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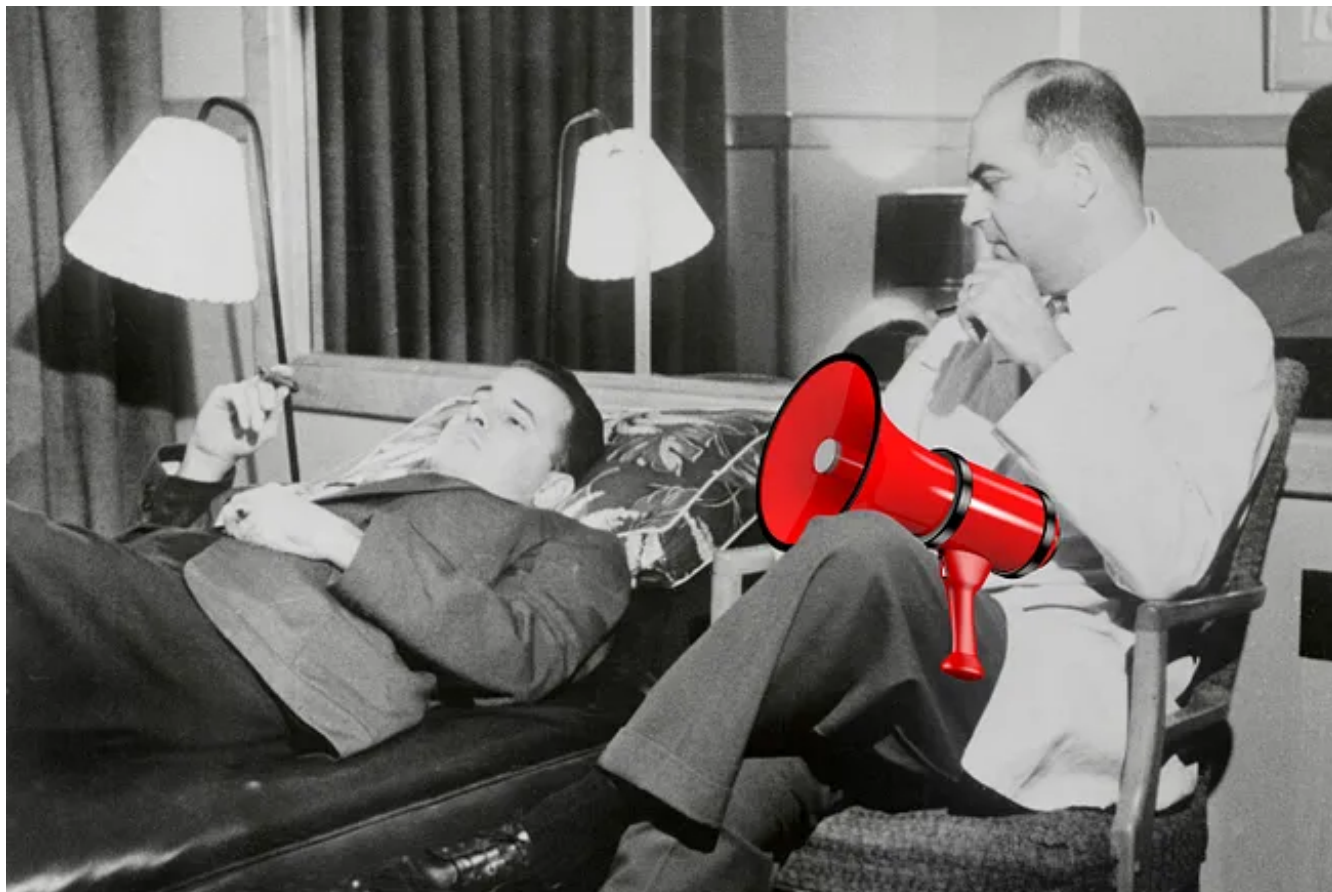
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How Therapists Became Social Justice Warriors

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‘They are training people who will not be able to see half the population as human beings who need compassionate treatment.’

By Lisa Selin Davis

May 17, 2023



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Today, Lisa Selin Davis tackles the important subject of therapy. She documents how American psychologists—once trained to listen without judgment—are using sessions to proselytize their politics. As one therapist in training tells Davis: “My concern is that we’re not helping people heal. We’re just helping people live in their victim mentality.”

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Lily Cooney was fully committed to social justice. In the wake of George Floyd's death, the now-26-year-old writing tutor marched proudly in Black Lives Matters protests through the streets of Portland, Oregon.

But the culture in which she was steeped began to take a toll on her mental health. As a white person, she felt responsible for America's racist legacy of slavery, and worried about her relationship with her Asian American girlfriend. "I felt like I was hurting her, harming her, just by being white," Cooney told me.

Though she knew she was a lesbian, she began to identify as nonbinary, a result of her understanding that being a "cis woman" was "associated with colonization and white supremacy and oppression."

One day in June 2020, she found herself suddenly unleashing a tirade against the next-door neighbor of a friend, a white man who said he supported BLM but had cops in his family whom he supported, too. "I had this moment afterwards where I was like, 'This is not how I want to behave. I don't want to be a person who just screams at people because they're white.'"

Anxious and depressed, she had trouble concentrating on work. "I started just going a little crazy," she said. She decided she needed therapy to work on both her "internalized white supremacy," her "white guilt," and to "become a better person."

In January 2021, Cooney sought help from a black therapist in Portland she found through a therapy database, who agreed to work with her around

issues of race and gender.

Initially, they practiced mindfulness and self-compassion techniques, from forgiving oneself out loud to the “butterfly hug,” crossing arms and tapping the chest. The therapist even cried with her when she cried about sexual assault or feeling unsupported in relationships. Cooney felt supported and eventually, more in control, more accepting of herself as female.

Then something unexpected happened. The stronger and more mentally healthy she felt, the less Cooney viewed the world through the lens that had informed her activism—a binary perspective that split all people into categories: white and black, oppressor and oppressed, victimizer and victim.

“I care about equality, I care about racism, I care about homophobia, I care about trans people being safe. I just don’t want to walk around in the world where everyone’s thoughts, feelings, and behaviors are dictated by their identities,” she said.

Cooney wanted to share her newfound realizations, but feared being canceled and ostracized—by her friends, fellow activists, perhaps even her girlfriend. The burden weighed on her, and therapy seemed the place to address it.

When she first tried to do so, in June, 2022, Cooney’s therapist reacted badly. She told Cooney that critiquing cancel culture was giving in to “white supremacy culture,” and said Cooney was making her feel “unsafe” as a black woman. By the end of the session, the therapist had given her an ultimatum: they could continue to work together and keep cancel culture discussions off the table, or “the relationship was over,” Cooney said.

Cooney continued with the therapist for six more months, but her therapist seemed to emphasize Cooney's victimhood, reiterating that other people were responsible for her oppression as a gay woman. "She said, 'You're not free because of homophobia and sexism. You'll never be free.'"

Cooney began pushing back, expressing views the therapist had declared taboo such as not wanting to categorize people based on their identities, or asserting that too many people were being shamed and punished for minor supposed transgressions. Finally, her therapist told Cooney their relationship was finished.

Ultimately, the thing she had feared the most—being canceled for her views—had happened, by the person with whom she was supposed to be able to share her deepest secrets. "I was just totally in shock, just kind of dead inside," Cooney told me.

Cooney is not alone in finding therapy overtaken by the same kind of social justice ideology prevalent in [schools](#), [medicine](#), and [the law](#). I spoke with more than two dozen therapists and clients who painted a disturbing picture of what happens in the treatment room when therapists make the tenets of this ideology central to their work, instead of offering empowering approaches that help patients make better choices and take control of their lives. Some patients, like Cooney, have also found themselves "fired" for expressing unacceptable thoughts.

I spoke to new therapists, some still in training, who describe a profession that teaches the ascribing of oppressor or victim categories to patients, based on their innate characteristics, instead of seeing them as individuals. Several sources said their applications to graduate schools

required them to make a written commitment to anti-racism. Some said they'd been penalized for asking the “wrong” questions in class, detailing how this ideological encroachment damages their own mental health.

I reviewed mission statements and other documents released by professional organizations in recent years, revealing how this revolution has transformed the central tenets of the therapeutic process.

And I talked to psychologists and others fighting back. They described their alarm at how the very people who are supposed to help ease trauma become the source of it, as therapy sessions transform into ideological struggle sessions. British psychotherapist Val Thomas told me “the reason this happened is that activists captured the institutions and professional bodies of counseling and psychotherapy.”

At a time when as many as [90 percent](#) of adults believe there's a mental health crisis in this country, parts of the mental health profession are in crisis too.

An Overcorrection

There is no doubt that, historically, the fields of psychology and psychiatry—founded in the 19th and early 20th centuries by men like Sigmund Freud, Alfred Adler, Carl Jung, and others—made many mistakes and did people serious harm. Bookshelves are filled [with volumes](#) on the mistreatment of women. In the early 20th century the field [embraced eugenics](#), leading, especially in America, to appalling treatment of black people. Homosexuality was classified as a [mental illness](#) until 1973.

In recent decades, the profession has sought to address its bad treatment

and historic wrongs. This led to the development, in the '80s, of “[cultural competency](#)”—an awareness of one’s own biases and a commitment not to impose them onto clients. Subsequently, as psychiatrist Sally Satel describes in a recent [article](#), the idea that therapists required specific training to treat minorities expanded. By the early '90s, the American Psychological Association (APA) had [updated](#) its ethics code, requiring therapists to behave in “culturally sensitive” ways and appreciate “the worldview and perspectives of those racially and ethnically different from themselves.”

“The whole point of understanding cultural differences was that you didn’t walk in and assume,” says Christine Sefein, until recently a professor of clinical psychology at Antioch University’s Los Angeles campus. But over the past decade—spurred by the rise of social media, Trump’s election in 2016, and George Floyd’s murder in 2020—Sefein, like many in her profession, began to see the mission change to something more insidious: imposing the bias and framework of [Critical Social Justice](#) (CSJ)—the term some psychologists use to refer to social justice ideology.

According to CSJ, one’s identity categories are paramount to the therapeutic process. [Neutrality](#) and objectivity—once the cornerstones of the practice—are now tools of [oppression](#) and white supremacy. The major professional organizations for the therapeutic fields have in recent years produced scholarship, mission statements, position papers, and curriculums reflecting this newfound dogma, one that leads therapists to refashion themselves into social activists.

In 2015, the [American Counseling Association](#) (ACA), which represents over 60,000 professional counselors, published the [Multicultural and Social Justice Counseling Competencies](#), dividing counselors and clients into

“privileged” and “marginalized” groups and encouraging them to “possess an understanding of their social identities, social group statuses, power, privilege, oppression, strengths, limitations, assumptions, attitudes, values, beliefs, and biases.” They identify “social justice” as “one of the [core professional values](#) of the counseling profession.”

The American School Counselor Association offers [training](#) for school counselors in all 50 states as “leaders in social justice advocacy, working to eliminate racism and bias in schools.” [The National Association of Social Workers](#)—the largest membership organization of social workers in the world—says that “social workers pursue social change” and “[embrace the intrinsic role](#)” we have in combating discrimination, oppression, racism, and social inequities.” They add, “The NASW Code of Ethics calls on all members of the social work profession to practice through an anti-racist and anti-oppressive lens.”

The influential American Psychological Association, which has more than [146,000 members](#) and is the [primary accreditor](#) for psychology training programs, in [2021 issued](#) an “Apology to People of Color for APA’s Role in Promoting, Perpetuating, and Failing to Challenge Racism, Racial Discrimination, and Human Hierarchy in U.S.” Also in 2021 it [published](#) an Equity, Diversity, and Inclusion framework, promising to “embed” these principles “throughout all aspects of our work.” This includes a commitment “to applying psychological science to create a more equitable and inclusive world” and elevating and honoring “the voices and perspectives of marginalized social and intersectional identities.”

Florida psychologist Nina Silander [researched](#) the political bias within the APA, finding a 532 percent increase in politically slanted communiqués—almost 80 percent left-leaning—from 2000–2002 to 2017–2019. (Her data

will be published in July, in a chapter of [this book](#).) She says an unacknowledged irony of social justice dictating the therapeutic approach is that it often fails to understand the patient in the room. “A lot of immigrants, or ethnic minorities in general, actually possess surprisingly conservative or more traditional values,” Silander said. Therapists who approach these clients through the lens of social justice may be “wholly unprepared for that reality.”

A recent [journal article](#) by more than two dozen academics titled “In Defense of Merit in Science” writes of the APA’s new mandate: “They promote a radical, non-evidence-based, untested psychotherapy that encourages patients to see their problems through a lens of power and race.” This is an abandonment of best practices, they write. “This is not science; it is ideology and, arguably, malpractice.”

Weakening the Client

Critics of this ideological turn have no trouble acknowledging that systemic racism, homophobia, and sexism exist, and that patients may be damaged by these forces. “Of course oppressions exist, of course unfairness,” says Carole Sherwood, a psychotherapist in the UK who has studied the impact of social justice on the field. But, she adds, “The whole idea of identity politics doesn’t fit with therapy because we look at individuals, we look at unique individuals. We don’t group people. The minute you start grouping people and slapping labels on them, you’re making assumptions.”

“Psychology, and especially clinical psychology, is oriented to the individual,” said Tab Shamsi, a clinical psychologist at the University of Chicago who has [written](#) about his field’s ideological shift. “But a lot of this

social justice ideology isn't concerned about the individual."

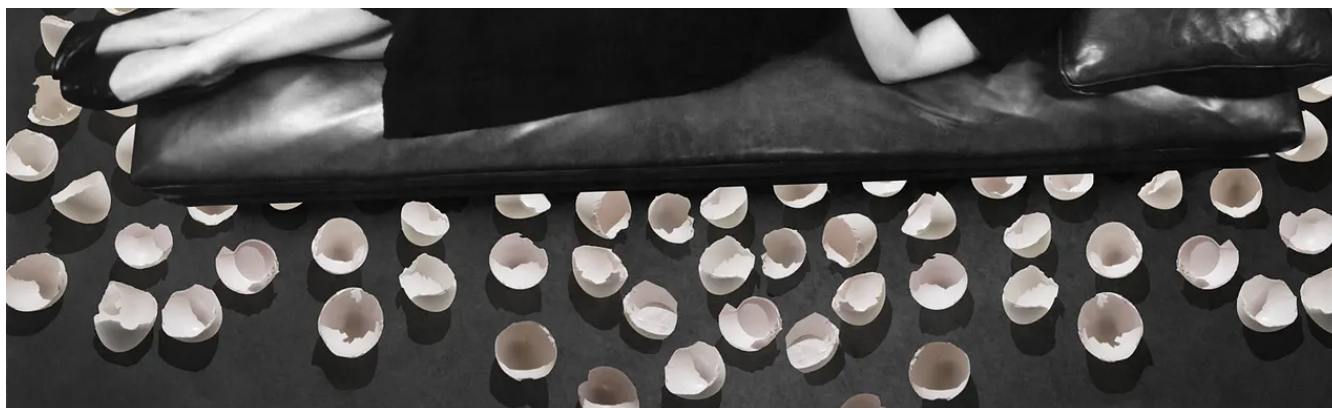
Counselors steeped in this ideology may assume that systemic racism—rather than, say, destructive habits or distorted thinking—is the source of depression for all patients who are racial minorities. Or that discrimination and stigma (known as the "minority stress model") rather than concurrent mental health issues are to blame for a young person's gender distress.

Critics of the CSJ approach are concerned that therapists then focus on forces outside the client's control, rather than empowering the patient to make positive personal change.

The point of therapy is for clients to "develop more insight into what is troubling them and be able to live more resourcefully," says UK-based psychotherapist Thomas. "The problem with critical social justice-driven therapy is that there's only one way of understanding the client's difficulties. And that understanding is: you are operating in a sort of nexus of oppressed or oppressor groups in society."

As Thomas put it: "Woke therapy weakens the client."





Andrew Hartz, a clinical psychologist in New York, points out that when a therapist injects a specific political worldview into the therapy room, many patients are left feeling it isn't "safe to ask questions." This population includes, he says, conservatives, liberals, and moderates who feel stifled and censored; people of color who are concerned about racism yet object to anti-racism ideology; gay people alienated by the LGBT culture wars; cops vilified by communities they serve; and more.

Kobi Nelson, now a 41-year-old high school teacher in Colorado, was seeing a therapist for anxiety and depression and to help her assert herself more. Nelson grew up working class in the fundamentalist Church of Christ community outside of Denver, where she was taught that girls should be quiet and self-effacing.

Nelson was pursuing a PhD in education at the University of Colorado a few years ago, and her therapist encouraged her to speak up in class. Many of the classes, from "urban education" to "critical theory," focused on power, privilege, and critical race theory. This explicitly linked whiteness with oppression

One day, Nelson followed her therapist's advice and raised her hand to ask

why it was okay for students of color to have “safe spaces” to work out racial issues, but white students struggling to understand their “privilege” shouldn’t. “What if white people could have ‘safe spaces’ to work out their privilege in places of higher education before they became urban teachers?” she inquired.

The room went silent, then the professor, a person of color, yelled at Nelson, “There are *no* safe spaces!” There was more yelling, and though one student gingerly pointed out that they’d probably misunderstood Nelson’s point, the others debated Nelson’s power and privilege. She was shaking, devastated, but she didn’t want to cry “white women’s tears” or leave, which would be seen as white privilege. After that, she says her fellow students shunned her, no longer collaborating on presentations or papers.

When she talked to her therapist about what happened, the therapist pushed Nelson to examine her own racism, instead of helping her to deal with the pain of her public shaming. “It brought me right back to that place that I grew up in, which was this church that said because you are a woman, because of an immutable characteristic, you can’t speak up,” she told me. She felt she was treated like a “heretic” because she didn’t fit the model of an oppressed person.

At least church offers a path to redemption. But not social justice. “There’s no forgiveness. You’re just confessing and confessing and confessing,” Nelson said. “I think many who go into therapy honestly don’t feel like they have a lot of agency, and it doesn’t help when your therapist is confirming that.”



For the burgeoning number of young people experiencing gender dysphoria—distress with one’s biological sex—not only does pressure inside the profession limit the kind of psychological care they receive, so does pressure from outside. More than 20 states have laws banning what is called “[conversion therapy](#).”

Conversion therapy typically refers to the now-discredited efforts to change gay people’s sexual orientation to straight. But in the context of gender distress, activists have intentionally reengineered that phrase to include any therapy that doesn’t immediately and completely affirm a young person’s desire to change genders. This means the therapist cannot explore possible sources of dysphoria such as traumatic childhoods, sexual abuse, and family homophobia. It’s also well-documented that many gender-dysphoric young people have [numerous other mental health conditions](#) that need addressing. These include autism, ADHD, eating disorders, and self-harm.

Because “anti-conversion therapy” laws may prohibit exploring those other issues, and require therapists simply to affirm a person’s gender identity, providing exploratory therapy can be dangerous. These laws “create a chilling effect,” says [Lisa Marchiano](#), a Jungian analyst in Philadelphia who often works with clients with gender issues. “Good therapists are afraid to do good therapy. They want to get away from this topic altogether.”

This leaves the rising number of “detransitioners,” people who have made a gender transition, realized it was a mistake, and wish to return to their birth sex, without professional psychological support. “When a client decides to detransition, affirming therapists have no professional tools to cope with it,” said Joe Burgo, a California-based psychologist who works with detransitioners.

(When I told Dr. Mitch Prinstein, [chief science officer](#) of the APA, about the patients being damaged by CSJ, he said he had never heard of the problem. The bigger issue, he said, is therapists whose religious or ideological beliefs spur them to deny care to sexual and gender minorities. He pointed me toward the APA's [Code of Ethics](#), which states that psychologists should be “aware of and respect cultural, individual, and role differences” and “try to eliminate the effect on their work of biases.”)

Treatment based on dogma and ideology contradicts proven modalities like cognitive behavioral therapy ([CBT](#)). CBT helps patients manage anxiety, depression, and other problems by recognizing and mastering destructive thought patterns and behaviors. Rather than focusing on, say, microaggressions as the source of personal distress, CBT encourages people to put things in perspective, stop catastrophizing, and gain control over their reactions and perceptions.

But one therapist in training—who was afraid to be named—said that much of what she is learning is the opposite of CBT. “My concern is that we’re not helping people heal and transcend,” she said. “We’re just helping people live in their victim mentality.”

Training Wheels

The ideologically motivated therapists of tomorrow are being trained today, and anyone who publicly questions the dogma risks jeopardizing their career before it starts.

Take Leslie Elliott, now 46 years old, who was a part-time wellness consultant and homeschooling mother of four when she decided to go

back to school in 2019 to get her master's degree in clinical mental health counseling from the online program at [Antioch University](#).

As her studies progressed, she told me, "I started to be disturbed by the ideological bent of the program." For example, a faculty advisor told Elliott—who considered herself liberal—that the school was aware they are producing counselors who would not be able to work with Trump supporters. "They are training people who will not be able to see half the population as human beings who need compassionate treatment," Elliott said.

As she neared the end of her program in the fall of 2022, all students were required to sign a civility pledge that had been put in place after the death of George Floyd. It [read](#), in part:

I acknowledge that racism, sexism, heterosexism, classism, ableism, ageism, nativism, and other forms of interpersonal and institutionalized forms of oppression exist. I will do my best to better understand my own privileged and marginalized identities and the power that these afford me.

Despite being against racism, sexism, and all the other "isms," she refused to sign, even though her refusal meant that her master's degree was, she said, being "held hostage."

"It was like a purity test," she told me. She posted a [video](#) sharing her concerns that "counselors were being trained not to remain objective and neutral with their clients." Instead, she said, "We were taught that our main role as counselors was not in our work with clients—individuals and families—but rather as activists for social justice."

Students were taught they need to assess themselves and their clients on a continuum of privilege, using criteria such as race, gender identity, disability, and more. “For each of these categories we are to give ourselves either a value of ‘marginalized’ or ‘privileged,’ and do the same for our clients,” she said. “And then add these up and see who’s more privileged. And this teaches you how you’re supposed to interact with your client.”

Depression, bereavement, relationship issues, or any host of problems that might bring a client to a therapist were subsumed under identity categories, Elliott said. White clients, students were instructed, should be made to become more aware that they were perpetrating white supremacy. For clients who were not white, the students were told to help these patients “increase their racial identity salience”—that is, to see their problems as race-based, even if they weren’t.

After her video was released, the dean of her program [published](#) a statement accusing her of “white supremacy, transphobia, and other harmful ideologies in direct opposition to our professional ethical guidelines.” (The provost did not return several emails from *The Free Press* requesting comment.)





Antioch's approach to training future therapists is hardly unique. Delaware Valley University offers a master's in [counseling psychology](#) whose "focus is on developing socially conscious counselors with an interest in facilitating an equitable and fair society for everyone." New York University's Silver School of Social Work [master's program](#) offers "clinical social work practice with a social justice perspective." Montclair State University's [master's](#) in counseling puts an "emphasis on the infusion of multicultural counseling and social justice practice in all courses."

This trend is not limited to the U.S.

Carole Sherwood, the British psychotherapist, sent Freedom of Information requests to 30 clinical psychology training courses in the UK. Her goal: "to try and find out the extent to which they had all been captured by critical social justice ideology," she told me. [All 21](#) of those that responded touted their expansive adoption of these ideas.

Given the training that new counselors and psychologists are receiving in the U.S., not only would they be unreceptive to offering services to those who don't share their political views, an entire half of the population would be unwelcome because of their chromosomes.

For more than a decade, psychology has been predominantly female. Women now make up almost [75 percent](#) of students in psychology graduate programs (in other counseling professions, the percentage is even higher).

A white, male graduate student in the Midwest, who received an undergraduate degree in psychology in 2015, noticed a sharp contrast in the tone of instruction when he returned to school three years later to pursue a PsyD in clinical psychology. "Everything in terms of the language, in terms of acceptable discourse, had completely altered," he said.

His program, and others like it, had started to push "levels of activism that we need to be engaged in in order to be good psychologists, to be good clinicians, to do what is morally right and correct in society." Identity, he said, mattered more than anything else.

He was often the only male in the room and sometimes felt shunned and shut down by classmates, who accused him of "centering himself" if he objected during their discussions of "hegemonic masculinity" and "internalized misogyny," or to the assumption that every male was an oppressor. "These ideas are no longer just being utilized to identify and spot oppressive circumstances or inequality, but are really being used to silence anyone who has a different viewpoint," he said.

He also worried about the men and boys who would be seen by ideologically trained therapists. He said several of his female classmates expressed discomfort with males and concern about having to treat them. Usually, though, he didn't speak up. The fear of being ostracized, or even reported to administrators, if he did so affected his own mental health.

Woke therapy weakens therapists, too. After Trump's election in 2016 and then the death of George Floyd in 2020, Christine Sefein, who taught graduate students at Antioch, said she noticed her students becoming increasingly delicate. One couldn't hand a paper in on time after being misgendered, requiring two weeks of bedrest. Students announced they'd fire clients who voted for Trump. "You can't practice as a therapist if you are that fragile," said Sefein.

Her students went from "being curious and wondering to being assumptive," says Sefein, herself a first-generation American whose parents emigrated from Egypt. She resigned in 2021, in protest over the encroachment of politics into her program.

Val Thomas says that any students questioning what's happening to the profession will be labeled a reactionary or bigot, and "taken through a process of moral reeducation."

One student at a highly ranked East Coast program texted articles to some classmates questioning the gender-affirming model of transitioning minors, and describing how several countries have severely limited young people's medical transition. Another student reported her, and she was put on a remediation plan and found to be deficient in "orientation to multiculturalism and social justice advocacy," because she had "openly shared content that shows a bias against the transgender community,

which demonstrates a need to grow in sensitivity towards diversity.”

Compelled to appear before a panel of professors, she disavowed the perspectives she shared in order to continue. If she received another poor evaluation, she was warned, her fitness to continue in the program would be reconsidered.

“We’re in this graduate program where critical thinking I assumed was encouraged. But it’s apparent that we can think critically as long as we’re in the same ideology,” she said. If therapists “can’t handle information that is outside of their realm of comfort,” she asked, “how can they possibly be in the position to counsel clients?”

Fighting Back

Therapists concerned about the direction their profession is taking are banding together to offer alternatives.

Christine Sefein is now part of [Critical Therapy Antidote](#), a platform co-founded in 2020 by Val Thomas. Its website [says](#) it “has become a significant platform for critiquing the tenets of Critical Social Justice in relation to therapy. . . . We provide support, advocacy and resources for an increasingly beleaguered profession.”

Andrew Hartz is launching the [Open Therapy Institute](#) this summer, whose mission is to “foster open inquiry in mental health care and support those underserved in the face of politicization of the field.” The institute will offer professional development for therapists and promises to provide patients therapy from professionals who “strive to be open, curious, and empathic,” he said.

In 2021, psychologist Brian Canfield, Professor of Clinical Mental Health Counseling at Florida Atlantic University, co-founded the [International Association of Psychology and Counseling](#) to, according to the website, “oppose all forms of racism, cultural bias, discrimination. . . and cancellation” and to promote “critical thinking over indoctrination.” Canfield told me, “Under no circumstances, ethically or morally, should we use our clinical positions to proselytize or try to shape the worldview of our clients.”

Jungian analyst Lisa Marchiano is president of the [Gender Exploratory Therapy Association](#), which launched in 2021. The website explains, “We are here because those who are exploring gender identity or struggling with their biological sex should have access to therapists who will provide thoughtful care without pushing an ideological or political agenda.” And Joe Burgo is a co-founder of [Beyond Transition](#). Launched in [2021](#), it offers low-cost, non-ideological therapy for detransitioners.

Some are finding alternatives to providing therapeutic services for clients. Leslie Elliott [refused](#) to cave to the demand that she sign the mandatory pledge and so has not received her master’s degree—she hired a lawyer to resolve her dispute. In the meantime, she formed a [peer counseling group](#) with others concerned about encroaching ideology in the workplace, and offers [private coaching](#), based on her belief, as her website says, that “we are each a whole and unique person, not divisible into ‘identity’ categories or political parties.”

As for Lily Cooney, she feels free to express herself, and no longer has the desire to go to therapy. “At this point,” she said, “I feel like what I can do for myself is healthier than what these ideologue therapists can do for me.”



Lisa Selin Davis is a journalist and author of [Tomboy](#). Read her piece exploring The Beginning of the End of ‘Gender-Affirming Care’ [here](#), and follow her on Twitter at [@LisaSelinDavis](#). And subscribe to Lily Cooney’s Substack [here](#).

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