



A GUIDE · 24 PAGES · 2026

Is it time to see a therapist?

12 signs, the science behind them, and real stories of
people who are “doing fine”

Spoiler: probably yes

WHO THIS IS FOR

You're doing fine. That's exactly the problem.

For people who earn well, keep it all together, aren't "falling apart" – and that's exactly why they never make it to a therapist's office.

Most people think therapy is for when things get really bad. So most people show up when the marriage is already cracking, the body has started having panic attacks, and the career is running on cold brew and resentment.

THE SCIENCE

One of the largest mental health surveys ever done in the U.S. found that the gap between first symptoms and first treatment ranges from **6 to 23 years**. Not months. Years.

Wang et al., 2005, Archives of General Psychiatry / National Comorbidity Survey Replication

This guide is about not losing those years. No diagnoses here. Just 12 signs that are easier to see from the outside.

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WHY YOU HAVEN'T GONE YET

High-functioning is the best disguise

You show up to work. You pay the mortgage. You answer Slack at 10 p.m. You smile through the meeting. From the outside, you're fine.

Psychologists have a name for this: "high-functioning." The symptoms are there – the system just hasn't crashed yet.

THE SCIENCE

People with higher incomes and more education seek help less often relative to how severe their symptoms are – not because they're struggling less, but because they feel they "should handle it." For high achievers, the stigma isn't about a diagnosis. It's about **losing the image of someone who has it all together.**

Clement et al., 2015, Psychological Medicine – a meta-analysis of 144 studies on stigma and help-seeking

NUMBERS NOBODY SHARES AT THE ALL-HANDS

1 in 5

U.S. adults lives with a mental health condition. In a 40-person office, that’s eight people.

NIMH / SAMHSA, NSDUH 2022

1/2

of U.S. adults with a mental health condition get no treatment at all.

NIMH, 2022

6–23

years between first symptoms and first visit to a specialist.

Wang et al., 2005

\$1T

lost to depression and anxiety every year worldwide – in lost productivity alone.

WHO / Lancet Psychiatry

Statistics are about other people. Until they aren’t.

None of these numbers are about “crazy” people. They’re about people with good salaries, a renovated kitchen and two vacations a year. The next 12 pages will be hard to close.

SIGN 01 / 12

01 You have it all – and none of it feels good

The vacation was “fine.” The promotion was “cool, what’s next.” Friends invite you out – you say yes, then spend the drive planning your exit. This isn’t boredom, and it isn’t being spoiled. It’s anhedonia – losing the ability to feel pleasure.

A REAL-LIFE STORY

Sarah, 37, VP of marketing, Austin, top 10% household income

Paid off her student loans at 33. Bought the house with the porch she’d always wanted. A week after closing she caught herself thinking: “So... that’s it?” For six months she set a 5:30 a.m. alarm to “work out and get her energy back.” The workouts happened. The energy never came. She booked a therapist when her husband said: “You haven’t really laughed in a year.”

THE SCIENCE

Anhedonia is one of the two core criteria for a major depressive episode in DSM-5 and ICD-11. It can show up without sadness, tears or obvious grief. That’s why it goes unnoticed in high achievers: from the outside, nothing looks wrong.

American Psychiatric Association, DSM-5-TR; Treadway & Zald, 2011, Neuroscience & Biobehavioral Reviews

SIGN 02 / 12

02 Wide awake at 4:30 a.m.

You fall asleep fine – phone in hand, around midnight. Then at 4 or 5 a.m. your eyes snap open and a meeting starts in your head: money, deadlines, the talk with your kid, the email you forgot to send. Melatonin, magnesium, “I’ll just go to bed earlier” – a month in, nothing works.

A REAL-LIFE STORY

Mike, 42, owns a roofing company, Phoenix

Spent three years “doing fine” on five hours of sleep. Called it his metabolism. Called the early wake-ups “responsibility.” When his son asked why Dad was always mad in the morning, he finally paused. A sleep study ruled out apnea, and the doctor referred him to a therapist. Two months later – seven hours a night, no pills.

THE SCIENCE

Waking too early and not being able to fall back asleep is a classic marker of depression and anxiety. A meta-analysis of 21 studies found that chronic insomnia roughly doubles the risk of developing depression later. Sleep problems often don’t come after – they come first.

Baglioni et al., 2011, Journal of Affective Disorders; Riemann et al., 2020, Journal of Sleep Research

SIGN 03 / 12

03 “I just need a glass of wine to unwind”

Not binge drinking. Not “a problem.” Just one glass – every night. Then two. Sometimes a bottle split over a show. It’s not about the taste. It’s about the off switch. And a night without it feels like a night missing something.

A REAL-LIFE STORY

Jen, 40, senior director at a healthcare company, mom of two, Charlotte

“Wine o’clock” was a running joke in her moms’ group chat. Then she noticed she got irritable and couldn’t sleep on nights there wasn’t a bottle open. She came to therapy “to work on anxiety” and didn’t mention the wine once. By the third session, she realized they were the same thing.

THE SCIENCE

Drinking “to take the edge off” – self-medication – is one of the strongest predictors of future alcohol dependence, regardless of how much you drink now. The key sign isn’t the amount. It’s the function: using a substance as a tool to manage emotions.

Bolton, Robinson & Sareen, 2009, Journal of Affective Disorders; WHO / The Lancet, 2023: no safe level of alcohol

SIGN 04 / 12

04 Your body hurts. Your labs are fine

Back pain, stomach issues, headaches, chest tightness, a lump in your throat, tingling hands. You’ve seen a GI doctor, a neurologist, a cardiologist, had the MRI. Everything’s normal. Doctors shrug and write “stress.” You’re sure they missed something.

A REAL-LIFE STORY

David, 35, financial analyst, Chicago

Eighteen months of specialists and about \$9,000 out of pocket on his high-deductible plan. Diagnosis: “functional disorder.” His “heart episodes” happened on Tuesdays – the day of his weekly report to leadership. He never spotted the pattern. His therapist did, in the first session. Three months later, the episodes stopped.

THE SCIENCE

Up to a third of primary care visits involve physical symptoms with no clear medical cause. Chronic stress literally changes how the gut, blood vessels and muscles work, through cortisol and the sympathetic nervous system. It isn’t “all in your head” – it’s real pain with a psychological trigger.

Kroenke, 2003, International Journal of Methods in Psychiatric Research; Henningsen et al., 2018, Psychosomatic Medicine

SIGN 05 / 12

05 You snap at the people you love

At work – the calm, composed professional. At home – an explosion over the cap left off the toothpaste. You yell at your kid, hate yourself for it, then buy them something. Noise, questions, slow drivers – everything sets you off. You’re “just tired.” You’ve been tired for three years.

A REAL-LIFE STORY

Chris, 45, regional sales director, Dallas, two kids

Prided himself on never bringing work home. He brought all of it home – just not in words, in tone. His 15-year-old daughter stopped talking to him. His wife said: “Either you talk to someone, or I’m leaving.” He went “to save the marriage.” Six months in, he learned the irritability had been masking two years of depression he never knew he had.

THE SCIENCE

Irritability and anger are leading signs of depression in men – signs standard questionnaires often miss. When researchers added them to the criteria, depression turned out to be just as common in men as in women.

Martin, Neighbors & Griffith, 2013, JAMA Psychiatry

SIGN 06 / 12

06 The Sunday scaries never stop

By Sunday afternoon something tightens in your chest. You're home, but you're already at work. Monday comes through clenched teeth. You call it "being committed." You need a vacation two days after your vacation. Burnout isn't when you can't get out of bed. It's when you get up on autopilot and feel nothing.

A REAL-LIFE STORY

Rachel, 34, management consultant, New York

Three promotions in four years. Saw herself as the one who "always delivers." At some point she realized she couldn't remember what she did last Wednesday. No drama – the days had just stopped being different. She came to therapy for "time-management tools." She left understanding that time management was the only thing in her life that was working.

THE SCIENCE

The WHO added burnout to ICD-11 as a syndrome caused by chronic workplace stress: exhaustion, mental distance from your job, and reduced effectiveness. Burnout is a strong predictor of later depression and cardiovascular disease.

WHO, ICD-11, 2019; Ahola et al., 2014, Burnout Research; Maslach & Leiter, 2016, World Psychiatry

SIGN 07 / 12

07 You live like roommates

You don't fight. Ever. You talk logistics: who's on pickup, who pays the water bill, who walks the dog. Sex happens on birthdays or by calendar. You're not unhappy. You just haven't looked at each other for longer than three seconds in a while – and you both pretend this is what a "mature relationship" looks like.

A REAL-LIFE STORY

Megan and Ryan, 38 and 41, married 12 years, two kids, suburbs of Columbus

Both "knew," both were "too busy" – between travel soccer, work trips and the kitchen remodel. They didn't come to couples therapy because of a crisis. They came because Megan did the math: in a month, they hadn't said a single sentence to each other that wasn't about the house or the kids. The scariest part was that neither of them had noticed.

THE SCIENCE

According to the Gottman Institute, couples wait an average of six years after problems start before getting help. The strongest predictor of divorce isn't fighting – it's emotional distance and stonewalling. Silence breaks couples faster than shouting.

Gottman & Levenson, 2000, Journal of Marriage and Family; The Gottman Institute

SIGN 08 / 12

08 Retail therapy stopped working

The new iPhone felt good for a day. The new truck – a week. The kitchen remodel – until the first scratch. Every purchase is a short-acting painkiller. You earn more than ever and feel about the same as you did at 25. Or worse.

A REAL-LIFE STORY

Jason, 43, founder of a logistics startup, income several times the national median

“I really have nothing to complain about,” he said in the first session. Then spent the next 50 minutes listing exactly what: exhaustion, emptiness, a sense that none of this was his. He traded in his car every 18 months. His therapist asked: “What are you trying to buy?” The answer took three months.

THE SCIENCE

It feels like money should fix everything. The data says otherwise: for the least happy 15–20% of people, more income past a certain point stops improving well-being at all. Money amplifies happiness that’s already there. It doesn’t create it.

Killingsworth, Kahneman & Mellers, 2023, PNAS – a joint study by two “rival” camps

SIGN 09 / 12

09 You keep putting off what matters most

Small tasks get done instantly. The thing that will actually define your year has been sitting there for three months: the business plan, the hard conversation, the doctor’s appointment. You’re not lazy – you’re hyper-productive at everything that doesn’t matter. Every night, shame. Every morning, repeat.

A REAL-LIFE STORY

Kevin, 31, senior software engineer, Seattle, “launching a side project” for two years

Three productivity systems, two focus apps, a book on “eating the frog.” The side project didn’t move an inch. He came to therapy for “discipline.” It turned out that every time he sat down to work on it, the fear of failing was so loud his brain chose anything else – including deep-cleaning the fridge.

THE SCIENCE

Procrastination isn’t a time-management problem. It’s an emotion-regulation problem: the brain avoids a task because it brings up anxiety, shame or self-doubt. That’s why productivity hacks don’t help – and working with the emotions does.

Sirois & Pychyl, 2013, Social and Personality Psychology Compass; Steel, 2007, Psychological Bulletin

SIGN 10 / 12

10 You've read every self-help book

You know about cognitive distortions, the inner critic and boundaries. You've binged three podcasts on trauma. You can explain what's going on with you better than some therapists. It just doesn't work. Understanding a problem and changing it are two different processes.

A REAL-LIFE STORY

Lauren, 36, HR director, "basically a therapist herself"

She knew every term. In the first session she diagnosed herself with "anxious attachment and imposter syndrome." The therapist nodded and asked: "What are you feeling right now, as you say that?" The pause lasted a full minute. It turned out she'd spent years explaining her feelings so she wouldn't have to feel them.

THE SCIENCE

Self-help reading (bibliotherapy) works for mild symptoms – mostly when someone guides you through it. Without that support the effect is smaller, and "insight" without behavior change can fuel rumination – endlessly replaying the problem.

Cuijpers et al., 2010, Psychological Medicine; Nolen-Hoeksema, 2008, Perspectives on Psychological Science

SIGN 11 / 12

11 The year after the divorce. Or the loss

Divorce, losing a parent, a cross-country move, a layoff, a new baby. You “got through it.” Everyone says you’re handling it so well. But since then you’ve become a different person – and you’re not sure you like this one.

A REAL-LIFE STORY

Michelle, 46, CFO, moved from Boston to Denver after her divorce

The divorce was “amicable” and done in four months. She moved, switched jobs, joined a gym. A year later she noticed she wasn’t getting close to anyone and got irritated by any plan more than a week out. She came in “to talk about dating.” It turned out to be about grief she never let herself feel – there had been no time.

THE SCIENCE

On the Holmes–Rahe stress scale, divorce ranks second only to the death of a spouse; moving, changing jobs and even “outstanding personal achievement” are on the list too. Grief that isn’t processed doesn’t disappear – it turns into chronic background anxiety and emotional distance.

Holmes & Rahe, 1967, Journal of Psychosomatic Research; Shear, 2015, NEJM – on prolonged grief

12 “What’s even the point?”

Not plans. Just a background hum: “it’d be nice not to wake up,” “everyone would be better off,” “I’m so tired.” You don’t tell anyone, because “it’s not serious.” This is the most important sign in this guide. It isn’t about “later.” It’s about “now.”

A REAL-LIFE STORY

No name. Because it could be anyone from the previous eleven pages

Many of the people in the stories above admitted to thoughts like these in early sessions. None of them had told the people closest to them. They all assumed “it’s normal, everyone has those.” Many people do. That doesn’t make it normal.

THE SCIENCE

Passive thoughts of not wanting to live are a proven predictor of things getting worse, even without any intent. And most people who have them look completely functional from the outside. If this is you – don’t wait for a checklist. In the U.S., call or text 988 today. Elsewhere, contact your local emergency or crisis line.

Franklin et al., 2017, Psychological Bulletin; WHO, Preventing Suicide, 2014

AN IMPORTANT NOTE

Not a diagnosis. A reason.

No guide, quiz or podcast can diagnose you. Recognizing yourself in three of these signs doesn't mean "I have depression." It means one thing: there's something worth talking through with someone whose job is exactly that.

Therapist ≠ psychiatrist

Therapists – psychologists, counselors, clinical social workers – work through conversation and evidence-based methods; they don't prescribe medication. A psychiatrist is a medical doctor who diagnoses and prescribes. They often work as a team. You can start with either.

"But I'm not crazy"

Right. Most people in therapy have no psychiatric diagnosis at all – just ordinary life: relationships, work, anxiety, self-worth, big decisions.

"It'll take years"

Not necessarily. Short-term evidence-based approaches are designed for 8–20 sessions. Long-term therapy is a choice, not a requirement.

WHAT SCIENCE SAYS ABOUT THERAPY

It works. Measurably.

Psychotherapy is one of the most studied interventions in all of healthcare. Not “just venting,” not “a good cry.” A method with a measurable effect.

0.8

average effect size of psychotherapy across hundreds of trials – on par with many common medications.

Wampold & Imel, 2015

75%

of people who start therapy see some benefit compared with those who don’t.

APA / Lambert, 2013

AND ONE MORE THING

Therapy physically changes the brain: fMRI studies show shifts in amygdala and prefrontal activity after a course of CBT for anxiety and depression. What feels like “just talking” **actually rewires neural pathways.**

Marwood et al., 2018, Neuroscience & Biobehavioral Reviews

6 THINGS TO CHECK BEFORE YOU PAY

How to choose the right therapist

01

Real training

A degree in psychology or a related clinical field, plus 1–3 years of training in a specific method. A weekend certificate isn't it.

02

An evidence-based method

CBT, schema therapy, ACT, EMDR, psychodynamic or couples therapy. Ask directly: "What approach do you use?"

03

Supervision

Good therapists regularly review their cases with a more experienced colleague. It's a standard of the profession, not a weakness.

04

Their own therapy

A therapist who's never been a client is like a surgeon who's never seen an operating room from the table.

05

A clear agreement

Session length, fees, cancellations, confidentiality – all discussed in the first session, not "as we go."

06

No big promises

"Fixed in 3 sessions," "guaranteed results," "clear your blocks" – red flags. Science doesn't promise. It measures.

YOUR FIRST SESSION

Nothing scary is going to happen

The most common thing people say after a first session: “That was way easier than I expected.”

Nobody will force you to dig into your childhood, make you cry or hand you a diagnosis at the door.

MINUTES 0–10

Introductions, ground rules, confidentiality. Then: “What brings you in?” – and you answer however you can. “I’m not sure” is a valid answer.

MINUTES 10–40

Questions about sleep, work, relationships, your body. No judgment. Your therapist is building the full picture – like a doctor taking your history.

MINUTES 40–50

What they noticed, what they suggest, roughly how many sessions it might take. You decide whether this person is the right fit.

MOST IMPORTANT

If after 2–3 sessions it doesn’t feel like the right fit – that’s okay. Switching therapists isn’t failure. It’s part of the process.

THE REAL COST

What it costs not to go

You’ve already spent more than therapy would cost: on specialist co-pays, on the vacation meant to “reset,” on things that made you happy for a day. And there’s a bill nobody sends you, but everyone pays.

YOUR HEALTH

Chronic stress raises the risk of heart disease and type 2 diabetes and weakens immunity. Depression raises the risk of a heart attack about as much as smoking does.

Cohen et al., 2007, JAMA; Van der Kooy et al., 2007

YOUR MONEY

Depression and anxiety cut productivity by 20–35%. For someone earning above the median, that’s a real slice of annual income – every year you wait for it to “pass on its own.”

WHO, 2016; Beck et al., 2011, JOEM

YOUR RELATIONSHIPS

An untreated mental health struggle in one partner is a leading driver of breakups. A divorce costs more than any course of therapy – in every sense.

Whisman, 2007, Journal of Abnormal Psychology

12 QUESTIONS · 2 MINUTES · NO ONE’S WATCHING

Checklist: be honest

- ☐ Almost nothing has felt genuinely good this past month
- ☐ I regularly wake up before my alarm and can’t fall back asleep
- ☐ At night it’s wine, snacks or scrolling – to “shut my brain off”
- ☐ I have aches or symptoms doctors can’t explain
- ☐ I snap at the people I love more than I’d like to admit
- ☐ Sunday nights mean anxiety; vacations don’t recharge me
- ☐ My partner and I mostly talk about logistics
- ☐ Purchases, trips and wins feel good for a day or two
- ☐ I’ve been putting off what really matters for months
- ☐ I understand myself – and nothing changes
- ☐ In the past 2 years something big happened that I “got through on the go”
- ☐ I have thoughts like “what’s the point” / “it’d be nice not to wake up”

0–2

You’re okay. Revisit this in six months.

3–5

There’s something to talk about. One session, no commitment.

6+

Don’t put it off. If #12 is checked – today.

NEXT STEP

Just one step – book your first session

Everything else can wait.

ONE-ON-ONE · ONLINE

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IF YOU'RE STRUGGLING RIGHT NOW

Don't wait for an appointment. In the U.S., call or text 988, the Suicide & Crisis Lifeline. Outside the U.S., contact your local emergency number. Reaching out for help isn't weakness – it's your right to choose yourself.

