
ARTICLE

Psychotherapy in the UK: Multicultural, Eurocentric, and Americentric influences on a complex field in a troubled time

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ABSTRACT

It is now typical to assert that the UK, USA, and other Western nations are systemically oppressive towards minoritised groups, and that their psychotherapy traditions are in the same mould and in need of overhaul. Mass immigration and multiculturalism are uncritically endorsed by a powerful progressive left-wing. The putative evils of Brexit, Eurocentrism, and Americentrism are constantly pointed out. This article reminds us that psychotherapy in Britain has in fact largely been imported from continental Europe and the USA, and Britain is not especially resistant to knowledge coming from elsewhere. Evolutionary and historical phenomena are presented here to suggest that a valid counter-narrative to the currently dominant leftist-progressive view is available.

KEYWORDS: multiculturalism; Eurocentric; Americentric; Brexit; antiracism; epistemic justice

I recently found myself writing critically of the Eurocentric and Americentric assumptions underlying psychotherapy. It is fashionable, perhaps even *de rigeur*, to display one's awareness of 'epistemic injustice' (Fricker, 2009). This is the charge that the Western intellectual tradition has privileged its own thinkers and ideas, and downgraded comparable traditions in the non-Anglosphere, or 'Global South'. 'Little Englanders' in particular assume that England is, or should be, the centre of the world and all its values. To the contrary, it is now all of a piece with the decolonising and antiracist movements to despise and belittle the UK and USA and their psychotherapy traditions (Farooq et al., 2023; Mullan, 2023). In plain English, this may be rendered 'Look how stupid, smug and aggressive the Anglocentric tradition is'. In '21st century multicultural Britain', it is deemed anathema to value, protect, or hark back to 'Great Britain's' intellectual, scientific, and industrial traditions and achievements. Dabashi (2015) has satirised such Anglocentric arrogance in a pungent critique.

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A rare counter-objection to this attitude is found in Richardson and Salter (2023), who focus particularly on Anglophobia in Australia.

There need be no objection to texts and movements seeking to explore, honour, and revive indigenous cultures. Kira Celeste's (2023) is a Canadian account of pre-settler life and psyche that commands some respect, for example. It is of scholarly interest and advances First-Nations' rights to keep alive their narratives. However, white readers have their rights too, which may include dislike and rejection of this book's central theses. These include a Jungian retrofit interpretation embracing psychological alchemy, critique of Christianity, 'European sexual repression', the induced 'trauma of white supremacy' across the past 500 years, anti-capitalism, scepticism about science, and the well-known call to own and work through white racial identity. Celeste and others appear to suggest that the best way forward for Western civilisation is to turn to the supposed wisdom of a mythological past and its spiritual intelligence. There may be three ways of responding to this: (1) to accept the narrative fully or partially, and enact the massive atonement it suggests; (2) to reject it as impractical and doomed nostalgia based on fetishising indigeneity; (3) to accept it ironically as part of the tragedy of uneven human evolution. I gravitate towards the last of these, seeing we eight billion humans as greatly dispersed geographically and culturally but inspired by Western standards of knowledge, comfort, health, and safety, with pockets of anti-Western sentiment. Response No. 1 resonates somewhat with the critique of McGilchrist (2023), the claim that our brain's hemispheric asymmetry is leading us towards disaster and must be rebalanced.

It is an appealing claim that we should 'repent' in the direction of greater intuition, creativity, empathy, and fellow-feeling, and it is supported by the ethos of much psychotherapy (Thomas, 2024). However, just as we hear common dismissive critiques of nostalgia for the British Empire, perhaps we should also be wary of nostalgic 'romantic remedies' like Celeste's. I suspect that any effective forward path for human survival and flourishing has yet to evolve or be devised and none will ever be consensual. For all our travel, vaunted intellectual ambitions, and fragments of therapeutic insight, we remain fundamentally local creatures of habit and a long way from knowing how to truly harness our alleged neuroplasticity.

A little reflection reminds us that psychotherapy in Britain has been hugely influenced by, if not largely imported from, other parts of the world. Psychoanalysis is of Austrian, German, and Swiss origin. Sigmund Freud lived in London as a refugee for the last year of his life (1938–1939). Over 30,000 Austrian Jews emigrated to Britain in the 1930s (Shapira & Finzi, 2020). Melanie Klein had moved from Vienna to Budapest, to Berlin, and finally to London in 1926. However, most modern theoretical developments come from the USA, not only in therapy but in psychiatric diagnosis (Watters, 2011). Although the European *ICD* (*International Classification of Diseases*) and American *DSM* (*Diagnostic and Statistical Manual of Mental Disorders*) cover much of the same classificatory ground, the *DSM* retains an edge (Tyrer, 2018). These professional movements intersected with major wars, and with the Western

cultural revolution that began in the 1960s (Feltham, 2014). Threaded through all this was the critical theory intellectual movement known as the Frankfurt School commencing in Germany in the 1920s, spreading forcefully to the USA by the 1960s, and mushrooming into critical psychology at the turn of the millennium. This 'critical psychology-plus' is known by its critics as Cultural Marxism, which is said to be behind the crypto-revolutionary 'long march through the institutions'.

In France there is little of any counselling tradition like that in the UK or USA, but of course a great fascination with postmodern ideas and authors. Although France is little over twenty miles from the UK, its culture and thought is quite distinct (Hazareesingh, 2016). The psychoanalysis of Lacan and others is admired in ways most Britons cannot fathom, and many find ridiculous (Scruton, 2019). Foucault is still revered in higher education in the UK by postgraduate psychotherapy tutors and student researchers. Continental Europe is understandably wary of a return of fascism (Fleury, 2022), and yet Eastern European countries display a defence of nationalism based on their precarious freedom from USSR tyranny. Although a 'long peace' underpins EU nations, tribal and ethnic turmoil and terrorism erupt among disaffected Muslim communities in France, Sweden, Denmark, Belgium, and Holland in particular. No amount of therapy is likely to transform immigrant resentment into contentment, or indigenous objections into post-racial acceptance. Muted mutual suspicions between old Christian Europe, widespread atheism, and new Muslim communities, are not being addressed. Deep evolutionary identities and historical-tribal antagonisms do not readily disappear. Nisbett (2003) shows how ancient Greek and Chinese thought patterns and philosophies diverged and remain distinctly different today, affecting ongoing geopolitical tensions.

A chronically overlooked aspect of therapy is its founding fathers. Long after the birth of feminist therapy models in the 1970s, the patriarchal principle continues. The vast majority of founders have been white, but with a certain caveat: most have been ethnically Jewish. Freud was Jewish, although denying any stake in religious Judaism. However, so were Alfred Adler (founder of Individual Psychology), Otto Rank (Will Therapy), Melanie Klein (Object Relations), Wilhelm Reich (Orgone/Body Therapy), Eric Berne (Transactional Analysis), Fritz Perls (Gestalt Therapy), Jacob Moreno (Psychodrama), Roberto Assagioli (Psychosynthesis), Viktor Frankl (Logotherapy), Arthur Janov (Primal Therapy), Albert Ellis (Rational Emotive Behaviour Therapy), Aaron Beck (Cognitive Therapy), Francine Shapiro (Eye Movement Desensitisation and Reprocessing), among others. Does this matter or not? Referring to 'Jewish psychological evangelism', Heinze (2004), himself Jewish, candidly explores the 'over-representation' of Jewish contributors to psychology and psychotherapy. Yet this epistemic imbalance remains strangely ignored in the world of therapy. However, in the light of the Holocaust and ongoing antisemitism (recently exacerbated by events in Israel and Gaza in 2023–2024), we might have expected demands for gentile therapists to examine their

unconscious antisemitism. However, no such movement, on a par with critical race theory, is in evidence.

Prominent modern therapists of Jewish ethnicity in Britain have included Anna Freud, Michael Balint, Herbert Rosenfeld, Joseph Berke, Morton Schatzman, Peter Fonagy, Susie Orbach, Andrew Samuels, Windy Dryden, Del Loewenthal, Adam Phillips, Robin Shohet, and Mick Cooper, among others. Modern therapy in Britain demonstrates a powerful European and international influence. The largest psychotherapy training centre Metanoia Institute was established in London in 1984 by Petruska Clarkson, Sue Fish, and Brian Dobson, all from South Africa, who brought humanistic therapy principles. Emmy van Deurzen moved from Holland to France, then to England in 1977, greatly expanding existential therapy training here. Ernesto Spinelli, an Italian, is another prominent existential figure in the UK. The Minster Centre pioneered integrative training in Britain and was launched by Helen Davis, a Jewish émigré from South Africa, along with Hymie Wyse. What drives so many immigrants or their descendants to become therapists (not to mention politicians)? What attitudes might they unconsciously bring with them and propagate?

Although a psychotherapy tradition stemmed from Freud, particularly the Independent or Middle Group of British analysts, and voluntary sector groups created the Samaritans, Relate, and other Christian organisations like the Westminster Pastoral Foundation, most training models in Britain have been imported from the USA. Client-centred or person-centred therapy training was imported in the 1970s, as well as other humanistic therapies, and a little later the early cognitive therapies of Ellis and Beck came to the UK. Apart from the British School, which was a modification of psychoanalysis, very few psychotherapy models have been home-grown. Cognitive-Analytic Therapy and Compassion-Focused Therapy are two of these. Frank Lake's home-grown Clinical Theology, however, is barely known today.

Most therapy models are founded on secular-humanist principles. Some Jungian, psychosynthesis, and other spiritually informed therapies have bucked this trend. However, a not inconsiderable cultural influence on the UK since the 1960s came from India in the form of Transcendental Meditation, the teachings of Jiddu Krishnamurti, and Bhagwan Shree Rajneesh (Osho), among others. Zen Buddhism came to the UK via the writings of Alan Watts (1961/2017), and Perls' integration of Japanese Zen into Gestalt therapy. We might say that the origins of psychological healing lie with the origins of world religions from about 4,000 years ago, especially Hinduism and Buddhism in South Asia, and Judaism in the Middle East. Latterly, mindfulness and compassion have been integrated into some therapeutic models from Japanese Buddhism. Reiki, based on traditional Chinese notions of *Qi* or energetic force, enjoys a degree of support in the West while also being dubbed by some a pseudoscience. Such imports stem from their affective and introspective appeal and the efforts of teachers, sometimes aided by their perceived exotic nature, and few signs of xenophobic resistance are obvious. Loizzo et al. (2023) outline the contributions of Tibetan Buddhism to an emerging

form of contemplative psychotherapy based in New York that also incorporates 'social transformation' of the leftist-progressive kind.

Rational Emotive Behaviour Therapy (REBT), which drew on ancient Greek philosophy, might well have not featured at all in the British context, had it not been for the singular efforts of Windy Dryden. Existential therapy also traces back to ancient Greece as an applied philosophy but it is not regarded as a mainstream therapy. Compassion-Focused Therapy partly draws on Buddhism but its endurance is not yet guaranteed. Person-Centred Therapy was first launched in the UK in the 1970s by virtue of the efforts of a handful of British enthusiasts but its fortunes have waxed and waned in the USA. Therapies are always somewhat subject to epistemic and clinical fashions.

Psychotherapy is little more than a hundred years old and largely a Euro-American (or at root a Jewish-Germanic) enterprise, but Celtic mythology, the Judeo-Christian tradition of 2,000 years, and ancient Greek-derived philosophy from 2,500 years ago have had a steady impact on Britain. Our island character has separated us from the romantic languages and cultures, so that even until recently Franco-German 'continental philosophy' has had an experiential-emotional character while British philosophy has been decidedly logical-analytical and British Christianity has been shaped by a distinct morality and monarchical pragmatism. Not for nothing were Californian therapies suspected of being too 'touchy-feely' for the rather stoical, 'stiff upper lip' Britons. The philosopher Alasdair MacIntyre's critique of Herbert Marcuse, chief Freudo-Marxist revolutionary of the 1960s, demonstrates this clearly (MacIntyre, 1970). Early puritanical American culture benefited to a degree from its renegade groups from Europe and Africa (Russell, 2010) and foreign influences have, to a degree, probably altered Britain somewhat for the better. However, a country that had limited immigration from the Romans, Danes, and Normans across centuries, and only significant mass immigration from Africa, the Middle East, Asia, and Eastern Europe from the mid-20th century, arguably has its limits of cultural elasticity.

The formerly vigorous character of indigenous white Britons was enabled by geographical separateness. Surprisingly little interest has been shown in our island character. Some trot out Donne's 'no man is an island' as if densely populated multiculturalism is indisputably the healthiest way forward. However, as Kelman (2022) puts it, 'too much solitude or too much collectiveness impacts our mental health' (para. 3). It has been suggested that as descendants of distant small-group hunter-gatherers, human beings cannot cope well with very large groups. None of us thrives in overcrowded conditions, and an overcrowded multiculturalism is an unprecedented experiment. By one reckoning, Britain's optimum population, or carrying capacity in terms of resources, self-sustaining lifestyle, and wellbeing, is around 16 million (Ferguson, 2009). Our current population is about 70 million and constantly rising due to immigration. Former claims that 'small is beautiful' have been recklessly abandoned in favour of irresponsible mass immigration and loss of self-sustaining industries. We passed the 16 million mark in the 19th century, partly due to better medical care that virtually ended infant

mortality. Small Scandinavian countries have been perennially noted as the happiest, with small homogenous, high trust populations until recently.

The drive to explore and the need to trade, however, made for the industrial revolution of 1750 to 1900, and was also propelled by peak British genius in science and engineering. British colonialism is now regarded by many as a wholly evil endeavour but, as Biggar (2023) argues, it also brought many benefits to others, and the British navy played a significant role in ending slavery. Gilley (2022, 2023) has taken pro-colonialism scholarship further still. It has been standard leftist fare, however, to insist that British wealth is underpinned by colonialism and transatlantic slavery, in other words that modern Britons are guilty beneficiaries and should be compelled to recognise this and compensate for it by reparations and DEI (diversity, equity, and inclusion). Texts like Eric Williams' (1944/2022) and Berg and Hudson (2023) continue to drive these beliefs. However, this narrative is being challenged by Niemietz (2024) and others. The point here is that mechanisms like motivated reasoning, confirmation bias, and affect heuristic push an anti-Western narrative, and patient scholarly analysis is required to tease out all nuances. A further point is that psychotherapists are rarely trained historians, economists, political scientists, or philosophers, and are probably not well equipped to make sound political judgements, even if they are often impassioned by a strong emotional social justice drive.

I found myself ambivalent in the early 2000s about my role as an external examiner for counselling courses in Kenya that were validated by a British university. In a country with many dire material needs and an HIV crisis, I was not convinced that British-endorsed, essentially American Person-Centred Therapy was the best way forward. However, the Kenyan perception locked it into that colonial belief. Many Asians now demonstrate that Western psychotherapy is unsuitable for them (Jolly, 2024). However, in Britain we have also uncritically imported American therapy models instead of creating our own. On meeting some Russian psychologists visiting Britain in the 2010s, who were fans of Gestalt therapy, I was puzzled by their enthusiasm but told that emotional expression was increasingly valued after decades of political repression. Britain was certainly affected by both Soviet communism and German fascist strains of politics, but managed to remain highly sceptical of both. Despite importing American therapies, we have retained some beneficial sceptical pragmatism and (what is often derided as) commonsense.

Kenya still has a significant level of threat from HIV/AIDS and some of its healers are not wholly convinced by Western medicine. The same is true in South Africa, where those facing HIV/AIDS are sometimes torn between the Western medical worldview and traditional witchcraft (Ndou-Mammbona, 2022). However, we in the West are asked to consider traditional healing methods as serious contenders (e.g., Moodley & West, 2005) rather than unthinkingly lauding it over the clinical epistemologies of the Global South. In an arena of political imprecision, ideologies of all hues can freely compete but in a medical arena, where life and death are often at stake, precision is extremely important. Whether 'epistemic justice'

or sentimental views of indigenous remedies are at play, questions of efficacy cannot be dismissed. Franz Fanon, Fred Newman, Shoma Morita, Michael White, Insoo Kim Berg, Gabor Maté, all these and many more are separated geographically, historically, and reputationally, and must vie for validity in the evolving global marketplace of psychotherapeutic appeal and effectiveness.

The work of Jerome Frank (1974) remains highly significant in comparing Western therapies with those from elsewhere (he used the now anachronistic terminology of ‘the shaman in primitive societies’). He inferred that contextual placebo factors probably underpin the effectiveness of all psychotherapy, yet it remains true that therapy is not always effective. In fact, Frank gives an example of a Kikuyu Kenyan man who, at death’s door, was apparently cured by the sacrifice of a goat: it may be that within our own epistemic worlds we are best helped by what we believe in. The World Health Organization’s (WHO) Global Centre for Traditional Medicine aims to investigate and integrate such claims but the WHO, like the American Medical Association, also stands accused of a lurch towards ‘wokeness’.

Easy travel and free-flowing internet information have encouraged worldwide migration in the past few decades, most of it from poorer to richer and from unstable to stable countries. Some see this as a justified karmic reaction to colonialism and Western capitalism, and some believe that all borders are unjustified. Dramatic incidents like the death of George Floyd in 2020 are immediately televised across the world, bringing riots, protest marches, and demands that are African-American in nature but have a disproportionate impact on the UK and other countries. Most psychotherapy professional bodies (American Psychological Association [APA], United Kingdom Council for Psychotherapy [UKCP], British Association for Counselling & Psychotherapy [BACP], British Psychological Society [BPS], British Association for Behavioural and Cognitive Psychotherapies [BABCP]) hurriedly issued antiracist policy statements in 2020 that had an abrupt politicising effect on the therapy professions. Critical race theory was pushed by Black Lives Matter (BLM), and many organisations donated money and changed policies to support BLM. Meanwhile, grave doubts continue to surround the legal process by which Derek Chauvin was hastily convicted (Collin, 2022). The black academic John McWhorter has even called the Floyd case ‘a massive web of bullshit’ (Loury, 2023), if subsequently with some partial retractions. Once proudly referred to as being ‘woke’, the African-American notion of racial justice came to be mocked as merely politically correct wokeness. Nevertheless, this seriously undermined psychotherapy, as whiteness was vilified and ‘white therapy’ was demeaned (Satel, 2022; Thomas, 2023).

Before this, the Brexit referendum result in 2016 had upset so many that free counselling was offered to those who had voted to remain (Kinder, 2019). Loewenthal (2016) spoke for many therapists when he declared Brexit to be ‘encouraging racism’ and ‘individualism at the expense of the common good’ (p. 203). Balanced analyses of the oikophilic and oikophobic views of opposed British tribes were completely disregarded (Goodhart, 2017). As a supposedly bigoted Brexit voter myself, I learned to keep my mouth shut around colleagues

but as the awful truth leaked out, I found friends dropping away and pieces of paid work disappearing. Even as I wrote this, I hesitated before disclosing it, since being hated does not enhance one's wellbeing. Domestic and foreign politics have assuredly encroached on the field of therapy. Most people I know who seek therapy are not, however, especially interested in politics as such, only needing direct help for acute personal misery. However, counselling and psychotherapy are now known to be disproportionately in the hands of decidedly left-wing practitioners across the West (Redding, 2023), just as Western academia is overwhelmingly leftist (Carl, 2017). Farrar and Hanley (2023) attempt an even-handed overview of politics and culture wars in therapy but play down the problems of leftist bias. American recognition of this leftist bias has spawned a movement of conservative therapists (Daum, 2022). Typically dismissed out of hand are any claims of a positive correlation between political leftism (hatred of the status quo and insistence on an idealistic egalitarian future) and mental illness (Kirkegaard, 2020). If this statement appears to be highly tendentious, consider that when aetiological connections are made between capitalism, mental illness, and neurodiversity, very little objection is heard (e.g., Chapman, 2023).

We might claim that therapy is borderless or international. We can say that the national or ethnic origins of therapists have no significance at all but I don't think this is credible. Those migrating from other countries have mixed cultural influences and sometimes English is not their first language. Metanoia Institute, Regent's College, and The Existential Academy in London all recruit internationally. When we consider the degree to which intimate client revelations depend on nuances of English language (as yet by far the most commonly spoken language in the UK) and culture-specific references, it might seem that having less than fluent English is not optimal for a therapist. Modern Britain is multicultural and multi-ethnic, with over 300 languages being spoken, and many regional dialects exist which are not always readily understood. London is by far the most multicultural, and also the most densely populated by therapists and training institutes. Yet there is a slim to non-existent chance of matching all potential clients with therapists who readily understand all cultural and linguistic nuances. Bilingual psychotherapy has been hailed but has its upsides and downsides, bringing both enrichment and complications (Diakonova-Curtis, 2016). The ideology of a harmonious multiculturalism in a small overcrowded island is a fantasy, I believe, based on culpable naivety. As Moffett (2019) shows, different animal species fail to observe territorial boundaries at their peril, and human beings are probably not so dissimilarly troubled across different ethnicities.

I believe it is untrue and unfair to caricature England, and the wider UK, as excessively inward-looking, insular, and systemically racist. Small waves of refugees and émigrés have been welcomed, including some of the greatest intellectuals like Karl Marx, who lived in North London from 1849 to 1883. Others include Jacob Bronowski, Karl Popper, Eric Hobsbawm, Ludwig Wittgenstein, Arthur Koestler, David Bohm, and Ernest Gellner. The UK is of course an island nation and has historically punched well above its weight. One of the reasons it has

attracted migrants from all over the world is its once vibrant intellectual culture, as well as its culture of security, liberalism, and welfare, its artistic traditions, and hedonistic offerings. Paradoxically, many incoming and second-generation migrants complain bitterly about the country they once found so attractive.

Britain currently faces an onslaught of recriminations and in the field of psychotherapy a slew of 'leftist-progressive' activism that threatens altogether to change its norms (Charura & Lago, 2021). We are tacitly compared with Americans who enslaved blacks and had separatist Jim Crow laws (Neiman, 2020) and with Germans who allowed Nazism to rule for twelve years, plunging the country into shame and guilt, and silencing its previous magnificence (Watson, 2011). Activists insist that Westerners—so-called white, heteronormative, patriarchal capitalists—have deliberately marginalised and humiliated everyone in the Global South. However, to claim that non-Westerners have been subject to epistemic injustice for a prolonged period, it is necessary to suggest that they might have contributed far more to material progress had transatlantic slavery, colonialism, and Nazism not existed. The topic of genocidal Marxist regimes must never be permitted to dent the idealised leftist narrative. Unfortunately, it proves extremely difficult to demonstrate achievements that have benefited or would benefit humanity were comprehensive epistemic justice or equality permitted to flourish. The large *political shadow* of leftist-progressivism is yet to be fully exposed and investigated.

Murray (2004) uses a historiometric methodology to attempt just this calculation but finds that outstanding achievements over the last three millennia have overwhelmingly come from Europe, America, and (less so) from East Asia. Of great significance, Jews have contributed vastly more than would be expected of an ethnic group that has been perennially persecuted and that today represents just 0.2% of total world population (Lebrecht, 2019). The ideology of equality brooks no such facts, however, glued as it is to a dogma that promotes the underdog as waiting for imminent financial equity and epistemic reparations. In the process, as with Marxism, the successful must be brought low, whether by relentless propaganda or any other means necessary.

Darwin argued that evolution works extremely slowly and competitively, and mainstream Darwinian thought makes the notion of naturally occurring equality very unlikely indeed. Two pillars of evolutionary tradition, kinship and territoriality, are often vilified by progressives as blood and soil Nazism. Freud (1895/2004) rather pessimistically suggested that 'much has been gained if we succeed in turning your hysterical misery into common unhappiness'. Today's largely American-origin therapy activists promote a programme of imperative liberal progress for both individuals and civilisation. This programme is Marxism-inspired, dogmatic, and not open to reciprocal dialogue. We are told there is no truth, only truths, yet only the truths of the 'oppressed' should now be heard and acted upon. Foucault's *parrhesia*—'speaking truth to power'—is an over-used and disingenuous meme. Britain, and Europe, is a very old civilisation compared with the USA, yet America is succumbing to the populous,

vigorous, aggrieved emotional forces of African-Americans and other groups self-styled as oppressed. These have little or no patience with Darwinian gradualism or Freudian pessimism, with objectivity, science, or commonsense (Marks, 2017). Leftist activist therapists do not see the fatal contradictions they create between mainstream psychotherapy and politics.

White Britons are entreated to feel bad about ourselves: we are racists, colonialists, capitalists, and *psychotic* (Andrews, 2023). Barham (2023) cites sources linking the transatlantic slave trade and dehumanisation of black people with the emergence of European psychiatry, all being part of the alleged collective psychosis of whites which remains entrenched to this day. Barham focuses on the transatlantic ship Zong from which in 1781 about 140 African slaves were thrown overboard as defective cargo. This barbaric event and the ensuing transgenerational trauma underpin the colonial exercise of dehumanisation, and explains the appalling psychiatric practices at the Kingston Lunatic Asylum in Jamaica at the end of the 18th century, according to Barham. Yet at the same time, King George III of England famously underwent several episodes of psychotic madness, for which he received treatments that included a straitjacket, burning his skin, putting him in freezing water, and administering emetics, mostly in a private asylum. My point here is that psychiatric treatment must be viewed retrospectively as barbaric, not only towards African slaves but sometimes towards the most privileged white people. Also, no-one today would condone slavery, and certainly not the callous drowning of human beings regarded as dispensable. Yet the six million Jews killed in Nazi Germany, the 800,000 killed in the Rwandan genocide in 1994, the 2,996 New York office workers killed in 9/11, or the 12,000 killed in Gaza very recently suggest that mass murder rationalised by ethnic conflict and religion is ongoing and geographically distributed. Smaller scale but terrible mass shootings and bombings in France (2015), Norway (2011), New Zealand (2020) and elsewhere will also have transgenerational traumatic effects. We can call this evil or madness and argue that it perpetuates psychotic suffering, but this brings us no closer to any real explanation or remedy. Europeans are far from having acted in a uniquely barbaric manner. I have referred to perennial human violence and its many associations as *anthropathology* (Feltham, 2017). I am happy to concede that we have no consensual account of our human past and how culpability should be apportioned (see Graeber & Wengrow, 2022, for a counter thesis), yet there is a clear rush today to consign blame overwhelmingly to the West instead of pausing to reflect on our epistemic impasse.

Today, Britain is expected to welcome many thousands of immigrants from the Indian subcontinent and Africa, and the Philippines to staff our NHS (National Health Service), and we must provide translation services for patients with poor English. Where there is any communication difficulty, whites must endure it. Meanwhile, immigrants are given 'equity' (another term for affirmative action). Immigrants and their descendants complain of being 'othered' but indigenous whites who feel alienated ('strangers in our own land') are expected to remain silent. France has six million Muslim immigrants, many from the former colony of Algeria, while France is 126% larger than the UK, whose Muslim population is around four

million. The UK has millions of Middle Eastern and Pakistani Muslims, Indians, Caribbeans, Africans, Hong Kongers, and others from former colonies, refugees from everywhere, and many Eastern Europeans. Branded as 'vibrancy', this vast influx is experienced as bewildering, unmanageable, and alienating by a silent majority of indigenous Britons. While immigrants are encouraged to complain about racism, to have their 'minority stress' recognised, and their mental health needs specifically catered for, white citizens must endure accusations of colonial aggression and must pay for the sins of their ancestors. Andrew Hartz (2024) writes about the real experiences of clinically neglected white American men who suffer from the consequences of the demeaning of whiteness.

Gilman and Thomas (2018) note the tension between white 'racists' as mentally ill versus evil, and mention the attempt to create a psychiatric category of 'intolerant personality disorder' (p. 247). This is at the same time that many therapists decry psychiatric labelling altogether. These instances of doublethink are expected not to mess with white minds. Presenting whiteness as a scourge or part of an analysis of morally axiomatic terrible white supremacy should not go unchallenged. Yet falling into a tit-for-tat game is unhelpful. The Gilman and Thomas argument is that it is clear who racists are and they must be held accountable, not absolved for being mentally ill. The unintelligent game we can then play is to retort that knee-jerk leftists suffer from 'pathological altruism' and the like, instead of being held accountable for their dogmatic anti-capitalist, antiracist rhetoric propagated through language games. A far more intelligent, rounded, psychologically deep analysis and dialogue is needed that therapists should enter into but do not.

The term 'racism' is poorly defined but often conflated with even the mildest rational objections to mass immigration. It is important to clarify the difference between visceral racism (intense hatred of those of another race or ethnicity) and valid concerns about sheer numbers of immigrants from cultures that may not be readily compatible with the host culture. One can like and welcome individual immigrants but be disturbed by significantly changing demographics that represent an upheaval in cultural values, norms, and resources. Conflation of rational concern with genocidal Nazism is a mischievous tactic employed by Antifa activists. The magnification of alleged racism and linked grievances around the 2020 Floyd case has been dubbed a 'collective psychosis' by ex-*New York Times* journalist Nellie Bowles (2024). Epistemic distortions of this kind are calculated to make whites doubt and muzzle themselves, and this doubt undermines resilience and mental health.

In November 2023, the BBC Radio 5 Live presenter Nihal Arthanayake said that an 'overwhelmingly white' working environment was affecting his mental health. His speech was part of a conference on diversity in the media (Johnson, 2023). Arthanayake is British but his parents had migrated from Sri Lanka. His BBC salary in 2022 was £154,999. He complained that 'It's really affecting me that I walk in and all I see is white people' (para. 2). He further commented that no senior Muslim staff were evident in his workplace (he comes from a Buddhist family). Exactly how his mental health was affected was not specified. Such cases

are always presented as instances of systemic racism and the touted remedy is said to be equity, or shoehorning more non-white people into senior roles. Never discussed are claims from white people that their mental health is affected by being 'the only white person on the bus', or by struggling to understand the broken English of an African-origin nurse or Asian doctor. Even for me to point this out puts me at high risk of being labelled a racist, or guilty of white supremacy or white fragility. The terms shoehorning, non-white, and broken English are probably signs of my alleged racism. Yet this is the typically fraught multicultural milieu in which we in Britain now live. The 'lived experience' of Arthanayake takes precedence over the lived experience of white people, who are still 82% of the UK population (Gov.uk, 2023). 'Mental health' has become a vague but strong tool for the 'oppressed' to accuse the 'oppressor'.

One of the alleged components of racism is the microaggression, a supposedly small but hurtful word, gesture, or piece of body language (or its omission) that reinforces racist attitudes. In order to combat these microaggressions, whites who are allies of non-whites and who wish to work on their racism should undergo unconscious bias training. The psychologist Scott Lilienfeld (2017) has argued that so-called microaggressions are poorly defined, subjectively reported, and incapable of due analysis and rectification. Anyone accused of microaggressions may suffer serious consequences regardless of their protests. However, two unexamined aspects of these alleged microaggressions are (1) that they may also be felt as directed against whites, and (2) that in densely multicultural societies such *micro-misunderstandings* are sure to abound between people from very different cultures. However, since the oppressed minority groups always call the shots here (based on the assertion that racism = prejudice + power), the protests of the alleged micro-aggressing oppressors are dismissed.

However, all things must pass. England blended into the 'United Kingdom' in 1927 but calls for independence for Scotland intermittently grow today. The USA grew much larger and more powerful than its former coloniser from 1776 but it too is now losing its position in the world. European nations split from empires and then coalesced into the European Union which some have likened to the USSR, even calling it a 'prison of nations'. The USSR lasted for seventy years. Africa's troubles, for which the West is commonly blamed, have persisted before and after colonialism. Geopolitical flux over the long term is the rule. However, in the domain of the individual too, within the world's eight billion, each person struggles and dies, as Buddhist wisdom testifies. Personal suffering varies according to genetics, resilience or otherwise, happenstance, politics, and economics. However, today's leftist therapists have turned their backs on the former categories, pluralistic therapy claims aside (McLeod, 2022). Today, the personal is apparently *only* political; and what's more, the politics can only be authentic if leftist in orientation.

Persons and nations often long for a lost golden age of childhood or ethnic purity and economic prosperity. Some of this is clearly based on illusion, and the past is barely

retrievable. Older people often crave an impossible return to familiar scenes and the younger generation without adequate history or numeracy sees only idealistic futures. Many young people want a borderless multicultural Britain, and many immigrants demand increasing rights. A one-world government of equally distributed ethnicities and religious adherents is surely envisaged. However, young and black conservatives exist, and in the latter category have quite vociferously argued their corner (Hughes, 2024). Though frequently denied, there are non-whites who love the UK as it is, women who object to feminism, and gays who do not want gay marriage. Indeed, when evidence is gathered that the UK is not racist (Sewell, 2021), antiracists loudly voice their epistemic supremacy based on the morally superior category of lived experience. Craig Frisby, a black psychologist and academic, is vociferously opposed to leftist bias in psychology in the USA (Frisby et al., 2023). Konstantin Kisin (2023) writes enthusiastically about the UK and the West, following his emigration from Soviet Russia.

Migration is a core feature of homo sapiens (Cohen, 2019). Conflict has often driven migration but with it comes further conflict, especially in modern, densely multicultural societies. Migration is inevitable but also problematic. Civilisations are built over centuries and progress made, but longstanding religious, political, and ethnic resentments fester, and for good or ill even the best civilisations are eventually toppled, either from within or outside. Change is inevitable and necessary, but some changes go too far, too rapidly, and become destructive. One would think that psychotherapists, many of whom are now busying themselves on social justice causes, might have the education, insight, and foresight to see this in panoramic and historical terms. Unfortunately, too many are under the spell of an underdog hysteria and have lost sight of the stubborn, enduring reality of common unhappiness and the modest contribution that therapy can make. For a profession that rests on principles of free association (Kris, 2019) and radical honesty (Blanton, 1996), we are remarkably unwilling to engage in open dialogue about these matters and much keener on mocking, cancelling, or silencing those with whom we disagree. Freud had in the 1890s explicitly cautioned patients against suppression of disagreeable internal observations. Some transactional analysts emphasise the importance of spontaneity and 'functional fluency'. Leftist therapists nominally espouse therapeutic openness but severely limit political openness. Epistemic negotiation is necessary before any foundations of epistemic justice are agreed. The lived experience of aggrieved white, long-term indigenous Britons should be considered as well as the lived experience of immigrants claiming systemic racism. Family therapy or large group principles if applied to interethnic strife might suggest a fruitful path forward, but I am somewhat doubtful.

Let's not forget that we are living through a 'moment'. Nations and empires pass, and religions and ideologies pass. The 'culture wars' will pass too. The talking therapies may seem as if they have always been with us but this is certainly not so. We may assume psychotherapy is here to stay but this is unlikely. Therapy models come and go, therapeutic fads fade. The highly politicised therapy of today cannot last. Personal modifications by genetic engineering,

surgery, and AI, may increase. The state of universal equality in a hoped-for utopian society would presumably obviate the need for much psychotherapy. Otherwise, dystopian outcomes might include a drastic fall in reproduction, genocides, or mass suicides, which would also reduce suffering in the long run. Let's remember too that the majority of the world's population live without any psychotherapy, and millions have no real interest in politics.

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