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# *The Doctor Won't See You Now*

Therapists who judge, recoil, or quietly rage at their patients can't provide effective therapy.

By Andrew Hartz

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A patient came to a clinic where I worked a few years ago. He was looking for help with depression but also told his therapist that he was feeling frustrated after having lost out on a research fellowship. The patient, who was white, felt the reason was affirmative action. The therapist was Arab. A group of psychiatrists, social workers and psychologists discussed the case at a clinic-wide meeting and came to an apparent consensus: Confront the patient and tell him that if he didn't overcome his biases, he would be transferred elsewhere. They argued that it would be unfair for a clinician of color to have to provide therapy to a "racist" patient.

The same ideologies that have infiltrated education, medicine and the legal profession have also invaded mental healthcare. The American Psychological Association has decried "traditional masculinity." The Journal of the American Psychoanalytic Association published a paper describing "Whiteness" as a "malignant, parasitic-like condition." Two years ago, a prominent psychiatrist

speaking at Yale snared her fantasies of killing white people. Recently, the president of the APA's division of psychoanalysis said that therapists should "center Palestine . . . as a central working tenet of any clinical praxis."

These attitudes are more common than one might imagine. The most recent APA psychoanalysis conference, which has in the past focused on the practice of therapy, was absorbed by identity politics, such as "the white supremacist within" and "psychic colonization," to quote two panel titles.

Emerging empirical research shows the problem is widespread. One forthcoming study charts a more than 500% increase in politically slanted communiques at the APA from 2000-02 to 2017-19. A 2018 study showed that psychology departments, like most of academia, have extreme bias, with almost 17 registered Democratic professors for every one Republican. The bias is larger at higher ranked schools, and most Republican academics report higher rates of self-censorship.

These ideologies are shaping official standards of practice. The American Counseling Associations' official competency guidelines frame counselors and clients as either "privileged" or "marginalized." The National Association for Social Work, which represents many therapists, has a code of ethics requiring "all members of the social work profession to practice through an anti-racist and anti-oppressive lens."

But the issue isn't only that clinical practices have become more ideological. Increasing numbers of therapists lack the clinical competency to help patients with truly diverse viewpoints. Years of one-sided education have made many of them unable to tolerate being around people with different views, much less support them as empathic therapists.

The large majority of the country has at least one "unorthodox" opinion—maybe a conservative political bent, a literal belief in the Bible or support for free speech even when it's offensive. This includes centrists, moderates, libertarians, and many liberals, as well as people who are simply open-minded. These people need mental healthcare as much as anyone else, and they deserve a therapist who respects their values.

Today, people with unorthodox beliefs face unprecedented antagonism, yet the

mental health profession largely ignores them. It's staggering how many populations in need of counseling go overlooked. These include people who have to self-censor, those who've faced high costs for their speech, victims of antiwhite bias, cops who face hostility simply for doing their jobs, and couples who might be attached to some traditional features of gender. There are also black people who dislike the dominant racial narrative of the left, gay men and lesbians who feel alienated by aspects of LGBT culture, and women who disagree with aspects of contemporary feminism. Most of these people don't know where to go to find a therapist who understands their concerns.

To work productively with these groups, therapists need to do more than simply refrain from attacking them or overtly politicizing therapy. Therapists need to have some understanding of patients' experiences and feel comfortable supporting their goals. Therapists who judge, recoil, or quietly rage at their patients can't provide effective therapy.

But instead of training therapists to help these people, schools increasingly teach students to view those with unorthodox opinions negatively. The myriad seminars on treating "diverse populations" that students receive in fact only enable them to work with an ideologically narrow segment of the population —albeit a segment of various races and sexual orientations.

Psychological knowledge could even help the country better sustain productive political dialogue. At its best, psychology can help people relate to each other, articulate their concerns, and find solutions to conflict. Unfortunately, as in other professions, the mental health field isn't adequately cultivating robust debate. This has robbed the country of real insight into the many political issues psychology touches, from the mental health costs of masking and lockdowns to the transgender debates.

To address these concerns, I founded the Open Therapy Institute along with professionals across the political spectrum of many racial, ethnic and religious backgrounds. We have a range of theoretical orientations and areas of expertise, but we all share a commitment to open inquiry and empathic, patient-centered care. We plan to offer interactive online workshops and clinical services in states across the country. We will train professionals to treat overlooked populations.

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Millions of Americans are feeling stuck, struggling to respond to a rapidly politicized culture. Most aren't aware of how transformational psychological concepts can be. If the field becomes an echo chamber, many people won't get the right care. No psychologist should want that.

*Mr. Hartz is a clinical psychologist in New York City and founder of the Open Therapy Institute.*

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