

SOCIAL JUSTICE AND POLITICIZING PSYCHOTHERAPY

RICHARD J. McNALLY* AND SALLY SATEL†

ABSTRACT The murder of George Floyd in 2020 underscored the theme of police brutality emphasized by the Black Lives Matter movement. In response, governments, corporations, and universities embraced an anti-racism doctrine that emphasizes the goals of diversity, equity, and inclusion (DEI) throughout society. Clinical psychology and psychiatry were among the disciplines affected by these developments. This article analyzes how advocates of DEI and social justice ideology have endeavored to transform the disciplines devoted to the scientific study and treatment of mental health problems.

THE MEMORIAL DAY MURDER of George Floyd in 2020 galvanized America. Corporations, universities, news media, and professional disciplines went “woke.” They scrambled to embrace the principles of diversity, equity, and inclusion (DEI) to counteract their presumptive systemic racism. Psychiatry and clinical psychology were not exempt. An editorial in American psychiatry’s flagship journal, *JAMA Psychiatry*, affirmed its commitment to the goals of advancing

*Department of Psychology, Harvard University, Cambridge.

†Yale University School of Medicine, New Haven; and American Enterprise Institute, Washington, DC.

Correspondence: Richard J. McNally, Ph.D., Department of Psychology, Harvard University, 1230 William James Hall, 33 Kirkland Street, Cambridge, MA 02138.

Email: rjm@wjh.harvard.edu.

diversity, equity, and inclusion (Bagot and Öngür 2024). The most striking of these mea culpas appeared in clinical psychology's premier journal. Craig Rodriguez-Seijas, a rising star at the University of Michigan, and 16 coauthors, wrote a passionate and detailed critique of our field in *Clinical Psychological Science*, claiming that its White supremacist foundation propagates racism (Rodriguez-Seijas et al. 2024). The evidence they adduced for systemic racism was that minorities publish fewer articles in high-impact journals, secure fewer research grants, and occupy fewer tenured professorships than do their White counterparts. Other clinicians have issued similar denunciations of psychological science and therapeutic practice (see, for example, Buchanan et al. 2021; Dupree and Kraus 2022; Gómez 2023; Roberts 2024; Sue et al. 2024). To redeem clinical science, they urge us to embrace anti-racism.

RACISM, ANTI-RACISM, AND EQUITY

The term *anti-racism* first appeared in 1937 in the *Chicago Defender*, a prominent African American newspaper launched in 1905. But opposition to the notion that Black people are inherently inferior to White people is much older (McNally 2024). Some luminaries in the French Enlightenment rejected this notion (Montesquieu 1748), as did others in 19th-century America (Douglass 1854).

However, the most prominent exponent of anti-racism today is the Howard University historian Ibram X. Kendi, cited favorably by Rodriguez-Seijas et al. (2024). Kendi's first book on the history of racist ideology in United States earned him the National Book Award. His second book, *How to Be an Antiracist* (2023), reached bestseller status shortly after the death of George Floyd and has garnered significant scholarly attention. Kendi believes that in the absence of systemic racism, the racial composition of people in various occupations (such as tenured professors in universities) or other settings (such as state prisons) should closely mirror the racial composition of American society. Accordingly, he says, "When I see racial disparities, I see racism" (Kendi 2018).

Anti-racists struggle to correct these disparities, whereas racists do not, he says. Accordingly, a person is either functioning as an anti-racist or functioning as a racist. Indeed, Kendi claims, merely asserting that one is not a racist is itself "a mask for being racist" (Kendi 2023, 10). Therefore, he concludes, nonracists do not exist.

Furthermore, people who favor colorblind policies and call for equality of opportunity qualify as racists if those policies fail to produce equity, or, in other words, equal outcomes. Accordingly, Kendi (2023) has stressed that "There is no such thing as a nonracist or race-neutral policy" (21). Policies either produce equitable outcomes or they do not. Hence, his anti-racist perspective holds that social justice demands that the racial composition of all occupations (and outcomes) in the US should closely approximate those of the country as a whole.

Two problems undermine Kendi's formulation. First, it is tautological to cite racism as the cause of disparities when the only (alleged) evidence of racism is the disparities themselves. That is, one cannot assume that racism is the *current* cause of disparities without providing evidence of contemporary racial discrimination.

The Jim Crow legal system was such a cause, independently ascertainable and distinct from the disparities it produced (Wilson 2012). But this system was abolished decades ago. We cannot attribute the persisting effects of bygone racism to contemporary racism without evidence of the latter. As behavior therapists have long known, the variables that triggered psychiatric problems in the past are not necessarily the ones maintaining them today. And only maintaining variables can be targets of intervention—in therapy, or in any domain, for that matter.

For example, adolescents troubled by social anxiety may drink alcohol excessively to cope with social situations. Over time their anxiety may abate, but their excessive drinking may persist, maintained by habit and a desire to avoid withdrawal symptoms. Hence, just as social anxiety would no longer be the focus of therapeutic intervention, targeting long-abolished Jim Crow laws cannot be the target of intervention for those aiming to improve, say, the academic performance of impoverished children. We need to identify and address the maintaining variables of problems we aim to solve. Furthermore, as therapists, social reform is not within our scope of practice: in short, we have no expertise. Lastly, should we try to intervene, we would endanger the public's trust in psychotherapy as a politically neutral enterprise.

Against this backdrop, consider the efforts of the economist Roland Fryer and his colleagues. They noted no discernible cognitive differences between Black and White children who were nine months old. But at the start of kindergarten, Black children lag White children by 0.64 and 0.40 standard deviations in math and reading, respectively (Fryer and Levitt 2004a, 2004b). This gap grew wider as they proceeded through school. In an important experiment conducted in the Harlem Children's Zone, Dobbie and Fryer (2011) found that socioeconomically disadvantaged minority children randomly assigned to a very intensive educational intervention exhibited massive gains on standardized tests, relative to a control group of children who did not receive the intervention. The authors did not seek to "dismantle systemic racism" or "decenter Whiteness"—whatever that might mean. Instead, they did something useful: they directly improved the academic skills of these youngsters.

The second problem with Kendi's formulation is that there is scant reason to expect that the racial distribution across occupations should mirror the racial distribution of the American population (Sowell 2023). Even in an entirely fair society with equal opportunity for everyone, we should not expect such a distribution; it has never happened in world history (Sowell 2016). Moreover, differences do not necessarily signify racism. As Sowell (2023) has observed, countless cultural, geographical, and historical variables explain why different racial and

ethnic groups excel in certain domains. Indeed, Black Americans have been the driver of nearly all innovations in the history of American music. Or consider professional sports. In 2021, the percentages of Black and White players in the National Basketball Association (NBA) were 73.2% and 16.8%, respectively, whereas the current percentages of White and African-Canadian players in the National Hockey League (NHL) are 93% and 7%, respectively (Wikipedia 2023, 2024). It is implausible that the NBA is discriminating against White players, whereas the NHL is discriminating against Black ones. Professional sports are relentless meritocracies. When the Brooklyn Dodgers violated the tacit ban barring Black players by signing Jackie Robinson in 1947, Robinson soon led them to a World Series championship. To remain competitive, other teams scrambled to hire excellent Black players. Racism does not pay.

In conclusion, we cannot assume that disparities in clinical science are attributable to systemic racism in the absence of independent evidence of discrimination. Moreover, differences are often benign ones that “arise naturally because of cultural and demographic differences between groups” (Hughes 2024, 109). Finally, members of minority groups may prefer other fields, such as business or law, rather than clinical psychology or psychiatry.

ARE STANDARDIZED TESTS RACIST?

According to Kendi (2016), standardized tests are “the most effective racist weapon ever devised to objectively degrade Black minds and legally exclude their bodies” (1). That is, he assumes that such tests are racially biased. However, test bias has a specific meaning in psychometrics. A test is biased only if it underpredicts performance on a relevant criterion measure—school grades, number of publications—for one group, but not for another (Hunter and Schmidt 1976). A mere difference in mean scores between groups alone does not signify bias.

People who believe that standardized tests are biased against Black individuals are mistaken. As Hunter and Schmidt (2000) note:

For the past 30 years, civil rights lawyers, journalists, and others have alleged that cognitive ability and educational achievement tests are predictively biased against minorities. That is, they have argued that when test scores are equal, minorities have higher average levels of educational and work performance, meaning that test scores underestimate the real world performance of minorities. Thousands of test bias studies have been conducted, and these studies have disconfirmed that hypothesis. The National Academy of Sciences appointed two blue ribbon committees to study the data from these studies, and both committees concluded that professionally developed tests are not predictively biased. Thus, the issue of test bias is scientifically dead. (51)

In fact, recent large-scale studies show that standardized tests sometimes *overpredict* the academic performance of Black and Latino test-takers in college and in the workplace (Berry and Zhao 2015; Mattern and Patterson 2013).

Studies involving many participants across the full span of cognitive ability reveal an approximately linear function between developed ability and success in a diversity of fields (Arneson et al. 2011; Lubinski 2009; Lubinski et al. 2001). Such findings debunk the belief that intelligence hits a plateau around an IQ of 120, after which further points do not “seem to translate into any measurable real-world advantage” (Gladwell 2008, 79). For example, Lubinski (2009) conducted a 25-year follow-up study of 13-year-olds who had scored at or above the 99th percentile on a math test. The group was remarkably accomplished, but strikingly, test-takers scoring in the top quarter of the top 1% were even more accomplished than were those scoring in the bottom quarter of the top 1%; for example, they achieved higher incomes, more scientific publications, more awards, and more patents.

Standardized tests identify low-income, minority children suitable for gifted education who are often undetected in the public school system. Working in Florida, Card and Giuliano (2016) discovered that universal cognitive ability screening greatly improved the identification of these youngsters who then benefited from the gifted track. An anti-racist ban on intelligence tests would have deprived these children of valuable educational experiences that gifted middle-class children typically receive. Moreover, because standardized tests predict performance in a race-neutral manner, their elimination would adversely affect the educational opportunities of all socioeconomically disadvantaged children, not just racial minorities. Regrettably, the Great Recession of 2007–2009 resulted in the termination of Florida’s testing program, and the percentage of low-income minority students in the gifted track returned to pretesting levels.

However, cognitive ability is rarely enough for high levels of achievement. Intense motivation, curiosity, and a disciplined work ethic are vital for converting promise into achievement (Simonton 1994, 2002). For example, Hsin and Xie (2014) did a longitudinal study of the academic trajectories of nationally representative samples of Asian American and White students tracked from kindergarten through high school. The authors found that a disciplined work ethic and a strong belief in the connection between hard work and achievement predicted the superior academic achievement of the Asian American children, whereas cognitive ability did not.

Finally, the robust association between standardized test scores and academic performance is not attributable to socioeconomic status (SES). In fact, controlling for SES merely reduces the test-grades association from $r = .47$ to $r = .44$, whereas controlling for test scores reduces the SES-grades association from $r = .19$ to $r = .05$ (Sackett et al. 2009).

Rodriguez-Seijas et al. (2024) argue that there is scant scientific evidence to justify the use of the Graduate Record Examination (GRE) for selecting applicants for graduate training in clinical psychology. Accordingly, they hold, its use violates the ethos of clinical science by basing decision-making on a measure lacking predictive validity. Moreover, they argue that if the GRE disproportionately undermines the acceptance of minority applicants who are presumably otherwise qualified, then it would foster White supremacy.

Most highly competitive clinical science PhD programs admit only a handful of individuals from among hundreds of applicants. Accordingly, it is often difficult to detect the predictive validity of the GRE vis-à-vis important outcome criteria, such as the likelihood of completing the PhD or the number of publications in graduate school. Diminished variance (“range restriction”) on the test, outcome variables, or both can mask evidence of predictive validity, especially when analyses necessarily exclude the many applicants whose GRE scores were too low to gain admission.

However, after consulting a large body of data, Kuncel and Hazlett (2007) have concluded that standardized tests do, in fact, predict success in graduate school and beyond in a range of basic and applied fields (medicine, law, PhD programs) on diverse outcome measures (number of publications, first-year GPA, success at passing licensing exams, passing PhD qualifying exams, citation counts).

Bridgeman and colleagues (2008) accessed a very large data set consisting of students admitted into clinical psychology programs. For each program, they identified the students whose GRE scores were in the upper quartile, and those whose scores were in the lower quartile. The remaining students had scores in the two middle quartiles. For each program, they next consulted the first-year graduate school GPA for each program, identifying the top 25% of students, the bottom 25% of students, and those in the middle 50%. Of the students with GRE scores in the top quartile, 41% were in the top quartile in terms of first-year GPA. Only 10% of those in the bottom quartile on the GRE had GPAs in the top quartile. These data confirm the validity of the GRE as a predictor of performance in clinical psychology programs.

EPISTEMIC EXCLUSION?

Rodriguez-Seijas and colleagues (2024) argue that “epistemic exclusion” is yet another manifestation of White supremacy in our field (532). Others have voiced the same complaint in rather more dramatic terms, such as “epistemic oppression” (Gómez 2023) and “epistemic violence” (Roberts 2024, 593). The Rodriguez-Seijas team (2024) believes that qualitative methods presumably prized by minority clinical researchers are disfavored by mainstream clinical science and therefore “frequently relegated to specialty journals of concomitant lower impact regardless of scientific rigor” (538).

Yet all innovative methods have had to earn their inclusion in the methodological canon by convincing reviewers, editors, and fellow psychologists of their scientific value (McNally 2024). Importantly, the issue does not concern rigor per se, but whether the method is suitable for answering a researcher's scientific question (McNally 2001). Furthermore, most investigators usually publish in specialty journals, thereby increasing the odds of reaching their target audience. Such articles can have a major impact, as evinced by Google Scholar citation counts (McNally 2024).

RACIAL INEQUITIES IN PSYCHOPATHOLOGY AND TREATMENT?

Finally, Rodriguez-Seijas and colleagues (2024) also hold that scant attention has been devoted to “minimizing racial and ethnic inequities in psychopathology and treatment outcomes” (529). Minorities with limited financial means or lacking health insurance are likely to have difficulties obtaining evidence-based treatments. But the obstacle is economics (McNally and McNally 2016), not racism. Moreover, on nearly every index of physical health status (such as hypertension or diabetes), Black Americans are doing worse than are White Americans (Williams and Earl 2007). Medical morbidity and mortality are routinely higher for Black than White Americans.

Strikingly, however, many studies have shown that despite greater exposure to life stressors, Black Americans are *less* likely to develop psychiatric disorders than are White Americans (Breslau et al. 2005; Hasin and Grant 2015; Louie et al. 2022). This held true even during the COVID-19 pandemic (LaMotte et al. 2023). This difference is especially pronounced for anxiety disorders, depression, and substance abuse disorders. Furthermore, Black Americans also score higher than White Americans on measures of positive psychological flourishing (Keyes 2009).

Researchers have endeavored to explain this Black-White paradox in physical and mental health (Williams and Earl 2007). Possible causes for the robust psychological resilience of Black Americans include strong family social support, religiosity, experience mastering social stressors, and especially heightened self-esteem (Louie et al. 2022; Twenge and Crocker 2002a, 2002b).

When Black individuals do develop psychiatric disorders, they respond just as well to evidence-based psychotherapies as do White individuals. Cougle and Grubaugh (2020) reviewed 23 meta-analytic studies of randomized controlled trials (RCTs) of such treatments for diverse disorders, including substance use disorders, depression, and posttraumatic stress disorder. Race and ethnicity did not predict clinical response, indicating that minority status does not undermine positive outcomes following evidence-based psychological therapies.

Kendi (2023) claims that

The only remedy for negative racist discrimination that produces inequity is positive antiracist discrimination that produces equity. The only remedy to past negative racist discrimination that has produced inequity is present positive antiracist discrimination that produces equity. The only remedy to present negative racist discrimination toward inequity is future positive antiracist discrimination toward equity. (24)

Equity, according to Kendi, means equal *outcomes*; it does not mean equality of opportunity. Therefore, to achieve equity we might reserve a certain number of slots in clinical psychology and psychiatric residency programs, faculty openings, publications in major journals, and grants to members of underrepresented minority groups.

Such policies would satisfy Kendi's qualification for being anti-racist, but they should trouble anyone favoring excellence. Although opponents would likely be condemned as racist, departures from meritocratic standards likely pose problems even for their presumptive beneficiaries. Minority scholars and researchers whose manuscripts are published under such a system will likely encounter an unspoken stigma, thanks to their exemption from the rigorous performance standards that others must meet.

WHAT SHOULD WE DO?

When considering the challenges facing Black Americans today, the economist Glenn Loury (2020) has offered a remedy different from Kendi's. Loury emphasizes the advantages of a *development narrative* versus a *bias narrative*. He acknowledges the numerous historical obstacles that have slowed the progress of Black people. But, as he underscores, the White supremacist ideology that drove racial discrimination has diminished dramatically over the past seven decades. Accordingly, Loury argues, today's challenge for Black Americans is how to use their freedom to maximize their capacities. His development narrative emphasizes agency as the driver of Black progress, whereas the bias narrative implies that progress must await the dismantling of systemic racism and White supremacy. Indeed, a narrative emphasizing the power of systemic racism is a demoralizing account that would likely take the motivational wind out of anyone's sails.

Exemplifying Loury's development narrative is the remarkably successful Meyerhoff Scholars Program at the University of Maryland's Baltimore County campus (Mervis 2019). High-school students scoring very high on the quantitative section of the SAT participate in an intensive six-week residential science bootcamp prior to beginning their first year at the university. Most participants are highly motivated Black and Latino adolescents aiming for careers in science, technology, medicine, engineering, or mathematics. The program helps students

develop a powerful work ethic, polish study skills, and acquire the confidence that they, too, can excel in these demanding STEM fields.

Students work in small teams, helping one another as they tackle difficult problem sets in these disciplines. The program is as inspiring as it is exhausting, and follow-up data are very impressive. For the fall semester of 2023, for example, the grade point average of the 264 Meyerhoff Scholars was 3.54. Cumulative data over the years indicate that 95% receive their undergraduate degree in a STEM field, and hundreds of Black former Meyerhoff Scholars have gone on to achieve PhDs in stem fields, MDs, or both.

HOW POLITICS MANIFEST IN PSYCHOTHERAPY

Despite negligible evidence of racism in clinical psychological science, some training curricula for counselors, social workers, psychologists, and psychoanalysts operate as if racism and oppression were a widespread and pressing problem. How do efforts to address these dynamics through what we call social justice-informed therapy (SJT) manifest in theory and clinical practice?

Consider the campaign to “decolonize” psychology, championed by Sue and colleagues (2024). They assert that “psychology mirrors cultural racism/White supremacy and represents the major framework from which psychologists and other social scientists with power and privilege located the source of problems within people of color, their family values/structures, and their communities” (593). Their key argument is that psychotherapy needs to break out of the strictures imposed by four Enlightenment principles: empiricism, objectivism, individualism, and universalism. This tetrad, they claim, represents “White epistemology,” which they believe subsidizes racism (Sue et al. 2024, 593).

To dismantle racism and terminate the reign of White supremacy, they recommend four alternative guiding principles: experientialism, subjectivism, collectivism, and relativism. How and when Sue and his colleagues would apply this approach with patients is not described in their article. Moreover, Sue and colleagues’ rejection of empiricism implies that reasoning about evidence is a White supremacist activity. If so, their article amounts to a self-refuting exercise.

Origins of Social Justice-Informed Therapy (SJT)

Several interrelated factors have converged to enable the current dominance of activist therapy (Thomas and Satel 2026). But first, it is important to emphasize that these nonclassical approaches (absent a couple of variants that we will return to later in this article) do not explicitly identify themselves as “activist.” That is term we have chosen as a shorthand label. In fact, the politicized approach we critique is usually presented by its promoters as the next evolution of the therapeutic enterprise (Fleuridas and Krafick 2019). Although the usual way by which a new approach is introduced to the field involves proposing a named modality

and putting forth the clear theoretical principles and methods that support it, activist therapy has bypassed this process.

Instead, a radically different, activist-imbued, 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.

From a wider perspective, the growing embrace of politicized therapy parallels trends in the larger culture. 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). Additionally, younger cohorts of students and new practitioners generally receive training in university settings that fully endorse progressive ideas, especially the salience of identity and the importance of “de-colonising the curriculum” (Sherwood and 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.

Clinical Vignettes

We can gain some insight into how SJT is shaping professional training programs through the experience of student whistle-blowers in the media, such as Leslie Elliott. In 2019, Elliot 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 (personal communication, 2023). 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 clients 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.”

As the social justice imperative has weakened professional boundaries, individual therapists appear to justify imposing their political views on colleagues and patients. 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” (Widhalm and Vernoy 2024). In 2024, a coalition of therapists in Chicago pledged to stop referring patients to Jewish therapists because, in part, they were perpetuating “white-supremacy” (Satel 2024). In the current environment, it is a short step to labeling Zionism a “settler psychosis,” as did one prominent member of the American Psychological Association, reported by Christenson (2023).

Considerable anecdotal evidence reveals how social justice therapists resist working with patients whose political beliefs differ from theirs. Consider “Alan,” a 33-year-old professional colleague of one of the authors. He reported that he had been seeing a psychologist, Dr. S, weekly for two years to understand better his relationship with his family. Shortly after Donald Trump was elected in 2024, he mentioned to the psychologist that he had been at Temple over the weekend and that 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, Dr. S became enraged and scolded him for being critical of the rabbi. At the next session, she apologized but told Alan he should find another therapist.

Finally, consider a depressed White man in his 20s, “Craig,” who revealed to his psychologist, Dr. A, the intensity of his worry surrounding his future. Craig had just been turned down for a coveted research fellowship and speculated aloud that he lost out because of affirmative action. The hunch so unnerved Dr. A, who is non-White, that he consulted colleagues during a routine meeting where the staff discussed difficult cases. A colleague who was present at the meeting—and disagreed with consensus recommendation—told one of us (S.S.) that “the strong urging of the group was that Dr. A would have to tell the patient that if he didn’t overcome his biases, he would be transferred elsewhere. The group argued that it would be unfair for the psychologist, who was a clinician of color, to be asked to treat a ‘racist’ patient.”

Social Justice-Informed Goals Undermine Therapeutic Principles

Instead of addressing the stated needs and preferences of the patient, SJT therapists apply a preprogrammed ideological agenda that classifies individuals as oppressors or victims of oppression based on identity group. In doing so, SJT amplifies grievance and feeble victimhood, a dynamic that is antithetical to helping patients cultivate an aptitude for introspection and agency. Exploring the

consequences of patients' poor choices makes little sense when their therapist regards them as passive victims manipulated by malign external forces. Responsible therapy, by contrast, encourages patients to consider factors outside themselves that may be contributing to their duress.

Furthermore, SJT jeopardizes the therapeutic alliance, a bond that is essential to the therapeutic experience and to patient outcome. The alliance rests on trust that is nurtured through a nonjudgmental stance and compassionate detachment on the part of the therapist. It further encompasses 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 the alliance 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, presenting problems, contexts, and measurements (Flückiger et.al. 2012). With its placement of identity politics over patients' unique needs coupled with its activist-forward sensibility, the social justice approach corrodes the foundational relationship of psychotherapy.

CONCLUSION

The claim that people of color are inherently inferior to White people served to justify slavery and imperial domination, and it persists among members of certain far rightwing extremist groups. But to describe clinical psychological science, psychotherapy, or psychology overall as White supremacist is wildly inaccurate (Buchanan et al. 2021; Rodriguez-Seijas et al. 2024; Sue et al. 2024). To characterize, for example, academic journals whose editorial boards are predominantly White exemplifies what Haslam (2016) called "concept creep"—expanding a harm-related concept far beyond its proper boundaries. Critics of clinical science have failed to adduce convincing evidence of systemic racism or White supremacy in our field. Furthermore, clinical practices inspired by the core presumption that patients' psychological distress is mainly or exclusively a product of oppressive forces in society, risk undermining the purpose and effectiveness of psychotherapy.

REFERENCES

- Arneson, J. J., P. R. Sackett, and A. S. Beatty. 2011. "Ability-Performance Relationships in Education and Employment Settings: Critical Tests of the More-is-Better and the Good-Enough Hypotheses." *Psychol Sci* 22 (10): 1336–42. DOI: 10.1177/0956797611417004.
- Bagot, K. S., and D. Öngür. 2024. "Enhancing Diversity, Equity, and Inclusion." *JAMA Psychiatry* 81 (7): 645. DOI: 10.1001/jamapsychiatry.2024.1152.

- Berry, C. M., and P. Zhao. 2015. "Addressing Criticisms of Existing Predictive Bias Research: Cognitive Ability Test Scores Still Overpredict African Americans' Job Performance." *J Appl Psychol* 100 (1): 162–79. DOI: 10.1037/a0037615.
- Breslau, J., et al. 2005. "Lifetime Risk and Persistence of Psychiatric Disorders Across Ethnic Groups in the United States." *Psychol Med* 35 (3): 317–27. DOI: 10.1017/S0033291704003514.
- Bridgeman, B., N. Burton, and F. Cline. 2008. *Understanding What the Numbers Mean: A Straightforward Approach to GRE Predictive Validity*. ETS GRE Board Research Report No. 04-03 ETS RR-08-46. Educational Testing Service.
- Buchanan, N. T., et al. 2021. "Upending Racism in Psychological Science: Strategies to Change How Science Is Conducted, Reported, Reviewed, and Disseminated." *Am Psychol* 76 (7): 1097–1112. DOI: 10.1037/amp0000905.
- Burn-Murdoch, J. 2024. "A New Global Gender Divide Is Emerging." *Financial Times*, Jan. 25. <https://www.ft.com/content/29fd9b5c-2f35-41bf-9d4c-994db4e12998>.
- Card, D., and L. Giuliano. 2016. "Universal Screening Increases the Representation of Low-Income and Minority Students in Gifted Education." *Proc Natl Acad Sci* 113 (48): 13678–83. DOI: 10.1073/pnas.1605043113.
- Christenson, J. 2023. "George Washington University Professor Accused of Anti-Semitism Says Zionism Is a Mental Illness." *Stand With Us*. <https://standwithus.com/news/george-washington-university-professor-accused-of-anti-semitism-says-zionism-is-a-mental-illness/>.
- Cogle, J. R., and A. N. Grubaugh. 2020. "Do Psychosocial Treatment Outcomes Vary by Race or Ethnicity? A Review of Meta-Analyses." *Clin Psychol Rev* 96: 102192. DOI: 10.1016/j.cpr.2022.102192.
- Dobbie, W., and R. G. Fryer, Jr. 2011. "Are High-Quality Schools Enough to Increase Achievement Among the Poor? Evidence from the Harlem's Children Zone." *Am Econ J Appl Econ* 3 (3): 158–87. <http://www.aeaweb.org/articles.php?doi=10.1257/app.3.3.158>.
- Douglass, F. 1854. *The Claims of the Negro, Ethnologically Considered: An Address, Before the Literary Societies of Western Reserve College, at Commencement, July 12, 1854*. Lee, Mann. <https://tile.loc.gov/storage-services/service/rbc/rbaapc/07900/07900.pdf>.
- Dupree, C. H., and M. W. Krauss. 2022. "Psychological Science Is Not Race Neutral." *Perspect Psychol Sci* 17 (1): 270–75. DOI: 10.1177/174569162097.
- Fleuridas, C., and D. Krafick 2019. "Beyond Four Forces: The Evolution of Psychotherapy." *Sage Open* 9 (1). DOI: 10.1177/2158244018824492.
- Flückiger, C., et al. 2012. "How Central Is the Alliance in Psychotherapy? A Multilevel Longitudinal Meta-Analysis." *J Couns Psychol* 59 (1): 10–17. DOI: 10.1037/a0025749.
- Fryer, Jr., R. G., and S. D. Levitt. 2004a. "Falling Behind: New Evidence on the Black-White Achievement Gap." *Educ Next* 4 (4): 64–71.
- Fryer, Jr., R. G., and S. D. Levitt. 2004b. "Understanding the Black-White Test Gap in the First Two Years of School." *Rev Econ Stat* 86 (2): 447–64.
- Fryer, Jr., R. G., and P. Torelli. 2010. "An Empirical Analysis Of 'Acting White.'" *J Public Econ* 94 (5–6): 380–96. DOI: 10.1016/j.jpubeco.2009.10.011.
- Gladwell, M. 2008. *Outliers: The Story of Success*. Little, Brown.

- Gómez, J. M. 2023. "Epistemic Oppression, Construct Validity, and Scientific Rigor: Commentary on Woo et al. (2022)." *Perspect Psychol Sci* 18 (1): 32–38. DOI: 10.1177/17456916211072830.
- Hasin, D. S., and B. F. Grant. 2015. "The National Epidemiologic Survey on Alcohol and Related Conditions: (NESARC) Waves 1 and 2: Review and Summary of Findings." *Soc Psychiatry Psychiatr Epidemiol* 50 (11): 1609–40. DOI: 10.1007/s00127-015-1088-0.
- Haslam, N. 2016. "Concept Creep: Psychology's Expanding Concepts of Harm and Pathology." *Psychol Inquiry* 27 (1): 1–17. DOI: 10.1080/1047840X.2016.1082418.
- Hsin, A., and Y. Xie. 2014. "Explaining Asian Americans' Academic Advantage Over Whites." *Proc Natl Acad Sci* 111 (23): 8416–21. DOI: 10.1073/pnas.1406402111.
- Hughes, C. 2024. *The End of Race Politics: Arguments for a Colorblind America*. Thesis.
- Hunter, J. E., and F. L. Schmidt. 1976. "Critical Analysis of the Statistical and Ethical Implications of Various Definitions of Test Bias." *Psychol Bull* 83 (6): 1053–71. DOI: 10.1037/0033-2909.83.6.1053.
- Hunter, J. E., and F. L. Schmidt. 2000. "Racial and Gender Bias in Ability and Achievement Tests: Resolving the Apparent Paradox." *Psychol Public Policy Law* 6 (1): 151–58. DOI: 10.1037//1076-8971.6.1.151.
- Kanzer, M. 1981. "Freud's 'Analytic Pact': The Standard Therapeutic Alliance." *J Am Psychoanal Assoc* 29 (1): 69–87.
- Kendi, I. X. 2016. "Why the Academic Achievement Gap Is a Racist Idea." *Black Perspect*, Oct. 16. <https://www.aaihs.org/why-the-academic-achievement-gap-is-a-racist-idea/>.
- Kendi, I. X. 2018. "'When I See Racial Disparities, I See Racism.' Discussing Race, Gender and Mobility." *NY Times*, March 27. nyti.ms/39weQqw.
- Kendi, I. X. 2023. *How to Be an Antiracist*. One World.
- Keyes, C. L. M. 2009. "The Black-White Paradox in Health: Flourishing in the Face of Social Inequality and Discrimination." *J Pers* 77 (6): 1677–1706. DOI: 10.1111/j.1467-6494.2009.00597.x.
- Kuncel, N. R., and S. A. Hazlett. 2007. "Standardized Tests Predict Graduate Students' Success." *Science* 315 (5815): 1080–81. DOI: 10.1126/science.1136618.
- LaMotte, M. E., M. Elliott, and D. M. Mouzon. 2023. "Revisiting the Black-White Mental Health Paradox During the Coronavirus Pandemic." *J Racial Ethnic Dispar* 10 (6): 2802–15. DOI: 10.1007/s40615-022-01457-6.
- Louie, P., et al. 2022. "Do Racial Differences in Coping Resources Explain the Black-White Paradox in Mental Health? A Test of Multiple Mechanisms." *J Health Soc Behav* 63 (1): 55–70. DOI: 10.1177/00221465211041031.
- Loury, G. C. 2020. "When Black Lives Matter: Thoughts on the Persistence of Racial Inequality in America." *Horizons* 17: 190–206. <https://cirsd.org/horizon-article/when-black-lives-matter-thoughts-on-the-persistence-of-racial-inequality-in-america/>.
- Lubinski, D. 2009. "Exceptional Cognitive Ability: The Phenotype." *Behav Genet* 39 (4): 350–58. DOI: 10.1007/s10519-009-9273-0.
- Lubinski, D., et al. 2001. "Top 1 in 10,000: A 10-Year Follow-Up of the Profoundly Gifted." *J Appl Psychol* 86 (4): 718–29. DOI: 10.1037//0021-9010.86.4.718.

- Martin, D. J., J. P. Garske, and M. K. Davis. 2000. "Relation of the Therapeutic Alliance with Outcome and Other Variables: A Meta-Analytic Review." *J Consult Clin Psychol* 68 (3): 438–50. DOI: 10.1037//0022-006X.68.3.43.
- Mattern, K. D., and B. F. Patterson. 2013. "Test of Slope and Intercept Bias in College Admissions: A Response to Aguinis, Culpepper, and Pierce." *J Appl Psychol* 98 (1): 134–47. DOI: 10.1037/a0030610.
- McNally, D. M., and R. J. McNally. 2016. "The Affordable Access Gap: CBT's Hidden Dissemination Problem." *Behav Therapist* 39 (1): 21–22.
- McNally, R. J. 2001. "On the Scientific Status of Cognitive Appraisal Models of Anxiety Disorder." *Behav Res Ther* 39 (5): 513–21. DOI: 10.1016/s0005-7967(00)00073-5.
- McNally, R. J. 2024. "Is Clinical Psychological Science Infected by Racism and White Supremacy?" *J Controversial Ideas* 4 (2): 1. DOI: 10.35995/jci0402001.
- Mervis, J. 2019. "Vaunted Diversity Program Catches On." *Science* 306 (6541): 308–09. DOI: 10.1126/science.aay8489.
- Montesquieu, Baron (C. L. de Secondat). 1748. *The Spirit of the Laws*. Hafner, 1949.
- Roberts, S. O. 2024. "Dealing with Diversity in Psychology: Science and Ideology." *Perspect Psychol Sci* 19 (3): 591–601. DOI: 10.1177/17456916240743.
- Rodriguez-Seijas, C., et al. 2024. "The Next Generation of Clinical-Psychological Science: Moving Toward Anti-Racism." *Clin Psychol Sci* 12 (3): 526–46. DOI: 10.1177/2167702623156545.
- Sackett, P. R., M. J. Borneman, and B. S. Connelly. 2009. "Responses to Issues Raised About Validity, Bias, and Fairness in High-Stakes Testing." *Am Psychol* 64 (4): 285–87. DOI: 10.1037/a0015473.
- Sackett, P. R., et al. 2009. "Does Socioeconomic Status Explain the Relationship Between Admissions Tests and Post-Secondary Academic Performance?" *Psychol Bull* 135 (1): 1–22. DOI: 10.1037/a0013978.
- Satel, S. 2024. "Inside the Campaign to Blacklist 'Zionist' Therapists." <https://www.thefp.com/p/campaign-to-blacklist-zionist-therapist>.
- Sherwood, C., and K. Miller. 2022. "The Politicisation of Clinical Psychology Training Courses in the UK." *Save Mental Health*. <https://www.save-mental-health.uk/report-the-politicisation-of-clinical-psychology-training-courses>.
- Simonton, D. K. 1994. *Greatness: Who Makes History and Why*. Guilford Press.
- Simonton, D. K. 2002. *Great Psychologists and Their Times: Scientific Insights into Psychology's History*. American Psychological Association.
- Sowell, T. 2016. *Wealth, Poverty and Politics*. Rev. ed. Basic Books.
- Sowell, T. 2023. *Social Justice Fallacies*. Basic Books.
- Sue, D. W., H. A. Neville, and L. Smith. 2024. "Racism in Counseling and Psychotherapy: Illuminate and Disarm." *Am Psychol* 79 (4): 593–605. DOI: 10.1037/amp0001231.
- Thomas, V., and S. Satel. 2026. "Uncontested Ideas and Real-World Consequences: Using a Meta-Critical Post-Progressive Method to Deconstruct the Claims of Activist Therapy." *Theory Soc* 55 (23): 1–23. DOI: 10.1007/s11186-025-09671-x.
- Twenge, J., M., and J. Crocker. 2002a. "Race and Self-Esteem: Meta-Analyses Comparing Whites, Blacks, Hispanics, Asians, and American Indians and Comment on Gray-Little and Hafdahl (2000)." *Psychol Bull* 128 (3): 371–408. DOI: 10.1037//0033-2909.128.3.371.

- Twenge, J., M., and J. Crocker. 2002b. "Race and Self-Esteem Revisited: Reply to Gray-Little and Hafdahl (2002)." *Psychol Bull* 128 (3): 417–20. DOI: 10.1037//0033-2909.128.3.417.
- Widhalm, C., and K. Vernoy. 2024. "Growing Antisemitism in the Therapy Profession: An Interview with Halina Brooke, LPC." *Modern Therapist's Survival Guide*. Audio podcast, Sept. 30. Therapy Reimagined. <https://therapyreimagined.com/modern-therapist-podcast/growing-antisemitism-in-the-therapy-profession-an-interview-with-halina-brooke-lpc/>.
- Wikipedia. 2023. "Race and Ethnicity in the NBA." Dec. 9. https://en.wikipedia.org/wiki/Race_and_ethnicity_in_the_NBA.
- Wikipedia. 2024. "Race and Ethnicity in the NHL." Jan. 2. https://en.wikipedia.org/wiki/Race_and_ethnicity_in_the_NHL.
- Williams, D., and T. R. Earl. 2007. "Commentary: Race and Mental Health: More Questions Than Answers." *Int J Epidemiol* 36 (4): 758–60. DOI: 10.1093/ije/dym114.
- Wilson, W. J. 2012. *The Declining Significance of Race: Blacks and Changing American Institutions*. 3rd ed. University of Chicago Press.