

ANTISEMITISM IN MEDICAL AND MENTAL HEALTH SYSTEMS: IMPACT ON PATIENT TRUST AND PRACTITIONER VETTING

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LAB ASSISTANTS

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INTRODUCTION

- Starting a conversation about the ethics of activism in healthcare
- How our research started—bashert!
- Two starting questions:
 - What is activism? Must be defined in a way that leaves some things out.
 - What kind of harm is occurring from the way its engaged in the healthcare context?

IDEOLOGY: 3 POINTS

1. Enlightenment views are masks for power
 - a. rejection of objectivism and universalism
 - b. Oppressor/oppressed
 - ** Seek to change culture
 2. To understand the world, we must see it through the lens of identity
 - a. The only prism is the identity prism
 - b. Standpoint Epistemology
 - c. No universal solutions to injustice
 - ** Undermines connection
 3. Intersectionalism
 - a. Solidarity
 - b. Exclusion** Retribution and Panopticon
- Effect

¹ McKay, D., White, E.K., Abramovitch, A., Abramowitz, J.S., & Behar, E. (2024). Social justice and ABCT: The specter of unintended consequences. *the Behavior Therapist*, 47, 382-387.

IN THE ABSENCE OF OPEN DISCOURSE...

- The shift to open political activism in medical and mental health led to anecdotal reports of people self-censoring
- The current social justice framework dominating medical and mental health, in embracing activism, also leads to retributive impulses¹.
- This shift in activism and retributive impulse can lead to discrimination and antisemitism²

¹ Discussed in McKay, White, Abramovitch, Abramowitz, & Behar (2024), *the Behavior Therapist*, 47, 382-397.

² In White, McKay, Spence, & Feldman (in preparation)

ILLUSTRATIVE EXAMPLES - MEDICAL

Professional Spaces	Professional Listservs/student body emails	Professional Organizations	Protests
<p>During surgery, a colleague of a Jewish physician said, "Jews are liars, greedy, stingy, and control everything, including all businesses, which is why there's no freedom of speech against them"³</p>	<p>A medical student denies that women were raped on 10/7, while another said the rapes were justified.⁵</p>	<p>Members of the American Psychological Association (APA) filed a formal complaint over the official statement of Division 39, Section IX, relating to Israel's war against Hamas: clearly antisemitic.¹¹</p>	<p>San Francisco Doctors Protest Outside Hospital Calling for Global Intifada¹²</p>
<p>Nurses in Australia said on a video chat while at work that they would kill Israeli patients and insinuate they already had.¹³</p>	<p>A pediatrician posted that she is Jewish and feeling traumatized and received the response, "Nobody cares. Your trauma is irrelevant."¹⁴</p>	<p>Ostracized after 10/7, a doctor formed the American Jewish Medical Association.¹⁵</p>	<p>Canada Healthcare Union flies it's flag alongside calls for intifada and the destruction of Jews.³</p>
<p>Jewish patients fear- as one Holocaust survivor said to her doctor, "Thank God you're Jewish. I feel safer"³</p>	<p>A Medical student wrote that the consensus Jewish ideology is morally corrupt.⁵</p>		<p>Medical students protested in front of their hospital with a banner that praised the Al-Aqsa Flood, Hamas' name for the October 7th massacre.¹⁶</p>
<p>George Washington University held a panel discussion, "Understanding the Conflict in Israel and Palestine," where 10/7 was justified, hostages were not mentioned, and Jewish student questions on Zoom were ignored and met with nasty comments on the chat from fellow students.^{15, 16}</p>	<p>A psychologist asks colleagues to add names of Zionist therapists to a Google doc for the purposes of exclusion.⁴</p>		<p>Healthcare workers, along with Within Our Lifetime Protest outside Memorial Sloan Kettering Cancer Center in Manhattan in a demonstration that included shouts of "Shame!" as cancer patients looked on from inside the building.¹⁵</p>

ILLUSTRATIVE EXAMPLES – MENTAL HEALTH

- A presenter at a professional conference included slides depicting Zionism as equivalent to fascism; and characterized the ‘colonized mind’ that listed Zionism as fostering genocidal tendencies, misogynoir, rape culture, ‘pollution as birthright’, and as equivalent to fascism.
- A division of APA endorsed a statement characterizing the Oct 7 attack as ‘an armed rebellion’
- Unrestrained anti-Israel sentiment on numerous APA listservs that included exhortation of Hamas
- A graduate student organized protest that included signs with the slogan “From the River to the Sea” held outside the Friday evening cocktail party of a conference
- Anti-Zionist social media posts from the then sitting President of APA shortly after Oct 7

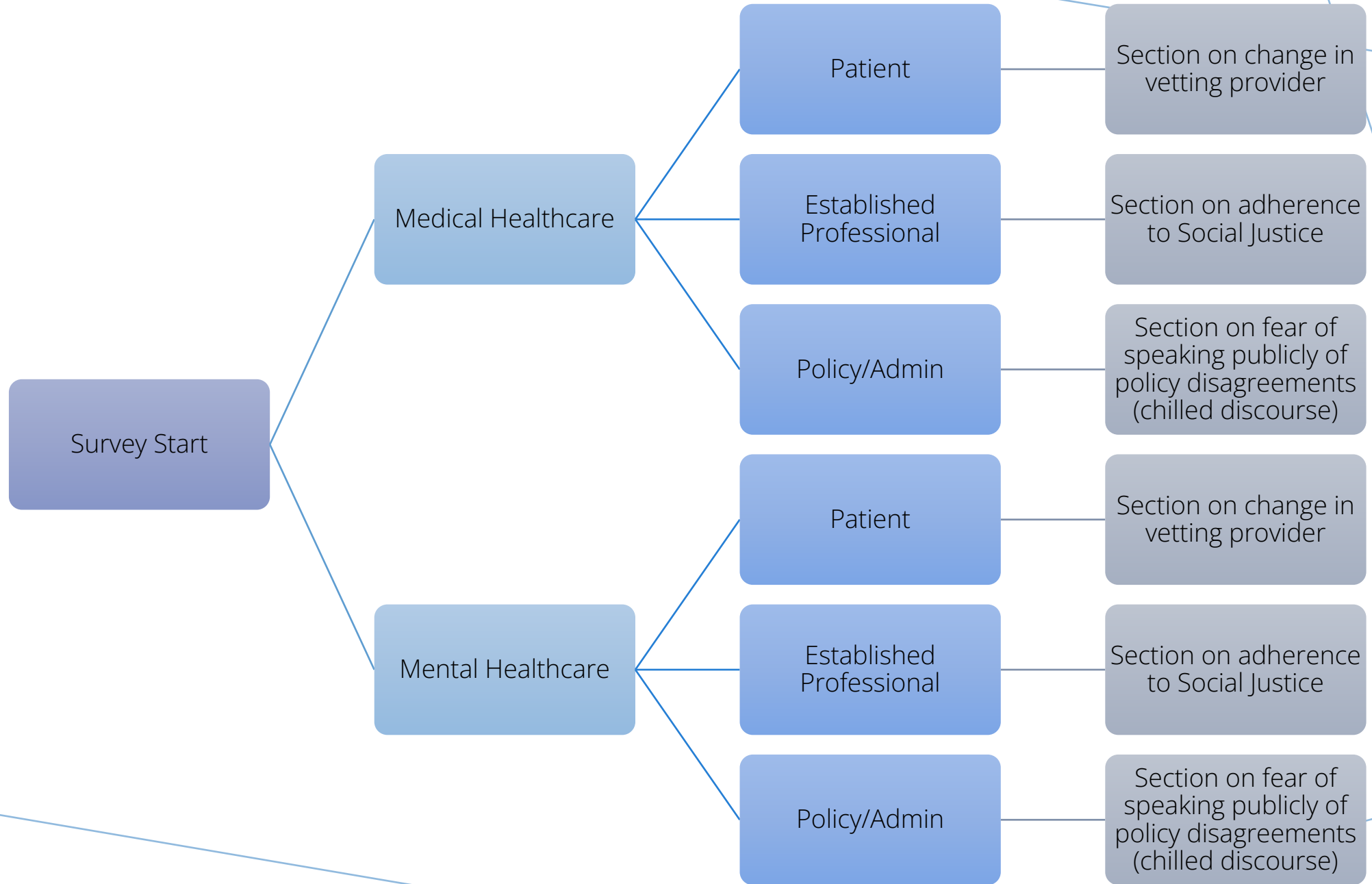
For a detailed exposition on antisemitism just within the APA, see the 1 hour webinar by Dr. Julie Ancis, Feb 7, 2025

• Prior to Oct 7, posts on state level psychology listservs referring to Israel as an apartheid state and endorsements of BDS
(<https://psu.mediaspace.kaltura.com/media/The+Surge+of+Antisemitism+in+Psychological+Organizations%3A+An+Analysis>)

STUDY AIMS

- Aim 1: Evaluate the impact of the politicization of *mental and medical health care* training.
 - Examine impact on patients
 - Examine ideological framework from policy makers
- Aim 2: Evaluate the impact of the internalized antisemitism of on *mental and medical health care* training.
 - Examine impact on patients
 - Examine ideological framework from policymakers

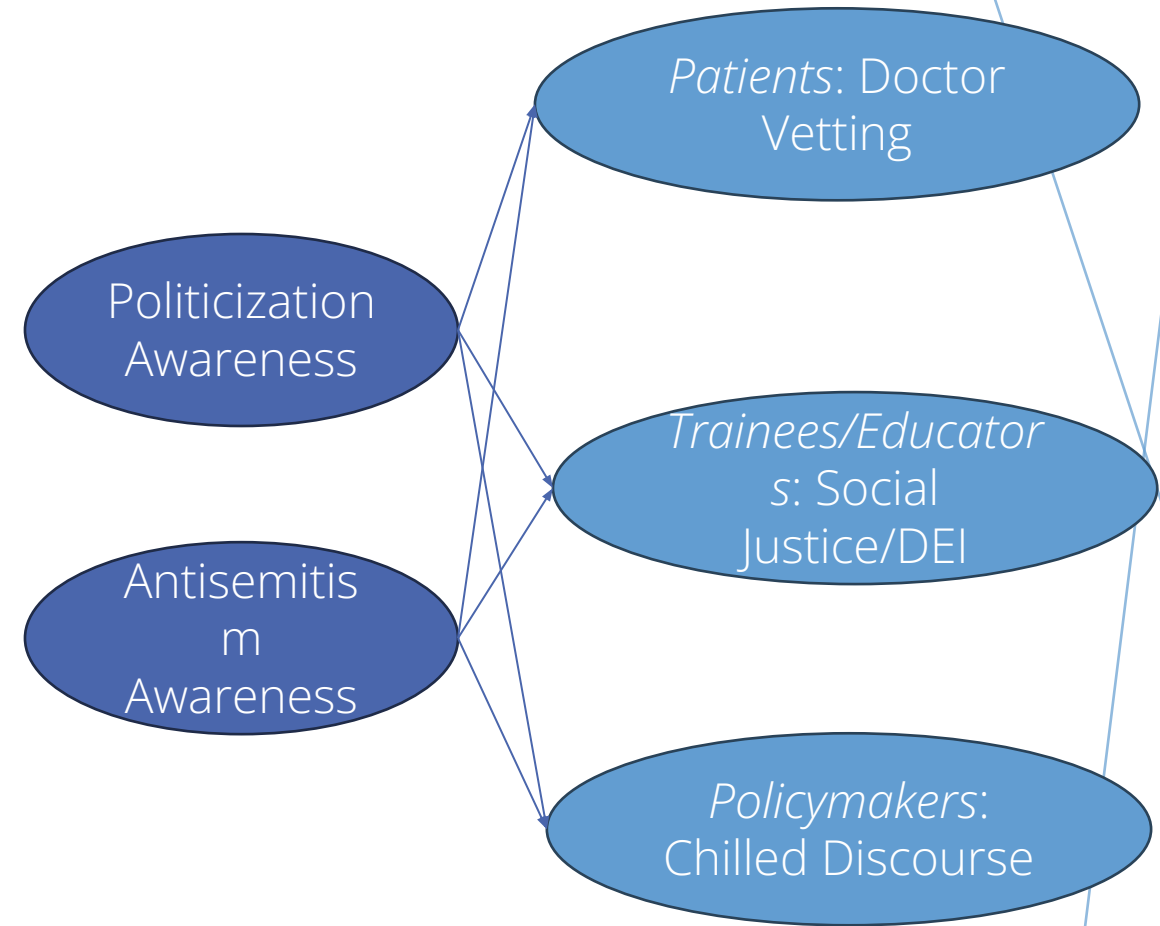
Politicization of Medical and
Mental
Healthcare Survey Flowchart



HYPOTHESIS 1: POLITICIZATION AWARENESS

- As awareness of politicization increases, there will be a corresponding increase in awareness of antisemitism in mental and medical healthcare systems, and increased mistrust of mental and medical healthcare systems.

- Patients: The above variables will predict rate of additional vetting of providers for political viewpoints
- Trainees/Educators: The above variables will predict endorsement of social justice/DEI
- Policymakers: The above variables will



SURVEY CORE CONSTRUCTS

- Demographic Scale
 - Additional question – “Do you wear clearly visible religious objects or symbols?”
- Medical Mistrust Scale (Thompson et al., 2004)
- Personal experiences of discrimination (qualitative; data to be analyzed)
- Awareness of politicization in mental and medical healthcare training
- Generalized Antisemitism Scale (Allington, Hirsh, & Katz, 2022)
- Retribution as Revenge and Just Desserts Scale (Gerber & Jackson, 2013)
- Social & Economic Conservatism Scale (SECS; Everett, 2013)(added item regarding Zionism)
- Psychopathic Personality Inventory – 10-item validity check only
- Medical and Mental Health Politicization Questions (investigator designed)

DATA COLLECTION METHOD

- “Snowball” sampling
 - Oversampled for Jewish participants
- Posted to several social media networks and listservs for medical and mental health professionals; respondents later asked to share survey with at least three personal contacts
- Every 100 respondents entered in survey for \$25 Amazon gift card

SAMPLE DEMOGRAPHICS

Total Sample	827
Medical professionals	423
Mental Health professionals	392
In academic setting (either professional group)	248
Current or Past Policy Maker – Medical professional	225
Current or Past Policy Maker – Mental Health professional	219

SAMPLE DEMOGRAPHICS

Age	Mean=37.9 (range 18 to 79) SD=13.7 Positive skew 285 female, 119 male
Age – medical professional	Mean=40.2 (range 31 to 67) SD=13.4 Positive skew 134 female, 289 male
Age – mental health professional	Mean=41.8 (range 29 to 66) SD=13.5 Positive skew 281 female, 111 male

Note: Gender was open ended; one respondent reported non-binary

DEMOGRAPHICS (CONT)

Religious Affiliation	General Sample	Medical Professionals	Mental Health Professionals
Christian/Catholic	141	140	122
Jewish	121	148	94
Muslim	36	25	43
Buddhist	60	8	62
Sikh	4	3	0
Hindu	2	4	8
Atheist	34	38	51
Other/did not report	6	57	12
Total	404	423	392

DEMOGRAPHICS (CONT)

Ethnicity	General Sample	Medical Professionals	Mental Health Professionals
Asian	30	13	8
Black/African, Caribbean American	17	7	6
Middle Eastern/North African	92	41	38
Native Hawaiian/Pacific Islander	13	5	4
Hispanic/Latino/Latina or Spanish Origin	38	16	12
White	431	232	198
Other	206	109	126
Total	827	423	392

Note: overlap in medical and mental health professionals (i.e., psychiatrists, psychiatric nurses)

ZOOM IN...WITHIN JEWISH SAMPLE DEMOGRAPHICS

Ethnicity	Proportion
Asian	3.3
Black/African, Caribbean American	15.8
Middle Eastern/North African	46.7
White	28.1
Hispanic/Latino/Latina or Spanish Origin	6.1

ABOUT THE MEASURES

- Medical Mistrust Scale (Thompson et al., 2004)(study $\alpha=0.91$)
- Awareness of politicization in mental and medical healthcare training ($\alpha=0.83$ medical; $\alpha=0.77$ mental health)
- Generalized Antisemitism Scale (Allington, Hirsh, & Katz, 2022) ($\alpha=0.71$)
- Retribution as Revenge and Just Desserts Scale (Gerber & Jackson, 2013) ($\alpha=0.87$)
- Social & Economic Conservatism Scale (SECS; Everett, 2013)(added item regarding Zionism) ($\alpha=0.78$ in original; $\alpha=0.82$ with added study item)

WITHIN PROFESSIONS POLITICAL ISSUES

MEDICAL PROFESSIONALS

- 10% overall, and 11% of Jewish respondents, reported that they considered leaving the profession because of political issues in the field (not significant difference)
- 18% overall, and 15% of Jewish respondents, reported fear of reprisal for openly expressing political views to colleagues (not significant differences)

MENTAL HEALTH PROFESSIONALS

- 78% overall, and 85% of Jewish respondents, reported that they considered leaving the profession because of political issues in the field (not significant difference)
- 34% overall, and 42% of Jewish respondents, reported fear of reprisal for openly expressing political views to colleagues (significant difference, $p < .05$)

WITHIN PROFESSIONS POLITICAL ISSUES – POLICY MAKERS

MEDICAL POLICY MAKERS

- 27% overall, and 34% of Jewish respondents, reported that they considered leaving the profession because of political issues in the field (not significant difference)
- 29% overall, and 33% of Jewish respondents, reported fear of reprisal for openly expressing political views to colleagues (not significant difference)
- 37% overall, and 46% of Jewish respondents, reported disagreeing with some social justice policies but

MENTAL HEALTH POLICY MAKERS

- 100% overall reported that they considered leaving the profession because of political issues in the field!
- 45% overall, and 57% of Jewish respondents, reported fear of reprisal for openly expressing political views to colleagues (significant difference, $p < .05$)
- 68% overall, and 73% of Jewish respondents, reported disagreeing with some social justice policies but remained silent for fear of reprisal (not significant difference)

POLITICAL ISSUES, VETTING OF PROFESSIONALS AND RELIGION

Political Question	Medical Healthcare	Mental Healthcare
Have you left a healthcare practitioner because they expressed political views to you that made you feel uncomfortable?	$\chi^2=6.4$, $p<.01$ (Jewish respondents 3.7 times more likely)	$\chi^2=3.5$, ns
Has a healthcare practitioner asked you to leave a practice because you expressed political views?	$\chi^2=14.6$, $p<.001$ (Jewish respondents 5.2 times more likely)	$\chi^2=3.7$, ns
Has a healthcare practitioner asked you to leave a practice because you spoke up about their expression of political views?	$\chi^2=9.23$, $p<.01$ (Jewish respondents 4.5 times more likely)	$\chi^2=1.9$, ns
Have you left a healthcare practitioner because you heard about their political views (e.g., someone shared a social media post, or shared their experiences)?	$\chi^2=3.0$, ns	$\chi^2=20.1$, $p<.001$ (Jewish respondents 4.1 times more likely)
When looking for a new healthcare practitioner, do you search social media and/or check other resources to determine their political views on some topics?	$\chi^2=5.1$, $p=.02$ (Jewish respondents 2.9 times more likely)	$\chi^2=17.4$, $p<.001$ (Jewish respondents 3.8 times more likely)
Would you lose trust in healthcare practitioners if you heard that political views, including activism, was being taught in medical/professional schools?	$\chi^2=0.2$, ns	$\chi^2=6.9$, ns
Would you lose trust in healthcare practitioners if you heard that political views were being expressed by physicians/practitioners in general through activism or the creation of activism organizations?	$\chi^2=1.1$, ns	$\chi^2=22.6$, $p<.001$ (Jewish respondents 5.8 times more likely)
Would you lose trust in healthcare practitioners if you heard that professional organizations are releasing statements about political issues?	$\chi^2=0.8$, ns	$\chi^2=19.3$, $p<.001$ (Jewish respondents 4.8 times more likely)

ASSESSMENT OF ANTISEMITISM

- Scale has not yet been extensively used
- Items are fairly blunt
- Scale range is from 12 to 80 (items range from 1 to 5; 6 items are reverse scored)
- Obtained mean in present study: 44.9 (SD=6.5); significant positive skew and significant kurtosis (leptokurtic)
- "Internalized" antisemitism evident, with similar scores for Jewish respondents (mean=45.0, sd=56) as non-Jewish respondents (mean=46.4, sd=7.8)

THE ITEMS ON ANTISEMITISM SCALE

TABLE 1. GeAs Scale Items

Item	Reverse?	Text
JpAs 1	Y	Jewish people can be trusted just as much as other [nationality] people in business
JpAs 2	Y	Jewish people are just as loyal to [nation] as other [nationality] people
JpAs 3	Y	I am just as open to having Jewish friends as I am to having friends from other sections of [nationality] society
JpAs 4	N	Compared to other groups, Jewish people have too much power in the media
JpAs 5	N	Jewish people talk about the Holocaust just to further their political agenda
JpAs 6	N	Jewish people chase money more than other people do
AzAs 1	Y	I am comfortable spending time with people who openly support Israel
AzAs 2	Y	Israel has a right to exist as a homeland for the Jewish people
AzAs 3	Y	Israel is right to defend itself against those who want to destroy it
AzAs 4	N	Israel and its supporters are a bad influence on our democracy
AzAs 5	N	Israel can get away with anything because its supporters control the media
AzAs 6	N	Israel treats the Palestinians like the Nazis treated the Jews

From Allington, Hirsh, & Katz (2022), *Journal of Contemporary Antisemitism*, 5, 1-28.

* note: we did not obtain a two-factor solution in EFA with this scale

A ROLE FOR RETRIBUTION

- Retribution espoused based on particular political leanings, and endorsement of contemporary social justice models
- Hypothesized that political ideology and retribution endorsement predicts practitioner engagement (or reticence) in openly disagreeing with positions of colleagues

SUMMARY OF REGRESSION ANALYSES

Political Issue (criterion)	Medical Healthcare (Significant Predictors)	Mental Healthcare (Significant Predictors)
If I openly disagree with social justice policies, I will face consequences from my colleagues.	RRJD+, SECS+	RRJD+,SECS+
I have engaged in political activism in the workplace, even if I did not feel it appropriate.	RRJD+, SECS+, GAS-	RRJD+, SECS+, GAS-
Has a healthcare practitioner asked you to leave a practice because you spoke up about their expression of political views?	RRJD+, SECS+	RRJD+, SECS+,GAS-
My professional organization interferes with my ability as a practitioner to make independent judgments due to political positions it embraces.	RRJD+, SECS+	RRJD+, SECS+
I have felt threatened with sanctions, loss of privileges, or board certification for expressing political beliefs.	RRJD+, SECS+	SECS+, GAS-
I have an adequate voice in the actions or leadership of my professional organization.	RRJD+, SECS+, GAS-	RRJD-, SECS-
My professional organization takes political positions that don't represent my views.	RRJD+, SECS+, GAS-	SECS+

*Model predictor variables: Retribution as Just Desserts (RRJD); Social & Economic Conservative Scale (SECS); Generalized Antisemitism Scale (GAS)

*All models significant overall

Signs following each variable represents directionality of β -weight in predicting criterion

SUMMARY

MEDICAL HEALTHCARE

- Small and noticeable proportion of professionals have considered leaving the profession over politics; but this number increases significantly when practitioners engage in policy work
- Small and noticeable proportion of professionals fearful of reprisal for speaking up for differing political views; significant increase in these concerns for policymakers, and significantly higher in speaking up regarding social justice policies

MENTAL HEALTHCARE

- Large proportions have considered leaving profession over politicization; proportion spikes to all respondents who have been or are policymakers.
- Fear of reprisal for speaking up about political differences, and regarding social justice issues significant among professionals, and significantly higher for Jewish professionals and policymakers.

SUMMARY (CONTINUED)

MEDICAL HEALTHCARE

- Jewish respondents significantly more likely to vet their medical practitioners, and leave their practitioners, over politics.
- Jewish respondents significantly more likely to have been referred out over complaints of overt political ideology in the office

MENTAL HEALTHCARE

- Jewish respondents were significantly more likely to investigate their practitioners, such as by searching social media
- Jewish respondents were significantly more likely to lose confidence in their practitioner upon hearing about their activism or that their professional organization was highly activist

SUMMARY (CONTINUED)

- There appears a general awareness of professional risk in politicized medical practice, and associated prevailing antisemitism attitudes associated with activism
- The extent of awareness of antisemitism as part of political activism in mental healthcare was lower (by fewer models with significant antisemitism as a significant predictor of professional activism)
 - May be a result of lower awareness of antisemitism in the mental health professions
 - High profile news events involving antisemitism in medical care, while far fewer in mental health care

CONCLUSIONS – MEDICAL HEALTHCARE

- Rates of concerns over politicization in the health professions are relatively low, but present, among professionals
- Just under a fifth of respondents expressed fears of reprisal for openly expressing differing political views among their colleagues
- Rates of concerns of reprisal, and thoughts of leaving the profession, are significantly higher for policy makers, but not higher for Jewish members of the professions.
- These concerns are substantially predicted by endorsement of retribution as 'just desserts' and politically left leaning views.

CONCLUSIONS – MENTAL HEALTHCARE

- Over a third of respondents reported fear of reprisal for openly disagreeing with political positions in the profession, with over two-fifths of Jewish professionals feeling this concern
- Almost three quarters of policy respondents expressed concerns with the infusion of social justice models into the profession
- These are largely predicted by retribution as 'just desserts' and politically left leaning positions, and lower levels of antisemitic attitudes

MENTAL HEALTH CARE POLICY: WHAT DOES “100% THOUGHT OF LEAVING PROFESSION” MEAN?

- Potential explanations for 100% of policy makers indicating consideration of leaving profession:
 - Pragmatic explanation: query was very open-ended, and could reflect any time in one’s career
 - Conceptual areas warranting further investigation:
 - Political infusion in the mental health professions has been overt, and fused with contemporary social justice models of treatment
 - Engaging in policy discussions leads to engagement on a far more granular level
 - Social networks in mental health care are marked by extremely high activity.
 - Policy makers have asserted strongly that the profession demands overt political activism (such as the recently reformulated APA ethics guidelines)

PATIENT VETTING OF PROFESSIONALS

- Jewish patients/clients are vetting their professionals to a significant degree, and reacting to overt signs of political activity in their practitioners, at rates of 3 to 6 times that of non-Jewish patients/clients
- Over 4 times as frequently Jewish patients were asked to leave a medical practice for expressing their political views; this was not significant for mental healthcare
 - May have been due to lower base rate of respondents for this category in mental healthcare. Although non significantly, the crosstabs showed twice the rate of Jewish mental healthcare clients being 'dropped' from treatment for political views.

FUTURE DIRECTIONS

- Psycholinguistic analyses of open-ended responses in the survey (planned with Shelia Kenison & Caleb Lack)
- Additional analyses and future data collection related to impact of physically visible signs and symbols of religious affiliation and variables examined in this study. At present, our sample did not have sufficient power to fully examine this variable
- Additional examination of the political dimensions that are part of both medical and mental health policy work, and refine assessment of factors that lower professional satisfaction



***THANK YOU!
QUESTIONS?***

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