



## "It Felt Like I Was Being Tailored to the Treatment Rather Than the Treatment Being Tailored to Me": Patient Experiences of Helpful and Unhelpful Psychotherapy

Elizabeth Li, David Kealy, Katie Aafjes-van Doorn, James McCollum, John T. Curtis, Xiaochen Luo & George Silberschatz

**To cite this article:** Elizabeth Li, David Kealy, Katie Aafjes-van Doorn, James McCollum, John T. Curtis, Xiaochen Luo & George Silberschatz (04 Jun 2024): "It Felt Like I Was Being Tailored to the Treatment Rather Than the Treatment Being Tailored to Me": Patient Experiences of Helpful and Unhelpful Psychotherapy, *Psychotherapy Research*, DOI: [10.1080/10503307.2024.2360448](https://doi.org/10.1080/10503307.2024.2360448)

**To link to this article:** <https://doi.org/10.1080/10503307.2024.2360448>



© 2024 The Author(s). Published by Informa UK Limited, trading as Taylor & Francis Group



Published online: 04 Jun 2024.



Submit your article to this journal 



View related articles 



CrossMark

View Crossmark data 

RESEARCH ARTICLE

## **“It Felt Like I Was Being Tailored to the Treatment Rather Than the Treatment Being Tailored to Me”: Patient Experiences of Helpful and Unhelpful Psychotherapy**

ELIZABETH LI  <sup>1,2</sup>, DAVID KEALY  <sup>3</sup>, KATIE AAFJES-VAN DOORN  <sup>4</sup>,  
JAMES MCCOLLUM  <sup>5</sup>, JOHN T. CURTIS  <sup>5,6</sup>, XIAOCHEN LUO  <sup>7</sup>, &  
GEORGE SILBERSCHATZ  <sup>5,6</sup>

<sup>1</sup>Research Department of Clinical, Educational and Health Psychology, University College London, London, UK; <sup>2</sup>Anna Freud Centre, London, UK; <sup>3</sup>Department of Psychiatry, University of British Columbia, Vancouver, Canada; <sup>4</sup>Ferkauf Graduate School of Psychology, Yeshiva University, New York, NY, USA; <sup>5</sup>San Francisco Psychotherapy Research Group, San Francisco, CA, USA; <sup>6</sup>Department of Psychiatry, University of California San Francisco, San Francisco, CA, USA & <sup>7</sup>Department of Counseling Psychology, Santa Clara University, Santa Clara, CA, USA

(Received 3 January 2024; revised 30 April 2024; accepted 21 May 2024)

### **ABSTRACT**

**Objective** This qualitative study explores patients’ experiences of psychotherapy, focusing on elements perceived as helpful or unhelpful and suggestions for improvement in the context of public mental health care.

**Methods** A total of 148 adults (Mean age = 32.24, SD = 9.92) who had been or are currently receiving psychological treatment from the National Health Service (NHS) responded to an online survey. The survey included open-ended questions regarding their experiences of psychotherapy, asking them to identify helpful or unhelpful aspects, and suggestions for improvement. Using thematic analysis, key themes were identified.

**Results** The analysis highlighted the patient’s preference for personalized treatment, the importance of therapeutic alliance, the demand for depth in therapy, and life skills and agency as therapeutic outcomes. Participants suggested improvements such as more tailored approaches and stronger therapist-patient relationships, supporting an adaptable, patient-centered model.

**Conclusion** The study highlights challenges in public mental health services where patients might feel their specific needs are not being recognized and met and underscores the importance of personalized treatment plans that satisfy and evolve with patient needs, suggesting that therapists must be attentive and responsive to individual desires to enhance the patient experience.

**Keywords:** Patient experiences; Personalized treatment; Therapist responsiveness; Thematic analysis; National Health Service

**Clinical or methodological significance:** This study foregrounds the essential role of the patient’s perspective in shaping effective psychotherapy, underscoring the need for treatments to be as varied and personalized as the patients receiving them, especially in public healthcare systems. By analyzing the detailed narratives of 148 individuals who have been or are currently in psychotherapy, this research sheds light on patients’ perspectives of what constitutes helpful versus unhelpful therapeutic experiences. It challenges the one-size-fits-all model, advocating instead for a responsive, tailored approach that values the patient’s voice in the therapeutic process. This synthesis of patient experiences and perspectives serves as a vital blueprint for developing more adaptive and responsive therapeutic interventions.

---

Correspondence concerning this article should be addressed to Dr Elizabeth Li, University College London, 1-19 Torrington Place, London WC1E 7HB, UK. Email: elizabeth.li@ucl.ac.uk

© 2024 The Author(s). Published by Informa UK Limited, trading as Taylor & Francis Group  
This is an Open Access article distributed under the terms of the Creative Commons Attribution-NonCommercial-NoDerivatives License (<http://creativecommons.org/licenses/by-nc-nd/4.0/>), which permits non-commercial re-use, distribution, and reproduction in any medium, provided the original work is properly cited, and is not altered, transformed, or built upon in any way. The terms on which this article has been published allow the posting of the Accepted Manuscript in a repository by the author(s) or with their consent.

The importance of incorporating patients' perspectives into psychotherapy research has become increasingly recognized since the 1980s (e.g., Elliott & Williams, 2003; Llewelyn & Hume, 1979). This shift reflects a significant movement away from traditional models, which primarily emphasized the therapist's expertise, theoretical orientation, and interventions as the main drivers of therapeutic change. Contrary to these therapist-centered models, current trends highlight the value of patient-centered methodologies across various therapeutic approaches, including humanistic, cognitive-behavioral therapy (CBT), and others. These patient-centered methodologies prioritize the patient's own experiences, perspectives, and goals as essential components of the therapeutic process, thereby recognizing the patient as an active participant in their healing and promoting more effective therapeutic outcomes. This paradigm shift began with early advocates like Strupp et al. (1969), who underscored the importance of patients' perspectives on their therapy, despite initial concerns about potential biases. Today, the perspective of the patient is increasingly seen as a critical determinant of therapeutic change, influencing practices across different treatment models (e.g., Bohart & Tallman, 2022).

Building on this foundation, empirical research has explored the varied aspects of patient experiences in psychotherapy. Quantitative research efforts have offered standardized assessments of psychotherapy outcomes and experiences (e.g., Campbell & Hemsley, 2009; Duncan, 2012; Lambert et al., 2004), with a few self-report tools that measure helpful and hindering aspects of psychotherapy (e.g., Attkisson & Zwick, 1982; Duncan et al., 2003; Levitt et al., 2023; Strupp et al., 1964; Swift & Callahan, 2009). These methods, while providing an empirical approach, have faced criticism for potentially marginalizing the nuanced and subjective nature of patients' experiences (e.g., Swift & Parkin, 2017; Truijens et al., 2022). While quantitative studies focus on standardizing patient reports, qualitative research emphasizes the variety and depth of individual narratives, revealing how patients define "good" and "poor" outcomes of psychotherapy (e.g., Binder et al., 2010; McElvaney & Timulak, 2013; Suárez-Delucchi et al., 2022) and exploring the varying experiences that shape patients' perceptions of psychotherapy (see systematic reviews, Ladmanová et al., 2022; Levitt et al., 2016; Vybirál et al., 2023). Researchers have identified both positive and negative patient experiences within this dynamic.

By integrating findings from 109 qualitative studies of adult individual psychotherapy, Levitt et al. (2016) suggested that positive experiences are often linked to the responsiveness of therapists,

their recognition of patients as active agents in the healing process, and attunement and intentionality in shaping interventions in accordance with patients' needs, underscoring the importance of a responsive, patient-centered approach in therapy. Likewise, Vybirál et al. (2023), drawing on findings from 51 qualitative studies, identified four primary clusters of negative experiences in psychotherapy as perceived by patients: therapists' misbehavior, hindering aspects of the therapeutic relationship, mismatched treatment approaches, and negative impacts of treatment. Their study concluded that these negative experiences are diverse and complex, and that no single study can fully encompass their entire spectrum. Moreover, Ladmanová et al. (2022) synthesized findings from 17 studies, categorizing psychotherapy events into twelve helpful impacts, such as gaining a new perspective on the self; feeling heard, understood, and accepted; and feeling engaged in the therapeutic process, and eight hindering impacts, including lacking guidance from the therapist and feeling emotionally overwhelmed.

Thus, existing research has highlighted various factors that contribute to both helpful and hindering aspects in psychotherapy, such as therapist behaviors, the therapist-patient relationship, and the overall therapeutic process. Despite this, there remains a significant gap in our understanding of how patients themselves perceive the effectiveness of their therapy, especially within the constraints of public healthcare systems. These public health systems introduce unique systemic challenges, ranging from a lack of availability of services to less variety of therapeutic approaches than those typically available in specialized or private settings. Additionally, there is often a lack of choice in selecting a therapist and limitations on how frequently a patient can be seen, whether online or in person.

## Objective

To address this gap, our study aims to shed light on the patient's experiences and perspectives of psychotherapy as provided within public healthcare systems like the National Health Service (NHS). By recruiting a diverse cohort of individuals who have accessed NHS mental health services and employing an anonymous online survey to collect detailed accounts of patients' experiences, we aim to capture a broad spectrum of psychotherapy experiences. This allows us to identify the elements of therapy that patients find beneficial or detrimental and to gather their suggestions for enhancing the therapeutic experience.

The guiding research question for our study is: “What are patients’ experiences and perceptions of the helpful and unhelpful aspects of psychotherapy accessed through the NHS, and how can these therapy experiences be improved?” This inquiry seeks to contribute new evidence and ideas to the psychotherapy literature to inform the development of therapeutic interventions to be more effective in public healthcare environments where choices in therapists and treatment approaches are often limited. Our objective is not only to fill a research gap but also to enrich the ongoing dialogue about the patient experience of therapy, with a particular focus on understanding the underrepresented perspectives of patients in both service delivery and research.

## Method

### Participants

The study sample consisted of 148 adults who have received or are currently receiving psychotherapy, with ages ranging from 18 to 63 years ( $M = 32.24$ ,  $SD = 9.92$ ). Gender distribution details are as follows: 86 identified as female, 56 as male, 4 as non-binary, and 2 as other categories. These participants were recruited via Prolific (<https://www.prolific.co>), an online platform known for its representation of the UK demographic in terms of age, gender, and ethnicity. Detailed demographic information, including age, gender, sexual orientation, cultural background, highest level of education completed, current employment, current relationship status, current mental health status, type of mental health problem, history of psychotherapy or counseling, timing of most recent psychotherapy/counseling, and duration of most recent or current psychotherapy/counseling, are outlined in [Table I](#).

Eligible participants were those aged 18 or older, currently residing in the UK, and proficient in English. Prospective participants were provided with information about the study, part of a larger project concerning emotional and interpersonal experiences, and were invited to consent to participate by initiating questionnaire completion via the Qualtrics platform. A single questionnaire item screened participants for the study by asking “Have you ever had counselling or psychotherapy?”. A total of 374 respondents indicated “yes”; of these participants, a total of 148 proceeded to complete the present qualitative questionnaire items, indicating a response rate of 40%. All participants endorsed having previously sought mental health care through the NHS. The study protocols were reviewed and

approved by the Behavioral Research Ethics Board of the University of British Columbia (Approval No. H20-02776). Participants received a modest honorarium of £5.

To ensure comprehensive insight into the psychotherapy experience, our participant selection aimed to capture a wide array of perspectives by including individuals with diverse ages, genders, sexual orientations, education levels, employment status, and therapeutic experiences. This diversity supports the study’s objective to explore the multifaceted nature of psychotherapy across different demographic groups, enhancing the generalizability and relevance of our findings. However, it is important to note that as Prolific is known for its representation of the UK demographic in terms of age, gender, and ethnicity, there is a lack of diversity in terms of cultural background.

### Study Design and Procedure

The present study analyzes responses to central open-ended questionnaire items: (1) “In a few sentences, please share your thoughts about how your therapy has been helpful or unhelpful to you.” (2) “Please describe what, in your opinion, the therapist could have done to make your therapy more helpful or productive.” These questions, part of a broader investigation, were specifically designed to delve into less explored facets of the therapeutic experience. Drawing from the insights provided in these two open-ended questions, we aimed to understand what therapists do is perceived as helpful and what is perceived as unhelpful from the patient’s perspective.

### Thematic Analysis

A thematic analysis approach (Braun & Clarke, 2006; Clarke & Braun, 2018) was employed to identify themes from the responses to the open-ended questions. For this study, a theme was an observed pattern that captured something important about the subject matter, identified through the responses. The process started with the researchers beginning to notice and look for patterns of meaning in the responses to open-ended questions. The endpoint of this process was the reporting of the content and themes identified. This approach involves six main steps: getting familiar with the data; generating initial codes; searching for themes; reviewing themes; defining and naming themes; and producing the report. The analysis process was iterative and recursive, allowing the researchers to move back and forth

Table I Sociodemographic characteristics of study participants (N = 148).

| Characteristics   | n                | %    |
|---|------------------|------|
| Age (Mean $\pm$ SD)   | 32.24 $\pm$ 9.92 |      |
| Gender  |                  |      |
| Female  | 86               | 58.1 |
| Male  | 56               | 37.8 |
| Non-Binary  | 4                | 2.7  |
| Genderqueer or Gender Non-Conforming                        | 1                | 0.7  |
| An Identity Not Listed Above                                | 1                | 0.7  |
| Sexual Orientation  |                  |      |
| Heterosexual  | 81               | 54.7 |
| Bisexual  | 24               | 16.2 |
| Gay or Lesbian  | 17               | 11.5 |
| Asexual   | 7                | 4.7  |
| Pansexual   | 7                | 4.7  |
| Prefer Not to Say   | 5                | 3.4  |
| Questioning or Not Sure                                     | 3                | 2.0  |
| Queer   | 3                | 2.0  |
| An Identity Not Listed Above                                | 1                | 0.7  |
| Cultural Background   |                  |      |
| European  | 115              | 77.7 |
| South Asian   | 9                | 6.1  |
| African   | 4                | 2.7  |
| European, African   | 2                | 1.4  |
| East Asian  | 2                | 1.4  |
| Prefer Not to Answer  | 2                | 1.4  |
| Other Individual Categories                                 | 14               | 9.5  |
| Education Level   |                  |      |
| Undergraduate Degree  | 55               | 37.2 |
| Some College but No Degree                                  | 35               | 23.6 |
| High School or Equivalent                                   | 26               | 17.6 |
| Graduate Degree   | 18               | 12.2 |
| Postgraduate Degree   | 10               | 6.8  |
| Vocational or Technical Training                            | 4                | 2.7  |
| Employment Status   |                  |      |
| Full Time Employment  | 63               | 42.6 |
| Not Employed, Not Looking for Work                          | 29               | 19.6 |
| Part Time Employment  | 17               | 11.5 |
| On Leave/ Unable to Work due to Disability                  | 16               | 10.8 |
| Not Employed, Looking for Work                              | 10               | 6.8  |
| Self-Employed   | 9                | 6.1  |
| Retired   | 4                | 2.7  |
| Relationship Status   |                  |      |
| Single, Not Interested in Dating                            | 34               | 23.0 |
| Committed Relationship, Living Together                     | 32               | 21.6 |
| Married   | 27               | 18.2 |
| Committed Relationship, Not Living Together                 | 25               | 16.9 |
| Single, Interested in Dating                                | 25               | 16.9 |
| Dating Casually   | 5                | 3.4  |
| Current Mental Health Status                                |                  |      |
| Suffering from A Mental Health Problem                      | 125              | 84.5 |
| Not Suffering From A Mental Health Problem                  | 23               | 15.5 |
| Type of Mental Health Problem <sup>a</sup>                  |                  |      |
| Anxiety (including GAD, Social Anxiety, and Panic Disorder) | 102              | 68.9 |
| Depression (including MDD)                                  | 83               | 56.1 |
| PTSD (including CPTSD)                                      | 13               | 8.8  |
| Eating Disorders  | 8                | 5.4  |
| OCD   | 8                | 5.4  |
| BPD   | 5                | 3.4  |
| ADHD  | 4                | 2.7  |

(Continued)

Table I Continued.

| Characteristics  | n   | %    |
|--|-----|------|
| ASD  | 4   | 2.7  |
| Dissociative Disorder  | 1   | 0.7  |
| Schizoaffective Disorder                                     | 1   | 0.7  |
| Misophonia   | 1   | 0.7  |
| Experience of Psychotherapy or Counseling                    |     |      |
| Yes  | 147 | 99.3 |
| No <sup>b</sup>  | 1   | 0.7  |
| Most Recent Psychotherapy/Counseling                         |     |      |
| Within The Past Year   | 43  | 29.1 |
| Between 1 and 2 Years Ago                                    | 37  | 25.0 |
| Between 2 and 5 Years Ago                                    | 30  | 20.3 |
| Now - I Am Currently in Therapy                              | 28  | 18.9 |
| More Than 5 Years Ago  | 10  | 6.8  |
| Duration of Most Recent or Current Psychotherapy/ Counseling |     |      |
| More Than 1 Session but Less Than 10 Sessions                | 76  | 51.4 |
| Between 10 and 20 Sessions                                   | 39  | 26.4 |
| Between 21 and 50 Sessions                                   | 15  | 10.1 |
| More Than 50 Sessions  | 13  | 8.8  |
| Only 1 Session   | 5   | 3.4  |

Note. <sup>a</sup> Reflect the numbers and percentage of participants who reported each specified mental health problem. Please note that some participants reported multiple mental health problems. <sup>b</sup> The participant who answered "no" to the experience of psychotherapy or counseling was referred to the system but did not commence psychotherapy.

between these steps as needed to ensure thoroughness and validity. Through thematic analysis, we explored the reasons behind divergent perspectives, offering a comprehensive view that acknowledges the complexity of psychotherapy outcomes. In accordance with the APA standards for qualitative primary, qualitative meta-analytic, and mixed methods research in psychology (Levitt et al., 2018), findings were rigorously grounded in the data through a meticulous process of thematic analysis. Each theme was supported by multiple quotes from participants that exemplify the core essence of the identified themes. In presenting our findings, we addressed contradictions and disconfirming evidence by returning to the patients' original quotes. We discussed these in our research group to avoid subjective interpretations and to understand the patients' words in the context of their entire responses, rather than isolating specific phrases. This bottom-up approach ensures that our conclusions are closely aligned with the experiences shared by the participants, providing a transparent and empirically grounded basis for our interpretations.

The research team, including psychotherapists and researchers with expertise in clinical and counseling psychology at various career stages, engaged in reflective practices throughout the study to manage

personal biases and assumptions. The thematic analysis was led by E. L., the primary researcher, with D. K., a secondary researcher, cross-checking to ensure reliability and consistency. Prior to data analysis, E. L. and D. K. drew on their research expertise and practical experiences in psychotherapy to write reflexivity statements outlining their preconceptions and potential biases. In regular monthly meetings, these statements were revisited, and discrepancies in interpretation were discussed until a consensus was reached, focusing on an open and objective synthesis of the data's explicit meanings within a realist framework. Throughout the thematic analysis, we engaged in ongoing dialogues regarding our positionalities, acknowledging how our respective career stages—from seasoned practitioners to early-career researchers—might inform our understanding of the patterns that emerged. This reflexive practice was essential in ensuring that our findings remained grounded in participants' narratives while being cognizant of our interpretive frameworks. This process allowed for a balanced approach to data interpretation, focusing on the participants' experiences and striving not to be driven by the researchers' theoretical interests. Themes were identified at a semantic level, avoiding a pre-existing coding frame or the researchers' preconceptions and ensuring themes were relevant, either appearing frequently or infrequently in the dataset. Afterward, the primary researcher organized all participant responses under each corresponding theme to ensure alignment with the thematic content and selected exemplar quotes that captured the essence and vivid details of the themes. Following this, the full research team conducted an independent evaluation of the quotes to assess their representativeness. Through a structured voting mechanism, we collectively identified the most fitting quotes for each theme. Final consensus on the themes and corresponding quotes was achieved among all authors. This methodical approach aimed to mitigate biases and ensure a deep understanding of the data, thus enhancing the integrity of the findings.

## Results

### Question 1: How Do Patients Experience Psychotherapy

Through a thematic analysis of 148 participants' reflections on their psychotherapy experiences, we identified five overarching themes. These participants' narratives spanned a wide range of experiences: 92 individuals reported finding psychotherapy helpful, 37 described their

experiences as unhelpful, and 19 expressed mixed feelings, finding aspects of psychotherapy both helpful and unhelpful. In presenting the themes below, we refer individuals who reported finding psychotherapy helpful as "satisfied patients," those who described their experiences as unhelpful as "dissatisfied patients," and those who expressed mixed feelings, finding aspects of psychotherapy both helpful and unhelpful, as "patients with mixed experiences". Despite the diversity in these accounts, from positive and negative to mixed, the emergence of common themes across such varied perspectives highlights the intricacy of psychotherapy experiences. The identification of these consistent themes across differing accounts emphasizes shared elements of the therapeutic journey, providing valuable insights into aspects of psychotherapy that resonate across diverse patient experiences. See **Table II** for the themes that were interpreted from the 148 responses to open-ended question one.

**Theme 1: Personalized therapy vs. one-size-fits-all.** Participants across dissatisfied, satisfied, and mixed-experience groups underscored a critical need for therapy that is tailored to individual needs and circumstances, highlighting the limitations of a one-size-fits-all approach. Participants who were dissatisfied with their therapy particularly criticized it for being overly structured and impersonal, pointing out that such a mismatch between therapeutic methods and individual needs could lead to negative outcomes. This feedback underscores the reported necessity of a more personalized approach that acknowledges the unique backgrounds and challenges of each patient.

"It felt too structured as if it was replicated for each person." (Male, 22 years old)

"It was obvious that my therapist was not bothered by me or my problems. They seemed disinterested and provided generic, textbook advice." (Male, 39 years old)

Moreover, patients conveyed a need for therapy that goes beyond simply talking about feelings, emphasizing the importance of personalized approaches that offer additional benefits and deeper insights. Some participants sought structured, action-oriented interventions like cognitive-behavioral therapy (CBT) that offer explicit methods for tackling their issues. Others called for a deeper investigation and understanding of their unique problems before moving on to goal-oriented solutions. These preferences indicate a reported desire for more agency and collaborative decision-making in designing the

Table II Themes that emerged from 148 responses to Question 1.

Question 1: How has your therapy either been helpful or unhelpful for you? (N = 148)

| Themes   | Descriptions  | Examples  |
|--|---|---|
| Theme 1: Personalized Therapy vs. One-Size-Fits-All (N = 65)     | Participants expressed a need for therapy approaches that are tailored to the individual needs and circumstances of each patient, highlighting the limitations of generic, one-size-fits-all methods.         | “It was obvious that my therapist was not bothered by me or my problems. They seemed disinterested and provided generic, textbook advice.”  |
| Theme 2: Life Skills and Agency as Therapeutic Outcomes (N = 54) | According to participant reports, gaining tangible skills and coping strategies from therapy has been crucial in managing life’s challenges and fostering personal growth and self-awareness.                 | “Much of the benefit of therapy came from learning to be a more reflective thinker, allowing me to consider what was happening, how I was reacting, and why. I believe it has helped me mature in several ways.”                |
| Theme 3: Alliance as a Cornerstone of Effective Therapy (N = 36) | Participants emphasized the significance of the therapeutic relationship, noting that a strong therapeutic alliance was pivotal for those who found psychotherapy helpful.                                    | “I believe therapy has helped me because I was able to open up without being judged for my thoughts and feelings. I was listened to and taken seriously.”   |
| Theme 4: The Demand for Depth in Therapy (N = 27)                | Feedback from participants indicates desire for a therapy that digs deeper into foundational issues for lasting change, with many noting that insufficient depth was a barrier to achieving lasting benefits. | “I tried to find out what the fundamental problem I have is—we’ll call the problem “roots”, but it felt like in the end, we were trying to look at other problems—“branches”—that seem to be a by-product of my main problems.” |

(Continued)

Table II Continued.

Question 1: How has your therapy either been helpful or unhelpful for you? (N = 148)

| Themes  | Descriptions  | Examples  |
|---|---|---|
| Theme 5: Influence of Personal Beliefs on Therapy Engagement and Efficacy (N = 5) | Participants discussed how their own beliefs about the nature of their problems and their inclination toward self-reliance influenced their perception of the value of psychotherapy. | “While it was good to talk to someone, I don’t believe I’m the type of person that responds well to therapy. I feel that the only person who can really help me is myself.” |

*Note.* The count for each theme indicates the number of participants’ responses categorized under it. Responses from a single participant may span several themes.

therapeutic process, ultimately underscoring a demand for personalization in therapeutic interventions to meet individual needs and preferences.

“The type of therapy I took part in was helpful to an extent. I felt like the therapist wanted me to use her as a sounding board, to get my feelings out of my head [...] What I really wanted was a constructive plan, perhaps CBT-type interventions to help me with my current problem rather than simply talking to her.” (Male, 30 years old)

“The therapist herself I believe was good at what she did [...] However, the issue probably was with the type of therapy itself. It was rather goal-orientated but coming from a therapist who I don’t feel adequately knew what my problems were or where they came from because we didn’t discuss that enough before trying to “solve” it.” (Female, 32 years old)

Furthermore, the perspective that therapy should be tailored to individual needs and circumstances was also applied to the delivery format of psychotherapy. Diverse preferences regarding the format or medium of therapy were expressed in patients’ narratives. Those who were satisfied with psychotherapy underscored the rise and acceptance of online modalities, finding that online therapy offered them flexibility and comfort. However, dissatisfaction with certain modalities, particularly among participants who preferred traditional face-to-face sessions, was also reported, highlighting the therapeutic value they obtained through physical presence. These reports suggested a critical examination of how different

delivery formats can align with or detract from individual treatment needs.

"I found it helpful, and due to the pandemic, it was conducted over the telephone, which made it easier for me. I shared more than I would have face-to-face. I struggle with discussing things like this face to face." (Female, 38 years old)

"Much of it has been conducted over email since COVID began, but I find this as useful as the in-person sessions. My life has benefited a great deal since starting this, and I hope to continue benefiting in the coming years." (Male, 34 years old)

"It was conducted via Zoom, which felt impersonal [...] " (Male, 22 years old)

**Theme 2: Life skills and agency as therapeutic outcomes.** Participants who regarded psychotherapy as beneficial frequently highlighted the development of practical and psychological coping strategies as critical outcomes of their therapy, as well as personal transformation and increased self-awareness. These strategies, including concrete solutions for specific problems and cognitive, social, and emotional skills, were credited with helping patients to navigate life's challenges more adeptly. The practical support from therapists was noted to provide patients with tangible skills, while psychological support was reported to facilitate a deeper understanding of oneself and improved interpersonal relationships. In addition, some participants appreciated the clarity they gained about their mental health conditions, which led to a reported sense of normalization and empowerment in their recovery journey.

"I have also been able to learn new skills and perspectives that have helped me to cope with difficult situations in my life, specifically social skills." (Male, 31 years old)

"My therapist provided some mental models that I could use when I was feeling overwhelmed or over-thinking negative situations." (Male, 44 years old)

"It helped me identify that I have OCD and provided techniques to manage it. Recognizing my OCD was a great help to me." (Male, 39 years old)

The reported ability to acquire and apply new understanding and coping strategies was associated with personal transformation, reflecting a path to increased self-worth, confidence, and a stronger sense of control over their lives. These narratives underscored patients' perspectives regarding a vital connection between the acquisition of insight and

coping strategies and the enhancement of self-agency.

"It helped me understand why I felt or thought the way I did. Overall, it was like learning more about myself." (Female, 28 years old)

"Much of the benefit of therapy came from learning to be a more reflective thinker, allowing me to consider what was happening, how I was reacting, and why. I believe it has helped me mature in several ways." (Male, 41 years old)

**Theme 3: Alliance as a cornerstone of effective therapy.** Participants who perceived psychotherapy as helpful emphasized the importance of therapists seeing and relating to them as unique individuals, considering this to be a foundational component of a positive therapeutic experience. A non-judgmental approach and genuine curiosity were reported as critical to fostering the therapist-patient bond. Active listening, validation, and trust-building were recurrent elements mentioned as valuable by participants. Thus, patients' perceptions of the therapeutic relationship seemed to considerably influence their overall experience of therapy.

"I believe therapy has helped me because I was able to open up without being judged for my thoughts and feelings. I was listened to and taken seriously." (Female, 27 years old)

"I feel that the doctor was the first medical professional in over 20 years to truly see, hear, and listen to me. It was amazing." (Female, 46 years old)

Conversely, participants who reported dissatisfaction or mixed experiences with psychotherapy frequently cited feelings of being judged or a perceived lack of empathy from their therapists, which they reported as significantly affecting their engagement with the treatment. A sense of the therapist's disinterest or insufficient engagement was sometimes reported to contribute to feelings of invalidation.

"I felt I was spoken down to because of my age and opinions." (Female, 26 years old)

"I felt very strongly judged to the point where I could not continue with the sessions." (Female, 28 years old)

"The therapist didn't seem genuinely interested in who I was as a person or in understanding the core issues." (Female, 24 years old)

Meanwhile, some participants expressed doubts about their therapist's competence, which they felt

hindered the building of a therapeutic alliance and the creation of a positive experience.

“I felt she was educationally trained but lacked experience. She seemed uncomfortable, which made me unwilling to talk.” (Female, 23 years old)

“I don’t think she understood my thought patterns and didn’t provide adequate guidance. She often misconstrued my words, making me appear in a negative light. She missed points I would make and forgot details from previous sessions, meaning I had to repeatedly discuss and relive painful experiences.” (Female, 22 years old)

“She wasn’t very good at encouraging delving further into topics and would leave me feeling as though I was wrong to discuss certain topics, especially when she wouldn’t give much of a response. She would end sessions early and send me home with workbooks instead of talking through what it was I was supposed to be working on.” (Female, 24 years old)

Furthermore, concerns regarding confidentiality and ethical conduct were reported to significantly influence patients’ trust and willingness to engage, particularly among those who reported both positive and negative experiences of therapy. In particular, situations where patients felt their privacy was violated or they didn’t receive appropriate respect were reported to have a negative impact on the therapeutic relationship and patient engagement.

“I found the session useful. However, after the session, the therapist called my parents and discussed some of the topics, such as suicidal urges. This alone made me avoid therapy completely in the future.” (Male, 18 years old)

**Theme 4: The demand for depth in therapy.** Participants indicated a critical element of their therapeutic experience concerned the degree to which their therapy provided enough depth and touched on their core issues. This theme resonates across patients reporting various experiences. Participants who perceived psychotherapy as helpful reported positive outcomes when therapy achieved significant depth, whereas dissatisfied participants cited a lack of depth as a contributing factor to their negative experiences. Participants with mixed experiences described instances where psychotherapy was perceived to merely scratch the surface and failed to ensure lasting benefits. Some felt temporary relief without addressing the core of their issues, while others felt a lack of thorough exploration in their sessions. A few also expressed doubts about

the therapy’s potential to bring about significant change in their lives.

“It felt good to have someone impartial to talk to about the things that bothered me, but ultimately, I didn’t feel like I made a great deal of progress. I’m not sure we ever really got near the heart of what I needed to work on.” (Female, 39 years old)

“I tried to find out what the fundamental problem I have is – we’ll call the problem “roots”, but it felt like in the end, we were trying to look at other problems – “branches” – that seem to be a by-product of my main problems.” (Male, 33 years old)

“However, I still do not feel that it addressed the root cause of my mental health problems. It feels like they could have done more.” (Male, 39 years old)

**Theme 5: Influence of personal beliefs on therapy engagement and efficacy.** Among dissatisfied patients, there was sometimes a reported belief that their challenges were predominantly biological, potentially diminishing the perceived value of psychotherapeutic interventions. These patients often emphasized their reliance on self-management and individual resilience, suggesting a preference for addressing issues independently rather than seeking external support. It is unclear whether this inclination towards self-reliance predated their therapy experiences or emerged as a result of dissatisfaction with the therapy. Such a belief, particularly if it developed in response to unhelpful therapy, could reinforce a reported commitment to self-management, especially if no other forms of help are perceived as effective.

“While it was good to talk to someone, I don’t believe I’m the type of person that responds well to therapy. I feel that the only person who can really help me is myself.” (Male, 50 years old)

“I think it was good to talk to someone about my problems, but ultimately, I don’t think there’s anything I can do about the way my brain works.” (Male, 35 years old)

“I feel as though therapy would have been more effective for me if my issues weren’t inherently biological.” (Male, 22 years old)

## Question 2: What Do Patients Suggest Improving the Therapy Experience

Patients provided a wide range of suggestions for how their therapists could improve their psychotherapy

experience. Regardless of whether patients perceived therapy as helpful, unhelpful, or had mixed feelings, there was some convergence in the types of suggestions made. Four prevailing themes emerged in the analysis of 148 responses, capturing the essence of how therapy could be optimized from the patients' perspectives. This categorization reflects the multifaceted nature of the therapeutic intervention, from foundational structures to the dynamics of the therapist-patient relationship. It is noteworthy that despite the shared themes, the suggestions are highly individualized, illustrating the diverse ways therapists could tailor therapy to meet each patient's unique needs. See **Table III** for the themes that emerged from the 148 responses to open-ended question two.

**Theme 1: Individualized therapeutic approaches.** Patients expressed a strong desire for therapy to be personally relevant and not merely a generic approach. Echoing responses to question 1, they articulated a preference for therapy tailored to their individual circumstances, goals, and personal preferences for therapeutic methods. For example, many requested actionable strategies that they felt would be applicable to real-world situations and a deeper exploration of their specific issues.

“Provide more specific help for my particular issues rather than generalized advice.” (Female, 54 years old)

“It felt like she was following a guideline on treating anxiety instead of simply trying to help me as an individual. I didn’t gain insights that I couldn’t find online.” (Female, 28 years old)

“It felt like I was being tailored to the treatment rather than the treatment being tailored to me; that nothing in the session would have changed, no matter who was sitting in my place.” (Male, 49 years old)

“They could have made it seem more personalized and less like they are all-knowing, less like they are following some sort of predetermined psychoanalytical method from a textbook and recognizing that I am totally unique and not to be put into some category that is rigid and defined.” (Male, 33 years old)

“Stopped telling me antidepressants were the answer.” (Female, 20 years old)

**Theme 2: Structuring treatment and managing expectations.** Diving into the operations of therapy sessions, patients highlighted a desire for consistency, clarity, and predictability. Some patients voiced a clear preference for therapists to

Table III Themes that emerged from 148 responses to Question 2.

Question 2: What, in your opinion, the therapist could have done to make your therapy a more helpful or productive experience for you? (N = 148)

| Themes  | Descriptions  | Examples  |
|---|---|---|
| Theme 1:<br>Individualized Therapeutic Approaches (N = 60)                    | Participants highlighted the importance of adapting therapeutic interventions and approaches to meet the unique needs of each patient.  | “It felt like I was being tailored to the treatment rather than the treatment being tailored to me; that nothing in the session would have changed, no matter who was sitting in my place.” |
| Theme 2:<br>Structuring Treatment and Managing Expectations (N = 32)          | Feedback from participants focused on the need for structured and predictable therapy sessions, which they reported as essential for managing their expectations and enhancing treatment effectiveness. | “I needed some consistency in our appointments to feel like there was some chance of progress.”   |
| Theme 3:<br>Bolstering the Therapeutic Bond (N = 24)                          | According to participants, the strength of the interpersonal dynamics and the foundational relationship between the therapist and the patient are critical to the success of therapy.                   | “Actually listened to me and thought about what I was saying. There is nothing worse than when they’re not listening properly and don’t really care.”                                       |
| Theme 4:<br>Balancing Quality and Accessibility in Mental Health Care (N = 8) | Participants expressed concerns about balancing the expertise of the therapist with the financial accessibility of sessions.  | “I think I could have been referred to a more experienced counselor. She was very nice, but it didn’t seem to address the root cause of my problems.”                                       |

*Note.* The count for each theme indicates the number of participants' responses categorized under it. Participants reporting positive psychotherapy experiences often indicated they had no suggestions for improvement in question 2. General positive comments without specific improvement suggestions were not categorized into any themes.

set clear expectations right from the outset and maintain a transparent dialogue about treatment plans. Some articulated the need for flexibility in the treatment's pacing and format, advocating for an approach that they believed would align with their comfort and readiness.

"I needed some consistency in our appointments to feel like there was some chance of progress." (Female, 48 years old)

"Given a guide on what to expect and how it would play out from the start." (Male, 37 years old)

"Instead of focusing solely on the end goal, she could have established what each necessary step was." (Female, 24 years old)

"Put less pressure on our discussions as they were always so intense." (Female, 21 years old)

### **Theme 3: Bolstering the therapeutic bond.**

Patients reported a desire for a space where they felt seen, heard, genuinely understood, and valued. They spoke about the power of empathy and the perceived necessity for therapists to be fully engaged and present, listening without judgment, which indicates patients' reported need for a deep emotional connection. Patients advocated for a collaborative therapeutic relationship, one where the therapist not only guides but also joins the patient in their journey, occasionally sharing relevant personal insights to foster the patient's sense of a stronger bond.

"Had more compassion, listened, and was less judgmental." (Female, 28 years old)

"Actually listened to me and thought about what I was saying. There is nothing worse than when they're not listening properly and don't really care." (Male, 23 years old)

"I think my therapist could have asked more questions, though not invasively, about me and prompted me to clarify my issues and what I felt needed the most attention [...] She should have listened more deeply to my words and been more compassionate and patient, especially when I was visibly distressed by what she was saying." (Female, 24 years old)

**Theme 4: Balancing quality and accessibility in mental health care.** This theme highlights the delicate balance of ensuring therapist expertise, personalized treatment, and financial accessibility in psychotherapy services, as reported by patients. Patients expressed a need for more experienced or

specialized therapists and highlighted the limitations in therapy duration within the public care system. Indeed, some indicated feeling prompted to seek private pay services, despite their higher financial costs, due to limited psychotherapy offerings in the public system.

"I think I could have been referred to a more experienced counselor. She was very nice, but it didn't seem to address the root cause of my problems." (Male, 33 years old)

"I think therapists need more training in neurodiver-  
gent conditions such as autism, ADHD, dyspraxia,  
etc." (Female, 22 years old)

"I would have liked a longer course of therapy,  
maybe another 3 or 4 sessions to work on other  
stuff that had come up." (Female, 45 years old)

"I think it is the cost I had to pay out of my own  
money as the NHS does not offer you counselling." (Female, 53 years old)

## **Discussion**

This qualitative study set out to explore patients' perceptions and experiences of psychotherapy, focusing on elements perceived as helpful or unhelpful and suggestions for improvement in the context of public mental health care. A total sample of 148 individuals who had been or are currently receiving psychological treatment from the NHS responded to an online survey and provided information about their experiences of psychotherapy, their perception of helpful or unhelpful aspects of therapy, and their suggestions for improvement.

The themes emerging from patients' perceptions of helpful and unhelpful aspects of therapy included: the preference for a personalized rather than a generic approach, the value patients place on life skills and agency as therapeutic outcomes, the importance of the therapeutic alliance, the demand for depth in therapy, and the influence of personal beliefs on therapy engagement and efficacy. Responses to the second research question offered patient-derived suggestions for enhancing therapy experience, reflecting a convergence on the reported need for personalizing therapeutic approaches, structuring treatment to manage expectations, reinforcing the therapeutic bond, and achieving a balance between the quality and accessibility of mental health care. These suggestions, as articulated by the participants, signal directions for potential development in psychotherapy, aligning with a broader movement towards a more collaborative

and adaptive therapeutic framework as expressed by patients. Moreover, they indicated areas for further investigation and potential enhancement in the delivery of psychotherapy within public care systems.

The alignment of themes from both research questions underscored a significant concordance: the aspects patients value in their therapy experiences are echoed in their suggestions for improvement, highlighting the essential role of therapist adaptability and competence in promoting effective therapeutic outcomes. Our findings resonate with existing theories (e.g., Engle et al., 2021) about the patient-centered methods and therapeutic alliance. They consistently point to the need for therapy that is not only personally relevant and individually tailored but also delivered by therapists who demonstrate genuine interest and competence, underlining the critical influence of these factors on therapeutic efficacy. Recognizing patient preferences in this way both confirms and expands upon previous studies, emphasizing the pivotal role of patient feedback in shaping the development of therapy theories and practices (e.g., Bohart & Tallman, 2022).

The notion of therapist responsiveness, in particular, emerges as a central concept that interlinks the analysis of both sets of questions, informing the development of therapeutic interventions to enhance the patient experience within public healthcare settings. Therapist responsiveness involves adjusting therapeutic processes to align with patients' needs and current states (Stiles et al., 1998). In this study, participants who found psychotherapy helpful often attributed this to therapist responsiveness, seen in the adaptation of therapeutic techniques to patient preferences and attunement to emotional states, which fostered a safe and supportive relationship (Stiles & Horvath, 2017). Conversely, those who found it unhelpful often reported concerns about a one-size-fits-all approach and weak therapist-patient bonds, indicating a possibility of unresponsiveness. A misalignment between patient needs, therapist skills, and service structures has been identified as a significant risk factor for negative therapy experiences (Hardy et al., 2019). Moreover, the difficulty patients face in articulating their disagreements and dissatisfaction might lead to inefficient problem-solving by therapists and impair therapeutic alliances (Hill et al., 2001). This may explain why some in our sample developed a strong belief in self-reliance, pivoting towards relying solely on their own resources for managing their issues as they perceive external support to be personally irrelevant and ineffective.

Thus, our findings suggest the importance of therapists being attentive and responsive to patients' communications and cues regarding their

therapeutic needs, emphasizing the necessity of actively discerning individual expectations and goals. On one hand, therapists should remain receptive to both direct expressions and subtle cues of patient needs, forming a treatment plan that aligns with individual goals and expectations (Bugas et al., 2023; Bugas & Silberschatz, 2005). On the other hand, by initiating an initial conversation with each patient about their preferences regarding the structure, therapeutic tasks, and goals, therapists can gain valuable insights into individual needs, laying the foundation for tailored treatment plans (Markussen et al., 2021). Engaging in such dialogues simultaneously facilitate a collaborative therapeutic relationship built on mutual understanding and trust (Bordin, 1979). These approaches further require therapists to be open to modifying their approaches as therapy progresses, ensuring treatments remain responsive to evolving patient goals and needs (Oddli et al., 2021; Silberschatz, 2021).

The issue of therapist responsiveness may particularly stand out in our findings because our sample consisted of patients who had sought treatment from the NHS, a public care setting. Therapists in these environments may face challenges in tailoring therapy to individual needs due to resource constraints (e.g., limited session numbers, long waiting times), high caseloads, and adherence to more standardized treatment protocols (Drapeau & Bradley, 2019; Marshall et al., 2016). Additionally, the varied socioeconomic and health challenges faced by public healthcare patients can further impact their therapeutic experience, potentially resulting in lower satisfaction (Werbart & Wang, 2012). In comparison, therapists in private settings may offer more personalized interventions with shorter wait times, catering to patient preferences, but access is limited by financial means, highlighting disparities between public and private healthcare (Engle et al., 2021; Kornhaber et al., 2016).

Over the past decade, enhancing access to evidence-based psychological therapies within public services, such as the NHS's Improving Access to Psychological Therapies (IAPT) program, which focuses on CBT for common mental health issues like depression and anxiety, has been internationally recognized for its effectiveness in psychological care on a large scale (Clark, 2018; Wakefield et al., 2021). However, this facilitation of evidence-based therapies might have led to a situation where, for many practitioners at the NHS, the provision of psychological therapy has become "a factory of therapy", involving immense pressure to deliver quick solutions (Bruun, 2023). The constant push to meet daily outcome targets may inadvertently hinder the genuine care for individuals, as well as compromise the overall quality of care

when the focus is heavily placed on rushing people through to recovery. Public care systems should thus seek to mitigate the “industrial” course that programs like IAPT may have unwittingly encouraged, where based on our findings, patients who experienced psychotherapy as unhelpful reported concerns about a one-size-fits-all approach and issues in the therapist-patient bond where there seemed a lack of “care for people”. Hence, there remains a need to provide support and supervision for frontline mental health practitioners, with a focus on individualizing care and working toward the kind of focus and depth desired by patients within available delivery frameworks.

Our findings suggested areas for improvement within public mental health services like those provided by the NHS. The positive experiences shared by patients in our study regarding online therapy—highlighting its flexibility and the comfort of accessing it from their own homes—point to an actionable strategy. Such an approach falls under offering a wider array of choices regarding care trajectories, which underscores the various ways therapists can empower patients by providing options for therapy format (in-person or remote), session frequency, treatment tasks, and the goals and structure of the therapy. Support for this approach comes from recent meta-analyses and randomized waitlist-controlled trials that affirm the viability and effectiveness of NHS-provided virtual therapy for conditions such as depression, anxiety, and stress (Richards et al., 2020; Simmonds-Buckley et al., 2020).

### **Limitations and Future Directions**

While providing valuable insights, this study has limitations. First, the use of text-based, open-ended data may lack the depth of interview data, but the anonymity of this format may foster a greater level of candidness and forthrightness among participants. It also allowed us to collect responses from a larger sample than typically possible with interviews, while ensuring that participants’ answers were not confined to a specific theoretical framework or overly narrow focus. Second, while recruiting participants through Prolific ensured a demographically representative sample, the study’s focus on UK-based individuals who received care from the NHS system limits the generalizability of the findings. The experiences of these participants may not fully reflect those of individuals in different healthcare systems or cultural contexts.

Furthermore, a major limitation of this study is the lack of detailed information about the participants’ treatment specifics. It is important to acknowledge

that by analyzing open-ended questionnaire items, our understanding of each participant’s context is not comprehensive. We lacked detailed contextual information regarding the therapeutic settings, modalities, and the mental health backgrounds of participants, which would have enriched our understanding of the reported experiences. Key information is missing, such as whether those with fewer than 10 sessions discontinued therapy or received brief treatment by design, the type and number of treatments experienced, the duration of the wait for treatment, and the specific context of their therapy within the NHS. Hence, without knowing the circumstances under which the psychotherapy was received, and how these may have influenced patients’ perceptions and outcomes, our interpretation necessarily remains at the text level. This acknowledgment highlights the potential nuances that might not be fully captured in our analysis, emphasizing the need for cautious generalization of the findings.

Finally, a notable limitation of this study is the unexpected finding that only 19 participants reported experiences of therapy as both helpful and unhelpful. This raises questions about the framing of questions; the way questions were posed may have led participants to share experiences that were exclusively perceived as helpful or unhelpful, rather than providing a more nuanced or balanced account. Nevertheless, we identified overarching themes that highlight the shared elements of the therapeutic journey, resonating across all patient narratives. Thus, despite the potential for bias in the reporting of experiences that might arise from question framing, the core findings of the study are likely to remain consistent. Additionally, it’s important to consider that negative experiences in therapy, especially when patients feel invalidated or misunderstood, might lead some, if not many, to view their entire therapy experience as unhelpful. Such experiences, even if isolated, may disproportionately influence a patient’s overall view. This aspect could be one reason for the relatively low number of mixed responses observed in the study.

Recognizing these limitations is crucial; however, it is equally important to consider the nature of generalizability within qualitative research paradigms. Qualitative research typically seeks to uncover rich, detailed understandings of experiences rather than to generalize findings across broad populations (Levitt et al., 2018). In this sense, the aim is not to assert that our findings are universally applicable but to explore their potential relevance and resonance across different contexts—a form of conceptual or theoretical generalizability.

Further investigations might benefit from a more detailed exploration of patients’ perceptions

regarding therapist unresponsiveness. Complementing this approach, detailed descriptions from patients about their methods of communicating desires, needs, and goals to therapists should be elicited (Bugas & Silberschatz, 2005; Bugas et al., 2023). This could help quantify and analyze patients' involvement in setting therapeutic goals and how this contributes to tailoring and enhancing therapy efficacy. Additionally, an in-depth examination of NHS therapists' views on their patient populations, workload, and systemic demands could yield valuable insights. Future research should also prioritize the development of robust, "bottom-up" methodologies to define what responsive therapy entails.

## Conclusion

This study deepens our understanding of patient experiences in psychotherapy within public healthcare systems. The findings highlight the importance of adaptability and responsiveness in therapists to meet the unique needs of each patient. This study encourages a reflective engagement with the principles underlying effective psychotherapy, inviting further exploration into how these principles may be adapted and applied in diverse global healthcare contexts. This direction has significant implications for future research and clinical application, guiding a move towards therapeutic approaches that are more adaptive and patient-centered.

## Acknowledgements

We would like to thank the participants who took the time to contribute to this research.

## Funding

D. K. received funding support from Michael Smith Health Research BC, Scholar Award [grant number 18317].

## Disclosure Statement

No potential conflict of interest was reported by the author(s).

## Author Contributions

G. S., D. K., J. C., and J. M. contributed to the conceptualization of the study, D. K. and J. M. contributed to the implementation of the research, E. L. and D. K. contributed to the data

analysis, E. L. contributed to the writing of the original draft, D. K. and K. A. contributed to the data validation and the revision of the original draft, and all authors contributed to the further improvements of the manuscript. All authors made a significant intellectual contribution, reviewed and agreed on the data analysis and interpretation, and approved the final manuscript.

## Ethical Approval

The study protocols were reviewed and approved by the Behavioral Research Ethics Board of the University of British Columbia (Approval No. H20-02776).

## Informed Consent

Informed consent was obtained from all individual participants included in the study. Participants were provided with information about the study's purpose, procedures, potential risks, and their rights, including the right to withdraw consent at any time without penalty.

## ORCID

Elizabeth Li  <http://orcid.org/0000-0001-9552-5755>

David Kealy  <http://orcid.org/0000-0002-3679-6085>

Katie Aafjes-van Doorn  <http://orcid.org/0000-0003-2584-5897>

Xiaochen Luo  <http://orcid.org/0000-0002-4857-3102>

## References

Attkisson, C. C., & Zwick, R. (1982). The client satisfaction questionnaire. Psychometric properties and correlations with service utilization and psychotherapy outcome. *Evaluation and Program Planning*, 5(3), 233–237. [https://doi.org/10.1016/0149-7189\(82\)90074-X](https://doi.org/10.1016/0149-7189(82)90074-X)

Binder, P. E., Holgersen, H., & Nielsen, G. H. S. (2010). What is a "good outcome" in psychotherapy? A qualitative exploration of former patients' point of view. *Psychotherapy Research*, 20(3), 285–294. <https://doi.org/10.1080/10503300903376338>

Bohart, A. C., & Tallman, K. (2022). Client expertise: The active client in psychotherapy. In J. N. Fuertes (Ed.), *The other side of psychotherapy: Understanding clients' experiences and contributions in treatment* (pp. 13–43). American Psychological Association.

Bordin, E. S. (1979). The generalizability of the psychoanalytic concept of the working alliance. *Psychotherapy: Theory, Research & Practice*, 16(3), 252–260. <https://doi.org/10.1037/h0085885>

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. <https://doi.org/10.1191/1478088706qp063oa>

Bruun, M. K. (2023). 'A factory of therapy': Accountability and the monitoring of psychological therapy in IAPT. *Anthropology & Medicine*, 30(4), 313–329. <https://doi.org/10.1080/13648470.2023.2217773>

Bugas, J., McCollum, J., Kealy, D., Silberschatz, G., Curtis, J. T., & Reid, J. (2023). Identifying patient verbal coaching in psychotherapy. *Counselling and Psychotherapy Research*, 23(1), 247–257. <https://doi.org/10.1002/capr.12495>

Bugas, J., & Silberschatz, G. (2005). How patients coach their therapists in psychotherapy. In G. Silberschatz (Ed.), *Transformative relationships: The control-mastery theory of psychotherapy* (pp. 153–167). Routledge.

Campbell, A., & Hemsley, S. (2009). Outcome Rating Scale and Session Rating Scale in psychological practice: Clinical utility of ultra-brief measures. *Clinical Psychologist*, 13(1), 1–9. <https://doi.org/10.1080/13284200802676391>

Clark, D. M. (2018). Realizing the mass public benefit of evidence-based psychological therapies: The IAPT program. *Annual Review of Clinical Psychology*, 14(1), 159–183.

Clarke, V., & Braun, V. (2018). Using thematic analysis in counselling and psychotherapy research: A critical reflection. *Counselling & Psychotherapy Research*, 18(2), 107–110. <https://doi.org/10.1002/capr.12165>

Drapeau, M., & Bradley, S. (2019). The practice of psychotherapy in Quebec: What have we learned from clinicians, and where should we take it from here. *Canadian Psychology / Psychologie Canadienne*, 60(2), 128–139. <https://doi.org/10.1037/cap0000172>

Duncan, B. L. (2012). The partners for change outcome management system (PCOMS): The heart and soul of change project. *Canadian Psychology / Psychologie Canadienne*, 53(2), 93–104. <https://doi.org/10.1037/a0027762>

Duncan, B. L., Miller, S. D., Sparks, J. A., Claud, D. A., Reynolds, L. R., Brown, J., & Johnson, L. D. (2003). The Session Rating Scale: Preliminary psychometric properties of a "working" alliance measure. *Journal of Brief Therapy*, 3(1), 3–12.

Elliott, M., & Williams, D. (2003). The client experience of counselling and psychotherapy. *Counselling Psychology Review*, 18(1), 34–39. <https://doi.org/10.53841/bpscpr.2003.18.1.34>

Engle, R. L., Mohr, D. C., Holmes, S. K., Seibert, M. N., Afable, M., Leyson, J., & Meterko, M. (2021). Evidence-based practice and patient-centered care: Doing both well. *Health Care Management Review*, 46(3), 174–184. <https://doi.org/10.1097/HMR.0000000000000254>

Hardy, G. E., Bishop-Edwards, L., Chambers, E., Connell, J., Dent-Brown, K., Kothari, G., O'hara, R., & Parry, G. D. (2019). Risk factors for negative experiences during psychotherapy. *Psychotherapy Research*, 29(3), 403–414. <https://doi.org/10.1080/10503307.2017.1393575>

Hill, C. E., Thompson, B. J., Cogar, M. C., & Denman, D. W. III. (2001). Beneath the surface of long-term therapy: Therapist and client report of their own and each other's covert processes. In C. E. Hill (Ed.), *Helping skills: The empirical foundation* (pp. 147–167). American Psychological Association.

Kornhaber, R., Walsh, K., Duff, J., & Walker, K. (2016). Enhancing adult therapeutic interpersonal relationships in the acute health care setting: An integrative review. *Journal of Multidisciplinary Healthcare*, 9, 537–546. <https://doi.org/10.2147/JMDH.S116957>

Ladmanová, M., Řiháček, T., & Timulak, L. (2022). Client-Identified impacts of helpful and hindering events in psychotherapy: A qualitative meta-analysis. *Psychotherapy Research*, 32(6), 723–735. <https://doi.org/10.1080/10503307.2021.2003885>

Lambert, M. J., Gregersen, A. T., & Burlingame, G. M. (2004). The Outcome Questionnaire-45. In M. E. Maruish (Ed.), *The use of psychological testing for treatment planning and outcomes assessment: Instruments for adults* (3rd ed., pp. 191–234). Lawrence Erlbaum Associates Publishers.

Levitt, H. M., Bamberg, M., Creswell, J. W., Frost, D. M., Josselson, R., & Suárez-Orozco, C. (2018). Journal article reporting standards for qualitative primary, qualitative meta-analytic, and mixed methods research in psychology: The APA. *Publications and Communications Board Task Force Report. American Psychologist*, 73(1), 26.

Levitt, H. M., Grabowski, L. M., Minami, T., & Morrill, Z. (2023). An initial validation of the Clients' Experience of Therapy Scale (CETS): Assessing the quality of psychotherapy process and outcome from clients' perspectives. *Counselling Psychology Quarterly*, 1–25.

Levitt, H. M., Pomerelle, A., & Surace, F. I. (2016). A qualitative meta-analysis examining clients' experiences of psychotherapy: A new agenda. *Psychological Bulletin*, 142(8), 801–830. <https://doi.org/10.1037/bul0000057>

Llewelyn, S. P., & Hume, W. I. (1979). The patient's view of therapy. *British Journal of Medical Psychology*, 52(1), 29–35. <https://doi.org/10.1111/j.2044-8341.1979.tb02490.x>

Markussen, H. V., Aasdahl, L., Viksveen, P., Hedberg, B., & Rise, M. B. (2021). A treatment strategy for meeting life as it is. Patients' and therapists' experiences of brief therapy in a district psychiatric centre: A qualitative study. *PLoS One*, 16(10), e0258990. <https://doi.org/10.1371/journal.pone.0258990>

Marshall, D., Quinn, C., Child, S., Shenton, D., Pooler, J., Forber, S., & Byng, R. (2016). What IAPT services can learn from those who do not attend. *Journal of Mental Health*, 25(5), 410–415. <https://doi.org/10.3109/09638237.2015.1101057>

McElvaney, J., & Timulak, L. (2013). Clients' experience of therapy and its outcomes in 'good' and 'poor' outcome psychological therapy in a primary care setting: An exploratory study. *Counselling and Psychotherapy Research*, 13(4), 246–253. <https://doi.org/10.1080/14733145.2012.761258>

Oddli, H. W., McLeod, J., Nissen-Lie, H. A., Rønnestad, M. H., & Halvorsen, M. S. (2021). Future orientation in successful therapies: Expanding the concept of goal in the working alliance. *Journal of Clinical Psychology*, 77(6), 1307–1329. <https://doi.org/10.1002/jclp.23108>

Richards, D., Enrique, A., Eilert, N., Franklin, M., Palacios, J., Duffy, D., Earley, C., Chapman, J., Jell, G., Sollesse, S., & Timulak, L. (2020). A pragmatic randomized waitlist-controlled effectiveness and cost-effectiveness trial of digital interventions for depression and anxiety. *NPF Digital Medicine*, 3(1), 85. <https://doi.org/10.1038/s41746-020-0293-8>

Silberschatz, G. (2021). Responsiveness in control-mastery theory. In J. C. Watson, & H. Wiseman (Eds.), *The responsive psychotherapist: Attuning to clients in the moment* (pp. 133–150). American Psychological Association.

Simmonds-Buckley, M., Bennion, M. R., Kellett, S., Millings, A., Hardy, G. E., & Moore, R. K. (2020). Acceptability and effectiveness of NHS-recommended e-therapies for depression, anxiety, and stress: Meta-analysis. *Journal of Medical Internet Research*, 22(10), e17049. <https://doi.org/10.2196/17049>

Stiles, W. B., Honos-Webb, L., & Surko, M. (1998). Responsiveness in psychotherapy. *Clinical Psychology: Science and Practice*, 5(4), 439–458. <https://doi.org/10.1111/j.1468-2850.1998.tb00166.x>

Stiles, W. B., & Horvath, A. O. (2017). Appropriate responsiveness as a contribution to therapist effects. In L. G. Castonguay, & C. E. Hill (Eds.), *How and why are some therapists better than others?: Understanding therapist effects* (pp. 71–84). American Psychological Association.

Strupp, H. H., Fox, R. E., & Lesser, K. (1969). *Patients view their psychotherapy*. Johns Hopkins Press.

Strupp, H. H., Wallach, M. S., & Wogan, M. (1964). Psychotherapy experience in retrospect: Questionnaire survey

of former patients and their therapists. *Psychological Monographs: General and Applied*, 78(11), 1–45. <https://doi.org/10.1037/h0093869>

Suárez-Delucchi, N., Keith-Paz, A., Reinel, M., Fernandez, S., & Krause, M. (2022). Failure in psychotherapy: A qualitative comparative study from the perspective of patients diagnosed with depression. *Counselling Psychology Quarterly*, 35(4), 842–866.

Swift, J., & Callahan, J. (2009). Early psychotherapy processes: An examination of client and trainee clinician perspective convergence. *Clinical Psychology & Psychotherapy*, 16(3), 228–236. <https://doi.org/10.1002/cpp.617>

Swift, J. K., & Parkin, S. R. (2017). The client as the expert in psychotherapy: What clinicians and researchers can learn about treatment processes and outcomes from psychotherapy clients. *Journal of Clinical Psychology*, 73(11), 1486–1488. <https://doi.org/10.1002/jclp.22528>

Truijens, F. L., Van Nieuwenhove, K., De Smet, M. M., Desmet, M., & Meganck, R. (2022). How questionnaires shape experienced symptoms. A qualitative case comparison study of questionnaire administration in psychotherapy research. *Qualitative Research in Psychology*, 19(3), 806–830. <https://doi.org/10.1080/14780887.2021.1886383>

Vybíral, Z., Ogles, B. M., Řiháček, T., Urbancová, B., & Gocieková, V. (2023). *Negative experiences in psychotherapy from clients' perspective: A qualitative meta-analysis*. *Psychotherapy Research*, 1–14.

Wakefield, S., Kellett, S., Simmonds-Buckley, M., Stockton, D., Bradbury, A., & Delgadillo, J. (2021). Improving Access to Psychological Therapies (IAPT) in the United Kingdom: A systematic review and meta-analysis of 10-years of practice-based evidence. *British Journal of Clinical Psychology*, 60(1), 1–37. <https://doi.org/10.1111/bjcp.12259>

Werbart, A., & Wang, M. (2012). Predictors of not starting and dropping out from psychotherapy in Swedish public service settings. *Nordic Psychology*, 64(2), 128–146. <https://doi.org/10.1080/19012276.2012.726817>