

Leftist Extremism Is Turning Therapists And Counselors Against Their Own Clients

 thefederalist.com/2022/06/02/leftist-extremism-is-turning-therapists-and-counselors-against-their-own-clients/

June 2, 2022



Image Credit Sander van der Wel/Flickr

Culture

By: Andrew Hartz

June 02, 2022

8 min read





Andrew Hartz

More Articles

It's never been easy to have a dissenting opinion, but it's been getting harder and harder. Today, countless people face social and professional consequences for expressing their political views, and many more self-censor because they fear the consequences of candid dialogue (see [here](#), [here](#), and [here](#)).

Harassment, racial demonization, and social ostracization are becoming more frequent as woke culture spreads. And as people critical of leftist orthodoxy face more antagonism, they experience more stress and more isolation, and they're more likely to need psychotherapy.

Rather than helping, the mental health field has often been antagonistic toward this population. Now, there's a growing population of people who need mental health services at the same time that providers are most likely to mistreat patients with non-leftist views.

A few years ago, I worked at a psychotherapy clinic in New York City. A couple of weeks after starting, a therapist of color described his Jewish graduate-student patient in a clinic-wide meeting (in all clinical examples, the identifying information of patients and providers have been changed to protect patient confidentiality).

This patient had come for help with depression and social anxiety, but he also expressed frustration because he felt he lost out on a research fellowship based on affirmative action. The ethnically diverse group of about two-dozen providers (psychiatrists, social workers, and psychologists) discussed the patient and then came to an apparent consensus: the patient needed to be confronted about his racism and then be told that if he didn't want to overcome his biases, he would be asked to leave therapy.

They argued it would be "unfair" for a non-white therapist to have to provide therapy to such a racist patient unless he changed his views. No one seemed to consider that it might be unethical to turn a patient away from therapy for his opinions about affirmative action.

Another example: In a case conference at a different clinic, one therapist described a session with a black high school student who was the daughter of African immigrants. This patient reported speaking in one of her classes to say that "all people are the same regardless of race." In response, her teacher called her "racist" and condemned her views in front of the class.

The patient was tearful and felt humiliated. Yet the providers at the clinic responded to the

situation by debating whether the therapist should focus on supporting the patient or *advocating for her teacher's views*. Crazy as it may seem, convincing the patient of her teacher's views on identity politics was seen as therapeutic. Supposedly, guiding her toward "correct thinking" was necessary for therapeutic healing.

Years ago, I saw a white, male patient who had a significant history of facing anti-white hate — racial bullying in school, hateful professors in college, white and non-white colleagues making insulting comments about white people at the workplace. Yet he was hesitant to share these experiences in therapy because he thought I would react the way others had: by minimizing his experience or framing him as fragile and privileged.

He also wondered if I would be able to hear his anger, disillusionment, and pain without feeling the need to invalidate him. Who could blame him?

Resources for the Self-Censored

Recent data suggest that about 40 percent of Americans self-censor, and about 40 percent of college students report being very or somewhat reluctant to discuss a controversial political topic. But if a friend or colleague were to ask me for a referral for a patient who had been attacked for having unorthodox political views or for a patient who was closeted about her political beliefs, I wouldn't know where to look.

There seem to be no resources at all. As the above examples demonstrate, these patients can't assume that their therapists will be supportive or understanding. Patients with unorthodox views face problems such as bias, judgment, conflict, value divergences from their therapist, and even outright rejection in therapy.

Having an unorthodox viewpoint is often painful and stressful. Many have had to sit through academic or professional events in which their beliefs were ridiculed by the people in charge. Increasingly, people are insulted at work or school for being white or male (they're inherently fragile, ignorant, immoral, toxic, etc.) — while every other group is praised and celebrated (they're strong, wise, virtuous, beautiful, etc.).

The hostility and contempt are often palpable, but dissent can lead to harassment. Other times people experience aggression that's less direct — everything from malicious gossip to having complaints filed about them for seemingly unrelated issues.

Many patients with unorthodox beliefs have experienced public shaming, ostracization by colleagues, and professional limitations, among other problems. Even when they face less overt aggression, people can suffer simply from having to stifle their thoughts and feelings. Therapists need to be aware of these experiences and their effects on patients, but there is currently little research about these issues.

Holding a dissenting viewpoint can also be accompanied by loneliness and a lack of social support. Many people hold closeted political beliefs that they share only with a select few. It's hard to know who will be accepting and who could react aggressively, so every disclosure about one's beliefs is fraught. Some people are even afraid to tell their spouses about their views. For many, their therapist is their only support related to these experiences, another reason being rejected in therapy can be so damaging.

As with other stressors, one would expect that holding unorthodox views could contribute to mental illness — anxiety, relationship problems, depression, anger, etc. But, as far as I know, no individual therapists specialize in these issues.

If you look for a therapist online, you'll see that many of them have tags indicating populations they specialize in: women, LGBTQ+, immigrants, Latinx, etc. I've never seen a tag related to unorthodox or non-woke viewpoints. There appear to be no group therapies that focus on this topic — no clinics, no programs to train clinicians, no consultation groups for providers, no professional organizations, no competency standards for providers, no community resources. If any of these exist, their visibility is extremely low.

Therapists' Insensitivity

Most patients are sensitive to their therapists' judgments, and many can tell when their views are being judged even if the therapist never says anything explicitly. Nonetheless, many continue with their therapist despite these judgments. Often they're vulnerable and develop some dependency on their therapists, so leaving isn't always as easy as it might seem.

Others internalize the stigma about their beliefs. Some quietly hope their therapist will ignore their political views or religious beliefs. Others simply lie.

I've witnessed numerous acts of therapist insensitivity about these issues. I've heard therapists proudly acknowledge that they've criticized patients as sexist for their word choice. I've heard of clinical supervisors saying that anyone who could vote for Donald Trump must be "crazy, stupid, or evil." I've heard patients with conventional spiritual beliefs labeled as having "magical thinking," and religious patients labeled as bigots because they feel their faith is superior to others.

While there certainly are instances in which religious and political beliefs are linked to symptoms, these labels obviously can't be applied to all voters of a given party or all people of faith. This should go without saying, but often it doesn't.

Advocating Viewpoint Diversity

Some of this may be changing. A new organization, the International Association of

Psychology and Counseling, has a stated goal of advocating for viewpoint diversity. There is an opportunity for organizations such as these to begin building resources of patients and providers.

But more is needed. We could use journals, grants, and conferences to develop best practices. We need to document case studies, do research, and develop evidence-based protocols. I've recently begun offering services related to these issues, but we need clinics offering these services in every locale.

If people knew that therapy for these issues was available, many more would likely seek care. It can be revolutionary to have confidential spaces where people can speak together openly about taboo thoughts, conflicted feelings, dilemmas, and questions. This could help people speak up and organize against work orthodoxies in powerful ways.

Therapy is often a place where people find their voice. As they open up about controversial questions and feelings, they learn more about who they are and what they believe. They can learn to work through difficult feelings, develop their ideas, engage in dialogue with others, and communicate their experiences in a productive way, rather than acting out destructively.

A lack of mental health services for people with unorthodox viewpoints can affect people's mental health, but it can also affect our culture more broadly. As more people feel voiceless and unable to process difficult experiences, dialogue and relationships can suffer. Over time, these problems can corrode discourse throughout society. Most likely, they already have.

Andrew Hartz, Ph.D., is a clinical psychology professor at Long Island University in Brooklyn, a writing fellow at Heterodox Academy, and a psychotherapist in private practice in New York City. Michael Olan provided research and editorial assistance to this article. He's a doctoral student at the Chicago School of Professional Psychology.