



# Uncontested ideas and real-world consequences: using a meta-critical post-progressive method to deconstruct the claims of activist therapy

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## Abstract

Untested theories and uncontested ideas have gained a hold in the social sciences with serious ramifications for applied disciplines such as psychotherapy. This paper describes the activist turn that has not only subverted the traditional route of knowledge production, but has also changed the profession's healing telos into a political one. The consequences for practitioners, trainees and clients have been harmful. Many factors have contributed to cementing this new hegemony in place, but chief amongst them is the silencing of all public critique and debate. We explore the potential for a new political thesis—meta-critical post-progressivism—to provide a means of breaking the silence. As an example, we apply the deconstructive method, suggested by the thesis, to shed light on a specific concept and praxis called 'decolonial/decolonising therapy'. We conclude that a meta-critical lens reveals the power dynamics intrinsic to this novel form of therapy and that such exposure will help classical clinicians and theorists promote public critical debate and withstand specious accusations of bigotry.

**Keywords** Decolonial practice · Ideology in psychotherapy · Knowledge production · Meta-critical theory

## Introduction

A radical transformation is taking place in the therapy disciplines: their telos is undergoing a change in mission from healing the individual to changing society. In this paper, we will discuss what transpires when knowledge production in the applied

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social sciences becomes politically biased; in the case of therapy, the importation of largely uncontested ideas has real world consequences for vulnerable clients.

We present some background regarding the political turn in therapy and then provide insights into how this new activist approach manifests in therapeutic practice. We then elaborate upon the issue of biased knowledge production and propose a strategy for breaking the current impasse that prevents rigorous critical debate.

## Background

As recently as the end of the noughties, classical/traditional therapy (we will use these terms interchangeably from now on) was the orthodoxy in the field. Despite the complex patchwork of different modalities, the profession overall endeavoured to remain functionally apolitical. Most practitioners would see their job as helping their clients increase their insight, personal agency and grasp on reality. Likewise, there was a general understanding that knowledge about effective practice develops through an incremental process based on cumulative clinical observations, theory testing and empirical research (Barkham & Mellor-Clark, 2003). As a corollary, new ideas would need to withstand rigorous critique and examination; some particularly fierce debates happened within the psychoanalytic school, which led to schisms and new versions (Frosch, 1991). Viewed over time, classical, or traditional, therapy exhibited a slow evolutionary process adapting to societal/cultural changes, responding to research findings and incorporating new concepts shown to be effective. Not perfect, with limitations, but committed to processes of self-correction.

Today, a new political conception of therapy has come to the fore and is being mandated across major therapy institutions. Official vision statements of professional bodies, which shape professional and training standards, make this clear. For example, the American Counseling Association advances “multicultural and social-justice competent counselors [to] assist marginalized clients in unlearning their privilege and oppression, [help] privileged and marginalized clients develop critical consciousness by understanding their situation in context of living in an oppressive society” (American Counseling Association, n.d.).

This new understanding of therapy (in this paper we will be using the descriptive generic term ‘activist’) bears little resemblance to classical therapy (we will identify the main differences later in this paper). Its explicitly anti-Western worldview—a conflation of postmodern tenets of social constructionism and a bastardised Critical Theory (Pluckrose & Lindsey, 2020)—stamps it with a political deconstructive agenda. The difficulties experienced by clients are deemed to be determined by their identity: their positioning within a matrix of oppressor/oppressed social groups will automatically lead to particular life experiences. The job of the activist therapist is to help the client view their problems from this politically informed perspective.

### *How has activist therapy achieved its dominant position?*

Several interrelated factors have converged to enable the current dominance of activist therapy. But first, it is important to emphasize that these non-classical approaches (absent a couple of variants that we will return to later in the paper) do not explicitly identify themselves as ‘activist.’ That is the term we have chosen as a

shorthand label. In fact, the politicised approach we critique is usually presented by its promoters as the next evolution of the therapeutic enterprise—the ‘social-justice turn,’ as it has been called. (Fleuridas & Krafcik, 2019). Thus, activist therapy has bypassed the usual ways by which a new approach is introduced to the field. Normally, such a process would propose a named modality and put forth the clear theoretical principles and methods that support it.

Instead, a radically different, politically driven, approach to therapy has been slipped in under the familiar generic labels used by classical approaches such as ‘counselling’ and ‘counsellor’, ‘psychotherapy’ and ‘psychotherapist’. Considerable anecdotal evidence details how this lack of clear labelling is resulting in confusion and disturbance for therapy clients; people seeking traditional therapy services find themselves receiving a form of political and moral re-education instead (Hartz, Open Therapy Institute, pers. com.).

From a wider perspective, the growing embrace of politicised therapy reflects trends in the larger cultural and societal realms. Demographic factors play their part, too. For example, therapy is a female dominated profession and large scale cohort studies show that younger women, globally, lean increasingly towards progressive politics (Burn-Murdoch, 2024.) Other generational trends fuel the adoption of activist therapy as the new standard form, including the reality that younger cohorts of students and new practitioners receive training, mainly, in university settings that fully endorse progressive ideas, especially the salience of identity and the importance of “decolonising the curriculum” (Sherwood & Miller, 2022). Older therapists trained in classical approaches are being replaced with therapists taught to view their practice through a political lens.

One final factor may bear the greatest weight in furthering the dominance of activist therapy: the failure to challenge this current ideological hegemony. Critical debate within the field has been shut down by two forces, one active and the other passive. The active influence is characterized by politicized bureaucrats, activist scholars, and agenda-driven gatekeepers who control access to academic and professional publishing and convening. Their efforts have been largely unopposed by therapists, individually (and, collectively by the profession) who are particularly vulnerable to the charge of bigotry and thus are easily silenced (Clark et al., 2024).

How can we begin to break the impasse? Before we consider reform, it is important to consider what’s at stake when a new approach is imposed on the profession with no rigorous critique, little discussion of its tenets and suppositions, and minimal research into its effectiveness.

### **Activist therapy: The implications of importing uncontested ideas in practice**

In this section we present some insights based on readings of activist academic literature and anecdotal evidence (from informal but reliable sources) on how these political ideas are playing out across key dimensions of therapy.

#### **How the client is viewed**

One of the most important principles of classical therapy—respecting the uniqueness of the individual—is replaced by a focus on the client’s or patient’s identity character-

istics (from hereon we will be using the terms ‘client’ and ‘patient’ interchangeably). The client becomes an avatar of an identity group rather than a unique individual.

Recent academic literature is particularly concerned with increasing the salience of the client’s race and educating therapists on the problematics of a ‘white identity’. In a notorious paper, psychoanalyst Moss (2021) wrote that whiteness is “a malignant, parasitic-like condition [that] renders its hosts’ appetites voracious, insatiable, and perverse” (p. 55).

We can gain some insight into how this is shaping professional training programs by the experience of student whistle blowers in the media. Leslie Elliott enrolled as a graduate student in the Mental Health Counseling program at Antioch University, based in Seattle and took a required course in multicultural counseling. “We were taught that race should be the dominant lens through which clients were to be understood and therapy conducted,” recalled Elliott. (Elliott, 2025). Race was to be broached early in therapy, regardless of clients’ stated goals and needs. The point, Elliott explained, was to increase the degree of importance that clients place upon race. Thus, if a client were white, the counselor’s job was to help them see how they unwittingly perpetuate white supremacy. If the client were black, “my job was to make him more aware of how being black compounded, or perhaps caused, his problems, regardless of what brought him to therapy.”

Other identity characteristics such as sex, sexuality and gender have also become the focus for an activist approach. Gender identity is a particularly contentious subject. Until recently, a young person reporting gender distress would be treated as an individual; the therapist using exploratory methods to help gain a better understanding of the causes. Now, the patient’s gender identity trumps all else and must be affirmed (Jenkins & Panozzo, 2024). In the UK, trans activists are currently campaigning to criminalise exploratory therapy (HC, Deb 1 st March, 2024).

### The goals of therapy

Instead of addressing the stated needs and preferences of the patient, activist therapists apply a pre-programmed ideological agenda that classifies individuals as oppressor or oppressed based on identity group. It then becomes acceptable to view therapy as a moral re-education project and reroute the client’s attention along therapist-directed lines. A good illustration can be found in a paper by Drustrup (2021) who advocates for therapists working in white dyads (a white therapist and white client) to bring their clients attention to bear on racial matters no matter what their presenting issue is.

In addition, there are some inevitable outcomes of the activist therapy worldview which is hostile to the notion of the client as an individual actor; consequently, an implicit classical therapeutic goal of strengthening the client is going to be subverted.

Where responsible classical therapy helps clients cultivate an aptitude for self-observation and introspection, encouraging them to experiment with new attitudes, perspectives, and actions, activist therapy focuses on amplifying grievance and feeble victimhood. Where traditional therapy helps clear a path to autonomy, activist therapy convinces clients that they have little choice or agency.

As for exploring the consequences of a patient's poor choices—such an exploration becomes a waste of time when the patient is regarded as little but a passive entity manipulated by malign external forces. Where the patient should be inculcated in the habit of self-observation, he will instead be taught to search outside himself for sources of all duress; instead of traveling a path to greater autonomy, he will be instead rewarded for adopting the victim role.

### **The therapeutic alliance: The ground of therapy**

The therapeutic alliance is the essence of the collaboration that animates the therapeutic experience and outcome. This bond of trust must be nurtured through non-judgmental, compassionate detachment, and assumptions shared by the clinician and patient regarding agreement about treatment goals and concordance about the way therapy is supposed to work (Martin et al., 2000).

Freud called it the 'analytic pact' (Kanzer, 1981). Volumes of data confirm that the rapport between patient and therapist is a reliable predictor of positive results across a broad spectrum of types of patients, treatment modalities used, presenting problems, contexts, and measurements (Flückiger et al., 2012).

Activist therapy has a completely different conception of the therapeutic alliance. Due to its hermeneutic of oppression, interpersonal exchanges are interpreted through the lens of power relations (Proctor, 2017). Consequently, the clinical encounter is reduced to merely a series of transactions between avatars rather than a meeting between two unique individuals.

In one fell swoop the activist approach removes the foundation of therapy. The relationship is no longer the container for therapeutic processes. Furthermore, it can no longer operate as a legitimate source of information about these processes. Consider the concept of countertransference, a key process of psychodynamic psychotherapy (Gabbard, 2020). In this classical approach, therapists will be using their own emotional responses to their clients to help them understand the unconscious dynamics at play in the therapy.

### **The public face of the profession**

When a previously apolitical discipline becomes politicised, it changes the way that the profession perceives its role. Professional bodies start to portray themselves as agents of societal change who can and should advocate for partisan political agendas. See, for example, the British Association for Counselling and Psychotherapy press release (24th April, British Association for Counselling and Psychotherapy, 2025) which implicitly criticises the 2025 British Supreme Court's ruling on sex. Training courses focus on creating activists rather than skillful and effective practitioners (Sherwood & Miller, 2022).

Downstream from these therapy institutions, individual therapists are now legitimised to publicly support political positions in public. For example, antisemitism has flourished in some quarters of the profession. After October 7, 2023, the Jewish Therapist Collective received a sharp increase in calls from Jewish therapists reporting that they were "sidelined or fired from their mental health workplaces

due to being Jewish [and] that their presence is triggering to non-Jewish therapists” (Brooke, 2024).

There is considerable anecdotal evidence that some therapists with an activist agenda are resistant to working with clients with political beliefs that differ from theirs. The following example concerning ‘Alan’ (2025), a work colleague of one of the authors, is typical. He reported that he had been seeing a psychologist weekly for two years to understand better his relationship with his family. Shortly after Donald Trump won the election in 2024, he mentioned to his therapist that he has been at Temple over the weekend and the rabbi spoke at length about his fears that transgender citizens would be poorly treated by the incoming administration. Alan was wholly sympathetic to trans people, but believed that the rabbi should “not address divisive culture war issues,” as he put it. According to Alan, the therapist became enraged and scolded him for being critical of the rabbi. At the next session, she apologized to Alan but told him he should find another therapist.

### In summary

These glimpses into activist therapy practice—a hegemony upheld by all the major psychotherapy institutions and rendered immune to any sustained critical investigation and debate—point to a disastrous deviation from classical therapy. In the next section we consider how to address this crisis.

### What can be done?

Critiques of uncontested ideas by classical clinicians and scholars have been silenced. We must find a way to publicly challenge the legitimacy of this political turn. Can theories from other disciplines offer useful strategies? In this third section, we will consider a new political thesis, meta-critical post-progressivism (Kaufmann, 2025) and consider whether its deconstructive methodology can help therapists defend classical therapy more effectively.

### Meta-critical post-progressivism

Kaufmann argues that the social sciences need to be reset on realist grounds. Cultural progressivism—his preferred term for the current ideology—has failed to advance knowledge because it has only been able to offer a critique on the formation of ideas while suggesting nothing in its place. Due to its relativism, it hasn’t been able to construct new concepts based on real-world phenomena let alone test or falsify new theories. As such, cultural progressivism threatens to stymie the entire social science field including therapy. Yet, despite its obvious flaws, it has established itself as an unassailable hegemony.

Kaufmann believes that a rhetorical judo move is required here to break its hold. A deconstructive lens has been used by cultural progressivism to expose the power dynamics inherent in the Enlightenment episteme previously taken for granted—such as science being the unassailable view from nowhere. Kaufmann contends that cultural progressivism and its concepts should be subjected to the same critical interro-

gation. It is time to ask what is hidden or implicit in the way this ideology constructs knowledge and maintains its position.

How useful could this meta-critical method be for scholars attempting to break the pernicious hold of activism in therapy and applied psychology? We will use the currently uncontested concepts of ‘decolonising psychology/decolonial psychology’ as an illustration. We chose this example because the decolonial imperative is driving politicised activist approaches in therapy (see this highly cited recent paper by Gone (2021)). Simply put, the decolonial approach is just a variant of the generic activist critique of the West, in particular, its philosophical basis which is viewed as malign (Stokes, 2023). A UK clinical psychology training programme explains it thus: “Ways of conceptualising distress and intervening within clinical psychology are dominated by theories and techniques that are Eurocentric and which come from a ‘White as the norm’ position. This has resulted in the marginalisation and silencing of other ways of understanding and working with people in distress and an evidence-base derived from narrowly defined samples” (Simonds, 2025). Its central plank is that Western psychology is stamped with a colonial mindset and should therefore be dismantled.

### Deploying a critical deconstructive lens on the decolonial move in psychology

A good starting place for testing the power of a deconstructive move is the 2025 special issue on decolonial/liberation psychologies published in the *American Psychologist*. As this is the flagship journal for the American Psychological Association (APA), one would expect that the papers it published therein reflect current orthodoxy. Space restricts us to considering the introductory essay (Santana et al., 2025), but (fortunately for our purposes here) it contains a manifesto and is authored by a large editorial team.

The most salient question for a deconstruction project is: What are the power dynamics implicated in the authors’ construction of decolonial psychology?

The title itself opens with a sweeping grand narrative ripe for deconstruction. “Reclaiming Love, Wisdom, and Healing Through Decolonial and Liberation Psychologies: A Call to Action.” Here, the authors position themselves on the moral high ground and make no attempt whatsoever to justify or explain the reasoning for such a claim. Very big questions are left unanswered. Are they saying that love, wisdom and healing were never constituent parts of the Western tradition? Or, that these virtuous aims were eradicated at some point? On what grounds do the authors base their authority?

The essay goes on to differentiate between decolonial/liberation psychologies and classic Western psychology as a simplistic all good/all bad, right/wrong binary. Western psychology is oppressive, managerial, and ‘white supremacist’ perpetuating internalised colonial systems; whereas decolonial psychologies are informed by love, liberation and wisdom. At no point in this introductory essay, do the authors critically reflect on their viewpoint or epistemological ground; their position is just asserted as a moral truth.

The important point here is that there are inherent power dynamics at play in how this position has been constructed. “In the progressive episteme, power accrues to

those making the accusation of ideological transgression. As Foucault warned, justice claims can serve as a mask for power. That is, anti-racists, anti-sexists, anti-homophobes and anti-transphobes gain cultural power and moral authority over those they accuse of transgressing the left modernist value system.” (Kaufmann, p.147). Once, the characterisation of western psychology as inherently oppressive is accepted without question, any rebuttal casts the critic as heretic. What this means in practice is that any group such as the editorial collective here advocating for decolonial and liberatory psychologies can take power and become unassailable, silencing all critique as bigotry.

What does this look like in practice? The papers here comprising the special issue provide plenty of examples of proposed decolonial/liberation approaches which reveal how they are all stamped with the same relativist hallmark. As the decolonial project is anti-empiricist, then any method can be proposed as long as it can be backed up by an appeal to a moral consensus (in this case the claim it is grounded in love, wisdom, and healing). Overnight, the bounded therapeutic relationship—its therapeutic efficacy established through decades of research (Horvath & Symonds, 1991)—can be recast as oppressive and abandoned in favour of more porous multiple relationships (Lacerda-Vandenborn et al., 2025). Indigenous healing systems can be presented uncritically as an unequivocal good. All these moves would benefit from a critical eye as, similarly to Western psychology, these healing approaches also bear the stamp of the originating culture. At the very least, questions need to be asked such as: how adaptive are premodern indigenous healing practices to a new global world shaped by digital communication technology? Elsewhere, Arna (2025), a clinical psychologist of Māori heritage, comments on the potential for poor outcomes resulting from over-valued and misunderstood indigenous therapy applications in contemporary settings: “In the wider mental health workforce in New Zealand, I have witnessed cultural practices being prescribed as therapeutic without accountability or verification, often leaving Māori clients more isolated and unwell than when they sought help” (p.57).

From this brief initial discussion, it would appear that critical methods of analysis derived from new thinking in other disciplines have the potential to challenge the current orthodoxy in therapy. Insofar as clinicians and theorists have been easily silenced with the accusation of bigotry, meta-critical post-progressivism can expose such baseless accusations as a power move.

## Conclusion

In terms of knowledge production, one of the most important tasks at the moment is to break the silence and challenge the uncontested ideas that have gained entry to the therapy field. Audre Lorde (2018) once famously said that the master’s tools will never dismantle the master’s house. In the light of recent experience, we could build on this pithy observation and say that the master’s tools are necessary but not sufficient to defend the master’s house from a postmodern demolition crew.

We need to develop additional robust rhetorical strategies. Meta-critical post-progressivism offers such a method with the potential to expose the power dynamics

inherent in the construction of knowledge which keeps activism in its place. When the activist powerplay is made explicit, there is an opportunity to deflect the political turn. Opening the field up, once more, to robust public critical debate will allow us the opportunity to think through many different ideas about the future of the discipline. These are likely to range across a wide spectrum from clinical theorists who argue for a radical revisioning of the discipline (supported by one of the paper's authors) through to those who advocate for a return to the status quo (the view of the other author).

It is incumbent on scholars to take up this challenge before traditional clinicians are left amid the rubble of Western psychology helplessly watching as self-proclaimed elites move in and colonise the territory. Our clients deserve effective services that are tried and tested; therapy is a healing process not a moral re-education project.

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## References

- Alan. (2025). Personal communication.
- American Counseling Association. (n.d.). Multicultural and social justice counseling competencies. <https://www.counseling.org/docs/default-source/competencies/multicultural-and-social-justice-counseling-competencies.pdf?sfvrsn=20>.
- Arna, M. (2025). He Wero Ano: Don't just tell me, show me how science and psychology are racist in New Zealand. *Journal of the New Zealand College of Clinical Psychologists*.
- Barkham, M., & Mellor-Clark, J. (2003). Bridging evidence-based practice and practice-based evidence: Developing a rigorous and relevant knowledge for the psychological therapies. *Clinical Psychology & Psychotherapy*, 10(4), 319–327.
- British Association for Counselling and Psychotherapy. (2025). Statement of support for the trans community. <https://www.bacp.co.uk/news/news-from-bacp/2025/24-april-statement-of-support-for-the-trans-community/>.
- Brooke, H. (2024). Growing antisemitism in the therapy profession [audio podcast episode]. In *The modern therapist's survival guide*. Therapy Reimagined <https://therapyreimagined.com/modern-therapist-podcast/growing-antisemitism-in-the-therapy-profession-an-interview-with-halina-brooke-lpc/>
- Burn-Murdoch, J. (2024). A new global gender divide is emerging. In *Financial Times* <https://www.ft.com/content/29fd9b5c-2f35-41bf-9d4c-994db4e12998>
- Clark, C. J., et al. (2024). Taboos and self-censorship among US psychology professors. *Perspectives on Psychological Science*. Advance online publication. <https://doi.org/10.1177/17456916241252085>.

- Drustrup, D. (2021). Talking with white clients about race. *Journal of Health Service Psychology*, 47(2), 63–72. <https://doi.org/10.1007/s42843-021-00037-2>
- Elliott, L. (2025). Personal communication.
- Flückiger, C., Del Re, A. C., Wampold, B. E., & Horvath, A. O. (2012). How central is the alliance in psychotherapy? A multilevel longitudinal meta-analysis. *Journal of Counseling Psychology*, 59(1), 10–17. <https://doi.org/10.1037/a0025749>
- Fleuridas, C., & Krafcik, K. (2019). *Beyond four forces: The evolution of psychotherapy* (p. 7). SAGE Open. <https://doi.org/10.1177/2158244018824492>
- Frosch, J. (1991). The New York psychoanalytic civil war. *Journal of the American Psychoanalytic Association*, 39(4), 1037–1064. <https://doi.org/10.1177/000306519103900408>
- Gabbard, G. O. (2020). The role of countertransference in contemporary psychiatric treatment. *World Psychiatry*, 19(2), 243–244. <https://doi.org/10.1002/wps.20746>
- Gone, J. P. (2021). Decolonization as methodological innovation in counseling psychology: Method, power, and process in reclaiming American Indian therapeutic traditions. *Journal of Counseling Psychology*, 68(3), 259–270. <https://doi.org/10.1037/cou0000500>
- Hansard. (2024). *Conversion practices (prohibition) bill* (p. 554). HC Deb.
- Horvath, A. O., & Symonds, B. D. (1991). Relation between working alliance and outcome in psychotherapy: A meta-analysis. *Journal of Counseling Psychology*, 38, 139–149.
- Jenkins, P., & Panozzo, D. (2024). “Ethical care in secret”: Qualitative data from an international survey of exploratory therapists working with gender-questioning clients. *Journal of Sex & Marital Therapy*, 50(5), 557–582. <https://doi.org/10.1080/0092623X.2024.2329761>
- Kanzer, M. (1981). Freud's "analytic pact": The standard therapeutic alliance. *Journal of the American Psychoanalytic Association*, 29(1), 69–87.
- Kaufmann, E. (2025). The post-progressive condition: Meta-critical theory and the rebalancing of knowledge. *Theory & Society*, 54, 139–159. <https://doi.org/10.1007/s11186-025-09612-8>
- Lacerda-Vandenborn, E., Wendt, D. C., Strand, D. T., Albatnuni, M., Bernett, P., McDougall, T. D., & Gone, J. P. (2025). Reimagining “multiple relationships” in psychotherapy: Decolonial/liberation psychologies and communal selfhood. *American Psychologist*, 80(4), 522–534. <https://doi.org/10.1037/amp0001441>
- Lorde, A. (2018). *The master's tools will never dismantle the master's house*. Penguin Classics.
- Martin, D. J., Garske, J. P., & Davis, M. K. (2000). Relation of the therapeutic alliance with outcome and other variables: A meta-analytic review. *Journal of Consulting and Clinical Psychology*, 68(3), 438–450.
- Moss, D. (2021). On having whiteness. *Journal of the American Psychoanalytic Association*, 69(2), 355–371. <https://doi.org/10.1177/00030651211008507>
- Pluckrose, H., & Lindsey, J. (2020). *Cynical theories: How activist scholarship made everything about race, gender, and identity—And why this harms everybody*. Pitchstone Publishing.
- Proctor, G. (2017). *The dynamics of power in counselling and psychotherapy* (2nd ed.). PCCS Books.
- Santana, M. T., Bryant, T., Comas-Díaz, L., Zerbe Enns, C., Harrell, S. P., Hita, L., GreyWolf, I., Kia-Keating, M., Lee, B. A., Neville, H. A., & Suyemoto, K. L. (2025). Reclaiming love, wisdom, and healing through decolonial and liberation psychologies: A call to action. *American Psychologist*, 80(4), 447–460. <https://doi.org/10.1037/amp0001527>
- Sherwood, C., & Miller, K. (2022). The politicisation of clinical psychology training courses in the UK. In *Save mental health* <https://www.save-mental-health.uk/report-the-politicisation-of-clinical-psychology-training-courses>
- Simonds, L. (2025). *Decolonising clinical psychology*. Teaching Innovations, University of Surrey <https://teachinginnovations.surrey.ac.uk/index.php/decolonising-clinical-psychology/>
- Stokes, D. (2023). *Against decolonisation*. Spiked.

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