

An open message to the APA on ethics and ideology

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Greetings American Psychological Association! My name is Shawn Smith. I'm a clinical psychologist in Denver, Colorado. I've spoken to you before. You might remember my critique of your guidelines for working with boys and men.

Incidentally, you never responded to my invitation to discuss those guidelines. I'm not going to lie, that hurt. But I can't stay mad at you, APA. You're so darned cute when you play hard-to-get. So today, I'm going to take a different approach. I'm not going to yell at you about methodology or challenge you to a debate. I'm going to be nice, for the most part, and see if we can find some common ground about better serving our clients. *I'm going to make you love me.*

So, let's get down to business. Our profession has been consumed by a dogmatic ideology, and it's creating serious ethical problems out here on the front lines. You, the leadership of the APA, are in a unique position to get our profession back on track, and today I'm hoping to persuade at least some of you to try.

This problem of ideology in our profession is not new. I was speaking up about it a decade ago when I saw social psychologists producing passive-aggressive, low-rent studies claiming that conservatives are mentally inferior to liberals.

Those papers were really just editorials masquerading as research, and they were a symptom of a much larger problem that plenty of people were already aware of.

For example, this 2012 study uncovered open hostility against conservatives within our own ranks. Back then, conservative psychologists – both of them – were afraid to reveal their political leanings because doing so might harm their careers, and they were right to be anxious. Their liberal colleagues openly admitted that they would discriminate against them because of their political beliefs. In fact, the more liberal the respondents were, the more enthusiastically they said they would mistreat their conservative colleagues.

That was a simpler time. Open hostility was something psychologists merely inflicted on each other. Just good, clean fun in the halls of academia. Well, that was then, and this is now.

This political ideology, with all its malevolence toward those who don't toe the line, has leaked into the clinical world like the contents of a busted sewer line. The ideology has grown, it has mutated into a more aggressive strain, and it's harming people.

We all know which set of ideas I'm referring to: I'm talking about progressivism, social justice theory. Those beliefs that are based on intersectionalism and critical theory, and that view the world through the lens of power structures and identity politics.

Some of the APA's recent publications make it clear that at least some of you enthusiastically endorse this ideology and its political aims. And for my part, I've made it clear that I view this ideology as intolerant and destructive. So, we disagree, but I'd like to set that aside. My hope is simply to convince you that our profession shouldn't be dominated by any political ideology because when we allow that, we create winners and losers among the people we serve.

Now, because I'm outspoken about this problem, I hear from a lot of people who feel unwelcome in our profession. Again, it's not my intent to beat up on you here, but it so happens that a lot of the complaints I hear are a direct result of the APA's guidelines for working with boys and men. That's just my little self-selected group of people who feel comfortable approaching me, so take it for what it's worth. And it's not to say that the APA has singlehandedly created this problem. You haven't. The problem is less with any particular player, and more with an ideological monoculture that dominates our field.

Let me give you a small sample of what I'm talking about. This year alone I've been approached by roughly 100 people like these men seeking my advice on how to find a psychologist whose judgement isn't biased by a progressive political agenda. Many of them have been fathers seeking help for their sons. They're concerned that finding the wrong clinician would mean their sons receive judgement and indoctrination rather than treatment.

Others are men seeking help for the first time and they're concerned about being misunderstood and pathologised. Many of them specifically mention their concerns about the influence of radical feminism, and some are concerned about antipathy toward conservatives and Christians. These guys just want to know that they'll get a fair shake in our offices.

There are also students and trainees who feel ostracised or silenced. So far this year, I've heard from about a dozen students seeking my advice on how to find graduate programmes that focus on clinical skills rather than ideological indoctrination – like this student who is nervous about navigating what he calls an 'overly woke culture' as he tries to move up in his studies, or this undergraduate who has already experienced what he describes as 'hostile groupthink' in his classes. And then there are clinicians. I've heard from several this year who are exasperated with the expectation that they replace clinical judgement with ideological conformity.

For example, one psychologist who wrote me, works in a large institution that treats an underserved population. They told me they're resigning because of the militant ideological turn the agency has taken over the last few years.

I can't share the details because this person fears reprisal if they're identified, but I want to be clear: this is a seasoned, doctoral-level clinician who is self-censoring on clinical matters in order to avoid retribution from an ideologically possessed administration. It's hard for me to imagine that the clients of this agency will be well-served by this person's absence.

Paul Meehl pointed out way back in 1973 that our patients pay a heavy price when we throw out critical thinking and replace it with intellectual uniformity. He was writing about a less pathological form of the problem, but the principle still holds.

These are just a few examples of what's going on out here on the front lines, and in each case, the alienation these people experience is the direct result of a progressive ideology that is flat-out hostile to people who hold alternate opinions. Again, I'm not trying to beat upon you, but the APA is part of the problem by sending the kind of divisive messages that seem pervasive in our profession.

Aside from openly advocating for political activism in the clinic – as you did in your guidelines for working with boys and men – there is a steady drumbeat of political messaging from the APA. For example, a few

weeks ago, the APA wrote a letter to Mark Zuckerberg recommending that he ban hate speech on Facebook. The letter didn't define hate speech, which is a very sticky problem, but you made the argument that banning it, whatever it is, is good for mental health.

For some of you at the APA, restricting people's speech may seem like a perfectly reasonable and uncontroversial thing to do. Maybe you don't realise that most Americans disagree with you. Maybe you're all stricken with that special academic illness of never having encountered anyone who disagrees with you.

So, you may not realise that you've taken a rather radical position on one of the fundamental points of contention between the American left and right, which is whether to prioritise safety over freedom, or freedom over safety. I'm not mad at you for being on the progressive left, as long as you campaign on your own private time.

But when you speak on a topic like freedom of expression, and you're doing so in the official capacity of our profession's highest authority, it gives the impression that collectively we either don't know or don't care about those who are reasonably suspicious of people who want to regulate speech. *The strongest weapon against hateful speech is not repression. It is more speech.*

Here's another example of the kind of idea that pervades our profession and alienates people: It's the APA's recent showcasing of the idea that, quote, 'Every institution in America is born from the blood of White supremacist ideology and capitalism – and that's the disease.'

Now I happen to be familiar with postmodern philosophy and critical race theory, and so I realise that to some of you at the APA this sounds like reasonable discourse. This is probably your version of pillow talk; I understand that. But I hope you can understand that that level of rhetoric is unsettling to those of us who happen to not be wild-eyed Marxist revolutionaries.

You might try some deep-breathing exercises because, frankly, this stuff makes it sound as if your hearts are filled with rage, and that's not what anyone is looking for when they hire a psychologist.

The divisiveness doesn't stop at philosophy. The APA, again reflecting the culture of our profession, also has a habit of taking specific policy stances for which a group of shrinks has no formal expertise – things like climate policy, immigration policy, economic policy – always presented with the not-so-subtle insinuation that the progressive opinion is the opinion that correlates with sanity and virtue.

So, you're all psychologists. If you employ some theory of mind, do you imagine that people who disagree with your progressive ideology are more or less likely to seek us out if they believe we already think they're crazy? Here's another question to chew on: what message is the APA sending to frontline clinicians about using professional influence to push an agenda?

You don't mind if we push a progressive agenda, but what if there are psychologists who want to use the therapeutic relationship to persuade their patients to vote for Republicans because research says conservatives are happier than liberals? They could justify it, just as the APA does, by saying it would improve mental health. Would you be OK with those psychologists following your example? Let me take a guess. *How about no?*

Look. You're a private organisation. You can take any stance you want. And again, I don't mean to pin the problem on the APA because the problem is much bigger than the APA. But you are the leaders of our profession. You set the tone. You set the expectations. And if we are in fact a healing profession, then I simply don't see the morality in alienating entire groups of people.

So how do we fix it? Well, smarter people than me have written at length about the importance of cultivating ideological diversity on the academic side of our field. I agree; I think that would improve every corner of our profession.

I also think it would take a very long time to implement – if it's even possible – and it would take even longer for those changes to flow into the clinic and reverse the damage that's already being done. Luckily for you, I'm a simple man, and I see a simple solution to this problem.

The APA could usher in a new era of tolerance and inclusivity, and it wouldn't involve any new rules, or initiatives, or funding. It would simply involve enforcing the very first principle of APA's code of ethics. I'm sure you're all familiar with Principle A. It's the one that says psychologists shouldn't misuse their influence by advancing their personal agendas while they're on the clock.

Now, I look around, and I see clear violations of that principle flowing straight into the clinic from academic and administrative leaders. When people who need our services avoid us because they feel ostracised, it's because someone has been misusing their influence. When psychology students can't explore ideas without being shouted down by the righteous mob, it's because somebody has been misusing their influence. And when clinicians are forced to stifle themselves to protect their pay checks, it's because someone has been misusing their influence.

Now, since the APA holds so much power in our profession, particularly through the tremendous power of accreditation, you're in the unique position to set a new tone for tolerance. You can remind psychologists that it's our job to serve our clients, not our politics. At the very least, you could require psychologists to disclose their agenda if they view the clinic as the place to advance feminism or to dismantle Western power structures, or to do whatever it is therapists do when they don't know how to do therapy.

If therapists abided by the rules of informed consent, then clients and insurance companies could decide for themselves if they want to pay to be preached at, or if they'd prefer to work with someone who takes their job a little more seriously.

But hey, I don't need to tell the APA about informed consent. You all practically invented the concept. In your own code of ethics, you clearly state that psychologists must inform clients as early as feasible about the nature of the therapy, so if the nature of the therapy includes any form of political persuasion or any ideological framework that shapes the therapy in any way, then certainly that needs to be disclosed at the outset, am I right? I mean, I don't see another way to interpret that phrase. However, I am aware that there are a couple of roadblocks.

The first problem is that some of you are shameless ideologues who see no problem here. I know from experience that some of you think progressive ideology is simply the correct point of view. To you, something like critical theory is no more controversial than the Golden Rule, so nothing needs to change. And you're absolutely certain that you're right because all the smart people you hang out with agree with you, or at least they let you believe that. If that's you, I wish you would get out more. There is no intellectual monoculture among our clients. It may appal you to hear this, but some of them do unsavoury things like pump iron and vote for Donald Trump. Some of them even shop at Walmart.

And some of them would rather write off our profession entirely than hear one more word of your precious worldview that in no way resembles the reality of their daily lives. So that's the first problem. Some of you are heartless ideologues who don't give a damn about the collateral damage as long as your side wins the war of ideas. There's a second problem. It's equally troubling in my view, but it's more insidious. It's that some of you know I'm right. I'm not telling you anything new. You already know there's a serious problem here. You already know people are getting hurt. And if you're not speaking up, then let's call it what it is: expediency.

I'm not unsympathetic. You've all worked hard to earn nice positions of influence within the hierarchy of our profession. But let's be honest: you probably didn't get there by challenging the culture in any meaningful way. It's not easy to go against the grain in positions like yours, especially in the current climate. This ideology that has gripped our profession... it has a vicious streak, and anyone of you who advocates for tolerance runs a very real risk of being labelled and treated like an apostate.

So, the smart thing to do is to write me off as some crackpot out in the sticks who's just waving around a few anecdotes. That's what a rational person might do because there's no downside to ignoring this problem. Just avert your gaze.

You'll never know how many potential patients don't seek our services, and how much they and the people around them will suffer for it. You'll never know how many brilliant young minds avoid taking up our profession because they don't want to deal with an abusive mob of social justice warriors. You'll never know what innovations we might have developed if clinicians and researchers had the ability explore ideas without risking their careers.

None of you will ever personally experience those costs. So, you're better off ignoring the situation. Take the path of least resistance. Your colleagues will admire your agreeable nature, and you'll get promoted right on schedule. All you have to do is toe the line. And that's the tricky thing about ethics. Sometimes there are powerful incentives to turn a blind eye while a situation deteriorates, but it's precisely times like this when a strong ethical compass is most necessary.

So, I hope you'll think it over. Take care.