A R T I C L E

Free and open-source therapy: Towards a revolution in the politics of psychotherapy

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Abstract

Many critics, including therapists themselves, are calling for a radical change and paradigmatic shift in psychotherapy due to the social and political problems it reflects, maintains and creates. The first section of this paper discusses the social and political problems facing psychotherapy: on the macro level of the institutions; the meso level of therapeutic relations and the micro level of the subject. The second section presents a short description of free and open-source frameworks, a contemporary movement that started as an innovative software development method and has grown in relation to systems as diverse as science, education and arts. The third section explores the potential of free and open-source therapy to solve many of the presented problems. Lastly, the article discusses new social and political challenges free and open-source therapy might face in the future.

K E Y W O R D S
open source, politics, psychotherapy, transformative social change

1 | THE SOCIAL AND POLITICAL PROBLEMS OF THERAPY

Psychotherapy happens within the context of an institution (with or without walls) and the institution happens within the context of a society. It follows that, in psychotherapy, the political themes of institution and society, their power structures, are imminent. Therapists and clients swim in political waters (Bannister, 1983, pp. 139).

Borrowing from Bannister (1983), this article addresses the proverbial sociopolitical waters in which therapists and clients swim, and presents a problematisation of the therapeutic profession. In the following discussion, the generic

term 'therapy' refers to various one-on-one therapeutic practices such as psychotherapy, psychoanalysis, psychoanalytic psychotherapy, counselling and more 'professionalised therapy forms' (House, 2003). Although differences can be found between these methods, they are considered here under the same 'umbrella', since the article addresses their general similar infrastructures: paid professionals creating ideas and practices, and providing services to foster emotional well-being. A like-minded approach is taken in other discussions regarding the social and political aspects of therapy (i.e., Hadar, 2013; Illouz, 2008; Masson, 2012; Moloney, 2013).

The term 'politics' is defined as the way power is sought, distributed and exercised within social systems (Halleck, 1971). Michel Foucault (1980) has shown how power and knowledge are mutually related. This paper examines the ways social and institutional power align and connect through therapeutic knowledge and practice. In order to challenge power relations in therapy, and thereby in society, the paper will suggest ways to reorganise therapeutic institutions and relations.

The political and social aspects of therapy are examined in a multilevel analysis, based on a macro (organisational), meso (interpersonal) and micro (individual) division (Dopfer, Foster, & Potts, 2004). Throughout history, therapy has been criticised regarding each of these levels for creating, reflecting, and maintaining societal and political problems. First, on the macro level, therapeutic institutions have been criticised for structural aspects regarding methods of training, development, and distribution of therapeutic knowledge and practice. Second, on the meso level, therapy has been criticised for the power relations between clients and therapists, as well as for issues of objectification. Finally, on the micro level, therapy has been criticised for the subjects it shapes through the therapeutic process. For all these issues, therapy has been described by many—including psychologists—as problematic, if not oppressive, as indicated in the book title *We've Had a Hundred Years of Psychotherapy—and the World's Getting Worse* (Hillman & Ventura, 1992).

2 | THE MACRO LEVEL: THERAPEUTIC INSTITUTIONS

At a macro level, criticism relates to the distribution, training, and development of therapeutic knowledge and practice. Regarding distribution, therapy has been criticised for being inaccessible to people of lower socioeconomic status. Freud (1955) pointed out this problem and expressed hope that in the future psychoanalysis would offer cure from neuroses to people from lower classes, in what he described as 'psychotherapy for the people' (Gaztambide, 2012). Despite Freud's vision, studies have shown that therapy has remained inaccessible for underprivileged individuals (Smith, 2005), which is highly problematic since poverty is associated with an increased risk for psychological problems (Santiago, Kaltman, & Miranda, 2013). Accordingly, critics have expressed concerns that large populations have no access to emotional support. For instance, Niel Altman (1995) argued that therapy deprives people from lower economic classes of the right to get help, and thus shirks the responsibility to support those who fail to cope. In Altman's eyes, this position sets therapy apart from social reality and alienates itself, hence limiting its ability to play a significant social role.

Regarding training and development methods, therapy has been criticised for several aspects. First, it was argued that therapeutic knowledge is developed through separation between 'experts' and 'patients', which gives little importance to the client's experiential knowledge (Prilleltensky & Nelson, 2002), and leaves clients with minimal opportunities to have a say about the therapeutic programme that serves them (Nelson, Kloos, & Ornelas, 2014).

It has been further argued that the separation between experts and clients creates pathologisation of clients. The more subtle critics claim that therapeutic approaches tend to emphasise the client's weaknesses over their strengths (Chaplin, 2006). Others are more explicit, arguing against the mainstream approach to 'mental illness'. For example, Laing (2010) contended that schizophrenia is not a disease but a socially unacceptable way of coping with the world. Similarly, Foucault (2003) claimed that mental illness is not a disease but a social category created by modern society; wherein the category of 'mental illness' has actually brought more suffering to the lives of 'mad

people' since it has been accompanied by forced hospitalisation, marginalisation and stigmatisation. Lastly, the most severe criticism regarding pathologisation by the therapeutic profession suggests that it actually *creates* the problems it seeks to cure. For instance, Foucault (1969) showed how the psychiatric discourse creates the concepts of pathology it then claims to cure, and how the number of psychopathology categories has grown alongside the power of the psychiatric profession. Similarly, Cushman (1996) claimed that psychotherapy creates the empty self it wishes to treat.

A second problem caused by the power/knowledge structure in therapeutic profession relates to the hegemonic identity of its members, such as white and middle class (Beasley, 2012; Ollerton, 1995). Moreover, since most of the population creating the theory and practice of therapy is hegemonic, these reproduce the values of dominant members of society, such as white, androcentric, young, middle-class, Protestant, heterosexual and able-bodied persons, in the definitions and viewpoints on mental health and pathology (Evans, Kincade, & Seem, 2010).

Lastly, therapeutic institutions have been criticised for their internal hierarchies and power relations in the training and development process. For example, Szasz (1985) argued that the structure of psychoanalysis reflects power relations and control, and is hostile towards those who do not comply with the group's authority. Kernberg (1986) argued that psychoanalytic education suffers from serious issues such as authoritarian structure, indoctrination atmosphere, the concealment of information from candidates, and an overall paranoid atmosphere, and latterly, that psychoanalytic education includes systematic slowing down of the institutional progression of candidates, and questions the candidate's ability to contribute to therapeutic knowledge (Kernberg, 1996). These arguments are supported by Kirsner (2000) that examined the power structures in four American centres of psychoanalysis and concluded: 'psychoanalytic institutes have been troubled everywhere and always' (p. 3).

3 | THE MESO LEVEL: THERAPEUTIC RELATIONSHIPS

On the meso, interpersonal level, critics discuss the ways the power/knowledge system organises therapeutic relations between clients and therapists; most notably, hierarchies and power relations in therapy. Guilfoyle (2006) has argued that the forces that organise the therapeutic encounter shape therapy as mutually exclusive positions of therapist and client. These positions provide for each person a discursive framework for the construction of meaning and action, and for understanding the actions of the other. The primary positions also distribute speech and action expectations and entitlements; set conditions for how and how much they can influence each other; and produce differentiated types of vulnerabilities for each side. Guilfoyle proposed that the therapist is culturally invested with expertise and special knowledge and abilities, while the client is constructed as a knowable, malleable and deferring other.

Many different structural aspects create and maintain power imbalance in therapy. First, the basic transference in therapy necessarily involves power imbalance, since the clients tend to give power to the therapist as they hope and expect the latter to help them through their wisdom, understanding and expertise (Totton, 2006). Second, therapy was originally based on viewing psychological problems as originating from traumatic events, which usually involve a perpetrator and a victim. Hence, the client's initial position within the therapeutic process may put him in the role of a victim (Hadar, 2013). Third, therapy is based mostly on unilateral emotional exposure by clients, forcing them into a more vulnerable position than that of the therapist (Brown & Walker, 1990). Fourth, the power/ knowledge system constructs the therapeutic relationship and the process through 'codes of knowledge' that are provided to the client through the dialogue with a source of authority (Hook, 2003). Fifth, the gaps of knowledge and information between clients and therapists could widen due to the therapeutic approaches that encourage therapists to conceal or blur information for the sake of the therapeutic process (Herlihy & Corey, 2001; Hutchinson & Stadler, 1975). Lastly, the rules of conversation within therapy are strikingly different from other types of communication, and the client has to learn what sort of communication is expected and accepted.

This imbalance of power creates various problems in therapeutic relations. Totton (2006), a psychotherapist who writes extensively on political issues of psychotherapy, argued that clients in therapy are vulnerable to abuse of power – from emotional manipulation to economic or sexual abuse. At the same time, their 'expert' status might make therapists believe they know better than their clients what they think and feel, and encourage them to force their beliefs on the clients. Furthermore, therapists might interrupt, override, ignore, judge, insult, attack, patronise and lie to their clients, especially when resistance is directed at them (Totton, 2006).

Guilfoyle (2006) also described the problematic aspects of power in the therapeutic relations: any resistances by the client may be met with direct or indirect 'corrective' forces. In addition, any interest in opposing the culturally and professionally constructed form of therapeutic relationship by the therapist must be weighed against the intra- and extra-therapeutic voices that function to pull the interaction towards its culturally and professionally designated shape (Guilfoyle, 2006).

Beside the various issues of power, on the meso level, therapy has been criticised for the objectification that lies at the base of the therapeutic relationship. The economic exchange shapes the therapeutic relations in the junction between intimacy and materialism. Thus, some critics argued that the outsourcing of intimacy reflects the patriarchal power structure (Kupersmidt & Silver, 2013). Others claimed that the economic relations create a contradiction for therapists: wanting to help their clients but profiting from their suffering (Hutchinson & Stadler, 1975). An additional argument is that the economic exchange creates a kind of an impersonal intimacy between the therapist and the client (Illouz, 2008; Zelizer, 2005). This commodification further shapes the therapists' and patients' understandings of the therapeutic process (Goodman, 2016). Conversely, clients objectify their therapists since their position in therapy allows them the narcissistic privilege of speaking without listening, unlike socially accepted communication (Budick & Aronzon, 2007).

4 | THE MICRO LEVEL OF THE SUBJECT

The third level addresses the politics of the subject inherent to the traditional therapeutic process and follows Gillian Proctor's approach in *The Dynamics of Power in Counselling and Psychotherapy*. Proctor (2017) argued that in addition to examining power within the structure of therapy, it is crucial to investigate the individual level, concerning the client's agency, and the ways in which power relations position, constitute and shape individuals within therapy.

Throughout history, critics have argued that therapy isolates the subject in several ways. First, therapy was described as alienating the subjects from themselves, since the client's view of themselves is based on their external evaluation by the therapeutic system (Lees & Freshwater, 2006). Second, therapy was blamed for isolating the subjects from their interpersonal surroundings, since it creates secrecy and shame about personal difficulties (Hutchinson & Stadler, 1975). Third, it was accused of isolating subjects from their social and political surroundings due to its major focus on the intrapsychic issues and minor awareness of external circumstances (Avissar, 2016). This decontextualisation may even cause victim blaming (Cushman, 1996). In light of the intense isolation of the subject through therapy, therapy was described as a site where subjects invent themselves as individuals (Illouz, 2008).

Relatedly, another sociopolitical problem caused by therapy is self-centredness. Nolan (1998) argued that this is the most prominent characteristic of the therapeutic ethos. Similarly, Lasch (1985) claimed that therapy creates a narcissistic illusion of omnipotence and complete self-sufficiency, which makes people believe they are free of the need for any external source of care and nourishment other than the therapist. Moreover, due to the neglect of a 'non-self-centric subjectivity', it has been argued that therapy creates a narcissistic conception of relationships (Rubin, 2003).

In addition to isolation and self-centeredness, therapy has been criticised for creating passivity and obedience among its clients. It was argued that since clients examine themselves through the eyes of experts, the therapeutic

process creates obedient subjects who are overawed by authority (Lees & Freshwater, 2006), as well as infantilising instead of empowering them (Totton, 2006). Szasz (2001) further described the awe of the authoritative therapist as a gateway of fleeing personal responsibility:

> Americans want a therapist-in-chief who is both physician and priest—an authority that will protect them from having to assume responsibility not only for their own health care but also for their behaviors that make them ill, literally or figuratively (p. 516).

Lastly, for all the above reasons, therapy was criticised for being geared towards compliance (Moloney, 2013), and helping subjects adjust to the sociopolitical status quo (McClure & Russo, 1996; Sherman, 1984), thus becoming a vehicle of social control (Hurvitz, 1977) as well as normalisation (Guilfoyle, 2006). These effects are even more troubling considering that therapeutic ideas have been interwoven into day-to-day lives: through education systems, workplaces, health services and popular culture (Moloney, 2013). Hence, it was argued that therapy smoothly integrated the self into the institutions of modernity, as kind of a 'political technology of the self' in the Foucauldian sense. In fact, the therapeutic self-absorption was marked as the decline of any serious opposition to society and the general cultural exhaustion of Western civilisation (Illouz, 2008). In addition to integrating individuals to the social order, therapy preserves the status quo by perpetuating inequalities, since it is most likely to help those who least need it (Proctor, 2017).

To conclude this section, the therapeutic profession, practice and knowledge reflect, reproduce and create various social and political problems on the macro (institutional), meso (interpersonal) and micro (subjective) levels. These include social hierarchies between the 'normal' and 'mentally ill', between 'therapists/experts' and 'clients/laypersons', as well as between various levels of 'expertise'. They also include a discriminating society that provides institutional (em)power(ment) and emotional support mainly to privileged populations; an individualistic and alienated society, in which emotional support is given outside the social and community context, by experts, through dialogue with authority, in a therapeutic context that involves objectification in which clients become self-centred and alienated from themselves, each other and the community. Finally, therapy is seen as a vehicle of social control that creates infantile, passive, obedient clients, who are normalised to the status quo.

5 | WHERE DO WE GO FROM HERE?

The various issues reviewed above place therapists in a complex position. Many political therapists find themselves ambivalent, questioning their own profession. For example, Totton (2005), argued that he does not believe that therapy is the future: 'I do think that therapy can potentially contribute to creating a better future. …However, … therapy also has the potential to make things even worse'. Samuels (2004), a training analyst of the Society of Analytical Psychology, claimed that although he was enthusiastic about psychotherapy's role in refreshing political culture, he was also somewhat sceptical. Earlier, clinical psychologist, David Smail (1987), also expressed doubts about the value of therapy, positing that moral development does not occur within individuals in therapy, but is something created through connections within the community.

Some therapists have even alienated themselves from the 'therapist' title itself. For instance, Hillman argued that although he used to love therapy, he came to hate it after having understood the problems in his profession, and even called himself a 'dysfunctional therapist' (Hillman & Ventura, 1992, p. 156). Szasz (2003) went even further by refusing to identify himself as a psychoanalyst, as he believed that psychoanalysts, beginning with Freud himself, had betrayed psychoanalysis, since it should be a moral dialogue rather than a semi-medical form of treatment.

In addition to individual therapists, several therapeutic groups have published similar dissenting opinions. The members of the Critical Psychology group claimed that a major principle in their vision was to live with the irony,

tensions and contradictions in their work (Rappaport & Stewart, 1997). Likewise, members of the Social Therapy group argued that as therapy begins its second century, they find themselves in a crossroads, facing questions such as 'Whither psychology?' and 'To be or not to be?' (Holzman & Mendez, 2004).

Other political therapists have declared their failure to find proper solutions, or even left the profession due to its sociopolitical problems. For instance, Stelzer (1986) left his analytic training and published a critical paper describing various such problems, due to what he described as 'decathexis' of external reality. Similarly, after several years of psychoanalytic practice, Masson (2012) called for abolishing the therapeutic profession; while Pilgrim (1992), a clinical psychologist, admitted that while he saw psychotherapy as a promising project regarding both personal and political liberation, his experience of working in the field led to a degree of disillusionment with this role. Gendlin (1984), a psychologist, also called to give up on the profession and training, and argued that professionals kept psychological tools to themselves and did not disseminate them to the public since they feared their clients would no longer need them.

In addition to the individual political therapists who left their profession due to its social and political problems, a therapeutic and political group named Radical Therapy took the same path. Radical Therapy was described as a loose conglomeration of several groupings (Hurvitz, 1977). After working for years to offer a radical solution to the social and political problems of therapy, one of the Radical Therapy groups eventually claimed that being radical and being a therapist were mutually exclusive; hence, called for the abolition of the therapeutic profession (Hutchinson & Stadler, 1975).

Some political therapists have even published painful and revealing 'confessions' regarding the ways they took part in the oppressive mechanisms of therapy:

> The authors are painfully aware of the role that the institutions we represent play in creating problems for our clients, …It is also with distress that we examine how we, despite our desire not to do so, have also oppressed those who have sought help from us. …We have maintained distance from our clients…. We have talked about cases, not people, … and did not share our analysis with our clients because it did not seem to be proper therapeutically. Throughout the entire training and counseling process we have pretended to know what we are doing. In times of doubt we have maintained the hierarchy so that we were in the power position, and have taught clients to adjust to a world which needs changing (Hutchinson & Stadler, 1975, p. 11).

> As a successful psychotherapist… I used my power to the hilt - and not always to my client's advantage…. I interrupted, overrode, ignored, judged, evaluated, insulted, attacked, patronized, discounted, and lied to the people I worked for. I justified this by assuming that they needed my gentle, authoritative, sometimes devious, parental attitude, in order to get better (Steiner, cited in Totton [2000], p. 143).

Although many therapists have admitted defeat to the social and political problems of therapy, others continue to discuss the changes required to the profession, as well as put their efforts into fostering more just, equal, and liberating structures and methods of therapy. These changes can be generally divided into three major aspects.

The first change concerns making therapy accessible to underprivileged populations, or even creating free therapy (Lippmann, 2009; McClure & Russo, 1996; Pedder, 1990; Totton, 2000). Hence, there have been attempts along the years to offer free therapy, as part of social clinics (Epstein, 2019), as well as to open free clinics (Danto, 2005).

The second aspect is the need to decentralise power in therapeutic institutions and relations. Totton (2000) considered the question of 'professionalisation' as one of the key current issues in the politics of therapy. House (2003) has also expressed concerns about what he framed as the 'abuse by therapy itself—by the very form that profession-centered therapy takes in modern culture, with its various technical, theoretical, and "professional" accoutrements' (p. 11). He further argued for 'deconstructive therapy' and wished for a 'post-therapy era' and

'post-professional era'. Elsewhere, House (2008) claimed that a progressive therapy practice requires a 'post-professional' framework, which encourages innovation, diversity, pluralism and self-regulation.

Several other writers described the required and aspired changes they wish to see in the therapeutic profession. Kirsner argued that hierarchy-driven psychoanalysts' training should be abolished, thus removing a structural flaw that maintains power based on top-down patronage and anointment. In addition, he called for open questioning of all concepts and teachings, including those most dear to the profession – even the concept of what is psychoanalysis (Kirsner, 2001). Lippmann (2009) further claimed that the psychoanalytic institutions need to include aspects of warm interrelationships, alongside freedom to explore, play and dissent.

McClure and Russo (1996) presented an even broader solution, aspiring to create a major paradigmatic shift. They argued that socially and politically sensitive counselling organisations should reflect the reconstruction of a social practice rather than one that consecrates individual ascendancy. Moreover, in order to avoid the social egoism of the discipline's past and present, counselling professionals need constructs that can accommodate the importance of social and political reality, and work towards a conversation and dialogue based on genuine reciprocity and horizontal relationships. In this structure, members who participate will be free to construct a dialogue in which the relational aspects of environments are emphasised (McClure & Russo, 1996).

Some therapists have even made attempts to challenge or reform the power relations in training institutions. For example, the Platform movement (formed in 1969), focused its criticism on the International Psychoanalytical Association (IPA) and its analytic training. Their activity took different shapes around the world. In Argentina, the 'Plataforma' group declared its separation from the IPA and created a new training organisation, the Teaching and Research Centre; in Zurich, the group built a model of self-government (the 'Zurich Psychoanalytical Seminar') which was given passive recognition by the local IPA. The group aspired to maintain peer relations between the analysts and analysands (Totton, 2000). Another example of an anti-institutional rebellion can be seen in the Independent Practitioners Network formed in 1994 as a response to the pressure for compulsory registration of psychotherapists and counsellors. Presented as an alternative model of accountability and validation, its structure included a horizontal and multi-centred network of groups of therapists, who were involved in mutual self and peer assessment and accreditation (Totton, 1997).

In addition to changes in therapeutic institutions, others have tried to promote structural changes in regard to the power extant in therapeutic relations. For instance, the Philadelphia Association was an alternative therapeutic community founded by members of the anti-psychiatry movement in Kingsley Hall, London, in 1965. This community aspired to undermine professional hierarchies: to be conceived as independent from any medical hierarchy and challenge traditional roles of staff and patient. Hence, all community members ('patients' and 'therapists') lived together without any distinction of roles (Kotowicz, 1997).

The third issue raised regarding the future of therapy concerns the creation of a transformative change in and through it. What constitutes a transformative process? Advocates of transformative social change argue that while a certain level of change may occur through a passive process of consumption, a deeper and more meaningful sense of change occurs when active and structural changes take place. Therefore, promoting liberation is not necessarily about creating a change, but about creating a transformative process (Williams, 2010). Creating transformative social change requires a radical breakthrough in paradigms, which includes a wide process of structural changes that combine personal, interpersonal and social change. Such a process derives its power from attending equally to the inner life of human beings, human behaviour, and the social systems and structures in which they exist (Gass, 2010).

Moreover, transformative social change involves an interweaving of structural critiques with the creation of alternative forms of activities that open up qualitatively distinct forms of knowledge development and social relations, as well as contribute to the well-being of members and communities. These co-constituted processes necessitate deep analysis of theory and method, in which the epistemological, ontological and axiological dimensions of human activity are made explicit (Bang & Vossoughi, 2016). Hence, in order to create a radical transformative process, alternative forms of (psycho-political) knowledge should be developed by participants who

construct their own collective learning process as part of the change in their relationship to the social world (Morrow & Torres, 2002).

Some groups have claimed to create transformative processes within therapy, such as Community Psychology (Nelson et al., 2014), Critical Psychology (Fox, 2012) and Social Therapy (Holzman, 2015; Newman, 2003). However, their ability to bring forth a radical structural change can be questioned, as all these groups lean on academic and/or professional experts. As McClure and Russo (1996) explained, transformative change is unlikely as long as therapists lack their own power base. That is, since power comes from institutions in which therapists work and from the agencies that license them, power is granted contingent on therapists' commitment to work within prescribed boundaries that serve the larger system and can be taken away from them if they attempt to use power against those institutions. Moreover, it was argued that for transformative change to occur, a shift in power must transpire, with clients gaining more power in their relationships with professionals (Nelson et al., 2014). Hence, considerable modifications are required for therapy to be a transformative experience, rather than a conservative form of practice (House, 2003).

In interim conclusion, most of the therapeutic approaches that aspired to solve power-issues in therapy, struggled to present a holistic change. They could not fully address the three described requirements for the improvement of therapy: accessibility, de-centralisation of power and transformative social change; as well as combine all three levels of change (macro, meso, subject). Hence, their solutions have been somewhat limited.

In addition to the calls and efforts led by academics and therapists to change the power dynamics in the therapeutic profession, external groups have also wished to offer 'grassroots' solutions to these issues. For instance, Re-evaluation Co-counseling (RC) was created by labour organiser and activist, Harvey Jackins (Satter, 2015). RC's method challenges traditional client–therapist hierarchies and solves the problem of financial inaccessibility, since it is based on peer counselling with no money exchanged between co-counsellors (Bronstein, 1986). In addition, RC members can contribute to the development of RC theory (Heron, 1974) and the development of the community guidelines and goals (Saunders, 1998).

Nevertheless, RC has been criticised for its hierarchical and centralised operation. A former teacher and reference person within the international RC discussed the contradiction he found between the peer principle embodied in the co-counselling relationship and the organisational setup, which includes firm central control over policies and theory development (Heron, 1974). In another paper, Heron (1980) further described RC as a method for radical personal development, practiced within traditional authoritarian social structures. Therefore, RC does not answer to the second requirement of decentralising power in the institutions. In addition, RC's transformative abilities are limited, due to the organizational attempts to reduce participants from criticizing it (Lyons, 1993).

In light of the various changes required for the betterment of therapy, and the limited alternatives offered thus far, it seems that policy-makers should not assume, as they often do, that what we need is 'more of the same' (Scheff, 1972). Instead, it appears that therapy requires a major paradigmatic shift in order to contend with many of its difficulties (House, 2003), undermine the dominance and oppression between humans (Rust, 2004), and become a liberating and empowering project, which combines personal and social welfare.

6 | FREE AND OPEN-SOURCE THERAPY AS A FRAMEWORK FOR TRANSFORMATIVE SOCIAL CHANGE

Free and open-source software (FOSS) is a method for building, deploying and sustaining large software systems on a global basis. It is a community approach to software development, openly accessible and publicly available over the Web (Scacchi, 2007). Developed in the United States in the 1950s (Berry, 2008) and based on the belief that 'information wants to be free' (Wagner, 2003), the main aspiration of free and open-source groups was to make things public: free of constraints and free of charge (Kelty, 2008). Therefore, in contrast to 'closed-source' software, FOSS allows four essential freedoms: the freedom to run the programme, for any purpose; the freedom to study

how the programme works and make changes as you wish by accessing the source code; the freedom to redistribute copies; and the freedom to distribute copies of your modified versions to others (Stallman, 2002).

Originally, the movement was named Free Software but, as it gained traction, the term 'open source' was introduced in 1998 to separate the concept of freedom of opinion from the concept of 'gratis' (Osterloh & Rota, 2007). Nowadays, some argue that it is necessary to distinguish between the terms 'free software' and 'open source' due to practical gaps between them, such as the type of license they produce and their approach to commercialisation (Gacek & Arief, 2004). Others believe that the concepts are practically similar, but differ in the values they represent: the concept of 'free software' emphasises sociopolitical ideas such as freedom from copyrights (Fitzgerald, 2006), freedom for technology from capitalism (Ratto & Boler, 2014) and freedom for citizens through the creation of technological communities (Stallman, 2002). Contrarily, the rhetoric of 'open source' focuses on the potential to make high-quality, powerful software, but does not refer to the ideas of freedom, community and principle. Richard Stallman (2002), a founding father of the movement, summarised the differences as open source is a development methodology, while free software is a social movement.

Despite calls to separate the concepts, 'open source' and 'free software' groups often work together to achieve the same goal: provide software that is free for all (Gacek & Arief, 2004). Thus, along the years, the two were merged to be called 'FOSS – Free and Open Source Software' (Scacchi, 2007).

As a social phenomenon, FOSS represents a unique, self-grounding and recursive public that is vitally concerned with the material and practical maintenance and modification of the means of its own existence. This public is independent from other forms of constituted power; yet capable of speaking to existing forms of power through the production of actually existing alternatives. Ever since the free and open-source code appeared in mainstream culture, it has been associated with computer programmes and subjects such as music, film, science, engineering and even education. In other words, it is no longer about software alone, but about transforming the very structure of knowledge and power in society (Kelty, 2008).

Since FOSS offers alternative and public systems, some have described it as a personal and social transformative framework (Chopra & Dexter, 2008; David, 2008). Therefore, in what follows, I introduce the concept of free and open-source therapy (FOST), practised in a non-hierarchal structure by peers in the community, as a potential solution for many of the social and political problems in the current therapeutic systems.

7 | THE MACRO LEVEL: THERAPEUTIC INSTITUTIONS

On the macro level, FOST addresses the many problematic issues of mainstream 'closed-source code' therapy. First, since free and open-source products are anchored in free distribution, the basic principles of therapy will be open and accessible to all. Therefore, disempowered populations would be able to obtain tools and methods for emotional support and practise them with each other, without payment. This way, FOST undermines the dependency on mainstream therapy and makes welfare accessible to all without becoming an economic burden. In addition, FOST, as any other free and open-source product and service, will be developed by its own clients. Hence, it dissolves the categorical distinction between 'those who code and those for whom there is a code' (Truscello, 2003, p. 171). As Kelty (2008) argued, terminologies such as 'network society', 'information society' and others are not just theoretical constructs but a way of designing a subgenre of research disciplinary.

In Eric S. Raymond's (1999a) influential essay 'The Cathedral and the Bazaar', he describes how software is developed under two very different development styles. In the 'cathedral' model, used by most of the commercial world (and most therapeutic institutions today), software is written in a hierarchical, centralised manner. However, in the 'bazaar' model, used by FOSS communities, software is built collaboratively by groups of self-appointed volunteers. One of the basic assumptions of the bazaar model is that 'every good work of software starts by scratching a developer's personal itch' (Raymond, 1999a, p. 23). In other words, this model relies on the expertise of

the client. The success of open-source therapy lies in its wide network of users and developers. This advantage might become even more powerful in a counselling network, which does not even require any technological skills.

In another essay, Raymond further argued that an important lesson to be learnt from the success of FOSS is that enjoyment predicts efficiency, and playfulness is an asset for creative development. Creative teamwork depends on true communication and is thus hindered heavily by power relations. He argued that true communication is possible only between equals, because inferiors are more consistently rewarded for telling their superiors pleasant lies than for telling the truth. Therefore, the success of FOSS is anchored in freeing developers of such power relations (Raymond, 1999b). In fact, it was additionally argued that one of the most significant features of FOSS is the formation and enactment of collaborative software development practices and processes performed by loosely coordinated developers, in a way that creates new ways and means for collaborative learning (Scacchi, 2010).

While FOSS undermines professional power relations, it was also described as a vehicle to challenge social power relations. The great potential of FOSS for development and social inclusion has long been emphasised: the empowerment of persons and groups not only to use technology, but also to understand it, at the level and speed that suits them (Aigrain, 2005). Hence, FOST may offer a framework of therapy, for and by the people.

A FOST model may resolve most of the issues regarding the hierarchical power/knowledge structure of therapy today: professionalisation that radically separates 'experts' from 'clients', as well as the tendency to pathologise the latter; the tendency to include mostly hegemonic members in the profession and thereby reproduce hegemonic values; and internal hierarchies and power relations in training and development. Instead, FOST will reflect many of the desirable features described by political therapists as necessary for the future of therapy: the construction of social practice that includes ongoing dialogue, genuine reciprocity and horizontal relationships (McClure & Russo, 1996); warm interrelationships between members, along with the freedom to explore and play (Lippmann, 2009); and open questioning of issues (Kirsner, 2001). In addition, the FOST model lacks financial limitations and will, therefore, be open to diverse populations and challenge social power relations.

8 | THE MESO LEVEL: THERAPEUTIC RELATIONSHIPS

On the meso level, FOST will be practised by peers in the community, through the method of peer support. The organising principle of the relationships will be equal division of listening time among members in the therapeutic dyads/groups. Carroll and Belotti (2015) argued that exchange innovations constitute an alternative and innovative social framework, which foster the development of partner trust and norms of fairness, as well as strengthening relational ties between participants.

In light of these structural changes, the FOST structure will organise the therapeutic relations very differently from the mainstream 'closed-source' therapy. First, thanks to the time economy of FOST, there will be no financial exchange between clients. Thus, it will contribute to resolving the issue of objectification. Conversely, the barter of listening time and the joint development method of FOST might reorganise relationships between members in ways that emphasise subjectification. In addition, the recursive public of FOSS is organised in volunteer communities. Hence, communities become essential units in the maintenance of the relations of production, and demand volunteers to construct new norms of communication based on negotiation and cooperation (David, 2008). Finally, the FOSS development method is based on ongoing negotiation and intersubjective agreement between developers (Chopra & Dexter, 2008). In other words, instead of objectification created by mainstream 'closed-source' therapy, FOST might foster intersubjective models, based on trust and cooperation.

Second, in light of the exchange of positions between 'client' and 'counsellor', the FOST model undermines the structural hierarchies of 'closed-source' therapy, including issues of knowledge and emotional exposure. Instead, the FOSS relationship model is based on co-determining and interdependent relationships, and even contains anarchistic elements (Chopra & Dexter, 2008).

9 | THE MICRO LEVEL: THE SUBJECT

Finally, at a micro level, FOST counters the alienation caused by mainstream therapy. First, it resolves the alienation of the subjects from themselves; instead of viewing themselves through the 'expert' point of view, they create the theory and practice used in their therapy, and control the therapeutic programme. Therefore, they are positioned as 'experts from experience' regarding their own life and treatment. It has been argued that FOSS development re-works the Marxian notions of workers' alienation by making source code available and casting users as workers who might modify the product, as well as derive independent profit and surplus value from their work. Hence, users might achieve fulfilment through the development process (Terranova, 2000).

Second, FOST has the potential to overcome the subjects' alienation from their own interpersonal relations. FOST takes place within the subjects' community; therefore, it can undermine the isolation, alienation, secrecy and shame that are the by-products of 'closed-source' therapy. Furthermore, since FOST will be practised by peers in the community, subjects will continuously practise listening, emotional support, empathy and compassion. Hence, FOST challenges the self-centeredness, narcissistic tendency of mainstream therapy and provides subjects with interpersonal tools to improve their relationships outside the FOST community.

Third, FOST responds to the tendency of mainstream therapy to alienate clients from their social and political surroundings. As previously discussed, FOSS is considered a social movement, in that it aspires to challenge the power structures in different societies. Some claim that since FOSS enables reclaiming technology from private ownership, copyrights and capitalistic control, it can be called a 'people's technology' or 'technology of resistance' (Ratto & Boler, 2014). Hence, FOST might foster a sense of community and sociopolitical awareness.

In addition to undermining the alienation created by 'closed-source' therapy, FOST might challenge the mainstream therapeutic tendency to create passive, obedient and conservative subjects; instead, shaping active, creative and empowered subjects through three main aspects. First, a basic principle of FOSS development is to 'empower people to experiment' (Weber, 2004). Characterised as shaping creative subjects (Chopra & Dexter, 2008), FOSS was further described as fostering the concept of 'the creative citizen' as a new form of subjectivity (Berry, 2008). Therefore, the development framework of FOST will seek to create alternative and liberative subjects.

Second, FOST clients will play an active role functioning as counsellors to others in the community: a position which, in the early days of psychotherapy, Ferenczi (1995/1932) described as empowering (regarding 'mutual analysis'), and has since been incorporated into mainstream psychoanalytic practice by many reformers (Kahn, 1997).

Third, the empowerment of FOSS rests in the ability to resist authoritarian pressure by gaining knowledge of, access to, and control over complex technologies (Chopra & Dexter, 2008). Therefore, instead of a model of passive consumption of support, FOST will provide its clients with the tools and experience for emotional maintenance of themselves and others. Hence, it establishes independent, capable, and competent subjects.

10 | CHALLENGES AHEAD

FOST is still a theoretical model, not yet put into practice. FOST may be able to address many of the problems with the existing therapeutic systems; however, this paradigm is not flawless, nor without its own, new social and political challenges. In the most general sense, as ongoing social constructions, institutions produce a complex array of contradictions, tensions and conflicts (Seo & Creed, 2002). In this unique environment, actions often interact to produce results that cannot be comprehended by linear models.

FOST requires the ability to function as a counsellor to others. Therefore, as a therapeutic method, it is not a suitable solution to all people. Although not endorsing a dichotomic separation between 'normal' and 'mentally ill', for the sake of the discussion, it is useful to discuss Kernberg and Caligor's (2005) differentiation between

'psychotic', 'borderline' and 'neurotic' disorders. Under this terminology, FOST might be suitable mostly for patients with 'neurotic' or higher level disorders, while patients with 'borderline' or 'psychotic' disorders might struggle to participate in such a community. Thus, the FOST framework fails to offer solutions to the clients who are most in need, and suffer the most from the current therapeutic institutions. In addition, with the abolition of professionalisation, the ethical issues required from professionals will not be legally binding. Therefore, FOST communities will have to create ethical codes and norms of behaviour to shape their community as a safe space.

Several social complexities have been described regarding FOSS systems. For example, while free and open-source communities are open to participation and democratic processes, they sometimes have clear internal hierarchies that might be as rigid as those of a business firm or a military organisation (David, 2008). Hence, a FOST framework that wishes to be transformative and liberative should devote careful attention to organisational power structures, and work to decentralise power in its systems.

Additional sociopolitical issues regarding FOSS systems argue that both the problem and the promise of open-source political economy are embedded in its focus on productivity. This phenomenon elicits two responses: the first sees the insertion of sociality into production as potentially liberating and opening a path to greater autonomy and more inclusive political culture. The second, however, reads the introduction of the social into production as both an expansion and intensification of the valorisation process and its exploitative relationships (Ceraso & Pruchnic, 2011). Therefore, a FOST model should include critical mechanisms that monitor and identify problematic tendencies in its maintenance and development, and offer proper solutions.

For all these reasons, the framework of a free and open-source system is not suggested as a personal or social redemption, but as an alternative framework that could solve many of the problems with the current therapeutic systems, while inevitably introducing new challenges of its own.

11 | CONCLUSIONS

Traditional structures and methods of emotional therapy are criticised for their social and political implications. Many social critics, sociologists and even therapists express clear recognition that radical changes are required to offer proper solutions for these problems. The important questions regarding the future of therapy become even more crucial nowadays, when the climate crisis is around the corner, and many already suffer from anxiety, depression and despair (Doherty & Clayton, 2011). Bendell's (2019) lecture at a United Kingdom Council for Psychotherapy Conference noted two major problems of therapy today: its inaccessibility to underprivileged populations and its tendency to 'acclimatise' clients to the status quo. He argued that as long as therapy did not adapt to the changing reality of the climate, he would not moan it if it collapsed along with everything else (Bendell, 2019).

A FOST model could offer an alternative framework to the current problematic therapeutic systems. FOST holds the potential to challenge the problems of the therapeutic system on each of the levels discussed: from the macro, institutional level; through the meso, interpersonal level; to the client on the final, subjective, level. Moreover, a well-planned FOST system might function as a transformative framework which emphasises equality instead of hierarchies; fosters interpersonal connections, cooperation, and inter-subjectivisation instead of isolation, individualism, self-centeredness and objectification. Such a system might shape active, empowered, competent and creative subjects, as well as subjects who are better aware and connected to themselves, to others and to their social and political surroundings. FOST may provide the paradigmatic shift sought by many critics of the therapeutic profession, by clearing up the 'political waters' of psychotherapy and presenting a radical opportunity to reclaim welfare from problematic and oppressive institutions, and connect personal and social well-being in new ways.

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