Cornerstone UNIVERSITY®

Wisdom & Influence Podcast

Episode 28

When Feeling Good Isn't Getting Better: America's Therapy Culture

Featuring Jonathan Alpert

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TRANSCRIPT

Gerson Moreno-Riaño: Welcome everyone to the Wisdom and Influence podcast here at Cornerstone University. We have a very, very special guest today. He's one of the few psychotherapists in the country who bridges clinical practice and cultural commentary. His book, *Therapy Nation: How America Got Hooked on Therapy and Why It's Left Us More Anxious and Divided*, examines how therapeutic concepts escaped the consulting room and began reshaping American identity, politics, relationships, and public discourse.

It's a phenomenal book, and we're so grateful that he is with us today. He's frequently tapped by some of the biggest media outlets in the world. He has appeared on The Today Show, CNN, Fox News, Good Morning America, NBC Nightly News, and the list goes on. And his 2012 op-ed in The New York Times, entitled "Is Therapy Forever? Enough Already," remains one of the most debated mental health articles of the past decade. Would you please join me in welcoming Jonathan Alpert. Jonathan, thank you for being with us today.

Jonathan: Dr. Moreno, thanks so much for having me. I appreciate the introduction.

Gerson Moreno-Riaño: Yeah, I wanna start with that wonderful op-ed of 2012, which in many ways sets the stage for the book and all that you're doing. But perhaps you can reintroduce or introduce our watchers to that very important op-ed where you, in many ways, delineate the problems with the therapy industry or the way it was being practiced then.

Jonathan: Yeah, and that op-ed way back in 2012 really was the inspiration for my book *Therapy Nation* that just came out this year. And back in 2012, at that time, I'd been practicing for at least a decade, and I was noticing that people were going to therapists and they were staying in therapy. So in other words, they weren't getting better. They were staying stuck in therapy. And I'm not talking about my patients, I'm talking about other therapists and other patients.

But people would come to me and they would say, "I was seeing this other therapist for five, 10, 15 years and not improving." And to me, it was concerning. What are they doing in therapy if they're not actually reaching goals or advancing or learning how to cope or deal with stress in a different way?

So the op-ed piece really addressed that, and the backlash from that piece was pretty significant. So I had therapists from around the globe sending me hate emails. My alma mater banned me from a networking group. NYU, one of their commencement speakers talked all about me and said, "Don't let people like

Alpert ruin our profession. He doesn't know what he's talking about," so on and so forth. So the op-ed piece made quite a splash, and really, all I was doing was advocating for good treatment for patients. And in that article, I talked about if you were going to a hairdresser and you didn't like the cut that you were getting, would you continue to go back? Or if you were going to a fitness trainer but not getting in shape, would you continue to go see that trainer? Probably not, or at least you would reevaluate your relationship with these providers. But all too often, that's not what we're seeing in therapy. So the problem has only gotten much, much worse since that op-ed piece came out in 2012.

Gerson Moreno-Riaño: Yeah, and you made a point in the op-ed I thought of, talking about both. It seemed like the outcome to therapy was just more therapy, right? Or the outcome was feeling good, not solving a problem, not helping the patient, but just making the patient, him or her, feel good about themselves or whatever it is. And then the argument from the critics were our problems are so complicated, they take a very long time. And you note in that piece that these were not complicated problems necessarily. So it really pointed to a problem in the approach to therapy. And maybe you can talk a little bit about that because there are so many individuals, even higher ed students, in therapy, whether it's at a university or outside of the university.

Jonathan: Yeah, no, it's a good question. And feeling good is important, and you can feel good if you talk to a trusted friend, a relative, a professor, a classmate. There's so many ways that you can feel good. But if you're paying a lot of money to a therapist, I would think and I would hope that you're aiming for more than just feeling good and then going back and doing it all over in six days or eight days, whatever it is. And that's really the pattern that I was seeing. So there is a big difference between feeling good and actually getting better. But all too often therapists would have the patient come in, the patient would vent, get things off their mind, off their chest, things that happened over the course of the week. They would feel validated, and then they would just go back and do it all over again. And we have what I would call validation culture that's a huge problem now, where patients are being validated. Just about everything's being validated. I saw an article when I was writing my book about a guy that was in love with his tree.

So I'm not talking about just having a nice tree in his yard and he liked it. He was in love with it. He would sit with his tree, he would caress it, he would talk to it. To me that's pathological and unhealthy and probably preventing him from forging relationships with humans. And therapists, and I'm giving this as an example, but therapists validate that type of craziness instead of actually confronting it and digging deep and asking what this is all about and trying to help him to move on and become a healthier human. I've heard of therapists who will validate people's drug use. It's okay as long as you're safe. It's okay to use drugs. To me this is all very unhealthy and it doesn't help the patient to become a healthier person or a happier person.

Gerson Moreno-Riaño: So before we talk about how this has transitioned into the broader culture, perhaps you can talk with our listeners, our watchers, about how did this happen within the discipline of therapy and psychotherapy, right? In clinical therapy, how did this happen where validation, affirmation, enablement became the outcome, and not necessarily healing or accountability? How did this happen in the profession, in the actual practice of therapy? How did we get to this point?

Jonathan: Yeah, and if you look at the history of therapy, if you go back to Freudian, so this is psychoanalysis where the therapist says very little, they sometimes dive deep into deep-rooted issues around mother, father, childhood issues. That was all the rage decades ago, and in some parts of our country it's still very much alive and kicking, like old school analysis. And then we sort of moved more into a more engaging type of therapy, which is the type of therapy that I practice, which is more

cognitive behavioral. So what that means is looking at the way that people process information, the way they think about things and themselves, and the behaviors that come from that.

So for example, if I think I'm worthless, if I think I'm no good, that's probably going to translate into me feeling pretty lousy and behaviors that would reflect that. So maybe I'm not pursuing a certain job or pursuing a date or whatever it might be because I don't feel good about myself. And for me, that's a much more effective form of therapy, and there are people that practice cognitive behavioral therapy and are very good at it and help a lot of people. But our culture has moved into this way of thinking where they're afraid to confront people, that they will just validate and affirm people's thinking and behavior. And I don't know exactly how we got here. It might just be part of the zeitgeist that we're in. Don't challenge people, let people be who they want. I'm sure you see it on college campuses where you really can't confront people or challenge certain ways of thinking. But we're certainly seeing that in my profession and it's a big problem.

Gerson Moreno-Riaño: Yeah. I'm wondering if it's this — the mentality that the individual's at the center of reality, right? And therefore the individual's perspective on reality has to be validated because he or she or so forth are at the center of it. I mean, there's this whole conversation about human beings at the center of the cosmos, as it were. And I'm wondering if that's what the problem is. De Tocqueville, the great Frenchman, talked about this in the 1800s when he visited America, the radical individualism here in the US at that time. And I'm wondering if that is part of this, that the individual's sort of the captain of his or her ship, and who's a therapist or a doctor or a parent or a minister to say that the horizon the captain's looking at is the wrong one?

Jonathan: Yeah. I do think self-absorption is a big part of the problem. And interestingly, when we were working on titles for my book, one of the titles that we entertained was "It's Not All About You." And really that came from this culture of self-absorption and entitlement where people do think they're the center of the world. And we have therapists that are creating that, and we have grievance culture where people feel wronged by society. I think maybe the best example of that would be Luigi Mangione, the person who allegedly gunned down the UnitedHealthcare CEO. He felt wronged by the insurance industry, and he felt it was his right, his duty, his responsibility to take this individual out.

So that's just probably the worst example of grievance culture and self-absorption and really not being aware of the world around you and just thinking entirely about yourself. So yeah, I mean, that's a big part of it, selfishness, self-absorption, not thinking about how other people might feel, not putting yourself in other people's shoes.

Gerson Moreno-Riaño: You know, the golden rules that we're supposed to subscribe to, but all too often we don't. Words like trauma, boundaries, toxic, self-care — these sort of in many ways started as clinical terms, I think. And now you have them as political terms, right, as cultural terms. A young person last week she said to me, "I need to trauma dump on you," and I had never heard trauma dump. And I realized that this was a term that a lot of young people use now, trauma dump. So it's become these cultural, political terms now that at one point in time were clinical to diagnose and to help and to bring healing, but now it's a part of our political conversation, part of our political debate, right?

And so how did that transition of language happen from the clinic, right, to politics or to culture broadly speaking?

Jonathan: Yeah, unfortunately it's become such a big part of our lexicon. So I think you have therapists to blame for this because they're very quick to label people as toxic, narcissist, bipolar, and so on and so forth, and these may not be accurate diagnoses or terms, but they're equipping their patients with this language. And then the patients are then going out into the world and saying, "My therapist said that

you're a narcissist," or, "This is a toxic work environment." And then that combined with the world of social media, and we have — I mean, spend two minutes online on social media, and I would challenge you not to see the word toxic or bipolar or narcissist. I mean, it's there. Spend two minutes on one of these platforms and you'll see it. So you have so-called influencers with very large followings of several hundred thousand to several million, and they're talking about their narcissistic boyfriend or their toxic situation, and then their followers absorb this and they go out into the world and spew it.

So we have a huge problem. I have probably at least once or twice a week a new patient coming to me and saying, "I think I'm bipolar. I think I'm depressed. I think my boyfriend's a narcissist." And I'll say, "Well, why do you think that?" And probably 9 of 10 times they'll say, "Well, I saw something online. I took this survey that my favorite influencer put out there." This is creating a huge mental health crisis in our society and we need to be far more responsible, we meaning us therapists, professors, everyday people who are online. We really shouldn't be throwing out these terms as recklessly and irresponsibly as we are.

Gerson Moreno-Riaño: And that's a great point. And so how do we — I mean, the danger in doing so is that I think it minimizes real suffering. It minimizes the real serious issues, mental health or emotional, moral, spiritual issues that need to be addressed and healing needs to be brought to them. When you take language and then you inflate it and apply it to everything, in many ways it minimizes or eliminates or maybe keeps us from seeing real suffering. Don't you think?

Jonathan: Oh, absolutely. So if everything is a trauma, then what's an actual trauma? And a trauma is a life-threatening experience or the perception that it's life-threatening. So a bad car accident, an assault, certainly people who have faced wartime — these are real traumatic situations. In my book, I talk about, I tell a story about myself. I was hit by a car when I was biking a few years ago, and I'm fine. I can walk, and I'm very thankful for that. It was a very difficult situation. To some degree, there was some mild trauma insofar as when I was back out there, whenever I saw the same type of car that hit me, which was a big black SUV, I would get rather anxious and tense.

Gerson Moreno-Riaño: And Jonathan, those SUVs are everywhere now.

Jonathan: They sure are, especially where I am in New York, and it's the biggest SUV. I think it's an Escalade. And when I would see them, I would get a little tense. I would think back to the accident, but I was alive, and I was okay, and it wasn't keeping me up at night. It wasn't impairing my life beyond the actual accident and the physical issues that I was facing. But a lot of people nowadays will use something like that, say they're traumatized for life, or even milder things. I mean, I've had patients come to me and talk about having a disagreement with a friend or a colleague and telling me they're traumatized from maybe getting a poor review at work or at school and telling me they're traumatized.

And when you sit with the patient and you try to explain to them that that's actually not trauma, that's a bad day or a bad week, and there's a big difference, they eventually start to understand it. But it's just become so popular to label things as traumatic, and it does weaken what the term means and dilutes it, as you said earlier.

Gerson Moreno-Riaño: I'm wondering if it also weakens our culture and weakens us as human beings. I always tell my own children or others, "I'm 55 years old. The sun is setting on me, but the sun is rising on you. You're the young folks for the future." And I'm always mindful of the fact that when we get older, we start thinking the young people today, they're just not as strong as we were. And you always hear the older generation say, "You folks are weak. When we did it, we went to school and walked uphill both ways," right? It was just so much more difficult back then. But I'm just wondering, because even here at our university at Cornerstone, we've had these conversations, and at other universities I've had these

conversations, that there seems to be a lack of grit among young people, a lack of resilience, and also among a lot of people. And I'm wondering if therapy or over-therapization in our country could be part of the problem.

Jonathan: Yeah, I agree. There is absolutely a lack of grit and resilience, and I was raised in a similar way as you, it seems, where it's okay to fall on your butt, on your face, get up, learn from it, and figure out a way to do it better. And that lesson doesn't seem to exist today the way that it did a few decades ago. Instead, we have accommodation culture. So we have therapists, doctors, school administrators that are making it easier for people, and they're accommodating people if they need more test time for a standardized test. That's a good example, and it probably hits home with your school. People don't always need more test time. Sometimes people just need to learn how to focus better or how to organize their time better or manage their time better. But unfortunately, we have therapists that are willing to write letters saying, "My patient needs extra time on his test. My patient has ADD," which most of the times they don't. I've had people come to me with diagnosis in hand, "I think I'm ADD. I've been diagnosed with it." And then I do a careful assessment, and it turns out they're not ADD. They just feel overwhelmed, and they're unorganized, and I teach them how to improve those things, and they start to function better.

So yeah, accommodation culture is a big, big problem, and it probably gets back to what we discussed earlier where people in authority, whether it's a professor or a therapist, they're often afraid to confront people and address some of the real issues that are going on.

Gerson Moreno-Riaño: So before modern therapy, I'm always thinking about what gave people resilience. I always go back to my grandmother, passed away several years ago at the age of 94. Born in Colombia, South America. That's where we're from, and we immigrated to the US 45 years ago. But my grandmother would tell me stories that quite frankly to this day I don't know how she made it. I mean, and she told us regularly a story of expecting, being pregnant, getting on a horse to go to the doctor who was very far away, delivering the baby, and getting back on the horse and riding back home.

Jonathan: Wow.

Gerson Moreno-Riaño: Being on a horse while pregnant doesn't seem healthy. And I would think to myself — and I could tell you even worse ones. And I would think, "How did you all do this in the mountains, in the country? I mean, how?" And my grandmother would just say, "We just did it." Now, I'm not recommending that was healthy, but there was a great source of strength that many prior to modern therapy or modern therapy culture resonated with and drew from that seems to not exist now or is rarely available now.

Jonathan: An ancient wisdom, an ancient something.

Gerson Moreno-Riaño: So let's — how do you see that and any convergence between that and what you're doing and talking about?

Jonathan: Yeah. I do think therapy and therapy culture is a big part of the problem, but we also have to look at just where we are in 2026 as compared to 30 years ago. I mean, we have so many things that we can do on our phone. We can order food, we can find dates, we can research medical conditions, mental health conditions. We can use AI to do complex tasks. So in many ways, technology is a contributor to this. It's made life much more convenient and in some ways easier. We can order a car service. If you look back 30 years ago or 20 years ago, only the wealthy people had a driver, right? But now anyone with a credit card and a phone can order Uber. So it's just become a lot easier and more convenient to do these types of things. So that's part of it, but certainly therapy and therapy culture is a contributor to this.

Gerson Moreno-Riaño: The subtitle of your book talks about, connects this to national anxiety, right? National division. And so let's talk about that a little bit. How do we — we have a sense of how we got here. I mean, it's a big problem, complicated, so I don't wanna be reductionist, but there's certainly a connection here between what you're speaking about and a therapy culture of validation, affirmation, where discomfort is seen as danger, right? In many ways. To what's happening nationally, right? Anxiety, division, fear, shutting down. And so I wanna talk with you, if you can talk with our listeners about how do we address that, because that's a very significant problem, especially when it comes to a free and virtuous society and the importance of dialogue, conversation, the importance of listening to one another, of being somewhat uncomfortable with the opinions of others and how to interact with those. Very important for a vital, healthy society. So how do we get back to these other very important virtues that can help us?

Jonathan: Yeah, it's a great question. It's a great topic. And the first thing that comes to mind is politics, and it's really hard to not see what's been going on over the past several years where we have families that are split up over politics, friendships that are ended, relationships that are ended over politics. And I think people are jumping to conclusions that if someone votes a certain way, then maybe they're bad, maybe they lack morals, maybe they don't understand the other person. And instead of engaging and having a conversation with them to gain a better understanding of why they feel a certain way or why they vote a certain way, people are just quick to cut them out of their lives.

And I've seen so much of this estrangement. I've had parents talk to me about how their adult children cut them out of their lives. I've had people talk to me about how they feel like they can't attend Thanksgiving dinner because of how someone voted. There was a psychiatrist that appeared on national TV, and she advised people, she said, "If you don't like the way that someone voted, you don't need to attend that Thanksgiving dinner." To me, that's really bad advice, and as a mental health expert, I would never give that advice. I would say quite the opposite. I would suggest that politics, any political figure should never get between you and a friend or a family member. But all too often we have people in this country that are just cutting people out simply because of the way that they voted.

And if you go back a few decades, there used to be a time when one neighbor could put a sign on their front yard for Bill Clinton, the other neighbor could put a George Bush sign. Maybe they disagreed politically, but they still would be friendly, their kids would play, and maybe they'd have dinner together. That seems long gone. I've heard countless stories about people cutting people out of their lives simply over politics. So politics, I think, has become, in many ways, a new religion. It's become part of people's identities. And I would argue that's unhealthy if you're that consumed by politics or a political figure, whatever side you're on. It shouldn't dominate your life to the extent that it does, and you're cutting out people or ending relationships. So we have a real problem in our society. And my book talks a lot about politics and how we got there. When I set out to write *Therapy Nation*, it wasn't supposed to be a political book, but there's a whole chapter devoted to that, and rightfully so.

Gerson Moreno-Riaño: And then, I mean, everything becomes so political, right? It's just become hazardous in some ways. But you maintain a private psychotherapy practice, and you serve clients in New York and Washington. You have over two decades of clinical experience. And I wanna ask you about, do you see this problem, this dilemma in some generations more than others? Or is this something that's become pervasive and cuts across generations and age cohorts?

Jonathan: I think most people would think, "Oh, well, it's just the young people. They're so political." I used to think that until I started hearing from people in their 60s, 70s, and even in their 80s talking to me about their hatred towards Trump, how they hope he gets killed, or too bad the shooter missed. And this is from people that are older, 70s, 80s. And I realized at that point, this is no longer a 20-something or a

30-something problem. It is pervasive. It cuts across generations. So I guess to answer your question, it's not limited to one cohort. It's a wide range of people.

Gerson Moreno-Riaño: How do we begin to reform the profession, right? Because I think it's absolutely essential, and then how do we begin to put a dent into the culture in this area? How do we do that? It seems like a massive problem, a 20,000-pound elephant. How do we even begin to address this professionally and then in the culture? I say this saying that we have mental health counseling programs at, of course, our university, where we train clinicians for this at the master's level, to become licensed therapists. And we have a center on campus, we call it The Well, where we provide counseling to our students, and we've been speaking a lot about this and about your book, actually.

I know we've talked about this because this is a very important piece. We don't want to cause more damage. We want to bring healing, and as a Christian university, we believe that begins with our faith in Christ and morality and humility. But we also know there are some really good practices that we need to be deploying, good advice we need to be giving to our students. So how do we do that in the industry, Jonathan? How do we do it in culture? What do you think?

Jonathan: Yeah, and certainly faith is important, and it helps a lot of people, but I also think that changing the way that we think about ourselves, how we think about how our society is structured — all too often in academia, we have certain models that are being taught, especially in schools of counseling and psychology, where people or students are taught you're either oppressed or you're the oppressor, you're wealthy, you're poor. So our higher ed largely is creating this division, and I know of schools of counseling and psychology where they make students, grad students take a pledge to subscribe to this model. And if you start to see the world through that lens where, okay, you're either oppressed because you're not white or you're the oppressor because you are white, that's a huge problem.

Not every white person is an oppressor, and not every non-white person is oppressed. So it's a very antiquated, unhealthy model that's being applied, and I think we need to get back to a place where we look at people as individuals, whatever color they are, whatever their ethnicity is. We look at them as individuals. We look at their strengths. We help them to tap into those strengths or develop those strengths and reach goals and persevere despite the circumstances that they may have faced or their economic situation. I tell a few stories in my book about this where one individual, a Black man, professional, great job, but he was dealing with some stress, some anxiety at work, and he told me that his previous therapy was so hyper-focused on him being Black.

She made everything about that. That's the way she saw him, as a Black man first, not as a professional, not as a family man, but as a Black man, and because he's Black, he must be dealing with certain issues. And he actually felt disrespected by her. He certainly didn't feel like he was being helped, and he ended up leaving her and found me, and we focused on the problem at hand, which was his work stress and his anxiety, and he was able to improve.

A similar story. A person came to see me for stress management. He happened to be gay. The previous therapist, again, was so focused on him being gay. She talked about how this has to be a problem in his life. Society must treat him poorly because he's gay. The truth is, he was quite well-adjusted with that. That wasn't an issue for him, and he really just needed some help dealing with some stress and some other mental health issues. And like the other patient, he felt offended, he felt disrespected and ended up leaving that therapist and got help through me. So I think therapists and graduate schools need to stop putting people into these categories. They need to stop looking at people through such a narrow lens, and they need to look at people as individuals, and I think that's a really good start and hopefully your school does that.

Gerson Moreno-Riaño: Well, I mean, two things that come to mind is the role of accrediting agencies, especially specialist accreditors, right? The APA, for example. There's a significant, I think, responsibility that comes to specialty accrediting agencies in fomenting this kind of intellectual educational environment. Because oftentimes when you read the standards of specialized accreditation, there's a particular perspective that they are advocating and expect the schools to advocate. Maybe you can comment on that as a professional. Is that really an issue? At times I've seen it be, and other times I have not. If it is, how do we address it? Or how do we prepare mental health professionals to deal with those realities, both in their programs but also in their actual practice, so that they have a holistic view of the human being, the human person, not a myopic one?

Jonathan: Yeah, I'm afraid the APA and other organizations have really bought into what I just talked about, where people are put into these categories. So I'm not quite sure how that can change. I think voices like mine and others need to speak up and try to advocate for patients improving and not being sorted into these categories around race and ethnicity and socioeconomic status. I think that would be a good start.

Gerson Moreno-Riaño: What was the other part of your question?

Jonathan: The human anthropology piece. I mean, there's a degree to which when you talk about looking at people as individuals, right? Not just these classes or these groups. I mean, certainly accrediting agencies have helped to do that, and I was wondering how we can address that.

Gerson Moreno-Riaño: Maybe create a whole new accrediting agency. Maybe that's one possibility. But also how to prepare our students in graduate school and in professional programs with a deeper, richer view of the human being. Here at Cornerstone, as a Christian university, we speak a lot about the Imago Dei, being made in the image of God, and consequently, our divine design and a more holistic, broader, richer view of the human person, rather than one that is reduced to his or her — you pick the category, right? Skin color or race or ethnicity or whatever the case is. And so we try to educate students, and we do, with that holistic perspective and bring that to bear on the work that you're doing, rather than just cherry-picking the trauma of the day, right? Or the category of the day and running wild with that one.

Jonathan: Yeah, no, I think your school is doing it right, like taking a holistic view. And the truth is, a lot of graduate programs do attract people who buy into this wokeism, and a lot of what we're talking about, where their view of people in the world is just that, where they're not looking at people as individuals. They think they are, but they're not. They're categorizing them. And I don't think the profession made them like this. I think they came into the profession or into grad school already with that mindset or that way of thinking, and then the school just helps them to develop even more so that mindset, that ideology. Not all schools. I mean, your school certainly sounds different, but there have been a number of schools that have really drifted towards this wokeism and they're doing a disservice ultimately to people, to patients in our society.

Gerson Moreno-Riaño: Or even some of the examples you gave of individuals who really wanted to be treated as a whole person, not just a category, right? And so I wanna ask you as we close our time together, there's a lot of conversation in another industry, in education, especially K-12 education about evidence-based teaching, that we should be teaching students based on the approaches that have the strongest evidence for learning how to read well and learning how to do math. And so I wanna take that and bring it over into our conversation. Are you aware of what I'll call evidence-based, or significant bodies of evidence that demonstrate the harm of the current therapeutic approach that you're critiquing, and rightly so, and that also demonstrate the benefits of what I'll call an older approach, a more holistic approach? Can you share that with us?

Jonathan: Yeah, and I think there's more evidence for the efficacy of, say, cognitive behavioral therapy. So cognitive behavioral therapy — I mean, we're talking about social science. We're not talking about medicine. So it's not studied the way a medical disorder would be studied in a lab or at a research facility. You're relying on patient report. So for example, if you're a patient and you're seeing me for anxiety, and I ask you to rate your anxiety one to 10, 10 being really, really bad, you can't leave the house, you're so anxious, one being mild and you can function. So if you start to ask patients, "What's the rating today?" "It's nine." "It's six." "It's five." So you can show an improvement. So that's measurable, and it has some value to it. I mean, it's subjective, but nonetheless, it has some value. So cognitive behavioral therapy can be studied in that way, and if you do a search online through medical journals, you'll see more references to cognitive behavioral therapy than to some of these emerging approaches that are rooted in DEI or more woke therapeutic approaches.

So I think we need to listen to that. My hope is that we come back to the center and not continue to move as far to the left as we have or off from mainstream. I mean, at the end of the day, a patient comes in, they have a problem. We need to identify what it is, what's causing it, and what the goal is, where they hope to be. And I realize this might sound somewhat simplistic, but at the end of the day, I think that's what we need to do.

Gerson Moreno-Riaño: Yeah, I wanted to close and I promise with this last question. Let's say one of our listeners or watchers is hearing us and seeing this — wonderful conversation, John, so thank you for being with us.

Jonathan: You're welcome.

Gerson Moreno-Riaño: And they're in therapy now or thinking about going to therapy, what advice or just general principles would you give to them in choosing a therapist or in assessing the therapist that they may be working with?

Jonathan: That's a great question, and therapy and mental health services are so widely available now, whether it's through your school counseling center, online, in your town, or virtually. It's more accessible than ever before, yet rates of anxiety and depression are higher than ever. So we have to wonder why is that, and that's a lot of what I talk about in my book. But as far as shopping for a therapist, there's so much information that you can find online. If you want a faith-based therapist, you can do some research online and find a provider who provides that. If you want a male or a female, you can break it down into that. But also, I think you have to pay attention to the bios or the information that therapists have on their websites or listings. I would suggest people look for a therapist that's outcome oriented, results oriented.

If a therapist has kinda woo woo stuff on their website about past life regression and doing work with dreams, to me that's not very empirically based and it is a bit out there and probably not going to be helpful when it comes to actual mental health disorders. So really looking for someone who's outcome oriented. Also, you can request a brief call with the provider. A therapist should be able to give you a few minutes on the phone, and you can tell a lot in a few minutes. You can tell if you feel comfortable with that person, if you feel like he or she understands you, and certainly make a decision if you want an initial session or not.

But really ask the therapist what their approach is. What's your experience working with depression or anxiety or relationship problems? How have you helped people in the past? So it's not too different from if you had a medical issue and you were looking for a doctor. If you have a shoulder injury or if you have a sleep issue, you've gotta find the right provider.

Gerson Moreno-Riaño: Well, ladies and gentlemen, you've been with Jonathan Alpert, one of the great psychotherapists of our country, and his wonderful new book, *Therapy Nation*. Jonathan, thank you for all that you're doing, and I hope that you've got another book in the works that continues this. It's such an important conversation, and we wish you the very best. And thank you for being with us here at Cornerstone University's Wisdom and Influence podcast.

Jonathan: Yeah. Thank you very much, Dr. Moreno, and I appreciate your time with this.

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