

Trump's Win Sends Therapists Into Crisis

by Brooke Laufer

The mental health field is in a collective complex—or state of fixation—focused on sociopolitical despair. This complex relies on the premise that the political structure represented best by Trump is persecuting mental health professionals, but these providers also see themselves as rescuers for the oppressed. This spell has taken such a hold on professionals that their glazed focus on the mirage of a national catastrophe blinds them to any real-life issues that affect people's lives. Therapy providers have lost sight of neutrality in their victim/savior identification at great detriment to the healing profession.

The Diagnosis

A therapist friend I hadn't heard from in a while texted me a couple of days after the 2024 presidential election: "Wellness check: How are you holding up?" It took me a moment to understand what she meant. Her question reflected a common assumption: I must be feeling the collective devastation, grief, and outrage following the election results.

Why wouldn't she think that? Across psychotherapy listservs, forums, and social media, professionals have been expressing despair, disbelief, outrage, and even apocalyptic fears, amounting to what feels like a collective meltdown.

My friend had missed the reality: while individuals have personal challenges happening beyond political outcomes, what wasn't happening was the "end of democracy." Then it struck me: our field is gripped by a collective complex triggered by Trump's win—a fixation so overwhelming it risks overshadowing the real, immediate concerns of our clients' lives.

What the post-election reaction exposes is that political bias among psychiatrists, therapists, counselors, and social workers is reaching a critical point. Many in the general public remain unaware of these tensions, but they could have a profound effect on the therapeutic process, potentially skewing the focus away from clients' individual needs and toward a broader, politically charged narrative.

Therapists and Trump

The interaction between psychology and politics, especially in the context of Donald Trump, has been a complex and often contentious issue. Trump has been a rogue presidential candidate, at times harmful, at times just provocative, but rarely stable. Many in the psychological community, including the “Duty to Warn” group of 2017, saw Trump’s behavior as an example of narcissism and authoritarian tendencies. In the days before the 2024 election the Anti-Psychopath PAC bought an ad styled as an open letter in the *New York Times*, signed by more than 200 mental health professionals, warning that Trump is dangerous because of “his symptoms of severe, untreatable personality disorder—malignant narcissism,” which makes him “an existential threat to democracy.”

The intense focus on Trump’s personality—specifically his narcissism—led to what some have termed “Trump Derangement Syndrome” (TDS), an obsessive fixation on his every action and utterance, turning him into a central figure around which much of the nation’s political anxiety revolves. Media and social networks’ increasing parallels to Hitler and Nazism fed fear, and the therapists were there to console them. The mutual reinforcement between media portrayals of Trump as “fascist” and therapists’ reactions to politics as “trauma” ultimately formed a feedback loop, making Trump a larger-than-life character that both fed on and fueled national anxiety.

Many of Trump’s behaviors, to be clear, are egregious, yet the response of the therapy field to the election results as an imminent holocaust appears as a narcissistic savior position, and this response is not helpful to the therapy audience. This savior complex mirrors narcissistic defenses, where one’s own sense of moral superiority is bolstered by framing political conflicts in extreme, almost apocalyptic terms.

The Election

Post election, therapy client volume spiked. I had three calls from clients requesting emergency sessions. One of the clients, a successful artist, cried about the state of the world. He was intoxicated, and had been on a bender since election night, but now his addiction was no longer the focus; he insisted we focus on the way Trump would “round up the artists like they did in Berlin.” Another client, an advertising agent, was distraught over “pregnant women dying,” and is now “feeling unsafe in the gym” because men had been given permission to “be bros.” She was also reconsidering having children and thinking about leaving the country.

Many therapists reported similar “emergency sessions”—distraught clients seeking reassurance because of unmitigated climate change, or transgender care bans. As one psychiatrist wrote: “It seems to me very likely that psychiatrists will be seeing patients who experience the outcome of the 2024 presidential election as a painful and traumatic loss.”

Traumatic, I wondered? For Whom?

A *Rolling Stone* article suggested it was ‘Political Grief’:

“The feeling that your worldview or political beliefs—what we think is right vs. wrong, or morally valid—is under attack. Political grief may also involve the fracturing of relationships as a result of ideological disagreements, or grappling with your identity if your values are at odds with the rest of your community. You may also be mourning your future safety.”

These ideas largely come from Darcy Harris, Ph.D., a professor at King’s University College in Ontario who specializes in non-death loss and grief. According to Dr. Harris, there’s also “a sense of paralysis” within the political grief: “The loss of an election is equated with loss of identity, loss of agency, and loss of voice; Its impact can be personal and painful.”

Painful for the politician who lost, sure, but should it be for the voter?

As I have my foot in several different therapy worlds—analytical, transpersonal, forensic, and perinatal—I was privy to events, forums, and listservs from different corners of the field. At the Illinois Psychological Association conference during election week, the facilitators designated one conference room for “grieving or quiet.” As I walked by the regularly occupied dimly lit room I couldn’t help but wonder: *is this an exercise in pre-grieving?* Not only did we not know if any of the doomsday prophecies would come true, but

they weren’t happening now, in these days and weeks after the election.

Support groups started popping up November 5th for “post-election anxiety and trauma,” among them the LGBTQ post-election support group, “Post Election Trauma Therapy” and

“2024 Post-Election Grief Therapy,” which read:

Join a safe, supportive space to process the election results with a focus on addressing feelings of fear, despair, and uncertainty, especially for women, immigrants, and people of color. Many of us are experiencing extreme anxiety right now. A Trump victory is cause for alarm and of course anxiety. If you are anxious and a bit nervous, you can use this group for support, tips, and some comfort in knowing you’re not alone.

One group’s advertisement highlighted this line: “Many sleepless nights ahead!”

I told my interns that the only people we know who are certain to experience stress are those who need to find new jobs because they’ve been working in the Biden administration. The rest is hypothetical. I also tried sharing this point of view with therapists on the various listservs, but mostly people wanted to be sad and outraged. They wanted to talk about the internment camps that will hold immigrants, or transgender youth who will become suicidal without access to medical care. Even *The Handmaid’s Tale* reference was reenergized, with scary visions of women returning to the dark ages. It was clear that this election was not only affecting our distraught clients, but that the therapists were also melting down.

One experience recounted by a psychologist published in a leading medical science news outlet three days after the election read: “I am standing in front of my bathroom mirror trying to control my breathing. It is the morning after the election, and I learned the results when I woke about one hour ago ... I look down at my watch. It is 8:06, and I have exactly nine minutes to cry intensely, and then compose myself for my first therapy session of the day.”

Psychologists on the state psychological association forum were moved to condemn and shame alternate viewpoints: “Frankly, I am not sure how anyone who professes to work in mental health can possibly see it differently.” And, “Most of us are not celebrating. If you are a person of any diverse background—that is not white or male or heterosexual—I can guarantee you are not celebrating.” Yet I knew people, like my Korean American lesbian friend, who were celebrating.

Psychologists continued a conversation the field has been circling for the last ten years: Should politics and social justice be in the therapy room? A resounding “yes” was the answer, because “psychology is political.” I pushed back and suggested that neutrality may be called for at this time, as many of our patients don’t share our political beliefs. Several psychologists immediately responded by pointing to the years in Germany leading up to the Holocaust and the role of therapists at that time who could have done more to voice concerns and dissuade their potentially

Nazi clients. This swift turn from apolitical therapy to enabling a holocaust was astonishing.

We know that a majority of mental health professionals in the United States identify as Democrats or lean liberal. For example, a 2019 study surveying therapists found that 62 percent identified as Democrats, 7 percent as Republicans, and the rest as independents or other affiliations. What’s more, political identities are frequently advertised by therapists. Websites that include pronouns, race, gender/gender identity, religion, and sexual orientation, along with buzzwords like “decolonial,” make it clear which side of the political spectrum one is on. So, where do Republican clients turn? And where do disaffected Democrats turn? The overt response of the therapeutic community alienates many individuals, who, of course, may actually need therapy.

The Huffington Post, CBS, CNN, NBC, *TIME*, and *Teen Vogue*, among other outlets, published post-election anxiety tips, all from the perspective of loss, fear, and confusion after the election. In some fashion, each article identifies a series of symptoms that voters may feel—hopeless, angry, bereft, and helpless.

These pieces perpetuate a narrative that there is no overlap between Trump and Harris supporters, but that we are deeply divided in our opposing camps. For those of us who are having political conversations with our friends and family we know very well there are overlapping issues, such as a Republi-

can voter who believes in reproductive rights for women, or a Democratic voter who believes gender medical interventions should be only for adults. In almost every piece I've read post-election, the overlap is rarely highlighted. Five days after the election a major network invited a Yale psychiatrist to discuss post-election mental health and the upcoming holidays, where she suggested LGBTQ individuals who had Trump voting family members not return home for Thanksgiving.

Yet, it is this *sacred common ground* where connection, tolerance, and hope is fostered, where we find the kernels of a less bifurcated society.

The Persecuted Savors

Trump has become a blank slate onto which therapists and society project various fears, be they of narcissism, instability, or authoritarianism. And by “diagnosing” or pathologizing him, therapists position themselves as the antithesis—protectors of stability, empathy, and social morality. This intense reaction from parts of the therapy field is perhaps a persecuted savior complex—a psychological pattern where a person or group feels both victimized and uniquely responsible for saving or protecting others from perceived dangers. This complex combines a sense of being persecuted by an oppressive force (such as Trump, Republicans, the police, white people, etc.) along with a self-image of being a necessary rescuer or savior, with a duty to protect others from similar harm.

The persecuted savior complex is often driven by a mix of genuine empathy, self-identification with suffering, and a strong desire for purpose. It is most likely found in newer, white, female therapists who have internalized a societal narrative around privilege and systemic inequity, who feel a heightened responsibility to “do good” or actively work to redress historical wrongs, and who have been taught in their graduate programs that the best way to assuage white guilt is to be a virtuous ally.

Other types of therapists who exhibit the persecuted savior complex include those who see themselves as struggling against powerful, oppressive forces. They feel unfairly targeted, marginalized, or misunderstood, and they have a desire to defend others from perceived threats or oppression. This mentality can hinder empathy by causing therapists to unintentionally project their own victim identity onto the client, and miss resilience, agency, or differing perspectives. The savior approach implies instead that clients are vulnerable or oppressed in ways they may not see in themselves. This can detract from the client's capacity for growth and adaptability, which are at the core of therapy.

While we had seen clients firing their therapists because they wouldn't fully align with the outrage toward the election or because they won't reveal who they voted for, there was also news of therapists conspiring to breach their professional oaths and ethical standards by not just bad-mouthing, but reproaching Trump-supporting clients.

None of this should be surprising, as we have seen the rise of therapists acting as social justice advocates in the last decade. There has been a shift toward viewing sociopolitical concerns as central to clinical work. Rather than maintain a stance of neutrality, therapists identify oppressive systems they feel a client may be experiencing. They also disclose their own political beliefs. Indeed, numerous mental health professional organizations have adopted these ideologies in their scholarship, mission statements, and educational curricula. There are various cultural/racial/ethnic identity development models that encourage therapists to engage in anti-racist and social justice efforts within and beyond the therapeutic setting. These include frameworks such as liberation psychology, anti-oppressive therapy, and disability justice.

I see this shift happening in real time with my interns who have Free Palestine stickers on their laptops, or a progress pride flag up in their office. In group consultation they inform me that family system maps are a “colonizer’s tool,” or that “any organization that a white woman creates is a Karen company.” Interns create groups for neurodivergent queer women, but refuse to see male clients because they are “triggering.” One intern practiced regular self-disclosure, sharing personal details with clients because her professors had told her that “self-disclosure is necessary to eliminate the power imbalance in the therapy room.” Unsurprisingly, the therapy faltered and the client

began to skip sessions. The therapist was confused as she had been “doing what she was taught,” but then later revealed to me that all along the excessive self-disclosure had felt uncomfortable to her. She had felt like this strategy of revealing personal information was off, but the sociopolitical agenda overrode this sound clinical instinct.

Bad for Clients

The shift from a neutral stance in therapy to a more prescriptive one—where therapists impart their sociopolitical views or anticipate trauma from political changes—risks prioritizing the therapist’s worldview over the client’s individual experiences. A therapist is more likely to subtly imply that clients either need to be enlightened to certain social or political concerns, or saved from their oppression. If the therapist sees themselves as a protector against a hostile world, the client may come too as well. Rather than empowering clients to work through personal challenges, this approach risks fostering a dependency on the therapist or encouraging clients to adopt fears or grievances that may not have been central to their lives. Effective therapy, by contrast, empowers clients to trust themselves and develop independent skills.

Moreover, and possibly most importantly, therapists are amplifying collective fears—sometimes at the expense of addressing immediate, personal issues. While there’s value in helping clients understand how larger societal structures might impact their lives, if the

focus on social or political issues overshadows personal relationship dynamics, addiction, or trauma, clients may miss out on vital self-work that's unrelated to these broader concerns.

Neutrality, Tolerance, and Resilience

Clinical training and practice in psychotherapy has historically prioritized resilience and tolerance as foundational elements for effective therapeutic outcomes. Resilience refers to the ability of clients to adapt to challenges and recover from adversity, while tolerance emphasizes emotional and cognitive flexibility in the face of diverse experiences and viewpoints.

Dr. Andrew Hartz, a practicing clinical psychologist and the founder of the Open Therapy Institute (OTI), an organization aimed at promoting openness, neutrality, and inclusivity in psychotherapy, has suggested therapists must practice careful neutrality as clients are susceptible to any influence.

Most patients are sensitive to their therapists' judgments, and many can tell when their views are being judged even if the therapist never says anything explicitly. Nonetheless, many continue with their therapist despite these judgments. Often they're vulnerable and develop some dependency on their therapists, so leaving isn't always as easy as it might seem. Others internalize the stigma about their beliefs. Some quietly hope their therapist will ignore their political views or religious beliefs. Others simply lie.

Therapy ideally allows clients to explore a wide range of thoughts, feelings, and possibilities without judg-

ment. When a therapist is motivated by a persecuted savior complex, they may implicitly suggest that certain perspectives or beliefs are correct and others are harmful or misguided. This can lead to a limited, one-sided perspective that doesn't give clients space to form their own views or explore issues from multiple angles. In the days after the election therapists in my practice reported beginning sessions with "Ugh, how have you been?" Or, "Tough week huh?" Or, "Hard to believe we're here..." We discussed how these leads, although heartfelt, do not allow a client to bring their genuine selves to the room. A client who wasn't thinking about the election may now feel guilty, selfish, or dismissed. They may feel as if their ambivalence about a candidate isn't allowed. Parts of a client are siphoned off when a therapist even subtly imposes their own stance. Humanistic Psychology founder Carl Rogers espoused that it is a therapist's neutrality, coupled with empathy and authenticity, that allows clients to experience themselves without fear of judgment or rejection.

Historically neutrality was widely regarded as an ethical and practical cornerstone of therapy, enabling clients to take ownership of their healing journey without undue influence from the therapist's personal beliefs or biases; currently when it is mentioned in training or therapy groups it is dismissed as sterile, medical, and antithetical to human relationships. Yet, without neutrality, therapists have the potential to corrupt and sabotage the unknown and

vast territories of a patient's therapeutic process. As Stanford Psychologist Irvin Yalom wrote, "Therapists must avoid imposing their own agendas and instead join their clients in exploring the universals of the human condition."

The politicized lens that currently dominates psychotherapy needs to be reframed. In training, therapists should be encouraged to focus on practical, personal concerns rather than hypothetical societal threats, helping clients find greater resilience, common ground, agency and a path forward.

Keep Political Opinion Out of the Rooms

What we have seen in the weeks after the election reveals a collective psychological stance where some therapists feel validated by positioning themselves as compassionate advocates against oppression. The field's own sense of threat or persecution—interpreted through a framework of "collective grief"—can feel compelling and important, even when clients may not share the same level of concern. Ultimately, this can be detrimental to any vulnerable client seeking therapy.

My concern is not so much keeping politics out of therapy forums, but out of the therapy room. I fear with strong, overt sentiments there is likely collusion, over-identification, projection and an overall undermining of tolerance and resilience playing out in therapy. We have strayed too far from neutrality, and we need to identify ways to help the

field maintain dignity and reverence to the dynamic, cognitive, behavioral, and ethical practices of psychology.

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