Continuity and Change within the Digital Transformation of Psychotherapy
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Abstract: *»Kontinuität und Wandel in der digitalen Transformation der Psychotherapie«*. The text follows a dispositive analytical perspective to reconstruct the consequences of the digital transformation for psychotherapeutic care in Germany. The central thesis is that this leads to a non-simultaneous simultaneity of continuity and change in the context of psychotherapeutic care, which fundamentally shifts the dispositive of psychotherapy. While the use of technical media can be traced back to the 1950s, the predominant interplay of cognitive behavioural therapy, digital media, and surveillance capitalism leads to the spread of automated therapy practices that affect the role of the psychotherapist as well as the social significance of professionalised psychotherapy. This leads to a discontinuous continuity of the dispositive of the psychotherapeutic. The argument is illustrated by the entanglement of the digital transformation with the questions of a scientific foundation, deprofessionalisation, democratisation, and datafication of psychotherapeutic care. In this regard, the paper opens up perspectives of a historical-sociological consideration of dispositives with regard to processes of socio-technical change.

Keywords: Digital transformation, digital health, discourse analysis, dispositive analysis, psychotherapy, psychoanalysis, social change.

1. Introduction

In 1999, the "Psychotherapists Act" was passed in Germany, which is still considered a milestone in the professionalisation of psychotherapeutic care. It protects the concept of psychotherapist, regulates training and financing issues, and recognises the scientific orientation of the practised procedures. Almost at the same time, debates on e-mental health are being adapted for the first time in Germany (Bauer and Kordy 2008). The contingent simultaneity of processes of professionalisation and digitalisation accompany the discussions of psychotherapeutic care until today. The enactment of the "Digitale-Versorgung-Gesetz" ("Digital Health Care Act") in December 2019 has

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now made it possible to officially license and prescribe digital psychotherapy applications. Subsequently, digital transformation is seen as both an opportunity and a danger. It is seen as an opportunity because it can supplement the limited capacities of institutionalised psychotherapy. It is seen as a danger because it may compete with said institutionalised psychotherapy or reduce existing quality standards. Either way, it is clear that psychotherapeutic care faces major challenges. Increasing numbers of patients, rising costs, long waiting times, rural undersupply, and multi-layered stigmatisation of those affected push the existing system to its limits.

In the following, I will place these recent developments and challenges in the context of a larger historical and sociological perspective. The central question is: if so, how does the digital transformation change psychotherapeutic care? The following text draws on literature that understands the digital transformation of health care as a multi-layered, ambivalent, non-linear, and open-ended sociotechnical process of continuity and change, intensification, and rupture (Lenz 2020; Lupton 2018). I distinguish these from sociological narratives that suggest a certain linear logic of digital transformation. The process of digital transformation of health care was described using keywords such as "biomedicalization" (Clarke et al. 2010), "datafication" (Ruckenstein and Schüll 2017), or "googlization" (Sharon 2016). Even if these texts themselves present a more differentiated analysis, it does not seem to me to be purposeful to associate the process of digital transformation with one linear process.

I propose the perspective of a dispositive analysis, which at the same time allows for a heuristic expansion as well as a focussing of the analysis (Bührmann and Schneider 2008; Bussolini 2010; Foucault 1978a). A dispositive is a relation of heterogeneous social elements that are connected with each other for the purpose of regulating a social problem. In the following, the emergence of modern psychotherapy at the beginning of the 20th century is understood as a dispositive in its own right. The heuristic extension of dispositive analysis consists in the possibility of looking at several analytical levels at the same time, all of which remain related back to the process of digital transformation. The dispositive analysis draws attention to two interrelated points. Firstly, the digital transformation can be understood as a non-simultaneous interplay of different social processes, which are accompanied by both ruptures and continuities with regard to the existing structures of psychotherapeutic care. This concerns the entanglement of the digital transformation with the questions of a scientific foundation, deprofessionalisation, democratisation, and datafication of psychotherapeutic care (see chapter 5).

Secondly, the dispositive analysis bundles these simultaneously differentiated as well as coupled processes into the question of whether and how psychotherapeutic care is changing in terms of how it defines social problems and its role in overcoming these problems. Dispositive analysis forces a

historical perspective that relates all these processes back to the core of the dispositive itself. For the dispositive of the psychotherapeutic, this core consists in a simultaneously non-medical and secular professionalisation of psychotherapeutic relationships (see chapter 2). My thesis is that the digital transformation, while not threatening the dispositive of psychotherapy as a whole, entails a homogenisation of its power strategies and knowledge formation. Behaviourist concepts are playing an increasingly important role within the mentioned social processes associated with the digital transformation of psychotherapy. This leads to a changed understanding of the profession of psychotherapy and its importance for the treatment of patients. The therapeutic alliance of therapist and patient as the core of the psychotherapeutic dispositive loses importance in favour of an individualised form of self-help, which attributes the effectiveness of psychotherapies less to the therapeutic alliance and relationality than to the strengthening of individualised autonomy (see also Ehrenberg 2011, 2019).

With regard to the heuristics mentioned in the introduction to this HSR Special Issue (Büchner, Hergesell, and Kallinikos 2022), this text can be classified as follows: Digital technologies are not the starting point of previously completely unknown social processes, they do not create completely new social structures. At the same time, digital technologies are not neutral media of already existing social processes that continue to exist as before. Rather, the digital transformation of psychotherapeutic care is a process of simultaneous continuity and discontinuity, which ties in with existing traditions and structures, but also creates new social practices and structures ("novelty in continuity or variation"). For example, behavioural therapy has gained enormously in importance in the process of digitalisation, but it has its origins in historical contexts in which digital technologies have not played a central role. At the same time, the capitalist marketing of health apps and the active role of patients are creating new aspects for the nature of psychotherapeutic treatment and its funding framework. These innovations would be unthinkable without digital technologies.

The text is divided into four main parts. First, I outline the central features of the dispositive of psychotherapy (2). Afterwards, I will elaborate on the theoretical perspective of dispositive analysis and the challenge of digital transformation (3). This is followed by comments on the empirical material and the methodological approach (4). I will then present four theses on the digital transformation of psychotherapeutic care (5). I conclude by summarising my arguments (6).

2.   What is the Dispositive of Psychotherapy?

The relationship of dispositive and discourse analysis to the field of mental health has been dominated by Foucault's preoccupation with the history of modern psychiatry (Brückner, Iwer, and Thoma 2017; Castel, Castel, and Lovell 1982; Castel 1982; Dreyfus 1987; Gutting 2005; Roberts 2005; Schäffner 1999; Sedgwick 1981; Stevenson and Cutcliffe 2006). Michel Foucault has primarily been concerned with the social significance of modern psychiatry since the emergence of the first psychiatric hospitals at the end of the 18th century (Foucault 2006a, 2006b). There is no analogous engagement with modern psychotherapy. An exception to this line of reception is Foucault's engagement with psychoanalysis (Forrester 1980; Lagrange 1990; Miller 1991). However, Foucault did not systematically deal with the various currents, institutions, and structures of psychotherapeutic care. The aim of this section is to elaborate the characteristics of the psychotherapeutic dispositive. These will then serve as a theoretical framework for the analysis of the digital transformation of the psychotherapeutic field. By understanding modern psychotherapy as a dispositive, I distinguish myself from Foucault's own engagement with psychoanalysis.[1] Foucault uses the concept of the dispositive from the 1970s and begins to reflect on it theoretically (Bussolini 2010).[2] I will now present four central characteristics of the dispositive of psychotherapy.

Firstly, *dispositives revolve around a central social problem* that shapes the meaning of all other elements of the dispositive. This social problem can be historically contextualised and located. Thus, dispositives have a historical beginning and a historical end. Beginnings and endings, however, cannot be tied to concrete, individual events, but they manifest themselves in distributed, network-like relations that permeate societies in a variety of ways. Foucault makes the emergence of dispositives dependent on a social "urgent need" that is discursively negotiated (Foucault 1980, 195). By such an

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[1]   Foucault has established a historical link between pastoral practices and psychoanalysis as modern technologies of the self (Foucault 1978b, 112ff.). It stands in the tradition of Christian confession, normalizing structures of repression and prohibition (Foucault 1978b, 129ff.). In this way, Foucault distances himself from earlier positions in which he still granted psychoanalysis the status of a "counter-science" that opposes the existing human sciences (Foucault 2002, 414). This rethinking can accordingly also be considered as a deliberate provocation towards the very traditionalist and orthodox currents psychoanalysis, which viewed the sexual and cultural liberation in the 1960s with scepticism (see also Eribon 2005). In what follows, I am not interested in the historical traditions to which modern psychotherapy is linked, nor in the question of whether psychoanalysis must be understood as a subversive science.

[2]   Hubert Dreyfus and Paul Rabinow have already noted that there is "no satisfactory English equivalent" to the French word "dispositive" (Dreyfus and Rabinow 1982, 120). It is usually translated as "apparatus" or "dispositive". I am using the words dispositive and dispositive analysis because they clearly indicate what the English term refers to.

"urgency" is meant a central social problem that requires a strategy to deal with it. A dispositive itself decides on the methods, means, and instruments to generate "true" knowledge about the problem. Dispositive analysis is then concerned with the "problematizations" (Foucault 1985, 11) that are designed in a context and the practices and structures that emerge from them.

Psychotherapy as a new "type of professional work" began to emerge from the 1860s onwards in order to seek answers to the major changes and problems of the 19th century (Abbott 1988, 312f.). However, the real breakthrough of psychotherapy did not take place until much later in the 1970s. The educational boom, the secularisation push, and the increase in trained psychologists and psychotherapists led to the spread and establishment of professionalised psychotherapy as it exists today in many countries. One could also mention that the First World War led to an enormous demand for psychotherapeutic treatment both in the USA and in Europe. Psychotherapy and psychoanalysis served not only to come to terms with traumatic war experiences, but also to fill the ethical-cultural vacuum that followed in the long term. This did not only lead to the emergence of a new form of institutionalised help, but also established a new consumer culture (Hale 1995; Illouz 2007). The urgency and social meaning of a dispositive can change to such an extent that it brings new key events into focus and puts the dispositive itself to the test. It is precisely in this sense that the digital transformation must be seen as a technical-cultural challenge to the social existence of psychotherapy.

The second characteristic of dispositive analysis is its *openness to different objects of study*. Foucault describes the elements of a dispositive as a "heterogeneous ensemble" (Foucault 1980, 194). The dispositive thus includes elements as diverse as legal texts, pamphlets, documents, photos, maps, or spatial arrangements. This perspective has the advantage of remaining flexible to even fundamental changes in a dispositive. Consequently, when the significance of apps, virtual realities, and tracking processes is discussed in the course of the digital transformation, the dispositive analysis does not have to make a preliminary decision about whether these elements belong to the dispositive or not. The only question is whether or not this relationality contributes to the maintenance of the strategic processuality of the dispositive. Methodologically, the notion of a "heterogeneous ensemble" has the advantage that very different empirical material can be taken into account in the sociological analysis. Dispositive analysis is open to different methods of data collection such as text analysis, interview material, and ethnographic observations. In debates on historical discourse analysis, a distinction is repeatedly made between discursive and non-discursive practices in order to point out that a dispositive analysis also includes the latter (Bührmann and Schneider 2007; Jäger 2001; Keller 2011). I take up these debates here in order to elaborate the "more" of a dispositive analysis with regard to the non-textual, non-written elements of discourse analysis (Bührmann and Schneider 2007, 27).

This leads to the third feature of a dispositive. I have already referred to the relationality of the different elements to each other. One of the key characteristics of a dispositive is not the elements and their nature, but their relationship to each other. *A dispositive connects the different elements through a common strategy to form a network that has the goal of dealing with a social problem.* A historical example from early psychotherapy in the end of the 19th century can be used to illustrate this point. In order to distinguish itself from psychiatry and medicine, but also from magnetism, mesmerism, parapsychology, or telepathy, modern psychotherapy had to use new clinical pictures and therapeutic techniques. For example, hypnosis and suggestion were labelled as outdated techniques in order to highlight the innovative, modern features of newer forms of therapy (Ellenberger 1996, 1035). In his handbook, published in 1897, Leopold Löwenfeld points to therapeutic practices such as "psychische Gymnastik" (psychic gymnastics), "Suggestivbehandlung" (suggestive treatment), or "Wunder-, Glaubens- und Gebetskuren" (miracle, faith, and prayer cures) as specifically psychotherapeutic practices (Löwenfeld 1897, 118ff.). These therapeutic techniques were considered practices of a new, emerging field of mental health. However, the existence of the dispositive does not depend on the continued existence of each single practice.

The strategic function of modern psychotherapy is to develop a healing science that overcomes both the medical orientation of psychiatry and the magical practices of other healing arts. In a first minimal definition, the dispositive of the psychotherapeutic can be described as *an equally non-medical, non-esoteric, secularised form of mental help that often presupposes an intensive relationship between therapist and patient.*

Fourthly, *a dispositive is accompanied by strategies of power and forms of knowledge that are both the conscious result of the dispositive and its unforeseen side effects.* In this sense, a dispositive is not an invisible deep structure that remains hidden from everyday life, but rather "a large surface network" whose presence and effects can be observed and analysed in social practices and structures (Foucault 1978b, 105). In the first volume of his "History of Sexuality", Foucault points out that dispositives go hand in hand with certain power-knowledge formations (Foucault 1978b). Power is understood here neither as an institutional arrangement nor as an individual opportunity (in the sense of Max Weber). Power is understood as a force and effect that unfolds and operates within the network of the dispositive. So power is not about relations in which actors or institutions face each other in a conflict, but the sphere of action in which a dispositive shows itself. Especially in the context of psychotherapeutic care, however, conflicts between individual actors play a major role. Accordingly, I therefore characterise these as conflicts and struggles that are influenced in different ways by the psychotherapeutic dispositive. Individual actors and institutions can be equally influenced by a dispositive but come into conflict with each other due to different reactions. This

point is important, for example, when it comes to the different perspectives of behavioural therapy and psychodynamic approaches with regard to digital transformation. Both psychotherapeutic traditions have long been familiar with the possibilities of technical media (Scharff 2013; Zeavin 2021). However, the digital transformation of the psychotherapeutic field is leading to an increase in the importance of behaviourist ideas, which are pushing psychodynamic approaches into the background. In this way, the concept of knowledge is also oriented towards the claim of a strategic formation of the dispositive. Knowledge is classified as true and significant within a dispositive when it serves the strategic goals of the psychotherapeutic. For the field of psychotherapy, this means that all knowledge about forms of illness, therapeutic techniques, professional profiles, or institutional arrangements is developed and changed in the light of the social problems that are at the centre of the dispositive.

3. Dispositives as Non-Simultaneous Relations: The Challenge of Digital Transformation

The process of digital transformation challenges the dispositive of psychotherapy in all the dimensions just mentioned. It questions its form of problematisation and strategic orientation. It expands the possibilities of research, diagnosis, and treatment of mental suffering. It reviews its position between medicine and other healing arts. And it shifts its strategies of power and knowledge formations. In this section, I will begin by saying something general about the process of digital transformation from the perspective of dispositive analysis (3.1). I will then discuss the role of technical media in the context of the digital transformation of psychotherapeutic care (3.2).

3.1 Digital Transformation as Non-Simultaneous Change

I understand the process of digital transformation as one of further challenges for the shape and continued existence of the dispositive of psychotherapy. In general, I define digital transformation following Jan-Felix Schrape as "a set of interlocking socio-technical reconfiguration processes" (Schrape 2021, 201). Schrape links various social processes to the digital transformation, such as secularisation, the synchronisation of the sense of time or the spread of a capitalist economic order (Schrape 2021, 50f.). At the same time, he proposes various technical developments that can be used as a starting point for further analyses (Schrape 2021, 51ff.). In this way, it remains open to which social processes are associated with a digital transformation and what significance technical and digital media have within these processes. Later, I will discuss four social processes that are of central importance in the

context of the digital transformation of psychotherapeutic care: scientific institutionalisation, professionalisation, democratisation, and datafication. Here I would like to begin by describing in more general terms the relationship of a dispositive to socio-technical change.

If one transfers Schrape's definition of digital transformation to the historical-social development of a dispositive, the latter can be understood as a *non-simultaneous interplay of various social processes*. In this sense, dispositives are historically developed networks of social relations that are *transversal* to a multitude of social processes. For example, a strategic function may emerge earlier than a profession that seeks to implement it in particular institutions. Freud and others developed the meaning and strategic function of psychoanalysis in the early 20th century, long before psychotherapy was gradually professionalised in training institutes and funding schemes. The dispositive therefore does not emerge in a uniform process of professionalisation, institutionalisation, scientification, and other transformations, but in an interplay of temporally staggered developments. Analogously, the digital transformation of the dispositive also manifests itself in a non-simultaneous continuity and discontinuity of various social processes.

A dispositive must be understood as the *processing of a non-simultaneous simultaneity of different social structures*. Discourse formations, knowledge bases, and power relations are in a process of change at all times. Foucault concludes from this that any form of historical unit – stages, phases, epochs (Foucault 1972, 10) – must be rejected. For Foucault, the concept of discontinuity – or: "threshold, rupture, break, mutation, transformation" (Foucault 1972, 6) – initially has the advantage that it avoids clearly defined divisions and linear directions of development. Even though I also reject the rough division of a social change into historical units, I do not share this fundamental critique. It seems to me that Foucault's reference to the discontinuity of social processes is rather a starting point for a – abstractly speaking – differentiated description of dispositives and discourses as simultaneities of non-simultaneous bundles of changing relations. In this sense, it is clearer to distinguish between a *universal, socio-ontic processuality* of all social change on the one hand, and a *contingent, historical-social change and transformation* of a dispositive on the other. Social transformation is therefore a multidimensional and non-simultaneous process that fundamentally changes, endangers, or creates a dispositive. However, the special feature of dispositive analysis is its focus on long, multi-layered transformation processes that can be accompanied by cyclical transformations or momentary breaks without changing rapidly.

Furthermore, a dispositive analysis of digital transformation makes it possible to avoid a problem that arises above all when a social process that is currently taking place (such as the digital transformation) cannot yet be viewed in historical retrospect. Foucault points out that a preoccupation with discontinuities is "paradoxical" because the latter are both instrument and

object of historical observation (Foucault 1972, 10). This opens up the possibility that the analysis of a discontinuity is not only an essential moment of a historical discourse, "but something that the historian secretly supposes to be present" (Foucault 1972, 10). On the one hand, it is assumed that the digital transformation will have far-reaching consequences for various social processes and structures. On the other hand, the academic discourse accompanying it harbours the danger that fundamental social transformations are assumed or completely denied. This can lead to a rhetoric of the linear, inevitable, or innovative nature of the digital, which no longer recognises any differentiation between continuity and change. A dispositive analysis prevents such a view by assuming a non-simultaneous simultaneity of social processes that enables a differentiated perspective on the fragility and permanence of a dispositive. This also enables openness to a differentiated view of the continuities and ruptures stimulated by technological developments.

3.2   Technical Media and Non-Simultaneity

How can the process of digital transformation be described in more detail? My suggestion is to focus on the significance of technical media for the functioning and existence of a dispositive. The digital transformation is initially about the emergence of new technical media. I understand *technical media as* "sociocultural artefacts" (Lupton 2018, 2) that are *integrated into a network of strategic formation within a dispositive*. I consider them as enabling and constraining artefacts that are closely interwoven with discursive bodies of knowledge, institutional structures, and social practices and are both discursively shaped and discursively formative (Bettinger 2020, 64; Zillien 2008). In Foucault's words, the dialectic and productive interplay of stimulation, incitement, and intensification on the one side, and of restriction, control, and prohibition on the other (Foucault 1978b). Technical media bring forth new social practices, power relations, and knowledge formations. However, this does not mean that they necessarily go hand in hand with historical discontinuities and changes. I therefore do not associate technical media with unavoidable ruptures within the psychotherapeutic dispositive, but to provide a first starting point for further analysis. Rather, technical media – like any form of technology – can have ambivalent effects: they lead to changes in a social process, and at the same time they create continuity in other respects. Technical media are nodal points that can be involved in the uneven simultaneity of social processes of a dispositive. In the following, I would like to show that in the context of psychotherapeutic care, the same technical media can be associated with different social practices and accordingly with different consequences for the dispositive of psychotherapy.

To clarify this point, I draw on Hannah Zeavin's distinction between to two types of therapeutic practices. The first is automated practices in which the

psychotherapist is replaced by a technical medium (Zeavin 2021, 129ff.). Secondly, there are teletherapeutic practices in which the relationship between therapist and patient is mediated by a medium (Zeavin 2021, 13ff., 27ff.). The central point now is that these practices cannot necessarily be assigned to a specific medium. Let me give you some examples to illustrate how this concept of technical media can be used for a historical oriented dispositive analysis of digital transformation.

From the 1950s onwards, psychotherapeutic research debates the significance of the telephone (Robertiello 1972; Rosenbaum 1974; Saul 1951). The main debate here is whether the high demands of psychotherapy in presence can also be met at a distance. This discussion still plays a role today, as European psychoanalysis in particular has been disseminated in South America and East Asia since the 1970s through teaching analyses by telephone (Lemma 2017; Lemma and Caparrotta 2014; Scharff 2013). Accordingly, the role of the telephone as a central component of the psychotherapeutic process is still frequently reflected there today. Today, these issues are once again being taken up in debates on the continuation of psychotherapy in times of high mobility and low rural health care density. The telephone also had an influence on the emergence and spread of psychotherapeutic practices beyond institutionalised services. In 1953, the British Anglican vicar Chad Varah established the first known crisis hotline (Zeavin 2021, 93ff.). In the following two decades, suicide and crisis hotlines also gained importance beyond the church context and became a much-used instrument of psychotherapeutic counselling. In this context, the question arises whether telephone counselling should already be regarded as psychotherapeutic practice and what training the contact persons should have undergone.

The telephone thus stimulates new psychotherapeutic practices that challenge both the conversation in physical presence and the need for institutionalised training as the cornerstone of the psychotherapeutic. At the same time, however, it also promotes the dispositive of the psychotherapeutic, as it not only confirms the basic assumption of the existence of mental illnesses and forms of suffering, but socially extends it. The telephone makes it possible to further extend psychotherapeutic practices to social groups beyond an affluent bourgeois class.

A second major development of technical media in the history of psychotherapy is the emergence of chatbots since the 1960s (Turkle 1995; Weizenbaum 1978; Wilson 2010; Zeavin 2021). The first chatbot was created by chance. With his programme ELIZA, Joseph Weizenbaum developed a computer programme enabling a written, electronic conversation with a Rogerian psychotherapist.[3] His actual goal was to prove the impossible imitation

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[3] The psychotherapist Carl Rogers (1902–1987) is best known for his client-centred and non-directive form of talk therapy. Weizenbaum chose his method because it could be translated very easily into the computer programme.

of a human being by a computer programme. Instead, it quickly became apparent that users on the Massachusetts Institute of Technology campus were having very intimate conversations with the chatbot. The fact that chatbots are recognised and valued as empathetic interlocutors, even though it is clear that they are computers, is referred to as the "eliza effect" (Turkle 1995, 108; Wilson 2010, 86ff.; Zeavin 2021, 137ff.). It consists of creating a "dynamic anthropomorphization" between the user and the computer (Zeavin 2021, 145). Kenneth Colby took up Weizenbaum's finding to work systematically on developing software to diagnose and treat patients (Colby et al. 1979; Colby, Watt, and Gilbert 1966). In the process, computers have been developed to simulate both therapists and patients. For example, chatbots like Ellie and Tess were developed as programmes to support self-help. Instead, the chatbots SHRINK (a model of neurosis) and PARRY (a paranoid schizophrenic chatbot) served as models for training in interviewing and diagnosis in psychiatric training.

What impact do the telephone and chatbots have on the structure of psychotherapeutic care? On the one hand, the telephone can be seen as an element of a triadic relationship that expands the spectrum of professionalised, psychotherapeutic practices. On the other hand, the telephone is also increasingly used today when psychotherapists are no longer completely involved in the therapeutic process, but only accompany the work of an app selectively. The same applies to chatbots and algorithms. On the one hand, they can be accompanied by a loss of significance on the part of the psychodynamic oriented psychotherapist in a more traditional talking cure setting. On the other hand, they expand the possibilities of behavioural therapy in adapting virtual realities and tracking procedures to psychotherapy (Boeldt et al. 2019; Brandt 2013; Rizzo et al. 2013). Chatbots thus cause a loss of importance of psychodynamic therapy approaches, which, however, does not have to lead to a threat to the dispositive of psychotherapy as a whole.

I would like to briefly summarise the theoretical connection between technical media, digital transformation, and dispositive analysis. As Hannah Zeavin has comprehensively shown, there is a direct link of the advent of chatbots, self-help forums, and health apps to the analogue self-help culture of workbooks, paperbacks, letters, and diaries (Zeavin 2021, 133). However, the proliferation of technical media leads to an increasing significance of teletherapeutic and automated therapy practices. The rise of personal computers and mobile devices today offers a variety of therapy services that intertwine automated and teletherapeutic practices. I understand this interplay between technical media, therapeutic practices, and the effects on the psychotherapeutic dispositive as the digital transformation of psychotherapeutic care. The non-simultaneous transformation of different dimensions of the dispositive corresponds to Schrape's definition of the digital transformation as "a set of interlocking socio-technical reconfiguration processes".

4.   Grounded Theory and Dispositive Analysis: Methodological Remarks

The text follows the basic methodological orientation of "reflexive grounded theory" (Breuer, Dieris, and Muckel 2019). In this way, the text ties in with literature that looks at the interplay between discourse analysis and grounded theory (Keller 2003, 2011). Grounded theory is not understood as qualitative content analysis that is purely descriptive, but as hermeneutic social research that uses the empirical material to advance the formation of theoretical hypotheses (Breuer, Dieris, and Muckel 2019, 52ff.). The theoretical interpretative framework for this is the already introduced dispositive analysis and its digital transformation. The selection, coding, and interpretation of empirical material follows the method of "theoretical sampling", which is oriented towards the current state of evaluation and interpretation of the available material (Glaser and Strauss 1967, 45ff; Strübing 2008). This involves jumping back and forth between the empirical material and the theoretical hypothesis formation in order to enable a more precise definition of the hypotheses and interpretations through comparison with further material.

The text draws on empirical material collected within a research project on the digital transformation of psychotherapeutic care. The body of research consists of 24 interviews with psychotherapists, project managers, and technical employees as well as employees in the professional representations of psychotherapists ("Bundes- und Landespsychotherapeutenkammern"). All interviewees are involved in the development, implementation, and evaluation of digital technologies in different roles and functions. In addition, there are documents, statements, scientific articles, and podcasts that have been published on the topic of digitisation since the reform of the Psychotherapists Act in Germany in 1999. This material is used to make comparisons between the contents of the interviews and divergent positions.

A key position in this context is occupied by the method of comparison through "simultaneous maximization or minimization of both the differences and the similarities of data" (Glaser and Strauss 1967, 55; see also Kelle and Kluge 2010; Strübing 2008). The aim of highlighting maximum and minimum contrasts is to bring out more clearly the meaning and characteristics of a social context and its change. In this way, practices and structures that appear self-evident in the interviews can be questioned once again for their particular characteristics. Especially when a field is characterised by a certain harmony and homogeneity at first glance, this approach can bring forth indications of further levels of meaning, ruptures, and conflicts. This approach is therefore particularly helpful in analysing social change.

The aim of grounded theory is to form theoretical hypotheses based on empirical material. If one follows only the methodological approach of

grounded theory, the content of this hypothesis formation is largely open. The additional framework of dispositive analysis deliberately limits this openness. The engagement with the empirical material is limited by the questions that arise from the dispositive analysis. Accordingly, the material is interpreted through the preconceived view of a theoretical framework.

5. The Digital Transformation of Psychotherapeutic Care

The aim of this chapter is to describe in more detail the continuities and discontinuities of the digital transformation of psychotherapeutic care. The starting point for this consideration is the assumption that the digital transformation challenges various dimensions and processes of the psychotherapeutic dispositive. These processes can change or consolidate the structures of the dispositive. The digital transformation can thus be described as a non-simultaneous processuality of psychotherapeutic care.

First, I argue that within the psychotherapeutic dispositive there is a tension between the demand for a scientific foundation on the one hand, and the cultivation of therapeutic relationships between therapist and patient on the other. The digital transformation promotes a shift to a behaviourist scientific basis that challenges the therapeutic alliance as the heart of professionalised psychotherapy (5.1). Secondly, I explain that the digital transformation will greatly change the profession of psychotherapy. It promotes the increasing importance of psychotherapists in their role as developers, facilitators, and evaluators of digital psychotherapy apps (5.2). Thirdly, I address the ambivalence that the expansion of the patients' scope of action under keywords such as democratisation and participation can also lead to a loss of protected intimate spheres of the psychotherapeutic. The proliferation of psychotherapy apps, self-help forums, and peer-to-peer counselling thus enables public education and de-stigmatisation in talking about mental suffering. At the same time, however, the intimacy of the therapeutic is lost, which is the dispositive of the psychotherapeutic (5.3). Fourth, I argue that a combination of cognitive behavioural therapy, digital media, and the structures of surveillance capitalism can lead to the emergence of social practices that fundamentally challenge the existence of the psychotherapeutic dispositive (5.4).

5.1 Therapeutic Relationality and Scientific Evidence

The digital transformation functions as a field for disputes between different scientific and academic notions and perspectives. Especially in the design of apps, virtual realities, and tracking procedures, technical actors are involved who are also in discussion with psychotherapists, doctors, researchers, and

patients.[4] Probably the most obvious change in psychotherapeutic care is the possibility of replacing the relationship between therapist and patient with human-computer interaction. The therapeutic relationship is still at the heart of the professionalised, psychological psychotherapy and psychoanalysis. However, actors and institutions as diverse as health insurance and app companies, experimental psychologists, or neuropsychiatrist labs continue to push the vision that interactions with computers can replace the costly talk therapy in the long run. Consequently, the question arises as to the scientific basis on which psychotherapeutic care will be placed by the digital transformation how it relates to the interpretation of the therapeutic relationship.

Since its beginnings, it has been difficult to locate psychotherapy academically. On the one hand, it has sought to emancipate itself from medicine and psychiatry as newly established sciences of the 19th century, primarily concerned with bodily and material processes. On the other hand, psychotherapy did not want to be understood as an esoteric art of healing that takes up magical, metaphysical, and religious areas of knowledge. As a trained physician, Freud, for example, always took great care to give psychoanalysis a scientific basis that is institutionalised in a similar way to medicine, but which stands on its own two feet (Makari 2008, 295ff.). At the core of psychotherapeutic work is a therapeutic relationship in which the patient's suffering can be worked on. After the First World War, modern psychotherapy has been working intensively on its own scientific basis and institutionalisation in training institutes (Makari 2008, 383ff.). In the course of the 20th century, it was mainly observed that the need for basic training was shifted from medical to psychological studies. Psychotherapy experienced a sustained upswing with the emergence of modern psychology. Since the 1970s, psychotherapy has established itself not only as a healing practice but also as a field of research and science. In Germany today, four psychotherapeutic procedures are currently recognised and approved for billing to the health insurance funds analytical: psychoanalysis, depth psychology-based psychotherapy ("tiefenpsychologisch fundierte Psychotherapie"), behavioural therapy, and systemic therapy.

Both in historical retrospect and in the current debates between the four approaches, it can be observed that there is a tug between the two claims of a *therapeutic relationality* and a *scientific foundation* (Lebiger-Vogel 2011). The claim of therapeutic relationality states that psychotherapy is essentially based on a special dynamic between therapist and patient. The claim of scientific valuation, on the other hand, seeks ways to make the effectiveness of

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[4] The cooperation of computer scientists, psychologists, and psychiatrists in the USA since the 1950s can be seen as the beginning of this form of division of labour (Zeavin 2021, 129ff.). While the development of chatbots and standardised diagnostic tools was the main focus at the beginning, the development of virtual realities and tracking procedures has gained in importance since the 1990s.

psychotherapies verifiable in a comprehensible and evident way. First attempts to analyse both claims comparably in different procedures in long-term studies have only recently been published (Kaufhold et al. 2019; Leuzinger-Bohleber et al. 2019). Nevertheless, it is still disputed today whether and how the claims to therapeutic relationality and a scientific foundation can and should be reconciled.

From my interview material, it cannot be concluded that *licensed* psychotherapists have a different attitude towards the importance of technical media depending on their school affiliation. Rather, it can be observed that such psychotherapists ascribe a central importance to the therapeutic relationship beyond their own formal training and supposed school affiliation. A trained behaviour therapist describes her scepticism towards an exclusive assignment to both behaviour therapy and psychoanalysis as follows:

> So of course, you always find the same patterns, we are not as unique as we think we are, yes, but somehow that didn't fit in with my image of humanity. And I'm better at creating relationships than I am at working through a manual. I always had difficulties with that, I just can't. //Yes// All supervisors did the same: What are you doing here? Stop learning things by heart and rattling them off. I'm pretty good at being in the moment and I talk too much for psychoanalysis, I couldn't keep my mouth shut (laughs).[5]

This pattern reoccurred within the interviews: Psychotherapists who go through institutionalised training oppose any one-sided, orthodox validity and application of a single direction of psychotherapy. For them, instead, the therapeutic relationship between themselves and the patients is in the foreground. None of the 20 therapists fully identified with a particular direction of psychotherapy. The therapeutic relationship is seen firstly as a competing variable to academic training and secondly as more important than the latter. Moreover, the licensed psychotherapists are sceptical about the reproducibility of a therapeutic relationship in a human-computer interaction. One trained psychoanalyst says,

> So, it's all about relationship work in psychotherapy, as I understand it, no matter which technique I use. And this relational work ehm (.) so ehm (.) I don't think it can be replaced by digital media. (.) And I know-, I'm not sure if too much is lost. I can't judge that, to be honest. //Mhm// So if the app now replaces the therapist, so to speak, then you can imagine that I am quite

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[5] "Also klar findet man auch immer wieder gleiche Muster, wir sind nicht so einzigartig wie uns das vorkommt, ja, aber irgendwie hat das nicht so zu meinem Menschenbild gepasst. Und ich bin besser in Beziehungen schaffen als in ich arbeite ein Manual ab. Da hatte ich immer Schwierigkeiten mit, das kann ich einfach nicht. //Ja// Das haben alle Supervisoren auch gemacht: Was machst du denn hier so? Hör mal auf hier irgendwie so das auswendig zu lernen und runter zu rattern. Sondern ich bin ziemlich gut in im Moment-Sein und für eine Psychoanalyse rede ich zu viel, da könnte ich nicht die Klappe halten (lacht)" (Transkript PTCor13, 37-44).

sceptical if it goes in such a direction. If it is introduced as an additional, supporting measure, I am much more open and optimistic.[6]

Consequently, the therapeutic relationship is not seen as an element that can be transferred into the digital space without loss. However, the psychoanalyst's statement must be differentiated again to the effect that a teletherapeutic relationship is definitely being considered. Only an automated therapy practice is seen as incompatible with the claim of the therapeutic alliance.

This rather eclectic approach within the statements of formally trained psychotherapists contrasts with a trend that can be observed in other actors involved in the development of digital psychotherapy applications. Actors beyond institutionalised psychotherapeutic training use cognitive behavioural therapy and clinical psychology as a scientific basis to legitimise digital psychotherapy applications. It can now be observed that this trend, although not among practising, outpatient therapists, can also be observed among their associations. Harald Baumeister, also spokesman for the e-health interest group of the German Psychological Society and member of the "Digital Agenda Commission" of the Federal Chamber of Psychotherapists, describes this as follows in a podcast:

> Throwing overboard any form of evidence-based approach, i.e., questioning whether a medical product, a service, an intervention is effective or not, just because it is now digital, that is fatal. No one would think of insisting on checking whether a heart attack operation works just because you now somehow have a robot. So of course, that has to be checked. And that's the way it is with all digital applications. [...] But if the whole thing has an interventional claim, i.e., the claim that something similar to psychotherapy actually happens, then it requires corresponding scientific proof that it is a) effective and b) has few side effects and is risk-free. And if that is not there, it is problematic.[7]

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6   "es geht eben um Beziehungsarbeit in der Psychotherapie, nach meinem Verständnis, so oder so, egal welche Technik ich anwende. Und diese Beziehungsarbeit ehm (.) also ehm (.) wird halt, glaube ich, kann nicht ersetzt werden durch digitale Medien. (.) Und ich weiß-, bin nicht sicher, ob da zu viel verloren geht. Das kann ich nicht beurteilen, ehrlich gesagt. //Mhm// Also wenn jetzt sozusagen die App, den Therapeuten ersetzt, dann können Sie sich vorstellen, dass ich da recht skeptisch bin, wenn es in so eine Richtung geht. Wenn es als zusätzliche, unterstützende Maßnahme eingebracht wird, bin ich da schon viel offener und optimistischer" (Transkript PTCor15, 688-95).

7   "Ein Über-Bord-Werfen jeglicher Form von Evidenzbasierung, das heißt, sich die Frage zu stellen, ob ein Medizinprodukt, eine Dienstleistung, eine Intervention wirksam ist oder nicht, nur weil es jetzt digital ist, das ist fatal. Niemand käme auf die Idee, nur weil man jetzt irgendwie ein Roboter hat, nicht mehr darauf zu bestehen, dass man überprüft, ob die Herzinfarkt Operation funktioniert. Also das muss natürlich geprüft sein. Und so ist es bei allen digitalen Anwendungen. [...] Wenn das Ganze aber interventionalen Anspruch hat, d.h. den Anspruch hat, dass da tatsächlich etwas Psychotherapieähnliches passiert, dann bedarf es entsprechender wissenschaftlicher Absicherung, dass es a) wirksam ist und b) nebenwirkungsarm und risikofrei. Und wenn das nicht da ist, ist das problematisch" (Transkript Baumeister, 467-82 Pos.35-6).

Harald Baumeister expresses here an attitude that many actors involved in the development, evaluation, and application of apps and computer-based programmes in psychotherapeutic care have.

The digital psychotherapy industry with all its players – therapists, software developers, designers, entrepreneurs – needs a scientific seal of approval that can be pointed to in order to build a public reputation. This gap is filled by cognitive behavioural therapy and clinical psychology with their promise of possible proof of effectiveness with regard to therapeutic procedures.

5.2   Decline of Expert Care?

Automated therapy practices that make use of chatbots, standardised apps, and virtual realities are putting the role of the psychotherapist to the test.[8] While in teletherapeutic practices it is not questioned that the psychotherapist has a formative function within the therapeutic alliance, this is questionable in automated therapy contexts. Does this mean that a decline of expert care must be assumed? If we now look at the digital transformation of psychotherapy from a professional sociological perspective, two main insights emerge. First, there is a transformation towards the professional elaboration, supervision, and implementation of automated therapy practices by cognitive behavioural therapists, clinical psychologists, and programme developers. Initially, no loss of significance of the psychotherapeutic can be recognised here, but only a change in the role and function that psychotherapists take on. Secondly, however, this is associated with the tendency for psychodynamic and depth psychological forms of therapy to take a back seat, as they place enormous value on the cultivation of an intensive therapeutic relationship. In addition, the question naturally arises as to whether the dispositive of the psychotherapeutic will permanently manage with fewer psychodynamic elements. While some companies assume exactly that and create new care structures, others doubt this and use digital media to supplement existing services. Both assumptions lead to an already foreseeable overarching tendency: if trained psychotherapists increasingly find themselves in the role of counsellors in automated therapy treatments, the question arises whether elaborate psychotherapy training is needed at all. Depending on the role psychotherapists take in dealing with technical media, the digital transformation can lead to a more homogeneously oriented profession or to its increasing loss of meaning in a form of "cybertherapeutic reason" (Brandt 2013).

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[8]   The question of the connection between technical media and professionalised psychotherapy can already be found in the beginnings of institutionalised psychoanalysis. Crisis hotlines have enabled anonymous, protected help for groups that have not gained access to existing psychotherapeutic care due to financial hurdles and discriminatory structures (Zeavin 2021, 93ff.). The "empowered user" and the "lay volunteer" enter the stage of the psychotherapeutic dispositive (Zeavin 2021, 99). In this section, I will look at the consequences of this development for the helper. The next section will then focus on the person seeking help.

I come to the first of the above points. I am using an example from my interview material with one of the largest German companies developing a digital infrastructure for psychotherapists and clinics. In Germany, two forms of companies can be distinguished that develop digital media for psychotherapeutic care. Firstly, there are companies that avoid cooperation with existing care structures and established professions. These try to establish a direct link between health insurance companies and patients. Secondly, there are companies that try to develop digital infrastructures that can be used by the established professions for additional forms of therapy. The following excerpt is from an interview with a leading manager of a company that belongs to the latter. He comments on other companies that are not cooperating with the given structure of psychotherapeutic care:

> These are simply investor-driven start-ups, uh, that simply push a digital product onto the market with a lot of money, but they have nothing to do with care [...] They sell a story, they sell a bet on the future. [...] that, uh, we as [name of the company] have always done things differently and so, you have to look at the foundation alone. Doctors drove around with health insurance company employees and told the health insurance company employees that this is about sick patients and that we can provide better ambulatory care for patients, and that is still the DNA of the company.[9]

While some private app companies seek direct contact with health insurance companies, others are working on intensive cooperation with outpatient and inpatient psychotherapeutic care. In the latter contexts, teletherapeutic and automated therapy practices are not seen as a substitute for the therapeutic relationship, but as a supplement. They are used to provide support in emergencies, in poorly served rural areas or for follow-up care. This is the context from which the interviewee reports. Within the interviewee's company, of the approximately 140 employees in four departments, 10 are now employed in IT, 20 in management and controlling, and 13 in sales. However, the remaining 100 people are trained psychologists and psychotherapists in various degrees, who take care of the crisis hotlines, video sessions, or the development and maintenance of apps. Psychotherapy as an institutionalised profession is not questioned within the company. The digital transformation is seen here as an opportunity to expand psychotherapeutic care with teletherapeutic and automated therapy practices.

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[9] "Das sind einfach Investoren-getriebene Start-ups, äh die einfach ein digitales Produkt in den Markt pushen mit viel Geld, aber mit Versorgung haben die nichts am Hut. […] Die verkaufen ne Story, ne die verkaufen ne Wette auf die Zukunft. […] das, äh wir als [Name des Unternehmens] habens immer anders gemacht und so, da müssen Sie sich allein die Gründung anschauen. Ne, das sind Ärzte mit Krankenkassenmitarbeitern rumgefahren und haben dem Krankenkassenmitarbeiter erzählt, dass es hier um kranke Patienten geht und äh das wir die Patienten ambulant besser versorgen können und das ist immer noch die DNA der Firma" (Transkript DP01, 402-4, 435-40).

This brings me to the second point: the increasing importance of behavioural therapy. All companies involved in the development of digital media follow a behavioural approach at their core. They are dominated by cognitive-behavioural therapy scripts and guidelines that provide a clear structure for how apps and other digital media are structured. The problem of mental suffering is no longer dealt with exclusively through the intensive development of a therapeutic relationship in a talk-therapy setting. The focus shifts to the standardised, controlled guidance of patients for individual self-help. This leads to scepticism towards psychodynamic approaches. The senior psychological psychotherapist of the same company from which the preceding interview excerpt comes says the following:

> I find behavioural therapy very clear, there are, at least for many things, very clear derivations or certain, well, it is so (very) theoretically underpinned somehow, I find it somehow comprehensible and logical how it works. Um: I find, uh, I also read Freud [...] So somehow I find it sometimes a bit contrived, sometimes a bit, like I said, these Greek fables or tragedies and so, I also found, didn't appeal to me so much [...] and in behavioural therapy it's already, it's also a lot about psychoeducation and about the patient somehow becoming an expert of her problem and somehow more like help for self-help.[10]

This might be the end of the human therapist as a professional role, but it is not the end of professionalised labour within the context of psychotherapeutic help. Dispositives are historically particularly resilient when they can maintain their meaningfulness and strategic formation even in times of crisis and social change. In view of the digital transformation, a radical change in professionalised roles and job profiles could be imminent. However, it is highly doubtful that this will last or even lead to an end of the dispositive of the psychotherapeutic.

5.3   Self-Help, Democratization, and Intimacy

Hannah Zeavin sees the availability of some technical media such as the crisis hotline, chatbots, and interactive self-help forums as a strengthening of the users' autonomous scope for action. The role of users help is strengthened in this context, she argues, because the framing of phone counselling is essentially dependent on them. Freud had still made the successful

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[10] "Ich finde die Verhaltenstherapie sehr klar, ne es gibt ähm, zumindest für vieles, sehr klare ähm Herleitungen auch oder bestimmte, also ne das ist ja so (sehr) theoretisch untermauert irgendwie, ich finde es irgendwie nachvollziehbar und logisch auch, wie das funktioniert. Ähm: ich finde, äh ich habe auch mal Freud gelesen […] Also irgendwie find ichs manchmal bisschen ausgedacht, manchmal so ein bisschen, wie gesagt diese griechischen Fabeln haben oder Tragödien und so, fand ich auch, haben mich nicht so angesprochen […] und in der Verhaltenstherapie ist schon, gehts auch viel um Psychoedukation und darum, dass der Patient, die Patientin irgendwie Expertin ihres Problems wird und irgendwie mehr so Hilfe zur Selbsthilfe, ne" (Transkript DIP03, 157-77).

implementation of psychoanalytic sessions dependent on it being limited in time and with clear payment (Freud 1943, 458ff.). In contrast, the crisis hotline is detached from both regulations. People seeking help can decide for themselves when and how long they want to receive counselling, and only have to pay a small fee. Be it the subjects in Weizenbaum's study at MIT, desperate San Francisco residents on the phone of crisis hotlines, or the users of a self-help forum on the internet in the 1990s: it is about anonymous communication seeking understanding and help in a protected setting. In particular, self-help forums create a platform for communication on an equal level, which enables the non-hierarchical exchange of personal vulnerabilities and experiences.

Does this mean that the digital transformation enables a democratisation of psychotherapy as well as an emancipation of patients from therapists? The technological transformation of psychotherapy would thus be the remedy for the repression and violence against minorities that Eribon, following Foucault, for example, identified in psychoanalysis (Eribon 2005).[11] This would be tantamount to the thesis of a technological fix that solves the current cultural and structural problems of the psychotherapeutic field through technical means. However, I argue here that there is an important difference between analogue and digital psychotherapy cultures. The analogue magazine and book culture is geared towards a passive audience, primarily focused on the private consumption of psychoanalytic ideas within a society of mass media. Even the "media empire" (Zeavin 2021, 152) of successful self-help book author and psychotherapist Albert Ellis is adapted to a readership that itself remains largely invisible and mute. That is changing in a digital psychotherapy culture. With the advent of the internet, self-help forums first emerged in which those affected could meet at eye level (Egher 2019; Finn 1995). In social media such as Facebook, Twitter, or Instagram, one can observe how these forms of communication are further developed and intensified.

I briefly outline the effects. On the one hand, an emancipation and empowerment of those affected can hardly be denied. As never before, information can be exchanged, diagnoses and treatments questioned, and individual therapy techniques developed. Patients have significantly more opportunities to make informed decisions about their own situation. On the other hand, this may lead to a devaluation of previously firmly anchored features of psychotherapeutic care. It has already been dealt with extensively in the past decades to what extent the 20th century is accompanied by an increasing

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[11] Foucault emphasises above all the special role of the psychiatrist's physical presence, power, and violence towards his patients. The psychiatrist dominates the space of the psychiatric hospital "as if every part of the asylum is a part of his own body, controlled by his own nerves" (Foucault 2006b, 181). The interconnectedness of bodies, spaces, knowledge, and space create their own power relations. Psychoanalysis can then be seen as a continuation of this power space in the closed structure of a private practice.

expansion of mass communication and the changed location and meaning of intimacy between private and public spheres (Giddens 1992; Sennett 1977). Giddens notes,

> As with psychotherapy and counselling, those who attend meetings find an atmosphere in which criticism or judgement are suspended. Members are encouraged to reveal their most private concerns and worries in an open way without fear of embarrassment or an abusive response. (Giddens 1992, 75)

It could now be argued that this protective zone will gradually lose importance through digital therapy practices. Possibly these will then come into competition with automated, teletherapeutic, and face-to-face therapy practices, whose anonymity and intimacy will come under public pressure to justify themselves.

The dispositive of psychotherapy cannot be considered separately from an opening of its practices to a wider public and popular culture. This distinguishes it from the psychiatric ideals of treatment in the protected spaces of hospitals and institutions. In early 19th century French psychiatry, for example, the mental hospital is seen as a place where the ideals of bourgeois society can be learned. Key figures such as Philippe and Jean Esquirol consider political resistance, social engagement, and public criticism as actions stemming from conditions both alienated and morally reprehensible as well as pathological and worthy of treatment (Dörner 1969, 152ff.). Even though this changed in psychiatric discourse in the second half of the 20th century, it may be a historical reason why psychotherapeutic ideas have entered the public discourse much more easily than psychiatric ones. However, the question arises of how the digital transformation is changing the therapeutic relationship as the heart of the psychotherapeutic dispositive. Can a therapeutic relationship still be established and maintained under the changed conditions of public structures? Or does it increasingly come under suspicion of working against the interests of the patient? Hannah Zeavin understands the emergence of new technical media as both a democratisation and a reinvention of the intimacy of the psychotherapeutic. In this sense, a digital psychotherapy culture follows a similar dialectic as an analogue one. To what extent social media also reproduce this dialectic remains to be seen.

5.4 Digital Capitalism, Automated Therapy, and Behavioural Control

In her book, *The Age of Surveillance Capitalism*, Shoshana Zuboff argues that internal reorientations of large tech companies have led to a restructuring of already existing neoliberal structures. She explains that a rethinking in the management of Google can be cited as a striking example. At the end of the 1990s, Google began to optimise its search functions by storing and analysing user data. In the first years, this approach served exclusively as a convenient

and free service for users: "Users provided the raw material in the form of behavioural data, and those data were harvested to improve speed, accuracy, and relevance and to help build ancillary products such as translation" (Zuboff 2019, 69). The decisive turning point comes with the realisation that investors can only be kept in the company permanently with additional sources of income. The possibility of commercialising user data has been known for a long time. However, it is only when it becomes clear that the digital market hardly offers any alternatives to this step that a change in strategy follows. At the end of 2000, Google begins to analyse user data for forms of targeted advertising (Zuboff 2019, 74ff.). From Zuboff's perspective, this is the beginning of a form of capitalism that uses the digital sphere as a new space of capitalist marketing.

Zuboff's remarks also contribute to a better understanding of the digital transformation of psychotherapeutic care. Her analysis traces the functioning of digital surveillance capitalism back to the emergence of behaviourism in the mid-20th century. Zuboff describes the behaviourism of the US psychologist B.F. Skinner as one of the precursors of a technological utopia oriented towards control and surveillance (Zuboff 2019, 361ff.). After the Second World War, Skinner pursued the vision that people's behaviour is subject to a process of engineering that intervenes in the emotional world, privacy, and agency of individuals. In the 1940s, Skinner thus anticipated some of the basic ideas and mechanisms of digital capitalism, which has emerged since the 1980s. One of the central points of Zuboff's analysis is to further characterise the discursive impact of this entanglement of behaviourism and digital transformation. Zuboff concludes that Skinner envisaged a technological solution not only for the public-political problems, but also for adequate protection of privacy and intimacy – some of the central themes of digital surveillance capitalism (Zuboff 2019, 371).

Skinner is only one of many founding figures of behaviourist ideas. Behaviourist behaviour therapy was subsequently further developed and disseminated in numerous places (Daiminger 2007; Marks 2012; Rachman 1997). In Germany, behaviourist ideas and behaviour therapy have also gradually spread since the 1950s (Daiminger 2007; Fiedler 2010; Lebiger-Vogel 2011). Today, psychotherapeutic care in Germany – as in many other countries – is dominated by *cognitive* behavioural therapy (Lebiger-Vogel 2011, 55ff.). The central assumption of cognitive behavioural therapy is that mental suffering is attributed to individual attitudes towards one's own feelings, expectations, and behaviour. It is less about unconscious or external processes, more about the subjective perspective on one's own feelings. These premises lead to the assumption that mental illnesses such as depression or anxiety should be treated primarily as a form of cognitive dissonance and distortions in the individual (Beck et al. 1979). The focus is on the individual symptoms of the

affected subject and the alleviation of symptoms through guided behavioural and attitudinal change.

Now, one could argue that cognitive behavioural therapy is one of the central elements of surveillance capitalism in the field of psychotherapeutic care. With regard to the digital transformation, a central question arises: does the interaction of cognitive behavioural therapy and digital media necessarily lead to structures of digital surveillance capitalism?

I have already indicated that two different corporate cultures can currently be distinguished with regard to the development and marketing of digital therapy. On the one hand, there are companies that primarily develop tel-etherapeutic media to support the existing, professionalised care structures. They rely on the telephone, video calls, and computer-based programmes that support but should not replace face-to-face interaction. On the other hand, companies are working on computer-based programmes that enable automated therapeutic practices *beyond* institutionalised, professionalised psychotherapy. The main focus here is on the development and selling of digital psychotherapy applications that are designed to provide low-cost, automated therapies. The aim is the economic rationalisation of psychotherapeutic care, which promises to reduce costs. Behavioural therapy ideas play an important role in both contexts. However, in the former, they are combined with the demands of professionalised, institutionalised psychotherapy, which places the therapeutic relationship in the foreground. Thus, it cannot be concluded that digital media and infrastructures contain a natural, necessary tendency towards control and surveillance.[12] Rather, it is the form of institutionalisation and the level of professionalisation that is decisive with regard to the functioning of therapeutic practices.

Nevertheless, I argue that the intertwining of behaviourist ideas and digital media is a *contingent rupture* with regard to the structure of psychotherapeutic care. In contrast to psychodynamic approaches, cognitive behavioural therapy assumes that diagnosis and treatment can be distinguished as two moments of the therapeutic process. Behavioural therapy approaches elaborate learning models and exercises that enable the questioning and learning of individual attitudes and behaviours. To this end, behavioural therapy assumes that a clear diagnosis with corresponding symptomatology and a targeted, effective treatment can be distinguished (Lebiger-Vogel 2011, 97; von Stetten 2022, 49ff.). Such a clear and strict separation is not conceivable for psychodynamic approaches (Mertens 2000). The latter assume that the psychotherapeutic process can produce further symptoms and findings that cannot be recognised at the time of the initial diagnosis. This can also lead to the identification of comorbidities, which involves a fundamental adjustment of

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12 It must also be remembered that Zuboff understands the digital world as a social sphere that can also be shaped by structures other than those of surveillance capitalism: "If the digital future is to be our home, then it is we who must make it so" (Zuboff 2019, 21).

the diagnostic findings. For some psychoanalytic and psychotherapeutic notions, the only purpose of a diagnosis is primarily to make formal applications to the health insurance funds. Within the treatment itself, however, the application and the diagnosis defined in it play a subordinate role.

It can now be observed that especially computer-based self-help programmes are based on cognitive-behavioural learning models. For example, in Germany, the psychotherapy apps licensed in the directory of digital health applications ("DiGA-Verzeichnis") for the treatment of mental disorders are arranged according to diagnoses such as depression (deprexis, novego, selfapy), anxiety (invirto), sleep disorder (somnio), or panic attacks (Mindable, velibra). Furthermore, the merging of tracking techniques and automated therapy practices in forms of measuring, monitoring, and analysing the digital data and behaviour of individuals also presupposes a clear separation of diagnosis and treatment.

These developments have several consequences. First, the inscribed separation of diagnosis and treatment within the digital therapy process makes it very difficult to detect the emergence of comorbidities. It is possible that crucial aspects remain unnoticed, which are prerequisites for a correct diagnosis and sustainable treatment. Secondly, a lack of professional monitoring of the therapy process might lead to an increasingly individualised and lay-based diagnostics and treatment. This may not enable a more personalised therapy – as some psychiatric voices promise (Böker, Hoff, and Seifritz 2014) – but rather call into question the therapeutic relationship as the core of psychotherapeutic treatment as a whole. A close intertwining of cognitive behavioural therapy, digital applications, and structures of surveillance capitalism can lead to the original core of the psychotherapeutic dispositive being called into question. Here, the digital transformation can be accompanied by a rupture that fundamentally changes the psychotherapeutic dispositive. It may not be questioned that forms of mental suffering are recognised as a social problem. However, new practices and structures could emerge that blur the boundaries of a psychotherapeutic dispositive to other dispositives.

6.   Conclusion

The digital transformation of psychotherapeutic care in Germany is currently in a process that may still take different directions of development in the future. The suggestion of the present text is that the combination of dispositive analysis and grounded theory makes it possible to contextualise this highly dynamic and fast-moving situation. Digital transformation can thus be analysed as a multi-layered socio-technical process that includes ambivalent and opposing tendencies. At the same time, the process of digital transformation is related back to the central assumptions of the dispositive. The analysis is

not only about a representation of parallel processes, but also about the consequences for the existence of the dispositive. The core of the psychotherapeutic dispositive consists of four features. Firstly, it assumes mental illness as a social problem that can be solved by institutionalising psychotherapeutic forms of treatment. Secondly, it includes a heterogeneous collection of elements such as different forms of diagnosis, treatment practices, technical media, or legal frameworks that can change in the course of history without making the dispositive disappear. Thirdly, the relation of these elements consists in the development of a non-medical, non-esoteric, secular art of healing that ascribes a special, primary importance to the relationship between psychotherapist and patient. Fourthly, the dispositive is associated with power strategies and knowledge formations that underpin the mentioned relationality and form of problematisation.

The central argument of the text is that the digital transformation leads to a non-simultaneous, non-linear, and multi-dimensional process of continuities and ruptures within the field of psychotherapeutic care. I have analysed this argument on the basis of four social processes. Firstly, the digital transformation provokes the need for scientific validation of psychotherapeutic practices, but thereby promotes the emergence of scientific knowledge that challenges the therapeutic relationship as the core of the psychotherapeutic dispositive. Secondly, the digital transformation shifts the demands on institutionalised, professionalised psychotherapy and possibly leads to a decline of expert care and at the same time create new fields of expertise. Thirdly, while new technologies and social media enable spurts of democratisation and patient empowerment, they also threaten the privacy of psychotherapeutic treatment. Fourth, the development of computer-based psychotherapeutic programmes is accompanied by the promise of constantly available and personalised treatment, but at the same time promotes the rejection of a therapeutic alliance in which comorbidities and unforeseen insights can be considered.

A dispositive analysis is primarily interested in the question of whether a social transformation process changes a dispositive or even fundamentally endangers it. In this sense, the text has asked about the consequences of the digital transformation for the dispositive of the psychotherapeutic. Despite the multi-layered processuality and opposing tendencies of the digital transformation in the field of psychotherapeutic care, two central points can be mentioned in conclusion.

Firstly, the digital transformation in its mutually reinforcing combination of cognitive behavioural therapy, technical media, and care structures beyond established professions leads to a homogenisation and deprofessionalisation of psychotherapeutic care. Secondly, this has the consequence that the currently institutionalised profession of psychotherapy with its focus on the therapeutic alliance between psychotherapist and patient is fundamentally

questioned. The combination of cognitive behavioural therapy, digital media, and capitalist structures must be seen as an innovation and a break from the previously existing structures. Psychotherapists are increasingly taking on the role of counsellors and companions within the framework of automated therapeutic practices. Since health insurance companies also benefit financially from this trend, this is likely to be of great importance in the future. From the perspective of dispositive analysis, this could lead to a shift from the core of the therapeutic alliance to a form of "cybernetic reason". The therapeutic relationship as the foundation of deproblematising practices could be replaced by control and monitoring structures that increasingly do without specific psychotherapeutic knowledge. The priority here would be a form of attitudinal and behavioural control, which can also be observed in the organization of work structures (Schaupp 2021). Precisely because this shift is not tied to professionalised psychotherapy but to research within cognitive psychology and psychiatry, this shifts the form of problematisation of the dispositive of psychotherapy quite fundamentally. Even if the digital transformation does not lead to a fundamental threat to the dispositive of psychotherapy, it will have profound consequences for its very nature.

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