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The Therapy World Has Changed: Where Are We Now?

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ABSTRACT

The world has changed since we conducted our first research study, in March of 2020, to understand the general public's attitudes, needs, and perceptions about mental health and psychotherapy. The coronavirus pandemic, a significant growth in the demand for therapy, a renewed recognition of systemic racial and economic inequities, the massive expansion of telehealth, and the increasing presence of technology companies in the mental health space, have impacted the country and our field. We conducted a new research study in 2023, using the same methodology we used in 2020, as an attempt to "listen" to the public once again. We learned that people are struggling with a number of stressors and mental health challenges, while not receiving as much emotional support as they would have wanted. Overall, we were encouraged to learn that central elements of therapies of depth, insight, and relationship continue to have strong support and value for the public. People value getting to the root of what troubles them, recognize the importance of relational aspects of therapy, and believe that therapy is a worthwhile investment in themselves. Despite the prevalence of telehealth, the majority of people reported a preference for in-person treatment. Finally, a general perception of high costs remains the main declared barrier to accessing therapy. The framework we developed in 2020 for communication and engagement with the public remains valid based on what we heard from them in 2023. Main takeaways and implications for future action are provided.

Context and background

Since our first research study in early 2020 (Delboy & Michaels, 2021) exploring and documenting the general public's views and attitudes on mental health and therapy, the world has changed, and so has the world of therapy. During and since the COVID-19 pandemic and the experiences of lockdown, widespread disease, fears of safety, and contamination from the other, the mental health of many individuals has worsened (Pew Research Center, 2023). For many of us, a sense of basic safety was stolen and our assumptions were fractured. No longer could we trust that there would be available beds in hospitals should we fall ill, that we would find staples in the grocery store, or that hugs with loved ones were nothing to be feared. People of color experienced higher rates of COVID-19 infection and death than white people, when adjusted for age (Kaiser Family Foundation, 2023). Racial and social upheaval was prominent, due to the long standing racism, discrimination, and structural inequities embedded in our society, and the killing of George Floyd ignited mass protests around the globe. The pandemic was particularly deadly to those with psychosis, PTSD, bipolar, and autism; in fact, individuals with these mental health conditions were more likely to die than those with respiratory diseases or cancer (NORC, 2023; Sapatkin, 2022). And, we are still experiencing and waiting to learn about the long-term impacts of enforced isolation, high anxiety, and school disruption.

All of these factors contributed to a dramatically increased demand for therapy (APA, 2021b). Therapists quickly shifted to live teletherapy and many increased their workload. Despite initial

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concerns about the effectiveness of teletherapy, therapists and patients soon learned that live teletherapy was effective and that strong affective and relational bonds could develop while mediated by video technology (APA, 2021a). Teletherapy helped protect ongoing care, offered safety and convenience, and increased access to existing and new patients, especially those in rural areas. For some patients, the online environment seemed to provide more emotional space or safety, and enabled a deepening of their work. Yet, there were concerns about equity; underserved communities in particular were less likely to have smart phones or computers, reliable internet service, or the privacy needed to participate in a session. And teletherapy was not a useful option for some cases; children, for example, often had difficulty sitting in front of a screen for an entire session, and victims of domestic violence often felt that conducting their therapy session while at home would increase their risk of abuse. Regarding insurance coverage and cost, one of the major obstacles that prevents people from accessing care, some insurance companies moved quickly to cover teletherapy, while others had to be pushed by advocacy efforts and new legislation to enforce coverage (e.g., California Telehealth Policy Coalition, 2023). Some insurance companies tried to impose even more restrictive conditions for coverage, such as requiring that teletherapy sessions be conducted through proprietary networks like MDLive, which pocketed up to 50% of therapists' reimbursement for furnishing a video link and billing services. Continued advocacy was effective in pushing back on these restrictions, and state licensing requirements were also loosened during the official state of emergency.

The high demand for mental healthcare ignited the growth of apps and technology platforms, and now the mental health app industry is projected to reach $7B in 2024 (Yahoo Finance, 2023). The imbalance between supply of therapists and demand for therapy has even attracted the attention of private equity firms that see significant profit potential in the mental health landscape (Safdar & Zuckerman, 2022). How all of this investment and technology and industry disruption will play out remains to be seen. Indeed, there has been considerable pushback on these new companies and the business models and value sets that they bring to the mental health world. For example, there are concerns that new "therapy-like" apps, many of which are built on the principles of cognitive behavioral therapy, struggle to provide effective care (Brown, 2021; Robeznieks, 2021). Privacy is a central concern for patients and therapists, yet may not be well understood or appreciated by technology-driven companies. In the Mozilla "Privacy Not Included" guide, many apps consistently have poor privacy protection ratings (Mozilla, 2023). The government has taken on companies, such as Cerebral and BetterHelp, for misleading and careless advertising and failures to protect consumer privacy (FTC, 2023, 2024).

Importantly, the profit motive and the incentives it generates are often misaligned with the ethical duties of therapists to respect patient autonomy and do no harm. For example, Cerebral and Done Health, whose marketing was associated with popular figures Simone Biles and Joe Montana, respectively, both pressured their clinicians to sell – meaning, prescribe psychiatric medications – aggressively (Hernandez & Terlep, 2022; Safdar & Zuckerman, 2022). Talkspace, which sued Psychotherapy Action Network (PsiAN) and its founders unsuccessfully in 2019 (Meyersohn, 2023; Michaels, 2023), later faced its own lawsuit, a class action case for securities fraud due to allegedly misrepresenting and understating its marketing costs to acquire new customers, thus overstating its profitability estimates and misleading investors prior to going public (Reed, 2022). The profit incentives have also forced therapists working for technology platforms into dual roles – on the one hand, therapist, and on the other, salesperson – which is a clear violation of therapists' Code of Ethics (Hill, 2020), while compromising therapists' autonomy and professional judgment. As a result, the promises of new opportunities for therapists and access for patients have been far from fulfilled (Garafalo, 2024).

Amidst the increased demand for therapy since 2020, we remained concerned that the general public and policymakers were operating with a skewed understanding of therapy and its effectiveness. The biases and distortions about therapy, which we documented in our 2020 research (Delboy & Michaels, 2021) and which have been discussed and analyzed by many others for decades,

remained strong. Yet, it was not well known that some of the claims about CBT and "evidence-based therapy" were misleading or that CBT has been ineffective for many patients (Shedler, 2015), and relapse rates for commonly used treatments have been concerningly high (Steenkamp et al., 2020). Nor was it widely understood that psychoanalytic therapy has a strong evidence base (Lilliengren, 2017), is as effective as CBT and medications in head-to-head comparisons (Steinert et al., 2017), and is effective for a number of diagnoses even when tested with more rigorous, real-world conditions (Leichsenring et al., 2023). Thus, the full story about either approach wasn't understood, and the public and policymakers were not operating with complete, updated, and accurate information. In fact, according to the chief policy officer of a large national mental health advocacy organization, the prevailing assumption that is generally accepted as a truism among policymakers is that "CBT is what people need" (personal communication, top executive of a major national mental health policy organization). Yet, this assumption is limiting and limited; for a diversity of people, problems, cultures, preferences, and perspectives, we need a diversity of treatment approaches.

Thus, with these new and changing dynamics in the mental health landscape, we enter this research study with curiosity about how the pandemic, social unrest, economic uncertainty, increased therapy access through telehealth, and changing dynamics of the mental health field impacted the public. We conducted this new research in August of 2023, revisiting some of the areas we covered and exploring new ones, while making sure we could track shifts in people's perceptions, needs, and attitudes toward mental health and therapy. This paper is based on the results of this second research study, which are shared in the following sections, but it is important to contextualize them in some of the central findings and themes we learned about in 2020.

First research study: A brief review of findings from 2020

Back in March of 2020, before most of the country went into lockdown as a result of the COVID-19 crisis, the authors conducted a research study with qualitative and quantitative phases. This study started with over 45 qualitative individual interviews, which we used to design and develop the second phase, a quantitative study using a structured online survey with over 1500 people nationwide. We used the tools that the corporate world has been using for decades to conduct market and brand research in order to understand the general public's needs, views, and attitudes regarding therapy. This was an unprecedented effort in our field and the detailed results were published the following year in an edition of Psychoanalytic Inquiry (Delboy & Michaels, 2021).

People value depth therapy and are interested in getting to the root

We were encouraged to learn that a significant segment of the general public values therapies of depth, insight and relationship, the types of therapy for which PsiAN advocates. Examples of these therapies include psychoanalytic, humanistic, existential, Gestalt, attachment-focused, somatic or embodied approaches, and more. Almost 70% agree that the main goal of therapy is to achieve better self-understanding and to get to the root of their issues. Indeed, this second aspect was considered the most valuable aspect of therapy by 50% of our respondents. In addition, an overwhelming majority – 91% – indicated that they would prefer therapy that addresses root causes of symptoms, rather than only providing ways to manage them, even if symptom management would take fewer sessions.

People understand therapy takes time and consider it a worthy investment

Despite pushes for shorter term treatments from insurance companies and some policymakers, we found that two thirds of the public believes that "emotional and psychological problems inherently take time to understand and resolve." This acknowledgment of the complexity of mental health

issues is likely the driver of the belief, shared by a similar number of people, that "going to therapy is an investment in oneself that is worth making." Considering oneself "worth knowing" is consistent with additional results supporting the importance of self-awareness and self-understanding.

People look for therapy to help them change patterns and feel empowered

Another consistent theme throughout our first research study was the importance, to the general public, of identifying and changing patterns as a way to feel empowered. Almost 60% of people agreed with the statement that "the most important part of therapy is becoming empowered to make your own choices in life." In addition, more than half of people believe that wanting to change repeating patterns is one of the main reasons why people should seek therapy.

People value relational aspects of therapy

We found, during preliminary qualitative interviews, that people have ambivalent reactions to an explicit consideration of the therapeutic relationship and potential transference dynamics. However, several data points from our quantitative survey suggest that people do indeed notice and value relational aspects of therapy. This sentiment is particularly strong around the importance of feeling heard and understood, without feeling judged, by someone who cares.

Psychoanalysis has a perception problem compared to CBT

In the 2020 research, we wanted to understand perceptions around the two therapeutic modalities with the highest awareness among the general public: psychoanalysis and cognitive-behavioral therapy (CBT). Psychoanalysis has the strongest perceptual advantage in terms of its use to get to the root cause of problems. However, the statements more strongly associated in people's minds with psychoanalysis, relative to CBT, include being aimed at "serious" mental health or personality issues, being expensive, requiring a long time to see any results, and being emotionally demanding. In addition, we heard during qualitative interviews perceptions of psychoanalysts as too passive, not empathic, and unlikely to be good listeners.

In contrast, respondents in our survey associated CBT more strongly, compared to psycho-analysis, with a number of positive statements. Some of them are tied to attributes of CBT itself (e.g., helping people change behaviors, or focusing on offering tangible guidance), but several areas in which CBT has a perceptual advantage are more general. CBT is considered to be more likely to help with "everyday problems," be more relevant, provide long-lasting results, and help people of any demographic get more control over their life.

In our second quantitative research study, conducted in 2023 and the focus of this paper, we did not include this last set of questions comparing both modalities. On the one hand, we have no reason to believe that these perceptions would have changed in any material way over the last three years, a relatively short-time frame for such change; on the other hand, we wanted to make room for other topics to ask people about. For a detailed analysis of all of the results of our first research study, please refer to Delboy and Michaels (2021).

Methodology

Our original research, in 2020, included a first stage consisting of in-depth qualitative interviews, which were used as input to develop the hypotheses to test, along with the content and the questions for the second stage, an online quantitative survey among the general public ($n = 1535$). This process is standard when conducting commercial market research. One of our main objectives for the new research study in 2023 was to track changes over time in people's needs, perceptions, and attitudes. As a result, we limited this project to conducting an online survey (with no preliminary qualitative

stage), using the instrument and results from the first research study as input. The authors, who also led the 2020 research study, identify as therapists of depth, insight, and relationship, are affiliated with the Psychotherapy Action Network (PsiAN), and have years of experience in marketing and marketing research. For the 2023 study, PsiAN partnered with an independent market research consultant, who worked collaboratively with the authors to design, execute, and analyze the research, and ensured an objective and unbiased assessment.

In order to accomplish our objectives, we needed to ensure that the methodology utilized in the 2023 quantitative survey was the same as the one utilized in 2020 (please refer to Delboy & Michaels, 2021, for a detailed description of our quantitative methodology). Any major changes, such as our data-collection approach, the definition of our sample screening criteria, or the techniques to obtain a representative sample, would have compromised our ability to compare results of both studies.

The sample for the 2023 research comprises 1570 respondents (margin of error is ±2.53% for the total results, with a 95% confidence level) from across the United States. In order to qualify for the survey, respondents needed to be between 18 and 70 years of age and report being aware of therapy or counseling as a way to address emotional or psychological problems. These are the same screening criteria used in 2020.

As in 2020, we worked with a vendor that manages a large U.S. online panel to access our sample. An "online panel" is an actively maintained and managed list of people who have agreed to participate periodically in market research. Panel vendors are utilized widely in commercial market research as they provide enough reach and representativity to make quantitative results generalizable. Fieldwork was conducted in August of 2023. Respondents answered a 15–20 minute questionnaire created by the research team based on the questionnaire used in 2020. We kept the core sections of our instrument the same to ensure comparability, but decided to remove some sections (e.g., perceptions of psychoanalysis vs CBT) and add others (e.g., report of life stressors and mental health experiences). We also added a few statements and questions that had become more relevant during the past three years (e.g., the perceived intersection of social issues and mental health, the use of therapy apps).

Importantly, we followed several steps to ensure that our sample was truly representative of our research population (i.e., adults in the U.S. aware of therapy or counseling). In order to accomplish that goal, we followed an iterative data weighting process, taking U.S. census data as a starting point. By weighting our sample, which involves assigning a relative "weight" to each respondent based on their demographic profile, we made sure that the results of our research are representative of the U.S. population in terms of age, gender, race/ethnicity, income, and geographic region. Since we followed the same process in 2020 (Delboy & Michaels, 2021), results for 2023 are not only generalizable and representative but comparable to our first research study.

Research findings

In this section, we highlight the main results from the quantitative research conducted in August of 2023. Whenever relevant and significant, we include comparisons to the results obtained in 2020 for the same questions.

How are people feeling?

The whole world was impacted by the pandemic crisis that started in 2020 and extended through the next few years. At the same time, social and racial upheaval, political unrest, and economic concerns have marked life in the United States in the years since. As a result, we decided to include a new section in our questionnaire to get a sense of how people were feeling and coping.

When asked about the most important stressors impacting their life over the last 12 months, the top two concerns were economic: 45% indicated feeling stressed about making ends meet, and a similar proportion stated being worried about inflation and the economy. The latter concern was

more pronounced among older respondents (59–70 years old). In addition, about a third of the population indicated that personal health concerns, as well as family relationships and responsibilities, were significant stressors (36% and 33% respectively). Some of the stressors selected as important for over one quarter of the population include aging, the future of the country (both especially higher among older adults), relationship with their partner, pressure at work or school, life transition, and concerns about their children. In contrast, stressors mentioned by less than 1 in 10 people in our sample include personal safety, crime, abortion, discrimination, and immigration.

Interestingly, Generation Z (adults between 18 and 26 years old) reported more stressors overall, selecting significantly more options from the "stressor list" we provided. They feel particularly stressed, compared to other groups, by family responsibilities, life transitions, work and school pressure, unemployment, relationships with friends, and the state of abortion legislation.

To assess the level of support people have to deal with these stressors, we asked our sample about the level of emotional support they received in the past year. A resounding 75% indicated that they could have used more support (25% indicated they could have used *a lot more*, 24% *some more*, and 26% *a little more* support). The proportion of people who said they could have used more support is higher for those between 18 and 42 years old. Overall, only 25% of people felt that they did not need more support, whether because they believe they received the support they needed (19%) or because they do not believe they needed emotional support (6%).

An important source of emotional support is associated with our experience of closeness in interpersonal relationships. Thus, we asked people if they felt they currently had more, fewer, or about the same number of close relationships (defined as people they could trust and rely on) than in the past. While most people (56%) said they had about the same number of close relationships, more than a third of the population (34%) recognized that they have fewer close relationships. Only 10% of people indicated that they have more close relationships than in the past, with people of color registering a slightly higher proportion than white respondents.

Given the extent of these stressors and their limited sense of emotional support, we asked how do people feel their mental health has been impacted? We asked people to select a number of mental health experiences they could identify over the last 12 months. Only 10% of the population indicated that they have experienced none of them. In contrast, 57% of the population indicated they had felt anxious, the most prevalent experience of the ones we presented to respondents. The next group of experiences, selected by about half of the population, include depression (50%), feeling overwhelmed by life's challenges (48%), feeling frustrated with themselves (47%), and general dissatisfaction with the way their life is going (46%). Feeling lonely and Isolated is the sixth most common experience (43%), which is consistent with the recent recognition by the U.S. Surgeon General, of a "loneliness epidemic" in the country (PHSCC, 2023).

Less frequently mentioned, but still significant for an important number of people, are feelings of guilt and shame (32%), lack of confidence in their own ability to handle personal problems (30%), having flashbacks of past events (29%), problems in romantic or family relationships (28%), and experiencing loss and grief (25%). As with the prior question about the stressors experienced over the past year, younger people (18–26 years old) selected a wider number of mental health experiences.

How have attitudes changed?

Given the preceding context of general life stressors, mental health impacts, and sources of support, we asked a series of questions about attitudes toward therapy and mental health.

First, to assess general education around mental health and access to mental health resources, we asked what people would do if they wanted to start therapy. 49% stated that they know the steps they would take and the resources they would use to find a therapist, while 29% (up from 21% in 2020) indicated that they have a good idea of the kind of therapy that would work for them. Taken together, these findings indicate that, compared to 2020, more people in 2023 feel knowledgeable

about how to find a therapist and have somewhat more of an idea of which kind of therapy they would pursue. This may be from the prominence of mental health issues discussed in the media during and since the pandemic, and/or the increase in mental health apps and their advertising, as well as an indication that stigma is reducing.

We asked for the public's understanding of where mental health problems come from. To this question, we added a new answer option in 2023 to indicate that social issues like poverty and racism have a major impact on mental health. Interestingly, this new option was the top choice, with 55% strongly agreeing or agreeing. Of perhaps more interest, there was no significant difference in this answer based on the race or ethnicity of respondents. Second to social issues, respondents stated that problems with past and present relationships play a major role in the reasons that bring people to therapy. 47% of respondents endorsed this, which was very similar to the 45% in 2020.

Of note, a statement about chemical imbalances in the brain remained close to the bottom of the list – 18% endorsed in 2023, and 17% in 2020. While this idea was marketed by pharmaceutical companies and more widely accepted in the past, it appears that this marketing slogan is or has lost credibility with the general public.

Regarding attitudes toward mental health and psychiatric medications, there were few changes from 2020. About one-third of respondents (27% in 2023, 33% in 2020), stated that they felt able to handle their feelings on their own, without outside help. A greater percentage (40%) stated that psychiatric medications help people live a happier life. Relatively few agreed with statements such as "taking medications is a shortcut" (10%) or "only for treating serious issues like schizophrenia or bipolar disorder" (10%). Thus, views toward medications were generally positive and they were seen as helpful for a variety of individuals.

We then asked about why people think someone would seek therapy. The top three reasons in 2020 remained the top three reasons in 2023: "to share your thoughts and feelings without feeling judged or ashamed" (73%), "to better understand yourself and the root of your issues" (67%), and "to learn skills and coping strategies to manage your thoughts and emotions" (64%). Similar to 2020, the public did not strongly endorse statements such as "the main goal of therapy is to feel better about yourself," (51%), to "find happiness, fulfillment, and purpose," (42%), or "to help you change your behavior," (30%).

Interestingly, despite strong support for social and racial issues impacting mental health, whether therapy was the place to address "how social issues like poverty, racism or homophobia impact your mental health" was at the bottom of the list, with only 24% agreeing or strongly agreeing. There was marginally more support for this statement among those who identified as BIPOC (31%), with significant variation among groups, namely Blacks (42%), Hispanics (30%), and Asians (25%).

Regarding views on therapy, across a range of topics, the public continues to believe that "emotional and psychological problems inherently take time to understand and resolve" (70%) and that "therapy is an investment in oneself that is worth making" (68%). Respondents also endorsed the statement "therapy that explores the past is more effective because it gets to the root of the problem" (40%).

This interest in exploring the past is confirmed by the minimal interest in several other statements. For example, 13% (11% in 2020) endorsed that "therapy that focuses on present-day problems is more effective than therapy that digs into past issues," and at the bottom of the list, only 8% (7% in 2020) agreed that "therapy that focuses on your childhood is a waste of time because the past can't be changed."

Then, we asked about people's views of therapists and the experience of therapy. The top responses indicate that the public sees a good relationship between therapist and patient as the foundation of successful therapy experiences. A strong majority (67%) agreed that "for therapy to work, it is very important that therapist and patient get along and have a good relationship," and about half (48%) would "strongly prefer a therapist who is supportive of my decisions and understanding of who I am."

There was relatively low endorsement of two items that were more related to the transference elements of the therapeutic relationship. Only 35% (32% in 2020) agreed that "talking about the relationship between therapist and patient can be useful," and 34% (albeit an increase from 21% in 2020) agreed that "having emotional reactions toward your therapist is normal."

Regarding preference for a therapist of the same racial or cultural background, only 16% stated that this was important to them. Although the rank order of statements was the same as the general population, there was variability among groups, and this was more important to those who identified as gender nonconforming (43%), Generation Z (27%), Black (28%), Hispanic (27%), or Asian (22%).

Finally, we asked respondents to choose one of two options: "therapy that takes fewer sessions and helps you manage your symptoms, but doesn't necessarily address the root cause of the problem," or "therapy that may take longer because it helps you manage your symptoms and also addresses the root cause of the problem." Overwhelmingly, the public's preference was for the latter option: 88% would choose getting to the root, even if that meant a longer therapy experience. In 2020, 91% chose the longer therapy. Because that high percentage surprised us in 2020, we reworded the options slightly in the new research study, with the intent of removing any potential bias or skew. Even with that rewording, in 2023, the public's preference for "getting to the root" remains strong.

Experiences of therapy

In addition to assessing people's attitudes and perceptions about mental health and therapy, we wanted to learn about the actual experiences people had had in connection with therapy (this was not a focus of our survey in 2020). In order to do that, we analyzed the data of the respondents who indicated they were current or recent patients (in the past three years) of therapy or counseling. As a result, this section describes people's *actual* (as opposed to intended or imagined) experience and decision-making process, as reported by them in the survey.

To begin with, how did people find their therapist? 40% of current and recent patients told us that they looked for therapists covered by their insurance through their insurance company's website. This is likely connected with concerns about the cost of therapy (see below) as well as the economic stressors that many people reported experiencing (described above). One third of people (32%) stated that they asked their doctor for therapy referrals, while 24% of people asked a friend or family member. These three approaches were the top three across all demographics. In contrast, 17% of people indicated they searched for therapists online (e.g., on Google) and only 6% reported using an online therapist directory (e.g., Psychology Today). These results for online searches were, unsurprisingly, higher among the younger population, and also among Black and Hispanic respondents. On the other hand, Asian American respondents appeared to be less likely to search online and much more likely to ask their doctor or a family member or friend. Regarding use of an app like BetterHelp or Talkspace to be connected with a therapist, our research suggests that 4% of people used these kinds of apps.

How did they go about deciding which therapist to consider? The majority of current and recent patients (52%) mentioned that the therapist's in-network status with their insurance policy was one of the most relevant factors when choosing their therapist. As mentioned above, insurance coverage can be considered a proxy for concerns about cost and affordability (about 90% of our sample indicated they have health insurance, although 30% don't know if their policy covers mental health treatment). After insurance, "convenience" factors, such as a convenient location (41%) or a convenient schedule (35%), are important for about two in five people. The mention of "convenient location" as an important factor in choosing a therapist may represent a continuous demand for in-person services despite the prevalence of telehealth, or might actually refer to the possibility of doing therapy online from the convenience of one's own home.

The next cluster of factors, selected by about 25–30% of respondents, include three characteristics of the therapist themselves. Notably, 30% state that the therapist's personality is one of the most relevant factors when selecting a therapist, indicating an appreciation of the relational aspects of the

work. The therapist's experience and specialization working with "people like me" or "the issues I want to work on" is mentioned by 27% and 24% respectively. Recommendations from physicians seem to carry more weight than recommendations from friends and family (29% vs 20%), although that might be a function of the reliance on each approach to finding a therapist.

Consistent with some of the results observed in our 2020 research, the therapist's theoretical orientation, their specific degree, where they went to school, or their publications, come at the bottom of the list, selected as important factors by only 2–8% of the population. Whether the therapist shares the patient's racial and/or cultural background was mentioned as important by only 4% of the total sample, although this proportion is 17% for Black respondents and 10% for Hispanics. Even for these groups, however, the top decision-making criteria (e.g., in-network status, convenience, recommendations) rank significantly higher, consistent with the overall population.

Once people decide on which therapist to work with, what kind of therapy do they receive? When asked this question, most respondents (37%) said they did not know or did not remember the modality they experienced. One third (32%) of current and recent patients indicated that they had CBT therapy, while 19%, a distant second, reported mindfulness-based therapy. Only 11% indicated either psychoanalysis/psychoanalytic therapy or humanistic therapy. Other modalities (e.g., EMDR, DBT) received less than 10% of mentions; specifically, "psychodynamic therapy" was mentioned by only 2%. While we have no way of knowing what kind of therapy people *actually* experienced or how it is that people think they know the specific modality, these results highlight the significant presence of CBT in how people think about their therapy experience. It is worth noting that the high number of mentions of CBT in this question is not only driven by the high levels of awareness of that modality; in fact, according to our research, both CBT and psychoanalysis/psychoanalytic psychotherapy share a high level of awareness, being recognized by 60% of the population.

We asked current and recent patients about specific elements experienced in therapy. The majority (57%) indicated that therapy involved understanding the root cause of their issues. While the actual meaning of this statement is unknowable through our research (different modalities, therapists, and patients may have a different understanding of what it means to "get to the root"), we think of this datapoint as an affirmation of the value placed on the concept of getting to the root as a proxy or a wish for depth of some sort in the treatment. Focusing on symptom management and identification of repeated patterns were the two next elements with the highest mentions (47% each). It is worth noting that a similar question asked in our 2020 research not about *actual experience* but about *perceived value* of therapy among the overall population yielded similar results in terms of the top responses.

A second group of elements experienced in therapy, mentioned by between 30% and 40% of current and recent patients, include making connections between present and childhood (40%), using meditation or mindfulness exercises (39%), offering "quick tips" (36%), exploring issues the patient was not initially aware of (34%), identifying "incorrect" emotions or thought patterns (34%), having homework between sessions (32%), or providing concrete skills (31%) or solutions (30%). Several of these elements are a mix of aspects associated with cognitive behavioral approaches, although a few of them would apply to therapies of depth, insight and relationship. In contrast, elements closer to a psychoanalytic practice, such as talking about dreams or about the therapeutic relationship, were experienced by only 11% of current and recent patients. Finally, only 5% of this group indicated that they talked about racism and other social issues during therapy. This description of their experience stands in contrast with the recognition, mentioned above, about the role of systemic and social issues on people's mental health, yet is consistent with their lesser agreement that therapy helps one see how social issues impact mental health.

Preferences and barriers

We asked people some questions about their preferences and concerns regarding engaging in therapy; these questions were asked to everyone, regardless of whether they had actual experience

in therapy or not. A large majority of people (78%) appear to recognize the importance of privacy and confidentiality, as they indicated that, if they were to work with a therapist, they would like to make sure that all their information is kept private. Connected to this, a non-trivial number of people (34%) state they are concerned that technology companies offering apps for therapy won't keep their information private. Despite this and given the increased number of apps and dollars spent advertising them, the proportion of people who would be willing to consider using apps for mental health or emotional support has increased between 2020 (57%) and 2023 (69%). It is worth noting that the apps people indicate they would consider are mainly meditation/mindfulness apps (43%) or apps to be matched with a therapist (41%), far from apps that provide AI-enabled interaction (12%).

More than half of the respondents (57%) indicated that they would prefer to work with someone based in their local community, rather than someone who lives far away, which appears to be an important consideration when thinking about increasing access to mental health services. On a related note, only a third of people believe that video sessions can be as effective as meeting in person, suggesting that, despite the fast growth of telehealth as a way to access services, people do see the benefits of an in-person experience. Moreover, when directly asked to rank their preferred communication method if they were to talk with a therapist, an overwhelming majority (78%) indicated "in person" as their top choice; for almost everyone (90%), meeting in person would be their first or second choice. 72% mentioned video as a first or second choice (only 14% selected this method as a first choice), while only 26% mentioned over the phone and 13% via text message. Only 17% of people believe that texting regularly with a therapist can be as effective as meeting in person or over video. The low number of people who seem to want "text therapy" coupled with the relatively low number of people (28%) who seem to value the possibility of communicating any time with their therapist or to have the option to switch therapists with just one click, indicate a relatively muted interest in the marketing offerings of some technology companies in the mental health space.

In order to understand potential barriers for people to consider engaging in therapy, we first asked what they would do if they felt "frustrated, sad, anxious, unhappy, or not in control of your thoughts and emotions." Managing those feelings themselves was the first option for most people, whether that meant "staying active and busy" (62%) or "remaining optimistic" (55%), followed by talking with friends or family (53%). 45% of people indicated that they would consider finding a therapist or counselor. Practicing yoga or meditation was mentioned by 40%, a similar proportion as those opting for praying or getting religious support (38%). "Keeping it to myself" would be the response for 36% of the public, the same percentage (36%) that might consider taking psychiatric medications. Consistent with other results, only 7% indicated they would consider using an app to interact with AI.

If 45% indicated they would consider finding a therapist or counselor, we wanted to know why the other 55% would *not* consider therapy to handle these experiences. The top answer among this group that would not consider therapy was the belief that therapy is too expensive, mentioned by 35%. An unwillingness to spend money on something they feel they can handle on their own (perhaps a mix of financial concerns and skepticism about therapy) was the reason selected by 24%. The belief that they can handle problems on their own or that they have family and friends to talk with about their problems was mentioned by a similar number of people, 26% and 23% respectively, while 21% acknowledged not feeling comfortable talking to a stranger about their problems. All other reasons not to consider therapy were mentioned by less than 15% of people. Specifically, barriers associated with skepticism or mistrust of therapy (e.g., "I don't trust therapists," "I don't believe therapy works") were only mentioned by around 6% of the sample.

That perceived cost was the main barrier to consider therapy was not surprising, as it was consistent with the results we observed in 2020. As such, we wanted to understand more about what these perceptions were about. When those who mentioned high cost as a barrier were asked

why they believed therapy was too expensive, most people had a general sense that the cost per session would be too expensive (58%) and they could not afford it or fit it in their budget (50%). About a third of people considered that the high cost would be driven by the length of time therapy requires (35%) or because their insurance doesn't cover it (34%).

Implications and next steps

Given that our research shows that many individuals are experiencing high levels of stress affecting their mental health and that they desire more emotional support, the need for providing reliable, trusted information to the public remains high. While more people feel knowledgeable about finding a therapist than they did in 2020, they still have questions, obstacles to seeking help, and misperceptions about therapy. Thus, it remains a critical endeavor to communicate and engage with the public, to educate them about therapy, mental health, and therapies of depth, insight and relationship, and to empower them with the information, tools, and confidence to find a therapist with whom they can pursue the benefits they find most relevant.

In addition, advocacy on behalf of therapies of depth, insight, and relationship is still needed, given the public's confusion over what kind of therapy they are receiving or have received, and the public's negative associations about psychoanalysis/psychoanalytic therapy. Such advocacy should be of value and interest to the public, as it could be helpful in their searches for therapy and support.

We were very encouraged to learn that despite, or perhaps because of, the impact of stressors on people's mental health, the general public still resonates with and values what therapies of depth, insight, and relationship can offer. Consolidating our 2023 research findings on what is most important to the public about therapy, and assessing how a number of key benefits, associations, and preferences were aligned with the 2020 study, we re-emphasize the framework we proposed back then, as developed in detail in our previous paper (Delboy & Michaels, 2021). This 4-part framework overlays what is most important to the public with the strengths and benefits offered by therapies of depth, insight, and relationship, and identifies the messages that should comprise the core of communication strategies to the public.

The four components of the framework are:

(1) Basic Must-have: "Feel Heard." The core message is that therapy is a place where you will be heard and understood without judgment.
(2) Key rational benefit: "Change and Choice." The core message is that therapy can help you change old patterns of behaviors, thoughts, feelings, and relationships to make new choices in your life.
(3) Key emotional benefit: "Worth It." The core message is that therapy is worth the effort, the time, and the investment, because you are worth getting to know and to grow.
(4) Most differentiating factor: "Get to The Root." The core message is that therapy is a way to increase self-awareness, self-understanding, and get to the root of oneself and one's issues.

This framework outlines the key components of an engagement strategy with the public and is grounded in our research findings and the public's own attitudes, preferences, and associations. In order to communicate and engage most effectively with the public, therapists need to meet them where they're at, use their language, have a deep and well-founded understanding of their goals and preferences, and privilege the public's perspectives over those of therapists.

In addition to utilizing the messages in the 4-part framework, therapists of depth, insight, and relationship can also help increase understanding and value of their work, in the eyes of the public, by attending to other findings of our research. For example, the public's stated reasons regarding why someone would seek therapy align well with the benefit of therapies of depth, insight, and relationship. From the first research study, we knew that "getting to the root" was desirable and meaningful for the public. This strong preference remains unchanged in 2023, with nearly the entire

sample preferring a therapy that "gets to the root," even if it takes longer. We believe that this strong preference for getting to the root must be a critical component of communications to the public.

It can be communicated that not only are therapies of depth, insight and relationship uniquely focused on helping patients get to the root of themselves and their issues, but that this public preference aligns well with the Generally Accepted Standards of Care (Wit vs. United Behavioral Health, n.d.) and the evidence base showing the efficacy and effectiveness of therapies of depth, insight and relationship (Leichsenring et al., 2023; Lilliengren, 2017). In particular, the Generally Accepted Standards of Care state that underlying, comorbid, or chronic conditions must be covered by insurance policies, acute crisis mitigation, or symptom reduction is insufficient, and treatment must be individualized to each person. While we cannot say with specificity or certainty what exactly "getting to the root" means to the general public, our 2023 study provides more information about this phrase. The public associates this phrase with exploring the past, and that message as well can be used to counter the quick-fix claims of apps or self-help products.

As in 2020, we learned that the public does place a fair amount of value on symptom management and on finding helpful tools and strategies. While at first blush this may not seem like a good fit for therapists of depth, insight and relationship, we believe that clinicians and professional organizations could improve their framing and explanations of interventions and foci of therapy by stating that their therapies do help manage symptoms, and by showing how they *do* provide tools and coping strategies. For example, therapists with these orientations often work to help improve a patient's reflective functioning, emotional awareness and expressiveness, interpersonal relatedness, and capacity for mentalization. These realms of functioning and growth can be discussed in terms of tools and strategies which patients can learn, practice, and improve upon.

The public also stated clearly that a good relationship with a therapist is critical. This aligns well with the decades of research that show the therapeutic relationship is the main effective ingredient in therapy and the most robust predictor of outcome (Wampold & Imel, 2015). From a public messaging standpoint, it would be important to communicate that some therapies have a strong and distinctive focus on the relationship and appreciate how important, powerful, and transformative that can be. By the same token, we again, as in 2020, recommend not focusing on messages of transference, as those seemed to confuse and alienate the public.

When it comes to mental health apps and technology products, it was heartening to see that the public had a sense that their privacy and the therapeutic relationship might be compromised. Many apps are heavily advertised, with BetterHelp alone spending $100 mm in 2023 just on podcast advertising, making it the leading podcast advertiser in the US (Statista, n.d.). The advertising claims of BetterHelp tend to focus on what the technology affords, namely the functionality to text or message one's therapist at any hour of the day or night, and the ability to "ghost" one's therapist and request a replacement immediately, with the swipe of a finger. As therapists, we know that there is scant evidence, if any, showing the connection between texting one's therapist at all hours and therapeutic outcome. We also know that dropping one's therapist during treatment is generally not recommended, prevents the possibility of repair following a rupture, an experience which can be transformative and immensely valuable, and could even be counter-therapeutic. Thus, not only is the general public well aligned with the evidence base when it comes to acknowledging the importance of the therapeutic relationship, which is built on confidentiality and therapists' Code of Ethics, they seem to have the sense that the relationship and their privacy might be compromised by apps and tech products.

Concerns about cost and affordability of therapy remain significant. Systemic insurance industry reform as well as public education are needed around these issues. Insurance companies define and control their networks of participating therapists, and many studies have documented the ways in which insurance companies keep their networks smaller than they should be – whether through below market rate reimbursements to therapists or excessive administrative burdens (Mark & Parish, 2024; U.S. Government Accountability Office, 2022). In response, many therapists have decided they cannot work with the terms dictated by insurance companies, and have chosen to establish self-pay

practices only. Interestingly, there is a greater shortage of primary care doctors than there is of therapists; it is mainly the shortage of in-network therapists that is most problematic. If insurance companies paid a market rate for therapists' services, and if they adhered to the parity law, it's likely that many therapists – who generally want to help people, especially those with limited means and privilege – would choose to accept insurance. Beyond the question of insurance networks, many individuals do not know the actual cost of therapy, their co-pay, or even whether their insurance policy covers mental healthcare. Thus, there are significant opportunities for public education and continued advocacy with policymakers on these issues.

It is our long-term hope that our research can contribute to the public's gaining a more comprehensive and accurate understanding of mental healthcare, types of therapy, a sense of what might work best for them, and the skills to disentangle marketing messages from actual benefits. Listening to the public is the starting point, and our research findings form a key building block for a follow-on project focused on educating and empowering the public, by the Psychotherapy Action Network (PsiAN), a nonprofit organization that advocates for psychotherapies that create lasting change. We welcome others to leverage our research as well, in the hope that those who suffer feel more comfortable and capable in accessing and evaluating the care they need.

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Patient anonymization statement

Potentially personally identifying information presented in this article that relates directly or indirectly to an individual, or individuals, has been changed to disguise and safeguard the confidentiality, privacy and data protection rights of those concerned, in accordance with the journal's anonymization policy.

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