
Health and Degrowth in times of Pandemic.

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1. Introduction

Today, after the explosion of the COVID-19 pandemic, the majority of degrowth scholars would probably agree on the fact that health is a crucial theme in the sustainability/degrowth debate. However, from the birth of the term degrowth - that we can date as approximately between 2001 (when the term "sustainable degrowth" is launched by the magazine "Casseurs de pub") and 2008 (the first international degrowth conference in Paris) - little attention has been dedicated specifically to health within the degrowth framework. Some authors have analysed case studies that share analogies with a degrowth transition, such as Cuba and Europe during an economic crisis (Borowy, 2013; De Vogli & Owusu, 2015), while other researchers have studied the link between growth and health from a historical (Borowy, 2017) and economic point of view (Hensher, 2020a-b; Hensher et al., 2020; Hensher & Zywert 2020). Furthermore, some degrowth scholars have developed a theoretical framework exploring the complex relationship between degrowth and health (Aillon et al., 2012; Missoni 2015; Borowy & Aillon 2017; Aillon & D'Alisa 2020).

This lack of an extensive reflection on health and degrowth should be analysed. In fact, several fundamental degrowth concepts (such as wellbeing, *buen vivir*, good life, care) are effectively shared with the current definition of health, especially if we consider it in the light of that proposed by the WHO in 1946: "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (WHO, 1946). At the same time, considering the debate within the scientific community about the definition of health, we can see how some authors have questioned the WHO definition and proposed some alternatives. These are indeed more systemic, complete and coherent with current reality, showing even greater overlap with the basic degrowth concepts of wellbeing and autonomy, seeing health as "the ability to adapt and self-manage" in the face of social, physical, and emotional challenges (Huber, 2011, p. 8).

Ivan Illich, considered one of the main pioneers of degrowth through his fundamental book *Tools for Conviviality*, viewed health as a central and fundamental topic. In the introduction to the book, Illich referred to the health field to explain the concept of "counterproductivity", propose

the existence of two *watersheds* and introduce the notion of *conviviality* (Illich, 1973).¹ His following book, *Medical Nemesis: the expropriation of health*, put forward the concept of *iatrogenesis* of the medical systems, explaining why and how the limitation of the professional management of health is essential in order to profoundly critique the actual industrial system and to promote the birth of an alternative kind of society (Illich, 1976).

Increasing and irreparable damage accompanies present industrial expansion in all sectors. In medicine, this damage appears as iatrogenesis [...] only a political program aimed at the limitation of professional management of health will enable people to recover their powers for health care, and that such a program is integral to a society-wide criticism and restraint of the industrial mode of production (Illich, 1976, pp. 6, 270-271).

With the aim of focusing on the current pertinence of the ideas and reflections proposed by Illich and promoting a further debate around the relationship between health and degrowth, in October 2019 we launched a call for papers for this special issue. Shortly afterwards, while the authors were finalizing their papers, the COVID-19 pandemic broke out. This has caused a delay in submission, because most of the authors have been working in the health field during the ongoing emergency period. However, even if the focus of this special issue is not specifically on the pandemic itself, the delay has enabled authors to make various connections between their areas of interest and the actual crisis situation. At the same time, we have also received some contributions specifically focused on the COVID-19 crisis.

2. An overview of the papers

In line with the concept of degrowth as well as with the stated aim of the journal *Visions for Sustainability*, the contributors come from different disciplines (medicine, public health, biology, economics and social sciences) and also endeavour to articulate interdisciplinary approaches in order to examine various aspects of the relationship between health and degrowth. This leads to very rich and highly interesting reflections and debates, even if, as it often happens when working within an interdisciplinary framework, some studies can have some limitations when examined from each of the specific disciplinary perspectives.

In their letter to the editors "A degrowth perspective on the coronavirus crisis", Nathan Barlow, Constanza Hepp, Joe Herbert, Andro Rilović, Joëlle Saey-Volckrick, Jacob Smessaert and Nick von Andrian discuss the coronavirus pandemic situation specifically from the perspective of the degrowth theoretical framework. The authors highlight the connection between the pandemic emergence and the current growth-based capitalist system and the need of changing the current paradigm. Degrowth is proposed as an alternative path, emphasizing the difference between a degrowth scenario and the actual crisis (in which the transition has not been planned and not chosen democratically). At the same time, the authors point out how the quick socio-cultural and economic transformation due to the COVID-19 pandemic shows that rapid societal transformation could be feasible.

Two papers then propose, from a biological point of view, reflections on the spreading of infectious disease (in particular in the field of zoonosis), both from an overall perspective and more specifically for the COVID-19 pandemic.

¹ "At the beginning of his 1973 book *Tools of Conviviality*, Illich described what he thought was the typical course of development followed by contemporary institutions, using medicine as his example. Medicine, he said, had gone through "two watersheds." The first had been crossed in the early years of the 20th century when medical treatments became demonstrably effective and benefits generally began to exceed harms. For many medical historians this is the only relevant marker – from this point on progress will proceed indefinitely, and, though there may be diminishing returns, there will be no point, in principle, at which progress will stop. This was not the case for Illich. He hypothesized a second watershed, which he thought was already being crossed and even exceeded around the time he was writing. Beyond this second watershed, he supposed, what he called counterproductivity would set in – medical intervention would begin to defeat its own objects, generating more harm than good" (Cayley, 2020).

In "Alternative ecological and social suggestions in prevention of the global threat of emerging infectious diseases", Camille Besombes analyses several factors that have been associated with the emergence of infectious disease such as intensive agriculture and farming, change in land use, deforestation, human invasion of remote areas, loss of biodiversity, etc. The last example can be seen in terms of the health consequences of an intensive economic/agro-industrial model linked to a growth-based system. The author proposes coherent new frames for public health interventions ("One Health", "Ecohealth"), focused more on the promotion of health through creating a healthy environment rather than the struggle to provide secondary prevention against emerging diseases.

In "The environmental roots of zoonotic diseases: from SARS-CoV-2 to cancer viruses. A review", Carlo Modonesi analyses the link between emerging zoonosis and the loss of biodiversity due to anthropic activities. Pathogens shared by wild and domestic animals cause more than 60% of infectious diseases in humans from type A flu to HIV, from Ebola haemorrhagic fever to SARS-Cov2. The author traces the recent history of zoonotic epidemics and their relation to human impact on ecosystems and wildlife, analysing how poor ecosystems often are unsafe for humans because they increase the risk of spillover. The author extends these considerations also to viruses capable of promoting oncogenic transformation. In conclusion he suggests a multidisciplinary intervention to prevent zoonosis, by acting on ecological factors and restoring biodiversity in a degrowth economic paradigm.

The research of Nicole Weydmann is grounded in the field, in countries located in the Global South, and describes what different practices such as the use of traditional medical practices in Indonesia could mean to the health and degrowth debate. In "The Recovery of Healthcare: Paving the Way for Interweaving multiple healthcare competences", she illustrates some insights from her fieldwork and from qualitative interviews in Indonesia. In this context, 'traditional' and complementary medicine coexist with globalized biomedicine, and health seekers are often more likely to use 'traditional' than biomedical healthcare. The author describes how on one side a growth economy and culture influence negatively these practices, seeing them as in competition with the business of biomedical healthcare. On the other side she explains how different views of health, illness and healing could help in order to decolonize concepts and paradigms underlying "western imaginaries of healthcare". Finally, the author underlines the importance of building an alternative framework for medical practice, which is people-centred and context-sensitive, and where health seekers can be free to combine different tools, techniques and approaches available in order to address their particular needs and uncertainties, with the help of skilled healers.

Two more papers are grounded in the medical field and explore the relationship between health and degrowth both from a public health and a global health point of view.

In "Health workers and sustainable systems for health in a post-growth society", Eduardo Missoni and Edmundo Morales Galindo discuss the need for a new health care model starting from a critical analysis of the Sustainable Development Goals (SDGs). SDG 8 proposes achieving a "sustainable, inclusive and sustained growth", ignoring the limits of growth within a finite ecosystem; SDG 3 includes the target "3.8: achieving universal health coverage", a substantial regression from the original WHO's Primary Health Care (PHC) strategy, that responds to a globalized biomedical hospital-centric model, which is inadequate to meet populations' health needs. Finally, they conclude by proposing a paradigmatic shift in health and social care organization and health workers' educational model as pillars of a post-growth society's health systems.

In "Public health and degrowth working synergistically: what leverage for public health?" Marie-Jo Ouimet, Pier-Luc Turcotte, Louis-Charles Rainville, Yves-Marie Abraham, David Kaiser and Icoquih Badillo-Amberg show that there are several points of convergence between degrowth and public health goals (e.g., promoting environmental sustainability and fighting climate change, reducing inequalities, promoting healthy lifestyles, etc.) and that fruitful synergies can be implemented between these two research fields, giving some practical examples. In particular, the authors focus on how several theoretical and practical tools of public health could strengthen degrowth arguments and on the need for public health to promote degrowth. That could create the preconditions in order to elaborate and implement several effective public health strategies.

3. Insights into the COVID-19 pandemic from a degrowth point of view

In the light of the COVID-19 crisis, we have decided to dedicate our editorial to the pandemic emergency, in an endeavour to further articulate what emerges from the published papers, the actual situation, degrowth literature, and with further reference to medical anthropology and psychology frameworks.

3.1 Growth, emerging infectious disease and diminishing marginal returns

Some of the papers in this special issue clearly illustrate the connection between the current capitalist neoliberal and growth-based system and the SARS-CoV-2 pandemic. The researchers highlight how this current developmental system, in order to maximize productivity and economic growth, increasingly exploits the environment and animals. Indeed, intensive agriculture and farming, change in land use, deforestation, the human invasion of remote areas, and the consequent loss of biodiversity, have been related to the emergence of zoonoses and vector borne disease like dengue, ebola and zika and probably are at the core of the emergence of COVID-19 pandemic. A recent report of IPBES Bureau - *Intergovernmental Platform on Biodiversity and Ecosystem Services* (IPBES, 2020) - reinforced this correlation, concluding that escaping the era of pandemics will require a seismic shift in approach from reaction to prevention, restoring ecosystems and biodiversity.

COVID-19 has been called "the disease of the Anthropocene" (O'Callaghan-Gordo & Antó, 2020):

COVID-19 is a paradigmatic example of an Anthropocene disease. It follows a complex sequence involving disruption of the natural, social, economic and governance systems. The destruction of natural habitats and the extinction of species, the poorly regulated capture, marketing and consumption of non-human animals, the influence of lobbies to nullify or delay measures to protect natural and social systems, the limitation of current scientific knowledge and the contempt by governments and companies of the available evidence, have all worked in an orchestrated sequence to facilitate the current COVID-19 pandemic. This sequence of distal causes is closely related to the global climate crisis and the rest of environmental disruptions of the Anthropocene (O'Callaghan-Gordo & Antó, 2020, p. 2).

From this perspective, the actual pandemic could be seen as a global negative externality related to the current system of development within a framework of diminishing marginal returns (Bonaiuti, 2014). Beyond a certain threshold of exploitation of some natural systems, the productivity of our work diminishes because resources become less and more difficult to access/use and because of some retro-feedbacks related to the alteration of ecosystems that contributes to lessen productivity. In this line of thought the actual pandemic could be seen as one of the global "symptoms" (retro-feedbacks) of the "growth-sickness" of the actual socio-economic system. Before the current pandemic, western society has witnessed several other similar phenomena that have disturbed the calm complacency of our world: the emergence of global terrorism in 2001; the global economic crisis of 2008; massive migration flows related to poverty/wars and climate change, the rise of xenophobia and populism. While the global economic crisis could be seen as an internal failure of the neoliberal growth-based system, global terrorism and migrations could be seen as retro-feedbacks related to resource depletion, increase of inequalities worldwide and challenges posed by globalisation.

3.2 Why so much attention to the pandemic? The fear of nemesis for the "hybris" of western society

In contrast to past pandemics (e.g., Hong Kong flu) or from other current major issues which threaten public health (e.g., global pollution, climate change), COVID-19 has received enormous attention from the media worldwide. Politicians have implemented drastic - sometimes excessive

and not always evidence based² - public health interventions that have dramatically impacted on the daily life of citizens worldwide, on their psychological/social wellbeing and on the global economy.

In order to get a sense of the scale and magnitude of this phenomenon, we should truly listen to the provocative words launched by the philosopher Giorgio Agamben:

How could we have accepted, in the name of a risk that we couldn't even quantify, not only that the people who are dear to us, and human beings more generally, should have to die alone but also — and this is something that had never happened before in all of history from Antigone to today — that their corpses should be burned without a funeral? (Agamben in Caldwell, 2020).

In the same way, Serge Latouche underlines that:

[...] we have been dealing with pandemics since the Neolithic. The new thing, never seen before, is the confinement of three billion people. Sociability was never sacrificed to such an extent [...] We have done absolutely unnecessary wrong things. I read that in France, in August 1968, the Hong Kong flu broke out: 40.000 dead in France, one million in the world. There was almost no mention of it (Sacchi, 2020, p. 6-7).³

If we consider that, as of 24 November 2020, there have been 1.393.305 deaths worldwide from COVID-19 (WHO, 2020a), we can probably infer that Hong Kong Flu was a similar phenomenon but that the attention of the world at such a time was focused more on other events, probably on the 1968 protest movements, the Cold War, the Vietnam War, etc. In fact, "the Encyclopaedia Britannica estimates that the 1968 pandemic, due to an H3N2 influenza virus, was responsible for between 1 million to 4 million deaths globally [...] The New York Times described the pandemic as 'one of the worst in the nation's history', [but] there were few school closures and businesses, for the most, continued to operate as normal" (Honigsbaum, 2020, p. 1824).

What has changed from the recent past to present times? Why has the whole world been "knocked out" by a virus that by now caused nearly 1.4 million deaths, while people continue to be blind to the fact that in the world every year there are nearly 13 million people who die because of environmental factors that could be avoided (WHO, 2016) and that climate change will be the principal threat to human health in the 21st century (Costello, 2009), causing 250.000 additional deaths every year from 2030 and 2050 (WHO, 2018)? We can hypothesize that the cause is related to the co-occurrence of several factors.

a) Cultural iatrogenesis and the rediscovery of death

In contrast to the past and to other current diseases, the deaths from COVID-19 are highly visible and have been heavily mediatized. If we consider the effects of the cultural iatrogenesis promoted by the medical system, described by Ivan Illich (1976) - the inability of people to stand and to cope with pain, illness and death⁴ - we can clearly understand the anguish of a society that is forced to see something that it would prefer to continue to remove to the unconscious. In today's society,

² We do not question the importance of the lockdown for preventing the spread of the disease and of general public health measures (quarantine for potential cases, physical distancing, hand washing and the use of surgical masks when is not possible to respect safe distances, etc.) but rather the imposition of excessive and sometimes not evidence-based measures. In Italy during the first wave of pandemics, for example, the national government decided to close all parks and to forbid any kind of "unnecessary" open-air movement (some regions forbid even open-air physical exercise). There are several scientific research studies that illustrate that doing physical exercise and staying into a natural environment in fact promotes and protects health and can prevent infectious disease. Thus, if physical distancing is respected (not causing significant increase of COVID spreading) the above-mentioned measures may probably have caused more damages than benefits (*Rete Sostenibilità e Salute*, 2020; Thomson & Ip, 2020).

³ Translation from Italian by the authors.

⁴ "Iatrogenesis [...] is cultural and symbolic when medically sponsored behaviour and delusions restrict the vital autonomy of people by undermining their competence in growing up, caring for each other, and aging, or when medical intervention cripples personal responses to pain, disability, impairment, anguish and death" (Illich, 1976, pp. 270-71).

death, pain and illness are generally conceived of as something external to our life, something that we have to fight (with the help of the powerful science and medicine) and remove, in order to be "healthy" and continue to work and consume. In order to live well, we must not question too much the meaning and the limits both of economic growth and of our existence. If death, the extreme limit of our life, exits from hospital into society, something "taboo" circulates in the streets and it can touch us. At the same time, we do not know (we "have forgotten") how to cope with death and, thus, we fall in a severe state of anxiety. This is what Luigi Zoja (2020a) has called a "mild collective psychosis" related to coronavirus, similar to the collective paranoiac reaction that the author observed and studied after the terrorist attacks of 11th September 2001. According to Zoja, the paranoia manifests itself not at the individual and clinical level, but in the collective mentality, spreading as a "psychic infection" and leading people to lose the sense of proportions (Zoja, 2020a-b).⁵

b) The failure of the myth of growth/progress/science and the religion of medicine

Probably it is not only the presence of death that drives us crazy. The real nightmare is the possibility that our medical system might not have the energy to "win the battle", to adequately provide cure for everybody during the peak of the COVID-19 emergency. The powerful tools of science and medicine could lose the war against a disease, a small virus ... so little that we cannot see and control it. Thousands of people have died from an infectious disease, something that could be seen as "heresy" in the second part of the 20th century, where antibiotics have given us the illusion of control over the majority of infectious diseases. In this situation humanity feels once again frail and powerless in front of nature and death.

What we face is the failure of a myth: the myth of the fire of Prometheus, the myth of growth, progress and science. We have believed ourselves to be the masters of the universe and to be able to protect ourselves from pain, illness and death and to be able to be safe and happy in this world. On the contrary, we will have to deal with several menaces (climate change, wars, rising of inequalities, etc.) that make the future no more a promise (of paradise) but a threat to our very existence (Benasayag & Smith, 2003). In the face of the pandemic, we turn out to be much smaller and more powerless. We have not enough power to stop it and often scientists do not have a similar view of "the truth" concerning what we are facing and what we need to do. A prey to torment, we witness the failure of what Agamben (2020) has called the religion of science and medicine and, at the same time, feeling the near failure of the religion of capitalism and growth.

"[...] Medicine as religion [...] That science has become the religion of our time, that in which people believe they believe, has been obvious for some time now. In the modern West there have coexisted and, to a certain extent, still coexist three great systems of belief: Christianity, capitalism, and science. [...] There is a malign god or principle, namely disease, whose specific agents are bacteria and viruses, and a beneficent god or principle, which is not health, but recovery, whose cultic agents are medicines and therapy. [...] If this cultic practice up to now was, like every liturgy, episodic and limited in time, the unexpected phenomenon that we are witnessing is that it has become permanent and all-pervasive. It is no longer a question of taking medicines or submitting when necessary to a doctor visit or surgical intervention: the whole life of human beings must become in every instant the place of an uninterrupted cultic celebration. The enemy, the virus, is always present and must be fought unceasingly and without any possible truce" (Agamben, 2020-b).

Theoretically, science is the contrary of religion because, while the latter is dogmatic, science should be anti-dogmatic, based on rationality and on an objective and empirical methodology.

⁵ From a psychodynamic point of view, if we cannot stay with some emotions or feelings, and we cannot remove them in the unconscious because they are too evident, we are forced to use other pathological defence mechanisms in order to protect us. We split from our mind the affections and we project the negative affections toward something else. As an example, the fear of our death can become the fear of being damaged by other people and, consequently, the internal rage caused by our powerlessness transforms itself into the rage against every human (potential vector of infection) or again institutions that do not protect us adequately, etc. (Zoja, 2020b).

However what Agamben underlines, and has been highlighted by several medical anthropological studies, is that science contributes to create the cultural system whereby we live and that gives meaning to our reality, which is based on some basic assumptions/beliefs: our "faith". The core of science has embodied the heritage of Christianity and Hebraism and, in a different way, could be practiced as a religion from many people. For western religions, the past was evil, the present redemption and future heaven. For science the past is ignorance/superstition, the present consists of progress using the tools of science, and the future consists in the positivistic promise of a sort of heaven in the real world (Galimberti, 2007). Today the faith, born during the enlightenment, that science would have permitted us to resolve the major threats/evils of humanity is increasingly collapsing, together with other absolute principles and faiths of humankind (God, truth, capitalism, socialism, etc.) (Galimberti, 2007). Probably science and growth/capitalism could be seen as the last faiths, after the failure of all the others. The COVID-19 crisis threatens both these two religious frameworks that maintain the stability and cohesion of our psyche and society. It, therefore, places humankind in a nihilist perspective: a lack of meaning and direction similar to the cultural apocalypses described by De Martino with the concept of the "loss of presence" (Demartino, 1964; Consigliere and Zavaroni, 2020). In this situation it has become almost impossible to continue to live our lives and we need potent mechanisms in order to rebuild the faith. These actions sometimes consist probably more of rituals than of scientific practices and have the end of convincing us that we still are under control and we will "win the war", even if we are obliged to sacrifice our freedom and democratic practices.

Cultic practice is no longer free and voluntary, exposed only to sanctions of a spiritual order, but must be rendered normatively obligatory. That we are dealing here with a cultic practice and not a rational scientific demand is immediately obvious. The most frequent cause of death in our country by far are cardiovascular diseases and it is well known that these could be reduced if we practiced a healthier form of life and if we followed a particular diet. But it has never crossed the mind of any doctor that this form of life and diet, which they recommended to the patient, should become the object of a juridical norm, which would decree *ex lege* what must be eaten and how we should live, transforming our whole life into a health requirement. Precisely this has been done and, at least for now, people have accepted, as if it were obvious, renouncing their own freedom of movement, work, friendships, loves, social relations, their own religious and political convictions (Agamben, 2020a-b).

c) Hybris and the waiting for nemesis

These processes can be analysed within another framework provided by the polarity "hybris-nemesis", that Luigi Zoja (1995) described in "Growth and guilt: psychology and the limits of development". The Jungian psychoanalyst looks for the core of the origin of the current model of development/growth. He finds that there is a sort of nodal point in the psyche of the western society from which everything departed, and which intersects with a number of relevant social and cultural changes. In Ancient Greece the limit was something sacred. After the more famous "know thyself", the other maxim of the Delphi Oracle was "nothing to excess". Consequently, "hybris" was one of the worst sins: the transgression of the limit, the outrage, the arrogance to be like gods, to excel in a quality and to take it away from the god that represents it (Zoja, 1995). If humans exceeded limits, they had to face "nemesis", the punishment from the gods. As an example, the titan Prometheus, who stole fire (the technology, the knowledge) from the gods, was punished by Zeus by confining him forever to a rock, naked, where eagles came to feed on his liver, which every day was perpetually renewed.

However, in the Athens of the 5th century B.C., some particular geographical, historical and social factors - particularly undisputed military supremacy by Athens, first over the Persians and later all over Greece, combined with economic expansionism and developments in politics and democracy - led the Greeks to abandon the "hybris" paradigm and to embrace a model of infinite expansion both in the physical world and in the arena of human knowledge. Humanity projects itself towards infinity and human beings place themselves at the centre of the universe, partially replacing gods. Herodotus takes humanity out of mythical time (an eternal circular motion), making it enter into history (a linear progression towards infinity). In Philosophy, Socrates creates an abstract and conceptual field of knowledge that potentially sees no limits to its development.

In tragedy, Euripides places mankind and the dynamics of its soul in a more central and autonomous perspective compared to the will of the gods. These seeds of "hybris" will never fully blossom and they will quickly collapse with the end of the Greek civilization. Later on, however, the impetus towards infinity contained in the Greek seeds will become (in a different form) a backbone in the monotheism of the Jewish-Christian tradition. Afterwards, this embodied itself in modern scientific thought: a knowledge without limits strongly projected towards the construction of a paradise (on earth), with the faith no longer in a God, but in progress, technology and later on in economic development based on growth (Zoja, 1995).

At the present, we not only face the fear of the collapse of the myth of growth and science but something else reappears from the ashes of our collective unconscious. Zoja explains that, even as western society rationally conceived itself positively (the myth of growth), it narrates itself from a mythological point of view in a negative way. This is because in the collective unconscious the guilt for "hybris" is evermore present, probably in connection with the appearance of increasing threats for the human species (global terrorism, the global economic crisis of 2008, massive migrations, climate change, the COVID-19 pandemic and subsequent economic crisis), that we connect to our transgression of limits and to the effects of the current growth-based model of development.

d) The enemy inside ourselves and the need for reparation and atonement rituals

Like capitalism and unlike Christianity, the medical religion does not offer the prospect of salvation and redemption. On the contrary, the recovery which it seeks can only be provisional, since the evil God, the virus, cannot be eliminated once and for all, but mutates continually and assumes ever new, presumably more dangerous, forms. [...] It is possible, however, that the epidemic that we are living will be the actualization of the global civil war that, according to the most attentive political theorists, has taken the place of traditional world wars. All nations and all peoples are now in an enduring war with themselves, because the invisible and elusive enemy with which they are struggling is within us (Agamben, 2020a-b).

Linking the analyses of Zoja and Agamben, if we agree that the real evil is inside us and it spreads as a psychic infection creating paranoia, it could be hypothesized that this symbolic enemy, embodied by the virus, is composed mainly of the guilt for the "hybris" of humankind, of the fear related to the forthcoming nemesis and of the sense of powerlessness and insecurity connected with the menace of the collapse of our faith (myth of growth, religion of medicine).

If we follow this premise, some actions and strategies that have been adopted by governments and people could be interpreted and acquire a clearer meaning. In Italy during the peak of the first pandemic wave some regions obliged everyone to always use surgical masks in open air places (also alone or doing physical exercise),⁶ even if scientific evidences show that, respecting physical distancing there are not significant health risks while doing sport, while the continuative use of facial mask could probably lead to worse health outcomes also as regards infection prevention, other than related side effects (Alfelali et al., 2020; Donzelli, 2020; Lazzarino, 2020). During the second pandemic wave it has been mandatory in all open-air spaces to use facial masks, even where it was possible to respect physical distancing of 2 metres from other people. The only exception were cases in which the condition of isolation was continuously guaranteed (Gazzetta Ufficiale, 2020a).

In the lockdown decree of 10 April 2020 (#Imstayhome), everywhere parks have been closed and physical activity has been permitted only "close to home" (Gazzetta Ufficiale, 2020c) often interpreted by regions as 200 metres (Marchini & Marocchi, 2020). That means making it impossible in all the Alps to go walking or do other physical activity in the mountains. Several regions have forbidden all kinds of sports/physical activity. However, scientific evidence shows that physical activity and staying in a natural environment promote health and reduce risk of infectious disease, and that doing these activities, respecting physical distances, do not expose nobody to any significant increases of risk (Haubenhofner, 2010; RSS, 2020; Saint-Maurice et al., 2020).

⁶ In the Veneto Region, on April 13, 2020, the ordinance n.50 of the Region obliged everybody to always use a surgical facial mask, for any movement outside private property (home) (Regione del Veneto, 2020).

The authorities have justified these harsh laws as a must related to the protection of life, under the aegis of medicine and science, but this kind of practice could also rationally be understood more as a ritual of reparation.⁷ People have been forced or often they freely decide to use masks, even where it is not necessary, in order to "mask" their removal of reality (the fear of nemesis for their "hybris") and their frailty, and to give themselves the illusion of being able to control what was happening. To be safe - and thus feel able to continue to have faith in medicine, science and growth. Similar reasoning could be applied to the rhetoric of "#stay at home" and for the introduction of a "curfew", each of which could be seen as an extreme way to have the feeling to be able to gain control over the virus. Indeed, a recent study has analysed lockdown measures in 131 countries (Li et al., 2020) and it has been documented that the requirements to stay at home - extremely harsh and with psychological side-effects that can last also for years (Brooks et al., 2020) - was one of the less effective actions. It could reduce SARS-CoV2 R index (time-varying reproduction number) only by 3%, compared to public event bans (- 24%), school closure (-15%), workplace closure (-13%) and in equal measure to a ban on gatherings of more than ten people (- 3%). Concerning the curfew, an Italian immunologist (Antonella Viola) from the University of Padua has declared that "it does not have a scientific reason, but it serves to remind us that we must make sacrifices, that the superfluous must be cut, that our life must be limited to the essential" (Huffington Post, 2020). Therefore, it could be seen basically as a symbolic act of reparation or doing penitence (Wu Ming, 2020). Such measures could also be seen as rituals of atonement with which the population deals with its fear and guilt (internal feelings). The latter are removed and projected on the virus, into an external space that it is possible to try to control better than the internal one. It is a process comparable to a person that suffers from Obsessive Compulsive Disorder, who tries unsuccessfully to control with compulsive behaviours (washing and cleaning himself) other internal feelings/impulses that he cannot face and that are removed in the unconscious. Moreover, people do not only clean themselves and constantly use facial masks. They also get angry with other people that do not always stay at home or do not use masks in open air spaces, instead of being angry with themselves for their sins. They fear the virus instead of fearing the "nemesis" or the lack of meaning.⁸

4. Reification, biopower and structural violence

The coronavirus shows what is hidden: the role of inequalities and environmental degradation. Beyond the correlation between biodiversity loss and pandemic emergence, there is also a significant correlation between pollution and COVID-19 incidence and mortality. A large-scale survey conducted in the United States "found that an increase of only 1 $\mu\text{g}/\text{m}^3$ in $\text{PM}_{2.5}$ is associated with an 8% increase in the COVID-19 death rate" and concluded that a "small increase in long-term exposure to $\text{PM}_{2.5}$ leads to a large increase in the COVID-19 death rate" (Wu et al., 2020, preprint abstract).

In the same way as other viruses such as, for example, HIV (Farmer, 2004; Lane et al., 2004), "COVID-19 exposes the fault lines in society and amplifies inequalities" (income, social class, education, ethnicity,) and "it shows a clear social gradient: the more deprived the area the higher the mortality" (Marmot & Allen, 2020, p. 681). "The age-standardised mortality rate of deaths involving COVID-19 in the most deprived areas of England was 55.1 deaths per 100,000 population compared with 25.3 deaths per 100,000 population in the least deprived areas" (Caul, 2020, p.2). "New York City (as of May 7, 2020) reported greater age-adjusted COVID-19 mortality among Latino persons (187 per 100 000) and African American individuals (184 per 100 000), compared with white (93 per 100 000) residents" (Hooper et al., 2020, p. 1; NYC Health, 2020).⁹ These data

⁷ Alternatively, some actions, such as handwashing, have been framed as apotropaic rituals, aimed to turn away "evil" influences (Wu Ming, 2020b; Barwick, 2020).

⁸ It must also be added that there is also a specular mechanism that leads people to deny the problem ("the virus does not exist") and to use projective defence mechanisms in order to not cope with the problems, being angry with politicians or doctors who impose lockdown laws.

⁹ "The underlying causes of health disparities are complex and include social and structural determinants of health, racism and discrimination, economic and educational disadvantages, healthcare access and quality, individual behaviour, and biology [...] The most common explanations for disproportionate burden involve 2 issues. 1) First, racial/ethnic minority populations have a disproportionate burden of underlying comorbidities. [...] 2) Second, racial/ethnic minorities and poor people in urban settings

are not surprising from a public health or medical anthropology perspective (Manderson & Levine, 2020). In fact, in these disciplines this phenomenon has been called "structural violence". According to Paul Farmer (2004), structural violence is the violence resulting from the way in which economic and political forces structure the risk related to various forms of suffering within a population. It does not require the direct action of a subject and it acts in a procedural and indirect way, through the symbolic and social structures that allow the production and naturalization of the oppression, marginalization and dependence (Quaranta, 2006).

According to the Commission on Social Determinants of Health of the World Health Organisation, "social justice is a matter of life and death" (WHO, 2008). SARS-CoV2 is no exception to this. However, what should strike us is the fact that we continue to be blind to this evidence and that the biomedical framework plays a crucial role in this process. Medical systems are in fact "both social and cultural systems" (Kleinman, 1978, p. 85) and their main subjects (health, illness and care) are not true facts of nature but specific cultural and social constructions (Young, 1982). Medical systems and their corpus of knowledge are not merely neutral and passive, but rather they contribute actively with their existence to shape reality, acting as power tools, often with the aim to maintain a certain socio-economic and cultural order (Illich, 1976; Taussig, 1980; Young, 1982; Lindenbaum and Lock, 1993). This is what Foucault (1977-78; 1978-79) called "biopower" and "biopolitics". The latter consists of a sort of power that acts on the bodies of individuals and on their minds, through the lens and tools of medicine and science. In the past, at the birth of industrial society, biopower worked within the paradigm of discipline, through certain coercions that strongly obliged individuals to produce certain behaviours. "Deviant" individuals were punished and often isolated in asylums or prisons for maintaining social cohesion. Afterwards, with the naissance of liberal democracies, power has been reconceived within a different framework: that of "governmentality". In contrast to discipline, governability does not act on the individual but globally at a population level. It deals with the taking in charge of the biological dimension of human life, so that birth, death, health and disease have to be controlled. Power, from this perspective, is understood by Foucault as "biopolitical". It does not act simply through sanctions or punishments, but through a set of "devices" that are located within the population itself. These devices make people live or act in a given way, inducing certain behaviours through the guidance of the desire, making different people end up by expressing similar expectations. The body, its impulses, its desires, and the cultural and social processes of their construction, represents the arena within which the biopolitical government shapes and guides the life of populations (Foucault 1977-78; 1978-79; Pendzini, 2020).

As regards COVID-19 we must recognize that biopower, in order to maintain the current social order, is no more acting only in a subtle and hidden way (governmentality) but is rather operating in a harsh and open way (discipline), as in the first industrial societies. That has been caused by the pandemic "emergency", but it is probably also related to the progressive failure of the capitalistic/neoliberal and scientific paradigms.

Under the guidance of nation states, biomedical systems have acted with some mechanisms that contribute to hiding the social and political determinants of health, while focusing their attention on the biological causation. It is a mechanism well described by Michael Taussig (1980) and called "reification"¹⁰. The biomedical system operates "reification" processes that reframe socioeconomic factors, human relationships, people, and their experiences as things, objects, and true facts of nature. This contributes to the construction of a social reality that aims to preserve a particular political order, reintegrating suffering people in a shared order of meanings and thus cancelling out the social, economic, and political dimensions of disease (Aillon & d'Alisa, 2020; Quaranta, 2006).

If we believe that our diabetes or depression is mainly related to a biological alteration of our cells (probably mostly related to a genetic vulnerability) from which we can be healed only taking a drug, we will not question the inequality of our society (a strong determinant of both diseases) and the way of which medicine frames the world, thereby contributing to this blindness. Similarly,

live in more crowded conditions both by neighbourhood and household assessments and are more likely to be employed in public-facing occupations (e.g., services and transportation) that would prevent physical distancing" (Hooper et al., 2020, p.1).

¹⁰ This is a mechanism to what Illich called *social iatrogenesis*: "Health policies that reinforce an industrial organization that generates ill-health" (Illich, 1976, p.270)

the vision and the narrative built by biomedicine and political institutions ("the war against the virus") contributes to hiding the social and environmental structural determinants of the COVID-19 pandemic. If the real enemy is a virus in our cells, we must close ourselves in our houses, forbid every contact, always wear masks and gloves, wait for external aid from virologists and doctors, use the best treatment available, build more hospitals and have "faith" in the arrival of the vaccine. In this process, the alterations of ecosystems related to growth and overexploitation that are at the base of the development of pandemics and that contribute to increasing the mortality, just as the inequalities in the distribution of the disease, are hidden. Thus, the current socio-economic (capitalism/neoliberalism) and cultural (science/medicine) order is maintained. We might well ask what would have happened if people also possessed awareness of the other virus that lives in our psyche and in the world (growth and its consequences) and its relationship with COVID-19?

5. Lockdown, risk and democracy

What is a risk for health that could be acceptable for a society? The answer cannot be given by science, which can only give statistics and numbers about the entity of the risks of being sick or dying. This choice is a political act that has to be managed by the "polis", by citizens and their representatives (Cayley, 2020). In fact, risk is a social and cultural construction, that differs from country to country and of which our perception has changed during history. Each society identifies what is considered at risk and what degree of risk is considered acceptable, according to different values, beliefs and worldviews (Dake, 1992). As an example, in Italy, currently we define cycling without a helmet as an acceptable risk and, until relatively recently, it was also possible to not use the helmet for small motorcycles.

Each action that we take implies some risks for ourselves and others. As Sartre (1938) clearly formulated it, if we do not want to harm anybody the only solution would be to not do anything. Smoking cigarettes and alcohol use every year cause nearly 8 million (plus 1,2 million for secondary smoke exposure) and 3 million deaths respectively (WHO, 2020b; WHO, 2020c). Approximately 3.2 million people die each year in relation to insufficient physical activity (WHO, 2020d) and 2.8 million to overweight and obesity (WHO, 2020e). 1.35 million deaths derive from road traffic crashes (WHO, 2020f) and private transportation contributes significantly to pollution, that, taken as a whole, accounts every year for nearly 9 million deaths (Landrigan et al., 2018).

If life is considered an absolute value and we must at all costs "save lives", as Agamben (2020a, 2020b) argues concerning cardiovascular diseases, "a healthier form of life [...] and diet should become the object of a juridical norm, which would decree *ex lege* what must be eaten and how we should life, transforming our whole life into a health requirement". According to the above data, we must surely forbid smoking cigarettes and ban drinking alcohol. We should force people to do physical activity and to not eat too much. We must forbid the use of private cars when an alternative option is available (public transportation, bicycle, walking, etc.). Above all, as we know that inequalities are one of the strongest determinants of health – in the UK one third of the of premature deaths (35.6%) from 2003 to 2018, were attributable to socioeconomic inequality (Lewer al. 2020) – we should "make war" on inequalities worldwide (income, education, gender, ethnicity). We must prohibit being rich and redistribute wealth from the rich people to the poor ones, from the North to the South (some degrowth proposals are directly related to this end, e.g., maximum and minimum income).

The risk of COVID-19 has been described as "the most challenging crisis we have faced since the Second World War" (Secretary-General of U.N. António Guterres, 2020) and extreme measures have been implemented, which sometimes strongly limited the freedom of people: restrictions on personal movements; work, school and park closures; surveillance with drones, video or GPS phone tracking, etc. These decisions have been often taken through authoritarian forms of governance that have significantly reduced democratic procedures, even in liberal democratic states (Thomson & Ip, 2020). As an example, in Italy, since the beginning of the pandemic, within the framework of the "state of emergency", 91,9% of the acts adopted have not directly involved the Italian parliament (Open Polis, 2020).

One of the hallmarks of authoritarian governance during the COVID-19 pandemic has been the adoption of excessive and disproportionate emergency measures. Often these measures have simply been unnecessary. The measures have, nevertheless, posed a grave danger to human rights and civil liberties and are seen not only in semi-authoritarian states or weak democracies but also in liberal democratic states. [...] Another hallmark of authoritarian governance during the COVID-19 pandemic has been the attempted or successful bypassing or suspension of effective democratic controls on government. This is even seen in more democratic states whose governments have resorted to a highly centralized model of decision-making, sometimes without engaging in properly deliberative and transparent decision-making. (Thomson & Ip, 2020, pp. 16, 19).

All measures adopted by governments imply a different risk evaluation and balance with benefits and damages/costs of the interventions. However, who can decide what is the threshold of risk that is considered acceptable? Who can define what is a necessity from what is a renounceable desire?

Is it a necessity/acceptable risk to assist a woman during birth, a father that is dying, or to celebrate a burial? Is it a necessity for a person that has been alone for months to see at least a friend once a week in a open-air space? Is it a necessity for a child to be able to play with other children in a natural environment or to meet an old person that has been alone for months? How can we decide that a sixth-degree relative is more important than our best friend?¹¹

Often governments (but not necessarily parliaments) make these decisions and they tell populations that they are acting under the aegis of science and medicine. However, science alone cannot say what is the "correct" threshold of protection. Moreover, in a new and emergency situation, science often cannot give any definite answer on the real risk and on what is to be considered the best solution. Thus, every government in the world has taken its decisions, based on some scientific evidence (and not always),¹² but the decisions have necessarily been mainly political.¹³ This can be seen somehow acceptable in the first weeks of emergency because of the necessity to act quickly. However, the state of emergency has become the normality and, only in a very few countries, a public debate on these issues has been conducted in the months following the emergence of the pandemic. On the contrary, the debates have been often conducted between different "experts". Virologists and doctors have argued that science suggests doing one

¹¹ Examples of measures adopted by the Italian government:

- During the worst phase of the first pandemic wave, it was possible to go outside home only for reasons of "work, urgent situations, state of necessity or health" (La Repubblica, 2020a). It was decided to close every school, nursery and also day centres for the disabled (Gazzetta Ufficiale, 2020b).

- Within this framework, people were forbidden to see relatives while they were dying and to attend even a small burial. Some people were notified of the death of a family member days after the event (Pini, 2020).

- Without obligation by any law, many public healthcare services autonomously prohibited fathers/caregivers from accompanying their partners (even when COVID negative) during the labour, birth and the following days, without any scientific evidence that supports this choice (Ambrosi, 2020; Palermo Today, 2020; Raicaldo, 2020; Italia che Cambia, 2020). Even though on May 13, 2020 the National Public Health System (Istituto Superiore di Sanità, 2020a-b), with the support of gynaecologist scientific societies (SIGO et al., 2020) and the World Health Organisation (2020g), stated clearly that during labour, birth and post-partum the presence of the father (or a caregiver) has to be guaranteed, several hospitals continued to not allow it, mostly during labour and post-partum, but also sometimes during birth (Lanza, 2020; La Gazzetta del Mezzogiorno, 2020; Quotidianomolise.com 2020),

- After the situation had improved (phase 2), the government decided to allow people to see only close relatives ("congiunti"). After a few days, there was further clarification whereby the interpretation of "relatives" by the government was expanded to include: spouses, cohabiting partners, partners in civil unions, people who are linked by a stable emotional bond, as well as relatives up to the sixth degree (Il Presidente del Consiglio dei Ministri, 2020; Ziniti, 2020a-b).

¹² In Italy, as an example, it was discovered only after some months that the decision to close the entire country (#stayhome lockdown) was probably taken by the government, not in agreement with the scientific committee, which proposed initially differentiated closures (a severe lockdown in the region Lombardia and in several provinces, but not nationwide). The minutes of the meeting of the scientific committee were secret and they have been made accessible only after a legal action by the Fondazione Einaudi (Milone & Trinchella, 2020).

¹³ Countries worldwide show very different types of lockdowns, varying significantly from more restrictions and centralisation of power (e.g., China, Italy) to less restrictions and a more central role for the parliament (e.g., Sweden) (Ritchie et al., 2020; Marzocchi, 2020).

thing or another (e.g., the debate on herd immunity), not taking into consideration the points of view of citizens and societies. Often scientists that have proposed actions not coherent with the mainstream theories have been discredited, because their opinions might confuse citizens and prevent them from doing the "right things". For example, this happened in the case of the proponents of the "Great Barrington Declaration".¹⁴ Similarly, in the public debate, scholars or people that express opinions that differ (even slightly) from governments' guidelines have been often accused of being COVID-19 "negationists". Such approaches that do not admit the presence of divergent opinions have been criticized, highlighting that good science has to cope with uncertainty ("the more certain someone is about Covid-19, the less you should trust them"; Smith et al., 2020) and that, in these times of crises, often "the medical-political complex tends towards suppression of [good] science [and its uncertainty] to aggrandise and enrich those in power" (Abbasi, 2020, pp.1-2).¹⁵

Politicians and governments are suppressing science. They do so in the public interest, they say, to accelerate availability of diagnostics and treatments. They do so to support innovation, to bring products to market at unprecedented speed. [...] Science is being suppressed for political and financial gain. Covid-19 has unleashed state corruption on a grand scale, and it is harmful to public health. Importantly, suppressing science, whether by delaying publication, cherry picking favourable research, or gagging scientists, is a danger to public health, causing deaths by exposing people to unsafe or ineffective interventions and preventing them from benefiting from better ones. When entangled with commercial decisions it is also maladministration of taxpayers' money. [...] When good science is suppressed, people die (Abbasi, 2020, pp.1-2).

Some Italian psychoanalysts have further expanded this analysis, identifying "the deniers" as "insane" people and maintaining "it is not possible to discuss with them" (Galimberti, 2020). According to Lingardi and Giovanardi (2020), deniers suffer from an individual form of psychopathology and they should be treated with psychoanalysis in order to be healed and become generally more compliant with the doctor's advice.¹⁶ Even if there are some radical opponents who really deny COVID-19's existence, to frame everyone that has a divergent view on the pandemic as a "denier" and/or a mad person could be seen as a way of discouraging any dissent and maintaining more easily power and consensus, focusing on the psychological individual dimension (a psychiatric disorder) rather than on the political and social one (Wu Ming, 2020b; Sportello Ti Ascolto, 2020). In Bergamo (the "Italian Wuhan") on a wall in the cemetery area, where the soldiers in the first pandemic wave loaded the dead people to take away, is now written: "Wake up masked people, No to the health dictatorship". Should it really be something that we can interpret only as a denial on the part of some fools that have to be re-educated? Or should it be something that makes us deeply question what it is happening in our democracies? Ethnopsychiatry and medical anthropology oblige us to remind that even "the real mad people",

¹⁴ On one side 80 scientists published a letter in *The Lancet* (Alwan, 2020) arguing against herd immunity and for the necessity of stronger lockdowns. The paper has become the "[John Snow Memorandum](https://www.johnsnowmemo.com/)" (<https://www.johnsnowmemo.com/>), signed by more than 6.400 scientists, researchers and healthcare professionals. On the other side, three epidemiologists and public health experts from Harvard, Oxford, and Stanford universities launched the "Great Barrington Declaration" (source: <https://gbdeclaration.org>, accessed 30th October 2020), calling for a "focused protection" of the people most at risk, rather than generalized lockdowns. The declaration was signed by 11.428 of medical and public health scientists, 32.447 medical practitioners and 594.834 citizens. The latter declaration was accused of being supported by climate change denial corporations (Naafez, 2020).

¹⁵ McKee and Stuckler (2020) try to analyse the arguments of both positions and affirm: "Yet this is a false dichotomy. Most experts who support restrictions do so as a last resort, only to interrupt the exponential growth in infections that would occur if transmission was unchecked. And those who oppose restrictions concede that allowing the virus to spread could only apply to a proportion of the population who, in their view, faced limited risk [...] It is not whether we should open up or lock down. Rather, it is how we can break the chain of transmission while protecting those who are harmed by isolation. [...] The solution is, in itself, not a scientific problem but a political one" (p.1).

¹⁶ Lingardi comments on a paper published in *The Lancet* with the title: "Psychoanalysis in combating mass non-adherence to medical advice" (Ratner & Gandhi, 2020).

who can have psychotic delusions and denial, often have a lot to say in their hidden and embodied requests/critiques to ordinary society (Beneduce & Martelli, 2005; Scheper-Hughes & Lock, 1987).

From a degrowth point of view, what it is interesting to note, other than the role of science in this process of self-legitimization of governments actions (biopower), is that the evaluation of the acceptable risk and necessity have been strongly influenced by our growth-based culture and life views. The physical dimension of health - to protect what Agamben (2020c) depicted as "bare life"- have been emphasized much more than the psychological and social wellbeing (two key components of health, as defined above by WHO). A biological and reductionist approach has prevailed over a relational and systemic one. The cure has won over the care. A care that, furthermore, has been sustained mostly by women (Power, 2020). To work - maybe in a job that is not essential to the survival of society or which indeed produces both direct and indirect damage to health, such as manufacturing cars, weapons or advertisements - has been considered more important than accompanying a dying relative or a woman during childbirth.

Moreover, as regards our idea of risk, the recent work of David Cayley (2020) offers a provocative perspective on the relevance of the reflections of Ivan Illich to the COVID-19 pandemic. Risk awareness for Ivan Illich was:

'[...] the most important religiously celebrated ideology today'. Risk was disembodied, he said, because 'it is a strictly mathematical concept'. It does not pertain to persons but to populations – no one knows what will happen to this or that person, but what will happen to the aggregate of such persons can be expressed as a probability. To identify oneself with this statistical figure is to engage, Illich said, in 'intensive self-algorithmization.[...] this was an eclipse of persons by populations; an effort to prevent the future from disclosing anything unforeseen; and a substitution of scientific models for sensed experience'. [...] Life becomes an abstraction – a number without a story (Cayley, 2020).

6. Conclusions

The papers presented in this special issue illustrate how, in different ways, growth influences the health of human beings and the planet and how the transition proposed by the degrowth framework could produce positive health outcomes. This editorial tries to deeper analyse the links between growth/degrowth and COVID-19 pandemic. Two kinds of conclusions could be drawn, taking into consideration, on the one hand, the pandemic in itself (the infection) and, on the other hand, what the pandemic means for our society and its psychological consequences ("the psychic infection").

6.1 The infection

The evidence presented indicates that the emergence of the pandemic is probably related with the overexploitation of human and natural systems caused by uncontrolled economic growth and its consequences (hand intensive agriculture and farming, change in land use, deforestation, human invasion of remote areas, and the consequent loss of biodiversity).

From this perspective the actual pandemic could be seen as a global negative externality related to the current system of development within a framework of diminishing marginal returns. At the same time, the main negative consequences of the current capitalistic growth-based system (inequalities and environmental degradation) are impacting dramatically on COVID-19, provoking significantly more deaths in poorer and polluted areas.

In this sense, as argued by the editor in chief of *The Lancet* Richard Horton (2020), "COVID-19 is not a pandemic. It is a syndemic" (synergistic epidemic).¹⁷ The burden of disease and the prognosis of COVID-19 pandemic is not merely caused by the infection of SarCOv2 but mainly by the aggregation of the virus infection and an array of non-communicable disease (NCDs), within specific populations.

¹⁷ "The syndemics model of health focuses on the biosocial complex, which consists of interacting, co-present, or sequential diseases and the social and environmental factors that promote and enhance the negative effects of disease interaction" (Singer, 2017, p. 941).

These conditions are clustering within social groups according to patterns of inequality deeply embedded in our societies. The aggregation of these diseases on a background of social and economic disparity exacerbates the adverse effects of each separate disease [...] the most important consequence of seeing COVID-19 as a syndemic is to underline its social [and environmental] "origins" (Horton, 2020, p. 874).

The current biomedical system frames the disease in a way that hides its social and environmental origins, focusing on "the war against the virus", and thus contributing to not questioning and thereby restoring the current socio-economic order. On the contrary, within a syndemic approach "no matter how effective a treatment or protective a vaccine, the pursuit of a purely biomedical solution to COVID-19 will fail" (Horton, 2020, p. 874), while it should be fundamental to treat all the other conditions aggregated: NCDs, socio-economic inequalities, environmental degradation and unsustainability. All these conditions are related and somehow exacerbated by the pursuit of indiscriminate economic growth, in particular beyond a certain threshold. Therefore, it can be argued that in order to be able to cure the SARS-Cov2 pandemic (one of the symptoms of the unsustainability of the current model of development) it should be fundamental to cure the "disease" underlying the pandemic: a socio-economic system mainly aimed at economic growth (Aillon & D'Alisa, 2020). The degrowth framework has a great deal of potential to offer in moving in this direction (Borowy & Aillon, 2017).

6.2 *The psychic infection*

There is another "virus" that is affecting not lungs but minds. It spreads like a psychic infection and creates fear and paranoia. Death escapes from the hospital and circulates freely in the society, while we are not more able to live with it ("cultural iatrogenesis").

The psychological origins of this infection have to be traced back a long time ago, in the Greece of the 5th century B.C. At that time western society abandons the concept of limit and projects itself toward an unlimited path of growth. However, the guilt of "hybris" evokes nemesis (punishments for our sins), which could be the ghost that makes our souls even more sick during the pandemic. We are facing several challenges that we ourselves have contributed to creating (climate change, pollution, rising inequalities, etc.) and that science alone cannot solve. The future becomes no more a promise but a threat. In this scenario, in the presence of a miniscule virus, our whole world is creaking, science is confused and not able to protect us from pain and death. We face the failure of the myth of growth/progress/science and of the religion of medicine. However, to abandon our beliefs in a crisis period is too challenging and, as individuals and nations, we do not want to see the enemy inside ourselves, while we put into practice several measures (sometimes excessive, not evidence-based or in an authoritarian way), which could be seen as ritual of reparation and atonement, in order to regain the feeling of being able to control the situation.

In his *Lancet* editorial, Horton (2020) added one ingredient to the recipe to solve the syndemic: "our societies need hope". From a degrowth point of view, in order to fundamentally resolve the psychic infections and regain hope, it will be necessary to look deeply inside ourselves and recognize the "hybris" and fear of nemesis that work on the collective unconscious. That will mean recognizing our sins and being able to do something to repair them, rather than projecting our fear and our rage on external objects (the virus, the government, etc.).

From an Adlerian point of view, western society's venture could be seen as an overcompensation of our inferiority feeling that aims to discover superiority and security and to feel omnipotent and be able to control everything (Aillon & Simonelli, 2012). Paradoxically, after the "binge" of growth-based development, coronavirus shows us our frailty, powerlessness and limits, as individuals and as humankind. Therefore, it could be seen as an occasion to practice a collective form of "encouragement" (Dreikurs, 1957; Rovera, 2009). Encouragement for Adlerian psychotherapists means the ability to stay and live with our inferiority and frailty, accepting them. To remain humans and to be able to cope with uncertainty, pain, illness and death. In order to achieve this courage, we need more "social interest" (Adler, 1933). We need to not close ourselves in the houses of individualism but, still preserving safe distances, to cooperate and help each other

more. We need to build a convivial and autonomous society (Illich, 1973; Castoriadis, 1987), not based on fear but on faith in life, on hope and love (Fromm, 1955, 1956). We need the possibility to debate as citizens and to decide democratically the risks that our society thinks are reasonable to face, and not just to delegate these decisions to scientific experts, through truly implementing a post-normal approach to science (D'Alisa & Kallis, 2014).¹⁸

As Ivan Illich would probably have said, we do not need more hospitals and doctors to fight the virus and to win the COVID-19 war. We need to build a new world.

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¹⁸ A proposal in this sense is what Erich Fromm (1955) describes in "The sane society". We could promote at community level (also online) citizen discussions on different themes related to the COVID-19 emergency, after listening to a talk by experts. Some representatives of these assemblies could meet in further centralized assemblies and give feedback to the government/scientific committee. Parallely, it could be proposed to have an assembly of citizens (selected at random) that could assist and give opinions to the government and to the scientific committee more quickly. Furthermore, the scientific committee assisting the government on COVID-19 decisions should not only have biomedical figures (epidemiologists, doctors, virologists, biologists) but, because of the complexity of the question, it should include scientists from other fields, in particular the social sciences (sociology, psychology, economics, anthropology, philosophy, law, etc.).

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