



Imaginaries of digital health: Unpacking the platformization of mental health through users' practices

Letizia Zampino 

University of Trento, Italy

ABSTRACT

The platformization of healthcare is reshaping the organization of mental health services, redefining access, relationships, and meanings of care. This paper examines how users experience and negotiate the platformization of mental health through the case of Unobravo, an Italian digital platform offering online psychotherapy. Drawing on Science and Technology Studies and digital health literature, the study explores how platform imaginaries of efficiency, accessibility, and personalization are enacted and contested in everyday practices. Adopting a mixed-methods design, the research combines qualitative interviews ($N = 12$) with a quantitative survey ($N = 3870$) to analyse users' narratives and patterns of engagement. Findings reveal a persistent tension between the promise of algorithmic efficiency and the realities of situated practice. While users value the flexibility and accessibility provided by digital infrastructures, they also encounter infrastructural misalignments, such as unstable connections and opaque algorithmic matching processes. These challenges are addressed through practices of domestication that reconfigure the therapeutic setting, integrating care into mobile and domestic environments. By analysing user practices, the paper investigates how mental health is domesticated through digital platforms and shaped by platform imaginaries, reconfiguring the therapeutic setting as a datafied and everyday space.

1. Introduction: Platforms and mental health

In the context of digital society, online platforms have emerged as central actors, influencing social, political, and economic dynamics (Gillespie, 2010; Srnicek, 2017; van Dijck et al., 2018). The concept of the platform, because of its flexibility and inclusiveness, has become a key lens through which to understand ongoing transformations across a wide range of sectors, including digital health (Lupton, 2014a; 2018). In this article, the concept of digital health is employed as an umbrella term that refers to the adoption of digital technologies in healthcare (West et al., 2012). Within this broader transformation, digital health represents a multidisciplinary ecosystem that leverages Information and Communication Technologies (ICT) to support the common goal of creating a healthcare system that is more accessible, personalized, continuous, and data-driven, thereby enhancing the effectiveness of monitoring, diagnosis, and treatment through practices of self-surveillance (Charitsis, 2019; Lupton, 2018; Saukko, 2018). Digital health includes both telemedicine (professional-centered, such as telemonitoring and televisits) and telecare (patient-centered). It also encompasses mobile health (mHealth), which uses wearables and apps for self-management, personal tracking, and prevention (Lupton, 2018; Pickersgill, 2019).

The platformization of health does not simply involve the digitalization of existing services, but rather a reconfiguration of care as mediated by data-driven infrastructures, interfaces, and business models

(van Dijck et al., 2018). This phenomenon refers to the systemic process through which the infrastructure, governance, and interaction of health data are mediated by large technological infrastructures (Gillespie, 2014; Kolehmainen, 2025). These platforms operate as digital ecosystems that centralise access to data, consolidating fragmented information generated by users and services into a single managed hub. Data centralisation is a prerequisite for the platform's effectiveness, as it allows for the collection, storage and, crucially, economic exploitation of user behaviour and interactions, enabling interoperability between different services, such as self-tracking apps and telemonitoring systems (Lupton, 2018). This transforms relational data into quantifiable assets that feed into the platform's governance and algorithmic optimisation mechanisms. The platform acts as a mediator, ensuring that heterogeneous software components can exchange and interpret data in a consistent manner. This seamless integration is essential for providing a cohesive user experience and extending the platform's infrastructural reach beyond its original boundaries.

Building on this conceptual foundation, the article focuses specifically on the platformization of mental health. This field underwent a sharp acceleration during the global Covid-19 health emergency, amplified not only by the need for remote assistance but also by a parallel process of destigmatization surrounding access to psychological support, especially in the online modality (Garofalo, 2024). The Covid-19 pandemic played a decisive role in accelerating the platformization of healthcare, and mental health, at a time marked by

E-mail address: letizia.zampino@unitn.it.

<https://doi.org/10.1016/j.socscimed.2026.119098>

Received 15 July 2025; Received in revised form 6 February 2026; Accepted 13 February 2026

Available online 16 February 2026

0277-9536/© 2026 The Author. Published by Elsevier Ltd. This is an open access article under the CC BY license (<http://creativecommons.org/licenses/by/4.0/>).

confinement and spatial restrictions (Kolehmainen, 2025). Due to the health emergency, Italy has seen an acceleration in the formal recognition of telemedicine as a legitimate mode of healthcare delivery. In Italy, telemedicine has been formally integrated into the National Health Service (SSN) thanks to the National Guidelines for the Provision of Telemedicine Services, adopted in December 2020 through a State-Regions agreement, and the subsequent Ministry of Health Decree no. 77/2022. However, these measures remain general and do not specifically regulate the provision of online psychotherapy (Ministero della Salute, 2023). In Italy, where public spending on mental health has historically been below the European average (Ministero della Salute, 2023; Pompili et al., 2022), with chronic shortages of staff and resources in local mental health departments, the emergence of private digital therapy platforms fills an institutional vacuum. This dynamic exemplifies a structural ambivalence of platformization: while it risks undermining the principle of universal access to care, it simultaneously generates new forms of accessibility by enabling remote connections and reducing geographical barriers. The growth of health platforms has significantly expanded access to psychological support, enabling clients and therapists to connect remotely and lowering barriers for first-time users (Garofalo, 2024; Draganidis et al., 2024). This expansion is particularly relevant for individuals living in rural or underserved areas, where geographical distance has long limited access to mental health services (Clare, 2021). Platforms promise immediacy of matching, affordability, and flexible scheduling, offering ‘anytime, anywhere’ care. In doing so, they address not only structural barriers within traditional healthcare systems but also the social stigma often attached to seeking therapy. The integration of diverse modalities, including asynchronous communication such as messaging, further widens access by catering to varied needs and lifestyles. It potentially reconfigures the therapeutic relationship itself, in terms of the “Uberization” of therapy (Cotton, 2025).

In Italy, one of the most visible examples of this trend is Unobravo, an online platform that facilitates access to psychological therapy by overcoming geographical and temporal barriers. The platform employs an algorithmic matching system that pairs patients and therapists according to specific needs and preferences, thereby optimizing the effectiveness of the therapeutic journey. With a large network of psychotherapists from diverse backgrounds and specializations, Unobravo offers patients an unprecedented level of choice and flexibility. Online sessions exemplify the platformization of mental health: through a single digital interface, patients can not only access therapy from any location and device, but also rely on integrated systems that algorithmically match them with psychotherapists, coordinate schedules, process payments, and safeguard anonymity. In this sense, platforms reconfigure access to care by breaking down spatial and temporal barriers, while redefining boundaries of privacy and discretion—crucial factors in small communities where the scarcity of psychotherapists often compromised confidentiality. However, this model also illustrates the risks associated with the Uberization of therapy, embodying the market logics of platformization, in which therapeutic encounters are datafied, commodified, and mediated through transactional interfaces (Gillespie, 2014; Srnicek, 2017). What appears as accessibility and discretion for users can thus also be read as the consolidation of therapy into a platform-driven service economy, where care is organized according to efficiency, scalability, and consumer convenience rather than public values of universality and equality.

Existing research on digital health platforms predominantly adopts a top-down perspective, focusing on the analysis of organizational structures transforming healthcare (Reilley et al., 2024; Kolehmainen, 2025; Xue et al., 2025) and the labor conditions of healthcare professionals (Moretti and Pronzato, 2024). Particular attention has also been devoted to the proliferation of mobile health applications, which collect and process user data to enable forms of preventive monitoring and early risk detection—for example, tracking mood fluctuations, sleep patterns, or physical activity to predict mental health crises (Crosby and

Bonnington, 2020; Saukko, 2018). While these perspectives are essential for understanding the broader transformations of healthcare, they often leave in the background the ways in which platforms, particularly those dedicated to mental health, are experienced and negotiated by users themselves. By integrating insights from Science and Technology Studies (STS) and digital health studies (Henwood and Marent, 2019; Lupton and Watson, 2021), this article addresses an underexplored dimension by foregrounding how users’ imaginaries shape their engagement with platforms and how everyday practices of domestication reconfigure the therapeutic setting. Specifically, this article poses the following question: how do platform imaginaries and everyday practices shape users’ engagement with mental health platforms, and how does the emerging datafied space reconfigure the therapeutic setting?

2. Theoretical framework: Infrastructuring, domestication, and platform imaginaries in online therapy

Science and Technology Studies (STS) have significantly contributed to the sociology of health and medicine, particularly by introducing sociomaterial perspectives that challenge deterministic and instrumental views of technology (Henwood and Marent, 2019). From Actor-Network Theory (Latour, 2005) onwards, STS approaches have emphasized the agency of technological artefacts and their co-constitutive role in shaping practices of care (Lupton, Watson, 2014). This perspective shifts attention toward the materiality of healthcare, conceptualizing digital platforms not merely as technical systems, but as infrastructures capable of exercising economic and political power, reshaping meanings and practices. This body of literature benefits from an interdisciplinary orientation that is enriched by dialogue with media studies particularly in its analyses of digital infrastructures and platform governance (Couldry, 2012; Gillespie, 2010, 2014; Srnicek, 2017; van Dijck et al., 2018). The process of platformization articulates two interrelated dynamics: platformization of infrastructures and infrastructuralization of platforms (Helmond et al., 2019; Nieborg et al., 2022; Plantin and Punathambekar, 2019). On the one hand, there is a platformization of infrastructures, in which formerly public or open systems are progressively fragmented into closed ecosystems dominated by big-five (Meta, Amazon, Apple, Google-Alphabet, Microsoft) players (Nieborg et al., 2022). On the other hand, the infrastructuralization of platforms leads dominant companies, such as Google and Meta, to reach such a scale and centrality that they become de facto infrastructures (Plantin et al., 2018). While these corporations remain privately owned and profit-driven, they have attained an essential role in organizing social, economic, and informational life—a role traditionally reserved for public utilities such as water or electricity networks.

The infrastructural nature of dominant platforms, such as Google and Meta, is paramount for services like Unobravo because it generates forms of asymmetric dependency (van Dijck et al., 2018). Unobravo’s operational capacity—its visibility on the market and its ability to attract clients—relies heavily on the algorithms and advertising policies of these infrastructuralized platforms (e.g., search ranking and advertising policies). This asymmetric relation exemplifies how local digital health initiatives are embedded in the wider dynamics of platform capitalism (Srnicek, 2017), where infrastructural power is concentrated in a few global actors, while smaller players adapt and negotiate within the constraints they impose. Furthermore, the reliance on privately owned cloud and social ecosystems introduces tension between public health values and the platforms’ underlying profit-driven logic, raising critical concerns over data ethics and clinical autonomy (van Dijck et al., 2018). Consequently, the influence of platform logic extends beyond mere external market dependency, penetrating the core clinical process through the automated assignment of therapists. By automatically assigning each patient to a psychologist based on the needs expressed in the initial questionnaire (Garofalo, 2024), this algorithmic mechanism operates as an invisible infrastructure (Star and Ruhleder, 1996),

mediating access to care from the very first interaction with the platform. The phenomenon under analysis embodies the sociotechnical imaginaries of efficiency, personalization, and immediacy (van Es and Poell, 2020), while simultaneously raising concerns about algorithmic opacity and user agency (Miele and Giardullo, 2024), as well as the potential reduction of relational dimensions that are fundamental to therapeutic matching (Stark and Pais, 2021). Rather than simply facilitating the encounter between supply and demand, the algorithmic match assumes a prescriptive function. It operationalizes highly subjective aspects of care, such as relational compatibility and therapeutic orientation, into computational parameters. This process, where algorithmic systems make normative decisions that shape user experience, is central to understanding infrastructural power (Plantin et al., 2018; Gillespie, 2014). As such, the matching algorithm becomes a critical site where infrastructural power and user negotiation intersect, revealing the entanglement of automation and care in online mental health services.

The determinism implicit in the algorithmic match is countered by the agency of the users, who, through domestication practices, contribute to the situated reconfiguration of the platform, challenging and renegotiating its prescriptive logics (Hirsch and Silverstone, 1992). The process of infrastructural domestication can be articulated through four interrelated dimensions. First, appropriation refers to the ways in which users take possession of an infrastructure, integrating it into their own systems of meaning and value. This often involves reinterpreting or reconfiguring the infrastructure for uses not originally intended by its designers. Second, objectification captures the moment in which the infrastructure becomes part of the symbolic and material environment, acquiring a taken-for-granted status. Third, incorporation describes how the infrastructure becomes embedded in daily routines and organizational processes, shaping habitual practices. Finally, conversion represents the point at which technology, having been acquired and incorporated, is used to communicate and affirm a user's or group's identity and social status outwards.

The last phase is closely linked to the notion of platform imaginaries (van Es and Poell, 2020): an expansion of related concepts such as the algorithmic imaginary (Bucher, 2018) and the data imaginary (Beer, 2018). Platform imaginaries encompass algorithms, interfaces, data infrastructures, moderation procedures, business models, user practices, and audiences, positioning the platform itself as the infrastructure through which social actors understand and organize their activities. Within this framework, users' material practices contribute to a reciprocal process in which platforms not only shape but are also reshaped by everyday appropriations. These imaginaries embed ideals of accessibility, efficiency, and therapeutic efficacy into the digital society, yet they also encounter infrastructural frictions and misalignments that complicate—and at times undermine—the envisioned futures of online therapy. In the case of Unobravo, platform imaginaries shape how the platform frames its mission and role in society—presenting itself as a neutral and objective service that simply matches patients with therapists. They also orient user expectations and practices, for instance by fostering the assumption that efficient algorithmic matching will secure a “good fit,” or by normalizing the acceptance of algorithmic opacity in the pairing process. Finally, platform imaginaries influence how policymakers and the media interpret these services: either as neutral intermediaries that expand access to care, or as powerful private actors that commercialize intimate therapeutic relationships. Alongside the macro level of platform imaginaries and the micro level of individual practices, a meso dimension can be identified, where the promises of the macro are constantly reconfigured through the users' everyday negotiations with infrastructural materiality. At this level, challenges such as unstable internet connections that interrupt the therapeutic flow, algorithmic matches that are overridden by patients' new choices, or the need to find private spaces that transform the traditional therapeutic setting, reveal how digital infrastructures are not simply given but are actively reshaped in practice. This article aims to highlight these

tensions by analysing how patients, at the micro level of everyday life, domesticate platform imaginaries reconfiguring practices of mental care. The following sections outline the methodological framework adopted for this study, followed by the presentation and discussion of the findings.

3. Methods

This study adopted a mixed-methods design combining qualitative interviews and quantitative survey data to examine how digital platforms mediate practices of mental health in everyday life. The findings reported here derive from the broader research project WePlat, which investigated the platformization of healthcare in Italy. The qualitative component provided in-depth insights into users' narratives and practices, while the quantitative component offered broader contextualization of behavioral and attitudinal patterns. The qualitative component (N = 12 interviews) was analysed through a systematic and iterative process informed by Grounded Theory principles (Brewer, 2003). The quantitative survey (N = 3870) was subsequently employed to extend and corroborate the qualitative findings, providing broader contextual support.

The interviews were conducted online, lasted between 50 min and 1 h, and explored a broad range of themes, including platform usability, technological mediation, and the reconfiguration of care. All interviews were carried out in Italian, the participants' native language, and later translated into English for analysis and writing (for the profile of interviewees, see Table 1). Ethical procedures followed a privacy-by-design approach. Participants received sufficient information to make an informed decision about participation, and explicit consent was obtained. All transcripts were fully anonymized. Because the interviews were conducted online, a secure communication channel was used, and only participants' voices were recorded.

Qualitative data were analysed through multiple rounds of coding using NVivo software and inductively developed categories through a process of constant comparison (Charmaz, 2003). In the first phase, open coding enables the identification of an initial set of categories, which were subsequently examined through axial coding to explore their relationships in terms of causes, context, and interaction strategies (Strauss and Corbin, 1990). The grounded theory approach ensured the theoretical concepts of domestication and platform imaginaries emerged directly from the empirical data.

The quantitative component consisted of 57 items, combining multiple-choice questions, Likert scale and open-ended questions, designed to capture a wide range of user experiences and attitudes toward online therapy. The questionnaire was distributed to users via a direct link shared through the Unobravo's newsletter on June 21, 2023 and remained open for responses until June 30, 2023. The survey data were primarily analysed using descriptive statistics and cross-tabulations in SPSS (Statistical Package for the Social Sciences) to identify broad patterns of behaviour and user attitudes across various items.

Table 1
Profile of study participants.

Interview ID	Age	Gender	Occupation	Date of interview
User 1	30	Male	Employed	December 14, 2022
User 2	21	Male	Student	December 16, 2022
User 3	33	Female	Freelancer	December 19, 2022
User 4	40	Female	Lawyer	December 19, 2022
User 5	30	Female	Unemployed	December 20, 2022
User 6	40	Male	Web developer	December 20, 2022
User 7	31	Female	Web content editor	January 10, 2023
User 8	29	Female	PhD Student	January 11, 2023
User 9	44	Male	Employed	January 11, 2023
User 10	28	Female	Medical Trainee	January 16, 2023
User 11	39	Male	Manager web-contents	January 31, 2023
User 12	32	Female	Nurse	February 09, 2023

The main methodological role of the quantitative data was to contextualize and support the qualitative findings by identifying points of tension and broader trends—such as discrepancies in engagement with reputational mechanisms—that framed the scope of the micro-practices and sense-making narratives observed in the qualitative interviews. While the survey data were not intended to provide a representative statistical picture of all Unobravo users, it served as a valuable complementary source, highlighting practices and engagement with the platform.

The study employed a triangulation strategy by comparing insights from qualitative and quantitative data. This mixed-methods approach aligns with recent methodological debates that emphasize the importance of employing diverse strategies in platform studies and digital sociology (Edwards et al., 2013; Lupton, 2014b; Rogers, 2013). Quantitative data offered a general overview of the prevalence of certain phenomena, while qualitative data provided the contextual richness necessary to explain underlying meanings and motivations. This approach ensured that the theoretical claims regarding domestication and resistance were analytically grounded in the diversity of users' experiences.

4. Findings

The analysis reveals that user experiences on the Unobravo platform are shaped by a persistent dynamic tension between the promise of digital efficiency and the realities of situated practice. This process unfolds across three interconnected thematic areas that structure the empirical findings: 1) the platformization of the service, which creates sociomaterial entanglements; 2) the negotiation of platform imaginaries, which legitimizes the model of care; and 3) the active domestication of the platform's infrastructure by users.

4.1. The platformization of mental health: algorithmic matching and infrastructural misalignment

The analysis of the qualitative interviews highlights that the platform is perceived by users as an enabler of service access. This finding is strictly linked to the critical role of temporal and logistical flexibility, an intrinsic affordance of the platform that facilitates its integration into users' daily routines. Primarily, the platform transcends the spatial limitations of traditional care. This allows users to bypass local providers, satisfying a dual need: ensuring confidentiality in small communities and expanding their agency in selecting a therapist. This evidence is supported by the quantitative data from the questionnaire, in which 81.5% of respondents reported residing in peripheral areas. Furthermore, the qualitative analysis reveals that the platform also overcomes physical and temporal barriers, making therapy accessible even under conditions of limited mobility (e.g., absence of a private vehicle or distance between the workplace and the therapist's office) or in the presence of unconventional working hours. Flexibility is perceived here as a critical factor for therapeutic continuity, as illustrated by the following interview excerpt:

... also in terms of time management, the possibility of having perhaps particular times, of doing it at particular moments ... was the reason why I not only started it, but continued it online. Because it allowed me to fit in with the hours, it allowed me not to have excuses also for my own physical problems which for certain periods prevented me from moving." (User 1, 30 M., years old)

However, the analysis shows that these advantages are coupled with the inherent challenge of the service's reliance on infrastructural stability, making the perceived benefits contingent upon technological reliability. Indeed, users also recognize the infrastructural vulnerability of the service due to material factors, such as power supply interruptions that can compromise the Internet connection, modem failures, or device-related problems (sudden updates or malfunctions). Users

acknowledge these material disruptions when agreeing to use the platform. However, such interruptions in the communicative flow can occur during emotionally sensitive moments, potentially compromising the continuity of therapy and limiting non-verbal communication. The interviewees are generally accustomed to dealing with these problems, caused, for example, by unstable Internet connections or by devices and software that require sudden updates, as emerges, for example, from this quote of another interviewee:

[sometimes the connection is unstable] it definitely had an impact because the session is a flow that is then interrupted at a certain point. I might be caught up in saying something, and then my psychologist freezes. I see her frozen, so I stop, then picking up from that nuance, from that state of mind I was in [...]. So everything starts again in a flawed way. But unfortunately, we can't do anything about this; I mean [...] it's something I take into account. (User 2, M, 21 years old)

Users accept infrastructural mismatches as a trade-off for the convenience and accessibility provided by the platform—particularly the possibility to engage in mental health practices at a lower cost and with greater flexibility in terms of both scheduling and mobility. In this trade-off, the screen serves as the central symbol of digital mediation, digitizing the relationship with the therapist. The meaning and function of the screen are consequently shaped by the mobility and flexibility inherent in the digital therapeutic service. To empirically ground this argument, the devices utilized by users were examined, revealing the practical parameters of digital access. Questionnaire data show that users primarily connect via PCs (65.6%), followed by smartphones (27.7%) and tablets (6.7%) (see Table 2).

The choice of device is not incidental but closely linked to the spatial and situational conditions of access: while computers are predominantly used in fixed and domestic settings such as the home or office, smartphones afford connection from mobile or informal environments—including cars, parks, or hotel rooms. These devices—and their screens—thus become sociomaterial elements in the platformization of mental health. The screen becomes a node through which users negotiate privacy, comfort, and accessibility, transforming diverse and temporary environments into therapeutic spaces adapted to mobile and flexible everyday lives. Almost 73% of respondents state that doing psychology online allows for flexibility in scheduling, and this aligns well with the strategies used by users to appropriate these online wellness practices, also constructing safe spaces from which to connect. In this regard, the data show that the preferred place for patients to connect to the session is their own home (82,15%). This does not exclude the use of other places, such as the car (7,83%) which also surpasses the office (6,22%). Moreover, aggregating the open-ended responses (1,47%), it is possible to identify 3 macro-categories of places from which people connect: hotel rooms; friends' homes; any place that allows privacy (see Table 3). Users have the ability to activate spatial and material strategies to ensure conditions of privacy, security, and emotional comfort. Even if digital infrastructuring creates physical distance, at the same time allows for the personalization of space, also in relation to the aseptic and impersonal furnishings that characterize the professionals' offices:

... to be honest, 99% of the time I did my therapy session in my professional studio, and a few other times I did it in my car. I see both places as very, very personal, so maybe that's what helped me to love

Table 2
Percentage Distribution of device types used for online psychotherapy sessions.

Device Type	Percentage (%)
PCs	65,6
Smartphones	27,7
Tablets	6,7
Total	100

Table 3
Most frequent connection locations for online therapy sessions.

Connection Location	Percentage (%)
Home	82,15
Car	7,83
Workplace	6,22
Public space	2,32
Other	1,47
Total	100

this methodology more and not find it cold and lacking in personal contact. Because I was able to do it in places that belong to me, that belong to my daily life, so in my own safety and feeling comfortable in my own spaces, without having to move into someone else's spaces that sometimes make me feel uncomfortable. (User 4, F., 40 years old)

The platformization of the therapeutic relationship enables not only the overcoming of geographic and spatial barriers, but also temporal and physical ones (Kolehmainen, 2025; Pickersgill, 2019; Clare, 2021). In this sense, the platformization of the mental health service is a dynamic and contingent process, made adaptable through digital infrastructuralization (Plantin et al., 2018; Plantin and Punathambekar, 2019; Nieborg et al., 2022). The analysis of the interviews shows how the platform acts as an "invisible" infrastructure that, consistent with the literature (Star and Ruhleder, 1996), is taken for granted until malfunctions occur. It is only in the presence of interruptions or interferences that the material vulnerabilities become visible, prompting users to reflect on the trade-off and the intrinsic value of using digital therapy. However, this tension is continuously managed and negotiated within the therapeutic relationship. This process operates through empathy and adaptive forms of interaction, incorporating infrastructural misalignments into the sociomaterial configuration of care. Within this assemblage, flexibility, reduced costs, and the lowering of spatial and temporal barriers emerge as ambivalent platform affordances that help sustain continuity of care within Unobravo.

4.2. Negotiating efficiency, personalization, and expertise

The analysis of the interviews shows that users initially choose Unobravo due to the offer of the first free session, but decide to continue the journey not only because the online cost is slightly lower compared to in-person therapy, but primarily due to the resulting time savings. This tendency is also highlighted by the questionnaire results: the appeal of tailored care is reinforced by elements of timesaving (42%) and economical saving (41%). One interviewee reported realizing the economic convenience after the platform had already engaged them:

"Then, let's say the economic aspect, I discovered it was convenient, but it wasn't initially the reason why I chose Unobravo ..." (User 3, F., 33 years old)

This supports the hypothesis that Unobravo is chosen not as an alternative to public services, but by virtue of its flexibility and capacity to adapt to life conditions that require geographic and spatial facilitators. The questionnaire data show that: when asked why they did not choose public mental health services, 25% of users said they had never considered this option, while 28% indicated a desire to choose their own professional. These responses sustain imaginaries of platforms as flexible, accessible, and individually responsive systems, contrasting with public services often framed as rigid and impersonal. Such alignment with personalization logics reflects neoliberal ideals of empowerment and efficiency, raising questions about the policy orientations shaping digital health.

Another influential factor shaping users' choice of Unobravo is the ideal promoted by such platforms as resources that democratize access to mental healthcare. The interviews suggest that many users are

motivated by a desire to take part in this broader project of democratization and normalization, perceiving Unobravo not merely as an alternative to in-person therapy but as a symbolic space where mental health can be openly discussed and shared. Several participants described their engagement with the platform as a form of active participation in a cultural shift aimed at transforming psychological care from a stigmatized concern into a legitimate part of everyday life. This imaginary is intertwined with a sense of belonging to an entrepreneurial initiative perceived as young, innovative, and value-driven, and emerges clearly in participants' narratives. As one user explained:

[...] then another thing that, well, may be marginal, but another reason that led me to choose Unobravo was [not only the affordable cost, but also] reading the article about the founder of Unobravo, who was a girl who had become part of the Forbes under 30, so I liked the idea of being able to contribute, to participate in a project of a young girl, a young startupper. (User 5, 30 years old)

The identification with the founder's story and the desire to "support a young startupper" reflect an imaginary that values female social entrepreneurship and highlights the perceived capacity of digital technology to foster responsible innovation in the field of care. This imaginary connects directly to a key motivational factor attracting users to the digital service: the personalization of the therapeutic experience, enabled by the flexibility of technology and the matching algorithm that pairs users with therapists.

A large majority of questionnaire respondents (76%) reported confidence in the professional selection system, and many interviewees described the platform's breadth of offer and variety of therapeutic approaches as distinctive assets. The algorithmic matching could be seen as an infrastructural element able to translate subjective needs into computationally manageable parameters. Such a system materially shapes therapeutic itineraries from the very beginning, embedding platform logic into relationship between patients and therapists, supporting the engagement in the platform's values. Introduced in 2021, the proprietary matching algorithm was developed through data analysis of the first four thousand users who began therapy after completing the initial questionnaire. Upon accessing the site, users complete a brief form containing questions aimed at identifying individual needs, preferences, and relevant symptoms. Their responses are processed by an internal system that assigns a therapist within minutes, facilitating rapid initial contact. Once the match is made, users gain access to their personal area, where they are contacted by a psychologist or psychotherapist via the platform's internal chat, or—if no response is received—through an automated email reminder. The first contact serves to arrange a free introductory video consultation, held within the platform. Following this meeting, users decide whether to start therapy with the assigned professional or request another match.

While the platform's architecture is carefully designed to facilitate and encourage user engagement through perceived personalization, this algorithmic efficiency is not without limitations. The promise of achieving an ideal match through the initial questionnaire sometimes leads to problematic outcomes, given the wide spectrum of professional competencies. The algorithmic assignment system can occasionally operate in an opaque and approximate manner, producing 'matches' perceived as poorly aligned with users' initial expectations and needs. This experience is captured in the words of a participant who described the difficulty of finding a good therapeutic fit through the platform's initial matching process:

The questionnaire asked for the topic, the reasons for suffering or the topics to discuss. I didn't talk about the matching with the first therapist, so there was no way to explain why precisely her ... after 4-5 months I requested to be assigned to another therapist. With the second one it was obviously something more direct, because I asked for a therapist with a psycho-dynamic orientation because that was

what I had found myself well with even other times." (User 9, M, 44 years old)

This case of mismatch highlights a key limitation in the platform's assignment process. Automation, while designed to maximize efficiency, proves inadequate when confronted with the relational and emotional nuances that are central to effective therapy. The algorithm's inability to ensure emotional or therapeutic attunement highlights the limits of reducing care to a computational matching exercise based on predefined data. As a result, such moments of failure require the user's active intervention. The breakdown of the automated system reintroduces negotiation and qualitative judgment into a process originally conceived for standardization.

The platformization of mental health is part of a broader sociocultural shift that seeks to dismantle barriers to access to wellness practices, while also encouraging help-seeking and legitimizing the pursuit of mental well-being as an ordinary aspect of everyday life (Draganidis et al., 2024). Whereas in the past, access to psychological expertise was mediated by institutional, territorial, and professional filters, platforms now configure an image of the psychologist as an immediately available resource—selectable through algorithmic criteria and accessible from anywhere (Garofalo, 2024). This process is driven not only by digital infrastructure but also by a set of imaginaries centered on efficiency, personalization and the democratization of expert knowledge (van Es and Poell, 2020). Yet, users often encounter infrastructural misalignments (Magaudda and Piccioni, 2019), which are typically resolved within interpretative frameworks that simultaneously reinforce and legitimise the platform's self-image as a defender of public values.

What remains in the background in this article, however, is the other side of these platform mechanisms: the ways in which psychotherapists are shaped by the organisational logic and marketing imperatives, which promote tightly scheduled workloads and the minimisation of dropout rates, a persistent challenge in online therapy. The same marketing logic also structures how users are addressed and mobilized. Users are mobilized through newsletters and social media advertising that promote ease of use as a way to "defend" mental health. Through these dynamics, digital infrastructures come to be perceived not merely as neutral intermediaries but as enabling environments that facilitate access and overcome geographical constraints (Clare, 2021). Unobravo performs a new imaginary of mental health as an accessible, personalized, culturally legitimate, and socially sustainable right. Far from being merely reflective, these imaginaries function as performative devices that orient user practices, reinforce the platform's legitimacy, and contribute to its stabilization within the landscape of psychological care in Italy.

4.3. Domesticating the infrastructure: from incorporation to relational resistance

Despite the platform's efforts to steer user engagement through its explicit vision and mission, users actively reconfigure its use in everyday life through practices of domestication, negotiating and adapting the infrastructure that enables online therapy.

Interaction with the platform primarily occurs through appropriation strategies that involve a selective use of its functions. Participants often engage only with specific components—such as automated emails or direct links—to carry out essential actions like initiating sessions or completing payments, rather than navigating the interface in depth. Thus, users do not passively accept the digital infrastructure; instead, they negotiate its interface and functionality, integrating them into their own systems of value and meaning. As one participant described, this selective use of the platform reveals how users appropriate its infrastructure to fit personal routines and needs:

Actually, I didn't need to navigate the website much, because the functions I was interested in were to start a chat, but there's a button on the email [appointment reminder], a link to start the chat or start

the session. For the payment, there's a button, a link. I haven't explored the platform much because everything happened automatically through the emails I received. The same goes for the payment once I confirm the appointment proposal; it automatically appears on my smartphone because I do it directly on my smartphone, the "pay now" button itself. But also, for the invoice: for example, once the session is over, I automatically receive an email with the link to download the invoice. (User 2, M., 21 years old)

Users' preference for the term "website"—or their focus on specific, easy-to-use functions like links and payment buttons—is highly significant, as it reveals both the discursive opacity of the platform and the effective enactment of its imaginaries. By using "website", users implicitly adopt an imaginary of simplicity, neutrality, and immediacy, understanding the service primarily as a convenient means to connect with a therapist, rather than as an opaque digital infrastructure. As captured through process of domestication, users often interact selectively with the platform's surface features (the interface), while the underlying infrastructural complexity—comprising algorithms, data governance, and quasi-infrastructural dependencies—remains invisible or taken-for-granted. In sum, the term 'platform' captures the theoretical and material reality of the service, while the users' term 'website' reflects the situated, surface-level experience that the platform is engineered to convey.

The process of domestication unfolds through the intertwined moments of objectification and incorporation. Objectification is evidenced by the normalization of the therapeutic setting, which is no longer tied to the fixed, professionalized space of the traditional office. Instead, the platform enables therapy to take place in mobile and familiar environments—homes, cars, hotel rooms—demonstrating how the digital infrastructure becomes naturalized within user's spatial and social surroundings. This, in turn, leads to incorporation, whereby the technological infrastructure is absorbed into the temporal routines of everyday life. As one interview explained, the possibility of conducting therapy from a familiar environment profoundly transformed the emotional and spatial experience of care:

As a very anxious person, the journey to reach the therapist's office used to trigger my anxiety. Even if I left home half an hour early, if the tram was even slightly delayed, I would already start feeling anxious. So, I would arrive at the session in a state of anxiety. And then there's that classic cliché they teach you in the first year of training: if you move a vase, an obsessive patient will notice ... well, I'm that kind of obsessive patient. So, in a way, online therapy freed me from that anxiety, because I start from a space that is mine. I feel comfortable with Unobravo precisely because I've distanced myself from the problems associated with the physical setting of the therapist. (User 7, F., 31 years old)

While the incorporation phase demonstrates users' successful integration of the platform into daily life, the analysis also identifies a conversion phase, characterized by practices of resistance and renegotiation of the platform's embedded governance logics. This phase is particularly evident in users' ambivalent engagement with the review tool. The review mechanism, a common feature of digital platforms, allows users to make their experience visible and shareable. Although users operate within the value system and prescriptive logics typical of digital services, they do not adhere to them mechanically. Writing a review requires time, intention and a focus on other users, and can be understood as a practice that reinterprets and re-proposes the infrastructure according to partially autonomous objectives, thus contributing to the renegotiation of the use and meaning of the platform. Moreover, the nature of the service offered, which involves a highly empathetic and subjective relationship between patient and therapist, means that reviews are only partially effective in building trust in the service. Survey data indicate that while nearly half of respondents (47%) reported reading reviews to assess the reputation of the therapist

suggested by the algorithmic match, a substantial proportion (39%) preferred to form their own impression directly during the session. Furthermore, although reviews are widely consulted, only a small minority of respondents (17,9%) reported contributing their own, revealing a clear asymmetry between consumption and production of evaluative content (see Table 4).

Among those who left a review, the primary motivation was the desire to provide useful information to other users (94% either quite or very agreed) (see Table 5). Crucially, 82,1% of respondents (calculated from the sum of the categories presented in Table 4, excluding only the “Yes” item) did not submit a review. Instead, 49.01% of participants reported recommending the platform through word-of-mouth rather than via the formal review system (see Table 6). Furthermore, 13.42% of respondents cited the inadequacy of reviews to convey the highly empathetic and subjective nature of the therapeutic relationship as the main reason for not engaging with this feature (see Table 6). This interpretation is reinforced by the qualitative data. As one participant explained, reviews are perceived as incapable of capturing the personal and relational dimensions of psychotherapy:

I went straight to look at the CV when I received the match. And then yes, I looked at the reviews, but oh well, given the subject matter, I think the review is a bit pointless. Maybe one person might get on well, but maybe I won't, and in that case it's not necessarily down to the therapist, the relationship with the therapist is too personal, it's often a matter of feeling. That's why I find reviews useless. I don't like the idea of writing “she's very good”. I also think it's a bit demeaning for the professional. (User 12, F., 32 years old)

The empirical findings show that, from the user's perspective, the platformization of mental health unfolds as a stratified, non-linear process of domestication. This process begins with appropriation, as users selectively engage with the interface (e.g., preference for email links over platform navigation), and with objectification, whereby therapeutic setting becomes normalized and detached from the fixed therapy room. These material adaptations lead to incorporation, as the technological infrastructure is seamlessly embedded within temporal and spatial routines of everyday life. However, the most significant aspect of domestication lies in its culmination: the phase of conversion and resistance. This is most clearly illustrated in users' ambivalent engagement with the review system, where ethical and affective considerations—rooted in an ethics of care—actively resist and subvert the platform's imaginaries of standardization, visibility, and performativity (Garofalo, 2024; van Es and Poell, 2020).

While the platformization of digital mental health reflects the broader structural trend toward the uberization of care (Cotton, 2025), the findings presented here highlight the practice mechanisms through which users rework and negotiate the governance logics inherent in platform society (van Dijck et al., 2018). This strategic resistance reveals the limits of platformization when applied to empathetic, high-stakes relationships such as therapy. A fundamental tension thus emerges between the platform's attempt to steer interaction through data-driven mechanisms and the strategic ways in which users negotiate these forms of governance. Domestication practices show that, rather than passive recipients of sociotechnical infrastructures, users emerge as active agents within a complex and contested process that continuously reshapes not only the therapeutic relationship but also the very practices

Table 4
Participants' engagement with review submission for the Unobravo platform.

Did you leave a review?	Percentage (%)
Yes	17,9
No	50,84
I was not aware of the option to leave a review	25,48
I do not remember	5,78
Total	100

Table 5
Motivations for leaving a review on the Unobravo platform.

Motivation	% Agreeing (quite or very much)
To provide useful information to other users	94%
To thank the psychologist (reputational motivation)	54%
To enhance the therapist's online visibility or reputation	16%

Note: Percentages refer to the subset of users who left a review. Multiple motivations could be selected.

Table 6
Motivations for not reviewing on Unobravo Platform.

Response Category	Percentage (%)
I do not feel comfortable reviewing such a private and personal relationship	13,42
I do not feel qualified to review a professional	7,67
I prefer word-of-mouth recommendation	49,01
I have not reviewed my psychotherapist online, but I will do so	24,34
Other	5,56
Total	100

of evaluation, visibility, and reciprocity within digital care infrastructures.

5. Conclusions

This paper investigated how users engage with the platformization of mental health, showing how everyday practices shape, negotiate, and sometimes resist the sociotechnical logics embedded in digital infrastructures. The experiences of Unobravo's users illustrate that online therapy is not merely the digital transposition of in-person therapy, but rather the outcome of an ongoing process of infrastructuring in which imaginaries, breakdowns, and practices of domestication intersect.

Building on this perspective, the analysis highlights how the Unobravo platform itself has become a critical infrastructural actor in organizing access to psychological care. This positioning as a quasi-infrastructure challenges traditional notions of public accountability, as the service remains privately owned and profit-driven (Gillespie, 2010; Plantin et al., 2018).

At the same time, users' interactions with the service are profoundly shaped by platform imaginaries (van Es and Poell, 2020), understood as the set of expectations and representations through which digital care is made meaningful. While the platform leverages neoliberal imaginaries of efficiency, personalization, and democratization to engage users, these representations are continually reinterpreted and negotiated. A profound tension emerges between the promise of algorithmic standardization and the reality of subjective, empathetic care. This conflict raises ethical questions about the applicability of platform logics of performativity and visibility to such a personal and intimate domain (Cotton, 2025).

Moreover, the findings reveal how patients actively reconfigure the platform through everyday domestication practices (Hirsch and Silverstone, 1992). The four-phase trajectory—culminating in the rejection of techno-normative control through formal review systems, or in the preference for word-of-mouth promotion over algorithmic metrics—shows that the ethics of care fundamentally resist the datafication of relational quality. The platformization of mental health, therefore, does not operate as a totalizing or linear force; rather, it unfolds as a stratified and contested process shaped by continuous user negotiations that redefine the boundaries between platform governance and subjective experience.

The paper underscores the importance of adopting a holistic

approach to analysing the impact of platformization on mental care. Rather than a uniform or deterministic process, platformization emerges as a contested assemblage in which infrastructures, cultural narratives, and everyday practices coexist and occasionally clash. The analysis suggests that the platformization and infrastructuralization of care should be understood not as purely technological shifts, but as socio-technical reconfigurations through which infrastructures, imaginaries, and everyday practices co-produce new forms of therapeutic experience.

Ethical approval

Ethics approval was not required for this study, as it did not involve clinical interventions or access to identifiable personal health data. Participants provided informed consent prior to taking part in the research.

Funding

This article presents the results of the research “WePlat - Welfare systems in the age of platforms: drivers of change for users, providers and policy makers” funded by the Fondazione Cariplo, project number 2020-1190.

Data availability

The data that has been used is confidential.

References

- Beer, D., 2018. Envisioning the power of data analytics. *Inf. Commun. Soc.* 21 (3), 465–479.
- Brewer, M., 2003. *The A-Z of Social Research*. Sage.
- Bucher, T., 2018. *If... Then: Algorithmic Power and Politics*. Oxford University Press.
- Charitsis, V., 2019. Survival of the (data) fit: Self-surveillance, corporate wellness, and the platformization of healthcare. *Surveill. Soc.* 17 (1–2), 139–144.
- Charmaz, K., 2003. Grounded theory: objectivist and constructivist methods. In: Denzin, N.K., Lincoln, Y.S. (Eds.), *Strategies of Qualitative Inquiry*. Sage, pp. 249–291.
- Clare, C.A., 2021. Telehealth and the digital divide as a social determinant of health during the COVID-19 pandemic. *Network Modeling Analysis in Health Informatics and Bioinformatics* 10. <https://doi.org/10.1007/s13721-021-00300-y>. Article 26.
- Cotton, E., 2025. *UberTherapy: the New Business of Mental Health*. Bristol University Press.
- Couldry, N., 2012. *Media, Society, World: Social Theory and Digital Media Practice*. Polity.
- Crosby, L., Bonnington, O., 2020. Experiences and implications of smartphone apps for depression and anxiety. *Sociol. Health Illness* 42 (4), 925–942.
- Draganidis, A., Fernando, A.N., West, M.L., Sharp, G., 2024. Social media delivered mental health campaigns and public service announcements: a systematic literature review of public engagement and help-seeking behaviours. *Soc. Sci. Med.*, 117231
- Edwards, A., Housley, W., Sloan, L., Williams, M., 2013. Digital social research, social media and the sociological imagination: Surrogacy, augmentation and re-orientation. *Int. J. Soc. Res. Methodol.* 16 (3), 245–260. <https://doi.org/10.1080/13645579.2013.774185>.
- Garofalo, L., 2024. “Doing the work”: therapeutic labor, teletherapy, and the platformization of mental health care. SSRN. <https://doi.org/10.2139/ssrn.4779005> [Preprint].
- Gillespie, T., 2010. The politics of “platforms”. *New Media Soc.* 12 (3), 347–364.
- Gillespie, T., 2014. The relevance of algorithms. In: Gillespie, T., Boczkowski, P., Foot, K. (Eds.), *Media Technologies: Essays on Communication, Materiality, and Society*. MIT Press, pp. 167–194.
- Helmond, A., Nieborg, D.B., van der Vlist, F.N., 2019. Facebook’s evolution: development of a platform-as-infrastructure. *Internet Histories* 3 (2), 123–146.
- Henwood, F., Marent, B., 2019. Understanding digital health: productive tensions at the intersection of sociology of health and science and technology studies. *Sociol. Health Illness* 41, 1–15.
- Hirsch, E., Silverstone, R. (Eds.), 1992. *Consuming Technologies: Media and Information in Domestic Space*. Routledge.
- Kolehmainen, M., 2025. Networked care: worlding mental well-being in a digital age. *Sociol. Health Illness* 47 (4), e70037.
- Latour, B., 2005. *Reassembling the Social: an Introduction to actor-network-theory*. Oxford University Press.
- Lupton, D., 2018. *Digital Health: Critical and cross-disciplinary Perspectives*. Routledge.
- Lupton, D., 2014a. Apps as artefacts: towards a critical perspective on mobile health and medical apps. *Societies* 4 (4), 606–622.
- Lupton, D., Watson, A.A., 2021. Towards more-than-human digital data studies: developing research-creation methods. *Qual. Res.* 21 (4), 463–480.
- Lupton, D., 2014b. *Digital Sociology*. Routledge.
- Magaudda, P., Piccioni, T., 2019. Practice theory and media infrastructures: “infrastructural disclosures” in smartphone use. *Sociologica* 13 (3), 45–58.
- Miele, F., Giardullo, P. (Eds.), 2024. *Reframing Algorithms: STS Perspectives to Healthcare Automation*. Springer Nature.
- Ministero della Salute, 2023. *Rapporto Sulla Salute Mentale Relativo All’Anno 2022*.
- Moretti, V., Pronzato, R., 2024. The emotional ambiguities of healthcare professionals’ platform experiences. *Soc. Sci. Med.* 357, 117185.
- Nieborg, D.B., Poell, T., van Dijck, J., 2022. Platforms and platformization. In: *The SAGE Handbook of the Digital Media Economy*. SAGE, pp. 29–49.
- Pickersgill, M., 2019. Digitising psychiatry? Sociotechnical expectations, performative nominalism and biomedical virtue in (digital) psychiatric praxis. *Sociol. Health Illness* 41, 16–30.
- Plantin, J.C., Lagoze, C., Edwards, P.N., Sandvig, C., 2018. Infrastructure studies meet platform studies in the age of Google and Facebook. *New Media Soc.* 20 (1), 293–310.
- Plantin, J.C., Punathambekar, A., 2019. Digital media infrastructures: pipes, platforms, and politics. *Media Cult. Soc.* 41 (2), 163–174.
- Pompili, M., et al., 2022. Mental health care in Italy: challenges and perspectives. *Int. J. Environ. Res. Publ. Health* 19 (3), 1234.
- Reilley, J., Pflueger, D., Huber, C., 2024. A typology of evaluative health platforms: commercial interests and their implications for patient voice. *Soc. Sci. Med.* 350, 116946.
- Rogers, R., 2013. *Digital Methods*. MIT Press.
- Saukko, P., 2018. Digital health – a new medical cosmology? The case of 23andMe online genetic testing platform. *Sociol. Health Illness* 40 (8), 1312–1326.
- Srnicek, N., 2017. *Platform Capitalism*. Wiley.
- Star, S.L., Ruhleder, K., 1996. Steps toward an ecology of infrastructure: design and access for large information spaces. *Inf. Syst. Res.* 7 (1), 111–134.
- Stark, D., Pais, L., 2021. Algorithmic management in the platform economy. *Sociologica* 14 (3), 47–72.
- Strauss, A.L., Corbin, J., 1990. *Basics of Qualitative Research: Grounded Theory Procedures and Techniques*. Sage.
- van Dijck, J., Poell, T., de Waal, M., 2018. *The Platform Society*. Oxford University Press.
- van Es, K., Poell, T., 2020. Platform imaginaries and Dutch public service media. *Soc. Media Soc.* 6 (2). <https://doi.org/10.1177/2056305120933289>.
- West, J.H., Hall, P.C., Hanson, C.L., Giraud-Carrier, C., Barrett, J., 2012. There’s an app for that: content analysis of paid health and fitness apps. *J. Med. Internet Res.* 14 (3).
- Xue, J., Deng, Z., Wang, B., 2025. Effects of emotional expression and platform prompts on patient selection: a multi-method study on online question and answer platforms. *Soc. Sci. Med.* 370, 117868.