



Research article

The medicalization of life: An interdisciplinary approach

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ABSTRACT

In recent years, consumption of antidepressant and psychotropic drugs has skyrocketed and, although contemporary life clearly involves countless conflicts, the same can be said of human beings throughout their respective historical moments.

Part of the human condition is recognizing that we are vulnerable and dependent beings, thus philosophical reflection brings us to an important ontological point of consideration.

The World Health Organization has expressed its regarding the medicalization of life, as have many renowned psychiatrists who subscribe to the philosophical idea of naturally overcoming life's conflicts through resilience.

In this paper, we analyze the anthropological view of the human being as a being in need, the problem of the medicalization of emotional life in contemporary society, and the psychological position of resilience.

We conclude that psychology and philosophy hold similar personal development tools for people without significant psychiatric or psychological problems in order to face the problems of human existence with self-government.

1. Introduction

More effective therapy for complex pathological entities, such as depression, is undeniably possible with the contemporary advance of biomedicine.

Rather, my reflection focuses on their inappropriate use because our society is experiencing a phenomenon of increased technological dependence in the health field, and mental health is no exception.

Medical professionals are forced to approach a gray area in which a definition of mental health and illness is lacking. There is, in part, an anthropological basis to this problem.

For some, the line that separates normality from abnormality is very tenuous and, for this reason, the use of psychotropic drugs has become increasingly common. This is true even for conditions that in the not-so-distant past would have been considered natural and through which the subject should pass, face and overcome in a normal development process involving his/her adaptive capacities.

Medicine has acted somewhat paternalistically towards patients in the hopes of avoiding any psychological confrontation with life's problems, and thus of aiding patients in avoiding suffering from any degree of stress, anguish or sadness.

Is there an objective limit to this problem?

It seems to me that one of the parameters to consider involves an anthropological point of view.

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2. A reflection on the human being

Humanistic medicine is the medicine of human finitude, understood as man's real and concrete being that is lacking. In its normative use, it refers to pity or compassion, and is the moral basis for care. The word *infirmity* describes a physical or natural condition, which is ultimately somatic and which is not a nosological or pathological category, but rather an ontological or anthropological one that addresses human beings as lacking. The human being, as *infirmity*, presents three dimensions within metaphysical experience.

- a) Vulnerability, the quality of being affected, of suffering;
- b) Expiration, becoming another version of one's self.
- c) Mortality, the awareness of one's mortality, confronted with hope/despair and mystery.

Objectively, experientially and symbolically, we refer to these problems as suffering, old age and death [1].

Hominization, both phylogenetic and ontogenetic, offers a biological foundation for a central thesis within philosophical anthropology, namely the fact that human beings are lacking. Herein, man is seen as a needy being, one that lacks in a double sense that is both gnoseological and ontological. Man's biological deficiency or destitution, in contrast with animals, which are never deprived by nature, constitutes perhaps the oldest and most permanent observation in the history of philosophical anthropology. This interpretation, whether finalistic or mechanistic, of this curious phenomenon gives rise to a controversy that goes back to the origins of classical thought and its long trajectory. Currently we can point to the arguments of Arnold Gehlen and Alasdair McIntyre, who support to this lacking state.

Gehlen in his book "Man: His Nature and Place in the World" [2], said: "Man is not self-sufficient and requires support from his social and cultural environment."

Through his reflections he points out that morphologically, man, unlike the higher mammals, is characterized above all by his defects or deficiencies, which are equivalent to a biological state of non-specialization, undifferentiation, maladaptation. He lacks the natural protection of hair, specific organs meant for defense or escape, sensory acuity and secure instincts. In addition, he is born immature and therefore needs prolonged care during infancy. The question then is how such a handicapped or naturally underdeveloped being has been able to survive. The answer is that man, unfit for free nature and as compensation for his shortcomings, is obliged to construct an artificial nature, which precisely translates into culture: man is cultural by nature, and says: "Man is not a finished and complete being, but an unfinished and open being." [3].

For Gehlen in the same book, human beings are meant to transform alone the deficient conditions of their existence into opportunities to prolong life. In short, man, as a naturally maladjusted being, must justify himself through action; an unfinished animal, he becomes a task for himself and thus a social being, and point out: "The main task of culture is to mediate between human beings and the environment."

Thus, in the process of hominization, a "second nature" is articulated, that is culture. Gehlen points out in his commendable writing "Culture is not an ornament, but the essential equipment of man."

Within the bioethical field, the figure of Alasdair McIntyre is interesting, and in his book "Rational and Dependent Animals," he supports the need of human beings for the support of other human beings, making several compelling observations about the way humans interact with their environments. In particular, McIntyre argues that humans need to interact with each other to construct their views and values, "Humans are dependent beings, and our dependence is both physical and moral. It is physical in the sense that we are dependent on the material world for sustenance and well-being, and moral in the sense that we are dependent on other human beings for our flourishing." Source: *Whose Justice? Which Rationality?* (1988), p. 360.

The author also notes that humans are able to think critically and make decisions based on reason, rather than instinct. This ability to think critically makes us more independent from our environment and gives us more control over our lives.

"We are rational animals with the ability to choose our actions and our responses to others and to the environment," McIntyre writes.

McIntyre points out that we rely on each other for our basic needs and comfort. We are not solitary creatures, but instead depend on each other for everything from food to shelter to safety. We are motivated by our need to be accepted and loved by others, and our need to be productive and successful in our lives. We are all connected to each other in some way, and that connection is an essential part of who we are."

"We are creatures whose nature it is to live in dependence upon others, and upon those natural and social goods which others can provide for us." [4].

And the author continues in another of his writings: "We are dependent beings who can flourish only in certain sorts of relationships to others and to the world." [5].

Undoubtedly, human phylogenetic development is a complex and multidimensional phenomenon resulting from the varied relations among genetic, ecological, cerebral and sociocultural spheres. Yet, the anthropological lesson from current evolutionary biology is summarized in the fact that man is neither a fallen angel nor an upright ape. That is, *homo sapiens'* essential novelty and primacy in the animal kingdom is neither explained by creationism and its body-soul dualism, nor by a simplistic evolutionary theory that only sees man as a perfected primate.

The theory of humans as beings that are lacking starts from the idea of man as one of nature's unique projects or designs. We are characterized by plasticity, as well as by being unnatural and cultural; indeed, "man is a cultural being by nature because he is a natural being by culture," as Mainetti argues. Today our characteristic anthropological difference is seen as an unusual body that implies a

biological negation of animality since animals adjust to their natural environment, rather than substantially modifying it like humans do. Man, on the other hand, as a being unadapted to nature because of his organic non-specialization, is the “creator and creature” of culture, the artificer and product of an ever-transforming world of his own making, by which nature is humanized and humanity is realized. This, in short, is the compensatory theory of culture, with its long historical tradition and newly renewed validity [6].

The human being, therefore, as a being that is lacking, faces the question of the limits of his existence, and culture is meant to bring him closer to the right answers. But, at present, far from channeling them, he seems to evade them. In the face of classic questions regarding man’s limitations— suffering, old age, and death— on what can we reflect?

From a psychosomatic perspective, this phenomenon reveals the dual unity of the mental and the physical spheres. In suffering, the body becomes psyche and the psyche becomes body, but this unity— so-called unity in difference or difference in unity— also represents a rupture of the unity between physical and personal existence.

Suffering and its meanings have marked the history of Western culture, revealing human vulnerability through all forms of the spirit and with different philosophical, religious, literary, medical, political, linguistic, etc. Approaches. In classic antiquity, wisdom had two complementary expressions, namely a pathetic one in tragedy, and a theoretical one in philosophy. The former’s motto was *pathei mathos*, or learning through suffering, while the latter’s motto was the stoic *apatheia*, i.e., apathy or impassibility as a kind of asceticism in suffering. Hippocratic medicine introduced the naturalistic vision of “pathology,” which literally refers to the theory of suffering and analgesic therapy, taking from Aristotle the concept of *catharsis* or the purification of emotions.

The Greek naturalistic and Christian personalist worldviews gave way to modernity’s scientific view of suffering, which began with Cartesian dualism and its mechanistic model of the body. Scientific knowledge of suffering was followed by the development of weapons to overcome it and by the conquest of new meanings; the physical and the spiritual natures of suffering were separated [7].

In contrast, Nietzsche is referred to as a philosopher who considers that it is time for the arrival of the “superman”.

Although it would seem to be an argument to the contrary, Nietzsche’s philosophy, in part, supports the above concept. For Nietzsche the term “man” refers precisely to the lacking and needy being, who needs to morally overcome himself in order to become a “superman” (*Übermensch*).

In his early book “The Birth of Tragedy,” Friederich Nietzsche points out that classical Greek and Christian philosophy must be done away with in order to liberate man morally. He refers the concept “reason” as “Apollonian” and “emotion” as “Dionysian,” and his discourse always refers to the moral field, and says: ““Apollonian and Dionysian, a union of reason and emotion, form and chaos,” and goes on to say: “[The art of] tragedy transforms those repulsive thoughts about the terrible or absurd nature of existence into representations with which man can live.”[8].

Subsequently his argumentation leads him to the necessity of denying God and all previous morality, in order for that being, which is lacking, to become a superman.

In one of his best-known books “Thus Spoke Zarathustra,” [9] the author argues: “Man is a rope stretched between the animal and the Superman, a rope over an abyss.” And point out in “The will of power,” “The tragedy of man is that he knows not what he is, and still less what he should be.”[10].

It can be seen, therefore, that the author is aware of the moral vulnerability of the human being, whom he calls “man” and urges him to surpass himself, to become a “superman,” abolishing classical and Christian philosophy, which he blames for holding back the exercise of his own morality.

During the twentieth century, the process of the medicalization of suffering intensified, reducing it to a scientific problem and a technical solution.

Alongside scientific algology, a philosophical algology appeared, as cannot be otherwise. It includes a speculative or reflective view of suffering that is not reduced to technical intelligence, and it implies an act of spiritual apprehension. The resulting models contrast humanist and positivist schemes, and question the justification of suffering through figures such as punishment, trial, chance, or challenge [11]. Philosophy points to the mystery beyond the problem of the soul and body, to the ontogenesis of that non-objectifiable relationship, to suffering as man’s abode and the power of logos to unite in difference.

Medical action based on therapeutics, a word which originally meant “care,” recognizes suffering as an inherent part of being human, and it offers an approach to the moral limits of medicine as follows.

1. Acting between the extremes of nihilism and futile actions in medicine.
2. Recognizing the need for moral self-discipline for the suppression and acceptance of suffering.

It entails recognizing negative attitudes, such as despondency, rebellion, isolation, and complacency, as well as positive attitudes like caution, refinement, communion, and purification.

Man is a limited being who is aware of his limits and whose action constitutes a permanent and renewed attempt to overcome them. This finite condition, in a being that strives for infinity, causes eternal dissatisfaction and results in a tragic, metaphysical, supernatural animal, i.e., *a human being that is lacking*. The physical or biological expression of this human *modus deficiens* comes out in the three dimensions of vulnerability, expiration, and mortality, commonly referred to as suffering, aging, and dying [12].

Our mortal paradox implies that death both deprives and gives meaning to human existence because it is both finite and infinite, such that time is destiny, constituting both a limitation and a possibility. The medicalization of life has led us to distort the rational contradictions of death, taking away its naturalness, authenticity, and dignity.

The problem, which modern medicine mainly poses, characterizes our era as a “culture of suffering,” an “an aging society,” and a “civilization of death.” Present-day’s humanity’s systematic treatment of these three topics brings together historical, theoretical, and practical or care-based views. Generally, historical retrospect points out the existence of different cultural models that lend meaning to

these experiences and the limits of the human condition, and to how the medicalization of life and the empire of instrumental rationality have progressively robbed them of their significance.

Current theoretical attempts to give new meaning to suffering, old age, and death, in light of a globalizing, interdisciplinary, hermeneutic, and axiological scientific paradigm, are also noticeable. In the face of growing social problems and moral dilemmas, the integration of high-tech medicine and humanistic medicine aims to serve the individual and society's best interests [13].

General ethics and biomedical ethics refer to a philosophical anthropology, just as the latter points to the former, producing a hermeneutic circle. The guiding ideas of our natural, human, and artificial being contribute to this philosophical anthropology.

Thus, the human condition appears, both lacking and not completely natural, as a condition of the possibility of morality [14]. Herein emerges a being that needs to justify his actions because, unlike other animals, he is free. This distressing binomial is also the core of his dignity. Warnock describes the human condition in similar terms linked to scarce resources and vulnerability; he sees the goal of morality as being the perfection of the human condition.

Therefore, to limit the non-therapeutic use of antidepressant drugs is to accept human anthropology, recognizing the human being as lacking and free, and therefore encumbered with responsibility and suffering, the resolution of which depends on his own strength and, in the process, dignifies him.

3. The ends of medicine and the therapeutic use of psychotropic drugs

Given the persistent reality of illness, suffering, aging, and death, attempts to prevent or mitigate these tribulations are meaningful in particular cases. We can strive for a world without suffering, but if we achieve it, certain valuable types of action would cease to be possible. In addition, if there were nothing in life beyond our control, then our lives would lack the structure that makes the idea of choice intelligible. For philosophical anthropology, there is a relationship between the experience of reality as resistance, the creation of values, and illness's place in human existence.

Is there a limit to medical intervention in dealing with life's problems? Is ethics, that is, the responsible use of freedom, part of biological evolution's natural process?

Richard Dawkins maintains an extreme reductionist position [15] in his book *The Selfish Gene*. Edward Wilson presents a more moderate stance [16], rejecting Dawkins' absolute determinism and conceding that each person is shaped by interaction with his environment, especially his cultural environment, with genes that affect social behavior; human behavior is programmed by evolution's natural selection, but there is room for culture, that is, ethics.

Another moderate representative of the ethics-biology relationship is Waddington [17]; in addition to the biological mechanism of hereditary transmission, he notes that man has developed another system for transmitting information from one generation to the next. This system consists of teaching and social learning processes, and constitutes a second mechanism through which evolution operates.

Nevertheless, a new and fruitful relationship between ethics and biology is emerging with the initiation and development of bioethics. Peter Singer already introduced a "bio-ethical" vision of biology's contribution to ethics, pointing out that the prescriptions associated with normative ethics will be more successful if it considers the information that biology can provide. Perhaps bioethics, including the morality of new techniques and practices in biology and contemporary medicine, implies an unprecedented exploration into moral matters given that it involves a certain nature [18].

This means that medical and biological ethics "have to do with a natural datum that carries within it a certain normativity: Man, as a living being. Even if ethics consists of preserving the dignity of this being and not his survival." [19].

This reflection leads us to question the contemporary issue of the new ends of medicine. Far from having any consensus on the topic, numerous related dialogues are underway. This is because, thanks to the progress achieved by medicine and technology, medicine's traditional ends substantially persist under the principle of beneficence, but its means, and therefore objectives, have changed to some extent. Because medical science today is more powerful and effective, the question arises as to whether it should do all that it is technically able to do.

Because the human condition is inseparable from illness, suffering, and, ultimately, death, medicine must begin by accepting human finitude and teaching or helping man to endure it. For the patient's benefit, it must strive to be true to itself, remain viable and sustainable, and not be undermined by overwhelming technological development.

As the capacity to cure previously incurable diseases increases, the conviction that the power of medicine is not absolute is indispensable. It's true sphere is the good of the body and mind, rather than the person's overall good to which it can only contribute as one of many factors. Even then, this contribution can only to certain aspects of life. Given this, the tendency to medicalize all problems, evident in developed societies, must be corrected.

Following much international debate, the prestigious Hastings Center pointed to the following as the objectives of new medicine.

- The prevention of disease and injury and the promotion and preservation of health
- The relief of suffering and distress caused by illness
- The care and cure of the sick, and the care of the incurable
- The prevention of premature death and the pursuit of a peaceful death

4. The medicalization of human life

Psychiatry has made significant advances in recent decades in understanding and treating mental health disorders, including depression. However, there are still several limits to the field that need to be addressed.

Although there are several instruments for the diagnosis of depression, this can lead to misdiagnosis, overdiagnosis, and underdiagnosis of depression, and can result in inappropriate treatment [20].

Moreover, psychiatry has been criticized for relying on a narrow biomedical model that neglects the social and environmental factors that contribute to depression. Research has shown that socioeconomic status, social support, and life stressors can all play a role in the onset and course of depression [21]. Addressing these social and environmental factors may be as important as treating the biological components of depression for effective treatment.

Allan Frances [22], co-editor of the DSM IV Diagnostic and Statistical Manual, points out the problem of considering all of life's challenges as mental disorders, diminishing people's ability to cope with adversity.

Of course, we do not refute the usefulness of psychotropic drugs under precise therapeutic indications, and rather point to the problem of their abuse outside of such indications.

Allen Frances points out that, in the United States, there are now more overdoses and deaths from prescribed drugs than from street drugs.

The Diagnostic and Statistical Manual DSM-III classifies a large number of entities as pathological, which also influences the social field, as Phillips points out [23].

Although psychiatry has an inescapable role in the field of medicine, confusing sadness with depression limits human action in the experience of existential struggle.

The World Medical Association's 2006 Statement on the Use and Misuse of Psychotropic Drugs already recognized this problem, pointing out its complexity and the role of social factors in its resolution [24].

In recent years, the psychiatric diagnosis of depression has increased throughout the United States and other countries. Authors such as David Healy point out that "this growth can be attributed to the success of market practices that promote the diagnosis of depression in order to increase the prescription of antidepressants." [25].

Thus, we must recognize the importance of philosophy in everyday life, how we understand our limitations and struggles, and the need for resilience, which is part of states of true freedom.

5. Resilience, the psychological version of vulnerability and human greatness

Resilience is now recognized as an indicator of mental health [26].

In childhood, resilience constitutes a positive pillar of harmonious personality development [27].

Resilience is defined as a personality characteristic for coping with adversity. Like any act of the will, this capacity is enriched by previous coping experiences, which favor the continuous development of identity, personal growth, and stability. Resilience is the ability to functionally cope with loss or trauma.

The factors that produce higher levels of resilience include a perception of mastery, active participation in the face of adversity, valuing adversity, the valuation of lived experiences, and the use of cognitive strategies [28].

According to Gerino [29], adverse events referred back to in older adulthood involve situations such as loss of economic independence, bereavement, loss of social roles, and mental health problems.

Studies on resilience in older adults report age differences [30], showing that, compared to younger groups, the oldest group of participants reported greater resilience, associated with greater emotional regulation and greater acceptance and tolerance for adversity. Younger adults focused more on problems without accepting them, leading to pessimism or frustration, and thus a failure to use coping resources [31].

People with more experience in life, despite adverse crises, are better able to adapt because of the skills they have acquired over the course of their lives.

This leads us to the realization that young people need to develop these skills [32].

6. Conclusion

Although contemporary society tends toward hedonism and nihilism, every human being reaches a key moment of reflection, especially during states of crisis, and philosophical reflection can then lead us to a better understanding of reality.

The claim that contemporary society tends toward hedonism and nihilism is a broad statement. Christopher Caldwell in "The Age of Entitlement: America Since the Sixties" [33] argues that the cultural and political changes that have taken place in the United States since the 1960s have led to a society that is more individualistic, pleasure-seeking, and skeptical of traditional moral and religious values, and point out: "The changes of the 1960s gave birth to a new elite, one with its own values and interests, and it has used its power to cement its position." And continues, "The cultural changes of the 1960s challenged traditional values and norms and created a new moral order that emphasized individual freedom and self-expression." [34] The new concept of autonomy has direct repercussions on a scale of personal values, which lead, in this way of thinking, to decisions centered on individual morality, and this is what Caldwell contributes: "The ethos of the 1960s was 'do your own thing.'" It was a liberating philosophy that suggested that the best way to be happy was to be true to yourself, no matter what anyone else thought." [35].

But, while contemporary society may seem to favor hedonism and nihilism, philosophical reflection can provide a valuable tool for individuals seeking to better understand reality.

However much we may advocate for unrestricted autonomy, reality imposes itself and reveals our limits. The need for others, for friendship, and for love is evident in human life, making it imperative that we wisely and positively use our freedom and emotions. Hedonism and nihilism, hinders the experience of full love, which is centered not in oneself, but in the other. So, Martha Nussbaum

reflects: "Philosophy is a way of thinking about the world that is more likely to lead to wisdom than to nihilism." [36].

The medicalization of life, especially in terms of antidepressants and other psychotropic drugs, leads us to reflect on the need to face, rather than evade, life's inevitable problems and move forward with our own defenses. Furthermore, the connection between philosophical reflection and the medicalization of life is not evident, but there is scientific evidence to suggest that engaging in philosophical reflection can be beneficial for people's mental health and may reduce the need for antidepressant medications.

One study from Marini and Fontaine found that individuals who participated in a philosophical counseling program experienced a reduction in depressive symptoms and an increase in well-being. The study suggests that "philosophical counseling can offer a helpful and effective approach to alleviate suffering and increase human flourishing." [37].

Another study examined the effects of a philosophy course on university students who were experiencing symptoms of depression. The results showed that students who took the philosophy course experienced a significant reduction in depressive symptoms and an increase in overall well-being. The study suggests that "philosophy can be a useful intervention for individuals experiencing symptoms of depression." [38].

By engaging in philosophical inquiry, individuals may gain a deeper understanding of their experiences, which can help them to make sense of difficult situations and come to terms with them. This, in turn, may reduce the need for antidepressant medications.

Psychiatry is a highly important medical field, and the treatments it has offered in the last 60 years have revolutionized quality of life for those with previously disabling mental disorders, particularly in the field of psychosis. But the advantage of pharmacological solutions should not replace the formation of personal character through the development of values and functional mental abilities.

There is scientific evidence to support the claim that the medicalization of life, including the widespread use of antidepressants and other psychotropic drugs, may contribute to an avoidance of life's inevitable problems rather than facing them.

Several studies have found that the use of psychotropic medications is often associated with a reduction in the expression of negative emotions, including sadness and anxiety. While this may provide temporary relief, it can also lead to a lack of engagement with the challenges and difficulties of everyday life, and may ultimately hinder personal growth and development [39].

Moreover, Hofmann [40] research has shown that psychological interventions, such as cognitive-behavioral therapy and mindfulness-based approaches, can be effective in treating depression and anxiety without relying on medication. These interventions focus on building skills and strategies to help individuals face life's challenges head-on, rather than avoiding or numbing them.

The medicalization of life can also have broader social implications, as it can contribute to a culture of over-reliance on medication and a neglect of social and environmental factors that contribute to mental health. This is particularly relevant in the current context of the COVID-19 pandemic, where many people are experiencing increased stress, anxiety, and depression due to a range of social, economic, and political factors. While psychotropic medications can be an important tool for treating mental health issues, they should not be viewed as a substitute for addressing the underlying social and environmental factors that contribute to mental distress, Kaplan says [41]. (Kaplan & Harrow, 2019).

So, some scientific evidence suggests that the medicalization of life, particularly the use of antidepressants and other psychotropic drugs, may contribute to an avoidance of life's inevitable problems rather than facing them. Psychological interventions, that help the development of resilience, and a broader social and environmental approach to mental health may offer more sustainable and effective solutions for addressing mental health issues.

Starting from the psychological conception of resilience, we agree with the philosophy that the ability to cope adequately with life's inevitable problems strengthens our intelligence, will, and therefore, our freedom.

People must learn and strive to develop their strengths, rather than accepting defeat or depending on external aids, which, in non-pathological cases, fail to solve our problems and instead prevent us from reaching the full achievements proper to our human nature.

The development of resilience requires, in turn, the development of previous values and attitudes, such as:

Self-confidence, capacity for reflection and critical thinking, knowing how to set limits and having a solid framework of values, ability to relate to others, sense of humor and creativity.

All these skills in turn require the development of values, such as the recognition of vulnerability, but also of prudence, fortitude and temperance, to face what is difficult to accept. Indeed, the development by the subject of a strong and committed ethic, of a sense of life, helps people to face difficult and unavoidable periods in life.

Psychological support is not enough, because it is necessary that each person integrates that his life has a value and a meaning that only each person can bring during his existence, that, called sense of transcendence, which can only be made evident through moral values, this development takes place throughout life and therefore several of the studies referred to, emphasize the elderly, but, can not these qualities and skills be developed early? I believe that it is possible, encouraging from childhood and especially adolescence the attitudes mentioned above.

Ethics is undoubtedly a pillar of our lives and therefore, its formal and informal teaching should be promoted.

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Author contribution statement

Maria de la Luz Casas Martínez: Conceived and designed the experiments; Performed the experiments; Analyzed and interpreted the data; Contributed reagents, materials, analysis tools or data; Wrote the paper.

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Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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