"Who Profits From This?"

Psychology Doctoral Student Attitudes about Capitalism

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Abstract

A growing number of psychologists are committed to addressing the effects of systemic injustice on the health of poor and oppressed groups. However, the topic of capitalism has received relatively little attention in psychology, though capitalism has long been scrutinized as a root cause of social and health inequality. In this mixed methods survey of doctoral students in accredited health service psychology programs across the U.S. (n = 448), a majority of trainees strongly agreed that capitalism is relevant to psychology, social justice advocacy, and mental health. Survey participants expressed dissatisfaction with the formal training they received about capitalism, and few participants were confident in their understanding of capitalism. This preliminary report concludes with a call for increased attention to the topic of capitalism in health service psychology training and practice.

Key words: Capitalism, psychology, social justice.

“Who Profits From This?”

Psychology Doctoral Student Attitudes about Capitalism

A growing number of psychologists are focused on addressing systemic injustice and structural determinants of health[1,2]; however, the topic of capitalism has received relatively little attention in psychology, even though capitalism is scrutinized as a root cause of social and health inequality.[3,4] U.S. public opinion about capitalism has declined for at least 15 years[5] and most countries have more negative views of capitalism than the U.S.6 Younger adults tend to be more critical of capitalism.[7] Money, work, and the economy are leading causes of stress, particularly among younger people.[8–11] Yet as Kasser et al. observed, “Psychology rarely examines the effects of economic systems on people’s lives”,[12 [p. 1]] and the term “capitalism” rarely appears in the psychological research literature despite the self-evident relationship between people’s economic circumstances and their psychological well-being. Despite psychology’s presumed role in addressing health disparities[13], Goudarzi and García Ferres found that the term “capitalism” is absent from most psychological research on inequality, “[a] large discrepancy … between the study of inequality and the articulation of the socioeconomic system underlying it.”[14 [p. 119]]

The topic of capitalism is also mostly absent from the professional training literature in health service psychology, especially when compared with the attention given to other systems of sociopolitical stratification like race, ethnicity, gender, and religion/spirituality. Only three passing references to “capitalism” appear in the American Psychological Association’s professional training journal, and in none of these instances is the term defined or critically examined.[15–17] “Capitalism” is also not addressed in the advocacy resources, curriculum guidelines, and other educational content which comprise the Socioeconomic Status (SES) Portfolio of the American Psychological Association (APA; https://www.apa.org/pi/ses), which “is responsible for directing, overseeing, facilitating, and promoting psychology’s contribution to the understanding of SES and the lives and well-being of the poor.”

While it is clear the topic of capitalism has received little scholarly attention in psychology, no studies have yet explored attitudes about capitalism within the field or in the context of health service psychology training. The purpose of this preliminary study was therefore to examine attitudes about capitalism among doctoral students in accredited health service psychology programs, and to determine whether psychology's lack of attention to the topic of capitalism is apparent in their training experiences. Specifically, our goal was to determine if the next generation of health service psychologists believes capitalism is relevant to psychology, social justice advocacy, and mental health. We also aimed to learn whether psychology doctoral students understood the topic of capitalism and how satisfied they were with the formal instruction they received about it in their graduate training.

Methods

Participants

Between September 2024 and January 2025, requests for anonymous student participation were individually emailed to the training directors of all 420 active APA-accredited doctoral programs in health service psychology (including clinical, counseling, and school psychology disciplines). Recruitment emails asked training directors to share an invitation with currently enrolled doctoral students, which included a brief description of the study and a survey link.

Survey

After providing optional self-reported demographic information, participants were asked to anonymously rate their agreement with six statements about the relevance of capitalism to psychological science and practice, their confidence in their understanding of capitalism, and their satisfaction with professional training related to the topic of capitalism (survey items were displayed together on a single page). Survey items were created for this study following standard questionnaire development guidelines[18] because no published instruments addressed the specific attitudes under investigation. Participants who somewhat agreed or strongly agreed

with the first survey item ("The topic of capitalism is relevant to the science and practice of psychology") were asked an optional, open-ended follow-up question. "Capitalism" was not explicitly defined for participants because our goal was to establish a baseline understanding of participants' attitudes in the absence of any unintentional priming effects, and because the definition of capitalism is contested even among experts (see Discussion). Participants were invited to enter an optional raffle to win one of ten $20 Amazon gift cards. The survey design and procedures were approved by an Institutional Review Board.

Qualitative Analysis

The research team included a doctoral student in an accredited health service psychology program (first author), an undergraduate psychology student (second author), and a licensed psychologist and professor in an accredited program (third author). We used thematic analysis[19] to identify underlying themes in participant responses to the optional open-ended question, "In your opinion, how is capitalism relevant to the science and practice of psychology?" We familiarized ourselves with the data by reading all responses and noting our initial impressions in memos. All responses were independently analyzed by the first and second authors. All three authors then met to discuss codes and develop a preliminary codebook. Using the codebook, we independently recoded all responses and then met to compare coded data until consensus was reached for all responses. Responses and codes were then uploaded to NVivo 15 qualitative data analysis software (https://lumivero.com/products/nvivo/). Parallel queries posed to the data sets were used to explore patterns in the data. Based on the results of these queries and our knowledge of the data, we extracted core ideas from the responses. These core ideas were then compared, synthesized, and shaped into core themes.

Results

Survey Responses

In total, 448 psychology doctoral students participated in the survey, and all completed

survey responses were included in our analyses. Participants represented an academically, geographically, and demographically diverse sample (Table 1); a majority of participants were White and a majority were women, similar to the population of psychology doctoral students in the U.S.[20]

Responses to the six core survey items are summarized in Table 2. Among the 448 doctoral student participants, 93% either strongly agreed or somewhat agreed with the statement, “The topic of capitalism is relevant to the science and practice of psychology” (57% strongly agreed with this statement). Similarly, 97% of participants either strongly agreed or somewhat agreed with the statement, “The topic of capitalism is relevant for social justice advocacy” (81% strongly agreed with this statement). And 93% strongly agreed or somewhat agreed with the statement, “Understanding capitalism is important for understanding the mental health needs of the clients and/or communities I plan to serve as a psychologist,” (64% strongly agreed with this statement). Relatively fewer doctoral students expressed an understanding of capitalism, with 74% of participants strongly agreeing or somewhat agreeing to the statement, “I understand the topic of capitalism well” (only 18% strongly agreed with this statement). Notably, only 10% of participants strongly agreed or somewhat agreed with the statement, “I am satisfied with the instruction I have received about capitalism in my graduate education” (2% strongly agreed); 63% of participants strongly disagreed or somewhat disagreed with this statement (23% strongly disagreed). Finally, 77% strongly agreed or somewhat agreed with the statement, “I would like more instruction about capitalism in my graduate education” (34% strongly agreed).

While we did not plan to statistically test for differences in attitude across demographic groups due to the large number of comparisons (and thus a high rate of experimentwise error), the descriptive data in Table 3 summarize participant agreement with the six core survey items by degree type, geographic region, age, race, ethnicity, and gender. These data are considered exploratory and do not represent any a priori hypotheses. Overall, the groups were more similar than different, with the item-level agreement rates for most groups within ±5% of the

corresponding agreement rate of the total sample. That said, a relatively larger proportion of students in Counseling PhD programs thought capitalism was relevant to psychology compared to other students; more Counseling PhD students also claimed to understand capitalism and reported higher satisfaction about the instruction they received about capitalism in their graduate training. Students from minority and/or marginalized demographic backgrounds also had relatively less satisfaction with instruction about capitalism and relatively higher interest in receiving capitalism-specific graduate training.

Qualitative Themes.

Out of 416 survey participants who strongly agreed or somewhat agreed with the first survey item, 199 (48%) responded to the optional open-ended question: “In your opinion, how is capitalism relevant to the science and practice of psychology?” We identified four themes across these responses: (1) capitalism is the water we all swim in, (2) capitalism is intertwined with multiple systems of inequality, (3) capitalism constrains the science and practice of psychology, and (4) capitalism causes harm.

Theme 1: Capitalism is the Water We All Swim In

Many participants described capitalism as an unnamed aspect of everyday life. In one participant’s words, “We work, live, grieve, flourish, struggle under a capitalist system.” Participants expressed their perception that capitalism is “pervasive,” “unavoidable,” and “a social determinant of health, an upstream factor that affects many outcomes downstream, but is rarely examined as such.” Or put another way, “it is a major aspect of our society that we don’t acknowledge.” Multiple participants described capitalism as “the water we all swim in,” apparently referencing the parable popularized by David Foster Wallace.[21] As one participant explained, “Capitalism is the broader system … that all of our clients exist in, so it impacts all of their lives in varying ways.”

Theme 2: Capitalism is Intertwined with Multiple Systems of Inequality

Participants believed capitalism is intertwined with histories of patriarchal domination,

European colonization, and White supremacy. For example, one participant explained: “Our clients all exist in a capitalist system fueled by patriarchy and white supremacy. It is impossible to separate our work from the effects of these systems on our clients’ emotions, cognitions, and behaviors.” Another participant added: “It’s entwined with anti-blackness in this country, and it’s hard to get to a higher level of wellness when you know you exist somewhere that hates you.” Many participants stated that capitalism enforces class inequality, perpetuating the oppression of minoritized populations and increasing the economic burden on those already disempowered by society. The pressures of capitalism “increase inequity, and make it harder for low SES individuals to engage in practices that improve or maintain mental health,” or put another way, “systems and cultures of capitalism marginalize low-income people.”

Theme 3: Capitalism Constrains the Science and Practice of Psychology

Participants noted conflict between the values of psychology and the values of capitalism. As one participant explained, “issues rooted in capitalism oftentimes violate psychologists’ ethical Principle D[22] (Justice).” Another participant stated, “Capitalism impacts the pursuit of ethically, sound, contextualized science in the field of psychology as well as the ability to provide good psychological care.” Capitalism restricts “who is allowed entry and who it mostly benefits” because of the high cost of pursuing a graduate degree, which excludes “mostly by SES, but probably also by race/ethnicity, immigration status, parental status, etc.” Participants reported that in order to understand psychology, we must acknowledge “Capitalism is inherently embedded within Western science and the practice of Western psychology … and ultimately who and what are valued or de-valued within Western psychology (e.g., cultural imperialism, global mental health).” Individualism and profit motives embedded in capitalism have “limited our ability to serve patients well and design studies that elevate our understanding beyond personal level factors, which do not tell the full story.” “Money is a looming conflict of interest,” one participant concluded, “The question of ‘who profits from this?’ is extremely relevant in all science and practice.”

Overall, participants shared concerns that capitalism constrains psychological *research* ("Without funding, studies are not conducted, so it is important to consider who is funding what research"), *education and training* (the lack of graduate student funding "causes undue stress on students and students are not free to approach their work and time without concern of how to make ends meet"), and *clinical practice*—both the types of treatments offered ("it contributes to prioritizing the cheapest, shortest therapy options") and the problems being treated ("The constraints of capitalism influence the lives of our clients strongly, i.e. in their jobs, in how they pay bills or struggle with finances, and in the competition and consumption that capitalism fosters, which influences the problems that people bring into the therapy space").

Theme 4: Capitalism Causes Harm

The final theme that emerged from the data concerned the harms caused by capitalism. This theme included two subthemes: direct harm to individuals and communities, and indirect/systemic harms of capitalism.

Subtheme 1: Capitalism Directly Harms Individuals and Communities. Participants noted that capitalism itself is a source of psychological distress for individuals, "the cause of many of the hardships our clients/patients face." Participants noted that when living in a capitalist society, people are pressured to overburden themselves with work and compete against others for limited resources: "I think capitalism limits and causes harm to people by often not letting them access things they need like housing and food, and that causes distress." One participant asked, "What does it mean when a client comes to me and tells me that they're contemplating suicide because they cannot pay their rent and will become homeless?" Another participant noted the intergenerational effects of capitalism: "Many patients likely had stressed and overworked primary caregivers who had to split time between their children and their jobs/careers." Capitalism also affects the way people view themselves by promoting an individualistic self-view and measuring worth in terms of productivity: "Capitalism impacts individuals' and communities' internalized narratives of self-worth and competency."

Subtheme 2: Indirect/Systemic Harms of Capitalism. Participants also described how capitalism influences social systems and institutions in ways that cause harmful downstream effects on individuals. In one participant's words, "capitalism creates systemic barriers to building an optimistic, hopeful, and positive world for most people." However, these systemic barriers are not always made apparent, as another participant explained: "I believe that graduate students are encouraged to ignore the impact of capitalism on our clients' mental health and instead try to focus on individual reactions." Many participants wrote about the impact capitalism has on for-profit healthcare systems, commodifying treatment so that people have to pay a high price to receive health care services. For example, "I think capitalism is also partially to blame for not having universal healthcare, so psychological services are not accessible to everyone." Participants also argued that capitalism harms the quality of services provided to clients by encouraging higher prices for better quality services, limiting the range of interventions covered by insurance, and overburdening providers to the point of burnout, resulting in a decrease in service quality. Finally, participants also discussed how the prioritization of individual-level care and intervention over broader community-level prevention is a harmful effect of capitalism:

> [W]e've known that upstream health interventions improve quality of life and reduce costs of medical expenses at an individual and community level for decades thanks to public health science, but profits lie in emergency interventions and in gouging vulnerable people who don't have a choice, so interventions and policy lag behind science to preserve profits.

Discussion

The purpose of this preliminary survey was to document attitudes about capitalism among doctoral students in accredited health service psychology programs. Prior to this survey, no published studies have investigated attitudes about the topic of capitalism within psychology, despite the self-evident relationship between people's economic circumstances and their

psychological health. We found that a majority of the trainees we surveyed strongly agreed that capitalism was relevant to the science and practice of psychology, and were generally unsatisfied with the instruction they received about capitalism in their graduate training. Only 1 in 5 participants strongly agreed that they understood the topic of capitalism well. Nevertheless, participants expressed a range of critical views about capitalism. Together, the quantitative and qualitative responses suggest that health service psychology trainees generally perceive capitalism as important for psychologists because of its hegemonic nature, its incompatibility with the profession's ethical values, and its harmful effects on society.

It is a limitation of the study that participants themselves were not confident in their understanding of capitalism, and as a result we caution against an uncritical interpretation of the survey results. The negative sentiments expressed in qualitative responses could plausibly reflect the well-documented decline in institutional trust[23] rather than a specific critique of the capitalist economic system. Though in fairness to our doctoral student participants, even experts contest the precise meaning and impact of capitalism in society. Economist and Nobel laureate Daren Acemoglu reviewed over a half-dozen popular and contradictory definitions of capitalism and described how even a straightforward definition of capitalism—"an economic system based on private ownership of the means of production in their operation for profit"—is potentially fraught with controversy.[24] For example, Acemoglu has argued that the presence of extractive economic institutions is a stronger predictor of prosperity and inequality than the presence of capitalism itself.[25] Offering another influential perspective, philosopher and critical theorist Nancy Fraser has argued that defining capitalism as a strictly economic system overlooks the social and political "background conditions" necessary for the system's viability—conditions such as gendered and racialized forms of labor exploitation that our study participants alluded to in their responses (e.g., Theme 2).[26,27] Given the range of conflicting perspectives on capitalism, it is perhaps not surprising that few psychology doctoral students understand capitalism well, even while most of them believe strongly that capitalism is relevant

to psychology. By analogy, it would be similarly unsurprising to learn that first-year aviation students do not understand the subtleties of aerodynamics, yet are nevertheless able to recognize that gravity is relevant to piloting an aircraft.

In light of this limitation, we join our survey participants and others who have called for increased attention to the topic of capitalism within psychological science, psychological practice, and health service psychology training.[12,14] Significant theoretical work is still needed to explicate a useful theory of capitalism for psychology. As Nancy Fraser observed, "We don't want to trace every conceivable social ill to some all-powerful, but under-specified thing called 'capitalism.'"[28 [p. 115]] We therefore plan to follow this preliminary study by synthesizing perspectives from interdisciplinary sources to address basic conceptual questions that remain unaddressed in our field: What is capitalism? How should psychologists think about it? And how can understanding capitalism lead to better health outcomes, particularly for poor and historically marginalized people? Consider for example the for-profit U.S. healthcare system: emblematic of capitalism for many of our participants, a frequent subject of criticism in and outside of psychology, arguably implicated in widespread preventable illness and death.[4] A more sophisticated understanding of capitalism could offer new possibilities for naming and resisting the features of this system that conflict with the principles of good psychological care.[29,30] Greater attention to labor organizing and collective bargaining could, for instance, yield better working conditions for psychologists and improved outcomes for patients—as in the historic 2025 labor strike by mental health workers at Kaiser Permanente in Southern California.[31] Recent conceptual work on racial capitalism is also relevant for developing a useful theory of capitalism for psychology; this scholarship illustrates how concerns about economic inequality and psychological health are more intelligible when understood in the historical context of colonialism and systemic racism.[32–35] We expect that understanding capitalism is also essential for developing "structural competency"—a concept introduced by medical educators and embraced by psychologists that refers to a health care worker's ability to discern the upstream

policies that shape downstream health outcomes and disparities.[36–38] While it was not a goal of this preliminary study, future work could also explore how individuals' personal backgrounds or training experiences might predict their attitudes about and understanding of capitalism (see, e.g., Table 3).

A discussion about capitalism is long overdue in psychology. One place where that discussion should occur is in our professional training programs. It should not be controversial to point out that a society's systems of social and economic organization are relevant to understanding its people and their health. Money, work, and class are deeply intertwined with inequality, stress, and well-being. We are therefore heartened to learn that the next generation of health service psychologists is ready and eager to examine "the water we all swim in."

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Table 1

Description of Participants (n = 448)

	n	%
Degree program		
Clinical PhD	174	39%
Counseling PhD	61	14%
School PhD	59	13%
Clinical PsyD	114	25%
Counseling PsyD	21	5%
School PsyD	9	2%
Other/combined	10	2%
Geographic region		
Northeast	110	24%
South	149	33%
Midwest	79	18%
West/Pacific	107	24%
Not sure	3	1%
Age, *M* = 27.5 years, *SD* = 4.4		
20 to 24 years	89	20%
25 to 29 years	244	54%
30 to 34 years	80	18%
35 to 39 years	14	3%
40 to 49 years	8	2%
50+ years	3	1%
Prefer not to respond	10	2%
Race		
White	306	68%
Black or African American	32	7%
American Indian or Alaska Native	4	1%
Asian	47	10%
Native Hawaiian or Pacific Islander	1	< 1%
Other	18	4%
More than one race	32	7%
Prefer not to respond	8	2%
Ethnicity		
Hispanic/Latino	51	11%
Not Hispanic/Latino	395	88%
Prefer not to respond	2	< 1%
Gender [a]		
Woman	343	—
Man	74	—
Transgender	13	—
Non-binary/non-conforming	33	—
Other	4	—
Prefer not to respond	3	—

[a] Some participants identified with more than one gender category. For example, nine participants selected both “Woman” and “Non-binary/non-conforming,” and are therefore included in both group totals. Percentages were not calculated for gender categories because group totals summed to greater than 100% (because some participants are represented in multiple groups).

Table 2

Doctoral Student Attitudes about Capitalism and Psychology (n = 448)

Survey Question	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
1. The topic of capitalism is relevant to the science and practice of psychology.	255 *(57%)*	161 *(36%)*	11 *(2%)*	16 *(4%)*	5 *(1%)*
2. The topic of capitalism is relevant to social justice advocacy.	364 *(81%)*	69 *(15%)*	9 *(2%)*	2 *(<1%)*	4 *(1%)*
3. Understanding capitalism is important for understanding the mental health needs of the clients and/or communities I plan to serve as a psychologist.	288 *(64%)*	129 *(29%)*	18 *(4%)*	11 *(2%)*	2 *(<1%)*
4. I understand the topic of capitalism well.	80 *(18%)*	250 *(56%)*	59 *(13%)*	53 *(12%)*	6 *(1%)*
5. I am satisfied with the instruction I have received about capitalism in my graduate education.	10 *(2%)*	36 *(8%)*	118 *(26%)*	182 *(41%)*	102 *(23%)*
6. I would like more instruction about capitalism in my graduate education.	151 *(34%)*	196 *(44%)*	57 *(13%)*	29 *(6%)*	15 *(3%)*

Table 3

Number of Participants who "Somewhat Agree" and "Strongly Agree" to Survey Items, by Demographic Groups

	(1) The topic of capitalism is relevant to the science and practice of psychology.	(2) The topic of capitalism is relevant to social justice advocacy.	(3) Understanding capitalism is important for understanding the mental health needs of the clients and/or communities I plan to serve as a psychologist.	(4) I understand the topic of capitalism well.	(5) I am satisfied with the instruction I have received about capitalism in my graduate education.	(6) I would like more instruction about capitalism in my graduate education.
All participants (n = 448)	**416 (93%)**	**433 (97%)**	**417 (93%)**	**330 (74%)**	**46 (10%)**	**347 (77%)**
Degree program						
Clinical PhD (n = 174)	159 (91%)	169 (97%)	164 (94%)	120 (70%)	12 (7%)	135 (76%)
Counseling PhD (n = 61)	61 (100%)	59 (97%)	58 (95%)	53 (87%)	11 (18%)	49 (80%)
School PhD (n = 59)	55 (93%)	58 (98%)	53 (90%)	41 (69%)	4 (7%)	45 (76%)
Clinical PsyD (n = 114)	104 (91%)	108 (95%)	106 (93%)	84 (74%)	12 (10%)	88 (77%)
Geographic region						
Northeast (n = 110)	101 (92%)	108 (98%)	101 (92%)	80 (73%)	7 (6%)	82 (74%)
South (n = 149)	138 (93%)	143 (96%)	140 (94%)	115 (77%)	17 (11%)	114 (76%)
Midwest (n = 79)	78 (99%)	78 (99%)	74 (94%)	59 (75%)	6 (8%)	62 (78%)
West/Pacific (n = 107)	97 (91%)	103 (96%)	99 (92%)	75 (70%)	16 (15%)	88 (82%)
Age						
20 to 24 years (n = 89)	82 (92%)	83 (93%)	84 (94%)	63 (71%)	10 (11%)	70 (79%)
25 to 29 years (n = 244)	229 (94%)	238 (98%)	228 (93%)	177 (72%)	27 (11%)	193 (79%)
30 to 34 years (n = 80)	74 (92%)	79 (99%)	75 (94%)	60 (75%)	4 (5%)	58 (72%)
35+ years (n = 25)	22 (88%)	24 (96%)	22 (88%)	20 (80%)	4 (16%)	18 (72%)
Race						
White (n = 306)	280 (92%)	293 (96%)	281 (92%)	229 (75%)	38 (12%)	227 (74%)
All other groups (n = 134)	128 (96%)	132 (99%)	128 (96%)	96 (72%)	7 (5%)	112 (84%)
Ethnicity						
Hispanic/Latino (n = 51)	49 (96%)	51 (100%)	49 (96%)	37 (72%)	6 (12%)	46 (90%)
Not Hispanic/Latino (n = 395)	365 (92%)	380 (95%)	366 (93%)	292 (74%)	40 (10%)	299 (76%)
Gender						
Women (n = 343)	322 (94%)	334 (97%)	321 (94%)	239 (70%)	35 (10%)	277 (81%)
Men (n = 74)	63 (85%)	68 (92%)	65 (88%)	62 (84%)	9 (12%)	42 (57%)

Note: Group-level data are included only for groups that comprise more than 10% of the total sample.