

Mental-Health Professionals Push Back on Woke Therapy

Patients shouldn't have to feel that their therapists are judging them based on their ideology.

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The mental-health field hasn't been immune to the social-justice mania taking hold of so many areas of American life. Its influence might not be as evident as it is within, say, the DEI offices of countless universities, but it's there — and it's potent enough that some mental-health professionals have not only spoken out against the trend but have gone so far as to open alternative therapeutic institutions.

The American Psychological Association, which has nearly 150,000 members and accredits psychology training programs, has served as perhaps the prime example of the field's social-justice embrace. On the homepage of its [website](#), the APA lists “utilizing psychology to make a positive impact on critical societal issues” as the first tactic of its overall mission. Its [enthusiasm](#) for intersectionality dates back to 2017. (“Intersectionality” is the concept that a person's different “oppressed” identity categories, such as race and gender, combine to account for greater disadvantage than each category would individually.) This was followed by a new definition of racism as a structural force as opposed to internal and interpersonal prejudice.

Since then, the APA has questioned scientific and objective standards in psychology with a view toward radically transforming society. (In an excellent [piece](#) originally on Substack, Eddie Waldrep, a clinical psychologist, critiqued this mission in detail.) Ideologically motivated therapists even “[fire](#)” their patients on the grounds that their beliefs are “unsafe” or influenced by “white supremacy.” Instead of viewing patients as individuals, some therapists view them within the framework of “[critical social justice](#),” which places “identity” front and center and scoffs at objectivity. Multiple mental-health institutions have followed the APA line.

But not everybody has. A professor of clinical psychology, Camilo Ortiz, tweeted about a new venture, the Open Therapy Institute (OTI): Therapists shaming or even terminating clients for asking questions or having different viewpoints is unethical and is why Dr. Andrew Hartz and I (and others) have opened the Open Therapy Institute (<http://opentherapyinstitute.org>).

In an interview, one of Ortiz's co-founders, Dr. Andrew Hartz, told me that “therapists being trained now increasingly don't have competency to treat patients with diverse viewpoints.” He notes that a Ph.D. takes nearly a decade to complete, and candidates may never be introduced or exposed to ideas outside the left-wing bubble. As a result, not only might they lack an understanding of patients who hold conservative views, they might even be uncomfortable supporting those patients.

If you're a good therapist, Hartz says, you "have to do more than just not attack your patients" — you have to understand them. Some therapists may claim that they'd never kick out patients for their views but will nonetheless judge them quietly. The better way, says Hartz, is the "open therapy model," which rejects judging patients for their views.

Hoping to serve as a national network, OTI will provide clinical services for patients, placing people with therapists who identify with the open-therapy model. These therapists will not judge patients for experiences such as getting "canceled." The OTI website shares [stories](#) of people who have lost out on professional opportunities because of race-based hiring policies, police officers who feel hated, and so on, and who have felt judged by their therapists or who expect to be. OTI's therapists will not politicize their work, so the range of issues they help their patients with may include cancellation-type experiences.

OTI will also hold [workshops](#) for therapists to learn about "overlooked clinical populations," such as parents who question their children's desire to "transition." Therapists will also hear about issues such as politicized work environments and how to cope with them. "I think there are millions of people who are facing these issues and don't know where to go for support," says Hartz. They may not even realize they should seek support in the first place.

In addition to workshops for therapists, OTI will offer workshops for the general public. Hartz mentions the aggressive DEI training sessions that students and employees face, which are often presented as loving and supportive but imply a hostile stance toward certain disfavored groups, such as white males. These training sessions may remind people of past experiences in their personal lives in which they were degraded or suppressed. Having been forced to self-censor, when they finally do speak up among colleagues or friends, they explode. OTI workshops can provide people with the chance to meet others who have gone through the same thing, and to learn practical techniques, such as how to engage in dialogue.

Is Dr. Hartz himself worried about being canceled? About facing repercussions for his open-therapy model, and his opposition to the APA line? What OPI is offering "is kind of what therapy was ten years ago," he replies. "It's hard to say that these populations shouldn't get mental-health care."

OTI will further serve as a network for mental-health professionals who believe in the mission of open therapy, a therapy that does not "frame entire identity categories in all-or-nothing terms," which Hartz says is "clearly unhealthy." He hopes to help people better navigate the experience of feeling boxed in, to be true to themselves when unfairly accused. As for why some people are "embracing ideologies that demonize themselves" — for example, buying into the notion that they are guilty of unconscious bias — only psychology can explain such things, says Hartz.

Hartz notes that therapy does not teach people to "acquiesce to injustice and become complacent." If practiced well, it does the opposite. It can lead to change, Hartz says, adding that a majority of people who are isolated from one another, with no support system or guidance on how to rhetorically respond to what they're witnessing, "can lose on every issue" to a vocal minority that controls institutions.

OTI's resources for both the public and professionals have the potential to strengthen the voices of the many people who dislike closed-minded orthodoxy but want to avoid being combatants in the culture war. For most Americans, sacrificing one's job, for instance, for the sake of free speech is out of the question, no matter how noble it may be. But embracing a culture of open-minded inquiry through alternative institutions such as OTI could be a feasible first step. People in need deserve therapists who can tolerate real diversity. The professionals who recognize this and are taking action spark some hope.