects divided within themselves — split by the desire to oppress and the desire to resist illustrated by the tension between competing visions of homo economicus and homo reciprocans that I explore in more detail in the latter sections of the next chapter. In 'Postscript', Deleuze uses the image of the serpent to convey the systemic conditions that produce this contradicting self (Deleuze, 1992). The serpent moves smoothly between the subjective terrains, above (social subjection, individuation) and underground (machinic enslavement, dividuation). This movement represents the free-flowing control mechanisms that both operate in and outside of traditionally defined capitalist spaces. As the control society promises extreme personalization and depersonalization, operating systems and content are designed to maximize addiction to communication. Through the eradication of free, non-working time, we are compelled to communicate with each other constantly, and a feedback loop, comprised of retweets, image posts and comment threads supplants actual physical connections as the primary mode of socialisation.

Within such a configuration, corporations, and the platforms they facilitate, embody an emotional and psychological aspect which we can relate to. Consider the fact that many people anthropomorphize corporations — 'Google is your friend' or 'Facebook is where my friends live!' — or equate status updates with presence. In shaping our ideology and how we perceive our place in the world, capitalism's reach extends much further than its direct economic effects. Akin to how worldviews can become attached to certain commodities and roles in a capitalist economy, feelings and emotions are 'invested' in particular bodies, objects, subjects, and ways of relating. The effect of this investment is that emotions, as Sara Ahmed highlights in her extended discussion of affective economies, can "align individuals with communities — or bodily space with social space

— through the very intensity of their attachments" (Ahmed, 2004, p. 119). Instead of explaining away the material and structural processes of anxiety as an internal psychological disposition, Ahmed focuses on how emotions are put to work "in concrete and particular ways, to mediate the relationship between the psychic and the social, and between the individual and the collective" (Ahmed, 2004, p. 121). For example, the fear of the 'other' can be circulated and amplified within a community, leading to the marginalization or discrimination of outsiders, while feelings of pride and love can be directed towards those within the community, reinforcing social bonds and reciprocal group identities.

When anxieties are 'at work' like this, they become, as Deleuze and Guattari put it, 'part of the infrastructure' — people's desires, drives and impulses, their most intimate meditations, circulate but are also simultaneously integrated into structures of de/subjection that undergirds the material base of social formations (Deleuze & Guattari, 1987). The ideological infrastructure of modern-day capitalism, with its unshakable faith in deregulated markets, privatization of the public sphere, and austerity budgets, has of course contributed to our financial misery, leading to mass hopelessness and anxiety. But far from being confined to economic policy, contemporary neoliberalism also embodies an existential belief that self-interest and competition, not cooperation and community, should pervade every aspect of our lives. In short, capitalism generates psychological pathologies which then govern the way market actors operate. The psychological toll of these so-called 'market psychopathologies' are ubiquitous and measurable. As self-worth is primarily determined by economic output, a long line of social science research has shown that unemployed people are much more likely to become depressed (Bordea, 2017; Helliwell & Putnam, 2004; Linn et al., 1985; G. C. Murphy & Athanasou, 1999). Moreover, since the market in the control society presents itself as a virtual wellspring of opportunities diffused across a level

playing field, with no single actor or group appearing as the obvious coordinator, those who come out as failures have no one to blame but themselves for their chronic insecurity.

Selfish capitalism

Analog modes of production and exploitation have not gone away, instead they have been migrated to different parts of the world. As I survey in detail in the next chapter, analogical capitalism and digital capitalism coexist and are related and the society of control is not a distinctly different thing from the society of discipline. Rather, modes of discipline and control are layered on top of each other, amplifying the mechanisms of de/subjectification that inform our behaviours. As Galloway reiterates, the ultimate significance of this amplification is not so much the continuous encroachment of imperceptible barriers and limits, nor is it the data mining and facial recognition algorithms, "but that it has eviscerated history, not by banning dissent but by accelerating the opportunities and channels for critical thought to infinity and therefore making it impossible to think historically in the first place" (Galloway, 2014, p. 17). This encapsulates the dizziness of freedom described by Kierkegaard, Lacan, and Bataille. Anxiety is a dominant mode of governance within the control society precisely to the extent that it conditions people to think of those subjugated to the effects of power as other than 'themselves'.

At a foundational level, 'psychopathology' refers to the study of mental health challenges in terms of their causes, development, course, classification, and treatment (Blackman et al., 2008). Created and intensified by an ideological investment in the belief that the capitalist market system is the best possible way to manage production and distribution across the world, market psychopathologies refer to the negative psychological and social consequences of the operation of markets and market-based systems (Gibson-Graham, 2003). Such a position centres a negative conception of freedom in an economic realm that posits inequality to be beneficial because it

creates the incentives for greater productivity, innovation, and wealth creation. To some extent, I have been discussing such psychopathologies throughout this literature review — specifically the delusion that all of this is underpinned by the solitary, individuated, sovereign subject (homo economicus) concerned only with their own survival over and against the survival of others as one competes for the necessities of life. Drawing from examples that elaborate on these 'normalised' behaviours of the anxious subject — the eternal 'I', the indifference to others, the selfhood of selfishness — this section explores how people's actions are increasingly modelled after the capitalist firm itself, an institution bestowed with the legal mandate to maximize profits at the expense of all possible social, ethical, and environmental consequences. Actions of individuals then mimic the capitalist firm, striving for self-interest, indifference, and profit.

Once again, the analysis of Fromm is important here, as he writes about the process by which people living under capitalism become 'marketing personalities' who live to 'have' in contrast to people who live to 'be' (Fromm, 1994). In *The Selfish Capitalist,* Oliver James builds from the work of Fromm, arguing that neoliberalism has given rise a marketing personality he calls "Affluenza" — a kind of psychological virus that has done a lot of damage to emotional wellbeing in market societies through the promotion of extrinsic values (James, 2008). When driven by extrinsic values, people are trying to gain notoriety, to be 'somebodies'. In contrast, intrinsic values are those that have no particular concern for status display and celebrity status or wealth because that is not what drives them. As Brian Davey underlines, empirical research suggests that people with intrinsic values (e.g. spiritual, community and environmental goals) tend to lead more satisfying lives (in the sense of authentic feelings), and that people pursuing extrinsic values such as wealth, or preservation of public image tend to find that they are never satisfied and their wellbeing and mental health are very fragile (Davey, 2015).

Economic inequality is not the root cause this fragility. As James elaborates, what normalizes market psychopathologies as a mode of social subjection are the combination of inequality with the widespread relative materialism of Affluenza — placing a high value on money, possessions, appearances, choices, and fame when you already have enough income to meet your fundamental psychological needs (James, 2008). So-called 'selfish capitalism' intensifies these materialistic logics by stimulating consumerism in order to increase profits and promote short-term economic growth. Indeed, James maintains that high levels of mental illness are essential to neoliberalism, because needy, miserable people make greedy consumers and can be more easily pushed towards perfectionist, competitive workaholism. Extrinsic motivations like these do not encourage human flourishing (Benabou & Tirole, 2003). To put it differently, if we take the homo economicus model to understand human psychology and behaviour — which it presumes to be driven by calculations of individual utility — then we cannot make sense of why the market economy not only fails as a producer of goods and services but also why it is a source of misery and mental health problems including for those who are 'successful' in material terms. In short, we cannot understand the interrelationship between economic activity and mental health.

Pathological tendencies

Carried to its logical extreme, market psychopathologies give rise to 'narcissistic', anti-social, and socio-pathological problems which are characterised as afflictions by the biomedical industry. As I examine in Chapter 4, these so-called pathological illnesses are localised within individuals who must be treated (W. Davies, 2016; Moncrieff, 2022a). As Foucault points out in his analysis of the discipline society, these 'sociopathic' individuals are often dealt with by being separated out from society and placed in mental institutions and/or prisons (Foucault, 1980). Yet as I explain in this section, these individuals are merely the natural products and real and actual extensions of the

delusional presumptions of a capitalist system that has replaced unity and positive freedom with negative freedom and self-interest. After all, the modern corporation inhabits most traits usually assessed for psychopathy — manipulativeness, shallow affect, lack of long-term goals, extrinsic aversion to responsibility — and so it operates as a 'pathological institution,' regulating value in economic exchange, but also reifying prevailing values, norms, and social relations. In theory, when encountering a person ruthlessly in pursue of their own self-interest, they might be regarded as psychopathic. Yet this is precisely what people are doing and becoming — caught in the cycle of self-deprecation that asserts individualism and internalizes failures.

At the level of individual subjection, the neoliberal conception of subjectivity is a negative one in which people are increasingly obliged to develop market-driven identities, namely, to foster self-representations that are predominantly linked to the expression of extrinsic values and corresponding self-narratives of success, status, and enhanced self-image. Substantial research shows that such an emphasis on extrinsic relative to intrinsic values leads to an increased risk for mental health problems (Butler, 2021; Dittmar et al., 2014). Far from modes of empowerment, the dizzying freedom and illusory choices on offer work to obscure the mentally and emotionally destructive fact that wealth is a prerequisite for the enjoyment of life. As underlined earlier, this is done not by viewing subjects as exploited workers selling their labour for a wage, but as 'entrepreneurs of the self' who receive a return on 'human capital', "the set of all those physical and psychological factors which make someone able to earn this or that wage" (Foucault, 2010, p. 224). Thereby, modern capitalism, dominated by large, colluding corporations who, as highlighted in **Figures 2 & 3**, control people's access to choose and wield the power to set prices, is reimagined as an organic array of small-scale enterprises — everyone is a capitalist, owning and making improvements to their own human capital.

Only the market system, the vector of machinic enslavement which operates as a master information processor inordinately sensitive to existing distributions of wealth, can organise production and distribution. In this machinic context, the-market-as-information-processor accepts inputs and produces outputs about what should be produced and how it should be distributed based on consumption in the market. As Peter Beattie points out, such a system tends to produce outputs that have little to do with human needs or even desires in general, and instead emphasize "effective demand" — the needs and desires of those with the money required to make their demands effective (Beattie, 2019, p. 8). Across public agencies (education and healthcare systems, employment, and social services), private enterprises, political and media discourses, experts, guidebooks, conversations with relatives, friends, we are encouraged to seek autonomy and self-realization while also deferring to the infallible logic of the market. Hence, the sensitivity to uncertainty and possibility that are harbingers of capitalist modernity, and the anxiety correlated with it by Kierkegaard, Lacan, and others, cannot be understood without considering the dual processes of: 1) the subjective injunction to self-govern and self-manage; 2) the desubjective atmosphere of machinic regulation and disassembly.

The myth of normality

Anxiety is related not only to the requirement to control insecurity and manage risk but also to a widespread process of extrinsic individuation and to an absence of representations of the future. Lazzarato offers a theoretical expansion of this polemic by drawing together Deleuze and Guattari's concepts of the major and minor with that of disassembly (enslavement) and individuation (subjection) (Lazzarato, 2014). This distinction between major and minor does not refer to minority groups as described in ordinary language, nor is it a matter of quantitative valuation, of more or less, but of the flattening effects of capitalism characterised by normative

binaries such as normal-abnormal, standard-deviant, and typical-divergent (Deleuze & Guattari, 1987; Laurie & Khan, 2017; Read, 2016).[12] Drawing on Bataille's bipolar axes of homogeneity (flattening, normalising) and heterogeneity (divergent and fragmented), Deleuze and Guattari's 'politics of the middle' takes majoritarianism as the structuring of homogeneous norms and identities that stigmatise difference and divergence in order to manage the workforce and govern the population. In the context of mental health, nearly all conventional thinking is grounded in a biomedical model of homogeneity that attempts to adjust an individual to a world which, as David Smail observes, "is taken as *given*, as simply real and there and to be reckoned with, but not altered" (Smail, 2018, p. 5).

By offloading the total burden of care onto the individual, biomedical discourses of 'self-care' persuade people if they are feeling sick or lonely, the problem is not social or economic, but a problem intrinsic to the self. This obscures the objective reality that people have become far less secure in recent years due to dramatic reductions in privacy, workplace rights, job security, regulatory oversight, pay levels, and social welfare, which in turn legitimates further stigma. The resultant effect, as Smail continues, is that any symptoms arising *within* individuals are divorced from the cultural, political, and economic interactions between people and from the nature of the social world we have created (Smail, 2018). If a person cannot cope with this rigid, internalised understanding of mental and emotional health, they are expected to conclude that something is wrong with them — that they have an 'abnormal', unwell, or otherwise deviant body and brain — that they are 'the problem'. Of course, as Nick Walker elaborates in their work on the

[12] Drawing inspiration from the difference between major and minor scales in music theory, for Deleuze and Guattari, the major is characterized by its ability to exert control and influence over individuals and groups, and to shape their behavior and identity (Deleuze & Guattari, 1986). The minor, on the other hand, refers to the ways in which individuals and groups resist or challenge the dominant structures and systems of power. The minor is characterized by its ability to subvert and disrupt the major, and to create alternative forms of power and resistance. The example of patriarchy provides an illustration: while there may be more women than men numerically, in Deleuze and Guattari's terms, which are sensitive to relations of power, men still constitute the majority whereas women form a minority.

neurodiversity paradigm, “the idea that there is one ‘normal’ or ‘healthy’ type of brain/mind or one ‘right’ style of neurocognitive functioning, is no more valid than the idea that there is one ‘normal’ or ‘right’ gender, race, or culture” (Walker, 2021, p. 12).

Through the regulation of identity categories inherent to individuation (gender, race, sexuality, normality) and the management of social alienation inherent to a job or social function (worker, unemployed, teacher, etc.), majoritarianism superimposes an archetypal world that favours the neurotypical over people’s lived experiences of pain, precarity, shame and depravation as way to normalise and thus legitimate the social factory of anxiety. In contrast, the minor is heterogenous, divergent, a process of dividuation and disassembly that surpasses existing identity formations and collective, emotional, and social modes of labour that exceed capture and representation in a wage. Akin to the negative freedom discussed earlier, subjection (major) is a kind of exclusion, a recognition of labour, and participation, but it always has as its basis the productive power of enslavement (minor) that exceeds it. Stripped of personal significations, the minor can evade and undermine the dominance of homo-economicus-anxious. Yet in this market system governed by paranoia, insecurity and self-and-future-management, the minor has been aggregated into algorithmic data flows and predictive analytics that prefigure the possibility of choice by exploiting the difference between subjection and enslavement.

V. Capitalist Realist Anxiety

In *Hyperculture*, Han describes the disorienting dizziness of freedom and deepening illusion of choice across the neoliberal social factory’s dual processes of stigmatizing and appropriating difference and divergence (Han, 2022). In doing so, he echoes many of the observations of Kierkegaard, Lacan, Reich, and others who analyse anxiety as a hinge mechanism through which

the subject is coded and decoded within this overarching paradox of dis/empowerment characteristic of modernity. In the society of control discussed by Deleuze this process is managed not by the disciplinary panopticon but by shifting categories of identification and possibility that disguise the operations of social stratification and historical injustices (Deleuze, 1992). J.K. Gibson-Graham make a similar point, arguing that while neoliberal culture is routinely characterized as a space for the celebration of difference and diversity, capitalism materialises as an 'economy of sameness' that makes it impossible to imagine alternatives (Gibson-Graham, 2014). This tendency towards such a flattening illuminated by Bataille, Deleuze and Guattari's major (homogeneous) and minor (heterogeneous) is expanded in the work of Mark Fisher, who examines "capitalist realism" as a totalizing global order governed by a "pervasive atmosphere, conditioning not only the production of culture but also the regulation of work and education, and acting as a kind of invisible barrier constraining thought and action" (Fisher, 2009, p. 16).[13]

In terms of mental health, the hegemony of 'capitalist realist anxiety' causes not only a social breakdown, but also a psychic breakdown that internalises and personifies the continual series of breakdowns and crises that compose capitalism. Thus, anxiety becomes a 'natural' fact or 'genetic' disorder, requiring treatment by pharmacology and mechanisms of adjustment. The paradigm of neurodivergence introduced by Walker is one of the clearest examples of the ways neoliberal logics obscure yet still enforce the dominant (major) cultural and territorial markers underpinning people's insecurity (Walker, 2021). By focusing on individual strengths or talents that are considered economically useful, neurodivergence is framed as a 'competitive advantage' that feeds directly into the instrumentalism and self-management of the market system. Such logics

[13] According to Fisher, capitalist realism is a form of Deleuze's control society characterized by the belief that there is no alternative to capitalism, and that all other forms of economic and social organization are either impractical or undesirable (Fisher, 2009, 2020). This belief, he argued, creates a sense of powerlessness and resignation among individuals, and prevents them from imagining and striving for alternative forms of social and economic organization.

foster a corporate environment where neurodivergent people are understood to bring certain skills that can be an invaluable part of the work culture without fundamentally challenging neoliberalism or capitalism more broadly. As Robert Chapman reflects, the intention is to shift the focus from changing society in any fundamental structural way to reframing standard biomedical practices as neurodiversity advocacy and individual autonomy through the use of existing strengths-based assessments and interventions like positive psychology, positive psychiatry, multiple intelligences, and developmental psychology (R. Chapman & Botha, 2023)

The benefit of this neoliberal approach is that it can genuinely help certain individuals, either by empowering them in their employment or by generating wealth for those who capitalise on this approach (becoming business leaders, life-coaches, etc.). The problem, however, is that such a neurological instantiation of mental illness says nothing about its causation, and thus it can do little to fundamentally challenge anything about the underlying social structures of homo economicus that led to the neurodiversity movement becoming necessary in the first place (Fisher, 2009). While, as I discussed at the outset of the first chapter, the standard line of argument is that anxiety has always been prevalent, and it was only during the last century that we came to name it and therefore notice it, this glosses over the fact the etiologies for anxiousness have existed for centuries. What changed with the advent of neoliberal capitalist modernity is not the emergence of a new set of categories that did not exist before (though taxonomies for ordering mental health have grown exponentially), but the emergence of material conditions that inform competing and overlapping hypotheses as to the causes of these mentalities (Cohen, 2016; Kinderman, 2019).

Pluripotent subjectivation

In the next chapter I elaborate on Fisher's vital point that there is a connection between the rise of anxiety and post-Fordist or neoliberal capitalist modes of production. Moreover, drawing from

historical analyses looking at the relationships between asylums and factories, that structured forms of misery and boredom can also be linked to past modes of production and the forms of discipline that extend from them. For decades, considering mental illness as an individual chemico-biological problem has "reinforced Capital's drive towards atomistic individualization (you are sick because of your brain chemistry)" and "provides an enormously lucrative market in which multinational pharmaceutical companies can peddle their pharmaceuticals (we can cure you with SSRIs)," (Fisher, 2009, p. 37). Echoing thinkers discussed across this chapter, anxiety, and mental health more generally, are key sites for the political formation of subjectivity. However, as Fisher continues, mental health challenges tend to be explained by *either* a social and discursive account that entirely rejects neurological or psychotropic factors as biomedical mystifications; *or* a chemical account of the subject that wholly de-politicizes mechanisms of alienation and inequality that are in fact social in nature.

Akin to Fisher, Foucault does not look at the relationship between mental health and capitalist modernity from the point of view of the classical historian of a scientific discipline like psychiatry, who would trace the development of a diagnostic practices from early notions towards its modern, rational state (Foucault, 2008). Rather, both are interested in how decisions, limits, and conceptions of normality and madness change across different modes of production in society through different systems of exclusion and control. The problem with a reduction to the entirely neurological, biological, or chemical is that it confuses the subject with its local and particular manifestations in history. Instead of looking at skyrocketing anxiety disorders in our world today as a matter of increasing chemical imbalances — which leads to treating relations that are social and political in nature as relations between neurons — the work of Foucault, Fisher and others discussed in the next chapter, can interrogate the interconnected layers of mental health

simultaneously through a conception of human bodies as "pluripotent" by taking into account the overarching social and political contexts of subjection formation (Katz, 2001).[14]

It is important here to reiterate the methodological frame stated at the outset — that probing how and why anxiety has become so ubiquitous requires a theory of scale moving across binaries such as healthy/sick, productive/inept to trace the effects of capitalist modes of production on subjectivity. Across this so-called politics of the middle, what connects Bataille (homo/heterogeneous), Deleuze and Guattari (major/minor), and Foucault and Fisher (pluripotent) in their approaches to mentality is the shared emphasises on the formation of subjects as managed by processes of discipline and control that can take on very different trajectories or localised manifestations. The point is to make sense of people's heightened anxieties as an operational function of an actually existing network of neoliberal social relations that is historically contingent. As I discuss with the case studies of laissez-faire misery and Fordist-boredom to follow, this process is not some linear form of progress, but a series of intensifying regulations and captures, where new structures of social control gave rise to new behaviours, practices, and feelings, which in turn intensify new forms of resistance and disidentification.

Global characteristics with local adaptations

Connecting Kierkegaard, Lacan, Giddens, and Beck in their theorisations of risk management and anxious subjection is the underlying thesis that something has changed in our relationship to the world that has produced widespread insecurity, uncertainty, and catastrophizing. Moreover, while

[14] The concept of pluripotency comes from the processes of cells in the human body (Katz, 2001; Phadnis et al., 2015). All cells begin as 'pluripotent,' meaning they can become many different types of cells in the body (nerve cells, blood cells, muscle cells, liver cells, bone cells, etc). A structural coupling occurs when cells in the body come to coordinate their ongoing movement as a response to their conditions. In this respect, cells in the body have the possibility for many localised manifestations. Applying pluripotency to a social science context can help to consider the dynamic interplay of agency, structure, and environment (Deleuze & Guattari, 1987; Fisher, 2020). For my purposes, pluripotency as a mode of subject formation emphasizes the idea that social outcomes are not pre-determined but influenced by a complex array of factors that allow for multiple potential pathways or manifestations.

the history of capitalist modernity and its conception of the individuated, self-managing subject has a specific relationship with anxiety, this structure of feeling has acquired a global dimension. This is because many of the political and cultural features of modernity that originated in Western capitalism — from economic and financial structures to the consumptive drive discussed throughout — have become global characteristics with local adaptations in a globalised context of growing interdependences (Nederveen Pieterse, 2012; Searle & Darchen, 2023; Šumonja, 2021). This further reinforces Fisher's point that subjects are shaped by different trajectories and localised manifestations in different historical and material contexts. That is, that the causal factors determining mental health — social, discursive, biological, chemical — are immersed in a particular currently existing network of material relations. Only once we map the unique contours of these existing relations is it possible to uncover structural couplings between subjects and social, economic, and political systems that are pathological in character.

When we are talking about affects, emotions, and the myriad of diagnoses that flow from the management of desire, structural couplings that synchronize subjects function in a similar way to William's structures of feeling introduced in the previous chapter (R. Williams, 1977). The processes of discipline and control described above shape and give meaning to the subtle and often unconscious ways in which individuals and groups make sense of the world, and these are shaped by the values, beliefs, and experiences that are prevalent in the particular historical context of capitalist modernity. The source of anxiety can be localized in a certain place, such as a data breach or an environmental disaster, and it can also (and often will) have a collective and practical impact on a global scale. This is especially true when the source of anxiety is located, or has originated, in the 'Global North,' but the acceleration of systemic emergencies such as financial instability, migrant crises, and an ongoing pandemic have further blurred the already tenuous geopolitical and

geo-cultural distinction of anxiogenic sources (Albertson & Gadarian, 2015; Eklundh et al., 2017; Grusin, 2010; Rebughini, 2021).

While the anxieties described by Kierkegaard, and later Fromm and Lacan, were mainly private feelings of subjective malaise, in neoliberal and post-industrial societies, it is a structure of feeling based on the awareness of the potential catastrophes being generated. In returning to the pluripotency of subjects described by Foucault and Fisher, it is important to reiterate that the market pathologies I have been surveying in this literature review — disorienting freedom, illusory choice, competition, individuation, risk aversion — generate pathological structural couplings where, by virtue of navigating the mechanisms of social subjection and machinic enslavement, the social system, and the neurological system effectively break down and withdraw. This is not to reduce anxiety to a binary of personal and structural factors, nor is it to argue anxiety is the cause of breakdown, but to distinguish between instantiation and causation to consider the relationship between both domains (the neurological and the social). Focusing on how pathological structures of feeling form couplings with individuated subjects and technical systems of desubjectification that breakdown one's capacities sets up the three strands I unwind in the case studies and conceptual analysis of anxious subjection in the chapters that follow.

First, I plot out the pathological social structures of mental health governance dominant during laissez-faire and Fordist modes of capitalist production, case studies which, as I explain, led to the effective collapse of the body and the subject characterised by the advent of homo economicus. Following from this, I elaborate on the pathological social structure of anxiety as it operates within a contemporary biomedical model of control, managed by homogeneous processes of self-quantification and healthism introduced at the outset. Finally, at various points I explore the suggestion of other alternative forms of mentality that might be produced through non-

pathological and reciprocal structural couplings to the social system. Though a detailed prognosis of 'what should be done' about increasing insecurity and anxiety is beyond the scope of this dissertation, the politicization of affectivity and mentality is a key terrain in struggles against post-Fordist, neoliberal systems of capital (Institute for Precarious Consciousness, 2015; Jasper, 1998). As I have summarised, a person is not anxious due to their own autonomous action so much as controlled by a pathologizing network of material relations that create the sense of hopelessness and despair among individuals, which, as Fisher described so well as capitalist realism, prevents them from challenging the status quo or envisioning a different future (Fisher, 2009).

The consequences of competition

In the quote at the outset of this chapter, Fromm connects this same feeling of separateness, of being cut off, without any capacity or agency, to the source of anxiety in the modern world. Acutely aware of their 'aloneness', he describes individuals attempting to escape the pervasive feeling of isolation through consumptive expressions of choice and freedom. Nonetheless, the paradoxical operation of social power and alienation is such that it frequently prevents the satisfactory fulfillment of this need. As Fromm adds, capitalist modernity does this through the promotion and celebration of the empowering virtues of the isolated, private individual and their economy of sameness (Fromm, 1994).[15] While neoliberalism has moved to commodify identities and communities that were once considered deviant, disordered, and divergent, capitalism's exaltation of the individual archetype of homo economicus is stronger than ever (Choat, 2019; Esposito &

[15] As touched on earlier, the economy of sameness discussed by Gibson-Graham is characterized by lots of space for the proliferation of diverse identities and community, as long as they adhere to the dominant belief that there is only one way to organize economic activity (Gibson-Graham, 2014). This belief leads to a situation in which all economic activity is judged according to the same set of criteria and is expected to conform to the same model. In a similar vein to Fisher's capitalist realism, Gibson-Graham argue that the economy of sameness creates a narrow and limited view of what is possible and desirable and that it undermines the diversity and creativity that are essential for healthy communities and societies (Fisher, 2009).

Perez, 2014). This can be seen most clearly through the potent opposition to the ideals of collectivism and solidarity, and preference and incentive for competition (Adams et al., 2019; Harvey, 2005; Lynch & Kalaitzake, 2020). Individuals, it is said, must compete with each other on a general basis to enhance their personal development.

Competition is, economically, one of the bases on which the market operates and, ideologically, corresponds to the widespread belief that, to be successful, one must compete with others for scarce resources (Karatzogianni & Robinson, 2013; Tellman, 2015). The consequence of competition is that it divides and isolates individuals. Other members of society are not considered as sources of support, but obstacles to personal advancement. Ties of social unity are therefore greatly weakened. Not only is loneliness integral to the formation of pathological structural couplings, but it is also exacerbated by the very functioning of capitalism. A range of studies have shown that solidaristic group memberships, and the sense of the collective identities they furnish people with, form the basis for a variety of health-enhancing social psychological resources including social connection and social support, as well as a sense of control, purpose, and meaning (Becker et al., 2021). Evidence suggests that access to meaningful groups is an important way for people to stave off depression and overcome social isolation.[16]

And yet, to feed capitalism's inexorable drive for homogeneous expansion, the positive benefits of building and maintaining reciprocal relationships with others is eschewed for alienation, and the competitive behaviours this isolation engenders fuels market growth and energises commodity production and consumption (W. Davies, 2017; Peck, 2012). Through the

[16] As I discuss in Chapter Five, movements such as liberation health modelling reinforce this position that group engagement is a way to stave off alienation and isolation. Overall, liberation health modeling is based on the idea that health is a fundamental human need, and that it is the responsibility of society to ensure that everyone has access to the conditions that enable health and well-being (Belkin-Martinez & Fleck-Henderson, 2014). It emphasizes the need to address the root causes of health inequities, and to create more equitable and just societies. This approach to health is often associated with social movements and grassroots organizing, and with efforts to promote social and economic justice.

dual processes described by Lazzarato, subjects are built up as high-functioning individuals with identities, rights, and autonomy, dizzy with freedom, choice, and the drive to be healthy, prescriptive, and productive (Lazzarato, 2014). At the same, the biomedical model disassembles subjects, suspending and curtailing individual bodies if they experience mental distress, including by legitimizing the infringement of their actions (Moncrieff, 2022a; Schrecker & Bambra, 2015). As I elaborate in the next chapter, this is a dividating process that is part of a larger history of the development of machinic systems of classification, diagnosis, and prediction, which bypass the agency of the sovereign subject to further intensify their productivity as data. By understanding de/subjection as a form of dispossession, my emphasis is on how these systems regulate access to resources, opportunities, and power in ways that marginalize or exclude certain groups or individuals from participating in society.

Starting from the position that there are inherent connections between positive mental health, meaningful personal relationships, and expressions of solidarity, this literature review has surveyed how alienation and isolation are embedded within the structure of capitalist modernity as an inevitable outcome of its homogeneous value system. Having become an axiomatic notion, the expanded production powering this system is rarely challenged, as work takes precedence over investing in social relationships. Furthermore, neoliberal reforms have left many workers with progressively more precarious jobs and less protections, guaranteed benefits, and hours of employment — all of which have only aggravated loneliness and inequality. Amplifying the proletarianization of the labour force highlighted by Fisher, Read, and Stiegler, with ever-more workers existing in a state of insecurity and experiencing increased exploitation, the centrality of work has become greater as the threat of not having a job or being unable to secure an adequate standard of living, has become a reality for many in a ‘flexible’ labour market (Fisher, 2009; Read,

2009; Stiegler, 2010). While individuals often seek to avoid loneliness, they have no choice but to devote more time to work at the expense of establishing meaningful relationships. It is the feeling of paralysis in the face of this paradox that characterises the political life of anxiety.

Chapter Conclusion

This literature review analysed anxiety as a product of alienation and isolation within capitalist modernity, emphasizing its role in the proletarianization of the working class. Driven by the doctrine of homo economicus, it examined how neoliberalism posits individuals as active decision-makers while simultaneously rendering them as nodal points in the passive circulation and consumption of information, goods, and services. This intensifies feelings of marginalization and disrupts any organic communal connections, leading to a distorted perception of freedom and autonomy, where individuals are governed by discipline and control. Biomedical models further contribute to this isolation, legitimizing the curtailing of individual actions in the face of mental distress. This chapter also elaborated on the fact that amid rising socio-economic inequality and insecurity, market rationality has become equated with frugality and cost-cutting, obscuring the fact that scarcity is an engineered condition. Once a hub for mass production, the factory has expanded the scarcity paradigm, imposing homogenising logics across the whole of the social field, integrating individuals into a majoritarian system that flattens diverse, minoritarian groups.

While anxiety functions as a personal and subjective experience, the review also explored anxiety as a depersonalizing response to dependence on technology and the need to adapt to it. In this regard, discussions of Fisher and Foucault's exploration of the intertwining of mental health and capitalist social structures pointed to the prevalence of anxiety across contemporary life by highlighting the intricate connections between a dominant neoliberal emphasis on competition and productivity, alongside the rise in widespread social isolation and material insecurity. Such a

paradoxical situation, where work is both a necessity and a source of intense anxiousness, characterizes the political life of anxiety. Ultimately, this literature review has attempted to pave the way for re-examining reciprocal forms of social engagement and solidarity in later chapters, which can counter the isolating force and processes at play, fostering a collective resistance to the pathologies of capitalist realism. At the same time, it is important to be attuned to the fact that navigating this tension of dis/empowerment often leads to desire for conformity for a sense of belonging, which can diminish the ability to transform one's situation.

CHAPTER THREE
MISERY & BOREDOM

> What is the working class today, in this specific crisis, no longer merely as objects of exploitation, but *the subject of power*?
> (Negri & Tronti, 1979, p. 5) emphasis added.

Chapter Introduction

Chapter Three examines the relationship between modern capitalist production and mental health management through a dual focus on de/subjection and dis/empowerment. Linking the formation of insecurity and inequality to the detrimental effects of market psychopathologies on physical, social, and emotional health, it explores the roots of mental ill-health through two case studies, arguing that struggles against repressive conditions are often repurposed to intensify people's isolation and alienation. In its survey of capitalist dispossession, the chapter takes a genealogical approach, tracing the persistence of sovereignty, discipline, and control techniques across two significant modes of production preceding neoliberal anxiety: 'Fordist-Keynesian boredom' and 'laissez-faire misery.' Starting from Marx and Engels' position that capitalism intensifies people's productive capacities only to exploit them for capital reproduction and dispossession, leading to the proletariat's immiseration, the case studies emphasise the Autonomist antagonism of class struggle in the collapse of laissez-faire governance leading up to the post-war era and the transition from the Keynesian welfare state to a neoliberal 'crisis state.' The social factory is central to this process, underscoring the operations of subjectivity and the production of subjects in market societies, illuminating the dual paradox of capitalism — exploitation on one side, the potential for

transformation on the other. The chapter concludes by setting the stakes for much-needed 'anti-anxiety machines' that can situate the structural nature of anxiety, evaluate past de/subjectification structures, and assess strategies developed to challenge these conditions.

I. The Social Factory

Illusion and Reality: The Meaning of Anxiety by David Smail explores the concept of anxiety and its role in human experience. As one of the key inspirations for Fisher's capitalist realism, Smail looks at how society tends to pathologize anxiety and treat it as a medical problem, rather than recognizing it as a normal and necessary part of human experience that is intensified by the politics, economics, and culture of neoliberal capitalism (Smail, 2018). In particular, Smail's work unravelling the 'myth of normalcy', which places a high value on competition and encourages individuals to strive for personal success, is central to the pathologizing process. As discussed in the previous chapter, the focus on individual achievement creates pressure and a need to conform to homogeneous societal expectations, flattening measures that engender shame, stigma, and isolation for those who do not meet these expectations. This form of social control politicises affectivity and mentality by creating a narrow and limiting definition of what is considered 'normal' or 'healthy.' As David Coburn points out, such an approach is ineffective in examining the totalising causes of mental health challenges because it generates an insidious atmosphere that enshrines notions of personal responsibility for one's own wellbeing to offload the burden of care onto individuals (Coburn, 2010).

The resultant effect is that it rarely occurs to sufferers of anxiety that their experiences of unease, pain and distress are not only the *intentional* outcome of particular social and historical configurations of market relations, but that these states are *widespread* and commonly felt across

many populations. Not only does this biomedicalised way of thinking accentuate the negative, reactionary, isolating nature of the label of 'illness,' but it does so with the aim of increasing the productivity of labour power. In short, the efficiency and resiliency of the workforce, not its' health, becomes the main priority. Through its fixation on productivity, impairment and diagnosis, this model accentuates what is 'wrong', 'sick' or 'deviant' in a person. In their book *How Politics Makes Us Sick,* Ted Schrecker and Clare Bambra uncover numerous causal links between increases in obesity, insecurity, austerity, inequality and the implementation of market fundamentalist policies around the world (Schrecker & Bambra, 2015). From the abrupt clawing back of public goods and services via privatisation policies, the failure of consumer regulatory mechanisms and the collapse of the Fordist-Keynesian labour market stability to severely weakened social safety nets and widened income disparities, health epidemics of all stripes have been linked to the detrimental effects of capitalism on people's physical, mental and emotional health.

Even the use of supposedly neutral, descriptive terms like 'disparity' or 'inequality' over more material ones such as 'class', 'violence' or 'power' embolden depoliticised and naturalised views of these mechanisms since, as Elizabeth Sweet explains, they obscure the overarching social factory within which insecurities are embedded (Sweet, 2018). The case studies I develop in this chapter probe the origins of this social factory, grounding my focus on neoliberal anxiety with analyses of the previously dominant pathological structural couplings of laissez-faire misery and Fordist boredom. At the outset, I stated that these case studies are genealogical in nature, meaning they draw on historical materials about the constitution of knowledges, discourses, and domains of power to map the changing relationship between capitalism and social pathology. By applying my theoretical formulation of neoliberal anxiety as a social factory governed by techniques of

individuation and disassembly to previous modes of production (Fordism, laissez-faire), I look for clues in past structures of de/subjectification and population management while also evaluating the strategies sufferers of misery and boredom developed to challenge these homogeneous systems. Through this genealogical 'revaluating of values', the chapter concludes with further discussion as to how struggles against these conditions are constantly co-opted and repurposed to further intensify people's insecurities through machinic dispossession.

Factories without walls

Mario Tronti developed the concept of the social factory to analyse the ways in which capitalist production and social reproduction are interconnected and mutually constitutive. The social factory refers to the idea that the entire society, rather than just the workplace, is organized and structured around the production and reproduction of capital. This includes not only the formal processes of economic production, but also the broader social, cultural, and personal structures that support and sustain capitalist production. It is no coincidence that *Workers and Capital* introduced the social factory as Fordism was emerging as the dominant mode of production in mid-20th century Western European and North American countries (Aglietta, 2015; Lipietz, 1997; Tronti, 1966). Associated with increased government spending, lower taxes, expansionary monetary policy, the rise of consumer culture and the growth of the middle class, Fordism was closely tied to the emergence of the Keynesian welfare state and the zenith of the labour movement, as it was seen to provide certain categories of workers with stable, well-paying jobs and a measure of security (Harvey, 1989; Piore & Sabel, 1984).

Whereas the laissez-faire industrialism described by Marx's doctrine of increasing misery operated on the principle that the market is the most efficient way to allocate resources and that the government should not interfere in economic activity, the Keynesian welfare state and Fordist

production synthesised state and market interests to create a bureaucratic matrix of social subjection (where individuality is assembled through the consumption of products and media) and machinic desubjection (where populations are disassembled through censes, insurance and the advent of credit) (Marx, 1993). Tronti writes of social factories and Antonio Negri of 'firms without factories' or the 'factory without walls' as this matrix is expanding out to subsume all of the social relationships and activities that are necessary for the production and reproduction of capitalist society, such as the family, health, education, and the state (Negri & Tronti, 1979; Tronti, 1966). Soon habits, desires, beliefs, hobbies, and fantasies would no longer be reprieves or alternatives that were separate from the economy and working life, but rather integral to the functioning and reproduction of capitalism (Bauman, 2000; Jameson, 1992; Ruggie, 1982).

Negri describes this process as the deterritorialization, dispersion and decentralisation of labour, which is imposed through homogeneous norms and flattening measures so that "the whole society is placed at the disposal of profit" (Negri, 2005, p. 79). In conjunction with Michael Hardt, Negri adds that the state, in turn, has shifted from a planner-state based on Keynesian economic principles to a neoliberal 'crisis state' (Hardt & Negri, 2004). As I elaborate in the next chapter, this state of perpetual crisis generates disoriented epistemologies, which leverage the isolating and competitive aspects of anxious subjection to obscure key systemic factors actively producing insecurity, often by condemning marginalized or at-risk groups (Birchall & Knight, 2022; Knight, 2021). This state of hypercultural confusion and ongoing crisis intensifies the state's control over the social factory (Han, 2022; T. S. Murphy & Mustapha, 2005; Nederveen Pieterse, 2012). Again, it is this increase in the perception of power as a function of control that drives the paradox of dis/empowerment. As governance becomes less physically restrictive it also becomes more intense, saturating the field of possible actions. This is both more intense and more globally

dispersed as centralised programmes of imperialist expansion give way to decentred, transnational regimes of production and governance that later proliferate the pathological structural couplings of anxiety.

Social factory key themes

While this transition from Fordist-Keynesianism to neoliberalism in the mid-1970s is commonly recognised as a temporal shift in capitalist organisation, what distinguishes the social factory as an analytical tool for this genealogical account of market psychopathy are two linked themes. *First*, it rejects the notion of history as a linear progression through a series of different stages, leading to the final and inevitable collapse of capitalism brought about by declining rates of profit (Gill & Pratt, 2008; Lazzarato, 2008). Less stark binaries between good and bad terms that one can select or choose, than a relation of production and representation, organization and its capture, the social factory takes history to be contested by major/minor, homo/heterogenous processes of discipline and control generated through capitalist modes of production. This revitalised emphasis on the antagonism of capitalist relations is pluripotent and open-ended, meaning it can take on different forms or localised manifestations (Fisher, 2009; Katz, 2001). *Second*, it focuses on subjectivity — what Negri in the chapter's opening quote calls "the subject of power" — instead of endeavouring for an objective analysis of capitalist market processes (Negri & Tronti, 1979, p. 105). By situating market psychopathologies within their structural contexts, power is located with the ability of particular historical substantiations of capitalism to produce subjects as opposed to capitalism as an object.

Instead of the negative and destructive side effects of neoliberal market policies, widespread experiences of anxiety, alienation, and disempowerment are seen as core governing logics that serve as mechanisms to increase competition and productivity. In the same vein, rising

inequality is an alarming statistic that can be measured, but also a dual process of social subjection (that erodes trust and social cohesion) and machinic enslavement (that manages populations through credit scores and cognitive testing). From this perspective, capitalist modes of production never shift of their own accord — workers' movements, organizations, actions, and communities, broadly defined through the extension of labour and capitalist logics outside factory walls, are the stimulus of development (Berardi, 2010; Dyer-Witheford, 2015). This dual focus on the antagonism of capitalist relations and the pluripotent subject of power illuminates capitalism's 'double face.' On one side, the shifts and intensification of exploitation and alienation wrought by the acceleration of self-management and data-driven behavioural and algorithmic technologies. On the other, the release of a social potential for transformation, largely attributable to the opportunities for human contact and interaction, grounded in the reciprocal ideals of collectivism and solidarity.

The challenge, as discussed in the previous chapter, is that alongside empowerment and a sense of transformative potential, capitalism produces a profound psychological, social, and material experience of isolation and alienation, which is ceaselessly exploited to further entrench and extend the competitive logics of the system.[1] As it becomes more difficult to differentiate the working day from that which is leisure or self-making, the social factory proves useful for examining the processes through which work has become entwined with subjectivity, desire, and thoughts (Gorz, 2010; Lazzarato, 2008). As Christian Marazzi observes in *Capital and Affects*, immaterial assets of cooperative social relationships, interpersonal communication, and emotional intensities inside and outside the workplace become the fixed capital of the entrepreneurial subject to leverage for increased productivity and success (Marazzi & Mecchia, 2011). To contribute to

[1] As I explained in the discussion of capitalist realist anxiety at the conclusion of the last chapter, this profound psychological, social, and material experience of isolation and alienation is driven by market psychopathologies.

this value creation, workers are encouraged/required to incorporate economic logics into their identities and to make the production and performance of that identity a core aspect of work. And yet, while the social factory has continued to expand the subsumption of life into work over the past fifty years, it is important to highlight that the interconnection and co-constitution of capitalist production and social reproduction is not a new process.

Arenas of social reproduction

As I elaborate in the next section, for Marx capitalism was always more than an economy and its particular relations of production. It was also a punitive system that utilised exploitation to extract surplus value at the increasing dispossession and immiseration of the proletariat (Marx, 1981). As Jason Read adds, capitalism has always been a whole mode of production: "a historically variable relation between a particular production of material existence, and a particular social order, including forms of consciousness" (Read, 2003, p. 4). What is missing from Autonomist Marxist assertions that the social factory is novel, as Kylie Jarrett points out, is the necessary role within capitalist economies of the various arenas of social reproduction, such as the law, cultural and social practices, the education system, or religion (Jarrett, 2018). The most crucial sites for reproductive activity are the family and the privatised domestic sphere — "pivotal locations for the production and reproduction of the labouring body and, I would stress, the labouring self and so are vital to the maintenance of capitalism" (Jarrett, 2018, p. 12)

As spaces that have long been structured by capitalist ideals and which, in turn, have attached subjects to the pathological structural couplings, domestic work is a key site in the long history of the incorporation of the immaterial, the inalienable and the subjective into capital both as cause and effect (Vogel, 2013; R. Williams, 1977). Silvia Federici's *Caliban and the Witch: Women, the Body and Primitive Accumulation*, which explores the cultural logics of emergent

capitalism through the lens of feminist social reproduction, is a useful resource for explaining this process of dispossession (Federici, 2004). Federici argues that the rise of industrial capitalism was accompanied by a shift in the way the body was understood and valued, as the emphasis shifted from the body as a source of labour to the subject as a source of value. This shift to a wage relation, closely tied to the colonization and dispossession of bodies, particularly the bodies of women and non-European people, decoupled production, and reproduction. As a result, work that was considered economically and socially valuable was effectively detached from labour that reproduced individuals and the family, which established physical distance between the home and the organised, industrial workplace (Federici, 2004, 2018; Vogel, 2013).

As the process by which the social factory appropriates and expropriates resources, assets, and labour from individuals, communities, and societies, dispossession is a central aspect of capitalist production. By facilitating the extraction of surplus value and the concentration of wealth and power in the hands of a few, it is also a key mechanism through which capitalism reproduces and reinforces social and economic inequalities (Batou, 2015; Harvey, 2005). What connects different historical processes of capitalist dispossession is that fact that marginalized and oppressed groups are the ones most affected. For example, when common goods such as land, water, and natural resources are privatised — that is, converted into private property and controlled by capitalist firms — this leads to the exploitation and depletion of the commons, which has significant impacts on the environment and the people who depend on these resources (Bailey, 2019; Gill & Pratt, 2008; Li, 2010).[2] Similarly, the exploitation of labour, through low wages, long

[2] Tania Li looks at capitalist dispossession through the lens of Indigeneity, focusing specifically on collective, inalienable land-tenure regimes in Southeast Asia (Li, 2010). Li's work looks at the tensions around collective landholding, which is often utilised by local groups as they act to defend their livelihoods and communities. However, collective landholding has also been imposed from a top-down disciplinary position, first by paternalistic officials of the colonial period and now by a new set of experts and advocates who assume responsibility for deciding who should and who should not be exposed to the risks and opportunities of market engagement. Li's point is that collective land-holding operations both as a tool for resistance and control depending on its how it is deployed.

hours, and poor working conditions, and the undervaluing of reproductive labour, including caregiving and household work, has significant impacts on the health and well-being of vulnerable groups as gender, race, and class inequalities are deepened (Thomas & Coburn, 2022).

Like how disempowerment and insecurity are not side effects of neoliberal market reforms but important mechanisms for increasing competition and productivity, the division between productive and reproductive labour — ultimately between the sphere of paid work and the private world of domestic labour — was no mere side effect of laissez-faire industrial capitalism (Deleuze & Guattari, 1987; Vogel, 2013). Instead, it was the intended outcome of dispossessive logics of privatisation, engineered to concentrate wealth and power. Of course, there have been material changes in how these logics operate. As I examine later in the chapter, Stiegler describes a mode of 'machinic dispossession', through which the machinery and technology of capitalist production are used to deskill and replace human labour with artificial intelligence and algorithmic processes (Stiegler, 1998). The point of an emphasis on the long history of the duality of incorporation and dispossession of the subject, instead of a preoccupation on its novelty, shifts the focus on the social factory from a question of ideological and analytical correctness to one of strategic necessity (Federici, 2004). As Fred Moten reiterates, heterogeneous movements that fail to create new forms of social reproduction are destined to be reabsorbed into the mechanism of a capitalist system that necessitates a division of labour based on gender, class, and race (Harney & Moten, 2013).

II. Industrialist Misery

Health, wellbeing, and social reproduction are closely interconnected, as the mental health of individuals and communities is shaped and impacted by the structures and practices of social reproduction (Moncrieff, 2022a). For these reasons, according to Schrecker and Bambra, it is

important to centre health as a social and political issue shaped by persistent inequalities, which refer to the ways differences in health outcomes between privileged and marginalised groups are shaped by unhealthy structures dominating society (Schrecker & Bambra, 2015). Thus, as Fromm puts it, rather than emphasising the pathologies of individuals, we must focus on the pathologies of society contributing to the sickness of individuals (Fromm, 2006). Moreover, instead of a fixation on objective theories of the falling rate of profit, it is important to also consider changes in the power and influence of particular historical substantiations of capitalism, such as Fordism or neoliberalism, which facilitate the production, discipline, and control of alienated subjects.[3] What follows from this is an emphasis on the antagonistic relations of mental health in the social factory, the complex interplay between the repressive formation of subjectivity, and the processes that might constitute effective resistance or transformative action within different contexts.

When Federici or Moten suggest any attempts at challenging the current situation are doomed unless the sphere of reproduction is transformed in revolutionary ways — ways that would include the reproduction of the social wellbeing and not only of the single household — they are talking about a process of heterogeneous collectivization (what I discuss in terms of homo reciprocans), which would empower people to break from the replication of homogeneous values of hierarchy and domination that are making society sick and unwell. As I have examined at length, breaking with such values necessitates a rejection of the architype of homo economicus, which equips policy makers and industry titans with a model that justifies the maximising of their own utility. In this spirit, the case studies in this chapter build from a practical scaffolding set up by the

[3] By 'objective theories of the falling rate of profit', I am referring to work such as Nitzan and Bichler, who have argued at length that Marx's value theory is logically invalid and, in its place, offer their 'capital as power' as a logically valid corrective to Marx (Nitzan & Bichler, 2009). Their critique of Marx is a major element of their work, and they use allegations of logical error to justify their theory as a corrective to Marx's circularities and contradictions. As Kliman points out, Bichler and Nitzan's position is not a defensible one as they are unconvincing in their claims of invalidity. "They are just as entitled to their theory as Marx is entitled to his, but they are not entitled to legitimate the existence of their theory by delegitimating the existence of his" (Kliman, 2011, p. 20)

Institute for Precarious Consciousness, which situates structures or ‘waves’ of pathological couplings (anxiety, boredom, misery) in the historical context of various capitalist modes of production (neoliberalism, Fordist-Keynesianism, laissez-faire) to catalogue strategies of discipline and control, but also, to explore how people have leveraged these tactics as tools for breaking with the current order (Institute for Precarious Consciousness, 2015). In doing so, it utilises the changing conditions in the mental health of subjects as a prism through which to examine the rise of the paradox of dis/empowerment discussed throughout.

Doctrine of increasing misery

Marx’s doctrine of increasing misery is a good place to start because it is one of the originary accounts of the ways capitalism amplifies and proliferates productive and social capacities through alienating processes, which are then captured and redirected for the reproduction of capitalist social formations (Marx, 1993; McMahon, 2018; Øversveen & Kelly, 2022). For Marx, these transformative yet alienating processes are defined as the mechanisms that separate bodies from what they can do — i.e., when the worker is separated from the means of production, and is instead instrumentalized by the labour process. As Read points out, Marx describes this process as a general schema in which the worker transforms nature, and themselves, through the mediation of a tool or instrument (Read, 2016). Thus, they are rendered as labourers with wages and employee numbers, as social subjects utilising reason to produce outputs. But whereas the tool is identified with self-transformation and individuation (social subjection), in his famous passages known as ‘The Fragment on Machines,’ Marx describes a concurrent disruption of the unity of the body and subject (Marx, 1993). This process of fragmentation culminates in the worker being reduced to nothing other than a caretaker of the labour process, a conscious organ that merely oversees the

vast network of machines — what Lazzarato later conceptualises as a form of machinic enslavement in his article 'The Machine' (Lazzarato, 2008)

The worker is, for the first time, exposed to the double movement of capitalist modernity, rendered as a means to an end, rather than as an end in themselves. In this situation, alienation and dispossession are not limited to the question of ownership of the means of production, but the subject's psychological and social relationship with normality, action, freedom, and choice (Øversveen, 2022; Simondon, 2017). This psycho-social and technological alienation, which leads to the formation of pathological structural couplings, stems from division between the part, the immediate task, and the ensemble, the totality (Deleuze & Guattari, 1987). What Stiegler later describes as proletarianization is but a modern iteration of that same sense of transformation and fragmentation through the work process and by the products of labour (Stiegler, 2010). This critique originates in *Capital* with Marx's analysis of the labour process independently 'of any specific social formation' (Marx, 1981). As a way of understanding the consequences of capitalist production and exploitation, his doctrine highlights how the alienation of the 19th century labourer from their productive capacities manifested as self-estrangement and a machinic structuring of immiseration directed by the pathological coupling of laissez-faire misery.

Laissez-faire immiseration

As a product of the Enlightenment, *laissez-faire* — French for "let it [the market] be" — was conceived of by European and American elites as an economic logic for unleashing human potential through the restoration of a so-called 'natural system' unhindered by the restrictions of government (Ferraro, 2016; Young, 2002). Based on the physiocratic principles of minimal government intervention in the economy and the maximum freedom of individuals and businesses to produce, sell, and exchange goods and services, this system holds that competition between

businesses drives innovation and efficiency, and that the market will naturally produce the most beneficial outcomes (Charbit & Virmani, 2002; S. A. Fine, 1976).[4] In a similar vein, Adam Smith's *Wealth of Nations* viewed the economy as a natural system and the market as an organic part of that system (A. Smith, 1976). The resultant effect was that free markets become a moral prerogative in the industrialising economies of 19th century Western Europe and North America, as the pursuit of individual self-interest was alleged to produce an infamous 'invisible hand' that would guide the economy towards optimal outcomes (Henry, 2008; Spiegel, 1991).

However, the formalised separation of governance structures and social wellbeing from the economic interests of industrial mass production led to rapid declines in population health and mental and physical wellbeing. Thus, the question should be asked: optimal outcomes for whom? As Marx and Friedrich Engels show using extensive historical data, what followed from the advent of laissez-faire capitalism was social and economic polarisation, precarious working conditions, and the gendered and racialized separation of paid from unpaid, enslaved, and imprisoned labour (Engels, 1959).[5] These miserable outcomes continue to directly hinder populations — with a recent study finding higher rates of anxiety, depression, suicidal ideation, and lower life expectancy and satisfaction in people living in former industrial regions in the U.K. and the U.S. today than those living in living other areas (Obschonka, 2018). As David McNally summarises, the imaginary of equal exchange amongst individual units espoused by Smith and others is undermined by an

[4] As Marx and Engels point out physiocracy is a school of economic thought that emerged in France in the 18th century, and which is characterized by the belief that the natural order of the economy is governed by the laws of physics, and that economic activity should be guided by these natural laws (Marx & Engels, 1998). Akin to the 'physics envy discussed in the opening chapter, physiocrats believed that the economy was self-regulating and argued for the moral prerogative in limiting the role of the state in order to create the conditions that allow the natural order of the economy to thrive through the 'invisible hand of the market' (Rapley, 2018).

[5] This is unsurprising given that the texts which inspired laissez-faire policies advocated for in *Wealth of Nations* (A. Smith, 1976), where key works in physiocratic thought and the French School of Political Economy, which infamously took the deregulation and privatisation of the Trans-Atlantic Slave Trade to be a showcase of the liberatory and empowering potentials of laissez-faire capitalism (Haselby, 2016; Marx & Engels, 1998).

embodied history of coercion, exploitation, dispossession, and imperialism that laissez-faire moral theories are unable to justify (McNally, 1993).

A core characteristic of Marx's proletarian refrain as a class equipped to transform society is due to its paradoxical enmeshment in this immiseration, which intensifies the productive capacities of individuals, but then leverages them in service of the reproduction of capital and enrichment of wealthy elites (Marx, 1993). Akin to the Autonomist focus on subjectivity, the proletariat occupied the position it did in Marx not because of some preordained revolutionary tendency, but because immiserated workers — having no significant ownership of factories, machines, land, buildings, bodies, and technologies constitutive of the means of production — inhabited a position in society with the potential to transform it and to lead other social elements in doing so. Across the corpus of Marx's work, the doctrine of increasing misery shows how the power of the proletarian class is both mobilised and exploited through poverty, suffering, ethical and intellectual degradation, and violence — manifest slavery, imperialism, scientific racism — in sum, with the immiserating decline in people's ability to reproduce life and wellbeing in a material context of surplus productivity and widespread industrialising (Gronow, 2016).

At a time when the concept of 'mental hygiene'[6] was first being introduced, Engels' *The Conditions of the Working Class in England* offered a definitive account of this immiseration, cataloging the ways social inequities in life expectancy and morbidity following the Industrial Revolution demonstrate the deep-set connections between capitalism and ill-health (Engels, 2009). Writing together, Marx and Engels responded to many contemporary debates about the connection

[6] As I discuss at the outset of the next chapter, although references to mental health as a state can be found in the English language well before the 20th century, technical references to mental health as a field or discipline are not found before 1946. During that year, the International Health Conference, held in New York, decided to establish the World Health Organization (WHO) and a Mental Health Association was founded in London. References to the precursor of "mental hygiene" first appeared in the English language in 1843, in a book by William Sweetser titled: *Mental Hygiene or an examination of the intellect and passions designed to illustrate their influence on health and duration of life* (Bertolote, 2008; Lewis, 1974).

between poverty and disease, challenging the dominant view among elites, which was that immiseration was the product of the weaknesses and inabilities of the poor themselves (Collyer, 2015). In *The German Ideology* they also took on Thomas Malthus for his 'open declaration of war on the proletariat' through the ideology of Social Darwinism, which proposes that the poverty and starvation of the working class are an inevitable consequence of the laws of nature (Engels, 2009; Marx, 1993; Marx & Engels, 1998). Overall, against liberal theories of inherent working class weakness and Darwinian principles of eugenics, both of which dominated laissez-faire thinking about inequality as the result of a 'natural system' driven by the 'invisible hand' of the market, Marx and Engels were arguing for a new theory of the immiseration of the proletariat based in an analysis of capitalism as a pathological social system, which explains how the association between poverty and ill-health are social, not individual, phenomena.

Capitalist relative dispossession

Marx's general law of capitalist accumulation catalogues the ways that greater centralisation of the means of production in cities initiated a corresponding immiseration of people — the swifter the build-up, the more "miserable the lodgings of the working people" (Marx, 1993, p. 692). As consolidated labour began to exceed demand in cities across Western Europe, the excess supply — what Marx called 'the industrial reserve army' — exerted a downward pressure on wages. The larger the proportion of the labour-force in the reserve army, the more intense the competition among sellers of labour, and, consequently, the lower the wages (Gottheil, 1962, p. 104). W.E.B. DuBois highlights how these same logics underpin the normalisation of slave labour in European colonies through imperialist forms of racial capitalist dispossession (Du Bois, 1998). Racial capitalism — the process of deriving social and economic value from the racial identity of another person — is a longstanding practice that relies upon and reinforces the commodification of racial

identities, thereby degrading said identity by reducing it to another thing to be bought and sold in the social structure (Gilroy, 2003; Koshy et al., 2022).[7]

Drawing from DuBois, Moten emphasizes a vital point — capitalist dispossession is not just a process that occurs at the level of laissez-faire economic policies, values, and norms, nor is it limited to the misery felt by the material depravation of physical bodies (Harney & Moten, 2013). It is also a deeply affective and disciplinary process that is felt by people and communities. While the immiseration of laissez-faire capital is linked to the conditions of waged work in the industrial factories of Western Europe and North America, it is more deeply connected to complex, transnational pressures outside the workshop, in the asylums, on the plantations, and across the domestic spaces of proletarianization. As S.J. Taylor and Alice Brumby catalogue in their history of mental health, the locus of care and treatment for widespread misery, even in the nineteenth century, sprawled across a range of settings and included familial homes, boarding with foster families, early mental health clinics, and general hospitals (S. J. Taylor & Brumby, 2020).[8] In contrast to common assumptions, mental institutions at this time were not closed, medicalised dumping grounds, but instead were porous, contingent, and occasionally even temporary spaces where patients, staff, families, and other stakeholders interacted (Foucault, 2008).

It is for these reasons that Marx and Engels initial analysis of health and immiseration in the social factory of industrial capitalism focused on the effects of everything surrounding the

[7] The thesis of racial capitalism is that capitalism as an economic system subsists on increasing the accumulation of capital, and capital can only accumulate by producing and moving through processes of dispossession that create relations of inequality among groups via the unequal differentiation of human value. This includes the use of racialized labour and the exploitation of racialized bodies, as well as the exploitation of resources and land in colonized and racially oppressed countries. Racial capitalism is connected to imperialism as a means for capitalist countries to extend their economic and political power, often through military force and coercion (Gilroy, 2003).

[8] This is not to say that 19th century ‘asylums’ were particularly kind or caring places. As Foucault elaborates, asylums were often based on outdated and unscientific ideas about mental illness and disability. Many patients were subjected to harsh and inhumane treatments, including physical restraints, isolation, and procedures such as lobotomies and hydrotherapy. Just that they were more permeable than what is commonly assumed (Foucault, 2008).

workplace — rising food prices, housing, social isolation, chronic illness, imperialism, debt accumulation — i.e., conditions wrought by the lack of access to adequate care, space, dignity, and security (Marx & Engels, 1998). With the paradox of dis/empowerment in mind, it is also important to underscore they are not talking about misery in *absolute* terms (for example, in some places average wages were on the rise and living conditions improved). Rather, they are speaking in relative terms, as workers are becoming more exploited *relative* to the skyrocketing wealth and profits they generate for the land and factory owners of the laissez-faire system. This relative deprivation, coupled with the intensifying penetration of capital into other aspects of life, became a catalyst for challenging the pathological structural coupling of misery across different sectors of the industrial economy. In the latter half of the nineteenth century, rank and file experiments in tactics and strategies for combatting misery flourished through the establishment of transnational wage, welfare and anti-racist movements, strike funds, industrial sabotage, union organising, and co-operatives for mutual aid (IPC, 2014; Peterson, 1984; G. F. Thompson, 2011).

Unionism & mutual aid

Utilising reciprocity, solidarity, and modes of collectivised care and social reproduction to put pressure on industry leaders and laissez-faire elites, a ‘first wave’ of revolutionary industrial unionism emerged from labour movements in Britain, France, Germany, the United States, Canada and elsewhere to demand full inclusion in economic organisation and the end of the relative deprivation underpinning miserable working and living conditions (Peterson, 1981; Spano, 1982). In Canada, for example, coordinated, multi-sectoral strikes against increasingly unlivable conditions finally secured the nine-hour work week via the Trade Union Act of 1872, which galvanised the movement and convinced more people that joining unions would change their lives for the better (Hunter, 2000). This paved the way for the formation of ‘one big union’ in 1905

called the International Workers of the World (IWW) — unifying labour based not on specific trades (carpenters, mechanics, plumbers, bricklayers, etc.) but on the shared experience of working life — which forged global networks that extended well beyond Europe and North America through advancing the demands and rights of workers (Peterson, 1981, p. 44).

Alongside collective organising, the formation of initiatives like the rank-and-file movement in the early twentieth century, led by social workers Bertha Capen Reynolds and Mary Van Kleeck, developed practices and networks of mutual aid across the U.S. and Canada (Reynolds, 1973; Spano, 1982). Expanding Marx and Engels' criticism of the racist, classist, gendered impulse to blame misery and suffering on the constitution of the sufferers, rank-and-file literature drew on Peter Kropotkin to highlight how vital building and maintaining social relationships and engaging in mutually beneficial exchanges can be in forging strong, resilient communities within just and equitable society (Kropotkin, 1976; Marx & Engels, 1998). By locating the pathologies of 1900s laissez-faire North American immiseration not in immiserated patients but in a system offering little more than "palliatives for a degree of misery that might become dangerous to the prevailing social order", Van Kleeck and Reynolds challenged the common-sense assumptions of healthcare and social work for the ways "the community would execute the designs of the ruling class and victimise clients" (Reynolds, 1973, p. 126).

Since state institutions and the care and stability they previously provided was overturned by the unstable and unregulated rise of laissez-faire industrialist enterprises seeking to maximise productivity and minimise labour costs, proletarian groups created their own counter-hegemonic organizations, equally as formidable and well-equipped as any local authorities or private corporations. Dispensing with rigid distinctions between the occupation of social work and community engagement, the collective efforts of movements like rank-and-file helped to reframe

social change as an essential component of health treatment and care that involved talking directly with people about the economic and political structures that make access to decent housing, meaningful roles, security, protected rights and simply being different the domain of a privileged few (Leighninger & Knickmeyer, 1976). As a tool kit, this first wave of revolutionary industrial strategies and tactics was successful in overcoming misery by ensuring a wider — but by no means universal — basic social minimum of worker rights and freedoms. By the end of the 1910s, a formal industrial relations regime was established in Canadian law that provided some stability for unions and their members but also permanently limited the scope of their activities (Haynes, 1996; Peterson, 1984). In mobilising the widespread reality of industrial misery, strategists and practitioners of this era formed alternative, proletarian-driven social, political, and economic institutions and networks to wage full frontal assault on private industrial power and the immiserating and dispossessive logics of its claims to a natural hierarchical market system.

III. Fordist Boredom

In the *Dialectic of Enlightenment*, Theodor Adorno and Max Horkheimer catalogue the changing conditions in the social factory as state intervention in the economy following the Great Depression and Second World War began to shift the tension in industrial capitalism between the "relations of production" and "material productive forces of society" — a tension which is vital to Marx's doctrine of increasing misery (Horkheimer et al., 2002, p. 38). This shift they describe is from the laissez-faire immiseration of the 'free' market as a 'natural' system and unconscious mechanism for the distribution of goods and private property to the more centralized state planning and redistributed ownership of the means of production in contemporary Western societies. Akin to Marx and Engels, and Van Kleeck and Reynolds, Horkheimer and Adorno argue that an

exclusionary belief in reason, progress, and the natural law of homogeneity described by Bataille, led to a mode of subject formation and social structure that was ultimately oppressive and dehumanizing (Bataille, 1979; Horkheimer et al., 2002). The laissez-faire emphasis on individualism and the pursuit of self-interest neglected the social and collective needs of individuals and justified the superiority of Western culture and the colonization and exploitation of non-Western societies.

The dialectic through which Marx predicted the emancipation of society from superstition and exploitation is thus suppressed, leading to a domination of individuals by a repressive societal rationality and an instrumental reason that reduces everything across one's life course to a means to an end. What Horkheimer and Adorno are driving at, is that the Enlightenment's emphasis on reason and the flattening, disciplinary pathological structural coupling of immiseration this produces, leads to a suppression of emotion and desire, and this suppression contributed to the rise of totalitarianism and the emergence of fascist regimes in Europe (Horkheimer et al., 2002; Reich, 1993). However, the shift from laissez-faire misery to a new pathology based on boredom under Fordism was not caused solely by the compounding of historical changes starting with a depression, world war, and subsequent post-war reconstruction boom. Following from the Autonomist position, the antagonism of capitalist relations is pluripotent and open-ended, wielded by subjects of power who were activated against the doctrine of increasing misery through mutual aid struggles, social work reform, and revolutionary industrial unionism, all of which were integral in pushing for and securing a mass reduction in working class immiseration. In short, while the abject poverty and constant warfare of the early twentieth century fully discredited the laissez-faire presumption that cyclical swings in employment and output would be relatively self-correcting through Smith's invisible hand of the market, the shift from misery to the calcification

of consumerist monotony described in this section is also very much a result of coordinated action from below.

The cooptation of labour

The importance of revolutionary industrial unionism and rank and file mutual aid was highlighted by the corresponding campaign to co-opt their power during the post-war boom — where community organisers and working-class people were forced to confront the reality that labour leaders in the Global North had become more interested in advantageously positioning themselves in powerful federations and institutions than they were transforming them (Day, 2005; Roberts & Rupert, 1995; C. Smith, 2016). Judy Fudge and Eric Tucker unpack in detail how state regulation of collective bargaining in the immediate pre- and post-war periods — for example, the American Wagner Act of 1935 and the PC 1003/Industrial Disputes Investigation Act of 1948 in Canada — represented a double-edged sword (Fudge & Tucker, 2004). Although the state would protect and even expand collective bargaining rights, the revolutionary potentials of industrial unionism would be nullified by the increased legal regulation of trade union activity, "which included complex and uneven certification procedures, the regulation of strike action, and a host of other laws that were administered through provincial legislation, labour relations boards, and the courts" (Fudge & Tucker, 2004, p. 31). As Charles Smith elaborates, in such a framework, solidarities and labour networks that had cohered to challenge the social factory of misery were now forced to play an increasingly contradictory role in maintaining the legitimacy of state regulation (C. Smith, 2016).

Overt political dissent had to be pushed out to preserve this elusive balance. For a Cold War Americas in the throes of fearful anti-communist and Soviet purges, this led to the firing of progressive officials and organisers, while simultaneously restricting activities such as wildcat and general strikes (Archer, 2010; Cochran, 1977). In the U.S., this culminated in progressives and

alleged communist sympathisers being excluded from the Congress of Industrial Organisations (CIO) executive board — in 1949 eleven unions representing more than a million workers were purged from the CIO ranks (Kampelman, 1957). In Western Europe, the two faces of repression and reform also went hand in hand as vetted, fervently anti-socialist labour leaders from the U.S. were invited to assist governments in postwar reconstruction by setting up new non-communist unions in direct competition with existing trade union movements (Carew, 2018; Roberts & Rupert, 1995).[9] The fledging record of postwar labour radicalism after the implementation of these newly dominant industrial relations frameworks highlights how repressive forces across global trade unions were largely successful in depoliticising and normalising the processes in place for challenging misery.

A system of embedded liberalism

Starting in 1936 with the publication of *General Theory* and his subsequent 1944 negotiations at the Bretton Woods Conference, John Maynard Keynes gained traction with his position that the most effective way to ensure the integration of more radical elements of labour into state apparatuses were the development of public-sector stabilisation policies (Keynes, 1935). What followed from the 1950s to the early 70s was a Keynesian revolution in economic thinking that elevated Keynes himself to the apex of economic orthodoxy. This new post-WWII international monetary and trading order was governed by a compromise John Ruggie terms 'embedded liberalism' — the combination of laissez-faire free trade attitudes and policies with the freedom for states to enhance welfare provisions and regulate their economies to reduce unemployment and

[9] As Anthony Carew points out in *American Labour's Cold War Abroad From Deep Freeze to Détente, 1945-1970*, after the Second World War, trade unions were a substantial force in both American and European politics, and the fiercely anti-communist American Federation of Labor–Congress of Industrial Organizations (AFL–CIO) set a strong example overseas by cooperating closely with the US government and CIA on foreign policy and breaking with the mainstream of international labour movement to pursue an anti-communist agenda (Carew, 2018).

immiseration (Ruggie, 1982). The resulting settlement was embodied in the Bretton Woods system of monetary management, which set up an open network of international trade in goods and services among the U.S., Canada, Western Europe, Australia, and Japan, facilitated by semi-fixed exchange rates (Marglin, 2007; Ruggie, 1982). Yet in line with Keynes, it also embedded market forces in a framework where they could be regulated by national governments, with states able to control international capital flows by means of capital controls (Keynes, 1935).

With this theory for integrating and stabilising the leverage of labour, Keynesianism introduces into governance structures the recognition of working-class people as a central force driving capitalist production and social reproduction. As Negri, points out, Keynesian policies are a remarkable leap forward in capitalist logic that acknowledges the need to address rampant immiseration and inequality around the world through mass redistribution (Hardt & Negri, 1994). However, the reality that achieving this political objective, as Negri continues, requires working class organisations to be forever constrained within a given power structure is the fundamental paradox of Keynesianism: "it is forced to recognise that the working class is the driving motor of development, and that therefore Keynes's statically defined notions of equilibrium can in fact never be attained in static terms" (Hardt & Negri, 1994, p. 18). Throughout the 1950s and 60s, what orthodox economists refer to fondly as a 'Golden Age of Capitalism,' many governments in Western Europe and North America temporary achieved this balance by adopting Keynesian principles of moderate intervention in domestic economies to deliver higher levels of employment and prosperity than would be possible in the unaided free market (Marglin, 2007).

New global multilateral institutions such as the World Trade Organization and International Monetary Fund were created to support this framework by facilitating waves of U.S. corporate reconstructive investment in Western Europe, which, in combination with the European

response to this 'American Challenge,' fostered the spread of Fordist mass production techniques across the continent and around the world (Roberts & Rupert, 1995, p. 23). On the one hand, as mechanised wide-scale production techniques took hold across Western Europe, artisans and craft workers — who had been the backbone of militant European labour movements in the first half of the twentieth century — were, as Fromm, Stiegler, and Read centre in their respective surveys of proletarianization, increasingly marginalised, and thus their bargaining power was undermined (Fromm, 1994; Read, 2003; Stiegler, 2010) On the other, as the geographic relocation and reorganisation of North American corporate capital intensified, the semi-skilled mass-production workers who had previously formed the core backbone of revolutionary industrial unionism in Canada and the U.S. decades earlier were resoundingly neutralised. In effect, the social factory of Fordist boredom was both normalised and intensified by the logics of Keynesian capitalism.[10]

The Fordist-Keynesian compromise

In *Changing Patterns of Industrial Conflict*, Arthur Ross underscores how the weakening effects of this 'golden age' on the strongest segments of labour constituted a sort of 'withering away of the strike' due to the shifting of the socio-economic terrain towards the increasing machinations of Fordist and Taylorist modernisation based on secure, decently paid but monotonous work that created an experience of a 'flat' world with no discernible outside (Ross, 1960). This was done through the strict division of labour, which lead to a lack of control and autonomy over one's own work and the creation of a small number of high-skilled, high-paying jobs and a larger number of

[10] The core logics of Keynesian capitalism, are, according to Keynes, driven by the concept of equilibrium, which refers to a state of balance in the economy, where the demand for goods and services is equal to the supply of goods and services (Keynes, 1935). In Keynesian theory, this state of balance is achieved through changes in the level of aggregate demand, which is the total demand for goods and services in the economy. Keynesian theory suggests that the government can use fiscal policy, such as changes in taxes and government spending, to influence the level of aggregate demand and to help maintain Keynesian equilibrium (Aglietta, 2015; Ruggie, 1982). This approach to economic management is based on the idea that the government can play an active role in managing the economy and in addressing economic challenges such as recession and unemployment.

low-skilled, low-paying jobs (Lazzarato, 2008). Yet in effect, as Keynes recognised in his own work, this balance between domestic stability and the international circulation of goods and services was possible not because the working class had been brought under the aegis of capital and the state, but because it had the capacities to step outside of those things — to mobilise through the continual capacities to strike, demonstrate, sabotage, facilitate networks of rank and file mutual aid and generally activate its counter-hegemonic capacities to secure political representation and material wellbeing (Hardt & Negri, 1994, p. 22).

While it was largely available to white working-class populations in the Global North, the 'B-worker deal' of boredom in exchange for security underpinned this second wave of pathological structural coupling. By the late 1960s, the Fordist model of workplace management had, in North America and Western Europe, not only expanded out from the physical factory but blanketed the whole of society in an atmosphere characterised by semi-automatic assembly-line production, where parts are interchangeable, as are the assemblers. As Michel Aglietta observes, this political and social transformation began in the U.S. in the 1930s, and was characterised by the mechanisation of labour, increased intensity at work, the radical separation between mental and manual labour, the supremacy of the nuclear family, and the turning of scientific ideals of progress, productivity, and time management against workers as a form of control (Aglietta, 2015). By systematically compressing 'wasted time' and rolling it into the workday, the Fordist social factory imposed a strict separation of working and non-working life and space, which marked a shift from shared immiseration through shared lived experiences to individuated expression by proxy through the production, consumption, and exchange of commodities.

In the same way that Keynesian reforms incorporated the transformative energy of industrial unionism within embedded structures of organised labour while maintaining semi-fixed

exchange rates and global markets, the Fordist transformation of production created new forms of mass commodification and alienation to replace mutual aid and community support. As Aglietta reiterates, privatised commodity consumption (as an individual or nuclear family) offered the most effective recuperation from physical and nervous fatigue and monotony in the compact window of non-working and non-commuting time spent at home (Aglietta, 2015, p. 14). Boredom, in this context, signals a suspension of anticipation and some form of detachment. Its structuring coincides with people's conditioning by Fordist-Keynesianism, which organises and stabilises society through individualised mass consumption — standardised housing, functionalist design, automobiles, roadways, televisions, air travel, mass communication, planned obsolescence, popular culture, and the advent of the service industry — while remaining comparable with the allegedly 'free market' relationships of global commodity exchanges (Anderson, 2021; Ruggie, 1982). The resultant effect is the production of an 'ordinary ordinariness' that serves to flatten subjective autonomy with automatic and mechanical affects (Berlant, 2011).[11]

Boredom & ordinary ordinariness

As a symptom of the lack of control and autonomy that workers have over their own lives, boredom creates suffering not from the absence of security, but its constant imposition (Berardi, 2010; Hardt & Negri, 1994). Like anxiety, it can be triggered by a variety of factors, such as repetitive or monotonous tasks, an absence of stimulation or novelty, or a lack of meaning or purpose in one's activities. Boredom is also a common and normal experience, same as anxiety, that can balloon

[11] In her work on 'cruel optimism,' Berlant introduces the concept of 'ordinariness' to explore the relationships between capitalism, consumption, and the everyday (Berlant, 2011). Berlant links ordinariness to Bataille's notion of the homogeneity of capitalism, arguing that the ordinary is a key element of the culture of capitalism, and that it is often used as a way of promoting and sustaining the capitalist system (Bataille, 1979). She suggests that ordinariness is often associated with conformity, stability, and predictability, and that it is used to promote the values and interests of the ruling class. Berlant also explores the ways in which ordinariness can be both oppressive and enabling, and suggests that it can be both a source of constraint and a source of resilience and resistance and therefore it is important to challenge the ways ordinariness it is used to reinforce inequality and injustice.

into a source of frustration and discomfort (Svendsen, 2005). From the autonomist Marxist perspective, boredom is a core product and governing logic of capitalist societies during this period (Lazzarato, 2014). This is due to the repetitive and meaningless nature of the large number of low-skilled, low-paying, semi-automated jobs performed under Fordist-Keynesianism. Although the problem of boredom in relation to automation had been present since the inauguration of assembly line work, boredom amongst assembly line workers in the U.S. — often called the 'blue collar blues' — was increasingly named as a problem for retention and productivity that was different from the idle or lazy worker (Negri & Tronti, 1979).

By the early 1970s, boredom had become central to moral panics around new figures and practices at the intersection of youth culture and consumer culture on the edges of society — the 'college dropout' who exits university through lack of interest or the working-class 'juvenile delinquent' (Bernstein, 1975; Debord, 2010). As Ben Anderson highlights, the problem is one of disaffected subjects detaching from work, leisure or family and desiring more meaning, authenticity, and purpose than mid-century Fordism could offer (Anderson, 2021). This failure of monotony created a sense that life was boring, which morphed into further disillusionment and critique of the fantasies and promises that accompanied Fordism. People were no longer interpellated through relations of mutual aid and solidarity but by a composite image of society driven by consumerist spectacles and fabricated realities. These spectacles, as Guy Debord observes, had the effect of mobilising workers as consumerist cogs in a flat culture characterized by a lack of diversity and alterity, and that emphasizes the value of conformity and the ordinary through the mass production of standardized goods and mass media (Debord, 2010).

Both the experience of the suspension of anticipation and a relation of detachment, boredom is simultaneously: a social factory, a mode of subjectivity, genre of aesthetic judgement,

cause, symptom, and disciplinary apparatus. What unites these different contexts is the sense of the ordinary ordinariness of life first articulated by social and artistic critiques that emerged from the 1960s and homed in on the impoverishment of Fordism. A life in which mass production and consumption have contributed to the creation of a homogenizing society that is overly focused on consumption and the pursuit of material goods (Berlant, 2011). Horkheimer and Adorno add that boredom was a key element of the 'culture industry,' which was a term they used to describe the Fordist mass media and entertainment industry's key role in homogenising and controlling popular culture, public opinion, norms, and values (Horkheimer et al., 2002). Promising autonomy and agency through the Keynesian market, these industries sought to distract and pacify the working class, and they contributed to the suppression of creativity, community, and self-expression (Hardt & Negri, 1994; Lazzarato, 2014). Work, leisure, and domestic life become repetitive, sterile, empty, gloomy, stuck — what Anderson describes as the "standardised, standardizing, organization of time-space under modernity" (Anderson, 2004, p. 741).

In response to industrial unionism and rank and file mutual aid, the Fordist-Keynesianism compact leveraged the economic post-war boom alongside technological developments to increase social and material security for the working class. By raising living standards through mass consumption, at least for certain groups, Marx's doctrine of increasing misery was temporarily curbed. And yet, in the place of immiseration, boredom and monotony become a dominant pathological structural coupling in the social factory of Fordism. This is because there is no escape from the double bind of the subject inside of capitalism — the social subjection and machinic disassembly that Marx describes as the contradiction between the technological and ideological trajectory of labour under capital (Marx, 1993). The technological process is one that moves from the worker as tool user, as shaper of production, to the conscious organ of the machine. In contrast

to the social transformation that initiated industrial capitalism, where the worker is integrated as a part of the production process, part of the means of production, under Fordism the worker is recast as the productive, responsible subject. As a result, they are less able to see their contributions to production. It appears that it is capital itself that is productive.

IV. Machinic Dispossession

What is specific about the critiques of life within Fordism is that they all centre a similar bargain: economic and social security in exchange for a tolerated boredom. Accounts of ordinariness and the monotony of Fordist life as a form of disciplinary stability that flattens and homogenises subjects are most famously articulated by Debord and the Situationists International (Knabb, 2006). By proclaiming: "we do not want a world in which the guarantee that we will not die of starvation is bought by accepting the risk of dying of boredom," Situationism challenged the security that had been achieved for select groups under the Fordist-Keynesian economic system and established new streams of theory and practice that overturned many of the assumptions developed and lessons learned in fighting laissez-faire immiseration (Vaneigem, 1994, p. 18). Instead of the full-frontal assault on state and industrial power that dislodged the doctrine of increasing misery, Situationists staged guerilla insurgencies aimed at combatting the paralysing effects of monotony by 'slacking off,' 'dropping away,' and 'striking out' at opportune moments through a variety of means, including art, play, and politics (Knabb, 2006).

The movement sought to expose the contradictions and irrationalities of capitalist society, and to create situations that could be used to challenge and transform it. As the function of Fordist conditioning is to assign and adjust hierarchies like an assembly line, while also facilitating the expression and mediation of these social relations through consumer goods, the construction of

temporary and unpredictable events or experiences ('the creation of situations' and 'situationist pranks') were used to challenge the dominant ideologies and values of Fordist-Keynesianism and to create alternative forms of social and cultural organization. The most well-known of these is détournement', a technique developed in the 1950s for turning cultural expressions of the capitalist system against itself — as in when slogans and logos are remixed and reframed to undermine their original message (Debord & Wolman, 1956; Wark, 2009). For instance, a public billboard could be reworked and reedited into an anti-capitalist installation.[12] Détournement was prominently used as a subversive political prank, distorting what is routine and giving it a different meaning, mobilising the apathetic audiences of Fordism by creating situations that play on the contradictions of mass consumption (Holt & Cameron, 2010; Kingsmith, 2020).

The problem with no name

Beyond the challenge to the culture industry and consumer capitalism, critiques of boredom also related to the Fordist gendered division of labour. For example, boredom played a key role in second-wave feminism, which, inspired by the civil rights and anti-war movements of the time, adopted tactics that included protests, sit-ins, and consciousness-raising to highlight issues of reproductive rights, domestic violence, and sexual harassment (Nicholson, 1997; Vance, 1989). In *The Feminine Mystique*, Betty Friedan articulates this 'problem with no name', critiquing the unequal gendered division of boredom and the subsumption of women to the family under Fordism (Friedan, 2001). Prevalent feelings of discontent or dissatisfaction among women relegated to the domestic sphere led to what Friedan and other second-wave feminists described as a 'strange

[12] "Détournement: A Users' Manual" elaborates that the French word means 'turning around' or 'diverting', and it refers to the practice of appropriating and reusing elements of popular culture and media in order to subvert their original meaning and purpose. Overall, the Situationists believed that détournement was a way of subverting the dominant ideology and culture, and of creating new meanings and possibilities. They used détournement as a means of critique and resistance, and as a way of creating new forms of artistic expression (Debord & Wolman, 1956).

newness', 'feeling of desperation' and 'terrible tiredness' that they linked to a patriarchal culture of boredom (Friedan, 2001; Gerhard, 2001; Heriot, 2020). From Situationists to second-wave feminists, the monotony of Fordist life was being leveraged by critical education and pedagogy, sit-ins, feminist consciousness raising, and the rise of countercultural aesthetics — all of which attempted to facilitate an exodus from boring work and mechanised social roles.

Strategies and tools for the mobilisation of boredom manifested primarily as practices of systemic exodus — a rejection of the pathological structuring of society as a factory by seeking out new worlds beyond the ambit of mechanised rationality. At the same time, these critiques of Fordist forms of living focused on the subjects who were in proximity to its cluster of promises and good life fantasies. They do not necessarily fit with differently positioned subjects and groups for whom the security of Fordism and affluence of post-war consumer culture remained an exception rather than norm — with the security of Fordism itself being an exception in capitalist history (B. Neilson & Rossiter, 2008). Consider, for example, bell hooks' *Feminist Theory From Margin to Center*, where she problematizes the bored leisured subject of 'the problem with no name', highlighting how the plight of a select group of college-educated, middle- and upper-class, married white women — housewives bored with leisure, with the home, with children, with buying products, who wanted more out of life — is by no means a universal experience (hooks, 2000). By centring and universalising White middle- and upper-class women's existential boredom and their desire for 'more', hooks argues that second-wave tactics and strategies focused on personal subjective autonomy while ignoring other women's pressing political concerns — issues of economic survival and racial discrimination, amongst others (hooks, 2000).

As Anderson reiterates, hooks' critique reminds us that boredom with the ordinary ordinariness of life and the desire for 'more' is largely the boredom of those at the 'centre' of a

racialized formation of post-war capitalism (Anderson, 2021). While the hegemonic compromise as articulated by Horkheimer and Adorno was that with hard work, all peoples everywhere could achieve the 'American Dream' by following along the stages of development before arriving at the 'Age of High Mass Consumption' (Horkheimer et al., 2002). The reality, however, was not the universalisation of a high standard of employment and consumption for all, but the creation of an institutionalized compromise that offered boredom in exchange for security to largely White, homogeneous populations in North America and Western Europe. Whereas laissez-faire capitalism was focused on empowering the rights and self-interests of individual elites, Fordism interpolated subjects through a structuring of homogeneous norms and identities that stigmatise difference and divergence in order to manage the workforce and govern the population. As Foucault elaborates, individuals were now tasked with an expectation of social efficiency that meant providing for themselves and their families but also, in their own way, contributing to the national project — whether through work, service or reproducing healthy stock (Foucault, 2008).

Population health & human capital

In this context, subjects considered to be 'abnormal' or 'unhealthy' were represented as a unique threat and took on a particular status that combined concern with stigma. From the degenerative worries of eugenic discourse through to the stresses and strains of modern living in the mid-twentieth century, there was ever more awareness on preserving 'healthy' minds (S. J. Taylor & Brumby, 2020). Consequently, the 'hygiene' practices of industrial capitalism, which labelled the unhealthy and pushed them through institutional networks, largely subsided and increased scientific, medical, and socio-cultural investment led to new understandings of conditions through the formation of the biomedical lens (Foucault, 2008). This lens reframed mental health, no longer visualising a single patient, but a whole productive workforce — and it considered each member

of that workforce as both a cog in the production machine and a responsible individual whose mental and emotional status was determined by definite causative biological and neurological factors (Bertolote, 2008). The turn towards healthism in the 1960s, was also a key factor in this shift, as the emphasis on maintaining holistic health is realized in the 'human capital' that makes each one of us a self-governing subject responsible for and guilty of their own actions and patterns of behaviour (Lupton, 2013).

While I expand on the discussion of the relationship between changing mental health frameworks and the capitalist production of pathological structural couplings in detail in the next chapter, I want to emphasize that the emergence of healthism and biomedicalism as a dominant ideology can be traced to a number of factors, including the increasing focus on individual responsibility and the decline of collective forms of social organization brought on by Fordism, the rise of economic stagflation and supply shocks, the emphasis on personal choice and market-based solutions, and the increasing influence of the health care industry and the mass media in shaping public discourse about health and well-being (Foucault, 2008) As introduced in the first chapter, the focus on individual health and the promotion of a healthy lifestyle became more prominent, and this was reflected in the increasing emphasis on health campaigns, the expansion of the health care industry, and the growing popularity of self-help and wellness culture. In line with other aspects of life in the social factory, patients and sufferers were recast as consumers and the medicine was reorganised like a market in which care and treatment must be secured.

Subjection & enslavement

The focus on securing health and ensuring healthy, homogeneous stock within a larger Fordist-Keynesian system of individual mass consumption brings us back to the question of social reproduction discussed earlier. Following Lazzarato's analysis linking disassembly (enslavement)

and individuation (subjection) with Deleuze and Guattari's major and minor (and Bataille's homo/heterogeneous), the wage becomes a technique that counts labour, positing it as socially necessary and productive (Bataille, 1979; Deleuze & Guattari, 1987; Lazzarato, 2014). In this way, the wage addresses, interpolates, and individuates workers (or it intentionally excludes them), it becomes a subjectivising technology offering representation of one's social contribution (Lazzarato, 2008; Read, 2003). It also becomes a way for the majoritarian system to discipline that which is counted as normal and abnormal, to equate health with productivity (Marx & Engels, 1998). The social subjection inherent to a particular job or any social function (man, worker, unemployed, teacher, etc.) is a form of alienation that is always assignable and measurable — the wage appropriate to one's position, the salary appropriate to a social function. As Marx puts it, subjects are produced as the individuated unity which relates externally to other objects (tools, animals, machines, other subjects, etc.) as an identity, a user, and a worker (Marx, 1993).

Social subjection thus represents a kind of exclusion, a recognition of labour, and participation. It signifies the 'free worker' of capitalist modernity, liberated from serfdom and dependence, free to sell their own labour along axioms of productivity and buying power. This individual subject exists socially, as the subject of rights, freedom, and personalized consumer choices.[13] But it always has as its basis the productive power of enslavement that exceeds it. This enslavement is a form of decoding, a divestment in the parts of bodies and their places in the social factory. Instead of the pathological individuation of the subject, enslavement follows a kind of proletarianization, in Stiegler's sense, as it generates desubjectivised flows and machinic fragments (Stiegler, 2010). What is fragmented and dismantled is the unwaged, invisible work

[13] The term 'free worker' refers to an individual who is able to sell their labour freely in the market, rather than being bound to a particular employer or employer group. In capitalism, free workers are typically wage workers who are paid for their labour, and who are 'free' to choose their employment and to negotiate the terms of their employment, but as Marx points out, this choice never takes place within the conditions of their choosing (Marx, 1993).

highlighted by Federici and feminist social reproduction (Federici, 2004). For as much as the wage is at the base of capitalist exploitation, concealing alienation through the image of full compensation for work performed, it also conceals the unwaged reproductive work of childcare and cleaning, dispossessing domestic tasks naturalized as 'women's work' (Bhattacharya & Vogel, 2017).

If social subjection makes subjects, machinic enslavement makes dividuals. As Deleuze points out, it divides up the self and attaches bits of it here and there to machinic processes as less-than-human agents (Deleuze, 1988). Women's bodies become parts of reproductive machines that generate the human capital for the labour and consumption in a society. In his analysis of 'two coexisting poles' of the reproduction of power relations in contemporary capitalism, Lazzarato is not explicitly concerned with housework, or the unwaged work of the home, but the work of reproductive machines more generally, which exceed capture and representation in a wage (Lazzarato, 2014). From a historical point of view, Deleuze and Guattari follow from Marx, contending that capitalist societies have always functioned as a machine of social subjection — a key mechanism of the social factory. With the passage from industrial to Fordist-Keynesian society, however, capitalism pushes to institute "new and now technical forms, an entire system of machinic enslavement" (Deleuze & Guattari, 1987, p. 505).

Dispossession from subjecthood

Workers are subjectivized as individual wage earners, even part of the company, but enslaved as collective bodies and transformations. The transformation of the mode of production from industrial misery to Fordist boredom, paired with information technologies, accelerated a shift from the individual (which places the subject at the centre of social relations) towards a broader conceptual framework that also includes individuated subjects but also both smaller (e.g. dividuals,

fragmented subjects, affects) and larger objects of power (e.g. populations, markets, samples, etc.). As McKenzie Wark observes, from this perspective, a credit score or a population census becomes an efficient apparatus of machinic enslavement that deals on the one side with fragmented flows of data and on the other with huge aggregates (Wark, 2019). Both the credit score and population census are concerned, primarily, with the aggregated fragments — data points that can inform data-driven policy decisions, allocate resources, and track social and economic trends. The individuated subject on which a hope or fear can be imposed becomes secondary.

In this way, the subject is dispossessed from subjecthood. As Deleuze writes, "individuals become dividuals and masses become samples, data, markets, or banks" (Deleuze, 1992, p. 5). It is not by size or scale that data and markets displace masses, but the fact that data, markets, and banks never recognize themselves as such. Unlike the revolutionary industrial unionism and mutual aid that challenged laissez-faire immiseration, data and markets are never capable of saying 'we.' Stiegler describes this process as machinic dispossession, in which subjects are disconnected from their sense of agency and autonomy and are instead controlled by dividuating forces. Stiegler argues that machinic dispossession is a result of the increasing dependence of modern societies on technology, and that it can lead to a feeling of powerlessness and a lack of control over one's own life. He suggests that this form of dispossession is a key aspect of contemporary capitalism, and that it is a source of exploitation and oppression for the working class (Stiegler, 2010). As much as it is collective, necessarily involving multiple bodies inserted into multiple technical apparatuses, this machine is not explicitly recognized as such, as bodies and minds are put to work along with bodies and minds that are not seen or recognized (hooks, 2000).

To a certain extent, it is true that the apparatuses of social subjection express the disciplinary power characteristic of industrial capitalism and the pathological structural coupling

of misery, whereas machinic enslavement appears as a more suitable framework to explain the modes of control that define the boredom of Fordist-Keynesianism and the post-industrial anxiety of neoliberal societies. societies. Nevertheless, as Deleuze and Guattari note, contemporary modes of capitalist production do not simply replace one form of power with another but integrate both of them into a matrix of control (Deleuze & Guattari, 1987, p. 506). Marx speaks of fragments of machines scattered across the industrial assembly lines of Western Europe and Lewis Mumford offers the classic description of the 'mega-machine' used to build the pyramids of the ancient world (Marx, 1993; Mumford, 1970). Across both enterprises, the body of each slave is connected to other bodies, tools, and animals to amass a larger mechanism that channels and transmits enough energy to move objects and lay them out in a set order. Within machinic enslavement, there are no subjects, just bodies, affects, and flows of energy that modulate a larger unity.

Writing in the late 1970s, as capital began to reconsolidate power, recuperating the evasive strategies for fighting boredom by subsuming the whole of the social field within flattened hierarchies and niche markets that would turn every consumer into a mall, clinic, and media star, but also a criminal, deviant, and outcast, Deleuze and Guattari exemplified the mutual reinforcement and nourishment of machinic enslavement and social subjection through the analysis of television. In television, they argued, the spectator is simultaneously the subject of the message and a mere number in a larger machine of ratings and demographic data (Deleuze & Guattari, 1987, p. 506). Forty years later, the same conceptual pair can be used to explain how the uptake of data-driven behavioural and algorithmic technologies function as a power apparatus in the transition from Fordist-Keynesianism's centralising of monotony and security to the speculation and flexible labour regimes of the post-industrial economy (Iveson & Maalsen, 2019; Moore, 2017). On the one hand, this technology operates as an apparatus of subjectification, which

ensures the individualization of the subject through the internalisation of personal responsibility. On the other hand, it operates in a domain both smaller (pre-subjective) and larger (population) than the subject, dispossessing agency and personhood (dividuation) in ways that deepen the conditions of alienation and isolation.

V. Anti-Anxiety Machines

The entire concept of the working class is an attempt to make the collectivity of the proletariat explicitly 'for itself,' in Marx's terminology. Similarly, in their analysis of the social factory, Autonomist Marxists speak of the open-ended antagonism of capitalist social relations, and the power of subjects to leverage the intensification of exploitation and alienation to generate new opportunities for human connection and interaction, grounded in reciprocal ideals of collectivism and solidarity. In essence, both positions point to the double face of capitalism — what I have recast as the paradox of dis/empowerment — the tension across which market systems intensify subjective empowerment to maximise productivity and further entrench the current order. At the same time, as this retrenchment expands the capacities of alienated subjects for labour, these capacities can be redirected against the structures which gave rise to them. This increased power to resist was central to the formation of industrial unionism and mutual aid, which helped in the shift from laissez-faire misery to Fordist boredom, as well, Situationist evasions and feminist and post-colonial challenges to the post-war order were vital in bringing attention to the unequal nature of the Keynesian compromise of monotony for security.

However, what I have emphasised in the rise of machinic enslavement is that capitalism has undergone significant changes in the technological and economic reorganization of production. These changes have made the formation of a working class of autonomist subjects much more

difficult. While Marx and Mumford both highlight the machinic nature of industrial and even pre-modern production, since the 1950s, unparalleled reductions in the cost and viability of mass communications, digital logistics, and information processing have altered not only how societies produce things, but how people live and relate to each other. By the late 1970s, the seeds for a new regime of flexible labour and a third wave of anxiety to replace Fordist boredom were already being sown. As economic growth stalled and the Bretton Woods system of monetary management collapsed, declining employment, productivity and living standards were leveraged by a wave of neoconservative leaders in the U.K., U.S., and Canada, who "campaigned for the establishment of a new social and economic configuration based on the eradication of the Keynesian welfare compromise and a return to the principles of laissez-faire doctrine" (Day, 2005, p. 65).

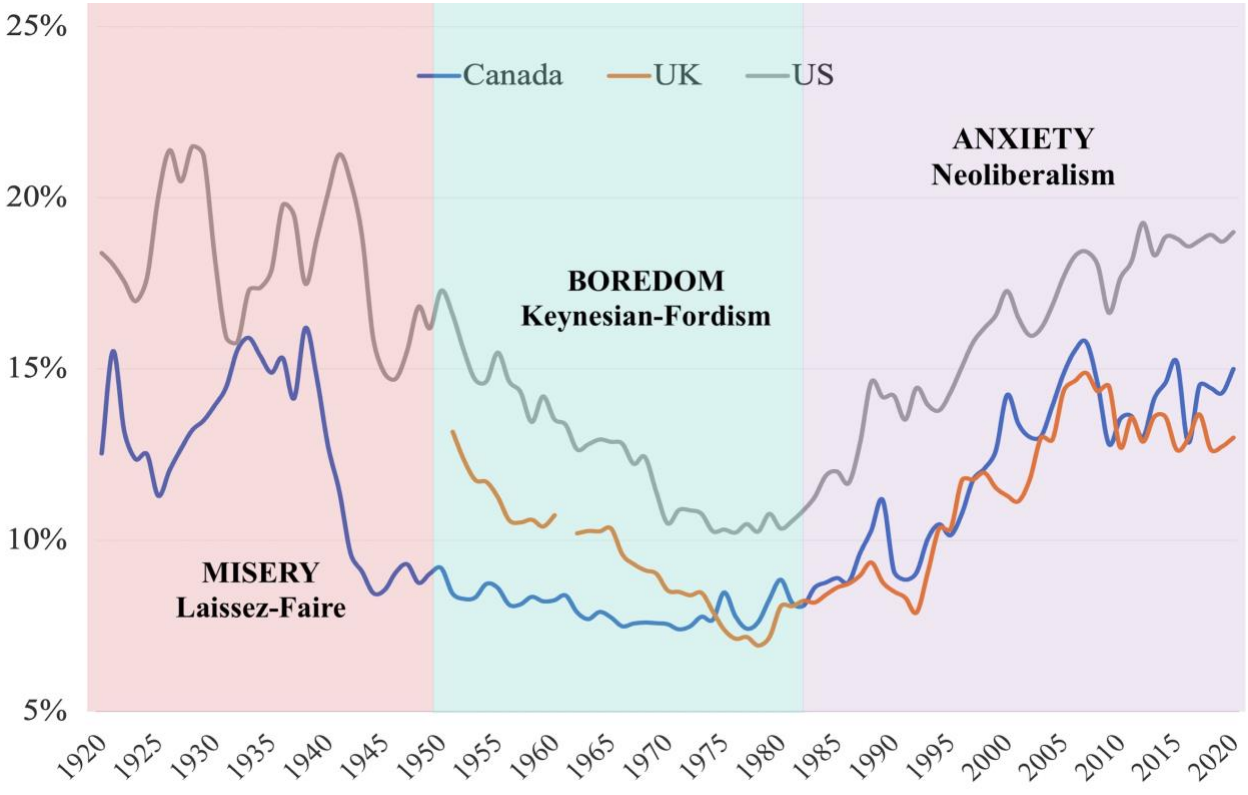
Three waves of psychopathologies

This periodization exemplifies some of the ways capitalism operates not by making an inhospitable world more livable, but by monetising bodies, spaces and desires, leaving poverty and inequality in its wake (Karatzogianni & Robinson, 2013). Just as national greatness was rolled out as a vicarious substitute for the misery of the Great Depression, and middle-class consumerism as compensation for real welfare during the Fordist-Keynesian period — with proxy Cold War conflicts in Korea and Vietnam as a channel for boredom-induced frustration — so too were the oil crisis of 1973, skyrocketing inequality, and the impact of globalization on a stagnating global economy in the early 1980s channelled into support for the implementation of austerity measures in many countries. As I elaborate in the next chapter, the advent of austerity created an atmosphere of suspicion, nervousness, and paranoia characterised by the distrust of immigrants and minorities. In line with a return to laissez-faire doctrine, ongoing crises in the political, social, and economic sphere were exploited by neoliberal policymakers to reduce public spending and social mobility,

which led to a decline in access to education and health care, as well as other negative impacts on low-income individuals and marginalized groups (U. Beck, 1992; Coburn, 2010; Giddens, 1997).

From this perspective, the financial, political, and social instabilities that were unleashed in the 1970s and 80s were not isolated incidents. Rather, they were the continuation of logics of social decomposition that sow and reproduce divisions between populations by squeezing them with endless rounds of spending cuts, support reductions, worker layoffs and budget deficits to render necessary the temporary remits offered by the dominant system. As **Figure 4** shows, this becomes clearer if we look at the U-shaped trajectory of income inequality in core neoliberal regions of Canada, the U.S. and U.K. during the period surveyed by the case studies in this chapter.

Figure 4: 100 Years of Market Psychopathology



At the height of the Great Depression in 1938, which was a peak in laissez-faire immiseration of the North American working class, 17.6% of the total national income of Canada went to the one percent of earners at the top of the economic distribution.[14] During the collapse of the monotonous post-war Keynesian compromise in the 1970s across the Global North, this number dipped well below 10%. And yet, after three decades of neoliberal reform stewarded by political leaders from centrist and centre-Right political parties, by start of the 2007 crisis that number had climbed back up to and in places even exceeded depression-era levels. While orthodox economists are often quick to point out that the top 1% share of national income has leveled out somewhat in the decade since, 2017 figures show that in Canada, for example, the top 10% of earners took in a quarter of all growth, while the bottom 40% took in only one-fifth of all growth. Additionally, between 1981 and 2016, the poorest 10% of Canadians saw their incomes plunge, the middle 50% stagnated, while the richest 10% of incomes rose by 25.4% and the richest 0.1% skyrocketed an alarming 125.5% (M. Thompson, 2019).

New socio-techno formations

Whereas the lived experience of industrial misery activated workers in building mass movements and unified solidarities, and strategies for resisting Fordist boredom mobilised people to escape from the work-consume-die cycle through countercultural and social exodus, the rise of neoliberalism modernised and restored the laissez-faire framework of homo economicus at a time when the Fordist reliance on unskilled assembly workers was being supplanted by new

[14] Importantly, the raw data for this visualisation was originally collected from Max Roser and Esteban Ortiz-Ospina's work on "Income Inequality" (Roser & Ortiz-Ospina, 2018). Published online at OurWorldInData.org., I exported the raw files for each country into excel and proceeded to layer them over one another across the 100-year period from 1920 to 2020. The gaps in the figures denotes years when records were incomplete or unavailable. More generally, the information accessible on Our World In Data takes a broad perspective, covering a range of global problems in health, education, violence, political power, war, poverty, inequality, energy, hunger, and humanity's impact on the environment.

technologies and social formations. At the level of social subjection, the post-Fordist turn rests on the presumption that a competitive edge could no longer be gained by simply treating workers like interchangeable cogs in vast manufacturing mechanisms, but as self-driven, technical specialists, lean manufacturers that can seamlessly execute the fabrication process (total quality management), thus reducing the need to carry extra stock (just-in-time delivery) while delivering higher quality end-products (G. F. Thompson, 2011). This has intensified a biomedical context in which something must be counted and verified (by 'quality' regimes) or mediatised (on television or the Internet) to be validated. The resultant effect, as I elaborate in the next chapter, is that subjects become entrepreneurs of the self, unaware they belong to an oppressed or precarious group because the neoliberal rhetoric of self-quantification and self-optimisation has become normalised and totalised, its psychological effects personalised.

At the level of machinic enslavement, the post-Fordist turn rests on the shift of capitalism from the discipline of production to the control of financialization. Whereas the embedded liberalism of Keynesianism, in which market forces could be regulated by national governments, with states able to regulate global capital flows, financialization emphasizes the globalization and deregulation of financial markets, which has led to the increased mobility of capital and the integration of financial markets on a global scale (B. Fine, 2013; Ruggie, 1982).[15] In 'Postscript', when Deleuze points to his aforesaid serpent, highlighting the two faces of subjection and enslavement, he maps this onto the shift from an analog era focused on Fordist modes of fabricating natural resources into commodities to the digital era of capitalism, where 'the product

[15] Cyberneticians such as Nobert Weiner thought such engines or mechanisms of self-regulating could be found in machines, animals, and humans alike. It is for these reasons that cybernetics were enthusiastically adopted by global finance and high-frequency trading on the one extreme of financialization and Yelp, Airbnb and all the rest of the sharing economy on the other end. As I discuss at length in the next chapter, people's participation in these systems, apps, and services, leads to the financialization of social interaction. Social media networks produce value through monetizing our attention span and by emphatically blurring the boundary between work and leisure — this is the emphasis on markets and processes as the primary production of neoliberal financialization (B. Fine, 2013).

is the process' in which it was fabricated (Deleuze, 1992). What Deleuze means is that the data-driven exchange with each other and with the world us around becomes the main engine of the digital era (Deleuze, 1988). Management of this engine becomes self-regulatory as the aggregation and exchange of data points turns subjects into component parts of machines — 'slave units' in the cybernetic sense as a system of feedback loops consisting of inputs and outputs (Wiener, 2017).

The autonomist subject is dispossessed by machinic enslavement through the fragmentation of consumption and the market of exchange. While the monotony of national regulation and analog production generated a sphere of wages, participation, a discourse of equality, freedom and consumer choice, the coupling of digitisation and financialization — which has led to the mode of anxious subjection and risk management discussed in the previous chapter — now deals less with individuals, subjects of the market, than data profiles, desires, sensibilities, and populations (Gilbert, 2014; Lazzarato, 2021). Contrary to what is experienced in the 1950s and 1960s, consumption in this digitally networked society is less a matter of personal taste or subjective identity than an aggregate of drives, affects, and moods. The workers of a factory can say 'we', but the modern workers, which are held together by the more tenuous networks of a sharing platform or a workplace productivity app, are less capable of sensing and articulating such a connection. In the context of machine-learning algorithms and data aggregations, the subject is torn to pieces. As Lazzarato puts it, the components of social subjection, "(intelligence, affects, sensations, cognition, memory, physical force) are no longer unified by an 'I', they no longer have an individuated subject as referent" (Lazzarato, 2014, p. 26).

A desire to resist

In the same way that data points operate at a level too broad and dispersed to constitute a collective or a social relation that can be recognised, the dividual operates at a level too minute, too dispersed

to constitute an individual subject. Rights, wages, choices, and experiences become components whose synthesis no longer lies in the person but in the assemblage or process of production. This emphasis on the process across subjection and enslavement blurs the dividing line between individual and society. And so, the question becomes: in a moment when the subject is increasingly dispossessed by machinic enslavement, rendered anxious and isolated across a spectrum of individuation and dividation, both fragmented into data points and recollected as the narcissistic entrepreneurial self, what is the working class to do ('for itself') to reignite the Autonomist antagonism against psychopathological capitalism? The answer lies within the dual paradox I have described throughout. This paradox of dis/empowerment highlights the two modes of alienation under capitalism: majoritarian social subjection, which unifies and identifies, and the minoritarian mode of machinic enslavement, which divides and fragments subjects and bodies. But this paradox also underscores an increase in humanity's social power which is bifurcated between a desire to resist and a desire to be repressed.

In different ways, boredom became a sign of the failure of Keynesian statecraft and market compromise, Fordist work, leisure, and their relation to enable activities to feel meaningful and authentic and purposeful. As I explore in the next chapter, the proliferation of anxiety, and related emotions (depression, frustration, trauma, excessive stress) have become a sign of the success of neoliberalism and the return to laissez-faire principles. Across this chapter, understanding how forms of misery within industrial capitalism and boredom within Fordism related to different lived experiences of social and economic securities and changing patterns of alienation and dispossession highlight how the system today is working exactly as it was designed. And yet, while the social factory of capitalism is constantly overflowing its own limits, repeatedly coming into crisis, expanding into new domains around newly dominant market psychopathologies, some of

the power of subjection always escapes, is uncapturable. Even in the context of the neoliberal dispossession of the autonomist subject by the financializing processes of machinic enslavement, which I discuss in the context of mental health and wellness industries in the next chapter, minoritarian strategies of disidentification and distributed action have proven useful across anxious communities and individuals (Mitropoulos, 2012; Muñoz, 1999; Nunes, 2021).

While most of this analysis comes in the final chapters, it is important to highlight here that with their emphasis on disidentification and distributed action, Munoz and Nunes argue that the power of the subject today is not exercised through a centralized authority — be that the Keynesian state or the individuated subject — but rather through the distributed actions of disidentified individuals and groups. Doing so requires a focus on the technologies and networks of political organization, the processes, relations, connections and markets through which financialised neoliberalism exercises its social power (Muñoz, 1999). It also necessitates an understanding of the limitations of previous strategies and tactics, as they can be inadequate for understanding the complex and fluid nature of contemporary anxiety (Nunes, 2021). In essence, it requires the formation of a sort of undercommons, what Moten describes as "a space of minoritarian refusal, of the fugitive and the stolen, the space of the commons that has been dispossessed, the space of the proletarian public sphere that has been forcibly privatized" (Harney & Moten, 2013, p. 14). This is not a fixed or stable place, but rather a constantly shifting and changing space that is created and maintained through the actions and practices of marginalized and oppressed groups.

Mobilising 'the click'

Strategies for resisting boredom and misery were successful in creating spaces outside the horizon of the social factory by generating a critical mass that the IPC describes as 'clicks'— instances, processes, and situations when people realise the social and relational nature of their problems

(Institute for Precarious Consciousness, 2015). Once this happens, as **Figure 5** clarifies, people are more readily able and willing to situate the impacts of their despairs and insecurities by recognising the reality and systemic nature of their experiences — affirming that your pain is really pain, that what you see and feel is real, and that your problems are not only personal but also social and structural. This is an important first step in building a machine for fighting anxiety that can move beyond one's own memories and personal experiences of insecurity.

Figure 5: The Click Across Three Waves

	First Wave Misery	**Second Wave Boredom**	**Third Wave Anxiety**
Historical Context	Laissez-faire Capitalism 1800s-1940s	Fordist-Keynesianism 1950s-1980s	Neoliberalism 1980s-Present
Specific Features of Pathological Structural Coupling	Doctrine of Increased Misery; people are alienated and unite in mass movements to confront and seize the apparatuses of the state	Theory of Effective Demand; people are mechanised, forming alternative networks and to communicate and enact targeted resistances	Regime of Flexible Labour; people are atomised and mechanised, workers are networked and monitored but also dispersed and isolated;
Shifting of Perspective	Formation of unified solidarities as global workers across industries	Articulation of distinct expressions of anti-consumerism across new affinity groups	Reidentification of anxious solidarities via subjugated group consciousness
Strategies & Techniques of Autonomist Antagonism	Revolutionary Industrial Unionism: strike funds, transnational wage, welfare and anti-racist struggles, sabotage, riots, marches, co-operatives for mutual aid and community support	Countercultural and Social Evasion: critical pedagogy and community defense, feminist and anti-racist consciousness raising, cultural-jamming, alternative network formations, DIY ethics	Liberatory Health Praxis: liberation health triangle, the Unrecovery star, Hologram nodes of practice, trans-diagnostic processes, formation of collective subject via anti-capitalist undercommons

The aim of this schematic view of the evolving interplay between historical contexts, pathological structural couplings, the shifting of perspective, and Autonomist antagonist strategies is to recap the development of these three waves of market psychopathologies. In each wave, a significant shift of perspective took place, from unified global workers' institutions and networks to distinct expressions in countercultural and affinity groups, culminating in the proliferation of an anxious solidarity via subjugated group consciousness I interrogate in the remaining chapters.

Clicks play a vital role across these waves, enabling individuals to recognize the systemic nature of their issues and providing the clear focus needed for transforming a sense of one's own privilege and oppression in the context of prevailing pathological structural couplings. This is crucial to the mobilisation of the subjective power described by Negri at the outset, because 'clicking in' to the machinic nature of life under capitalism brings validation and focus to people's experiences that is different from the loneliness, hopelessness and frustration they felt before (Hardt & Negri, 1994). Drawing from feminist consciousness-raising pedagogy — which was first theorised as a tactic for combatting Fordist boredom — the IPC reiterates 'clicks' characterise transformations in how people 'make sense' of (affect and are affected by) shared experiences and the common sources of distinctive experiences (IPC, 2014). Whereas the alienation and isolation of pathological structural couplings lead people to thinking they are neurotic, paranoid, hysterical, anti-social, 'crazy', and to think of all issues as personal deficiencies, activations of these problems — industrial unionism, countercultural evasions — fit experiences of mental and emotional ill-health into larger patterns of oppression. This provides clarity to personal turmoil by situating internal failings and our attempts to remedy them in their material conditions.

And yet, what **Figures 4 and 5** highlight across this section is the fact that capitalism is always decoding and recoding its own limits. It constantly comes into crisis and recomposes

around newly dominant market psychopathologies, the pervasiveness of which last until strategies of resistance can break down its social source. Anti-misery machines such as the general strike activated resistance as a form of social subjection by unifying people to identify with an industrial class of working people and secure the basic social minimum within laissez-faire capitalism. Anti-boredom machines like guerilla communication, detournement and culture jamming reengineered the signs and symbols of mass culture to challenge social subjection, creating new cultural and aesthetic productions that transcended — rather than merely criticized — the tenuous Keynesian compromise, illuminating how forms of boredom within Fordism related to different lived experiences of economic and other (in)securities and changing patterns of expectation and aspiration. To be successful, anti-anxiety machines must seek out new ways to draw from the minoritarian mode of machinic enslavement, wielding that which is disassembled and escapes capture as the raw material for representing a disempowered politics of solidarity and reciprocity that has been rendered unthinkable by the dominant culture.

Chapter Conclusion

Enlightenment rationality suppressed social needs and centred models of homogeneity and Western superiority, hindering Marx's predicted emancipation of modern society. Two case studies in the chapter unpacked this phenomenon, illustrating how urban centralisation led to worker impoverishment, wage suppression, and proletarian dispossession that was ultimately challenged through counter-hegemonic strategies of mutual aid and collective care against laissez-faire industrialism. However, misery shifted to boredom under Fordist-Keynesianism as post-war labour leaders prioritized their own power over transforming institutions, which, combined with increasing regulation, nullified the transformative potential of unionism. Fordism's impact on gender, class, and race led to significant critiques, notably from second-wave feminism and the

Situationists International, which highlighted the exclusionary, patriarchal, and materialistic culture of ordinary ordinariness. The chapter shows how the emergence of healthism is a direct effect of such culture, as mental health is realigned with productivity and efficiency by recasting individuals as entirely responsible for their own health and wellbeing. Neoliberalism modernized this laissez-faire way of thinking and replaced Fordist reliance on unskilled assembly workers with self-driven, technical specialists. As a result, subjects are increasingly fragmented into dividual data points, reducing the ability to form collective struggles. Nevertheless, the paradox of dis/empowerment hints at the potential for resistance against this psychopathological market capitalism. This requires anti-anxiety machines that can develop new ways to cohere a disempowered politics of solidarity that challenges the dominant culture's narrative.

CHAPTER FOUR
THE ANXIOGENIC AGE

In a modern liberal society where the rights of the individual are pre-eminent, psychiatry can only fulfil its functions by presenting itself as *a technical activity that is immune to political considerations*.
(Moncrieff, 2022a, p. 5) emphasis added.

Chapter Introduction

Chapter Four connects previous discussions of anxious subjectivity and case studies of market psychopathologies, situating anxiety within the operations of personalized mental health management. In doing so, it uncovers how such operations utilise datafication and gamification to 'disorient' the thought processes (epistemologies) of individuals and groups through restricting access to information, misinformation, or instilling systemic biases that prevent a full or accurate understanding of a situation. By examining the rise of personalized medicine and the biomedical industry in relation to a 'psychological complex' that normalizes healthism, mindfulness, and self-quantification, it links disorientation to the pathologizing of productivity and the threat of social and economic insecurity. The formation of this social factory of anxio-capitalism is traced through the development of the Diagnostic and Statistical Manual (DSM) and the treatments derived from these classifications. In particular, the overemphasis on disorder-specific treatments and how they isolate mental health challenges from broader social issues, creating a self-regulatory system that reframes the collapse of social supports as a personal journey, in line with the neoliberal ethos of homo economicus. The serotonin theory of depression, widely accepted despite insufficient evidence, exemplifies this. Coupled with machine intelligence, the chapter explores how such a

system codes people as autonomous actors while decoding them as behavioral surpluses within an architecture of surveillance. It also highlights the normalization of anxiety across an expanded field of mindfulness and meditative practices, arguing that the root of anxiety is the false promise of an empowering life under capitalism. It concludes by underscoring how attempts to disidentify from anxio-capitalism often feed back into the system's logics, elaborating on how 'disoriented epistemologies' fuel a conspiratorial hyperculture that actively blocks the operations of anti-anxiety machines (i.e., the formation of 'clicks') by directing people's frustrations away from the material causes of their suffering and towards isolating conspiracy fantasies. As emphasized by Reich, Bataille, and Lacan in their respective surveys of anxious subjection, such reactionary fantasies function as a form of character-armour that creates rigid boundaries between an imagined majority and a targeted a minority group held responsible for deteriorating social conditions.

I. Personalised Medicine

References to 'mental health' as a mental state and lived experience have existed long before the ascendence of neoliberal anxiety in the late 1970s and early 80s. In 1843, a book entitled *Mental Hygiene* by William Sweetster emphasized the importance of maintaining good mental healthiness and wellbeing, similar to the importance of maintaining good physical hygiene. By the 1850s, the framing of "heal thy mental and physical development of the citizen" had been introduced as a primary objective of public health in a draft law submitted to the Berlin Society of Physicians and Surgeons (Rosen, 2015, p. 31). This draft law is unique because it highlights a shift from a focus on the "care of the insane" — the abuses, brutalities, and neglect from which the mentally ill have suffered in and around asylums catalogued by Foucault — to the everydayness of mental health (Foucault, 2011). As a public health directive, the draft law represents one of the first attempts to

examine “milder forms of mental disability” and a greater concern with preventive care (Rosen, 2015, p. 37). Akin to the difference between overall health and hygiene (one is broad and inclusive of all states, both positive and negative, while the other is about maintaining health and preventing illness). its rationale was the advent of a new way of thinking about mental disorders that centered social and environmental conditions (exercise, rest, food, clothing, climate, intellect, passions, emotions, etc.) in the production of mental ill-health.

In 1893, Isaac Ray, a founder of the American Psychiatric Association, popularised a definition of mental hygiene as a form of holistic care for “preserving the mind against all incidents and influences calculated to deteriorate its qualities, impair its energies, or derange its movements” (Rossi, 1962, p. 46). Building from the work of Ray, psychologists Clifford Beers and Adolf Meyer founded the National Commission of Mental Hygiene in 1909, entrenching this focus on the social and environmental conditions underscoring mental ill-health across North America and sparking the rise of a mental hygiene movement (Shorter, 2008). The movement advocated for the use of sociological methods to understand and treat mental illness, and for the development of community mental health programs, which promoted the prevention of mental illness through education and social support (Meyer, 1952; Parry, 2010). As such, it represented a break from the Darwinian notion of a biologically and genetically inferior working class challenged by Marx and Engels, identifying industrialisation and urbanisation as key factors undermining the human potential for adaptability and wellbeing (Marx & Engels, 1998).

Yet the mental hygiene movement was criticized in medical and psychiatric circles for its ‘unscientific’ focus on social factors as being the key to the prevention of mental illness and preservation of health (Dreyer, 1976). Internally, the movement was also strained by differences between mental hygienists attempting to promote mental health by changing societal institutions

and psychiatrists devoted to treating the mentally ill with biological and psychopharmacological means. Across the chapter, I explore this shift from the mental hygienists' emphasis on social transformation to the psychiatric focus on chemical imbalances by situating the pathological structural coupling of neoliberal anxiety within the biomedicalised operations of contemporary mental health management. In line with the dizziness of freedom and illusion of choice discussed in Chapter Two, I elaborate on how these data-driven operations distort and disorient the subject's ability to accurately situate the causes of their anxiety in the material structures they inhabit. This has led to the formation of disoriented epistemologies epitomised by the rise of a dominant 'conspiratorial hyperculture' wrought with intense social and political polarization, as fragmented groups become entrenched in their beliefs, unable to understand or communicate with those who hold different views (Han, 2022; Knight, 2021; Krüppel et al., 2023).

At the outset, it is important to highlight that this focus on mental health diagnostics, treatment, and management is largely absent from the case studies of laissez-faire misery and Fordist boredom in the previous chapter. This is because the development of the mental health field as a mechanism of social control that imposes flattening, homogeneous norms and identities of de/subjection which stigmatise difference to manage the workforce and govern the population is structurally unique to the social factory of neoliberalism. Laissez-faire 'free market' capitalism pathologized misery by imposing material depravation on the working class at a time of increasing wealth and industrial production. The Fordist-Keynesian 'embedded compromise' pathologized boredom by imposing the monotony of mass consumption and machinic dispossession on individuated consumers in a time of supposed autonomy and choice. While the social factories of misery and boredom enforced modes of discipline that spread far beyond the workplace into the public and private spheres of everyday life, the social factory of neoliberalism has infiltrated the

very notion of the subject itself through the institution of the society of control. In contrast to the supposed security of Fordism, this society of control proliferates in a constant state of catastrophe — environmental, economic, social — that generates the pathological structural coupling of anxiety.

In sum, this chapter reveals how the evolution of mental health diagnostics and treatment have been deeply intertwined with broader socio-economic changes, from early holistic approaches to the current biomedical dominance in the neoliberal era. The biomedical hegemony of modern mental health management is vital to this process. Normalising discourses of healthism and self-quantification pathologize wellbeing as a drive for increased productivity through endless threats and insecurities. The resultant effect is a biomedical model of mental illness that escalates the alienation, isolation, and disorientation of anxious people everywhere at a time of unprecedented material production and digitally networked interconnectivity. The undertheorized shift from focusing on social and environmental influences to a heavily biomedical and pathologizing perspective reflects not just changes in medical science, but also wider societal transformations. This has led to a modern mental health landscape where anxiety is both a symptom and a by-product of contemporary societal structures, exacerbated by the paradoxes and pressures of neoliberal anxio-capitalism. Understanding this complex history is crucial for addressing the mental health crisis in a way that goes beyond mere symptom management, recognizing the deeper societal roots of our collective psychological distress.

Iatrogenic treatment & care

By reducing anxiety to the functioning of internal stimuli, the biomedical emphasis on disorder-specific treatments have generated a self-regulatory hegemony in which mental health challenges are diagnosed in isolation from social problems. Coupled with machine dispossession, I explore

how the dual mechanisms of subjection and enslavement have created a hypercultural disorientation that has directed people's frustrations away from the shared material causes of their insecurity and towards isolating reactionary fantasies. Across the chapter, I explain this phenomenon through an emphasis on the 'iatrogenic' nature of mental health care as it has been instituted under the neoliberal social factory of anxio-capitalism. To reiterate a key point from the introduction, iatrogenesis, from the Greek 'iatros' meaning physician and 'genesis' meaning origin, refers to illness caused by medical examination or treatment (Peer & Shabir, 2018). Hence, iatrogenic ailments are those where doctors, drugs, diagnostics, hospitals, and other dominant medical institutions and practices act as 'pathogens' or 'sickening agents'.[1] For instance, while the origins of SARS-CoV-2 (COVID-19) remain deeply contested, indeed it was capitalism's social and technological systems that transformed the virus from a local outbreak into a global pandemic, creating superhighways for its transmission alongside an anti-scientific, conspiratorial culture based in self-interest that largely undermined the effectiveness of any sustained transnational public health responses (Maxmen & Mallapaty, 2021; Mitropoulos, 2020).

Paradigm-shifting work by Ivan Illich's *Medical Nemesis: The Expropriation of Health* paved the way for the popularisation of the concept by the Socialist Patients' Collective, who utilised iatrogenesis in their praxis to trace out how psychiatrists have come to constitute a sort of ruling class with a monopoly over diagnosing 'abnormal' behaviour (Illich, 1976; Sozialistisches Patientenkollektiv, 1972). Illich argues that modern medicine, with its focus on technology and scientific treatments, has led to a situation in which people are increasingly defined by their

[1] In *Pandemonium: Proliferating Borders of Capital and the Pandemic Swerve*, Mitropoulos examines how the COVID-19 pandemic has been used as a means to expand borders and intensify capitalist practices. Mitropoulos argues that the pandemic has provided an opportunity for governments and corporations to further marginalize certain populations and exploit labour under the guise of public health and safety. In this regard, the pandemic is not just an accelerant for capitalist malpractice. Instead, the prevailing logics of neoliberalism have created the ideal conditions for a pandemic to spread (Mitropoulos, 2020). For example, housing and development policies alongside food shortages push people into remote regions where their exposure to potential animal-human transfer increases.

illnesses, rather than their unique qualities and abilities. Far from empowering patients and sufferers, this overmedicalization of life and culture undermines traditional ways of dealing with and making sense of death, pain, and sickness, which erodes people's sense of agency and competence when understanding their own problems. For these reasons, Illich classifies iatrogenesis as a social and cultural process of homogenisation that turns treatments into commodities, with access to care dependent on wealth and insurance coverage, leading to unequal outcomes and creating barriers to support (Illich, 1976; Peer & Shabir, 2018). When people do get some access to treatment, the side effects can often lead to new health problems, initiating a vicious cycle of medical interventions that tends to continue for life.[2]

In the context of the biomedical industry today, which, as I discuss in the next section, has a pathological compulsion for the development and promotion of psychopharmaceuticals such as antidepressants, antipsychotics, and mood stabilizers to treat a variety of mental health conditions, iatrogenic issues tend to be reframed as adverse drug reactions (ADRs). This is done not in the interests of patients, but in the service of a pharmaceutical industry that has thoroughly commercialised mental health care (Moncrieff, 2022a; Whitaker, 2002). With their proclivities for overdiagnosis and overtreatment, strong government lobby groups, close relationships with professional psychiatric organisations, and massive resources geared more towards advertising than research, companies like Johnson & Johnson and Pfizer leverage their power to greatly influence how medical professionals diagnose pain and suffering (Kitsis, 2011; Rochon & Gurwitz, 2017). Since the power of modern drugs in treating specific indicators absolves medical institutions from any responsibility in the production of illness, the emphasis on ADRs is an

[2] It is important to note that Illich's work is careful not to blame sufferers for their health struggles (Illich, 1976). One of Illich's central arguments is that the medical establishment creates a dependence on professional care, leading individuals to relinquish responsibility for their own health. Illich critiques this over-medicalization of society and the way in which medical professionals pathologize normal human experiences, such as aging and dying.

effective strategy for divorcing anxiety from its surrounding social and economic structures by reducing symptoms to personal issues that can be solved with 'chemical correctors.'

Benzodiazepines such as alprazolam (Xanax), clonazepam (Klonopin), diazepam (Valium), and lorazepam (Ativan) — the most common of said correctors — have all been linked to a dangerous phenomenon called 'prescription cascade.' This occurs when a patient is given multiple medications, often to treat the side effects of other medications, creating a cycle of medication use and adverse reactions, which itself can lead to further symptoms and further misdiagnoses (Rochon & Gurwitz, 2017; Wijeyakuhan et al., 2020). Take, for example, a person prescribed Xanax to combat frequent panic attacks in the workplace. While the drug has helped to stabilize the person's social anxieties, they are now struggling with some of the common side effects of benzodiazepines, including confusion, memory problems, and recurrent nausea, all of which are now also affecting their performance. To address nausea and fogginess, the clinician adds Zofran (ondansetron) and Ritalin (methylphenidate) to the regimen, medications for treating sickness in chemotherapy patients and increased focus to improve the symptoms of ADHD. As new side effects come to the fore, more medications continue to be prescribed, creating a poly-pharmacological situation in which multiple conflicting drugs circulate in feedback loops much more destructive to the person's health than any of the initial workplace anxiety (Payne & Avery, 2011). This reveals a troubling tendency towards prescription cascades that are symptomatic of a biomedical model that neglects the broader social and economic contexts of mental health.[3]

[3] Polypharmacy, the practice of prescribing multiple medications to a single patient, has become increasingly common in modern medicine. While polypharmacy can be helpful in the management of chronic diseases, critics argue that it can lead to a variety of problems, including increased risk of adverse drug interactions, and medication errors when the practice is abused and prescriptions are given 'off-script'(i.e., not designed for the ailment they are prescribed for) (Payne & Avery, 2011). The use of multiple medications can also make it difficult to determine which drug is responsible for specific symptoms, leading to the possibility of misdiagnosis and inappropriate treatment. While prescription cascade is a specific situation where new medications are prescribed to treat problems caused by existing medications, potentially leading to a cycle of ever-increasing medication, polypharmacy and prescription cascade are interrelated concepts in that they are both linked to an iatrogenic increase in medication-related problems.

Mental health & productivity

As I elaborate in the following sections, prescription cascades like the one described above are all too common today due in large part to a hegemonic biomedical pathology that prioritises the development and promotion of addictive drugs as quick fixes and so-called 'magic bullets.' By privileging the interests of global pharmaceutical corporations over publicly accessible health services, I show, through a close reading of changes in the Diagnostics and Statistics Manual (DSM) how the biomedical industrial complex is pathologically iatrogenic, creating a climate of overdiagnosis and overtreatment that places the burden of responsibility directly on the victims of the system (American Psychiatric Association, 2022). At the level of social subjection, it does this by targeting people with direct-to-consumer advertising that promotes self-quantifying apps and devices while casually dismissing the dangerous side effects of psychotropic drugs (as innocuous-sounding ADRs) to drive patient demand for medications (leveraging the 'illusion of choice'). At the level of machinic enslavement, it does this by eroding organisational boundaries between public healthcare providers and the financial incentives offered by pharmaceutical companies, creating a regime of personalised medicine, over-prescription, and massive health data extraction.

In their critique of the iatrogenic nature of mental health treatment in capitalist societies, the SPK highlight the central function of productivity in this biomedical model, which emphasizes one's personal responsibility alongside the need for treatment as a form of social control and oppression (Oravec, 2020; Sozialistisches Patientenkollektiv, 1972). It does this by requiring people produce enough surplus value to be employable. Whereas in pre-industrial capitalist societies there were many opportunities for people to contribute to their communities, the SPK underscores how the biomedical model remakes the world so that people are only seen to be healthy if their labour generates sufficient value (Spandler, 1992). The previous example of taking

Xanax to combat panic attacks in the workplace is really a measure to ensure one's continued output, and thus value to the neoliberal society. The rise of healthism first discussed in the introduction is a key part of this process, wherein those who experience health problems are seen as defective, irresponsible, or lacking in willpower, and therefore not 'worth' the investment of resources and care.

In essence, there is no trade-off between the needs of survival and those of production since the biological subsistence of life itself is now almost entirely mediated by the biomedical capitalist system. People are governed by the anxiety of exclusion from the productive workforce at any time, which results in being further deprived of a connection with and investment in their lives and communities, thus contributing to individuals becoming marginalised and demoralised, which is then labelled as a mental health problem and medicated. During such an iatrogenic process, the solution offered by healthism to the problem created by capitalism is to empower oneself as a consumer of health. This represents a shift from the Fordist-Keynesian focus on socially organised and institutionalised forms of diagnosis and treatment to a neoliberal emphasis on personal choice and precision medicine, which equates 'taking control' with market-based solutions that reinforce within the dominant discourse that to productive is to be healthy (Kling, 2007; Payne & Avery, 2011). As I discuss in the section on 'me and meditation,' such personalised medicine is more dispossessive that it is empowering, as vast networks of diagnostic tools and technologies for gathering and analyzing patient data aggregate millions of personalized treatment plans into large-scale population health and risk-assessment models.

A pluripotent perspective

Across this chapter, my focus is on exploring how the cumulative effects of this shift towards more personalised and deinstitutionalised forms of care-as-consumerism reveal the increasing degree to

which psychiatry has been positioned as an authority on "acceptable behavior" at work, school, and home — acceptable behavior being defined by increased productivity across all aspects of life. A person no longer needs to experience their anxiety as excessive or longstanding to be instantly prescribed addictive, anti-anxiety drugs. Additionally, shyness and introversion in an isolating society become social phobias, hopelessness and despair related to the burden of precarity becomes depression, and restless or non-compliant employees are diagnosed with ADHD. By encouraging sufferers to question their own feelings rather than the organisation of wider social, economic, gendered, and cultural structures dominated by the ideals of personalised consumptive practices and technological 'life-hacks', the biomedical industry extends non-productive stigmatisation into job training, contract work and even unemployment. This aids in the proliferation of the neoliberal focus on the rational, self-serving actor as the primary site of mental health which simultaneously depoliticises the rise of increasingly alienating work environments and the constant pressures to re-brand and up-skill they engender (Katz, 2001).

As I discuss at length, the countless awareness and mindfulness campaigns rolled out in recent years to respond to increasing mental ill-health across populations are a primary example of this process. While initiatives like Bell Canada's 'Let's Talk' or ITV's 'Britain Get Talking' claim to reduce stigma by promoting an understanding of mental illness as a biochemical disease tantamount to a chronic physical illness, recasting sufferers as victims of their biology serves to reenforce unfounded worries about the untreatable nature of mental 'disorders' (Deacon, 2013; Moncrieff, 2009). Far from bridging the gap between those productive subjects deemed to be healthy and those labelled as burdensome and sickly, such marketing campaigns are linked to an increased tendency among the public to avoid those categorised as mentally unwell altogether (Vido, 2019; Wedlake, 2022). Contradictions such as these become clearer if we focus on the profit

motive of healthcare under capitalism, which has created a financial incentive for the biomedical industry to prioritize the management of mental health conditions — generating a recurring revenue stream for the companies involved — over their long-term cure.

Developing sustainable, long-term solutions or 'cures' are simply not possible within a diagnostic model that does not align with the best interests of patients and instead focuses on treatments that are not the most effective or efficient. In critiquing this dominant biomedical market pathology, I chart the rise of selfish mindfulness and disoriented epistemologies to retrofit the Autonomist analysis of the antagonism of capitalist relations for the anxiogenic age. Drawing from struggles against first-wave misery and second-wave boredom, I reiterate the pluripotency (i.e. open-endedness) of subjects in the context of third-wave anxiety, which I situate alongside the overarching paradox of dis/empowerment governed by machinic enslavement and social subjection. In doing so, my aim is to expand our understanding of the political and economic aspects of increasing anxiety as a necessary corrective to an apolitical model of mental health that sees everything as fixable by either changing medications or thought patterns. After all, if housing and food are unaffordable, that is going to affect mental health, and neither positive thinking nor Zoloft are going to change that fact. The same is true of racism, sexism, homophobia, ableism, and other categories regulated as secondary by the discipline.

II. Biomedical Pathology

Technical references to mental health as a field or discipline are not found before 1946 (Bertolote, 2008). During that year, the International Health Conference in New York decided to establish the World Health Organization (WHO) and a Mental Health Association was founded in London. Before that date, mental health was referred to as mental hygiene, part of a larger movement

discussed at the outset, which, since the 1840s, centered the use of sociological methods and community engagement as key to the prevention of mental illness and preservation of health (Parry, 2010; Shorter, 2008). According to the group that launched it, the mental hygiene movement "visualized, not a single patient, but a whole community" and it considered the mental and emotional status of said community members to be determined by definite social factors that call for prevention rather than cure (Meyer, 1952). At the same time, societal and technological changes in the first decades of the 20th Century bolstered the para-psychiatric elements of the mental hygiene movement, criticizing its emphasis on preventive social changes and calling for a streamlined focus on improvements to psychiatric care that centred biochemical profiles of individual patients scaled up to whole populations (Mandell, 1995).[4]

What had initially marked a potential break from Darwinian theories of the genetically inferior nature of marginalized groups in the context of the immiseration of the industrial working class — justified by laissez-faire thinking about inequality as the result of a 'natural system' driven by the 'invisible hand' of the market — began to foster the view that mental disorders have a causal biological basis, and a conviction that life events were the precipitants of illness (Fisher, 2009; Schrecker & Bambra, 2015). As such, the focus on everyday forms of mental illness, social conditions, and community-based care were subsumed by the institutionalised Keynesian-Fordist compromise, which replaced collective modes of social organization with a focus on individual responsibility (social subjection) and a data-driven, disciplinarian emphasis on the biology and neurology of population health and management (machinic enslavement). This incorporation is

[4] Rather than addressing broader social factors that contribute to mental health, the focus of care shifted to a medical model. Instead of a holistic approach, this shift was a technocratic one, heavy reliant on the assumption that mental disorders are caused by biological abnormalities or chemical imbalances in the brain that can only be addressed by medical technologies, pharmaceuticals, and specialized medical professionals (Parry, 2010). This model is more prevalent in conventional Western medicine and can at times neglect the emotional and social aspects of health, potentially leading to fragmented care. Some modern healthcare systems and providers strive to integrate both models, but the extent to which they are able to do so varies greatly (Khan, 2017).

illustrated by the shift from the use of mental hygiene (a social movement, or preventative action) to the term ‘mental health’ (originally intended to designate a state and later updated to describe a particular domain or field of medicine) (Bertolote, 2008).

In the preamble to the WHO Constitution, a new technocratic order reframed health as “a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity” (WHO, 1946). While this definition is a pragmatic one, attempting to dislodge old dichotomies of body vs. mind and physical vs. psychic, it also works to enclose an increasing number of social problems within biomedicalised scientific discourses. The resultant effect is a de-politicising one. Gradually at first, and then rapidly, the notion of mental health is transformed from a social and community-based movement into a synonym for psychiatry — an expanding site for the social factory, emphasising disorder-specific treatments across a rigid disciplinarian paradigm in which mental health challenges are addressed largely in isolation from one another (Cohen, 2016; Lilienfeld, 2007). As a result, the strategies developed in the coming years tend to focus on formulating psychiatric interventions that target an individual’s underlying biological and social dysfunctions, with the ultimate goal being the discovery and distribution of aforementioned magic bullets — precise therapeutic agents that target negative behaviours without harming the biochemical organism, like penicillin for a bacterial infection.

Bio-chemical-social factory

The fact that the aims advanced by the mental hygiene movement remain pressing issues to this day, namely, an improvement in the standards of mental health care and an eradication of the abuses to which people with mental disorders are usually subject, speaks to the limits of the mental health paradigm. Despite the allocation of vast resources to biomedical research into mental health over the past half century, people are diagnosed and treated in much the same ways as they were

when the WHO first introduced its constitution. As underscored by the work of Moncrieff, modern psychiatric medications offer few benefits over the compounds discovered in the 1950s (Moncrieff, 2009, 2022a). As the individual cannot, by way of their own resources, do anything to significantly ameliorate the 'illness', a biomedical pathology is one that produces dependences on psychiatric drugs (which the psychiatrist prescribes) as the quickest way to alleviate one's suffering. Thinking back to the prescription cascade generated by the over-prescriptive tendencies described earlier, psychotropic drugs formerly labelled to as 'major tranquilizers' due to their powerful sedating effects are re-classified as 'antipsychotics', while 'minor tranquilizers' become something sounding more harmless and banal, such as 'anti-anxiety' agents.

As B.J. Deacon highlights, such shifts are exemplary of the deep-set connections between mental health professionals and a pharmaceutical industry more focused on managing symptoms in the short-term than on cultivating lasting methods for alleviating widespread problems of anxiety and depression (Deacon, 2013). The predominance of drug interventions expands the economic appeal of the biomedical approach, which manages social deviance in ways not only more subtle than physical constraints but reduces costs by decreasing the need for long-term institutionalised care (Castillo & Braslow, 2021; Lilienfeld, 2007). Since the 1950s, such changes in the political economy of mental health have accompanied a shift in psychiatry and psychotherapy as out-of-pocket expenses to something health insurance companies would cover.[5] With patients no longer paying directly for care, power was given to insurance providers to dictate what types of support would be compensated, pushing psychology and psychiatry towards conceptualisations of mental illness that more clearly fit the needs of the insurance industry

[5] Whereas primary care doctors (general practitioners who provide basic medical care to patients) used to be a key aspect of the mental health care model, the inclusion of mental health care in insurance models led to a massive expansion in people accessing psychiatrists and psychotherapists specialized in forms of therapy, including talk therapy, cognitive behavioral therapy, and psychopharmacology (Pilecki et al., 2011).

(Pilecki et al., 2011). Through this has generally increased access to care, it also created an external and artificial pressure on theory development in psychiatric treatment.

The serotonin theory of depression, also known as the monoamine hypothesis, is an infamous example of how pharmaceutical industry pressures drive biomedical diagnostic approaches and treatment outcomes. First suggested in 1960, and widely publicised since the 1990s with the advent of the Selective Serotonin Reuptake Inhibitor (SSRI) antidepressants, surveys suggest that over 80% of the public now believe it is established that depressive symptoms, such as feelings of sadness, hopelessness, and low mood, are caused by a 'chemical imbalance' in the brain (J. Thompson, 2023). What a systematic review of the evidence found however, was that the "main areas of serotonin research provide no consistent indication of an association between serotonin and depression, and no support for the hypothesis that depression is caused by lowered serotonin activity or concentrations" (Moncrieff et al., 2022, p. 3). In other words, the serotonin theory of depression — the most prevalent explanation for the underlying cause of depression in modern psychiatry — was found to be based on flawed assumptions and insufficient evidence, and the efficacy of SSRIs may be overstated. Indeed, this review not only discredits the established justification used by psychiatrists to rationalise the prescription of antidepressants, but it also highlights that extended antidepressant use can actually reduce serotonin concentration and worsen depression over time. Moreover, that the relationship between serotonin and mood is complex and not fully understood. Other neurotransmitters, genetic structures, and the key psycho-social factors discussed here all play vital roles in depression (Albert et al., 2012; Moncrieff et al., 2022).

To better understand why the serotonin theory of depression persists, even without any causal link between depression and brain chemistry, Olivia Goldhill examined the Patient Health Questionnaire (PHQ-9), a diagnostic tool designed by marketers at Pfizer in 1999 to promote their

recently released SSRI Zoloft (Goldhill, 2023).[6] In what has become the industry standard to assess the degree of depression severity, patients given the PHQ-9 test mark boxes to show how often they struggle with nine symptoms, including "feeling down, depressed, or hopeless," or "poor appetite or overeating." What Goldhill found was that in the decade since Pfizer put PHQ-9 in the public domain in 2010, U.S. prescriptions of sertraline alone — the drug sold under the brand name Zoloft — increased by 40%. The reasoning, she continues, is that in an overstretched health care system warped by pharmaceutical and insurance interests, this simple tool has become a crutch — used in place of, rather than as a gateway to, thoughtful mental health care (Goldhill, 2023). As one cog in a bio-chemical-social factory, the PHQ-9 became a means for time-crunched primary care doctors, under pressure to see more patients in shorter appointments, to hand out what are often addictive and life-altering prescriptions with barely a conversation.

At the same time, it is important to situate what is being revealed about the serotonin theory of depression and its relationship to biomedical pathology by studies like these within the context of a wider bio-psycho-chemical industry. While it is true when most people think of depression, they think in terms of some sort of chemical imbalance being corrected by medication, the reality is that psychiatrists and other mental health professionals often do supplement this commonplace understanding with an acknowledgement that things are more complex and messier. Ambiguity, as critics of Moncrieff's systematic review emphasize, is a natural part of the scientific process, and that it is important not to push people away from seeking support from experts in situations of suffering or distress (Science Media Centre, 2022). Yet as Moncrieff emphasizes in her rebuttal, what separates conventional approaches to psychiatry from materialist ones are their centring of

[6] As I discuss in the following sections, this strategy of collapsing healthcare research and marketing has come to dominate the mental health field. The most prominent example of this trend is the use of customer feedback data to inform and shape product development and marketing strategies. Research and marketing are intertwined once the goals of maximising profits and stimulating customer desires become one and the same (Farias & Wikholm, 2015).

the disconnect between the public and psychiatrists (Moncrieff & Horowitz, 2022). While it can be easily for an expert to gloss over this gap, the proliferation of the dominant narrative that depression is caused by a chemical problem in the brain and that antidepressants can fix this problem has proven enormously damaging to millions of people.

Yet there is still a danger here in outright rejecting the application of all forms of diagnosis and treatment that requires some distance between patient and practitioner. As discussed later in the chapter, the proliferation of disoriented ways of thinking in response to a crisis such as the COVID-19 pandemic created a reductive situation in which people equated vaccine mandates for the purposes of public health with something like forced treatment in a psychiatric institution.[7] A prominent example of this is the 2022 trucker convoy in Canada, which expressed a mix of anti-vaccine mandate and anti-science sentiments, as well as broader concerns about what some participants viewed as state overreach or paternalism — seeing the government's role in mandating vaccines or other health interventions as an undue intrusion into personal lives and choices that was akin to some form of totalitarian dictatorship (Gillies et al., 2023; Huang et al., 2022). While this dissertation has underscored the ways in which control proliferates across the social factory, these critiques are not based in conspiracies, which, as I elaborate, tend to obscure the operations of power, but a focus on how financial motives, mental health professionals' insecurities, and the pharmaceutical industries' perceived need to have something to offer have influenced the research into anxiety and its links to the systems and structures of capitalist productivity.

[7] In a *Rolling Stone* article, Moncrieff herself is accused of opposing NHS COVID Vaccine mandates based on state paternalism and spreading 'inaccurate' information linking severe Covid-19 symptoms to antidepressant or anti-psychotic use (Dickson, 2022). In a response on her personal blog, Moncrieff reiterates the problem of the disconnect between public and psychiatric responses to the serotonin theory of depression. She also corrects the reading of her essay on personal autonomy and health, which uses "pediatric vaccine mandates as examples of instances in which mandatory public health measures might be justified in the interests of the health and welfare of the population" (Moncrieff, 2022b). Finally, she stands by sharing the study that links an increased risk of severe COVID with antipsychotics and antidepressants, along with other non-psychiatric drugs such as opioids — reiterating, somewhat ironically, that the data is conflicting and ambiguous in its early stages (McKeigue et al., 2021).

The work of the DSM

The challenges of developing an iatrogenic analysis of the mental health care system while still also relying on supports and institutions within that system are reflected in the complexities of the positions of Moncrieff and other critical psychiatry research. The cases of serotonin theory and PHQ-9 demonstrate how the advent of biomedical pathology has made it preferable (i.e., more profitable) to comprehend mental health in the same way as physical health — that is, with clear-cut categories and cures — without fully weighing the evidence for and against this position. Akin to depression, anxiety and other prevalent mental health challenges are treated like infections, with prescriptions churned out by practitioners with little understanding of the fact that the techniques they rely on can be not only ineffective but damaging to patients. Whether a person is experiencing ADHD, addiction, an eating disorder, or trauma, they are likely to get a PHQ-9 score that will classify them as depressed. The remedy of an SSRI, though, is not effective for these other problems, so patients can spend years being pushed around the health care system without being properly diagnosed or treated (Goldhill, 2023; Moncrieff et al., 2022). Beyond the disproven links between brain chemistry, depression and the PHQ-9 test that bolsters this faulty correlation, the trend towards the medicalization of everyday life are reflected in changes to the DSM around work and employment from the publication of the first edition in 1952 (DSM-I) to the revised fifth edition in 2022 (DSM-V-TR).

As Cohen highlights, whereas DSM-I and DSM-II make few references to the workplace, from DSM-III (1980) onwards there is a substantial jump in work-related terminology that mirrors productivity-driven reforms across neoliberal society (Cohen, 2016). In particular, the introduction of an emphasis on workplace performance in terms of "social phobia" and "social anxiety disorder" to the DSM-III and DSM-IV (1994) coincides with the advent of a general tendency in people to

entertain the use of drug treatments for their ‘failures’ to be sociable and assertive at their jobs (Dean, 2017; Kinderman, 2019). Moreover, Pilecki and Clegg found that of the 170 expert members on the DSM-IV development panels, 56% of them had one or more financial links — “associations such as equity holdings in a drug company, serving as an expert witness for a company in litigation, being a patent or copyright holder, or receiving gifts like travel grants or research funding” — to companies in the pharmaceutical and insurance industries (Pilecki et al., 2011, p. 197) Moreover, of the 18 specialised panels addressing specific subsections of the DSM-IV, 100% of the ‘Mood Disorders Work Group’ and ‘Schizophrenia and Other Psychotic Disorders Work Group’, 81% of ‘Anxiety Disorders’, as well as 83% of ‘Eating Disorders’ were found to have at least one association, most frequently research funding.

The influence of insurance and pharmaceutical companies coupled with the drive to legitimate psychiatry’s homogenous biomedical model — which fixates on identifying and correcting deviations from norms to stabilise productive outputs — have meant that such trends are poised to continue indefinitely. With the introduction of DSM-V (2013), issues of the limited scope of assessment, over-prescription and stigmatization afflicting the previous manuals have only intensified. Allen Frances, chair of the DSM-IV task force, describes the fifth iteration as a “colossal waste” mismanaged by a “small, withering, cash strapped, and incompetent association that feels compelled to regard its bottom line as a higher priority than having a safe, scientifically sound, and widely accepted diagnostic system” (Frances, 2012). Far from revaluating diagnostic and treatment approaches at a time when outcomes for patients are dismal and only getting worse, the 2022 revised version of DSM-V-TR (TR for text revision) further lowers diagnostic thresholds across the board, making it even easier to categorize a person with a mental disorder while pathologizing normal emotional reactions to social and political conditions such as precarious

work, rising inflation, and a lack of affordable housing (American Psychiatric Association, 2022; Fay, 2022).

Beyond providing the tools for medicalising commonplace responses to serve the market-driven interests of a bio-chemical-social factory seeking to maximise the productive output of low-income and marginalised populations, the DSM's ethnocentric and overly simplistic view of cultural differences creates an 'ethnic dividing line' legitimated by the conflation of culture with race, ethnicity and nation in ways that stereotype whole regions (such as 'Latin Americans' or 'Asians') with fixed cultural traits (Bredström, 2019). One example of this is the classification of 'culture-bound syndromes' in the DSM — patterns of behaviour or experiences that are unique to certain cultures or regions and often misdiagnosed or misunderstood by biomedical diagnostic categories (Khan, 2017).[8] Whereas some mental health conditions included in the DSM may be considered normal or even desirable in some cultures, and therefore not classified as a disorder, the manual codifies them as 'folk illnesses' in its theorising of mental health in the dominant cultural and economic interests of the biomedical industry (Simons & Hughes, 1985). For example, as I have shown in this section, the increasing prevalence of ADHD in North America is not a biological or neurological phenomenon so much as a financial one related to interests of pharmaceutical companies that manufacture drugs used to treat the condition (Cook, 2016). The DSM's evolution reinforces these shifts, medicalizing normal responses to life's challenges and promoting a bias that favours a Western-centric view of mental health. This results in a system

[8] Examples of culture-bound syndromes in the DSM include 'koro' (a fear of genital retraction), 'amok' (a sudden outburst of violence), and 'nervios' (a condition characterized by emotional distress and somatic symptoms). Some critics argue that the inclusion of culture-bound syndromes in the DSM reflects a Western bias and fails to account for the cultural context in which these conditions occur. This bias is based in cultural relativism (a core assumption that Western psychiatric categories are universal and objective), medicalization (normal human experiences and cultural variations are seen as medical problems) and power dynamics (implying that Western categories are superior and that non-Western cultures are simply variations on a Western norm) (Khan, 2017). Overall, these processes point to an essentialism reflected in the DSM-5-TR that assumes cultures are homogeneous and static, and that cultural practices and beliefs are the cause of mental illness (American Psychiatric Association, 2022).

where mental health is commodified, and treatments are driven more by market interests than by patient welfare, leading to a homogenized approach that overlooks cultural nuances.

Anxious market psychopathologies

By encouraging suffers to question their own feelings rather than the organisation of social and political structures dominated by the ideals of individual patient-centric psychopharmacological interventions, tools like the serotonin theory and PHQ-9 legitimate the DSM's extension of biomedical thinking into every aspect of home, work, and personal identity. This aids in the proliferation of the neoliberal focus on the rational, self-serving actor as the primary site of mental health transformation which simultaneously depoliticises the rise of increasingly alienating work environments and the constant pressures to re-brand and up-skill that they engender (Cohen, 2016; Kinderman, 2019). Take, for instance, the massive rise in temporary and casualized contracts, unpaid internships, and endless cycles of debt, all of which have produced deep-seeded feelings of guilt and inadequacy as people's lack of control over their own lives leads to an obsessive struggle to reclaim it through micromanaging their space, time, relationships — whatever they can. From public discourses that blame the poor for their poverty, to techniques that 'diagnose' socially created problems as individual cognitive or biological defects or imbalances, the function of biomedical pathology offers people the illusion of control in return for ever-greater conformity to the maxims of homo economicus.

At the outset, I stated that this dissertation's focus is not on the biomedical categories developed to diagnose and normalise thinking about anxiety as a chemical imbalance, but rather how these metrics and practices are part of a larger political economy that entrenches an anxious market psychopathology central to the functioning of neoliberal capitalism. Adopting and internalising such practices are never simply a matter of conscious choice. In the context of the

field of mental health, biomedical pathology generates a social categorisation in which anxiety, but also trauma, depression and other ‘disorders’ become ‘natural’ facts or ‘genetic’ conditions, requiring treatment by pharmacology and the subsequent mechanisms of adjustment that place the burden of responsibility largely on the sufferers. There is a clear individuating element (of social subjection) to this regime, as subjects absorbed in communities become separated out as mechanisms of human capital, but there is also a ‘dividual’ one. Data-driven processes of self-quantification and surveillance dividuate and fragment subjects (of machinic enslavement) into population surveys, health statistics, credit scores, insurance profiles, crime databases and more.

While the first wave of pathological laissez-faire immiseration was transformed by community-led social work initiatives for mutual aid and social solidarity, the second-wave Fordist-Keynesian post-war compromise imposed a new disciplinary regime of scientific centralisation and consumer monotony that irreconcilably changed the way that mental health and wellbeing were understood. In a society twisted by technological spectacles, moral panics, and economic stagflation, mental health diagnostics and treatment began to utilise the language of ‘empowerment’ to reanimate disaffected subjects, reframing the collapse of social supports as a journey of personal discovery. As I elaborate in the next sections, the turn to healthism in the 1960s, and the subsequent rise of neoliberal pathologies of selfish mindfulness were vital in this shift. Yet the transition from analogue modes of capitalist production and consumption to digital ones was equally important, as forms of discipline and control become layered, amplifying the processes of de/subjectification that inform people’s behaviours (Deleuze, 1988). What people experience as an increased perception of power is a function of control. Though governance in the social factory of anxiety is physically restrictive it is also more intense, saturating the field of possible actions by intensifying the paradox of dis/empowerment.

III. Meditation and 'me'

The rise of biomedical pathology is inextricably linked to the development of drug-based diagnostic tools and practices to address the principal problem of state mental institutions and of psychiatry in general — the maintenance of social order. Pharmaceuticals were transformative in this regard because they can produce more manageable patients in a relatively cost-effective manner without the invasiveness and risk involved in previous shock and psychosurgical treatments (Esposito & Perez, 2014). With the rise of psychotropic drugs, the burgeoning mental health field now had the tools to bring about order and, in the process, provide a form of psychiatric therapy that was emblematic and consistent with the emerging new cultural narratives regarding deviance, abnormality, and health during the 1960s and 70s that map onto the transition from discipline to control described by Foucault and Deleuze.[9] As a result, there is a clear correlation between the rise of this drug-based regime and changes in the relationship between medicine and the state ushered in by neoliberalism (Cummins, 2010; Esposito & Perez, 2014). In the latter half of the 20th century, the direct institutional discipline of mentally unstable populations was gradually displaced by the indirect control of the self (de-institutionalisation) necessary to sustain the social factory and ensuing commodification of life.

The deinstitutionalization movement in mental health describes this neoliberal shift in mental health care from institutionalization in large psychiatric hospitals largely reliant on procedures of discipline towards community-based forms of treatment (Moncrieff, 2022a; S.

[9] To expand on an earlier point in Chapter 1, the transition from a discipline society to a control one is marked largely by changes in the techniques and technologies of power and control (Elmer, 2012). Technological advancements (the growth of computer networks, digital communication, and vast data collection) and a shift towards individualism (increased emphasis on personal responsibility and self-surveillance) have created a society in which people are constantly monitored and evaluated, and where control is exerted through the manipulation of information and the shaping of individual behaviours.

Smith, 2022).[10] Leveraging two core biomedical pathologies — 1) mental illness is a biochemical feature of the human condition; 2) those involved in the management of mental health problems are motivated by humanitarian concerns for the relief of suffering — this community movement presented itself as an altruistic response to the overcrowded, inhumane conditions in many psychiatric hospitals. As I examine in this section, the reality, however, was that the development of mollifying psychotropic drugs coupled with social and political transformations (the emergence of decentralising reforms that altered admission and discharge procedures, reductions in state health and welfare programs, and the development of fiscal crises in many states) is what drove the push for deinstitutionalization (Gronfein, 1985). In other words, material changes towards de-institutionalisation brought about by economic and social forces have actually intensified the iatrogenic the role of medicine, creating a situation in which social control becomes largely a self-induced form of governance as people chemically modify themselves to better adjust to the market reality demanded by neoliberalism.

In this neoliberal age of deinstitutionalization, medical power shapes the parameters of what is appropriate and normal in a manner that does not appear as coercive, but empowering, as individuals are encouraged to self-manage their lives and health (Foucault, 2010). The central concern is no longer to fill mental hospitals, promote eugenic programs, or shock someone into 'sanity' but to normalize the consumption of psychoactive drugs as a legitimate way of correcting (or dealing with) the sorts of adverse psychological and behavioral conditions (e.g., feelings of anxiety, depression, insecurity, etc.) that are encouraged within the iatrogenic social factory (Esposito & Perez, 2014). Despite the framing of deinstitutionalisation as a compassionate

[10] The effects of this policy transition from institutionalization in disciplinary psychiatric hospitals towards community-based forms of control treatment are illustrated in data that highlights that the growth of mental patients in state hospitals within the U.S. context grew fourfold between 1903 and 1955 from 150,000 to 560,000 during the rise of the disciplinary mental health institution, but had decreased to 160,000 by 1977 (Esposito & Perez, 2014).

practice, the promised community-based supports never materialised, and to this day, the implementation of community-based mental health services has yet come to fruition in any health jurisdiction (Sealy & Whitehead, 2004). For this reason, challenging third wave anxiety requires more than simply a movement towards de-medicalization. What is needed is a concerted opposition against the basic assumptions and practices that shape how we understand what it means to be healthy and normal and how neoliberal society regulates these notions.

Cognitive behavioural categories

In *The Myth of Normal*, Gabor Maté builds from the work of Smail to question the idea that there is that there is any 'normal way of being, thinking, and feeling (Maté & Maté, 2022; Smail, 2018). Reiterating Bataille's observation that capitalism is a homogenising (flattening, normalising) force and Deleuze and Guattari's synthesis of majoritarianism as the structuring of standardised models and identities that stigmatise difference and divergence (minor), Maté argues that our society's obsession with normalcy and conformity has led to the pathologizing of natural human differences and the stigmatisation of those who do not fit into a narrow definition of normal. Challenging the view that the advent of anxiety is not just zero-sum individual medical problem, but also a social and cultural issue that arises from systemic inequality, trauma, and dispossession requires an understanding of how neoliberalism and the rise of managerialism have reshaped mental health diagnostics and policy. Through a biomedical focus on production, efficiency, accountability, and measurable outcomes, securing reductions in short-term symptoms have taken priority over long-term healing and transformation (Dalal, 2018; Maté & Maté, 2022; Sun, 2013).

While biochemical antidepressants as 'magic bullets' remain the most prescribed treatment for anxiety and related disorders, nowhere is this emphasis on 'quick fixes' more prevalent that in cognitive-behavioral therapy. CBT has come to the fore as part of a larger 'mindfulness'

movement, which, unlike the biochemical effects of medication, targets a person's 'negative' thoughts and replaces them with 'healthier' or 'more accurate' ones (Anthes, 2016; Etzelmueller et al., 2020; S. Smith, 2022) Instead of emphasising chemical correctors, CBT works by helping a person to change their thinking about the world (cognition) and their behaviours to cultivate a practical, task-oriented approach that promises to target everyday problems. Though most often used to treat anxiety, many practitioners claim CBT to be a one-size fits all approach that can be used to treat a wide variety of mental health problems. CBT is so omnipresent that it is often the only form of therapy available in both private and public mental health services and some researchers and practitioners have even argued that CBT should become the only form of psychotherapy (Leichsenring et al., 2022; Linton, 2020; Watts, 2015).

Considered a 'solutions-oriented' form of talk and text-based therapy, the efficacy of CBT rests on the idea that self-knowledge is empowering — the more someone knows about their disorder and how it is maintained, the better equipped they will be to recognise its symptoms and do something proactive to manage them. These techniques are based on a process of challenging beliefs and patterns in people by replacing errors in thinking — known as 'cognitive distortions' — such as amplifying negativity, overgeneralising and catastrophizing with positive thoughts that decrease emotional distress and self-defeating behaviours (Strohmeier et al., 2016). Stoic thinkers like Epicurus — who believed that logic could be used to identify and discard false beliefs that lead to destructive emotions — have deeply informed this process through which CBT practitioners identify cognitive distortions that contribute to anxiety (Robertson, 2020; S. Smith, 2022). The connection between the two fields is so deep that in his treatment manual for depression, the so-called 'father of cognitive behavioural therapy', Aaron Beck, claimed that the origins of cognitive therapy could be traced back to a foundational tenant of stoic ethics: 'one

cannot control their external circumstances, but they can regulate internal thoughts and feelings' (A. T. Beck et al., 1987).[11]

For Beck, a person's thoughts and beliefs (schema) *determine* the course of their actions, meaning that the causal mechanisms for dysfunctional behaviour are reduced to the negative effects of dysfunctional thinking. What follows logically from CBT's strong association between negative thoughts and mental dysfunction is the premise that one's cognitive beliefs about the self are responsible for emotional states and behaviours while entirely bracketing the role of structural and social factors. Much like the mitigating effects of pharmaceuticals, CBT's implicit emphasis on regulating negative cognitive distortions collapses people's symptoms (negative self-concepts and self-images) and their cognitive causes (Robertson, 2020; Sun, 2013). In this regard, CBT is not oriented to understand why someone is experiencing distress or paranoia, as, under this stoic modality, it is assumed that emotional distress or paranoid feelings are symptoms of an underlying mental disorder, not something that may have been socially produced. As a result, the very real possibility that a person's anxieties and insecurities may arise as a "reasonable response to a devastating life event" goes largely unrecognized (Dalal, 2018, p. 1).

Happiness ethos

Stoicism, and by extension Beck and CBT, ascribe fundamental significance to the concept of *determinism* — that events in the universe are predetermined, and that we have little power over the course of those events. Such thinking raises vital questions: what happens when peoples' cognitive distortions — that is, their experiences of negativity and catastrophe — become so

[11] Based on the principles of behaviouralism and cognitive psychology, CBT differs from traditional behaviouralism in that it recognizes the role of internal mental processes in shaping behaviour, rather than solely focusing on observable behaviour. Yet at its core, CBT works to reduce mental health problems to a matter of an individuals' resilience in developing personal coping strategies to manage negative thoughts and behaviours (Sun, 2013). For these reasons, it is not as effective in cultivating a more socially-oriented sense of health and wellbeing.

widespread and validated it would appear ‘irrational’ to ignore them? Is the stoic, in their focused self-containment, meant to presume everyone else has lost their minds? In a world where systematic factors such as the destabilising climate, a global pandemic, and increased economic insecurity are directly linked to increasing ill-health, at what point do ‘irrational’ anxieties become a rational course of action? Under such circumstances, cognitive-restructuring exercises, with their emphasis on re-framing reality but not changing it, are ill-equipped to recognise social factors in the production of anxiety. Instead of validating these negative experiences, CBT enacts a mode of control called the “happiness ethos”, which actively downplays the role of social and environmental factors such as inequality, poverty, and job insecurity (Dalal, 2018; De La Fabián & Stecher, 2017).

The idea that happiness is the goal of all rational beings is a marketable one that can easily be sold to governments, corporations, and individuals alike who seek to address mental health problems with the aim of increasing their productive outputs. Whereas discipline is enacted through top-down surveillance, examination, and classification to create consumerist subjects ideal for the factories, offices, regiments, wards, clubs and classrooms of the industrial age, control is enacted through the pursuit of health and happiness as flexible, decentralised modes self-discipline and self-surveillance. Characterised by an emphasis on positive psychology, personal responsibility and self-help, the happiness ethos is closely tied to the neoliberal ideology of individualism, where success and failure are attributed to personal effort and choice, and people are encouraged to be creative, entrepreneurial, and adaptable, and to constantly seek out new opportunities for self-improvement and self-optimization (W. Davies, 2016; De La Fabián & Stecher, 2017). Viewed in the context of the turn towards healthism discussed at the outset,

whereby people are encouraged to manage their health through lifestyle changes, happiness operates as a strategy of governing 'at a distance' (Miller & Rose, 2013).

In a similar vein, William Davies catalogues how the 'happiness industry' is a symptom of the broader social and political shift towards neoliberalism, where the pursuit of happiness and self-improvement fuel an increasingly entrepreneurial subject (W. Davies, 2015, 2016). Instead of acting on or disciplining populations directly through the 'experts' running biomedical institutions, as most of traditional psychology does, positive psychology offers a set of decentralised exercises and practices that anyone can do on their own. This is a clear example of the paradox of dis/empowerment — the simultaneity of domination and agency. Sufferers are empowered to take control of their own care, but in doing so, must adhere to embedded categorisations of normality that objectivize and restrain individuals. Since happiness, as Davies continues, is subjective, practitioners create a sense of objectivity by substituting other units to measure it, such as money, dopamine, and body language. To this end, using quantifiable physical phenomenon to measure happiness ultimately reduces it to a simple market utility.

In essence, happiness has become a goal to be achieved as well as a resource, an asset and source of emotional capital, essentially directed at its own realisation. Sam Binkley's *Happiness as Enterprise* extends this analysis a step further, seeing happiness as a fulcrum point between the governance of others and the governance of oneself (social subjection) that is central in the layering of discipline and control (Binkley, 2014). After all, in a society where disciplinary techniques and technologies of control coexist and reinforce one another, with individuals internalising social norms and expectations while also seeking to optimise their own behaviour and performance through continuous self-improvement, the personal pursuit of happiness is to govern oneself as one is governed by others. This is achieved by encouraging individuals to cultivate happiness

through the work of self-monitoring and self-denial — that is, by the "peeling back or stripping away from our private and interpersonal lives of the dead weight of habit, negativity, routine, and a sense of obligation to others" (Binkley, 2014, p. 2).

Dawn of mcmindfulness

The connections between self-denial, stoicism, CBT, and the happiness ethos come with strong moral overtones regarding personal capacities to govern temptation that align with the future-oriented processes of anxious subjection catalogued in the literature review. The dizziness of freedom described by Kierkegaard and Bataille is a response to the notion of agency as the compulsion to make homogeneous choices that shape future conduct in 'rational' ways. Reich and Lacan speak of anxiety as an anticipatory condition, where individuation becomes a goal that relies on subjects pursuing a specific relationship with their own temporality of happiness in a zero-sum world of competition and scarcity. Fromm and Marcuse expand on this temporality, looking at how the rise of consumer culture has 'empowered' people by imposing less physically restrictive forms of governance through the repressive desublimation and automatization of the individual. Across these examples, the experience of happiness becomes the anticipation of happiness, as norms of self-denial, personal resolve and mental resilience feed into an objectifying 'growth mindset' (Giddens, 1997; Tellman, 2015). At the intersections of anxio-capitalism and the happiness ethos is this contorted subject, forced to square the unpredictability of the future with the banality of self-management.

The rise of nervous, competitive, contorted subjects highlights the role of temporality and scarcity in the intensification of power, recounting the movement away from disciplinary forms associated with the emergence of first-wave-misery and second-wave-boredom towards the governmentalization of everyday life under third-wave-anxiety. Whereas industrial capitalism and

the Fordist-Keynesian compromise drew on notions of duty (to employer, state, family) to capitalise on the labour power of workers, neoliberalism utilises the promise of happiness to promote infinite personal potentials. As an updated iteration of healthism, Ronald Purser introduces the term 'McMindfulness' to describe this process, starting in the 1980s, during which the notion of mindfulness was divorced from its community-minded context in East-Asian wisdom — characterised by a broader set of attributes oriented to wholesome living including the reduction of suffering — and shaped into a tool for promoting individuated and consumerist approaches to well-being (Purser, 2019). Thus, the iatrogenic function of mindfulness is to frame adjustments to the logics and demands of neoliberalism as 'personal growth,' while actively obscuring the social and political conditions central to so much suffering (Brito et al., 2021).[12] In doing so, it places an undue emphasis on personal responsibility for mental health.

Akin to the homogeneous dyad of sickness and health discussed in the first chapter — either you are 'normal' and healthy or abnormal/sick — able-bodied, neuro-typical, adaptable, and entrepreneurial are positioned as normative standards for mindfulness. As a result of this ongoing repositioning, the extent to which bodies and identities deviate from these norms determines their level of exclusion from the means of personal fulfillment and self-discovery. What characterises mindfulness as a neoliberal mode of control is this rise of such decentralized and flexible forms of biomedical pathology, which do not alienate and exploit via disciplinary institutionalisation but the modulation of individual behaviours, preferences, and identities (Deleuze, 1992; Du Plessis &

[12] Modern mindfulness movements, such as Mindfulness-Based Stress Reduction (MBSR) and Mindfulness-Based Cognitive Therapy (MBCT), claim to have their roots in Buddhist meditation practices. However, the mainstream commercialization of mindfulness has stripped the practice of its religious and cultural significance and turned it into a commodified form of self-improvement (Purser, 2019). By erasing the socio-historical context in which the practice emerged, meditation is reduced to a set of techniques that can be easily marketed and consumed to distract people from addressing the root causes of their struggles and thus perpetuates the status quo. This problem of 'toxic mindfulness' is intensified by issues of accessibility and equity, with expensive mindfulness programs and retreats being inaccessible to those who cannot afford them (Du Plessis & Just, 2022). This inverse paradox of unaffordability clouds mindfulness-based approaches and biomedical forms of care more generally.

Just, 2022).[13] As I elaborate in the next section, rather than trying to understand how attention and self-image are monetised and manipulated by technology corporations using tools and techniques that allow for the continuous monitoring of standards and norms (and the rise of machinic enslavement), mindfulness depoliticises the problem of anxiety, locating the crisis in people's minds (Fisher, 2012; Purser, 2019). Such a process needs to be interrogated, especially in an anxiety-laden context where a narrow focus on helping people to manage negative feelings and stress levels can deflect attention away from the structural conditions that are inducing stress in the first place.

In line with the turn towards personalized medicine more broadly (i.e., magic drug bullets, CBT schemas, and the happiness ethos), individualistic and therapeutically oriented forms of mindfulness function as a cover for what Smail describes as 'magical voluntarism,' a form of victim-blaming that personalises distress by placing the responsibility squarely on the individual (Smail, 2018). According to this way of thinking, freedom is experienced as the subjective choice individuals make to tweak their specific attributes, abilities, and qualities to make them viable as self-optimizing subjects. Such a function of control, as Ahmed highlights, obscures the fact that the cultural, emotional, and political production of mindfulness are deeply entwined within pre-existing power relations, where some bodies and identities are privileged as more capable of fulfillment than others (Ahmed, 2017). This is obscured by a sense of resilience that functions as a constant command: "be willing to bear more; be stronger so you can bear more" (Ahmed, 2017, p. 89). Through the encouragement to 'toughen up' so as not succumb to pressure, individuals are

[13] The transition from a discipline society to control should not be seen as binaric or mutually exclusive but dyadic – existing on a continuum of increasing social control and surveillance as each society builds on the previous one, incorporating and expanding on its methods. The techniques used for discipline continue to be used in the Control society, but they are augmented and amplified by the new technologies and data-driven approaches (Deleuze, 1988). In this sense, the control society should be seen as a continuation and intensification of the discipline society, rather than a rupture from it or a break from it (Elmer, 2012).

only recognised as healthy and stable if they can muster the mindfulness and champion the resiliency to keep consuming harder and working longer.

IV. The Psychological Complex

The 'psy' complex is an umbrella term used by Nikolas Rose and later Heidi Rimke to describe tools and techniques underpinning the pathological belief that human problems are the cause of individual biological deficits (Rimke, 2016; Rose, 1985). From the appropriation of meditative practices driving the rise of McMindfulness to the pharmacological interventions pushed by changes in the DSM, the 'psy' complex — what I have described throughout as the biomedical industry — reduces treatment and care to 'extrinsic strategies' for individual self-management.[14] Rather than a practice that fosters social and political engagement, neoliberal subjects are called upon to secure their own health and to achieve societal wellbeing standards beholden to the iatrogenic axioms of increased profits and short-term economic growth (Brito et al., 2021; James, 2008). These underlying market psychopathologies are upheld by an ideological investment in the belief that the capitalist system is the only possible way to govern society — drawing from Fisher, I discussed this as 'capitalist realist anxiety' (Fisher, 2009, 2012, 2013). What follows is that the individually oriented forms of personalised medicine and homogeneous categorising that make up the 'psy complex' are taken to be the best ways to diagnose and treat anxiety.

What makes the situation psychopathological is that such market logics not only actively produce but inherently require anxiety and the subsequent alienation and insecurity it engenders

[14] Intrinsic motivation refers to an internal drive to engage in a particular behaviour or activity for personal satisfaction or enjoyment, whereas extrinsic motivation is driven by external rewards or consequences such as praise, money, or social recognition (Benabou & Tirole, 2003). While discourses of mindfulness and wellness claim to be working towards cultivating intrinsic motivations of contentment and understanding, biomedical pathology is primarily focused on leveraging self-care and radical acceptance to uphold extrinsic motivations. These are centred around avoiding social disapproval and stigmatization.

to modulate behaviour at both the individual and dividual levels. This is the iatrogenic nature of the problem. Whereas laissez-faire capitalism dominated by controlling the means of substance to drive the increased immiseration of the working class and Fordist-Keynesianism leveraged the post-war boom to pacify populations via monotonous consumption, neoliberalism generates an edifice of empowerment to govern through anxiety. To reiterate, a key part of this governance strategy is the introduction of ever-more customised and personalised market solutions that recast systemic fallibility as individual culpability. This is done through an emphasis on cultivating 'human capital' — all those "physical and psychological factors which make someone able to earn this or that wage" (Foucault, 2010, p. 224). As a result, the locus of action and transformation has shifted from the industrial formation of unified solidarities aimed at changing one's material relationship to the social, political, and economic inequalities that cause ill-health to changing how one feels about their thoughts so they can better manage their life.

The transition to anxious subjection is a major shift in the history and development of capitalist modernity. Instead of changing the distribution of wealth in society, the production of subjectivity has been altered through waves of market psychopathology to eclipse the categories of worker and community with capitalist and individual (Gilbert, 2014; Read, 2016). This has allowed the efficacy of the biomedical diagnostic practices and treatments surveyed in this chapter to go largely unchallenged by practitioners and sufferers alike. I have already discussed the extent to which the serotonin theory is based on flawed assumptions that promote the over prescription of SSRIs, but there is also little evidence to suggest that cognitive behavioural and mindfulness therapies and practices are effective in addressing the problem long term. A meta-analysis into the efficacy of CBT found that treatments became 50% less effective from 1977 to 2014, as the therapeutic fixation on changing an individual's thoughts and behaviours through self-motivation

has proven unable to interpolate the underlying causes of mental health issues (Johnsen & Friborg, 2015). A similar survey of mindfulness-based therapies from 1970 to 2015 found "a mixture of only moderate, low or no efficacy" (Van Dam et al., 2018).

None of this should come as a surprise given such forms of personalised medicine are designed to engender isolated, stigmatised yet responsible and productive subjects. What is shocking, however, is the extent to which people accept biomedical effectiveness based on the tacit reinforcement that market-based responses are in their best interest — all the while stories of mental health struggles skyrocket as AI-chat-bots and e-CBT platforms are rolled out to satisfy the demands of increasingly anxious consumers. Elaborating on machinic dispossession and the function of the 'dividual' in the context of neoliberal anxiety, this section examines how new forms of 'consumer empowerment' that can be reduced to the ability to exercise the illusion of choice within the mental health system have commodified distress by entrenching self-directed forms of compulsory medicalization characterised by the 'anxiety industry.' Rather than the personal or political ability to withdraw from the neoliberal compulsion to compete, such 'empowerment' manifests through lobbying, buying, conferencing, corporatized outreach campaigns community treatment orders and other reformist strategies subsumed by the business ontology of mental health professionalism (McLean, 2000; Morrison, 2005).

The anxiety industry

As the commodification of everyday life has expanded over the past half century, rather than challenge biomedical hegemony, mental health treatment and care often amounts to little more than intensifying efforts to induce the prescription of mood stabilising drugs, digital therapy (eCBT) apps, and all the weighted blankets, salt lamps, mediation mats and essential oils one can afford to drop into their Amazon shopping cart (Kingsmith, 2019; Rissmiller & Rissmiller, 2006).

The result is that social control has become predominantly self-induced as people rely on chemical, cognitive, behavioural, and generally consumptive fixes to modify themselves as a way to endure the onslaught of precarity and insecurity. The aggregate of extractive and impersonal self-tracking programs and packages, pills, and pharmaceuticals constitute a multi-billion-dollar anxiety industry that entices anxious, burnt out, alienated people with the allure of finding themselves, with oneness and emphasising individual experience. In cultivating the widespread perception that mental health challenges are effectively addressed through personalised marketplace solutions, the 'anxiety industry' serves to pathologize behaviours that digress from the dominant neoliberal artifice of wellbeing.[15]

We can see this pathologizing of wellness and mental wellbeing reflected in the sheer rise of the anxiety industry. As of 2022, global wellbeing, wellness, and mindfulness markets were worth $4.4 trillion USD, accounting for over half of all global health outflows ($7.3 trillion) and representing 5.3% of all economic output (Future Market Insights, 2022). While the industry took a significant hit during the COVID-19 pandemic, it is growing rapidly at an annual rate of 9.9% and is estimated to reach a value of $6.99 trillion by 2025. Already in 2018 Apple pegged 'self-care' as the top breakout trend, highlighting that mental health tech dealings had tripled that year as start-ups like Calm, Shine and Headspace expanded their e-CBT 'solutions-oriented' offerings for forming mindful habits to manage stress and anxiety (Anthes, 2016; Callaghan et al., 2021). The incessant rhetoric around mindfulness takes as a given such apps have vast, untapped potentials that necessitate the widespread collecting and monetising of user data — mood, pulse,

[15] The term 'anxiety industry' points to the ways the pharmaceutical industry, self-help culture, and corporate mindfulness programs have turned anxiety and social and material insecurity into a profitable commodity, rather than a legitimate concern for public health and wellbeing (Kingsmith, 2019). As individuals grapple with uncertainties in a rapidly changing socio-economic environment, these various entities offer solutions, narratives, or content that either address or exacerbate these feelings. This includes everything from media that sensationalizes news to keep viewers engaged, to pharmaceutical companies promoting anxiety medications, and to digital platforms using algorithms that feed into users' fears and biases (Stecula & Pickup, 2021; Van Dijck, 2014).

sleep and heart rate, alcohol and food intake, brain wave and muscle tracking — there are programs for regulating every movement and interaction.

For their part, corporations like Google, Apple, Target, Ikea, Sony, and the U.K. government have all integrated mindfulness and meditation into their employee packages (J. Firth et al., 2017; Hess et al., 2016). While there are some examples of a well-designed eCBT app temporarily improving outcomes, much of the research is limited to pilot studies and small and non-replicable trials, many of which were conducted by apps development teams rather than independent researchers (Larsen et al., 2019). Trials that consider the well-documented 'digital placebo effect' are rare, increasing the probability that positive treatment outcomes claimed by apps and digital platforms relying on some variation of eCBT are inflated by the strong attachments people have to their devices (Torous & Firth, 2016). More generally, as Miguel Farias and Catherine Wikholm detail in *The Buddha Pill*, reducing problems exacerbated via socio-economic precarity, isolation, misogyny, racism, addiction, suicidal ideation and more to a question of personally-directed meditative and restorative practices can create adverse effects resulting in further anxiety, alienation, and self-blame (Farias & Wikholm, 2015).

Without much non-anecdotal evidence to support claims of effectiveness, top mental health apps and the mindful practices they promote tend to rely on vague scientific language and online reviews populated with positive content often paid for by the app developers (Bauer et al., 2020). As overwhelmed public health officials and practitioners rely more on such platforms in the time of the pandemic and after, people's wellbeing has become increasingly dependent on an array of therapy chatbots, unvalidated wellness productions and strategies as well as self-reporting surveys that were never meant to serve as permanent substitutes for more interpersonal and costly forms of care. As the massive quantities of health data generated by the engagement on digital platforms

is a central requirement of most e-care today, we see the dispossessive effects of machinic enslavement, as a person's financial inability or outright refusal to engage in the self-tracking and datafication demanded by these tools and practices can have the effect of restricting their access to important resources. Something as banal as being late on a phone bill can make the difference between accessing support in a moment of crisis and going it alone.

Community treatment coercion

The consequences for refusing to engage in invasive self-tracking and self-regulatory behaviours can be severe. While mindfulness, wellness, and CBT-based movements have been successful at normalising a certain level of alienation and anxiety within individuals to extract maximum productive potential, the advent of community treatment orders provides an additional layer of governance for populations who are unable to achieve an established standard of stability and employability. As discussed earlier, the deinstitutionalization of mental health care involved the reorienting of disciplinary psychiatric institutions around community-based forms of treatment, which claimed to help patients learn to manage their mental health conditions through promoting autonomy and recovery (Esposito & Perez, 2014; Mfoafo-M'Carthy & Williams, 2010). In reality, this transformation was a cost-saving measure motivated by reductions in public health expenditures and bolstered by the rise of psychotropic drug regimens in conjunction with the DSM and the pharmaceutical industry. Introduced in several countries over the past few decades to provide legal leverage for promoting treatment compliance in cases where people have refused treatment, community treatment orders (CTOs) offer a way to further disperse mechanisms and practices of the social factory across mental health sufferers (Moth, 2022).

CTOs place an emphasis on the obligation to take medication, seek psychiatric and psychosocial care, attend meetings with the treatment team and to remain at a specific address

(Rugkåsa & Burns, 2017). Through constant self-monitoring and surveillance, CTOs are intended to allow for rapid readmission to a psychiatric unit if the person's mental condition deteriorates or if they refuse to maintain their regimens (Paradis-Gagné & Holmes, 2022; S. Smith, 2022). Instead of disciplinary institutions that are expensive and complex to operate, CTOs function in this way much like the archetypical control society described by Deleuze, where a large amount of data and information about 'dividuals' under control is continuously exchanged (Deleuze, 1992; Iveson & Maalsen, 2019). Community-based care thus becomes a form of coercion as fragmented data points about patients are made readily available within the psychiatric apparatus to all clinicians, allowing for more effective risk management and constant surveillance (Hoeyer & Wadmann, 2020; Paradis-Gagné & Holmes, 2022). Through mechanisms of patient out-treatment models coupled with self-tracking platforms, the psychiatrisation and management of de/subjection becomes a smooth circulation across interconnected diagnostic models, databases, and faculties.

With the rise of electronic health records (EHRs) and data analytics in healthcare for example, information collected under CTOs can become part of a larger system of datafication, wherein detailed aspects of individuals' lives are quantified, analyzed, and commodified (Hoeyer & Wadmann, 2020; Wallenburg & Bal, 2019). EHRs in this sense are digital versions of patients' medical histories and include diagnoses, medications, treatment plans, immunization dates, lab test results, allergies, and more. Under the guise of improving the efficiency of care by allowing for more personalized treatment plans and risk assessments, this personal information is collected and shared with unauthorized parties and used for purposes beyond the intended scope of the CTO (Ruckenstein & Schüll, 2017). While, as I discuss in the remainder of this section, datafication is linked to the influence of increased control over individual sufferers (social subjection), the alignment of CTOs with data-driven approaches worsen existing biases and inequalities in mental

health care by disassembling the subject (machinic enslavement). Far from breaking out of past patterns and assumptions about patients and treatments, algorithms and data analysis reinforce stereotypes and prejudices present in the data, influencing decisions regarding who is placed under a CTO and what treatment they receive (Ledford, 2019; Oravec, 2020).

While CTOs are presented as a more humanistic alternative to forced incarceration, no study exists that has been able to confirm a strong correlation between the practice and the intended effect of preventing relapse and reducing hospital admissions (Rugkåsa & Burns, 2017). Moreover, the steady growth in CTO use worldwide has coincided with observable increases in hospital admission for mental health treatment and care. When considered as a product of the psy complex however, this paradox makes sense. The underlying drive of CTOs is not to reduce or humanise treatment, but rather to reframe and quantify it, expanding the social factory of anxiety as people under such orders come to accept the necessity of coercive measures for their own good (Moth, 2022; Sealy & Whitehead, 2004). Whereas brutal disciplinary mechanisms of closed psychiatric institutions ended their treatments in death or in discharge, CTOs have opened the possibility of diffuse and indefinite treatment reinstated constantly. As a result, any spaces for relational and community-based forms of support are limited by the dominance of market-oriented, data-driven optimisation and an imperative towards service user self-management that fetishize metrics and modes of risk-management oriented quantification.

Quantity fetishism

Quantity fetishism is a phenomenon where mental health management focus solely on measurable and quantifiable outcomes or outputs, to the neglect of other important aspects such as the quality of those outcomes or the process by which they are achieved (Ferraro, 2016). Prioritising economic growth and efficiency for work, success is defined solely in terms of collecting the highest possible

amount of data. In mental health care, this manifests in collecting and assessing data about as many patients as possible rather than providing comprehensive care, leading to rushed appointments, depersonalizing questionnaires, and an over-reliance on medication and consumptive strategies (Castillo & Braslow, 2021). The creates a system oriented around short-term results and quick fixes over long-term recovery and well-being. Driving this quantity fetishism is the mechanism of machinic enslavement, which professes that the more data generated and collected, the closer the system gets to rationality, objectivity, and ultimately, total predictive control. This view is so seductive that many industries related to mental health care, from insurance and education to entertainment, have repositioned themselves for large-scale data gathering for the delivery of 'precise medicine' via GPS tracking, keystroke monitoring and much more (Rothstein, 2021).

As Moore elaborates in her writing on self-quantification, corporate wellness programs rolled out in partnership with risk management agencies require employees to share self-tracked data collected by smartwatches and phones in exchange for rewards (or penalties) for meeting goals (Moore, 2017). While such self-tracking (social subjection) is promoted as an empowering practice that can make people healthier and more productive, wellbeing is conflated with harnessing of physical and emotional energy. At the same time, the metadata or 'data exhaust' generated by these practices can be leveraged to generate dividual consumer profiles for the engineering of market behaviours like those in the anxiety industry to manage the system's low tolerance for deviation from established norms (Rebughini, 2021; Zuboff, 2020). This machinic layer manages uncertainty through its dividation of individual subjects, reducing bodies to fragmented data points such as consumer trends and genetic markers that are synchronised to homogeneous, biomedical conceptions of health that bracket the interconnectedness of individuals and the social structures they inhabit (McGonigle, 2019). Importantly, these dual processes of

subjection and enslavement do not work to simply nudge people to purchase a certain product or engage in a specific drug or talk-therapy treatment course, underpinning all this is a process for setting the parameters of what kinds of diagnoses, ways of thinking about suffering, and forms of care are deemed to be normal, healthy, and thus permitted to take place.

The digital health 'revolution' and the individuating practices of self-care that come with it highlight how the biomedical pathology sets a standard for normality that can be deftly commodified, securitised, and financialized by this drive to personalise and depersonalise mental health care. Self-tracking apps like 'PocketWell,' developed in partnership with Wellness Together Canada (WTC) as a way for populations to evaluate their risks of mental health problems is a case in point.[16] As the user self-monitors, they are persistently encouraged to demonstrate 'recovery' and 'mindfulness' regardless of long-term impairment or systemic challenges. Indicative of the CBT framework, negative ways of thinking are replaced with a more optimal outlook. It is telling, too, that the wellness content promoted on the app, which is endorsed by the DSM-V framework, is based on achieving "fitness for work" since the worthwhile human is engaged in work activity at all times — a manifestation of what Fisher characterises as a "business ontology", which dominates life by fostering the development of 'rational' actors in complete harmony with the surveillant imperatives of neoliberalism (Fisher, 2009, p. 27).

By transposing the mechanisms of disciplinary surveillance into people's everyday habits, individuals take on the responsibilities of both monitoring themselves, and of keeping track of one another — watching each other's diets, bodies, jobs, partners, pets — in a feedback loop of 'mass

[16] PocketWell is an online mental health and substance use support platform launched by the Government of Canada in response to the COVID-19 pandemic (Wellness Together Canada, 2023). It offers free mental health and substance use support for all Canadians through a range of resources and services, including self-guided courses, peer support, and a library of mental health and wellness resources that reinforce notions of passive acceptance and resilience. Despite PocketWell being advertised as 'free,' the vast amount of valuable user data collected could imply that the app's creators may be benefiting more than the users themselves.

customisation' indicative of the endless flexibility of neoliberal production (Charitsis, 2019; D. Neilson, 2015). Far from displacing the 'top-down' unidirectional nature of surveillance, the rise of 'lateral surveillance' as a practice of the business ontology feeds new techniques for collecting and analysing information about oneself, friends, family, coworkers, and public events in ways that amplify insecurity and uncertainty by fostering the rise of self-tracking and self-care as a mode of self-governance. As Mark Andrejevic highlights, the aim of these increasingly discrete forms of surveillance within neoliberalism are not just the production of docile, passive bodies, but the maximisation of bodies "'as a useful force,' to amplify, to 'increase production, to develop the economy, to increase and multiply', the monitoring gaze itself gets caught up in the self-inciting spiral of productivity" (Andrejevic, 2002, p. 485). In such a context, anxiety is produced by social subjection — one's implied audience on social media — a vague mass out there, watching, judging posts, likes, and shares — and the murkier fragmenting mechanisms that shape how that personal information is categorised and internalised.

Datafication & gamification

The launch of PocketWell in 2022 tells a bigger story about the connections between technology, private and public health responses to increasing mental distress, and value of expanding databases of anxious users and consumers. For starters, the fact there has been no expansion in the availability and affordability of mental health and substance use services in conjunction with the increased referral capabilities of the app raises questions about what is actually being offered by the Canadian government (Abdillahi et al., 2022; N. Shen et al., 2022). In the context of widespread despair and deprivation, an app for collecting detailed information about people's moods and mental well-being without subsequent supports seems out of place. Yet as I have discussed across this chapter, the aggregation of self-quantification into models for population health management is a critical

aspect of datafication, where personal health experiences are converted into quantified, actionable data points (Charitsis, 2019; Van Dijck, 2014). This beings to the fore vital concerns about the intensification of surveillance on apps like Pocketwell, with their potential to links to health and insurance records, police services, and other government records without user knowledge.[17]

Beyond the surveillance and profiling of populations with mental health challenges, which, to reiterate, are disproportionality socially and economically marginalized, datafication feeds into the business ontology of the psychological complex through increasingly pervasive forms of targeted advertising. Drawing on this previously untapped reservoir of data exhaust mined by industry titans like Meta and Google, internal analytics (clicks, likes, dislikes, shares and views) become the new modes of predictive power (Grusin, 2010; Rothstein, 2021). As anxious, self-tracking users are encouraged to share and compare their progress with others across vast, dissociative platforms, corporations are increasingly able to precondition and 'nudge' consumers, manipulating behaviours with data-driven strategies that offer customised products with the low unit cost of mass production, while at the same time enlarging the base for extracting data to further strengthen these predictions (Odih, 2013; Thaler & Sunstein, 2009). Across social media profiles, credit scores, purchasing histories, insurance ratings, health records and more, the primary aim of datafication is to leverage dividuated data points to generate a form of 'digital iatrogenesis' that fixates people's attention on things they do not need — that are even harmful to them (Iveson & Maalsen, 2019; Oravec, 2020).

Rationalising the emergence and proliferation of self-surveillant techniques and practices in turn fuels a massive stockpile of data exhaust that can be resold and repurposed to intensify the

[17] Past instances of personal data abuse in Canada, such as unauthorized use of Clearview AI's facial recognition technology by Toronto Police Services, highlight the need for rigorous privacy measures. Concerns are further accentuated by the fact that the COVID-19 Alert app is still collecting data despite being largely ineffective and failing to meet the guidelines set by the Office of the Privacy Commissioner (Abdillahi et al., 2022).

cycle of datafication. A key driver of this digital iatrogenesis is gamification — the application of game-design elements and game principles such as points, badges, leaderboards, and levels in non-game contexts (Haiven et al., 2022a; Wallenburg & Bal, 2019). The 'game' in this sense could involve recording mood levels, anxiety triggers, and sleep patterns, settling personal goals, and earning rewards with the aim of eliciting behavioural changes. Rather than directly disciplining subjects in an institution, the intersections of datafication and gamification in a healthcare context open up new avenues of control that 'empower' and encourage sufferers to 'play the game' through preconditioning, nudging, and bio-metric and haptic feedback systems (Moore, 2017; Schüll, 2014). As a subset of the anxiety industry, the aim of such a 'patient experience economy' is not only the inflation of our individuating entrepreneurial pathologies but the extraction of data points underpinned by a desire to convert everything into algorithmic forms, leading to the widespread datafication of various aspects of human life and societal phenomena.

Datafication in mental health care fetishizes measurable outcomes, neglecting the quality and processes of care. When paired with biomedical diagnostic systems, psychopharmaceuticals, and community treatment orders, this data-driven regime of gamification intensifies the isolation and alienation crucial to the social factory of anxio-capitalism. The competitive elements of certain games not only trigger anxiety and feelings of inadequacy, but they reinforce a homo economicus conception of human psychology and behaviour, which presumes all 'rational' people to be driven by extrinsic calculations of individual utility (Benabou & Tirole, 2003; Kalimeris, 2018; Sen, 1977). In this zero-sum game, where one player's health is another's sickness, the data collected is often misinterpreted and misused, leading to inaccurate or inappropriate treatment strategies (Anthes, 2016). The final section of this chapter elaborates on the disorienting outcomes of this game, as datafication enables the creation of personalised information environments or 'echo

chambers' and massive aggregated population demographics, both of which reinforce and amplify people's pre-existing beliefs (Birchall & Knight, 2022; Parish, 2000). Through a hypercultural flattening I examine in more detail, this data is constantly recirculated by algorithms to prioritize and promote sensational and controversial content that encourages engagement within small niche groups, propagating the spread of conspiratorial thinking to cope with the anxiogenic age.

V. Disoriented Epistemologies

In the anxiogenic age, the dividual is in tension with the individual, but not as a substitution, division, or duplication of the individual. Instead, the neoliberal order has produced a complex dividual-individual composition that is proliferated by biomedical pathology and datafication. The concepts of personal health promotion, self-care, and mindfulness that drive quantity fetishism at the individual level emerged during the Fordist-Keynesian period, primarily out of concerns about the limitations of professional health systems. Yet by decreasing the public provision of healthcare services in Canada, the U.S., U.K. and elsewhere since the 1980s, neoliberal policies have exploited this naturalised 'impulse' to track, monitor and self-regulate to expedite the development of a privatised health sector, legitimated by the DSM, shaped by market forces, and underpinned by the coercive logics and constant surveillance of CTOs. In this context, 'market forces' are coded language for a regime that legitimates the reduction in access to care by imparting responsibility on to individuals who are increasingly compelled to be in charge of their own health and wellbeing. At the same time, these self-directed subjects function as points of "connection, junction, and disjunction", as their desubjectivised components (intelligence, affections, feelings, cognition, memory, physical strength) are distributed into agencies that constitute huge social machines (enterprises, welfare state, communication systems, etc.) (Lazzarato, 2014, p. 27).

The dual mechanisms of de/subjection acting on sufferers in mutually reinforcing ways highlights how the social, digital and, medical elements of the iatrogenic process detach the very notion of disease from the explicit suffering present in a person's body (Brito et al., 2021; Deleuze, 1988). Achieving health thus becomes an exercise in the management of risk to reduce the chances of getting sick, and it is in this space that the anxiety industry comes to the fore. With diagnoses no longer grounded in the problems a body has, but its' potential capacities to produce and consume more, the anxiety industry breeds a general dissatisfaction as a high value is placed on consumerist fixes to maximise productive outputs. This obscures a clear correlation between the rise of the self-quantification movement, quantity fetishism, and the deregulation of healthcare systems. While this process is unfolding across all capitalist societies, in those of greater inequality — with Anglo-American countries displaying some of the widest disparities — the desire to consume greatly contributes to the emergence of our widespread neuroses, as the effort to maintain social status and emulate those at the top of society becomes an immense strain on people's lives.

In surveying the web of continuous surveillance and management of individual subjects and populations connecting personalised medicine, biomedical pathology, and the psychological complex, this chapter has highlighted how two forms of governance overlap, as disciplinary (psychiatric medicine, top-down surveillance) and control techniques (diffused data profiles, aggregative algorithmic processes) are implemented in conjunction through the dual processes of social subjection and machinic enslavement. The anxious subjection I have discussed throughout is the product of these processes, as the neoliberal social factory produces subjects and individuals through entrepreneurial forms of mindfulness, self-tracking and self-care, whereas enslavement acts on dividuals statistically configured in populations that serve as profiles of bodily capacities (Clough, 2008; Lazzarato, 2021). While such dual processes have been remarkably effective at

medicalising every aspect of life in a way that creates a sense of empowerment and scientific control, a constant thread running across all the treatments and practices I have discussed throughout is their general ineffectiveness in alleviating people's suffering. This section expands on this phenomenon by looking further at the role of digital media and the previous discussion of hyperculture to examine the formation of so-called disoriented epistemologies, which direct people's frustrations away from the failings of the system and the shared material causes of their suffering (Han, 2022; Knight, 2021).

The elimination of distances

In its discussion of anxious modernity, the literature review drew from Kierkegaard, Bataille, Lacan and others to highlight how the ubiquity of anxiety can lead to disavowal and breakdown — the moment when the entrepreneurial subject who has done everything 'right' to normalise their mental health and yet it worsens realises that the sovereign (i.e., the methods and practices of biomedical pathology) 'does not know.' As I have articulated in this chapter, the problem is not so much one of knowledge — the fact that all the approaches under the umbrella of the psy complex are designed to normalise constant treatment and optimise productivity is very much an open secret — but a crisis of trust in the rational logics of homo economicus and the market society.[18] Whereas under the Fordist-Keynesian compromise, certain groups of stable workers cohered around the planner-state institutions driving an embedded liberalism that brought certain material securities while maintaining some separation from certain aspects of working life, neoliberal anxiety has provided no such concessions — intensifying consumptive drives and apparatuses to create a state of permanent crisis and insecurity (Institute for Precarious Consciousness, 2015).

[18] Many of the materials cited challenging the biomedical obfuscating of direct links between insecure and alienating social conditions and mental ill-health are from established journals and publishers and stretch back decades. The issue is a system where dissenting voices are trivialized, and questions about the status quo are quickly dismissed.

Beck and Giddens' work on risk management in market societies point to the disorienting nature of this loss of confidence in rationality, control, and progress that is central to capitalist modernity (U. Beck, 1992; Giddens, 1997). With its increasingly low tolerance for uncertainty, the control society draws on the aggregative power of machinic enslavement to set norms, standards, and expectations in ways that directly alienate the individuated subject. Deleuze and Foucault characterise this process of population management as an 'elimination of distances' or re-configuring of the perception of space and time (Deleuze, 1988, 1992; Foucault, 2011). In the context of mental health treatment and care, I have shown how this takes the form of boundless temporality (endless psychotropic and talk-based health regimes applied by CTOs) and de-centred spatiality (constantly normalised social and personal surveillance via modes of datafication and gamification). As discussed at the outset, buttressing this disorienting process is what Han refers to as neoliberal 'hyperculture,' a convergence of hybridizations brought on by globalisation that has homogenised the experience of everyday life (Han, 2022). Digitally networked technologies have accelerated this process, as the dominance of Western consumer culture and habits imposes a hyperconnected global system that has eroded traditional points of reference.

Han argues that hyperculture has affected individual identity and subjectivity by creating a constant flow of information and stimulation that has led to a 'neurosis of the infinite,' in which individuated subjects are unable to process the overwhelming amount of information and stimuli they encounter (Han, 2022). Akin to the elimination of distances, the resultant effect is a decline in people's critical capacities as individuals are driven by immediate gratification, the desire for constant stimulation, and an entrepreneurial sense of self-control and empowerment. Reduced to accessories of our 'behavioural surpluses' (dividuals) in population models, the rise of quantity fetishism and normalisation of social media as a source of reliable information and community-

formation have intensified this disorienting process, as predictive algorithms feed alienated, dispossessed subjects isolating conspiratorial and reactionary fantasies to explain why they are failing as individuals to live up to the standards of the productivity and wellbeing (Birchall & Knight, 2022). Indeed, the stress and confusion brought on by societal crises and stressful events have long been associated with an upsurge in conspiratorial beliefs, as widespread anxiety and insecurity pushes people towards ideas and fantasies that help them to manage the feeling of not having control over their lives (Krüppel et al., 2023; Leibovitz et al., 2021; Šrol et al., 2021).

Trust & anticipation

Starting from the conventional position that epistemology is a theory of how we come to know things about the world, conspiracy theories and general mass suspicions function as a way for people to process seriously threatening and alienating experiences (Parish, 2000).[19] In the context of a global pandemic, which has intensified the ongoing social, economic, and political shocks of neoliberal capitalism, the allure of conspiracy fantasies goes far beyond what Richard Hofstadter termed a 'paranoid style of politics', which he characterised as the preferred approach for minoritarian movements (Hofstader, 1964; Knight, 2021). In the years since, conspiring has become mainstream, a popular coping strategy that has been normalised by political leaders and traditional and social media within a hypercultural vacuum that has severed ties with history and decoupled from the scientific rationalism of the Fordist-Keynesian era. This shift is due to a crisis of confidence in the teleology of progress spurred by the failure of the sovereign power of the 'invisible hand of the free market' to provide individuals with safety and security in exchange for

[19] As discussed in the literature review of anxiety subjection and capitalist modernity, when individuals are faced with situations that are beyond their control and understanding, they often seek explanations and understanding through alternative theories and beliefs, even if those theories lack evidence or credibility. These alternative theories and beliefs are formed through a sense of disorientation, and thus provide a sense of control and understanding over an otherwise confusing and chaotic situation in ways that further intensify isolation and alienation (Parish, 2000).

their labour (Bataille, 1979; Lacan, 2016). This has created a multifaceted crisis of trust in the capitalist free market that has been escalating over the past several years.

The heart of the issue lies in the failure of the neoliberal laissez-faire revival to ensure the equitable wealth distribution and overall welfare for members of society — to uphold the Fordist-Keynesian compromise, however exclusionary it was. To restate the review of anxious subjection from Chapter Two, anxiety works as a process that mediates freedom and fear. What Kierkegaard, in *The Concept of Anxiety*, calls 'a desire for what one fears' is represented by the possibility of making actionable and meaningful choices as the supreme privilege of the 'free' modern individual subject (Beabout, 1988; Kierkegaard, 1980). When societal structures and institutions, which create the conditions for this illusion of choice, are perceived as untrustworthy or compromised, the symbolic order is called into question and people experience heightened anxiety (Dhabhar, 2018; Eklundh et al., 2017; Lacan, 2016). Accordingly, the collapse of trust conjured by anxiety is not only related to the inability of a subject to act in autonomous ways, but uncertainty about the future (Fisher, 2009; Grusin, 2010). Such uncertainty arises from an apparent lack of the resources and skills to handle future challenges and crises at a systemic and a personal level.

Since modern anxiety is a future-oriented emotion, controlling it requires the management and control of the future. As Richard Grusin elaborates, such future-oriented modernity is driven by the power of 'premediation' — strategies developed by media and culture to anticipate, forecast, and present possible future outcomes and scenarios (Grusin, 2010). By continually foregrounding potential disasters, emergencies, and traumas in the near future, the practice of premediation feeds anxio-capitalism through the proliferation of constant anticipation — always looking ahead to what could go wrong. Chapter Three explored how post-Fordist working life reflects this state of anticipation, as employers prioritize adaptability, mobility, and continuous learning to prepare for

future demands, changes, and crises within a regime of flexible labour (Aglietta, 2015; G. F. Thompson, 2011). Such widespread attempts to predict and anticipate risk are also closely connected to the notion of 'capitalist realist anxiety,' which emphasises how media and cultural industries reproduce a version of the present that forecloses the possibility of a different future. In this sense, both Fisher and Grusin speak of the reification of capitalist norms and values through a process of anticipating and presenting a specific vision of the future that is a mere continuation of the present, and any negative affect is a deviation that must be medicated or suppressed (Fisher, 2009; Grusin, 2010).

In a context where control is predicated on the perceived ability to anticipate crises — from terrorist attacks, financial meltdowns, and pandemics to political scandals, global warming, and widespread socio-economic inequality — the failure of modern institutions to utilise premediation to future-proof the system in any meaningful way for the average person feeds this crisis of trust. When public trust in the anticipatory capabilities of governments, media platforms, and social and economic structures wanes, fragmented, individuated subjects are drawn to alternative narratives that can 'fill the gap' and offer explanations for all the present and future disasters (Heitkamp & Mowen, 2023; Jutzi et al., 2020).[20] Feeling alienated, isolated, and unprepared to navigate the future is key aspect of what makes conspiratorial thinking attractive, as people seek explanations for their perceived personal failings to maintain their health and productivity in such insecure and disorienting times. As I unpack in the next section, this is because conspiracies often hold out the promise that the exposure and removal of the forces that are conspiring will restore the social order to its rightful, harmonious state (Butter, 2020; Sunstein & Vermeule, 2009). Yet the promise of

[20] The COVID pandemic brought forth a wellspring of conspiracy fantasies, including many associated with QAnon followers. These range from claims that the virus is a hoax or exaggerated, and that it is part of a larger conspiracy to control or depopulate the world. In general, such narratives distract from the fact COVID revealed devastating gaps in healthcare and social support systems created by decades of neoliberal policy (Šrol et al., 2021).

such conspiracy narratives relies on the equally untenable fantasy that crises are aberrations of the social system rather than a direct product of anxio-capitalism's formulation of control.

Conspiratorial hyperculture

The entrepreneurial risk-taking subject and population management apparatuses of the anxiogenic age produce a general structure of uncertainty and insecurity — at psychological, medical, digital, social, and material levels — which powers the system. Such anxiety is what drives the selfish, consumptive, quantified market psychopathologies that engender people's subjective complicitly and dispossession amidst the ongoing exploitation of physical, emotional, and reproductive labour. Conspiracy fantasies offer simplistic, alluring explanations to these complex and myriad uncertainties, providing clear narratives (us versus them) and identifiable antagonists (e.g., various secretive groups) that allows individuals to make sense of indefinite situations and restore a sense of control (Bataille, 1979; Rebughini, 2021; Reich, 1990). In recent years, QAnon and other reactionary conspiratorial movements have successfully channeled this energy into widespread recognition that the system is not working for many people (Haiven et al., 2022b; Kamola, 2021). Despite its fringe beginnings, these movements have gained traction in politics, especially within right-wing and Trump-supporting circles. In the U.S. for instance, dozens of QAnon supporters have run for public office and several have been successfully elected.[21]

The media environment, increasingly fragmented by the rise of alternative and social media platforms like Facebook, Twitter, and YouTube, has been pivotal in spreading QAnon beliefs. In *Hyperculture*, Han warns of the effects of this overabundance of stimuli in the digital realm — a

[21] It is important to reiterate that QAnon does not exist in isolation. What began with a series of anonymous posts on the 4chan message board 'b' (i.e., 'random') in October 2017 by someone using the name 'Q', a reference to a security clearance level in the U.S. Department of Energy, has expanded to integrate and overlap with other conspiracy theories, such as 'Pizzagate', deep state narratives, and more. In this sense, it acts almost like a 'meta-conspiracy theory' — a big tent under which various other conspiracy narratives can coalesce (Haiven et al., 2022a, 2022b).

constant barrage that leads to a state of exhaustion and fatigue (Han, 2022). As Han elaborates, these platforms function as reactionary echo chambers because they allow people to curate their own information feeds, repeatedly exposing themselves to content that supports their pre-existing beliefs. At the level of social subjection, this desire for self-control of the narrative reinforces and amplifies a person's perception of conspiracies, making them seem more widespread and credible than they are in the wider population (Heitkamp & Mowen, 2023; Stecula & Pickup, 2021). There is also a machinic layer to this process, as social media algorithms are designed to prioritize content that keeps users engaged, incentivizing the spread of increasingly sensational and controversial content, even if the content is false or misleading (Silverman, 2016; Cinelli et al., 2022).

The disassembly of social subjects into algorithmic feedback loops contains an inherently anticipatory logic. As discussed in the last section, predictive algorithms are designed to forecast future behaviours based on patterns in the data (Fisher, 2009; Grusin, 2010). This is essentially a form of premediation, but rather than being driven by dominant media narratives, it is powered by data trends that dividate the subject (Lazzarato, 2014; Rothstein, 2021). The outcome of this datafication of conspiracy fantasies is the intensification of a state of hypercultural flux, always looking forward but paradoxically stuck in a perpetual present (Han, 2022). The combined affects are a society that is anxious about the future and exhausted by the demands of the present (Fisher, 2009, 2012). The constant churn of claims and predictions, the sheer overload of information and misinformation, the echo chambers and feedback loops — these are the contours of conspiratorial hyperculture and its function in the production of disorientation and alienation. What they reveal is the proliferation of a homogeneous socio-economic system that has lost its depth of reflexive engagement with information and experiences. Although conspiracy movements like QAnon can offer temporary reprieve through their recognition of crisis — that something is broken — they

are ultimately unsatisfying because they incite anxious, exhausted people to behave in ways that increase their sense of powerlessness.

Extending previous discussions of the psychological complex, there is a deep connection between these premediated processes of datafication in the context of conspiratorial hyperculture and gamification principles that can make such fantasies more engaging and addictive (H. Davies, 2022; Haiven et al., 2022a). The thrill of uncovering a new 'piece of the puzzle,' the social rewards of sharing this information, and the tailored, data-driven feedback all serve to intensify immersion in the conspiracy as individual players and as dividuated 'non-player-characters' whose info serves to move the narrative along (Berkowitz, 2021; Haiven et al., 2021). As with games, the more one invests time and effort into a conspiracy, the harder it becomes to detach from it. Just as the gamer becomes more engrossed as they advance through levels, a conspiracist dives deeper down the rabbit hole with every supposed revelation, no matter how many 'Q-drops' dry up or prophesies are left unfulfilled (H. Davies, 2022; Haiven et al., 2022b). In this regard conspiracy movements function like alternative reality games, where those who feel marginalized or ignored by mainstream society cohere into a sort of 'digital lumpenproletariat' that reinforces each other's beliefs and provides a support system against external criticisms.[22]

In sum, the gamification of conspiracy theories towards data-driven premediation, plays on the homo economicus subject, offering validation, purpose, and relief from prevailing anxieties. The personalising and de-personalising nature of datafied experiences ensures that these fantasies resonate on an individual level, and across larger algorithmic processes, making them feel uniquely

[22] Inspired by Marx's original term, 'lumpenproletariat,' which referred to the dispossessed, unorganized, and declassed groups at the margins of society, 'digital lumpenproletariat' describes this sense of disenfranchisement, disempowerment and distrust of traditional information sources (Kamola, 2021; Marx, 1981). These are individuals who might feel left behind or disoriented by rapid technological change, digital capitalism, and the proliferation of misinformation, as well as the subsequent transformation of social structures. Movements like QAnon can be seen as a manifestation of a broader societal issue: the rise of majoritarian groups that feel marginalized in the digital age, who seek solace, community, and empowerment in alternative reactionary narratives (Haiven et al., 2022a).

valid and real. Similar to the iatrogenic ways capitalist modernity imposes binaries of productive and non-productive and biomedical pathology generates dyads of sickness and health, the response to the disorientation of conspiratorial hyperculture has been to make a homogeneous demarcation between conspiracy thinking and more 'logical' and 'rational' ways of making sense of historical causality (Haiven et al., 2022a). In the same way that a person is seen as either stable and mentally healthy, or unstable and mentally unwell, people are expected to think and act as atomised market subjects with confidence in the social norms, practices and institutions that constantly disempower them, or they are dismissed as conspiratorial, irrational, and unreasonable. While conspiracies are often unreasonable, the imposition of this rigid binary has the intended effect of dismissing forms of legitimate criticism against the social and economic system and public inquiry into potential wrongdoing by powerful individuals or institutions (Butter, 2020; Knight, 2021)

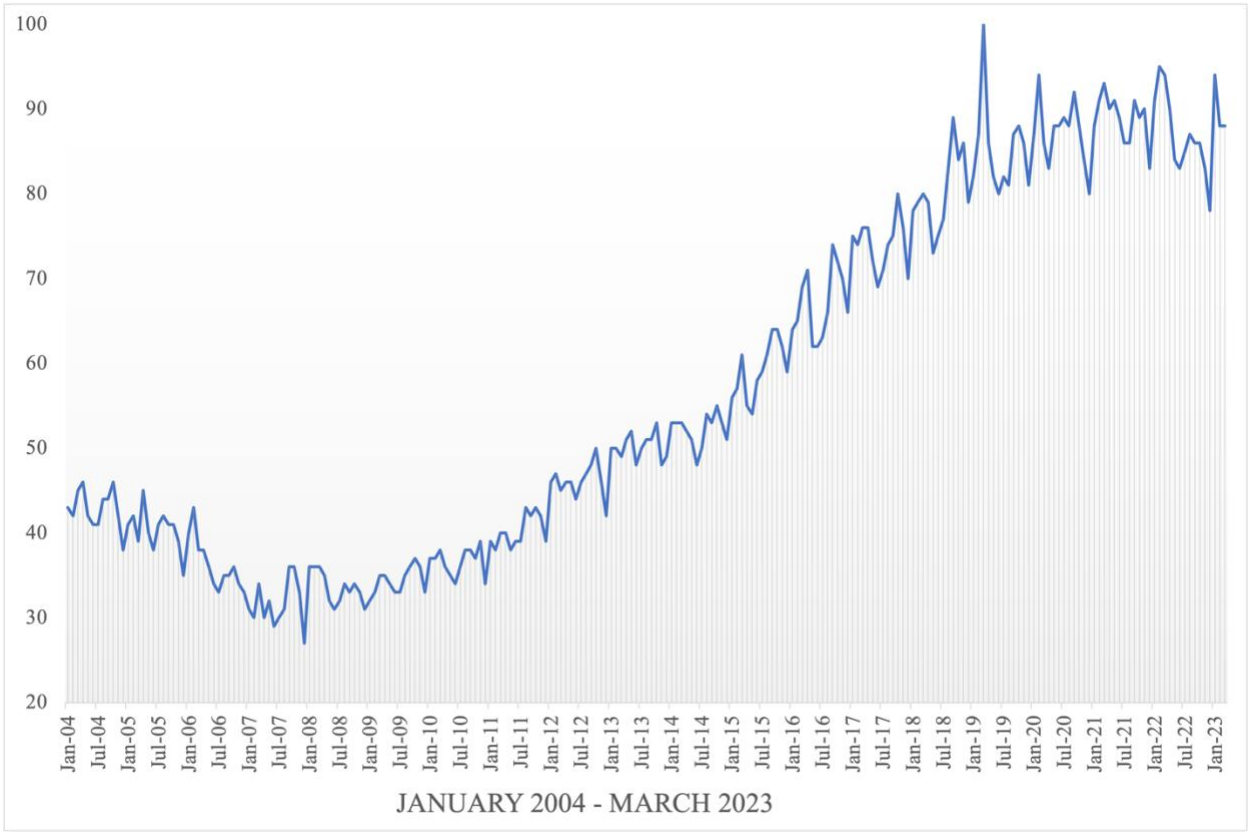
Perpetual crisis

The challenge becomes how to engage with the often valid and reasonable position that there are dominant groups in society with vested interests in managing the exploitation of populations in increasingly pervasive ways without sounding conspiratorial. More precisely, the difficulty comes from imagining and representing strategies for community formation and collective agency that are neither simply the result of a conspiracy nor the effect of a self-regulating market system. By offering reactive explanations that reduce blame and responsibility to a temporary deviation from the norm at a societal level — take COVID-19's transformation from 5G transmission to globalist hoax and beyond — conspiracy fantasies generate disorienting epistemologies that obscure key systematic factors actively producing insecurity (Birchall & Knight, 2022). As discussed in the previous sections, it does this by leveraging the isolating and competitive aspects of neoliberal individuation to diffuse and personalise those dual processes of de/subjection, often condemning

marginalized or divergent populations for suffering instituted and maintained by mechanisms of discipline and control. The use of disinformation to govern and alienate populations is not new. However, the rise of digital networked technologies has drastically changed how people consume and are consumed by information as hyperculture eliminates distance from everyday life.

In the context of widespread mental health challenges, the pandemic was a flashpoint for the intersections of mental health, data, technology, and anxiety, clarifying how a combination of uncertainty, fear, misinformation, and loss of a sense of control can push people towards the allure of conspiratorial thinking. At the same time, the Google Trends data in **Figure 6** points to a general upturn in anxiety worldwide (2004-2023) described at the outset, revealing the extent to which the pandemic is one major spike in a larger trend towards a state of perpetual crisis.

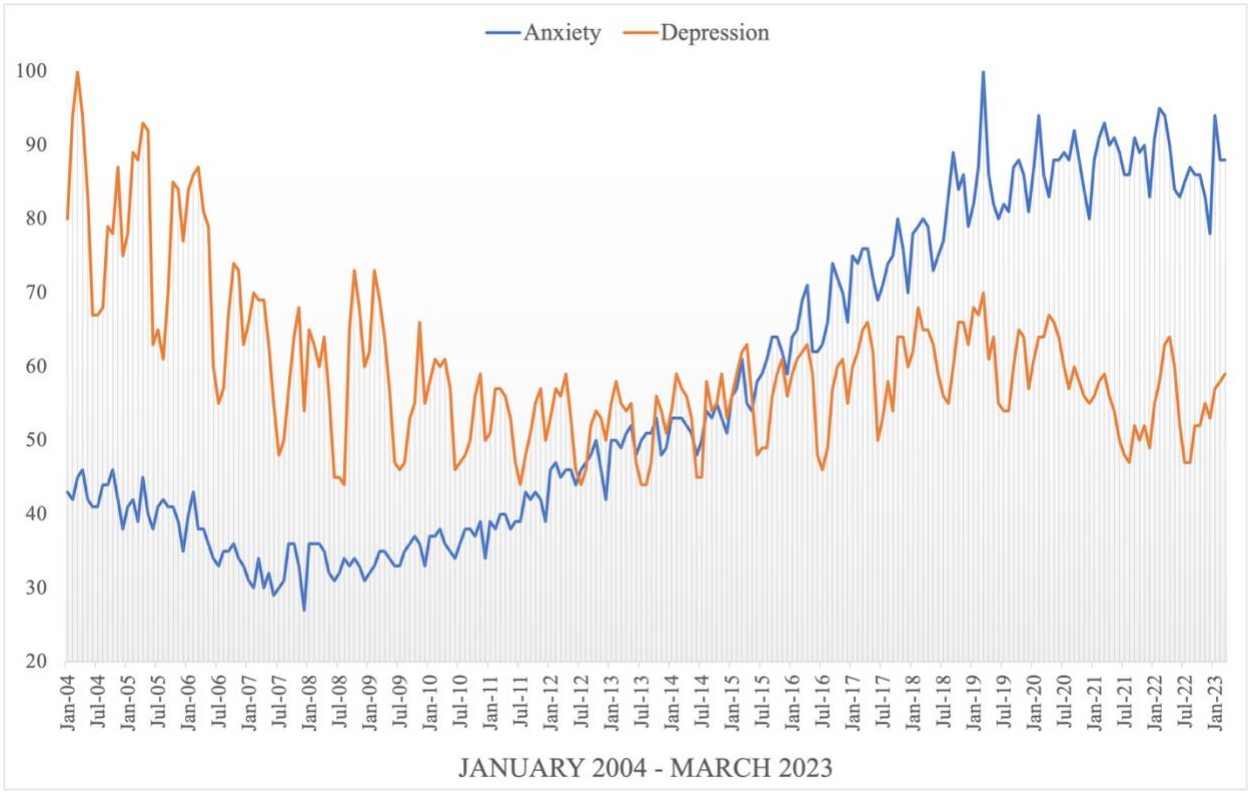
Figure 6: Global Search Queries for Anxiety



Over two-decades of Google search query data highlights a 121% increase in anxiety as a relative search term worldwide. While there is a clear spike in March 2019 due to the COVID pandemic, what is more striking is the general upward trend from when the company started tracking Trends in January 2004 to present day. During that same timeframe, interest in 'work anxiety' rose 272%, while 'anxiety help' ballooned by 300%, alongside increases in related queries such as 'anxious meaning', 'severe anxiety', and 'how to calm anxiety' (Google Trends, 2023).

Figure 7 showcases that while searches for a term like depression have remained relatively consistent during that twenty-year period, global worries surrounding anxiety continue to increase as more and more of this so-called digital lumpenproletariat turn to Google and other platforms for alternative narratives that can offer reprieve from their mounting uncertainties.

Figure 7: Comparison of Search Queries



Couched in qualifiers like ‘economic anxiety’ and ‘racial anxiety’, this aggregated data is a useful proxy for taking stock of people’s concerns about anxiousness outside of the diagnoses given by therapists and mental health practitioners. These trends also reveal details about the digitalization and personalisation of mental health diagnosis and care — that people are increasingly rejecting more traditional sources of information about what ails them or their family and friends. For example, anxiety’s related search topics range from ‘hypochondriasis’ (health anxiety, worrying excessively about one’s health), and treatments like ‘hydroxyzine’ (an antihistamine with sedative properties used as an alternative to benzodiazepines like Xanax) to cannabidiol (better known as CBD) — all of which funnels back into the products and treatments of the anxiety industry. As health systems struggle to respond to this crisis playing out in Google searches and elsewhere, the gap between those in need of support and the provision of care is continuing to widen.[23]

Whereas personalized medicine and the psychological complex it has created focuses people inwards towards self-blame and self-optimisation, the disorienting epistemology of conspiratorial thinking externalizes these anxieties, directing blame to marginalised groups or shadowy enemies controlling our lives from behind the scenes. Fueled by massive corporate search engines and social media platforms, this section has highlighted how conspiracies tend to mystify rather than illuminate, causing further alienation because they obfuscate the complex, but material and observable processes of the social factory of anxio-capitalism. While holding an outgroup responsible for problems created by the dominant logics of the system is a longstanding practice,

[23] These figures are normalised, meaning that each data point is divided by total searches across geography and time to compare the relative volume of ‘anxiety’ as a global search query. The normalisation aspect of this data is important (the number of people searching on Google changes constantly), as 2004 search volume was much smaller than it is today. By normalising the data, Google makes it possible to garner more contextualised insights: comparing data across many years and from a global perspective. In the images (originally from 0 to 100 but scaled from 20 to 100), Google Trends assigns the highest values (100) to the months with the highest volume of searches. All the other dates are then represented as a fraction of that maximum. As a result, the gradual increase shown is not demonstrative of the total number of anxiety searches or its relation to other terms, but the degree to which anxiousness has increased over time as a reflection of how people search (Google Trends, 2023).

the hypercultural elimination of distances has led to the formation of communities that can affirm all conspiratorial beliefs (Butter, 2020; Knight, 2021). Instead of questioning the motivations behind large bailouts to financial elites or increased funding for law enforcement in an age of rampant inequality and decaying social services, people's frustrations and energies are siloed in self-referential, insular networks that actively obscure the operations of capital. At the same time, a common thread running across research linking anxiety and insecurity to conspiracy fantasies is that people's desire to cohere around a community for challenging established norms and dominant narratives is not simply a mode of passive avoidance but also a form of active vigilance that can be redirected away from disorientation (Cinelli et al., 2022; Krüppel et al., 2023)

Instead of dismissing conspiracy beliefs outright through a reaffirmation of the rational, homogeneous logics of the mental health field — retrenching the dyad of reasonable, normative thinking over irrational conspiring to dismiss any challenges to the systems' legitimacy — they should be regarded as coping strategies for an alienated, downtrodden digital lumpenproletariat. In the short term, endorsing conspiracies can reduce feelings of anxiety in the face of potential threats and insecurities by reasserting a sense of control and understanding (Jutzi et al., 2020; Stecula & Pickup, 2021). This explains why people with elevated levels of anxiety who spend more time online are more vulnerable to such beliefs. The problem is that conspiring falls into the same paradox of dis/empowerment as mindfulness, wellness, CBT, and pharmacologic regimes in that all of these practices do not create a subject of power but of an object of exploitation. Far from overcoming the experience of separateness that increases anxiety, they actively produce and intensify it to internalise the market psychopathologies necessarily for the neoliberal social factory to function. In expanding earlier discussions of pluripotent subjects and the desire to resist, the remaining chapters return to the formation of anti-anxiety machines and the mobilisation of the

'click' discussed in the previous chapter. My aim is to theorise some ways this disorientation can be overcome by dismantling the structures of mental health management using principles of 'trans-diagnostic praxis' borne out of a homo reciprocans framework to produce a collective subject of resistance based around the shared experience of anxio-capitalism.

Chapter Conclusion

Biomedical pathology perpetuates the illusion of control, categorizing mental health issues as 'natural' or 'genetic,' thus requiring pharmacological treatment. Drawing from Google Trends data and other sources that highlight the significant increases in anxiety-related discourses over the last two decades, this chapter explored how biomedical thinking individuates and fragments people into data points, furthering surveillance and control. The promise of 'empowerment' is central to this de/personalising process, which has reshaped mental health diagnostics and policy, prioritising quick fixes like antidepressants and talk-therapy over long-term healing and community-based care. The chapter argues that this perceived increase in personal power is in fact a function of societal control, intensifying the paradox of dis/empowerment by perpetuating the notion that well-being is contingent on one's ability to adapt and conform to normative standards. Fueled by social, economic, and political shocks intensified by the pandemic, it concludes by looking at how people turn to conspiratorial narratives to manage their alienation and isolation, shifting the focus from large corporations and digitally networked platforms to marginalized groups and unseen enemies. This is intensified by the hypercultural state of modernity, which is both anticipatory and anchored in a perpetual present. The ramifications, it reiterates, are the formation of capitalist realist anxiety, where trust in social structures collapses and people are more uncertain about the future.

Digital platforms amplify these beliefs, creating echo chambers that can offer momentary relief but actually heighten feelings and experiences of powerlessness long term. This state of deep

disorientation reflects post-Fordist working life, which emphasizes adaptability and anticipation. Datafication and gamification play crucial roles in this new landscape, luring individuals in with a mix of data-driven algorithmic loops at the level of machinic enslavement and game-like structures at the level of social subjection, where unraveling the 'truth' and sharing it leads to rewards. Akin to how gamers become absorbed in advancing game levels, the final sections in the chapter tie the inability to respond to the crisis of mental health to how believers of conspiracies delve deeper into the fantasies with every revelation. Ultimately, it concludes that biomedical pathology, meditative complexes, and gamification and data-driven premediation converge to create modern conspiracy fantasies that can capitalize on people's isolation, and vulnerability. In this regard, conspiratorial beliefs should be seen as coping mechanisms, but dangerous ones with the fundamental effect of sustaining the conditions that intensify the anxiogenic age. A shift to 'trans-diagnostic praxes' and collective resistance can potentially overcome this disorientation.

CHAPTER FIVE
A COLLECTIVE SUBJECT

> The 'experts' will not change the world — they will simply make a satisfactory living helping people to adjust to it; the world will only change when ordinary people realize what is making them unhappy, *and do something about it.*
> (Smail, 2018, p. 11) emphasis added.

Chapter Introduction

Chapter Five expands out from the critiques of anxio-capitalism as a system built on neoliberal market rationalities that either compel acceptance or push people towards reactionary conspiracy fantasies with the corrective approach of 'trans-diagnostics processes.' Emphasizing the need for reciprocal, liberatory, collective models of subjectivity, the chapter explores the potentials of homo reciprocans in the formation of anti-anxiety machines that can actively contest the self-focused, production-driven neoliberal ethos of homo economicus. While the technologies of the anxiogenic age are directed towards this isolating, consumptive ethos, with personalized ads and data-driven loops reinforcing social biases, the rise of a conspiratorial digital lumpenproletariat in search of mutual validation and community when confronted with anxiety and uncertainty showcases the persistent relevance of homo reciprocans. The challenge, as I elaborate, lies in expanding people's structural awareness of the problem, shifting the perspective by centering the effects of power to forge relational networks beyond market logics, which obfuscate the possibility of class solidarity through a self-reinforcing cycle of isolation and alienation. In essence, while systems might be designed for individual self-interest, people seek out reciprocity even in environments that are not initially intended for such interactions. Supporting this process necessitates an understanding of

the Autonomist Marxist focus on the marginalised subject's capacities to resist and challenge capitalist systems. The concept of 'subjugated group consciousness' is examined as an awareness among minoritarian groups that they are marginalized by dominant (majoritarianism) norms. The goal is to shift perspective, breaking away from feelings of disempowerment, moving towards an activated, conscious stance. In the latter sections of the chapter, I discuss the approach of liberation health modelling in situating anxiety in a broader structural context. Here, the treatment becomes a collaborative endeavor, recognizing the societal forces of productivity and insecurity that foster anxiety. By viewing people as active participants in their care, rather than passive recipients of treatment, the chapter challenges a homo economicus model of self-interest, presenting alternative collective models like the 'Hologram' project, designed to promote social solidarity.

I. Enter Homo Reciprocans

The normalisation of market psychopathologies through a psycho-biomedical artifice of consumption, freedom and empowerment underscores the reality that without people's active and continued participation, the social factory of anxio-capitalism could not exist. The framework of homo economicus, as I have elaborated, focuses on the construction of individuated subjects, and sees their acts and choices as primary. Markets, states, databases, institutions, cultures, socio-economic classes all become shorthand ways of speaking about patterns in the acts of individuals and aggregated populations. These patterns are not simply revealed but actively imposed on people by a business ontology that determines self-worth and social value by economic output (Fisher, 2009; Smail, 2018). This is not to say transforming the processes of social subjection and machinic enslavement that normalise such thinking is only a matter of conscious choice —this dissertation has looked at how subjects are both shaped by overt disciplinary spaces and institutions and also

subject to constant monitoring using discrete technologies and social systems. Instead, the point is that the anxiety-inducing antagonisms of capitalist relations are enacted through subjects, meaning anxiety can take on different forms or manifestations.

An understanding of anxiety as open-ended builds from the previous analysis of the pluripotent subject of power (Katz, 2001). In the context of the mental health field, a complex mix of factors are layered on top of each other — neurological and physiological embodiment, experiences in early childhood, past and present relations — to diagnose an individual with a disorder or illness. What is often overlooked however, is the extent to which these factors are encased in social and political causality through a process of subject formation that is elastic and pluripotent, continually being contested and reasserted in ways that have direct effects on all the other layers (Deleuze & Guattari, 1987; Foucault, 2010). Stable access to housing, food, community, reductions in addiction, discrimination, uncertainty, these can modify a person's relationship to their social standing, which has a direct correlation with mental health (Moncrieff, 2022a; Schrecker & Bambra, 2015). In the same way misery was leveraged by workers movements to generate mutual aid, labour reform, and industrial unionism against the laissez-faire doctrine and boredom was wielded by feminist and countercultural consciousness-raising to facilitate an exodus from the mechanised social roles of Fordist-Keynesianism, this chapter explores how the ubiquity of anxiety can be utilised by sufferers (and in some cases already is) to overturn the social factory of anxio-capitalism.

The successes, albeit fleeting, of first and second wave struggles against past market psychopathologies and machinic dispossessions illuminate a possible path for liberating mental and social life from anxiety because they highlight the power of marginalised subjects mobilising their collective alienation to cast aside the contradictions and antagonisms in which they are

ensnared. Akin to Kierkegaard, Fromm, and Lacan's point that anxiousness is not only inescapable, but an uneasy response to the existential freedom created by capitalist modernity's so-called revolution of the self, the challenge in formulating anti-anxiety machines becomes one of expanding our own structural awareness of the problem in conjunction with forging new habits and networks of relating beyond the incessant reach of market logics. In a neoliberal society managed by discipline and control, this is particularly difficult as the governing principles of homo economicus have shifted the emotional atmosphere. Such an anxious structure of feeling manifests as a resignation to the sadness of insecure work and life in a society that touts automation, connectivity, and confidence while stable jobs evaporate, the cost-of-living increases, and people are made to feel increasingly isolated and dejected (Institute for Precarious Consciousness, 2015; Karatzogianni & Robinson, 2013).

Throughout this dissertation, I have stressed the Autonomist Marxist emphasis on open-ended antagonisms of capitalist social relations in the social factory, and the power of subjects to leverage shared exploitation to generate new opportunities for human connection and interaction, grounded in reciprocal ideals of collectivity and solidarity (Negri & Tronti, 1979). The problem, highlighted by Fisher is that while there are modern 'agents of struggle' everywhere, the market psychopathologies of capitalist realist anxiety internalise and personify social break downs so that what is being struggled for becomes disparate and unclear (Fisher, 2009, 2020). Instead of the clarified focus of working-class revolt against misery or the mutually reinforcing strategies of countercultural exodus to fight boredom, the rise of conspiratorial hypercultures have produced disoriented epistemologies that muddle and fragment anti-anxiety struggles, seizing certain modes of political consciousness to splinter solidarity rather than create it. Drawing from the principles of homo reciprocans, trans-diagnostics, and liberation health praxis as alternatives to the formation

of homo economicus and the biomedical pathology, this chapter concludes by looking at how disjointed forms of struggle can find common ground in the shared experience of anxiety. While by no means extensive, a core aim is to build an articulated awareness of minority struggles (anti-anxiety machines) to resist the totality of the capitalist system at large. This is necessary to produce what Fisher calls the 'required subject of resistance' — a collective subject.

Practice in need of theory

Producing a collective subject of anxiety necessitates a critical knowledge of praxis — taking seriously how past anti-capitalist struggles challenged the dominant market psychopathologies of laissez-faire immiseration and Fordist-Keynesian boredom. This is paramount to avoid what Rhiannon Firth and Andrew Robinson describe as the central trap blocking collective subjecthood and social solidarity (R. Firth & Robinson, 2016). Without an account of how historical structures of feeling were actively challenged and altered by the formation of collective praxis across subjugated social groups, people will continue to naturalise the currently existing 'common sense' of neoliberal subjectivation, which is embedded in a framework of homo economicus that reifies the individual as the primary site for mental health transformation. For example, Linda Morrison details the rise of the consumer movement in mental health, wherein survivors of institutionalised mental health care call for redressing inequality through the empowerment of sufferers at systemic levels of the mental health field (Morrison, 2005).[1] While the movement has been successful in voicing oft-silenced experiences of abuse, generating narratives of the injustice of the biomedical model, and promoting recovery-oriented care for those in distress, the focus remains on leveraging

[1] As Morrison elaborates, the consumer movement was limiting because it: 1) focused too heavily on individual resilience and recovery, rather than advocating for systemic change; 2) overemphasized psychiatric medications to manage mental illnesses, leading to the medicalization of what are often responses to social and structural conditions; 3) perpetuated stigmatizing attitudes towards mental illness, by portraying people with mental illnesses as passive victims or "consumers" of mental health services, rather than active agents (Morrison, 2005).

personal consumption at large scale to advocate for changes in treatment. Common themes that stem from this include 'talking back to the power of psychiatry,' rights protection and advocacy, and self-determination (Esposito & Perez, 2014; McLean, 2000).

Key tenets of the survivor-consumer movement include the destigmatisation of mental health conditions, the formulation of alternatives to mainstream psychiatric treatments (such as peer support groups), and a critique of the biomedical model of mental illness, which they see as pathologizing normal human variation and experience (McLean, 2000; Morrison, 2005). The movement also promotes the idea of 'mad pride,' embracing neurodiversity and the unique insights and experiences that come with mental health conditions (Walker, 2021; Chapman, 2023). In the context of the psychological complex discussed in the previous chapter however, the problem with such practices is that they lend themselves to the personalisation of systemic issues, reimposing the burden of responsibility back on sufferers and their capacities by oversimplifying mental health problems and offering one-size-fits-all solutions. This is reinforced by issues of limited accessibility, as the 'personalised' products and services on offer from an expansive, profit-driven anxiety industry come at a high cost, making them inaccessible to people who need them most. As mental health becomes increasingly medicalised, and normal emotional responses to life experiences are treated as pathological conditions requiring treatment, 'mad pride' runs the risk of co-optation akin to the commodification and pacification of queer and racial justice movements across the past three decades (Beresford & Russo, 2016).

Whereas the sufferers, advocates, dissident professionals, family members and allies supporting the consumer movement share a collective identity to some extent, the central thread connecting them are their experiences as consumers in a capitalist marketplace. What began as a 'Mental Patient Liberation Movement' influenced by Foucault, the SPK and the civil rights

struggles of the early 1970s — creating platforms like the 'Network Against Psychiatric Assault' (NAPA) and 'Insane Liberation Front' for those deemed mentally ill to share their stories — adapted into self-help and advocacy groups with the rise of neoliberalism in the 1980s (McLean, 2000; Spandler, 1992). In losing touch with past struggles, the consumer movement reframed its focus from transforming the mental health system to reforming it, encouraging members to learn as much as possible about the mental health system so that they could gain access to the best services and treatments available. Alongside advocating for person-centered care, it was influential in advancing the notion of 'recovery' as a key goal of treatment, which, as I elaborate further in the next section, has become focused largely on symptom reduction and functional improvements in productive output over more holistic notions of well-being and quality of life (Esposito & Perez, 2014; Mfoafo-M'Carthy & Williams, 2010).[2]

Recovery in the bin

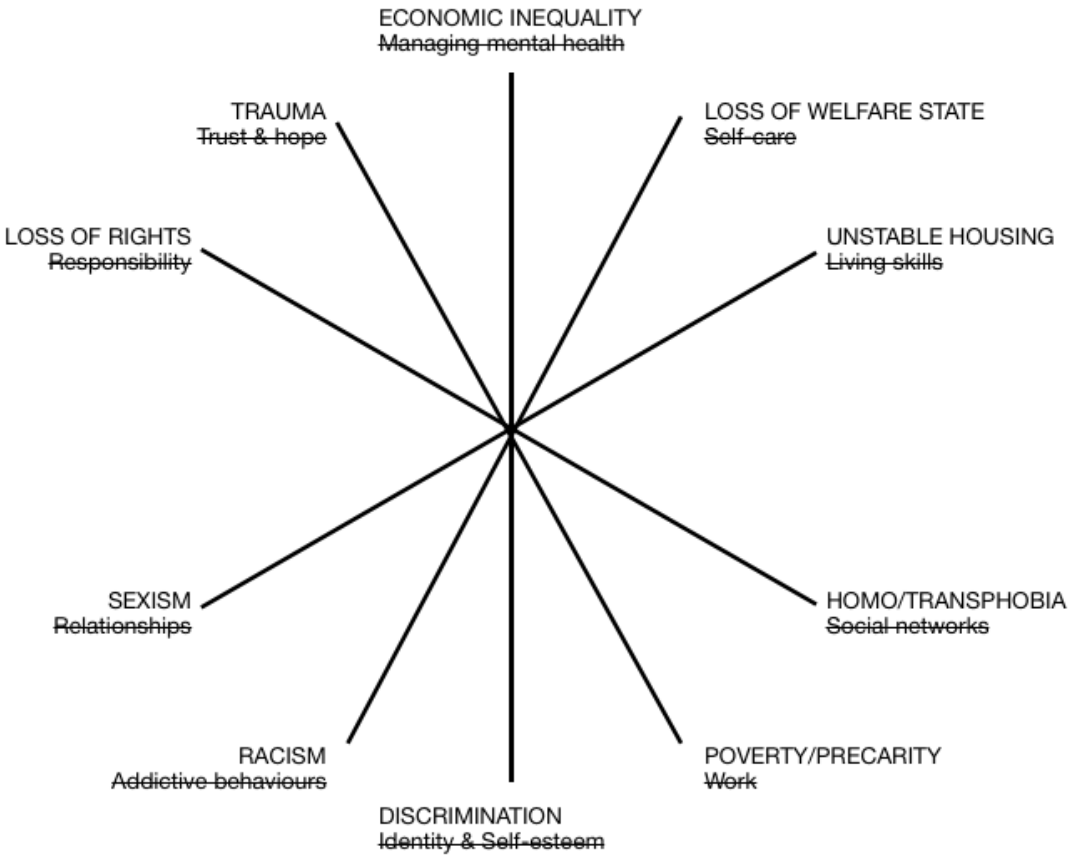
The 'Mental Health Recovery Star' is a popular tool for mental health recovery. Designed by a U.K.-based management consulting company in 2007, the recovery star has been adopted by practitioners and health agencies around the world, who champion its potential to manualize improvements in mental health through its emphasis on wellbeing as something that can be 'delivered' (Gadsby, 2015). Echoing Ahmed's troubling of resilience from the previous chapter, the problem with such a focus on 'delivering recovery' is that it continues to hold people individually responsible for difficulties originating in society, while also pushing said recovery for

[2] Beyond the intense fixation on productive output, recovery and resilience models reproduce the overemphasis on individual responsibility, suggesting that one's 'failure' or 'success' at recovering suggesting is primarily up to them (Ahmed, 2017). Instead of addressing and contextualising the structural issues that contribute to mental illness, such as poverty, discrimination, and lack of access to care, practices of recovery have been co-opted by the pharmaceutical industry to promote the use of medications and talk-therapy treatment plans. There is also a limited applicability to recovery that is not appropriate for those with severe and persistent mental health challenges who struggle to find ongoing support from a system left with so many gaps by deinstitutionalisation (Gadsby, 2015).

the purposes of maintaining a sense of productivity above all else (Ahmed, 2017). Instead of opening the frame of diagnosis from internal defects to social and communal problems, tools like the recovery star narrows the focus to exclude things like precarious work, insecure housing, institutional racism, misogyny and ablism — all of which are significant drivers of distress and anxiety (Cohen, 2016; Eisenberg-Guyot & Prins, 2022).

Conceptualised by the 'Recovery in the Bin' Collective, the 'UnRecovery Star' contrasted in **Figure 8** illustrates a 'trans-diagnostic' reframing against wellbeing as synonymous with self-reliance and self-care, highlighting why people's recoveries are hindered and their anxieties deepened in ways that extend beyond a personalised approach to health.

Figure 8: Road to Unrecovery



The ‘Recovery Star’ (in ~~strikethrough text~~) emphasises resilience and adaptability by cultivating living skills, social networks, self-care, self-esteem, responsibility, employment, and trust in ways that can increase productivity and manage self-doubt, reinforcing a neoliberal characteristic of recovery that is made to be a “deeply personal, unique process of changing one’s attitudes, values, feelings, goals, skills and roles” (Anthony, 1993, p. 13). When contrasted with the individuated focus of the recovery star, the ‘UnRecovery Star’ (CAPS TEXT) becomes a useful and practical tool that highlights the need to deal with co-morbid challenges in communities and wider society — that mental health is a profoundly social issue.

Practitioners, agencies and even movements that utilise such tools and practices end up reproducing and expanding the biomedical pathology, internalising, and individualising distress through a set of ideas about mental health that can at times be liberating but also absolving of the structures, norms, and techniques that stigmatize difference and equate health with productivity and consumer choice in the market. Themes of recovery and wellbeing feature prominently in key policy documents adopted by the Mental Health Commission of Canada in its recent “Toward Recovery and Well-being - A Framework For a Mental Health Strategy,” which stressed increased support for people by promoting access to resources and peer networks for cultivating resilience (Mental Health Commission of Canada, 2009; Piat & Sabetti, 2012). Yet as Marina Morrow and Julia Weisser point out, even the peer role has been co-opted by biomedical pathology — both in terms of the non-existent compensation for peer support workers and the ways in which peers who are part of mental health teams or who work in hospitals are encouraged to act ‘normal’, professional, and well socialised — thus undermining the very essence of what makes them active peers in the first place (Morrow & Weisser, 2012). Although issues of equality and representation are frequently invoked by such reports, there is a recurring tendency to revert to discussions about

overcoming specific barriers in the system, rather than to understand these barriers as structurally produced and systemically experienced across minoritarian populations (Raphael, 2016).

Trans-diagnostic processes

Trans-diagnostic processes account for the prevalence of co-morbidities in the social structure — situations where one condition or problem increases the risk of developing another condition or problem — as the norm rather than the exception (Dalgleish et al., 2020; Deleuze & Guattari, 1987). As illustrated on the 'Unrecovery Star', numerous factors including economic inequality, loss of rights, and social isolation have co-morbid effects, meaning that the presence of one or more increases the likelihood of experiencing others. The diagnostic focus here is not on symptoms that develop as disorders inside an individual (as in the psychological complex), but systemic vulnerabilities (precarity, alienation, racism, isolation) experienced across (i.e., *trans*-) social groups and classes that underline the development and maintenance of ill-health. As I examined in the previous chapter, for at least half a century, the dominant means of conceptualising mental health has been to formally categorise people into biomedical taxonomies — with the DSM being the most prevalent — organised according to individuated distinctions between differing sets of symptoms. While biomedical pathology enforces the notion such diagnostic techniques capture the underlying experiences of mental health, it effectively equates mental with physical health, "where the majority of physical illnesses and diseases reflect qualitatively different states of health with one or a small number of identifiable and discrete causes" (Dalal, 2018, p. 181).

Whereas a core principle of conventional biomedical diagnostics is that many mental health disorders share common underlying causes or symptoms, such as anxiety, mood disturbances, or dysfunctional thought patterns, a transdiagnostic process is different. Instead of positioning anxiety as the cause of one's mental health struggles — reinforcing a tautology in which already-existing

anxiety becomes the core explanatory variable for increased anxiety — transdiagnostics centers the co-morbid effects of social structures in driving people's negative mental health outcomes (McEvoy et al., 2009). What makes this process transdiagnostic is that the effects of situated, material and social power, not a conception of anxiety in the abstract, is taken to be the core causal factor that cuts across people's experiences of alienation and isolation. In this regard, the transdiagnostic process begins from a place of engaged and reflexive inquiry. Rather than asking 'What has happened to you?' or 'How does this effect you?', transdiagnostics asks: 'How is power operating in your life?' and 'What kind of threats does this operation of power pose?' The advantages to such a reframing include greater applicability in diagnosing suffering that gets to the causal factors underpinning anxiety, reducing the need for multiple, disorder-specific treatments, and preventing the onset of secondary problems by treating common risk factors.

Conventional mental health care is focused on addressing specific diagnoses, with different treatments and interventions for each. By 'thresh-holding' or siloing people's anxieties, overall mental wellbeing is effectively reduced to binary categories such as 'present versus absent', 'sick versus well', 'productive versus debilitating' that I have discussed throughout. Yet the complexities of mental health are never a simple matter of 'having' it, or not. Anxiety is embodied, it can arrive and pass over a person quickly, activating different bodily responses of varying intensities and durations.[3] Nervousness in the pit of one's stomach, fogginess across the temples, aches and tightness in muscles and joints — these experiences are not fleeting, all-or nothing phenomena operating as distinct categorical entities, but rather groupings of symptoms embodying

[3] Take, for example, the 'overwhelming urge to escape' that anxiety can prompt (Lader, 1972). This is not a physical sensation in the strictest sense, but it's an embodied experience. People with anxiety, especially in situations like panic attacks, may feel a strong desire to flee from their current environment (McCarty, 2016). As discussed throughout, this is because many threats are psycho-social rather than physical. Financial stresses, relationship issues, work pressures, and other modern stressors can trigger the fight or flight response. However, these situations often do not provide a clear path for the fight or flight action, leading to feelings of unease and restlessness. In essence, the body is prepared to act, but there's often no clear action to take, leading to increased levels of chronic stress and anxiety.

an anxious structure of feeling across a population or community. In essence, trans-diagnostics recognise that many individuals with mental health challenges have problems and conditions that cut across multiple diagnoses and can benefit from collective interventions. In this regard, it identifies the causal factors for increasing anxiety and mental ill-health by situating the complex interplay of personalised psychological and behavioural factors in relation to political, economic, cultural, and historical forces whose effects transverse rigid biomedical diagnostic boundaries.

II. Subjugated Group Consciousness

If mental ill-health is serious, persistent, and utterly debilitating enough to warrant constant self-tracking and optimisation alongside professional care and support, how can an individual subject be expected to 'recover' from it? What trans-diagnostics highlights is that recovery without a full recognition of the neoliberal economic and political climate, which has defunded, privatised, and personalised social health and care, any diagnostics and course of treatments will be ineffective in addressing the problem long term. This is what makes the entanglement of trans-diagnostics and *praxis* an important intervention against mental ill-health.[4] Instead of focusing on what 'you' as an individual consumer, advocate or sufferer can do, buy or consume to 'get better' as quickly as possible, which merely serves to intensify the neoliberal drive to be productive in a reactive and paralysing context where that output feeds worsening mental ill-health, a trans-diagnostic approach attuned to praxis focuses on what is blocking that recovery. In this sense, it differs radically from personalised medicine through a focus on subjugated group consciousness.

[4] The praxis element of trans-diagnostics is the emphasis on taking the knowledge gained through analysis and reflection of the relationship between anxiety and capitalism and applying it in a practical way, with the aim being to make improvements not only how we diagnose and treat mental health, but to have healthier lives (Kant, 2015). Centering the effects of power as a linkage between people's experiences of anxiety is core to this process. In general, praxis can be understood for these purposes as the integration of theory and practice in a manner where they enhance and reinforce each other, leading to meaningful change or transformation (Freire, 2000).

Termed as such by Fisher in his unfinished work on *Acid Communism*, the concept of subjugated group consciousness is an attempt to elaborate a form of political subjectivity beyond the individual-dividual dyad of subjection and enslavement (Fisher, 2020, 2021). By positioning experiences of anxiety and insecurity in relation to larger patterns of oppression, subjugated group consciousness is a so-called 'clicking in' "to the (cultural, political, existential) machineries which produce subjugation — the machineries which normalize the dominant group and create a sense of interiority in the subjugated" (Fisher, 2021, p. 4). Yet through situating internal failings and people's attempts to remedy them in their material conditions, it is also a realisation of the social power and potency of the subjugated group — a potency that depends on sufferers experiencing a shared sense of collective subjectivity. In this regard, there are deep connections between the paradox of dis/empowerment featured throughout this analysis, the aforesaid 'double face of capitalism' and Fisher's subjugated group consciousness in the ways these concepts describe how the system of anxio-capitalism empowers subjects and directs this empowerment towards the alienation and dispossession of individuals and populations.

Consciousness-raising around group subjugation today has little to do with reanimating the countercultural exoduses of the 1960s and 70s. Instead, it highlights the need for a praxis of collective discussion that engages directly with the inequalities under which people collectively live. As Fisher elaborates, the point is not to become consciousness of an already existing situation, but to have one's perspective on the material world shifted, creating "a new subject — a we that is both the agent of struggle and what is struggled for" (Fisher, 2021, p. 4). Due to the disorienting hybridisations of Han's hyperculture — in Fisher's terms the 'identitarian capture of class' — this collective subject is not self-evident, rather it is produced by actively intervening in the world itself. This can shift the perspective of social structures from objective and static to something that

can be transformed. What animates Fisher's open-ended analysis of capitalist realism is that this transformation cannot come about through the previously discussed magical voluntarism or business ontology, the experiencing of perpetual crisis or by the virtue of marginality alone, it also requires knowledge about precisely how the social factory of capitalism operates to 'click' into the structural source of a problem in relation to shared lived experience.

Class without class consciousness

As I have highlighted in my overarching analysis of anxiety, such a click occurs primarily in those moments when structures of feeling break down — what Lacan describes as the instance when people realise the 'emperor has no clothes' — that is, when the gap between the imaginary (anxiety is a personal problem) and the real (anxiety is a social and structural issue) collapses (Jameson, 1992; Lacan, 2016).[5] Without knowledge of how anxiety is produced on a mass scale that emboldens and fragments the individual, the disintegration of this gap creates a sense of alienation and disorientation, as people struggle to reconcile their own subjective experience of suffering with the norms and expectations of the homogeneous order (productivity equates to health). Whereas the production of a critical mass of misery and later boredom were directed towards a collective subjectivity that integrated knowledges of working-class militancy and countercultural exodus, the lack of a framework for cohering subjugated group consciousness today means that people's intensifying anxieties will continue to be channeled into the disoriented epistemologies of conspiracy, creating "a class without class consciousness" (Fisher, 2009, p. 26)

[5] In Lacanian terms, the story can be seen as an example of how the symbolic order (language and societal norms) can create a gap between the 'imaginary' (the emperor's fantastical belief in the clothes) and the 'real' (the raw fact that there are no clothes). The story can also be seen as a commentary on the power dynamics in society, with the swindlers representing those who manipulate the symbolic order to their advantage and the emperor representing those who are beholden to its rules and norms. Much of the work connecting Lacan to the anxieties experienced in modern society see it as arising from clashes between these realms (Eklundh et al., 2017; Lacan, 2016; Zevnik, 2017). For example, the raw, unsettling feelings arising from economic inequalities (the Real) are at odds with societal narratives of meritocracy and individual achievement (the Symbolic).

In the controversial article ‘Exiting the Vampire Castle’, Fisher describes a process termed the ‘identitarian capture of class,’ where class issues are subsumed or overshadowed by identity politics (Fisher, 2013).[6] While these identity-based struggles are undoubtedly important, Fisher’s concern was that the focus on organising around identities based on race, gender, and sexual orientation might overlook or downplay the foundational role that economic class plays in shaping social inequality and insecurity. The ‘capture’ to which Fisher refers is the consistent failure of social movements to address systemic economic inequalities, as focus shifts from shared economic conditions to more individualized modes of identification (Fisher, 2009, 2013). It is important to reiterate that identity categories are not synonymous with social subjection, individuation, or market capture — this dissertation has emphasized how individuated categories of ‘mentally ill’, ‘disordered’, ‘disabled’ and ‘mad’ have been wielded by groups like the SPK and Mental Patient Liberation Movement to reorient workers, patients, and sufferers alike towards larger collective categories and struggles. What Fisher is highlighting is the extent to which consciousness-raising processes that never move beyond the categories of social subjection and machinic enslavement can fracture the solidarity and collective action needed to address broader systemic issues.

Revisiting this tension in across his works, Fisher reframes the problem not as one of identity categories and their construction by and for capitalist subjectivity, but of the resultant formation of a ‘class without class consciousness’ (Fisher, 2020, 2021). For Fisher, this concept describes a societal condition connected to anxiety, insecurity, and neoliberalism in which people belonging to a particular socio-economic class (especially the working class) are unable and unwilling to recognize their shared experiences, conditions, and struggles that define them as a

[6] Identity politics that seek to empower individuals and communities who face discrimination and oppression based on their minority statuses such as race, gender, sexual orientation, disability, and others can be vital in improving a persons’ quality of life. At the same time, Fisher is pointing to the clear dangers of essentialism, exclusion, fragmentation, and diversion that can disempower identities and feed them back into the logics of anxio-capitalism.

distinct subjugated group. This lack of awareness or consciousness of the fundamental Autonomist antagonism of class is a significant problem because it prevents the collective action necessary to challenge or change the systems and structures that perpetuate social and economic inequality (Berardi, 2010; Negri & Tronti, 1979). Without class consciousness, people within a socio-economic class may not see the direct correlation between an expanding and intensifying social factory and their own hardships, instead attributing them to individual failures or circumstances (Fisher, 2009). This lack of collective awareness and action serves to uphold existing power structures and maintain a majoritarian status quo (Deleuze & Guattari, 1986, 1987). The constant is that cultivating class consciousness becomes a crucial step towards societal change, as it can mobilize collective action and challenge the structures that perpetuate inequality and injustice.

Overcoming majoritarianism

In recasting the problem of social transformation not as one of 'identitarian capture,' but the proliferation of alienating class structures without the subsequent formation of class consciousness, Fisher shifts the focus of analysis from an explicitly Marxian notion of class to a wider conception of subjugated group consciousness. This is not to slip into a broad 'postism' that emphasises issues of identity, discourse, and culture at the expense of class and structural analysis — indeed, Fisher's position in 'Vampire Castle' rails against the moral relativism and solidaristic fragmentation of individually-focused forms of identitarian resistance (Fisher, 2013).[7] Instead, subjugated group consciousness is an attempt to re-engineer the Marxian dialectic to transform society by cohering around shared experiences of anxiety, insecurity, and mental ill-health that

[7] There has been a turn against postism and horizontalism in recent years based on factors including: 1) the erosion of class politics (sidelining economic class as a significant factor of material analysis in favour of identity-based discourses); 2) relativism (lack of universalising standards can paralyse action, as it becomes challenging to argue for one course of action or social arrangement); 3) fragmentation (emphasizing a multitude of identities and their respective discourses creates fractures that make it harder to achieve solidarity and organise collective actions).

intersect identitarian and class positions without falling into the trap of individuated solutions that reaffirm the homo economics subject. After all, while the Autonomist genealogy of misery and boredom in Chapter Three highlights how the intensification of exploitation and dispossession generates opportunities for human connection and resistance, the proliferation of anxio-capitalism has largely directed this energy into the hypercultural disorientation of conspiracy in a neoliberal social order that further suppresses community and maximises productivity.

The proletariat was central to Marx's analysis of the double face of capitalism not because marginalised subjects are inherently revolutionary, but because in his time the working class inhabited a strategic minoritarian position in society that could be leveraged to transform the majoritarian status quo. Referenced throughout, the concepts of major and minor are useful here because they diverge from a sense of simple numerical majority and minority to locate where politics emerges amid the mechanics of exploitation and domination under capitalism. In doing so, Deleuze and Guattari emphasize how empowerment arises among those without a clear identity, emerging from their struggles with societal constraints, limitation, and disempowerment (Deleuze & Guattari, 1986, 1987). Across this familiar paradox, 'minor' highlights how minorities navigate the merging boundaries between personal and societal experiences in an atomised, free market context. This could be through norms, language, practices, culture, etc. that are rendered deviant by the dominant structures. In contrast, the 'majority' experience is defined by personal and societal relationships that are supported by established identities, making the societal context appear merely as a backdrop (Thoburn, 2016).[8]

[8] The minority emphasizes those who experience social relations differently than the majority. Take the experiences of Black Americans, for whom citizenship does not guarantee a stable identity or security due to systemic societal constraints. Here, the social context does not fade into the background but actively shapes and challenges individual experiences (Deleuze & Guattari, 1986; Thoburn, 2003). Thoburn theorises this minoritarian experience as a 'cramped space,' where personal and societal concerns are intertwined, and social relations dictate the boundaries of one's existence (Thoburn, 2016). This is not just a spatial or physical confinement but encompasses all aspects of social existence, including language, emotions, and time (Harney & Moten, 2013).

Regardless of simple numerical strength (the ‘majority’ is often a small group of social and economic elites) the dominant, normative, majoritarian perspective flattens minoritarian subjects, identities, and literatures (Deleuze & Guattari, 1986; Sibertin-Blanc, 2009). At the same time, this majoritarian position is always constrained as a product of capitalist social relations — claiming to be universal, it is based on exclusions, such as race, class, gender, and property. As Marx points out, it is these exclusions that give rise to a more genuine understanding of politics that addresses actual social relations (Marx, 1994). In this sense, Deleuze and Guattari's notion of a ‘minor politics’ does not aim to favour or idolise the most oppressed but instead seeks to establish a universality based on interconnected social relations, drawing parallels with Marx’s ideas of universality and the transformative position of the proletariat. While the QAnon adherents of the digital lumpenproletariat discussed in Chapter Four often perceive themselves as being persecuted, censored, or sidelined by mainstream institutions, media, and other parts of society, this perception is grounded in majoritarian anxieties of losing prominence in the face of increasing diversity and changing socio-political narratives.[9]

Where the majoritarian homo economicus position centres property and individual choice, minoritarianism is not just about resistance, but creating new ways of thinking that no longer overlook the communal nature of society (homo reciprocans) (Deleuze & Guattari, 1986; Thoburn, 2003, 2016). In shifting the focus from a binary of either class struggle or identitarian upheaval to a dyad of collective subjugation connected by a pervasive structure of anxiety that encapsulates both, Fisher’s development of subjugated group consciousness attuned to systemic biases and

[9] To clarify, most of the adherents to the QAnon movement in North America are nowhere near as secure as they were during the boredom of the Fordist-Keynesian era. In this sense, the reactionary elements of a digital lumpenproletariat (disparate groups feeling marginalized in the digital age) do represent a group that has been economically marginalized due to globalization, the decline of manufacturing, and the effects of automation, all of which have disproportionately impacted working-class, non-college-educated populations (Haiven et al., 2022a; Kamola, 2021). At the same time, since exclusions based on race, class, gender, and property are core to QAnon conspiracy fantasies, the values of the movement do not challenge dominant majoritarian norms but largely work to reinforce and intensify them.

oppressions is an example of a minoritarian strategy for contesting majoritarian hegemony. Given that anxio-capitalism is grounded in a double movement that produces subjects on to which it then imposes its homogeneous attributes of sameness and consistency, overcoming majoritarianism necessitates fashioning heterogeneous processes into disruptive strategies and techniques that can lay bare the blatant imbalances of power. However, the process of resistance and the potential transformation of existing societal structures is fraught with challenges. Majoritarian systems are deeply entrenched, wielding considerable power and influence over subjects and the social structures they inhabit. Hence, as I elaborate in the following sections, the minoritarian struggle involves not just awareness but also action. It calls for organising collective action, mobilising resources, and challenging the systemic inequalities that uphold majoritarian dominance.

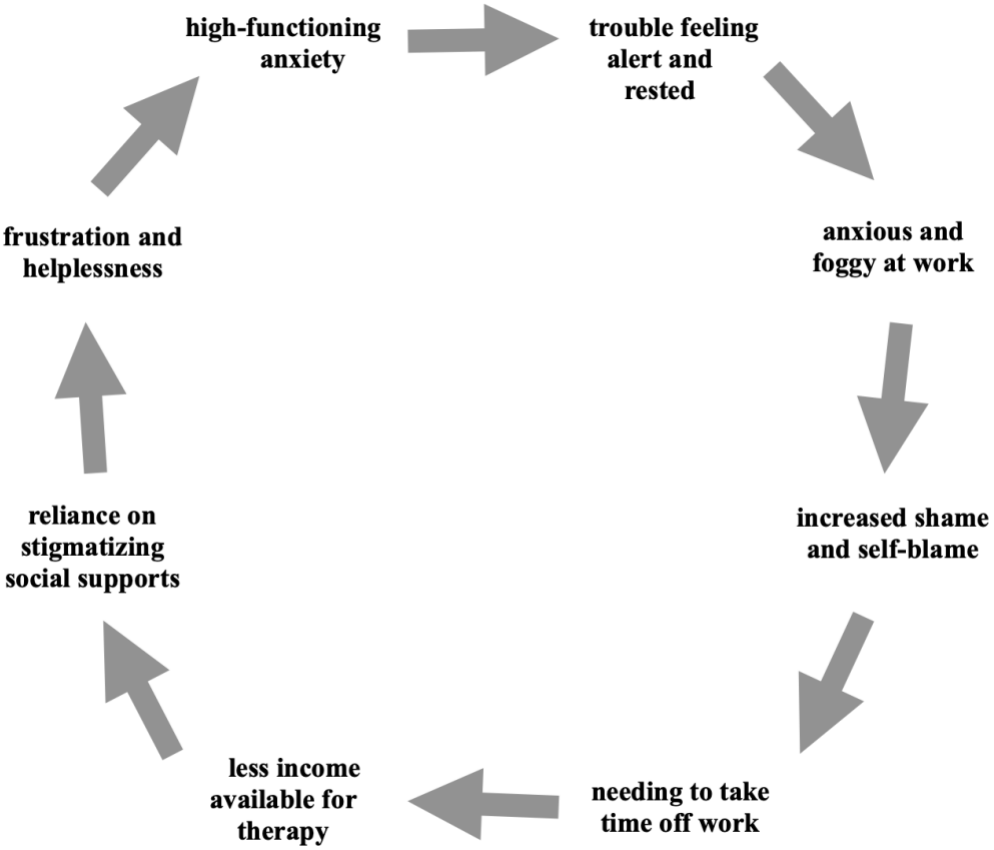
Self-reinforcing cycle

At its core, this analysis of anxiety is a work of critical political economy, meaning the focus has been on the relationship between economic and political power, and the ways in which these power structures shape and are shaped by social, psychological, emotional, and cultural factors. Throughout I have argued that mainstream, orthodox, homogeneous approaches to economics neglect the social, affective, and political dimensions of economic activity, and instead present and impose a narrow view of economic processes as driven solely by individual rationality and market forces that normalize biomedical pathology and personalise mental health care. The dissertation has pointed to cracks in the veneer of this social factory of anxio-capitalism through a focus on the Autonomist antagonism of class struggle, which arises via an ongoing conflict between competing majoritarian and minority interests playing out across institutions, networks and social structures that shape socio-economic outcomes. A key point of this critique is that homo economicus is not an accurate depiction of material reality, nor is it meant to be. Instead, it functions as a form of

'worldbuilding' — extrapolating out from localised practices and conceptual surveys to generate a model of human behaviour characterised by a hedonistic market psychopathy that intensifies the social power and alienating effects of capitalist modernity.[10]

As illustrated in **Figure 9**, visualizing the problem of anxiety as a cycle of reinforcing factors driven by biomedical pathology introduces new information that illustrates how people's social, political, and economic contexts are deeply linked to their lived experiences of anxiousness.

Figure 9: Cycle of Reenforcing Factors



[10] The concept of worldbuilding has been employed in the social sciences, particularly in international relations, anthropology, and sociology, to describe ways in which social life is not closed but an open-ended and dynamic process moulded by historical, social, and political forces (Escobar, 2018). This includes the creation of shared values and norms that shape how people understand and interact with their communities. In mental health research, worldbuilding refers to the process of creating new and more expansive narratives about mental health and well-being that are based on a more holistic and relational understanding of human experience (A. Chapman et al., 2020).

Worsening feelings of anxiousness can lead to trouble focusing and fogginess at work, which in turn fuels increased self-blame, inevitable burnout, reduced income, eventually a reliance on costly and socially stigmatised supports, resulting in further frustration and helplessness that worsens the initial anxiety. In this way, a person's mental health becomes trapped in a feedback loop of shame and stigma as they are made to feel humiliated and worthless for violating social norms of self-sufficiency and productivity that direct the focus inward.

In expanding Fisher's appeal for a mode of subjugated group consciousness that utilises the perpetual crisis and insecurity of capitalist realist anxiety to break down this paradox, homo reciprocans draws from the minor politics of Marx and Deleuze to sketch out an alternative mode of worldbuilding that can inform a more reciprocal and collective subjectivity through liberation health praxis. This activated homo reciprocans follows a different path then the one laid out by Adam Smith and other late 18th- and early 19th-century British political economists and historians of civil society (Bowles, 2002). Instead of seeing the acts and choices of rational, individuated actors as primary within the binaries of homo economicus majoritarianism, homo reciprocans centres the collective entities of culture and class as material phenomena that shape subjects in fundamental ways across dyads of social interaction (Fehr & Gächter, 1998; Gintis, 2000). To this end, homo reciprocans comes to social situations with a propensity to cooperate and share, responds to cooperative behaviour by maintaining or increasing their level of cooperation, and reacts to selfish, free-riding behavior on the part of others by retaliating against the offenders, even at a social cost, and even when a group could not reasonably expect future personal gains from such retaliation.

Paralleling earlier discussions of positive and negative freedoms, homo reciprocans focuses on positive reciprocity at a time when dominant social relationships are governed by

negative reciprocity (Berlin, 2002; Fromm, 1994). When reciprocity is negative, as with homo economicus, it is based on the impulse or desire to 'strike back' in ways that reassert the existing situation — orienting subjects through weak, paralysing, atomistic relations that subjectivize people as isolated individuals in direct competition with one another (Bowles, 2002; Gilbert, 2014). To this end, neoliberal economics is designed as a zero-sum game, where any individual actor is conditioned to perceive their personal gains as reliant on the losses of another person and thus the successes of one player comes at the expense of others.[11] As I explore across this section, when reciprocity is positive, relations between people become positive sum, meaning that gains are not assessed exclusively at the level of individual competition, but at a collective register where all players can win and benefit from the interaction (Fehr & Gächter, 1998; Gintis, 2000).

III. Liberation Health Modelling

When the institutional and social transformations of recent decades have created a pervasive sense of hopelessness, powerlessness, and misdirected hostility, the challenge, as Gilbert highlights in his work on solidarity and group consciousness, becomes cultivating transformative potentials that do not simply collapse distinct experiences of oppression into vague, directionless anti-capitalist sentiments (Gilbert, 2014, 2018). Whereas the negative reciprocity of biomedical pathology is dependent upon each sufferer having a homogeneous relationship with some central point of identification in the psychological complex — a particular therapist or coping technology that mediates the experience of anxiety — positive reciprocity calls for sufferers to build communal, decentralized relations with each other grounded in shared lived experiences. Instead of

[11] In the context of political economy, the zero-sum/positive sum dichotomy is often used to analyze power dynamics and distribution of resources between different actors or groups (Gibson-Graham, 2014). This dissertation has taken a dyadic approach to this tension, looking at how these concepts can be used to perpetuate systems of oppression and inequality, and how they can be challenged and transformed to create more equitable and just societies.

stigmatising and either reforming or rejecting difference, the point is to work across difference through a heterogeneous praxis that makes differences productive to maximise the opportunities for all those engaged in the struggle to realise their creative potential and their collective freedom. After all, the fact that young people, racialized populations, or those with pre-existing health conditions experience higher rates of anxiety than others does not negate the reality that everyone is feeling more anxious and insecure. Nor does it delegitimise the intense suffering of those most at-risk. Rather, it points to the ways anxiety connects people while also registering differently depending on one's relationship to the material, social and emotional conditions of anxio-capitalism.

In essence, models, treatments, and praxis grounded in positive reciprocity are not based on the imposition of some flattened, homogeneous notion of what it means to feel sick or anxious but in cohering around shared interests in transforming the regime of mental health management. These shared interests are about more than just rights and resources, they are about potentials that are objectivity real and possible but at present are redirected through the paradox of dis/empowerment to reinforce homo economicus. Grounded in the notion that health is social and reciprocal, the emphasis on 'liberatory' in health modelling refers to a variety of anti-oppressive conceptual models that centre the paralysing effects of power and context to illicit alternative ways of feeling and acting. Drawing from the work of Paulo Freire such modelling transgresses the 'banking approach' to mental health, which, akin to the logics of economic orthodoxy and biomedical thinking, treats people's minds, bodies and lived experiences as empty vessels in which to bestow knowledge and understanding (Freire, 2000). As Jared Kant elaborates, in such a banking model, where the role of practitioner and patient are absolute, suffers of anxiety

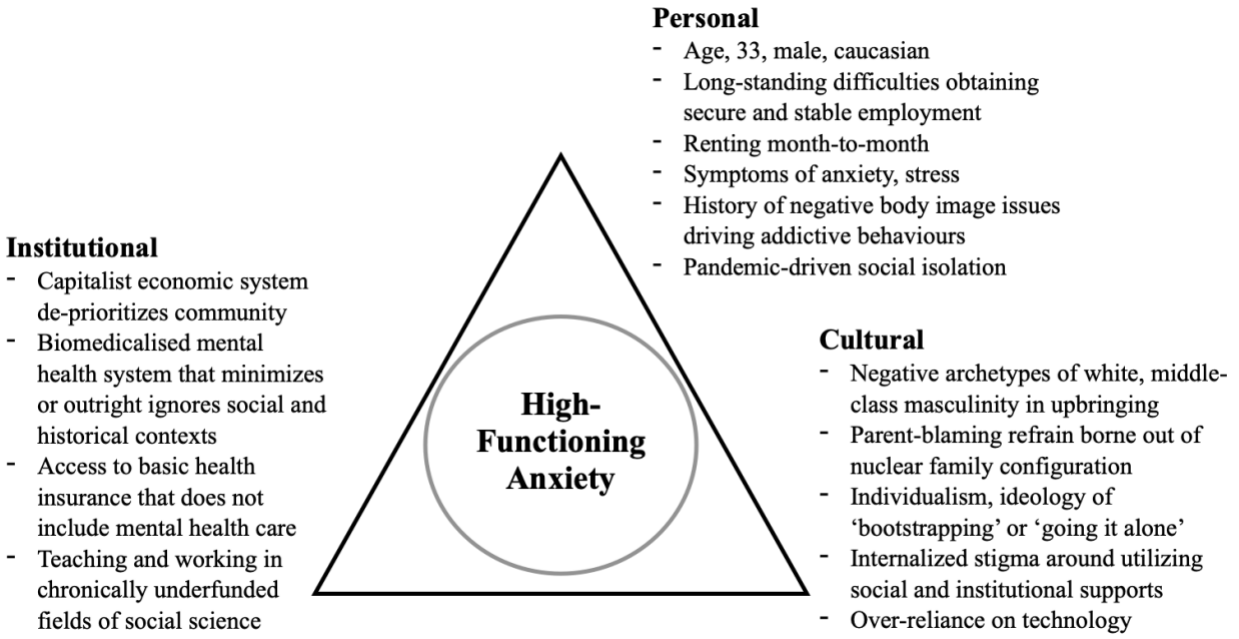
experience themselves as ‘objects’, by which treatment and recovery is a practice done to them, rather than with their active collaboration and input (Kant, 2015).[12]

By advancing a critical pedagogy that cultivates more nuanced, reciprocal connections, Freire’s thinking works to activate objectified individuals by ‘reading the world’ as subjects that are always situated in relation to material forces of oppression with the explicit aim of recasting and transforming such conditions. In conjunction with Freire’s historical analysis of the connection between personal problems and dominant worldviews, Ignacio Martín-Baró pioneered what is now termed ‘liberation psychology,’ which similarly focuses on de-ideologising and de-colonising forms of knowledge production and embodied experiences to help people make sense of the direct connections between personal problems and the institutions and practices of the societies in which they live — majoritarian ideas around consumerism, sexuality, race, competition, gender, scarcity, class and individuality (Deleuze & Guattari, 1986; Martín-Baró, 1996). What unites these approaches under a liberation health umbrella is that the formation of collective experience (subjugated group consciousness) is taken to be the basis for any transformative process because it comprehends anxiety as lived by sufferers, analyses its root causes and develops an action plan for triangulating the problem (Belkin-Martinez & Fleck-Henderson, 2014).

Similar to the unRecovery star’s grounding of the experience of anxiety in families, communities, wider society and social policies, liberation health modelling visualises problems in their totality using the triangle diagram illustrated in **Figure 10**, with each point signifying personal, cultural and institutional factors contributing to mental distress.

[12] The banking model of mental health is a metaphor used to describe a traditional model of mental health treatment where the mental health professional is seen as an expert who deposits knowledge and treatment into the patient's ‘mental bank account.’ Such thinking is central to biomedical pathology for its reliance on market-based conceptual framings and its understanding of suffers as passive recipients of knowledge that are expected to accept the expert's authority and comply with the prescribed treatment plan. As I discuss throughout this section, such a model is criticized from a liberatory health perspective for its lack of emphasis on patient autonomy and agency, and for reinforcing power imbalances between the expert and the patient (Freire, 2000; Martín-Baró, 1996).

Figure 10: Liberation Health Triangle



Centering my own struggles with high-functioning anxiety (HFA) as discussed in the preface, the triangle offers an invaluable teaching tool for linking institutional (lack of access to affordable mental health care in a neoliberal system), cultural (internalised stigma based in an ideology of self-reliance and individuality) and personal (negative body image, isolation and symptoms of anxiety) issues. Whereas the advice I received from mental health professionals was largely reducible to contradictory lifestyle changes (exercise and rest more, eat well, try and get a more stable job with mental health benefits, spend less time in front of screens), the triangle accounts for distinct demographic factors (age, gender identity, race/ethnicity, sexual orientation, intergenerational patterns and diagnostic information) that affect an individual's experience of mental health in the context of culture (family, religion, racism, classism, technology, individual emphasis) as well as the political forces permeating dominant social institutions (structural oppression in schools, ablism in clinics, racism in law enforcement, etc.).

Shifting of perspective

Liberation health modelling is a practical example of trans-diagnostics in that it helps to activate isolated, alienated subjects through subjugated-group consciousness-raising tools for making sense of their situation in ways that are mutually reinforcing and reciprocal. Cultivating such an analysis is a distinct departure from the original problem-story offered by biomedical practitioners. Instead of reducing the problem of anxiety to negative behaviours resulting from the shame and stigma of personal failings in a competitive market society, the chief agents of discord become the systemic lack of comprehensive health insurance, stable housing and a neoliberal job market that engenders precarity and disposability. In this way, the triangle helps to shift perspectives from a subjugated 'object' position paralysed by one's internal faulty wiring and broken body to an activated subject position that is empowered to renegotiate the story of one's struggles in the context of overarching social structures, assumptions, and beliefs. At these intersections of liberation and mental health is a critical reiteration of the antagonism of class — that there is a fundamental conflict of interests between those of subjugated patients and sufferers and all the taxonomies, categories, treatments, and practitioners that function to uncritically expand the reach of biomedical pathology.

In an interview with Miriam Axel-Lute, Belkin-Martinez catalogues how the liberation health triangle's shifting of perspectives from individual failings to institutional and cultural forces, which reveals direct, activating connections between one's personal suffering and social life, has proven politically positive in untying knots by recasting social structures as systems for facilitating competition to a narrative of structural oppression and contestation (Axel-Lute, 2017). Central to this untying (or 'clicking in') is an emphasis on praxis — applying this wider perspective to community involvement in mental health decision-making and the development of community-based solutions to health problems. In the context of the HFA mapped out in the triangle, the next

step in liberation health praxis involves facilitating the formation of a group of sufferers to elucidate and strengthen their shared understandings of anxiety's relation to social structures. What follows from this is the creation of an action plan that can direct newfound feelings of empowerment towards the support and development of community-led mental health initiatives. The focus of these liberation health groups is not so much advocacy but forging positive-sum connections across activated groups for improving mental health in people's communities through reciprocal structures of care.

For a person stigmatised and pathologized by the objectifying process of conventional treatments for anxiety, taking an active role both in scrutinising gaps in healthcare and connecting to broader networks of sufferers seeking systematic changes can be an essential part of healing (Belkin-Martinez & Fleck-Henderson, 2014; Steele, 2008). Writing under the moniker of The Feminist Economics Department (FED), Cassie Thornton's 'Hologram' project highlights the activating potentials of reciprocal healthcare communities to challenge the passive objectification common in practitioner-patient relations (Thornton, 2020). The structure mirrors the liberation health triangle: three people (the 'Triangle') meet on a regular basis, digitally or in person, and use engaged listening, question-asking, and record-keeping focus on the physical, mental, and social health of a fourth (the 'Hologram'). The Hologram, in turn, teaches these listeners how to give and also receive care, forming a 'distribution system for non-expert healthcare' linked to the health of the hologram — "WITH her, not for her" (Thornton, 2020, p. 14). As the triangle develops knowledge and keeps records for the hologram, they can help in navigating mental health struggles in mutually reinforcing ways that can be shared across other holograms and their support groups. Eventually, the Hologram supports them to each set up their own triangle, and so the system expands across a global community of reciprocity.

Drawing inspiration from the operations of Greek Solidarity Clinics during the 2007-08 financial crisis, where community groups set up mobile health units to offer services for a range of multilevel and holistic issues, the Hologram project is working towards the formation of a robust multidimensional health network of collectively-oriented social practices for "a speculative post-capitalist future where peer cooperation is an essential value" (Thornton & Wallis, 2022).[13] Such practices actively break down the biomedical patient-practitioner antagonism, fostering people's personal shifting of perspectives within small groups by cultivating mutualistic support and social solidarity through a peer-to-peer health system while also enabling the system's viral proliferation across broader social and geographical contexts through the Hologram's expanding community of practice. This simple but transformative method demonstrates how transdiagnostic models based in reciprocal care can distribute the labour of care and the stresses of health-based decision-making differently, creating sustainable energy — rather than exhaustion — and aiming sufferers towards a social world of homo reciprocans, where more people have tools to not only situate their struggles in wider social contexts, but form groups that can actively challenge such contexts.

Activating subject position

By generating a mental health praxis that combines the antagonistic analysis of the SPK, 'Mental Patient Liberation Movement' and other past struggles with the reciprocal caregiving of peer health networks like the Hologram, liberation health provides a materialist diagnosis of anxiety that centres the social origins of suffering. This is not to dismiss the significance of biological and

[13] The volunteerism and community support underpinning the Greek solidarity clinics and later the Hologram can be viewed through the lens of homo reciprocans. The clinics thrived on a sense of mutual aid: professionals offer their services for free, and in turn, community members might donate whatever they can, be it medicines, money, or time (Teloni & Adam, 2018). While the economic downturn in Greece and elsewhere would suggest, from a purely homo economicus perspective, that individuals would become more self-centered in trying to guard their resources, the rise of solidarity clinics showed a different reciprocal side. People were willing to give, share, and collaborate even when facing personal economic hardships (Bowles, 2002; Fehr & Gächter, 1998). Solidarity clinics in this sense can be seen as an extension of the communal bond, a collective response to adversity.

psychological factors, but to consider the role of cultural, economic, and political forces in shaping health and wellbeing from a position that is mindful of the historical and ongoing injustices of capitalism. Beyond simply emphasising that the psychological complex diverts attention from social problems to personal ones, this requires highlighting how biomedical pathology creates a divide between the 'sick' and the 'well,' leading to social exclusion and a lack of support for those who are struggling. As a form of praxis, its treatments direct this shifting of perspective from a response that equates to consuming mental health goods and services as pacified objects — homo economicus subjects in/dividuated by the isolating and fragmenting mechanisms of personalised medicine — to the formation of activated subjects empowered to cultivate reciprocal strategies of resistance and care.

Activating Freire's collective notion of becoming a subject — someone who, upon recognising the oppressive factors influencing their lives, renegotiates their relationship with these factors through actively engaging in the struggle for change — fuels a sense of social and psychological empowerment based on the notion that anxiety can help people act on the world, instead of the world simply acting on them (Freire, 2000). By seeing sufferers not as victims of a social system but agents capable of understanding, analysing, and transforming their situations by working together, liberation health praxis underscores how the formation of mutual solidarity can curative (Steele, 2008; Martinez & Fleck-Henderson, 2014). From the formation of solidarity clinics and harm reduction initiatives to the appointment of community health workers (trained community members who work to address health disparities, providing education, outreach and connecting people with health services), such initiatives are only possible once people can let go of that deep-set impulse to treat mental health as a matter of 'finding oneself' in a zero-sum game. While such examples of mutual aid and social support are not equipped to address the full extent

of people's ongoing needs, they provide strategic models for organizing around a shared sense of anxiety and insecurity that can help to expose and challenge the lack of social infrastructure.[14]

As an activation of anxious subjects, liberation health can take on different forms, some of which I have surveyed briefly. While these forms vary depending on the contexts and communities involved, some interrelated strategies of liberation health praxis that shared experiences of anxiety tend to give rise to include:

i. *Support groups and communities*: online or in-person communities that offer spaces for individuals to share their struggles and experiences. By encouraging a sense of communal belonging and material support, such groups help to reframe anxiety not as an individual failing, but a collective issue linked to wider social pressures.

ii. *Political activism*: collective action against systems of oppression contributing to widespread anxiety. This can range from protests and strikes to lobbying for change in healthcare policy. For example, in response to the mental health crisis, activists might cohere to protest the lack of affordable mental health services.

iii. *Advocacy and education*: efforts to raise public awareness about the deep-set socio-economic aspects of anxiety. This means not just circulating information about the inequalities that contribute to insecurity but exposing the gaps in public services and care through forming initiatives like health cooperatives and solidarity clinics.

iv. *Workplace initiatives*: employees come together to discuss shared experiences with stress and anxiety. From industrial factories to modern offices, there is a history of

[14] In Toronto efforts to provide housing and food support by groups like 'Keep Your Rent Toronto!' and 'The People's Pantry' during the early stages of the COVID-19 pandemic cascaded into mobilisations around precarious housing, food insecurity and mental and social wellbeing. The point was not to replace more institutionalised forms of support, but to highlight, through social and community engagement, "the breadth of systemic deficiencies through the inability of people to access necessary benefits and the undervaluing of essential labour" (Nasr El Hag Ali & Lubchenko, 2020).

> collective workplace mobilisation, providing support for those with anxiety but also challenging the underlying workplace practices contributing to those issues.

All these examples of liberation health start from the experience of a disempowered, 'reluctant subject' — we the anxious — whose sense of self and social agency is, as J.K Gibson-Graham observe, constricted by living inside the dominant mechanisms fabricated by those in power (Gibson-Graham, 2003, 2006). Such structures impose an individualisation of collective societal issues through a biomedical model that positions practitioners and therapists to see themselves as benevolent helpers of sufferers in need — trained to believe that they know what people need better than they do. In a community-driven system operating on the principles of liberation health praxis, this one-way provision of health care as a service is erased. Every person's own expertise is recognised and shared via exchanges of knowledge, skills, and care based on the assumption that in most cases, marginalised communities have the capacity to provide their own mental health care, and they do not always need 'experts' or the power dynamics they represent. In the context of liberatory models for mental health, anxious sufferers challenge the dominance of biomedical institutions every time they develop an action plan that can lessen their dependence on them.

Centering class antagonism

Liberation health praxis is an important dimension of activating subject positions, providing strategies and techniques of Autonomist antagonism for making sense of anxio-capitalism in ways that are mutually reinforcing and solidaristic. At these intersections of liberation, praxis and mental health are the recognition that the material conditions underpinning dominant market psychopathologies are upheld principally by the isolating and alienating mechanisms of the social factory. This dissertation has surveyed a series of ways in which anxiety operates as a normalising

process for social control. Signs of geopolitical meltdown and economic instability, insecurities about social status, well-being and self-care, work cultures that mobilise job security and performance evaluations to maximise productive output — people's distress is increasingly medicalised, psychiatrised, and optimised to shape norms and behaviours in ways that reinforce majoritarian interests. This is not to suggest that the personal and collective experiences of anxiety discussed throughout are manufactured in the sense that they are not 'real,' but rather that anxiousness is constantly manipulated and utilised in a process of governing populations that establishes participation in the current system as the only way of achieving a healthy life.

The psychopathological genealogy of misery, boredom, and anxiety analysed across the previous chapters highlights the struggles to live healthy lives beyond the ambit of market forces across the past century of capitalist modernity. Where Marx's work on the doctrine of increasing misery illuminates the conflict between the proletariat and the owners of the means of production as a fundamental antagonism driving historical change, the entrenchment of boredom in the post-war era is but one example of capitalism's robust and adaptable nature (Hardt & Negri, 1994; Lazzarato, 2014; Marx, 1993). The Autonomist position was developed in the 1970s out of this realisation capitalism's objective conditions do not inevitably lead to its own downfall (Berardi, 2019; Negri & Tronti, 1979). By placing the emphasis on the subjective agency of the working class, arguing that workers are not simply passive victims of capitalist exploitation but active agents in their own liberation, this antagonism of class is not merely a reaction to the circumstances created by capitalism. Instead, it is a site of active struggle, an autonomous force that continually pushes against the structures of capitalism to drive social transformation.

The reciprocal techniques and approaches explored in this chapter attribute much of the iatrogenic evolution of the mental health field (biomedical pathology, psychological complex,

quantity fetishism, happiness ethos, consumer movement, etc.) to capitalism's need to respond to the self-organised struggle of workers, sufferers, patients and other minoritarians. By foregrounding the agency and resistance of subjugated group consciousness, such activating subject positions can be transformative forces shaping the contours of diagnosing and treating personal and collective mental health. For example, the hostile framing of homosexuality as an internalised deficit or pathogenetic agent up until the 1970s was only driven from the DSM by dedicated LGBTQ2+ activists still fighting against modern manifestations of homophobia in the form of highly prejudicial 'conversion therapies' (Drescher, 2015; King, 2019).[15] While much of this struggle unfolded across identity-driven changes in the social and material conditions of capitalism, it also required the formation of queer solidarities across socio-economic and racially-dispossessed positions — a subjugated activation of minoritarian group forces. In the concluding chapter, I unpack how these forms of collective subjecthood can cohere into anxious solidarities across an anti-capitalist undercommons focused on 'getting unstuck together.'

Chapter Conclusion

This chapter assessed the development of reciprocal mental health strategies and movements, specifically the transition from liberatory focuses to consumptive ones with the advent of neoliberalism, which led to an emphasis on the consumer experience and reforming the mental health system rather than transforming it. This shift centered the importance of cultivating resilience and recovery, often narrowly defined as symptom reduction and increased productivity.

[15] While the APA's board voted to remove homosexuality from the DSM in 1973, the diagnosis was replaced by 'sexual orientation disturbance' for people uncomfortable with their homosexuality, and then 'ego-dystonic homosexuality' in the DSM-III in 1980. It wasn't until the DSM-III-TR in 1987 that all diagnoses related to homosexuality were finally removed. Modern editions of the DSM no longer consider homosexuality a disorder. However, mental health disparities remain, as many LGBTQ+ individuals experience mental health challenges due to societal stigma, discrimination, and other stressors related to their identity (Fay, 2022; Khan, 2017). The DSM-5, published in 2013, includes conditions like "gender dysphoria," which acknowledges the distress individuals may feel when their gender identity doesn't align with their sex assigned at birth (American Psychiatric Association, 2022).

The chapter criticizes this shift for its reinforcement of homo economics logics, overlooking of socio-political factors contributing to mental health struggles, and emphasis on the responsibility of individuals for systemic issues. Introducing trans-diagnostic processes, which aim to understand the power dynamics in people's lives, it then explores a broader perspective that considers systemic vulnerabilities like economic inequality, precarity, and social isolation. Moving beyond traditional diagnostic approaches, the chapter addresses the challenge of social transformation, emphasizing the need to move towards a broader formation of subjugated group consciousness — a collective subjectivity that actively seeks to transform social structures and tackle the root causes of mental health problems.

Drawing from the notions of 'major' and 'minor', the chapter elaborated on the interplay of political subject formation across bodies that experience social relations differently or are coded against than the dominant majoritarian position. It emphasised the ways such exclusions give rise to a more genuine understanding of politics that addresses actual social relations. Instead of a one-size-fits-all approach to mental health, it concluded with a discussion of liberation health tools and techniques for forging positive reciprocity and activated subject positions. By reframing anxiety from a personal failing to a systemic issue, liberation health offers a counterpoint enabling the activation of individuals through a collective understanding of their struggles. Leveraging mutual aid and social support, such a praxis works towards community-driven health systems, where each person's expertise is recognised, and care is exchanged based on needs and capabilities. This can take on different forms, from solidarity clinics to the Hologram, but all these liberatory processes share a focus on cultivating critical consensus (understanding the social, political, and economic structures that contribute to individual and community health problems), community engagement (organizing collective action, mobilizing resources), empowerment (to challenge and change the

oppressive systems that are affecting health), and collaboration (working alongside communities rather than simply imposing solutions).

CHAPTER SIX
CONCLUSION

> Instead of treating it as incumbent on individuals to resolve their own psychological distress, instead, that is, of accepting the vast privatization of stress that has taken place over the last thirty years, we need to ask: *how has it become acceptable that so many people are ill*?
> (Fisher, 2009, p. 19) emphasis added.

I. Anxious Solidarity

There are still limits on how far a homo reciprocans model can take sufferers in challenging and ultimately transforming the homo economicus formations that underpin biomedical pathology and the dominance of the psychological complex. After all, the Marxist Autonomist antagonism of class that has been central to this analysis highlights how currently existing social and economic relations are not based on mutual reciprocity but on exploitation and domination (Negri & Tronti, 1979). In the social factory of anxio-capitalism, reciprocity is not an equal exchange between individuals but a relationship that is mediated by power relations and shaped by the unequal distribution of resources and self-interest. At the same time, the critique of biomedical pathology in the previous chapters highlight the dangers of seeking out magic bullets that promise quick fixes for multiple complex intertwined issues with a single remedial action. What connects powerful pharmaceutical drugs, homogeneous DSM classifications, digitised talk therapy regimes, isolating community treatment orders and endless consumptive practices are their intentional and spontaneous abilities to generate a passive acceptance of mental health struggles as chronic and objective conditions that cannot be transformed but only managed.

There is a terminal element to this diagnosis in a homogenising society, where the imposition of categories of normalcy and practices of personalised medicine and productive health pathologize natural human divergences, erase long-standing social and structural inequities, and stigmatise those who do not fit into a narrow definition of 'normal' (Fisher, 2009; Maté & Maté, 2022; Smail, 2018). In the literature review, I explained that this psychopathological obsession with imposing normality comes out of a long history of risk management, decision-making processes, and homo economicus frameworks that stretch across two centuries of capitalist modernity (U. Beck, 1992; Giddens, 1997). As anxiety in Western culture is a future-oriented emotion correlated to feelings of trust and security, its intensification over the past forty years should be seen as an outgrowth of the proletarianization of populations suffering from increased socio-economic inequality and insecurity in the society of control (Grusin, 2010; Rebughini, 2021; S. J. Taylor & Brumby, 2020). Yet as the case studies of laissez-faire misery and Fordist-Keynesian boredom in Chapter 3 highlight, this superimposed transition from discipline to control across capitalist modernity is pluripotent and open-ended, meaning that its de/subjectivizing processes can be leveraged to take on different forms and localised manifestations.[1]

What makes the approach of mental health management feel terminal is this sense that treatment will be extended indefinitely, as the medicalization and psychiatrisation of normal, rational responses to increased exposure to social and structural insecurities are reframed as biochemical imbalances in the brain or problematic ways of thinking in the subject. Through the formation of personally 'empowering' mindfulness repertoires, wellness industries, and an overarching happiness ethos that drives toward resilience and recovery, a closed feedback loop is

[1] Proletarianization refers to the process by which people become increasingly dependent on waged labor for their livelihoods and are stripped of ownership and control over the means of production. In a modern context, this can be seen mostly clearly in the rise of precarious work and the gig economy, where workers lack job security and often must juggle multiple jobs just to keep up with their bills (Stiegler, 2010; Woodcock & Graham, 2020)

created to extract maximum productivity from ‘healthy’ subjects and discard those unable or unwilling to perform (emotionally, personally, spiritually) for capital at an adequate standard (W. Davies, 2016; Purser, 2019). As these standards are constantly becoming more intense and demanding, anxious populations are starting to see the widespread nature of the mental health crisis, which can bring to light the reality that much of people’s disempowerment has less to do with their own personal deficiencies than the socio-economic context (social factory) within which these faults and traumas are produced (Belkin-Martinez & Fleck-Henderson, 2014). This is not to reduce the complex, multi-causal factors underpinning mental health challenges to capitalist social processes, but to emphasize the trans-diagnostic effects of social structures and material conditions in the formation and intensification of people’s mental health struggles.

In a time when conspiratorial hyperculture foments disoriented epistemological reactions to insecurity, which create reactive, exclusionary networks that often muddle the social basis for alienation and isolation, it is important to reiterate that the ubiquity of mental health and anxiety does not inherently lend itself to an inclusive, egalitarian, reciprocal drive towards social transformation (Haiven et al., 2022a; Knight, 2021). Struggles against immiseration using industrial unionism and mutual aid, as well as confrontations against monotony by Feminist consciousness-raising and Situationism, faced immense challenges in overcoming the fear and apathy that kept people trapped within those market psychopathologies. This problem has only intensified under the technological and social shift towards neoliberal capitalism, as the paradox of dis/empowerment presents a forcefully convincing view of people’s lives as ripe with individual freedom and endless opportunities for connection and success. Failure becomes a choice that irresponsible subjects make instead of the engineered outcome of social subjection and machinic enslavement. Even when subjects take steps towards challenging the status quo, their efforts are

subsumed by narratives of consumer empowerment or outright stigmatisation. In this final section, I conclude with a discussion of anxious solidarity in an effort to illuminate some pathways out of this trap.

A score for transformation

A core challenge in leveraging anxiety against mental health management is not that sufferers are unable to articulate their insecurities — the ubiquity of anxiety across geopolitics, financial markets, culture, and social life speaks to people's constant invocation of their unease — but that sufferers are reluctant to detach themselves from the selfish parameters of zero-sum games, to disidentify with competition as the primary mode of connecting (Mitropoulos, 2012; Thoburn, 2016). This is because anxiety is deepened by a productivity-centric life, shrouding everything in a thick fog of self-quantification, isolation, and alienation that makes it very difficult to make sense of what is happening to them, let alone seize control of their lives in engaged and activated ways. Returning to the previous discussion of the need to build anti-anxiety machines that can not only cultivate but mobilise people's 'clicking in' to the destructive effects of the social factory of anxio-capitalism at a time of widespread conspiratorial disorientation, the challenge becomes thinking creatively about the past and future to fashion new tools that can reanimate a concealed sense of subjugated group consciousness. If organised around a reciprocal, positive-sum approach to conceptualising anxiety — the effects of which cut across dichotomies of class, gender, race, and ability — millions of re-collectivised subjects could potentially be transformed through anxious solidarity.

Given that neoliberal hyperculture works by eliminating distances and conflating meanings, turning people inwards in their suffering and against one another in their responses, the formation of anxious solidarity starts by working to establish a reflexive distance between the

objectified subject and their lived experience of the world (Han, 2022). Contra to the techniques and practices of biomedical pathology, the point of this distancing is not to dissociate from suffering and isolation — numbing oneself to perpetual crisis by cultivating the resilience and recovery to keep working — but to develop alternative ways of looking at the problem. As illustrated in the unrecovery star, liberation health triangle and cycle of reinforcing factors earlier in the chapter, this is already being done around the world by critical practitioners and social workers (Belkin-Martinez & Fleck-Henderson, 2014; Recovery in the Bin Collective, 2016). However, while liberation health models have proven effective in shifting people's perspectives on their mental health and its relationship to the social world, activating objectified subjects by illuminating how and for what purpose their suffering is produced and prolonged, it still relies on the formation of a patient-practitioner dichotomy to achieve this transformation.

While biomedical approaches encourage distancing from suffering, the objective should be to diagnose the problem in a different way. In the same way that there is no magic bullet for anxiety, there is no one universally applicable model or tool for the formation of anxious solidarity. It is for these reasons that practitioners of liberation health also emphasize praxis — a reengagement with the world that closes the reflexive distance again, returning to everyday life with a shift in perspective that situates mental health struggles within the larger antagonisms of capitalist modernity (Axel-Lute, 2017). This prescription of praxis is a nuanced one that does not call for 'bodies in the street' outright but is sensitive to a complex spectrum of political engagement. As Johanna Hedva highlights in work on 'sick woman theory,' many different bodies and abilities share the alienation and frustration with mental health management, and their energies need to be mobilised in ways that are diverse, heterogeneous, and challenge the exclusionary practices of biomedical pathology (Hedva, 2016). In this vein, peer-solidarity virtual health

networks like the Hologram are promising because they not only distribute responsibility for health across a group of sufferers but do so in a way that circumvents the patient-practitioner relationship through the formation of an alternative community of mental health practice (Nunes, 2021; Thornton & Wallis, 2022).

With similar aims in mind, Eliot Feenstra created an outline for operationalising anxiety and the constant experience of proletarianization it has normalised as a rallying point for subjugated group consciousness-raising (Feenstra, 2018). What Feenstra terms 'a score for performance', describes a reimagined version of consciousness-raising that retools the activating potentials of past practices for an age of anxio-capitalism that extends far beyond the problem of boredom in the Fordist-Keynesian system (Feenstra, 2018; Institute for Precarious Consciousness, 2015; Tamler, 2019). Feenstra does this by centring the shared problem of anxiety through the frame of the performance score, creating an intentional space where sufferers are empowered to disengage and reconnect their personal experiences of insecurity to the mechanisms of discipline and control that govern from their lives. As the tentative outline for a 2-3 hour session summarised below exemplifies, Feenstra's emphasis on speaking from experience and confronting suffering as a collective group is reminiscent of the Hologram but with a much less structured process focused more around exploring the experience of anxiety:

- Consider who to form a group with: friends, those with common interests in the topic, people who are in similar work situations, neighbours, family, etc.;
- 15-20 minutes for first session: introduction to context of anxiety/insecurity, setting of goals (validating experiences), method (centring group integration and distancing analysis), review group principles (taking a position that the personal is political);

- 1 hour or more: Open discussion/story-sharing (permission to feel openly and for perceptive to shift, confronting pain and anger from feeling insecure and anxious);
- 20 minutes: Sum up, discuss and document patterns and themes; (success, ambition, scarcity, self-worth, pharmaceuticals, underemployment, media/social media, trust, love, impacts on community, polarisation, citizenship, migration, racism, etc.);
- (5-10 minutes) Close circle, thank participants, and share info about next meeting or next steps (could be space for 'announcements' from group as well).[2]

Getting unstuck together

The spectrum of liberation health praxes discussed throughout work to shift the perspective of individuals in objectifying, exploitative relationships to mental health management by creating generative experiences and tools for 'getting unstuck' by exposing the iatrogenic nature of the social factory of anxio-capitalism. Gaslighting, isolation, shifting blame, intimidation, physical, emotional, and financial abuse — these are the hallmarks of an abusive relationship just as they are common experiences living with capitalism. Subjects are individuated as competitive, self-interested, rational market actors with choice and freedom, constantly in search of personal affirmation from a system that is simultaneously depersonalising those same actors by stripping subjects down to dividuated data points, genomic taxonomies, and predictive algorithmic processes that actively undermine any possibility of freely choosing anything at all (Lazzarato, 2014). This paradox of dis/empowerment sticks to every lonely, overworked, anxious subject expected to be entirely responsible and competent in self-managing their own mental health — tracking, researching, buying, exercising, and optimising at all possible moments — while also

[2] Extending the work of the Institute for Precarious Consciousness, this is an abbreviated summary of the core 'performance score' for 'anxious consciousness-raising' sessions conducted by Feenstra and their collaborators in working groups across Toronto in the Fall 2018 (Feenstra, 2018; Institute for Precarious Consciousness, 2015).

having all this allegedly valuable personal expertise discarded anytime practitioners are looking to prescribe a new magic bullet drug or talk-therapy for productive recovery.

A common refrain of initial participants in the anxiety consciousness-raising workshops and the Hologram community of practice is that such techniques and strategies take a serious time commitment to properly engage (Feenstra, 2018; Thornton, 2020). Indeed, as liberation health modelling clarifies, cultivating an active subject position over passive objectification takes more attention and energy then what initially appears to be required by the streamlined services and consumptive practices of personalised medicine (Kant, 2015). Yet with a shift in perspective, participants begin to distance themselves from an understanding of mental health management as a series of technologies and practices for improving individual well-being and 'click' into seeing the field as a multifaceted operation of emotional, physical, and financial exploitation and abuse. All the boundless work to maintain normal, healthy standing and to optimise outputs is revealed to be a paradox of dis/empowerment designed to extract maximum productive potential from subjects and their environments. For participants moving towards a reactivated subject position, whereby they become attuned to the effect of the operation of anxio-capitalism in their lives, time and energy spent forging reciprocal and solidaristic connections across communities of practice can start to feel much more generative and empowering.

To extend the connection between dis/empowerment and abuse one step further, a core aspect of getting unstuck from an abusive interpersonal situation and a systemic mechanism of isolation and alienation is the notion of 'taking the power back' (Charlton, 2004). As anxiety in the control society operates as an intense feeling of losing control, of failure and inadequacy, taking the power back speaks to reclaiming control over the situation. Such empowerment is not an individual subject in control, through that can be a necessary step in the formation of subjugated

group consciousness, but a collective subject of anxious solidarity oriented towards creating equitable and homogeneous systems and supports (Fisher, 2020, 2021; Hardt & Negri, 1994). As with previous struggles against the market psychopathologies of misery and boredom, the danger in mobilising this shift is its potential co-optation and reintegration into the social factory.[3] The initial drift from mental health liberation in the 1970s to consumer advocacy in the 1980s is now constantly in motion as a renewed interest in 'mad pride' movements and 'hearing voices' networks is leveraged to promote individualistic techniques of self-expression rather than liberatory praxes of collective political action (Charlton, 2004; Unger, 2019).

Whereas consumer-driven mental health movements internalise a homogeneous binary of health and illness focused on managing and optimising anxiety that affirms and normalises the paradox of dis/empowerment, taking power back disidentifies from biomedical pathology and the psychological complex (Muñoz, 1999). What follows in this process of getting unstuck is a reengagement as subjects of power, not as individually conscious ones, but a subjugated group consciousness that connects personal experiences of anxiety to social and structural processes of isolation and alienation. What differentiates re-identification with anxious solidarity that nurtures a collective subject from individual techniques of self-expression that commodify mental health is an emphasis on reframing anxiety from an experience that must be managed to a process of reciprocity and activation (Deleuze & Guattari, 1987; Sozialistisches Patientenkollektiv, 1972; Spandler, 1992). Rather than a passive, atomising identification with suffering, this shifting of

[3] Robert Latham elaborates on this danger through the 'arc of anti-capitalism,' a conceptual framework that attempts to map the different strategies and approaches used by anti-capitalist movements throughout history (Latham, 2020a). While the first and second phases of the arc (anti-market, which challenges the idea of the market as the primary mechanism for organizing economic activity, and anti-corporate, which contests the power of large corporations) can be effective and widespread in resisting structures of power, only a third phase of holistic anti-capitalist critique is sufficient to break from this constant cycle of reintegration. This final phase is characterized by a focus on collective ownership and control of the means of production, as well as a rejection of the profit motive and the commodification of labour and resources (Latham, 2020b).

perspective creates a solidaristic identification with other sufferers situated in relation to the paradox of dis/empowerment. In the closing section, I look at how these groupings and praxes for anxious solidarity can be further re-identified and reconnected through the formation of an anti-capitalist undercommons.

Anti-capitalist undercommons

Today, almost everyone shares the lived experience of anxiety. As a dominant social, political, economic, and cultural force, it is a hinge mechanism through which dis/empowered subjects are constantly individuated and disassembled across the social factory. Strategies and techniques for activating anxious solidarity begin from this point, validating how people are feeling right now by creating a critical distance for restructuring suffering. Reciprocity is vital to this process because it enables an alternative way of relating, heterogeneously, across differentiation. This is not based on the imposition of some flattened notion of what it means to feel anxious, but shared interests in overturning the regime of anxiousness altogether. Such interests are about more than just access to rights and resources, they are about transformative potentials that are objectivity real and possible but have yet to be fully concretised. Shared struggles of this nature do not homogeneously collapse distinct experiences of anxiety, instead they work across difference and make difference productive to maximise the opportunities for all those engaged in the struggle to realise their creative potential and their collective freedom (Gilbert, 2014, 2018).

Moten's notion of the undercommons as way of thinking about the heterogeneous connections that exist beneath the surface of institutionalized structures of dis/empowerment is useful in this regard (Harney & Moten, 2013). The space is not fixed in any one location. Instead, it is conceptual and practical, inhabited across the Holograms, liberation health models, and anxious consciousness-raising groups holding together space with the intention to get unstuck. By

forging an anti-anxiety undercommons across lines of difference, recognizing the shared struggle against mental health management, anxious solidarity can challenge the fragmentation and disposability imposed by dominant approaches to diagnosing and treating suffering. Taking the power back in this sense does not end with the formation of groups for subjugated consciousness-raising, but the proliferation of subjugated group consciousness to those millions of people isolated and alienated by the dual processes of anxio-capitalism. The examples highlighted in the previous chapter point to the activating potentials of reframing people's deteriorating mental health as an outcome of the fundamental antagonism of capitalist social relations. Such an antagonism is pluripotent, open-ended, and can be wielded in the interests of sufferers instead of against them.

The paradox of dis/empowerment is upheld by a vicious cycle: most anxious subjects do not have the mobilised subjugated group consciousness that comes from a critical distancing and re-engaged shift in perspective, and thus sufferers struggle to build substantial liberatory health organisations and transnational communities of practice. At the same time, anxious sufferers do not have a critical mass of organisational infrastructure that can work to cultivate and develop subjugated group consciousness in ways that actively challenge and offer alternatives to the dominance of biomedical pathology. As Robert Latham emphasises, it is important not to internalise the capitalist modernist teleology of progress by assuming that synergistic, gradual development of anti-anxiety consciousness and organisational capacity will advance in a favourable way (Latham, 2020b). What anxiety provides is clarity — a trans-diagnostic vector upon which to create momentum for a robust process of mental health transformation from homo economicus into homo reciprocans, from atomised, competitive subjects to communal, collaborative ones. Yet as this survey of market psychopathologies illuminates, when capitalism is pulled into deep crisis, reactionary forces far more coterminous with capitalist modernity than

progressive ones have been able to relay the established ideologies of individualism, nationalism, and racism to close transformative openings and re-establish the capitalist system (Latham, 2020a).

The intensification of the anxiety industry and expansion of the psychological complex in the wake of COVID-19 highlights how moments of systemic breakdown can be utilised to re-establish and reassert the authority of mental health management. The dominance of homo-economicus-anxious as the primary way through which subjects process perpetual crisis (leading to the formation of disoriented epistemologies) means that liberatory health praxis must compensate with extensive organisational presence in the lived experience of anxious sufferers. Techniques such as liberation health triangles and Holograms recast and update past strategies of anti-capitalist consciousness-raising and mutual aid, sketching out the blueprints for new anti-anxiety machines that can connect anxious subjects with a subjugated collective undercommons that has the potency to transform the social factory of anxio-capitalism. Through a dyadic approach that centres the paradoxical operations of dis/empowerment — moving across homogenising binaries to explore the heterogeneous possibilities — sufferers can put this vicious cycle in a broader perspective that emphasises critical distancing from de/subjection and re-engagement as a collective subject. By reconnecting with our experiences in the present through a shared interrogation of anxiety's hold on us all and working to transform this through the construction of trans-diagnostic and liberatory health praxes, not only a less anxious world, but a minoritarian one beyond the repressive structuring of feeling is possible. Or in the words of the Zapatistas, "a world in which many worlds fit."

Minor politics

This dissertation has made the case for a 'politics of the middle' grounded in a 'theory of scale' to comprehend how capitalist modes of production impact social health and mental well-being. The

overarching narrative has connected anxiety's rise to the broader pathological frameworks and processes of the social factory of anxio-capitalism. The essence of the work is that anxiety is not just a mere medical diagnosis — it reflects the anxiogenic age, the dominant social, economic, and technological structure and system people live under. Contemporary capitalist modernity is said to increase anxiety by promoting hyper-personalization and competition (social subjection) while simultaneously reducing individuals to standardised, dividuated data points in vast algorithmic systems (machinic enslavement). Such a double movement, which internalizes competitive, zero-sum market logics while also depersonalizing and fragmenting these same logics, creates a profound sense of alienation and disorientation (Lazzarato, 2014, 2008). In a time of objectively increased connectivity, productivity, and technological capacities, capitalism affects mental health by blurring these vital dualities, leading to a paradoxical conflict between selfhood and dissolution, wherein market principles and norms come to control most practices and institutions, ranging from global mental health systems to personalised wellness and meditative regimes.

Building out from the Autonomist antagonism of class relations, this paradox is framed in terms of a dyadic continuum of dis/empowerment. Deleuze and Guattari's rhizomatic approach is utilised to elaborate on this paradox of dis/empowerment, which eschews a dualistic view (e.g., good vs. evil) of power in favour of examining subjectivizing and objectifying forces in a vast network without a specific origin or end point (Deleuze & Guattari, 1983, 1987). Across this vast network, the rise of healthism and self-quantification are applied as examples of the transition from a welfare-driven Fordist-Keynesian regime to a neoliberal model of mental health management centered around the autonomous, rational consumer. This 'autonomy' is then cross-examined as an illusion that masks underlying societal controls that influence perceptions and treatments of mental health in an overarching biomedical pathology. Such a control society governs through the

formation of the psychological complex, where every action is quantified and analyzed to produce the ideal healthy standard upon which all actors are compared. In this intensely datafied and gamified digital realm, individuals are no longer seen as whole entities but are divided into myriad data points. This is not a neutral development — as people engage with digital platforms, they are ensnared into a data-driven conspiratorial feedback loop, where one's self-worth is measured by de-personalised digital interactions in an overarching system of anticipation and disorientation.

Instead of viewing ourselves as inherently social and reciprocal beings (homo reciprocans), the social, emotional, economic, and technological conditions of anxio-capitalism mold bodies and identities into self-centered entrepreneurs motivated by rewards and penalties (homo economicus). By sketching out the contours of anxious solidarity against neoliberal market psychopathology, this dissertation has advanced 'minor politics' grounded in historical context, political immediacy, and collective value. Importantly, while such a minoritarian politics refers to political activities and movements that challenge and disrupt the prevailing majority system, they do not operate by trying to seize power in conventional means. Instead, the politics of the minor cuts through the middle, seeking to subvert and change the system not from a majoritarian position of static identity, but through its dynamic, pluripotent emergence across ongoing struggles with societal constraints, limitations, and dis/empowerments (Fisher, 2009; Katz, 2001; Thoburn, 2016). In this sense, minor politics does not refer to an insignificant or lesser politics but rather describes ways subordinated or marginalized groups challenge dominant systems, structures, and narratives. A core point is that these groups in a minor position, akin to Marx's proletarian refrain, have the material potential to bring about significant shifts or transformations in the majoritarian structure.

Just as the majority sets the homogenising norms and standards in society, the dominant biomedical pathologies of mental health management prescribe what emotions, behaviours, and

thoughts are deemed acceptable or normal. By recognizing the constructed nature of this normality, the dissertation concluded by looking how liberation health processes can lead to the formation of activating subject positions equipped to challenge this majoritarian narrative. As the majoritarian position is always constrained as a product of capitalist social relations, analysing the global rise in anxiety through the lens of major/minor, it has argued, can empower anxious, isolated minority subjects to challenge stigmas and build trust in their heterogenous experiences. The first step towards transforming the political life of anxiety lies in recognizing its systemic roots and its interplay across these shifting modes of de/subjection. The very possibility of freeing ourselves from the 'endless present' of capitalist realist anxiety requires moving beyond the cyclical reconfigurations of the past and cultivating a renewed hope and vision for the future. Only through such collective introspection and action can we usher in an age after-anxiety, where the complexities of the human subject are embraced, and the future is once again a realm of endless possibility.

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