These days, therapy doesn’t have to entail sitting on a couch and talking about your childhood. From microdosing to chatbots, learn about the multitude of effective options and figure out what will work best for you!

BY LISA ARBETTER
ILLUSTRATIONS BY KEITH NEGLEY
Laura, a self-proclaimed feelings nerd, started seeing a therapist proactively before the birth of her daughter as a precaution against postpartum depression. Unfortunately, after only a few sessions, the therapist abruptly left the practice. Before Laura (last name withheld for privacy) could find someone new, her father fell gravely ill with Covid-19.

The less good news: Only 5 percent of those surveyed for a Time magazine Harris Poll said they’d gotten mental health care for the first time during Covid, meaning the expansion of teletherapy didn’t bring in large numbers of new patients.

“Technology, on its own, doesn’t solve our current mental health crisis,” says Zeavin. For it to fully reach its potential, it must be supported by infrastructure changes that bring broadband access to remote areas and policy changes that allow therapists to practice across state lines and compel insurers to pay.

Plus, each new technology that’s introduced brings with it a unique set of issues. With text-based therapy, for example, there are privacy concerns. Where is that text stored? With chatbots, there is unease about the lack of a real human connection. (To be fair, Woebot doesn’t claim to be a therapist, more a coach or self-care expert.)

“Woebot is but a chatbot therapy app. Though Laura had been skeptical when she first heard of AI therapy, now, amid a crisis, she was willing to give it a try. She responded to a few prompts, and the app recognized she was grieving. It then asked her to describe her dad and her feelings about your childhood, and the hope is that a lot of users express satisfaction with these technologies, says Buffa, which could mean the distinction between self-care and actual therapy may be less important to them than the convenience and, in the case of Woebot, the free price tag.

As for Laura, her daily check-ins have been valuable. “For now, it is something I will continue, especially for those everyday ups and downs. I actually feel better after using Woebot,” she says. “And I think that’s an incredible use of technology.”

TECHNOLOGY TO THE RESCUE?

IT SHOULDN'T COME as a surprise: People are stressed out right now. Here in the U.S., before the pandemic, an estimated 33 percent of adults reported symptoms of anxiety and depression. As of June 2021, that number had climbed to 30 percent, according to data from the National Center for Health Statistics and the Census Bureau. But it’s not just Covid worrying us. “This past year has been very stressful for many in terms of a reckoning with racial justice issues and the political turmoil,” says Lyon Buffa, PhD, the American Psychological Association’s (APA) senior director of practice transformation and quality. Layer on top of that the fact that over 100 million Americans live in rural areas, which due to lack of funding or infrastructure have a shortage of mental health professionals—less than 1 per 10,000 residents—and you have the perfect petri dish for growing a mental health crisis.

Technology provides some hope. “Teletherapy has been positioned as a democratizing form of care,” says Hannah Zeavin, PhD, of The Distance Care: A History of Teletherapy. “It has long promised to the patient’s physical reactions and emotions. The therapist carefully watches the patient’s movements, and where in their bodies they experience charged memories and facilitate new transformations. The therapist sometimes says, ‘This is a perfect time to come back. This is a chance to come back and process this.’”

“IT HAS long promised to the patient’s physical reactions and emotions. The therapist carefully watches the patient’s movements, and where in their bodies they experience charged memories and facilitate new transformations. The therapist sometimes says, ‘This is a perfect time to come back. This is a chance to come back and process this.’”

Levine and his coauthors write in a paper describing the therapy he developed, called Somatic Experiencing (SE). He noticed that while all animals, including humans, experience automatic fight, flight, or freeze responses to threats, animals in the wild don’t suffer the effects of trauma the way humans do. The problems start after a freeze, says his research. “It is a blinding of the mind,” he says. “It is like a wall. The therapist has to help the patient pull back.”

Practitioners of SE believe that to heal we have to complete this process and release that energy. “It is done slowly, with the therapist walking the patient through different moments—when they last remember feeling joy or when they realized they had survived a traumatic incident—and asking the person to notice and describe their body’s sensations and positions. The therapist works through the physical, the patient’s physical reactions and decisions, and where in their bodies they experience charged memories and facilitate new sensations around them.”

SE was developed to treat trauma, but it can work for stress-related illnesses, too. An emerging science called PTSD (post-traumatic stress disorder) is a form of trauma and, according to research that strongly suggests it’s beneficial.
One found that, of the survivors of the 2004 tsunami in Thailand who underwent one or two sessions of an SE-based intervention, 90 percent reported partial to complete remission of symptoms one year later.

While not new, EMDR recently made news when Prince Harry, Duke of Sussex, received the treatment on camera in his and Oprah’s documentaries, The Me You Can’t See. He explained that the trauma from the death of his mother was triggered whenever he was in London and manifested itself in feelings of being trapped. EMDR has allowed him to feel calm while visiting the city.

After some initial assessment, EMDR patients are asked to revisit traumatic events while rapidly moving their eyes and perhaps performing repetitive tapping on their shoulders and knees. According to the APA, unlike other treatments that focus on altering the emotions and responses resulting from traumatic experiences, EMDR focuses on the memory, with the intention of changing how it is stored in the brain. The result is a reduction or elimination in the problematic symptoms. Though how it works isn’t entirely understood, it’s thought that the eye movements or tapping restimulate how it is stored in the brain. The result is a reduction or elimination in the traumatic episodes.

Priscilla started EMDR after a toxic job left her questioning her abilities and feeling physically ill. For months the 31-year-old says she endured gaslighting and insults from her inexperienced supervisor, who at one point even told her to see a therapist about getting on meds. Priscilla went to human resources with complaints. Her request was denied. The situation brought up a feeling of entrapment within the organization. She reached out to the Institute for Contemporary Psychotherapy in New York City, and they matched her with a virtual therapist. After 13 months of treatment, she is back to a more productive “I am back to a more productive.” – Eunice, 45

Limited Availability

“After having a baby, finding an affordable therapist was difficult. Fortunately, I connected with the Spring Project, dedicated to helping pregnant and postpartum individuals obtain affordable psychotherapy. I began treatment a few months before the pandemic, and it has been a silver lining in my life.” – Maria, 38

Self-Doubt

“I was taught to figure out problems on my own. During the past year, I noticed conversations about therapy becoming more prevalent. Seeing people discuss their struggles made me realize that even if you are self-aware, there are benefits to be found. Specifically, I’m learning to challenge negative thoughts and replace them with healthy habits.” – Maria, 30

Prohibitive Costs

“After having a baby, finding an affordable therapist was difficult. Fortunately, I connected with the Spring Project, dedicated to helping pregnant and postpartum individuals obtain affordable psychotherapy. I began treatment a few months before the pandemic, and it has been a silver lining in my life.” – Maria, 38

While several U.S. states and cities have or are in the process of legalizing or decriminalizing psilocybin, it’s not legal yet. The relief the drug brought Leah, however, is backed up by extensive and ongoing research. In 2019, the FDA deemed psilocybin therapy a “breakthrough therapy.” Institutions such as Johns Hopkins have research centers devoted to the study of it and other psychedelics. And this year, one study, done by Imperial College London’s Centre for Psychedelic Research, showed that two sessions of psilocybin therapy reduced depression more quickly than a six-week course of a leading antidepressant.

One of my therapists describes trauma as a scratch on a record that will always keep the music from playing until you smooth it out,” she says. “I had heard a lot about psychedelics as a tool for smoothing some of those deeply rooted trauma grooves.” So in 2019, she attended her first ceremony. Lying on a mat, in a room with a guide and a few other people, she embarked on her journey. She saw herself with a ball of black matter inside her stomach, which she realized was her trauma. As the visualization continued, she extracted the matter and held it in her hand. “I saw that I could hold this experience closer, have it in my hand and cradle it, but I don’t have to be one with it.” She credits this insight with allowing some playfulness back into her life. “The new perception allowed a little bit of light to creep in,” says the 31-year-old.

Psilocybin isn’t just used in the process of legalizing or decriminalizing psilocybin; its not legal yet. The relief the drug brought Leah, however, is backed up by extensive and ongoing research. In 2019, the FDA deemed psilocybin therapy a “breakthrough therapy.” Institutions such as Johns Hopkins have research centers devoted to the study of it and other psychedelics. And this year, one study, done by Imperial College London’s Centre for Psychedelic Research, showed that two sessions of psilocybin therapy reduced depression more quickly than a six-week course of a leading antidepressant.

But psilocybin isn’t just used in the process of legalizing or decriminalizing psilocybin; it’s not legal yet. The relief the drug brought Leah, however, is backed up by extensive and ongoing research. In 2019, the FDA deemed psilocybin therapy a “breakthrough therapy.” Institutions such as Johns Hopkins have research centers devoted to the study of it and other psychedelics. And this year, one study, done by Imperial College London’s Centre for Psychedelic Research, showed that two sessions of psilocybin therapy reduced depression more quickly than a six-week course of a leading antidepressant.

Priscilla started EMDR after a toxic job left her questioning her abilities and feeling physically ill. For months the 31-year-old says she endured gaslighting and insults from her inexperienced supervisor, who at one point even told her to see a therapist about getting on meds. Priscilla went to human resources with complaints. Her request was denied. The situation brought up a feeling of entrapment within the organization. She reached out to the Institute for Contemporary Psychotherapy in New York City, and they matched her with a virtual therapist. After 13 months of treatment, she is back to a more productive.” – Eunice, 45

Self-Doubt

“I was taught to figure out problems on my own. During the past year, I noticed conversations about therapy becoming more prevalent. Seeing people discuss their struggles made me realize that even if you are self-aware, there are benefits to be found. Specifically, I’m learning to challenge negative thoughts and replace them with healthy habits.” – Maria, 30

Prohibitive Costs

“After having a baby, finding an affordable therapist was difficult. Fortunately, I connected with the Spring Project, dedicated to helping pregnant and postpartum individuals obtain affordable psychotherapy. I began treatment a few months before the pandemic, and it has been a silver lining in my life.” – Maria, 38

While several U.S. states and cities have or are in the process of legalizing or decriminalizing psilocybin, it’s not legal yet. The relief the drug brought Leah, however, is backed up by extensive and ongoing research. In 2019, the FDA deemed psilocybin therapy a “breakthrough therapy.” Institutions such as Johns Hopkins have research centers devoted to the study of it and other psychedelics. And this year, one study, done by Imperial College London’s Centre for Psychedelic Research, showed that two sessions of psilocybin therapy reduced depression more quickly than a six-week course of a leading antidepressant.

But psilocybin isn’t just used in the process of legalizing or decriminalizing psilocybin; it’s not legal yet. The relief the drug brought Leah, however, is backed up by extensive and ongoing research. In 2019, the FDA deemed psilocybin therapy a “breakthrough therapy.” Institutions such as Johns Hopkins have research centers devoted to the study of it and other psychedelics. And this year, one study, done by Imperial College London’s Centre for Psychedelic Research, showed that two sessions of psilocybin therapy reduced depression more quickly than a six-week course of a leading antidepressant.
I have always felt less than,” says the woman, which offers clinician-prescribed guided conversations or journaling before and after a ketamine treatment to ensure intentions are set, and once on the drug, patients remain under the watchful eyes of mental health professionals. Study volunteers are also screened to exclude those who may have adverse reactions.

Ketamine, another drug with a storied past, is also being used to treat depression, but it differs from psilocybin and MDMA in at least one important way. Ketamine is FDA approved as an anesthetic, making it legal for physicians to prescribe it for labeled depression. A 2018 meta-analysis conducted by Carlos Zarate, MD, of the National Institute of Mental Health, showed that while antidepressants work 40 to 47 percent of the time and take weeks or months to take effect, ketamine has a 65 to 70 percent response rate for treating mood disorders and starts to work within 24 hours.

One ketamine convert is Anastasia Burke. “I've always felt less than,” says the 62-year-old. “If you look at me on paper, you'd see very positive qualities. I teach Pilates. I train horses. I've sold a book, and I've done all that while legally blind, which tends to inspire people.” While she likes the idea that her story is helpful to others, it can also be a burden. “What if they find out I'm a fake?” On top of her imposter syndrome, Burke has had her fair share of trauma. In 2018, her sister committed suicide, and she suffers from chronic fatigue, a result of the same autoimmune disease that attacked her eyes. Then, in December 2020, she stumbled on The Addicted Mindbloom podcast. The episode featured an interview with Dylan Beytdon, founder and CEO of Mindbloom, which offers clinician-prescribed guided ketamine therapy in 11 states. Before it was over, she was on the computer applying to be a patient. After weeks of interviews to make sure she was a proper candidate for treatment, she started therapy.

Mindbloom does its sessions remotely, so Burke was in her own bed with her husband nearby when she set her intentions to accept change is possible, put on the eye mask, and took the tablets that had been delivered earlier. “After that first session, I had a feeling of incredible well-being and wonder, a feeling of great openness. It was like my body had been all closed down and suddenly it broke open. I felt ready to take anything good that came my way.” At First Burke needed to receive the treatment every five to eight days to keep her depression at bay, but after six months of doing the hour-long treatments, as well as the daily prescribed journaling, she felt strong enough to taper back to going every few weeks.

Then this past June, her newfound peace was tested. On her way back to her hometown to celebrate her mom’s 80th birthday, she got the news that her mother had died due to pneumonia. A trip meant to be a celebration of life was now something else entirely. And if planning a memorial and sorting through her mom’s things wasn’t enough, Burke’s brother re-entered the hospital for a heart condition the day before the service. “I am absolutely convinced that without ketamine and the tools I have implemented in my life through Mindbloom, I would have completely fallen apart, started drinking, letting my emotions take over, and all in all, put in a dismal performance when both my mom and my brother needed me to step it up,” she says. “I’ve made more progress in six months of working with Mindbloom than I made in 40 years of other therapy.”

Fewer than half of the 20.6 percent of U.S. adults who experienced an mental illness in 2019 received care, which proves there is work to be done to ensure everyone gets the help they need. With researchers, practitioners, technologists, and academics expanding what it means to get help and developing different modalities to do so, the hope is that more people will find something that fits for them.