Cut to the Feeling?

Why a Pop-Culture Appeal for Psychotherapy Failed and What We Can Learn from It

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Abstract

Psychological stress has deleterious effects on overall health and taxes the US healthcare system significantly (Avery et al., 2003). While psychotherapy is an effective treatment, it remains underutilized (Vogel et al., 2006). This study is a quantitative evaluation of an Entertainment Education (EE) message intended to persuade others to initiate psychotherapy sessions for self-care. Participants (n = 49) were randomly assigned to a control group or a message group, and then took a brief questionnaire to assess their beliefs about whether psychotherapy was effective, relevant, and important to them. Results indicate that this particular EE message had a negative effect on attitudes toward psychotherapy, specifically in making therapy seem less normal and a symptom of weakness. We can conclude that the message was not appropriately tailored to the audience, the style of the message was incompatible with self-reflection, and the benefits framed in the message were unappealing to the participants.

Introduction

Health Topic

Unchecked psychological stress is a scourge on the US Healthcare system. Avery et al. (2003) note that up to 80 percent of primary care complaints have a stress-related component. Further, Neurkar et al. (2013) found that less than 3 percent of physicians counsel on stress, though most agree stress-reduction would be helpful in improving their patients' health.

Psychotherapy has been well-established as a means of reducing stress and improving mental health. Yet, it still carries significant stigma and resistance. Vogel et al. (2006) note that less than 40 percent of people experiencing mental health distress seek professional help, and the most cited reason is social stigma. For many, note Lannin et al. (2013), psychotherapy is associated with the self-label of mental illness, an "othering" mechanism that potentially deters many from seeking out professional support and a potential diagnosis.

So what if a message could normalize accepting professional help for mental health care? What if viewers could observe some of the positive benefits of seeking emotional support? The ripple effects of better stress management could affect individual health, as well as quality and cost of healthcare overall. Using the framework provided by Dr. Nathan Walter's (2019) course on Changing Health Behavior, let's now take a deeper dive into the theories that might guide such a message.

Message Selection: Theoretical Considerations

The Theory of Reasoned Action/Behavior (Montano & Kasprzyk, 2015) notes that attitudes toward a given behavior, combined with perceived norms and self-efficacy, can help predict a patient's intent to perform a behavior. Intent, in turn, can predict actual behavior (Montano & Kasprzyk, 2015). To measure behavior intent, the study has to consider three main questions: (1) Can this message improve attitudes toward therapy by persuading the audience that people like them are doing it and can do it (*descriptive norms*)? Will the message convince the audience that therapy will benefit someone like them (*response efficacy*)? (3) And are people who receive the message more likely to intend to seek out therapy (*theory of reasoned behavior*)?

Next, we'll discuss the content of the study message in greater detail.

Message Description

The video (*see* Appendix B) was created by the entertainment media company As/Is for Mental Health Awareness Week. It featured young men and women talking about their initial resistance to going to therapy and then their positive experience after finding the right therapist. The group was diverse in terms of ethnicity, affect, and experience, but all appeared to be younger. During the message, several narratives showed vulnerability, discussing how they were surprised to find out how much they needed the therapist and how likely they were to cry during therapy. The message was shot in a fast-paced entertainment manner and aimed to address common fears about the first therapy session.

The message attempts to use various *descriptive norms* to convince the audience that the people in the video are just like them. Descriptive norms are effective because people tend to perform health behaviors that they perceive are commonly performed by people like them (Walter, 2019). The message uses different genders and ethnicities so that the audience might see someone who looks like them in the message. The message also attempts to influence *source liking,* which has been shown to increase efficacy in behavior change (Perloff, 2017). The characters are portrayed as honest, sincere, vulnerable, funny, and relatable, so as to cultivate this liking. Notably, this message presents a two-sided frame by noting the participants' resistance as well as their enthusiasm. This two-sided frame might increase source credibility according to Silk et al. (2011), as it shows the narrators as more reliable since they are willing to speak to both sides of the message and show weakness.

The message also attempts to influence *response efficacy,* that is the audience's belief that they could attend therapy and benefit from it. The message primarily tried to accomplish this by presenting the narrative arc of the characters' initial resistance and eventual emotional release from their first therapy appointment. This is a strategy often used in *Entertainment Education (EE),* as the audience can vicariously feel empowered by the transformation of the characters (Piotrow & de Fossard, 2003). This message used a *gain frame*, highlighting the benefits the characters received from their therapy session. This gain frame is useful when trying to inspire a new behavior (O'Keefe, 2012). This particular appeal certainly used emotion as part of the narrative, though the focus on sadness and emotional release was not a strategy discussed in class. The framing of the narrative was *episodic*, as it focused on each individual's story and pathway to therapy. As we've learned in Dr. Walter's (2019) class, this mode of framing can increase the self-efficacy of the individual viewer in seeking out therapy.

With these theoretical frameworks in mind, the message was used in the study to test participants' views toward seeking out an initial therapy visit.

Method

Participants

There were 49 total valid survey results. Participants were anonymous and the stated requirement was that they were not seeing a psychotherapist currently so as to put them in the same position as the characters in the message.

The demographics of the group were (unintentionally) homogenous. The sample was mostly white women between the ages of 35 and 44. Seventy percent had either a bachelor's degree or a master's degree. Most worked full time. More detailed descriptions are provided below.
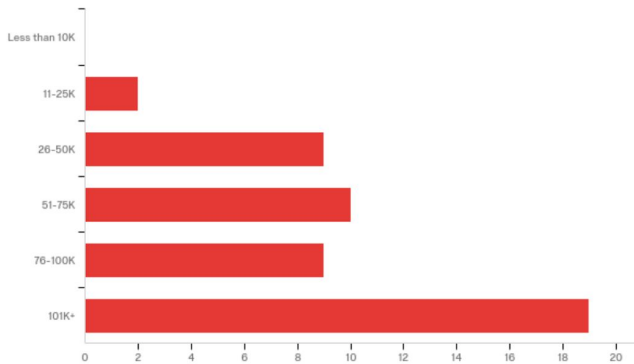
Gender Identification

18.37%

81.63%

Legend: Male · Female · Gender non-conforming · Prefer not to say · Other

Highest Level of Education
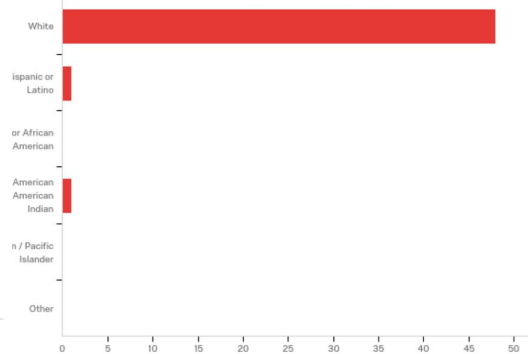
8.16%
8.16%
10.20%
34.69%
34.69%
2.04%
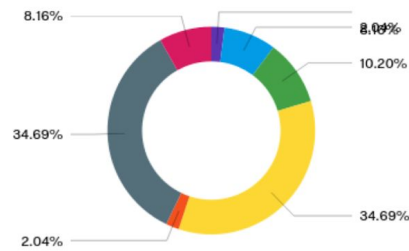
Legend: an a high school diploma · High school degree or equivalent · Some college · certification · Bachelor's Degree · Some graduate school · Master's Degree · Doctoral Degree

Annual Household Income

Less than 10K
11-25K
26-50K
51-75K
76-100K
101K+

What is your ethnicity (select as many as apply)

White
ispanic or Latino
or African American
American American Indian
n / Pacific Islander
Other

Another notable characteristic of the survey responders were that they had a relatively low incidence of self-reported mental health issues. In fact, they reported experiencing emotions like worry, sadness, insomnia, loneliness and overwhelm an average of only once per week.

In the past year, how often have you experienced...

AWA.FIELD	Daily		4-6 times a week		2-3 times a week		Once a week		Never		A few times per month	
Worry or anxiety	16.33%	8	28.57%	14	28.57%	14	20.41%	10	2.04%	1	4.08%	2
Insomnia	2.08%	1	4.17%	2	12.50%	6	29.17%	14	43.75%	21	8.33%	4
Sadness	10.42%	5	12.50%	6	22.92%	11	33.33%	16	12.50%	6	8.33%	4
Lonliness	2.04%	1	6.12%	3	18.37%	9	24.49%	12	46.94%	23	2.04%	1
Overwhelmed	16.33%	8	14.29%	7	20.41%	10	24.49%	12	16.33%	8	8.16%	4

Procedure

The data for this project was collected through a Qualtrics survey (*see* Appendix A). The survey was set up to randomize showing the video message to half the group, while the other half saw no video and proceeded right to the questions. Therefore this was a post-test only study, with a control group.

The order of the survey was first an introduction and a qualifying question: "Are you currently seeing a psychotherapist?" If participants answered "yes," they were taken to the end of the survey. If they answered "no" they were either shown the video message or not and then taken to a series of questions regarding their current mental health. Next, they were asked about their attitudes toward therapy in terms of its efficacy for various conditions and its positive value for people like them. After that, they were asked how likely they would be to seek out therapy in the future in order to measure their behavioral intent. Finally, everyone was given demographics questions and the survey was complete.

The survey link was distributed via social media and was available publicly for a week. During this time, 49 participants entered valid responses.

Measurement

Ultimately, this survey wanted to measure whether this message could effect *intent to seek out psychotherapy*. In order to accomplish this, study questions fell into three categories: (1) Does this message help the audience believe people like them are doing it (*descriptive norms*)? (2) Will the message convince the audience that therapy will benefit someone like them (*response efficacy*)? (3) And are people who receive the message more likely to intend to seek out therapy in the future (*theory of reasoned behavior*)?

The questions to address the first measure of *descriptive norms* measured attitudes toward therapy by asking participants what behaviors and beliefs they associated with therapy. This was measured on a bipolar semantic differential scale. The prompts were as follows:

Imagine 100 people like you. For this group, in general, therapy is...

Helpful	○ ○ ○ ○ ○ ○ ○	Unhelpful
Necessary	○ ○ ○ ○ ○ ○ ○	Unnecessary
Abnormal	○ ○ ○ ○ ○ ○ ○	Normal
Expensive	○ ○ ○ ○ ○ ○ ○	Affordable
Comfortable	○ ○ ○ ○ ○ ○ ○	Uncomfortable
Shows strength	○ ○ ○ ○ ○ ○ ○	Shows weakness
Unimportant	○ ○ ○ ○ ○ ○ ○	Important

The next set of questions attempted to measure attitudes toward psychotherapy's effectiveness, in order to measure *response efficacy*. Participants were asked how effective they perceived therapy was in treating psychological trauma, depression, increasing happiness,

decreasing loneliness, improving insomnia, improving relationships, moving toward personal goals, and dealing with a severe mental health issue. Participants could rate the effectiveness for each condition on a Likert scale from 1 (Extremely Effective) to 5 (Not at All Effective).

The final question related to intended behavior: How likely would you be to seek out psychotherapy in the future? This question was aimed at determining self-efficacy in actually seeking out professional support. This response was given on a Likert scale with 7 options ranging from Extremely Likely [13] to Not at all Likely [19].

For my own meta-analysis, I included questions to establish the participants' baseline mental health in order to have a rough measurement as to the relative need for psychotherapy. Questions in this category asked about how frequently the participants experienced sadness, overwhelm, worry, insomnia, and loneliness in the past year, on average. Participants were able to indicate whether it was daily, a few times per week, once per week, monthly, or never.

Results

The data was analyzed in two general ways initially, using an *unpaired samples t-test* to account for the post-test only nature of the study. First, attitudes toward the efficacy of psychotherapy were averaged for each person, with [1] being extremely effective (favorable) and [5] being extremely ineffective (unfavorable). Next, analysis was used to measure the likelihood of seeking a psychotherapist (performing the behavior). In this case, [13] was extremely likely to seek out therapy while [19] was extremely unlikely. Finally, the generally attitudes toward psychotherapy were assessed with [1] being very favorable and a [7] being very unfavorable.

	Control Group	Message group	*p-value*
Attitudes→ Efficacy *Response efficacy* (1-5) Lower number indicates more perceived efficacy.	2.44	2.43	.97
Likelihood of seeking psychotherapy *Intention* (13-19) Lower number indicates more likely.	15.24	15.20	.9
Positive feelings toward psychotherapy (1-7) *Descriptive norms* Lower number indicates positive attitudes.	3.06	3.60	.02

Of these analyses, only one was statistically significant, with a p-value of .02. In this case, the message had a *negative* effect on participants' views toward psychotherapy (*descriptive norms)*. This caused me to analyze the data more specifically to see if I could pinpoint some more specific reasons for this phenomenon.

To this end, I analyzed whether those with more severe symptoms were more likely to be positively influenced by the message. However, this showed no statistical significance. Next, I analyzed whether the message had an effect for certain symptoms (such as treatment of worry), but found nothing significant.

Finally, I analyzed the various perceptions of therapy to see if certain ones were more negatively influenced by the message. Here, I found data of statistical significance. Those who

watched the video were more likely to have the impression that therapy was associated with weakness and was not a normal part of life for them. These results were statistically significant, due to p-values less than .05. The message backfired.

	Control	Message	*p-value*
Perception of therapy being a sign of strength (1-7). (Lower number indicates more strength.)	1.86	2.79	.02
Perception of therapy being normal (1-7). Lower number indicates more normal..	2.03	2.84	.045

Discussion

Overall, we can conclude that this message had a negative effect on the participants' attitudes toward therapy. Specifically, participants in the message group perceived therapy as less normal and more a sign of weakness than those not exposed to the message. Because the message was intended to persuade people that therapy is not a sign of weakness and can be a normal part of life, this is an unexpected finding. However, the theories we've discussed in class can be used to understand why this message didn't work and how it might be improved.

First, the message was banking on the audience finding the characters relatable and seeing themselves in the narrative. However, while the message depicted young twenty-somes discussing their experiences in the sort of informal way they might speak to their peers, the group surveyed was predominantly older, specifically white women aged 35-44. This group

clearly did not identify with the narrative of the younger group. The descriptive norms of the source probably did not suit the older group.

The other factor to consider was the use of emotion. Emotional appeals can be useful if the audience connects with the narrator and if the emotion is moderated (Turner, 2011). In this case, one of the women in the video began crying suddenly in recounting her therapy experience. Rather than feeling an empathic response, the study participants potentially found this off-putting and perhaps a sign of weakness. This might be because the emotion was not moderated or explained enough through the narrative structure of the message. The participants also likely did not relate with this woman, or see themselves in her experience. The level of emotion could have been too strong for this sort of message, which is fast-paced rather than contemplative.

So what? One takeaway here might be that psychotherapy is a very personal subject and thus health-related messaging could benefit from being more tailored to specific audiences (Walter, 2019). Psychotherapy is also a contemplative subject, so a fast-paced, bouncy EE strategy might not be an appropriate way of helping people contemplate their own self-care. Diving deeper into the subject of message tailoring, it is important to recall the concepts Dr. Walter (2019) discussed of central pathway versus peripheral pathway processing. While the *central pathway* relies on deep reflection, the *peripheral pathway* of processing focuses on heuristics and generalizations (Walter, 2019). This audience might have experienced the message more through the peripheral pathway due to the fast pace and perceived shallowness in the characters. This, in turn, could explain why the message had a negative effect on source liking and descriptive norms.

So how might we improve this message? First, in order to create an EE video for the audience surveyed, I would use a more relatable figure: a middle-aged woman thoughtfully discussing the work/life/family balance that many undertake. The woman could then relate how participating in psychotherapy helped to reduce her stress and make her more effective and compassionate in her various roles. Though the message studied was gain-framed, it did focus on the process gains, such as emotional release during the therapeutic process. Crying during therapy might not be perceived as a gain by all audiences, so a more careful tailoring is necessary. Finally the message should include a specific call to action, such as a resource for locating a local psychotherapist.

Limitations and Future Evaluations

This study was limited by a lower sample size (n = 49) as well as the fact that it was a convenience sample of mostly people in my social circle. This does not provide a diverse group from which to generalize results. Due to socioeconomic factors and discrimination, mental stress disproportionately affects marginalized populations (Allegria, 2003). Yet my sample only has a few representing these groups. Ideally, a persuasive message would be tested on those who are the most vulnerable, and that was not accomplished in this study.

Future evaluations might be more successful if they are more specifically tailored and tested on participants based on factors such as their age, ethnicity, and SES. Even better might be to first do a formative study to discover the particular mental health issues facing a particular community (for example middle-aged Latina women in Chicago), and then tailor a message advocating for psychotherapy specifically to this group. This increase in relatability might allow

viewers to see themselves in the message and find it more persuading. Further, the gain-frame could be tailored to the population's desires. What might be considered a gain for one group, for example being able to break down and cry, might not be appealing to another.

Conclusion

Though this message was ineffective at improving attitudes toward psychotherapy, analysis nevertheless provides relevant guidance for future messages. When considering a highly personal subject like psychotherapy, health communicators should strongly consider running formative studies tailored to specific sub-populations. If running a health campaign to increase use of psychotherapy, this might mean creating several messages with different levels of emotions, concerns, and gains highlighted for each. A more contemplative tone that attempts to engage the audience with a direct call to action would also be helpful in engaging the central path of processing, rather than the seemingly less effective cut to the feeling.

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Appendix A: Measurement Tool

Q10

People Talk About Their First Therapy Session

Add Block

▼ Attitudes toward therapy   Block Options ∨

Q14

In the past year, how often have how often have you experienced:

	Daily	4-6 times a week	2-3 times a week	Once a week	Never	A few times per month
Worry or anxiety	○	○	○	○	○	○
Insomnia	○	○	○	○	○	○
Sadness	○	○	○	○	○	○
Lonliness	○	○	○	○	○	○
Overwhelmed	○	○	○	○	○	○

Q13

How likely would you be to...

	Extremely likely	Moderately likely	Slightly likely	Neither likely nor unlikely	Slightly unlikely	Moderately unlikely	Extremely unlikely
Seek out support from family	○	○	○	○	○	○	○
Seek out support from friends	○	○	○	○	○	○	○
Seek out professional support	○	○	○	○	○	○	○
Handle your struggles alone	○	○	○	○	○	○	○

Q16

Which of the following would prevent you from visiting a psychotherapist (choose as many as you'd like)?

- [ ] It's too difficult to find the right therapist.
- [ ] I don't like to talk about my problems with someone I don't know well.
- [ ] A therapist wouldn't be helpful in my situation.
- [ ] My problems aren't big enough to warrant therapy.
- [ ] My problems are too big for a therapist to handle.
- [ ] I have enough support in my social network.
- [ ] I don't have enough money to go to therapy.
- [ ] None of these apply.

Q15

In your opinion, how effective is psychotherapy for the following situations:

	Extremely effective	Very effective	Moderately effective	Slightly effective	Not effective at all
Treating psychological trauma	○	○	○	○	○
Increasing happiness	○	○	○	○	○
Improving relationships	○	○	○	○	○
Dealing with a mental health condition that severely limits function	○	○	○	○	○
Moving toward personal goals	○	○	○	○	○
Improving loneliness	○	○	○	○	○
Improving sleep quality	○	○	○	○	○

Q19

Imagine 100 people like you. For this group, in general, therapy is...

Helpful	○○○○○○○	Unhelpful
Necessary	○○○○○○○	Unnecessary
Abnormal	○○○○○○○	Normal
Expensive	○○○○○○○	Affordable
Comfortable	○○○○○○○	Uncomfortable
Shows strength	○○○○○○○	Shows weakness
Unimportant	○○○○○○○	Important

Q20

How likely are you to seek out psychotherapy in the future?

Extremely likely	Moderately likely	Slightly likely	Neither likely nor unlikely	Slightly unlikely	Moderately unlikely	Extremely unlikely
○	○	○	○	○	○	○

Demographics   Block Options ∨

Q3   What is your ethnicity? (Select as many as apply.)

- ☐ White
- ☐ Hispanic or Latino
- ☐ Black or African American
- ☐ Native American or American Indian
- ☐ Asian / Pacific Islander
- ☐ Other

Q4   What is your age?

- ○ Under 18 years old
- ○ 18-24 years old
- ○ 25-34 years old
- ○ 35-44 years old
- ○ 45-54 years old
- ○ over 55

Q5   What is your gender identity?

- ○ Male
- ○ Female
- ○ Gender non-conforming
- ○ Prefer not to say
- ○ Other

Q6   What is your highest level of education?

- ○ Less than a high school diploma
- ○ High school degree or equivalent
- ○ Some college
- ○ Professional certification
- ○ Bachelor's Degree
- ○ Some graduate school
- ○ Master's Degree
- ○ Doctoral Degree

Q7 What is your current employment status?

- Employed full-time (40 + hours per week)
- Employed part-time (less than 40 hours per week)
- Unemployed (currently looking for work)
- Unemployed (not looking for work)
- Retired
- Student
- Not able to work

Q8 What is your annual household income?

- Less than 10K
- 11-25K
- 26-50K
- 51-75K
- 76-100K
- 101K+

Add Block

⚠ End of Survey   Survey Termination Options...

Appendix B: The Message

Video can be found at: https://www.youtube.com/watch?v=ZEGplNtXD2w&feature=youtu.be