



Op-Ed

# When Therapists Become Activists

By Sally Satel

Persuasion

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Until roughly five years ago, people seeking mental health care could expect their therapists to keep politics out of the office. But as counselor education programs and professional organizations across the country [embrace](#) a radical social justice agenda, that bedrock principle of neutrality is crumbling. Mental health professionals—mainly counselors and therapists—are increasingly replacing evidence-driven therapeutics with ideologically motivated practice and activism.

The Graduate Counseling Program at the University of Vermont, for example, [intends](#) to “structurally align” itself with the Black Lives Matter movement and begin “the work of undoing systemic white supremacy.” After George Floyd’s death, the Johns Hopkins University Counseling Center [advised](#) would-be students to “consider us one of many resources in the difficult but necessary work of engaging with internalized bias, recognizing privilege, and aligning values of anti-racism and allyship with embodied and sustained practice.”

Such sentiments are not limited to mission statements—they are playing out in the real world of clinical training. Some counseling

programs encourage students to engage in social justice activism. Most troubling of all, trainees are being taught to see patients not as individuals with unique needs, but as avatars of their gender, race, and ethnic groups. Accordingly, more and more counselors encourage their patients to understand their problems as a consequence of an oppressive society. White patients, for instance, are told that their distress stems from their subjugation of others, while black and minority patients are told that their problems stem from being oppressed.

The stakes for patients are high. When therapists use patients as receptacles for their worldview, patients are not led to introspection, nor are they emboldened to experiment with new attitudes, perspectives, and actions. Patients labeled by their therapists as oppressors can feel alienated and confused; those branded as oppressed learn to see themselves as feeble victims. It is difficult to imagine how a healthy therapeutic alliance between counselor and patient—a core bond nurtured through a clinician’s posture of caring neutrality and compassionate detachment—could thrive under these conditions.

The American Counseling Association, “the world’s largest association exclusively representing professional counselors,” has a Code of Ethics that explicitly cautions against such boundary violations: “Counselors are [to be] aware of—and avoid imposing—their own values, attitudes, beliefs, and behaviors.” Yet the association has said nothing about the overt ideological stance of some programs, or blatant instances of imposition.

I am a psychiatrist, and I am very concerned about the encroachment of “anti-racism” training and critical race theory into psychotherapy—a development that has become impossible to ignore.

There are surely problems within psychological health care that fall hardest on minorities. There remains, for example, a tendency to over-diagnose schizophrenia in black patients. But efforts to remedy these discrepancies have led to the mental health

profession becoming an intensely politicized environment where academic collegiality, open inquiry, and constructive discourse are [threatened](#).

Central to the ideology that's creeping into the field of mental health care is a growing aversion to recognizing personal responsibility and agency. One colleague of mine who works in a prominent psychiatry department told me that during a group discussion of the growing problem of stress and suicide in black youth, her colleagues were unwilling to discuss explanations that pointed to factors coming from within beleaguered communities. Thus, participants who pointed to fear of police aggression and societal discrimination were greeted with nods, but when she suggested they also consider bullying by classmates, chaos in the home, or neighborhood violence, she was ignored.

I have had my own encounter with this growing illiberal strain. Following a lecture I gave earlier this year to a group of psychiatrists and trainees, I was castigated by several attendees for drawing attention to personal agency in overcoming drug addiction. My transgression, as they saw it, was to "blame the victim" and take focus away from factors such as racism, poor education, and poverty—which, as I had noted in my presentation, also predispose people to heavy drug use. But I was not "blaming the victim," I explained in an icy Q-and-A; rather, I was drawing attention to the patients' capacities to improve their lives and, therefore, to hope.

Despite these worrisome developments, I feel stirrings of optimism as new institutions dedicated to apolitical mental health care are springing up. In July, Brain S. Canfield, a professor of clinical mental health counseling at Florida Atlantic University and former president of the ACA, launched the International Association of Psychology and Counseling, or [IAPC](#). Canfield told me that the IAPC exists to "promote critical thinking over indoctrination." He wants the organization to help the mental health field to return to "its roots of liberal education" and to "professionalism where advocacy should be the domain of individual conscience, not one's

professional identity.” The IAPC offers a concrete alternative institution to the increasingly ideological posturing of many professional mental health organizations.

“You have no idea what a milestone IAPC represents,” Craig Frisby, an associate professor emeritus at the University of Missouri’s College of Education, told me. “Nearly all branches of applied psychology are thoroughly corrupted by sociopolitical ideology.”

This fight to liberate clinicians from the constraints of identity politics is not isolated to mental health care alone. FAIR in Medicine is a new interest group that will launch sometime this summer within the Foundation Against Intolerance and Racism—an organization dedicated to free speech, civil liberties, and confronting identity politics that has become so prevalent in academia and the workplace. FAIR is representing Tara Gustilo, a doctor of Filipino descent, who has filed a [Discrimination Charge](#) with the Equal Employment Opportunity Commission against the Hennepin Healthcare System in Minneapolis. According to her charge, she was removed from her post as chair of the OB/GYN Department “solely based on my refusal to subscribe to CRT and the beliefs I am expected to hold as a person of color.”

Though I am worried for my profession, for colleagues who feel pressure to conform, and for the patients who depend on them, I take heart from these flares of resistance. I am confident that there is a silenced majority of clinicians who see the need to resist the ideological encroachment into the field of mental health care and the health sector more broadly. These new organizations are in their early stages but have the potential to attract the critical mass needed to rebuff politicized narratives and re-assert the primacy of individual patients in all their complexity.

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