Psycho-platforms

Elizabeth Cotton, *UberTherapy: The New Business of Mental Health* (Bristol: Bristol University Press, 2025). 148pp., £19.99 pb., 978 1 52923 083 3

'Who is society? There is no such thing!' Thatcher famously said during an interview for *Woman's Own* in 1987. Her programme of privatising and defunding public services, criminalising dissent and cracking down on class solidarity paved the way for contemporary neoliberalism. For this forced destitution of the working class to be made acceptable, a discursive redefinition of social relations was required: 'individuals and families' replaced 'society' (for Thatcher's friend and ally Augusto Pinochet, whose bloody dictatorship facilitated the neoliberal experiment in Chile, the offending word was *compañero*).

Less than 40 years on, we are still living with the ramifications of Thatcher's class-culture war: from the revivification of doomed PFI schemes through the current Labour government's 'neighbourhood health centres', to the extension of public order offences through the Police, Crime, Sentencing and Courts Act (and more recently the Terrorism Act), the project of gutting and privatising public services and simultaneously strengthening the violent arm of the state continues in new and more frightening forms. What is the impact of this context on public 'mental' health, and on the philosophy and practice of psychotherapy?

The acute crisis facing the NHS today can be traced back to 2008 and the start of austerity. In addition to cuts across health and social care, the Welfare Reform Act of 2012 severely restricted benefits entitlement, further impoverishing working-class people (think of the infamous bedroom tax). The results were brutal: 600,000 more children in relative poverty by 2019 and 190,000 'austerity deaths' by 2024. The impact on psychological health was, of course, huge, resulting in the highest suicide rate in two decades.

These cuts went hand in hand with significant changes to mental health care. In 2008 the NHS introduced IAPT, or Improving Access to Psychological Therapies, for the treatment of anxiety and depression. Though it started as a mix of therapy modalities, it soon became synonymous with a standardised offer of short-term cognitive behavioural therapy (CBT), predominantly delivered online. It is what Elizabeth Cotton describes as a "'cheer up love"' mental health policy', one which 'places the emphasis, and associated responsibility for mental distress, firmly on the individual and their negative thinking, rather than austerity and the financial crisis and the uberization of public services.'

In Cotton's new book, *UberTherapy: The New Business of Mental Health*, she highlights how IAPT's use of 'a short-term often non-clinical manualized version of therapy that could easily be automated' was a key step in the 'uberization' of therapy, replacing more relationally focused therapeutic modalities conducted by clinical professionals. The second step of the uberisation of therapy that she identifies is digitisation. Cotton argues that IAPT set the stage for a greater reliance on digital therapy platforms 'precisely to normalize private medical insurance and allow the state to walk away from universal healthcare' (she points out that Employee Assistance Programmes fulfil a similar function).

The platformisation of therapy creates a new aspect to public health as a commodity; in a digital therapy economy, platforms 'offer new ways to create value … through extracting data which they can sell as intermediaries to other sectors and platforms'. Of particular concern is the lack of transparency about what data is being shared, which could include anything from personal health information to recorded text or video therapy sessions. One of the key uses of therapy data that Cotton identified among digital contractors working with the NHS on IAPT was to train AI. The AI technologies which our data is being used to develop are, in turn, being incorporated into digital therapy services, changing the nature of therapy itself.

The incorporation of AI, alongside platformisation, reduces person-to-person contact, increases self-reporting and overemphasises manualised and behavioural approaches. The business model also depends on a high rate of attrition, as Cotton discovered when she tried to access therapy through a platform as part of her research. Therapy is thus converted into a short-term,

solution-focused intervention, harder to access and increasingly delivered by non-clinical professionals, often with the explicit aim – particularly in Employee Assistance Programmes or a DWP context – of getting you 'back-to-work'.

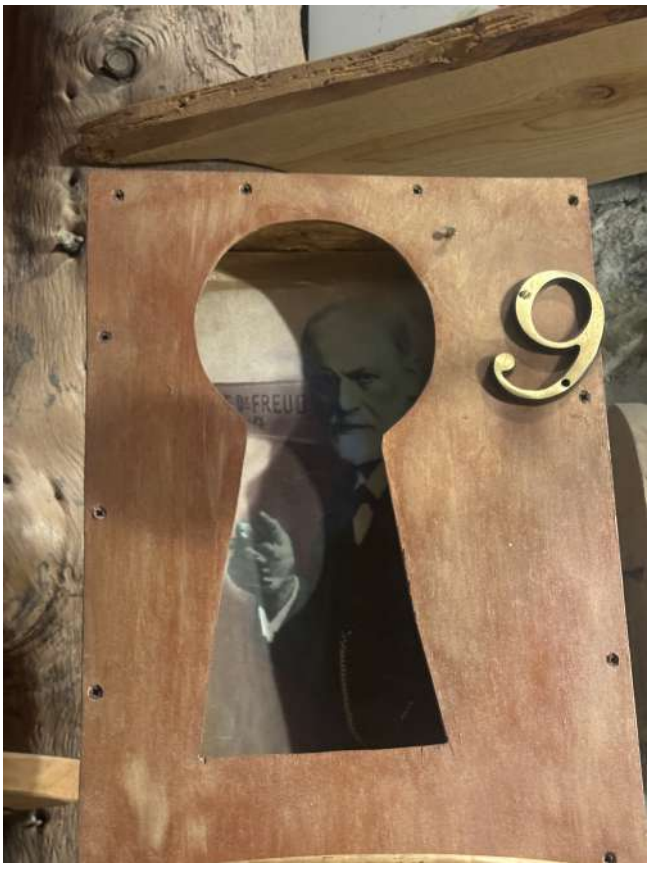
Research suggests that the relationship between client and therapist is the strongest indicator of improved outcomes across all therapeutic modalities. However, in the digital therapy economy, 'lack of relational depth is a competitive advantage'. Through a comparison with dating apps like Tinder, Cotton suggests that digital therapy platforms play into our familiarity with fast-track intimacy and desire as market choice, turning clients into consumers. The 'swipe-ability' of platform therapists is therefore an 'explicit part of the marketing of online therapy platforms', with therapists competing for clients in an attention arena where greater rewards are offered for more flexibility.

In contrast to the boundaries of a traditional therapy relationship, 'within UberTherapy, the ideal therapist offers a conversational intimacy, texting anytime anywhere'. Since the client is no longer experiencing the therapist's embodied reality – for instance, through committing to a fixed session time or engaging in a fee negotiation – this results in a 'buffer to the frustrations of being human'. Digital therapy platforms thus obscure an essential, and often troubling, aspect of the human condition: our dependence on others, and 'the inherently insecure nature of the relationships we form with each other'.

Relating at depth requires vulnerability, a feeling 'which is routinely projected into therapists and workers in the caring professions'. From a psychoanalytic perspective, Cotton argues, this turns therapists into the 'toilet breast': a site for dumping 'all things bad … that cannot be controlled', allowing us to 'defend against our dependency on other people'. By characterising therapists as care workers, we can understand some of the continuities between therapy and other forms of feminised labour. A 2024 survey which Cotton conducted found that 14 per cent of therapists who responded rely on income-based benefits and a 'significant number' use food banks, while 30 per cent see no future in the profession.

I found these facts both depressing and reassuring – since I started working full-time as a therapist, I've found myself picking up hospitality shifts for the first time in ten years in order to make ends meet. Up until I found Cotton's research, I had assumed this was a result of me somehow doing private practice 'wrong'. In reality, the therapy industry has long depended upon therapists with inherited wealth – or a rich husband – who can afford the expensive training and weather the ebbs and flows of private practice.

As Cotton points out, these therapists are more likely to have completed further study post-qualification, leading to class stratification within the industry. They are unlikely to be swallowed by the platform industry, at least for now, and likely believe that the therapists who will be are just 'bad' therapists. Borrowing from climate theory, Cotton makes the argument that the therapy profession is blighted by 'Noah's Arkism', where 'miraculously the world is organized into good therapists and bad therapists based on their exceptional merits', which normalises class division and prevents collective organising. The forthcoming SCoPEd competency framework is set to 'entrench those inequalities already inherent in the profession', forcing more working class therapists into casualised, poorly paid platform work.

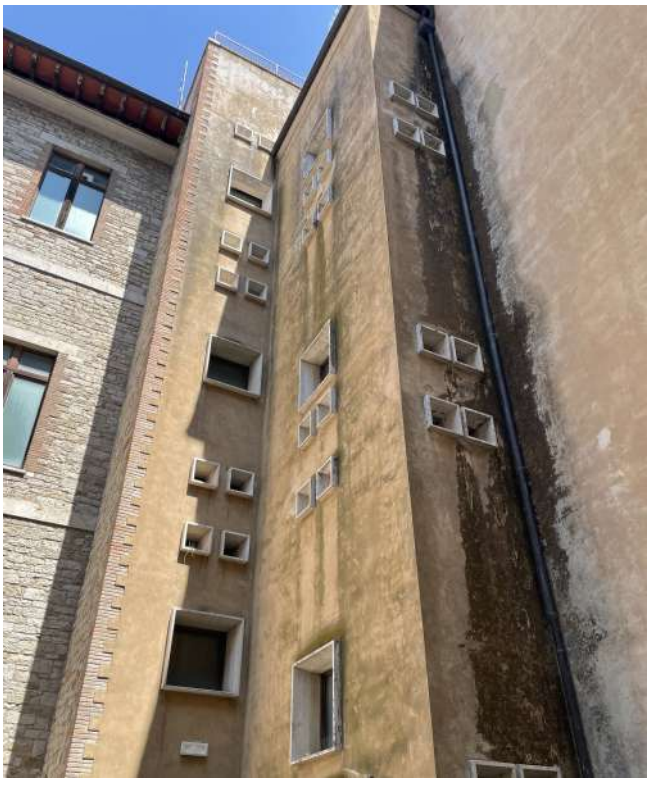


In the ten years after IAPT was introduced, Cotton found that 54 per cent of therapists she surveyed were already working in multiple settings, many 'on short-term contracts or hourly paid'. Digital therapy platforms stand to benefit from the increasing casualisation of therapist working conditions, while implementing systems of 'management and surveillance … where undisclosed data are collected and algorithmically analysed to create worker profiles, and unseen consumer rankings and ratings determine the allocation of work and pay rates.' Of the platform therapists in the UK whom Cotton was able to speak to, reported rates of pay were as low as £18 an hour.

The deep, relational possibility of therapy disappears in this system. 'One of the good things about therapy', Cotton writes, 'is that generally if you stick with it you can explore your deepest drives in a way you would never touch on through AI-assisted self-diagnosis questionnaires'. This is made possible through psychotherapy's relational offer: the interaction with a human 'other', who makes themselves available to you in a loving but boundaried way, where some of your wants and needs are met and some are frustrated. For me, the radical potential of psychotherapy as a practice is precisely in this focus on relationship.

While on the left, therapy is often charged with individualising social problems, such a perspective belies the importance of the therapeutic relationship, wherein the therapist is both themselves and a stand in for the world. It is through the myriad ways of working with this process, rather than just the client's content, that the magic of therapy takes place. Acknowledging that your therapist is a real person with hopes, dreams and even *financial needs* can be a crucial step in the therapeutic process. From an existential perspective, it models being in the world with others who are different from us and whom we cannot control, but to whom we have a responsibility. In so doing, it challenges a neoliberal agenda that wants us to conceptualise ourselves as individuals in a world of on-demand, uberised services.

I think it is revolutionary to defend the conditions for therapy as being-in-relationship, without outcomes, a fixed end point or ROI. That means fighting for a future in which therapy training is accessible and no longer depends on extensive wage theft. It also means advocating for a model of health that appreciates the value of therapy as both bread and roses – essential care work and a luxurious space for healing and meaning-making that we all deserve. For therapists to provide this effectively, they must be paid properly, given sick leave and ample holidays, and clients should be able to access therapy for free or affordably. It also probably means therapists shouldn't see clients anywhere near as much as they have to in order to make a living under late stage capitalism.



Though Cotton acknowledges the link between precarious work and poor mental health, she stops short of recommending an anti-work solution to the era of Uber-Therapy. I can't help but think that there has to be more to life than just better work, even if that work is therapy. Indeed, what the practice of therapy confronts me with on a daily basis is the extent of human potential and creativity that we are robbed of exploring under capitalism through its various technologies, most recently AI. For me, the fight for better living is not (only) about better work, but *free time* – time to daydream, experiment and play in a way that is not measured or monetised, so that we can refuse to become consumers in our relationship to each other and the natural world.

Jumanah Younis