Elders in the Therapy Professions – it's Time to Step up to the Plate!

Where are you, elders in our professional therapy community? You know who you are — those of you in good standing: department heads, theorists, writers, conference keynote speech makers with well-deserved reputations. At this time of crisis, you have been notable by your silence. The therapy field is threatened existentially — are you just going to stand by and watch the dismantling of traditional therapy happen? Will you just let a healing practice become a political one? Apart from a couple of honourable exceptions (Feltham, Mills) none of you are speaking out in the public square. We need you to come in now and help to create a necessary public debate and critique of the way in which therapy is responding to the wider cultural shift in society.

It is worth stepping back at this point and consider how unusual your silence is. The therapy professions have always been full of controversy and argument – the therapy field is pluralistic, containing radically different schools all of which endlessly squabble with each other. This characteristic has made it dynamic and forced contested issues up to the surface. A good example would be the fierce debates in the UK engendered by the increasing dominance of CBT as the favoured therapeutic approach. For those outside the UK who may not be familiar with the background, this pre-eminence was consolidated by the UK government's creation of a national programme to deliver mental health treatment within the NHS. This programme – called Improving Access to Psychological Treatment (IAPT)- uses CBT as its main treatment model. This political move generated a great deal of opposition within other therapeutic schools, critical of the government's selection of CBT as the only valid therapeutic approach. There were conferences, books, papers, research initiatives – all of the critique was carried out at high volume in the public square. And, as one consequence of the debate, although IAPT retains CBT as its primary treatment modality, it has approved other evidence-based therapeutic modalities such as Person-centred Experiential Counselling for Depression. The point I am making with this example is that it has been through the classic liberal strategy of presenting arguments in the public square that the disciplines of

counselling and psychotherapy have progressed: ideas and treatment approaches are contested and thereby refined. It isn't perfect – corrections are always needed – but overall it has worked.

And yet this tried and tested approach is not operating now. Critical Social Justice (CSJ)-driven (aka 'woke') approaches to therapy are rapidly establishing themselves as dominant – widespread in the US especially within the training programmes in universities. *And there is no public debate*. All the more astounding as CSJ-driven approaches are not merely a new modality but are, in effect, expressions of something much more fundamentally different – a collectivist world view with a political agenda (as I have argued previously). Furthermore, it is as if, in front of our very eyes, therapy is being changed into a different cultural practice and no one is even asking the most basic of questions – for instance, how does a collectivist worldview cohere with therapeutic practices informed by Western individualistic liberal traditions?

Just because there is no official public critical debate, does not mean that there isn't a groundswell of unofficial opposition building up within the therapy professions. At considerable cost to professional life, people have taken a range of actions. Counselor educators in the US have spoken out (Kindsvatter at the University of Vermont) and, in some cases resigned their post (Sefein).

Practitioners have opposed their increasingly authoritarian woke professional bodies through public resignations (United Kingdom Council of Psychotherapy, American Psychological Association, British Psychological Society) And at even greater cost, students in the UK have pursued legal action against their training organisations including: Caspian whose university refused permission for him to research experience of detransitioners; Esses whose training institute expelled him for campaigning on behalf of gender critical views; and Gallagher who is challenging the Tavistock on discriminating against her as a White Christian). And, finally, retirees who can no longer be cancelled or professionally threatened are lending their energy and expertise in various forms, some examples being: setting up platforms to push back; articulating and clarifying highly complex legal issues

around conversion therapy; and <u>campaigning</u> to challenge the politicisation of clinical psychology training in the UK).

So, professional elders, what's going on? How should your deafening silence be interpreted? A cynical view would be that you are just keeping your heads down – the professional dangers of speaking out are all too apparent – and just waiting to see how it all pans out? But let's unpack this a bit, perhaps cast a more charitable and forgiving eye.

Maybe, you feel yourself to be on the back foot. Political expedience has served you well in your

career and you have been sure footed in this regard, but these are different times – much bigger changes are happening. You bought some time a couple of years ago and made the right gestures (see a typical example from the highly reputable Anna Freud Centre) and you survived. But now, you are stuck. Your acute sensibility to power dynamics tells you that there is very little margin of error. Activist wolves prowl through the encampment and one false move you will be denounced and cancelled as a reactionary. You are just hanging in there, trying to survive as quietly as possible. Perhaps, you are less concerned and think this is all a temporary phase – an over-reaction which will correct itself soon. You have, of course, leftist sympathies as nearly all of your colleagues do and you generally go along with the framing that CSJ is an evolution in a generally positive direction (it isn't, this framing is a rhetorical move) You have seen these radical shake-ups in the therapy field before – it all settled down in the end. New ideas cause ruffled feathers and then they are assimilated into theory and practice. Although, taking this position would suggest you do not fully grasp the divisive, racist, reductionist nature of CSJ or the way that it takes over any arena it gains access to. CSJ is not a self-limiting philosophy but rather a highly aggressive political ideology that is categorically opposed to assimilation. Its aim is revolution: therapy like all the other disciplines will just be co-opted to this political goal. A glance at the websites of any of the professional bodies should make this apparent, The American National Association of School Psychologists, for example, has grand political aims and "...seeks to address institutional barriers and related inequities, disproportionalities, and disparities

of law enforcement, administration of criminal justice, educational, mental health, and other systems...'. This statement does raise the reasonable question of where psychological work with individual children ranks on this association's list of aims.

So why should you take the risk now and start to open these new ideas in counselling and psychotherapy to public debate and scrutiny? You haven't been persuaded to take that radical step so far. I can give you two good reasons. First and foremost is because you have an ethical duty to therapy clients, current practitioners who look to you for guidance and trainees who, quite frankly, are being sold down the river. The ideological capture of therapy has real world consequences. Staying silent is allowing very bad ideas to embed themselves into mainstream counselling practice: these ideas contravene the healing ethos and principles of our disciplines. Let's consider the following example to see how this works— a 2021 paper by Drustrup published in the reputable academic Journal of Health Service Psychology. In his paper, Drustrupp argues that white counsellors working with white clients should endeavour to bring their clients' attention to the salience of race no matter what the original presenting problem might be. The implications are obvious – the therapist's agenda should trump that of their client. It is one thing that a paper which departs so far from established principles of therapy – the autonomy of the client— is published, it is even more astonishing that nobody challenges it. Because papers such as these get published without any debate, the ground is made ready for repurposing therapy as a moral re-education project. In fact this is implicit in Drustrup's discussion of a counselling vignette where he identifies the client's moral viewpoint as deficient and requiring a counselling intervention to facilitate racial consciousness; in describing the client he states: 'He believes himself to be a good person who is not racist, yet he carries several dominant cultural ideologies (e.g., centrality of hard work, equality for all, aversion to being racist, etc.) that can operate in colour-blind and harmful ways' (p. 69). There are many papers like this, maybe more subtle, but still wedded to a new view of the client as requiring moral reeducation to fit the party line. These papers are included in the reading lists on professional training courses now that are increasingly teaching therapy as a form of activism.

Let's consider another example of real-world effects of failing to stand up to the mob. Gender ideology and trans activism have proven to be, like elsewhere, particularly pernicious (see Jordan Peterson's recent blistering denouncement of therapists and surgeons who have participated in the surgical transitions of young people). No one with any standing in the profession protested when our professional bodies abandoned the reality of biological sex-based categories. The consequences for the legitimate sex-based rights for female clients have been very concerning. In the UK, rape crisis centres in Edinburgh and Brighton have instituted trans-inclusionary policies: female clients have to accept male-bodied people as either therapists or peer therapy group members. At the Edinburgh Rape Crisis Centre, to add insult to injury, traumatised female rape victims have been characterised as 'bigots' if they object. The CEO helpfully explained that these clients will need reeducation as part of their therapy treatment. It wasn't so long ago that maltreatment of clients would have been a cause celebre with professional bodies rushing to their defence – but not anymore. The therapy professions do not appear to be on the side of the clients.

OK, so asking you to stand up to trans-activists might be too much. But you could, at the very least, start to contribute some helpful think pieces – the way you did in the past. You understand the theory, the philosophical underpinnings, you write books, you hold professorships, you lecture to large audiences – you know your subject. The theory and conceptual structure of therapy is being dismantled. It needs significant interventions in the form of public debate to bring back some semblance of intellectual rigour and clarity. The postmodern underpinnings of CSJ lead it always in the direction of dissolving categories and challenging established principles (the norms of any cultural practice). But this is not helpful for practitioners who need clear guidance and should be able to proffer coherent explanations for their interventions. In the past any new theory or concept had to survive a testing period of public scrutiny. But not anymore. Here are just some indications of a field that has lost its ground.

- Some schools such as the psychoanalytical/psychodynamic/Jungian approaches ones which would on the surface at least have major challenges in accommodating CSJ – appear to be retrofitting their conceptual frameworks in weird and wonderful ways. Suddenly, out of the blue, Jungian theorists have re-examined the foundational construct of the collective unconscious with its archetypal character and inserted a new complex – the Racial Complex. And now this explains everything – systemic racism, white supremacy, etc. No criticisms are made of the adoption of a new feature in the structure of consciousness. Everything is all right again in the Jungian world which had been threatened with being out-of-touch reactionary and irrelevant, and racist. even. Incidentally, for any reader who finds it hard to believe that CSJ could get any purchase on the Jungian school, your attention is directed to an insider account, admittedly anecdotal, of training at a captured institute. The psychoanalytical/psychodynamic schools have also made some questionable changes to theory in order to support their new enthusiasm for whiteness theory and to flag up that they are on board with the fieldwide mission to rid society of white supremacy. Some writers (see the notorious paper by Moss that characterises 'whiteness' as a form of parasitism) have postulated that contrary to classical ideas of early child development, new born babies can be racist. At least, preposterous ideas such as this have been publicly <u>challenged</u> but nowhere nearly widely enough.

- address such basic contradictions fatally undermines the rich traditions and claims of the Existential-humanistic school to continue to be a viable therapeutic approach.
- Finally, how do empirically-based mainstream approaches (especially in North America) and CBT more generally continue to hold onto evidence-based practice as academic institutions and professional therapy bodies move ever more rapidly away from any grounding in reality? Where are the protesting voices who are tackling the increasing politicisation of therapy and the erosion of evidence-based practice (see a couple of lone voices, Marshall, Silander and Laing). Where are the researchers who could investigate contested CSJ concepts that are now accepted without criticism (see Lillienfield's ground-breaking review of the literature on micro-aggressions demonstrating its weak evidence base).

So that's the ethical reason for speaking up. But there is a second one. Speaking up is your least bad option. Attempting to play the game by appearing to comply won't work in the long run because, rather obviously, the game is rigged against you. These are revolutionary times and new generations of political activists are moving into positions of power in the therapy field. Inevitably, you will be characterised as the old guard – wrong gender identity, wrong sex, wrong generation, wrong ethnicity —and side-lined in the best-case scenario or condemned in the worst case. If you come out and make some kind of stand at least you can exit with dignity. But even better, your contribution can make a difference to the field. You could provide some desperately needed moral leadership. Beleaguered students on therapy training courses – the future of the profession – will gain some direction. It is important that you make this move now as five years down the line it may well be too late.

Up until the very recent past, it was generally accepted that professional practitioners and trainers in therapy should model qualities and virtues. Out of all of these, a case could be made that truth and courage should reign supreme. It's time to step up to the plate!