POLITICAL IDEOLOGIES OF SOCIAL WORKERS:
AN UNDER EXPLORED DIMENSION OF PRACTICE

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Abstract: *This article explores relationships between social workers' political ideologies and the effects on practice. Self-administered surveys from 294 licensed social workers in a mid-Atlantic state generated quantitative and qualitative data on whether and to what extent their ideologies influenced professional practice. Findings suggest that while social workers largely believe that their political ideology is separate from their practice, those who identified with more liberal political ideologies claim they used their ideologies more in practice than those who were more conservative. Additionally, strategies for monitoring political ideology in practice are shared. Implications for practice include the need for practitioners' increased awareness of their political ideologies and the profession's responsibility for establishing venues in which the ideology – practice link can be explored and debated.*

Key words: *Political Ideology; Political Diversity; Practice*

INTRODUCTION

Examining the diversity of social workers' political ideologies, and how these views relate to social work practice, is an under explored area of study (Hodge, 2002; Linzer, 1999; Rhodes, 1992; Rosenwald, 2004). Despite the profession's call for respect of political beliefs (NASW, 1999), the often unquestioned assumption remains that social workers subscribe to liberal values and positions (Hodge, 2002; O'Neill, 2003; Social Work Speaks, 2000). Without much empirical attention to social workers' political ideologies, and except for the occasional argument that social workers ought to act on their ideological beliefs that presumably support social change (Abramovitz, 1993), the effects that political ideology could have on practice has not been examined.

This article presents results from an exploratory study on the political ideology of social workers.

Using quantitative and qualitative data, analysis focuses on how one's political ideology affects practice. Two questions are explored: (1) do social workers incorporate their political ideologies into practice; and (2) what strategies do social workers employ to manage political ideology in practice? Responses are analyzed from the perspectives of how social workers believe political ideology affects their practice. Implications for social work practice also are discussed.

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POLITICAL IDEOLOGY AND SOCIAL WORK PRACTICE

Ideology is a "system of independent ideas ... held by a social group or society, which reflects, rationalizes and defends its particular social, moral, religious, political and economic institutional interests and commitments" (Theodorson & Theodorson, 1969, p. 195). Political ideology is often conceptualized on a continuum, typically from "radical left" to "radical right," with "liberal", "moderate" and "conservative" views arrayed between the two ideological ends (Brint, 1994; Knight, 1999; Lowi & Ginsberg, 1994). To further capture the complexity of political ideology, three criteria may be superimposed on this continuum: the degree to which government should be involved in effecting social change, the substantive areas that government should address, and the speed in which government-induced social change should occur (Diamond, 1989; Knight, 1999). Brint (1994) further differentiates political ideology by contrasting economic issues (support for capitalism, support for a welfare state) and social issues (support for civil liberties, support for civil rights).

While the stereotype of social work is that of a liberal profession, some studies challenge this monolithic view of social workers. Even though research suggests that most social workers favor a generally liberal orientation, findings indicate variation in political ideology, and its correlates (e.g. political party, political values), ranging from "liberal" to "conservative" (Abbott, 1988, 1999; Hodge, 2002; Reeser & Epstein, 1990). This diversity of political ideology, however, remains largely unacknowledged within social work (Rosenwald, 2004).

Perhaps because this ideological variation is not well-recognized, the impact of one's ideology on practice also tends to be ignored. Yet as Linzer (1999) suggests in several illustrative scenarios, political ideology can be a powerful determinant in how a social worker understands and resolves a given situation:

> A feminist-oriented social worker may be tempted to support a single woman's moving out of her parents' home to her own apartment even though strong cultural factors mitigate against it. An abortion-rights social worker may try to persuade a pregnant teenager not to have her baby. ... A hospital social worker that believes in taking full advantage of modern medicine's resources may have difficulty respecting the right to self-determination of a patient who refuses a life-saving blood transfusion for religious reasons (p. 25).

Empirically, Csikai's research (1991) suggests that social workers' personal bias and religiosity affected their attitudes on euthanasia and assisted suicide. Lev-Wiesel and Friedland (1999) found that most Israeli social workers had difficulty working with clients whose political ideologies differed from their own. Studies that examined related professions, such as psychology, noted that the ideologies of both therapist and patient, and their interactions, contributed to the therapist's judgment (Gartner, Harmatz, Hohmann, & Larson., 1990; Kelly, 1990). Specifically, clinicians tended to minimize pathologizing their patients who shared the clinicians' own political orientation. The study presented here extends this research.

METHOD

Data for this exploratory study are from a self-administered survey that collected quantitative and qualitative information on political ideology and its effects on practice, as well as basic demographic information (e.g., gender, race, age, educational level, licensure level, income, and primary social work function). Participants were selected through a proportional random sampling of a membership list from a mid-Atlantic state social work licensure board. The survey was mailed to 558 licensed social workers. The first 300 returned and completed surveys were used, though 6 were later eliminated because of insufficient information, resulting in an N of 294 (52.6% response rate).

The primary component of the survey was Abbott's 40-item Professional Opinion Scale (POS) (1988), which included four subscales: Respect for Basic Rights (BRSS), Sense of Social Responsibility (SRSS), Commitment to Individual Freedom (IFSS), and Support of Self-Determination (SDSS) (Abbott, 1988). Higher POS scores correspond with greater liberalness (1 = more conservative to 5 = more liberal) (Abbott, 1988). Greater liberalness includes favoring the separation of church and state, government's intervention and protection of citizens' rights, and institutionally-based change (Brint, 1994; Dolgoff & Feldstein, 2003; Lowi & Ginsberg, 1994; McKenna, 1998). The POS was based, however, on 1985 NASW policy statements and did not reflect some current policy positions. As a corrective measure, the first author added three questions that concerned faith-based initiatives, gay and lesbian rights, and services to illegal immigrants (Clark, 2002; Social Work Speaks, 2000) to the POS. These three questions, combined with the 40-item POS, comprised a "POS+3" scale. In addition, a seven-point Likert scale item was included that asked participants to self-rank their political ideology on a scale from radical left ("1") to radical right ("7"). Therefore, political ideology was measured using the POS, the subscales, the POS+3 and self-ranking.

. "Practice effect," the dependent variable, was measured quantitatively by four questions created by the authors: "Can you separate your political views from your professional practice?" (1=All of the time to 4 = Not at all); "How difficult is it to separate your political views from your professional practice?" (1 = Very difficult to 4 = Not difficult at all; "Do you use your political views in your practice to persuade the clients, organizations, and/or communities with whom you work?" (1 = All of the time to 4 = Not at all) and "How important to you is it that the clients, organizations and /or communities with whom you work share the same political views as you?" (1 = Very important to = Not important at all). Participants also were asked to provide comments on these items. Finally, two open-ended items asked respondents to comment on whether they "ever decided to not work with a client, organization or community because of differences in political views" and how they "handle differences in political views between yourself and the clients, organizations and/or communities with whom you are working." Reliability was assessed using Cronbach's alphas for the POS, the POS+3 and the four subscales. The POS's reliability (α = 0.85), was consistent with Abbott's reliability findings (1988; 1999; 2003). Reliability increased slightly for the POS+3 (α = 0.86). The Self-Determination Subscale (SDSS) had moderate reliability (α = 0.65), while the Basic Rights Subscale (BRSS), Individual Freedom Subscale

(IFSS) and Social Responsibility Subscale (SRSS) had good reliabilities of 0.71 to 0.78. These internal reliabilities were consistent with Abbott's subscale internal reliabilities (1988; 1999). Descriptive and bivariate statistical analyses were used to understand the range of and reasons for variance in political ideologies and practice effects. Data from open ended questions were coded and analyzed according to the process of analytic induction (Huberman & Miles, 1994). Using this approach, themes were identified and compared with other findings, so that broader analytical refinement could occur. Theme identification occurred when at least twenty percent of participants' responses contributed to the theme. Themes were clustered around similar subjects, which became the basis for thematic memos. These memos, in turn, were linked to the quantitative findings for interpretation.

RESULTS

The study's sample (N = 294) was predominantly female (85.6%), white (80.1%), middle aged (M = 45), heterosexual (93.7%), and Democratic (78.1%), with an average income in the $40,000 and $49,999 range. The single largest religious affiliation was Protestant (36.1%); overall, there was a moderate religious or spiritual identity (M=1.92 with 1 = Very religious/spiritual to 4 = Not religious/spiritual at all). Most participants held master degrees in social work (83.6%), worked full-time (72.9%), and were in clinical/direct practice (52.6%). All participants held licenses, with 59.8% holding the highest clinical license (LCSW-C). On average, participants had 13.37 years of licensed social work experience. Participants primarily worked in either public (36.6%) or non-profit settings (35.5%).

Overall, respondents' political ideologies were more liberal than conservative, with mean scores of 158.38 (out of 200) for the POS and 167.95 (out of 215) for the POS+3. Respondents were most liberal on the Self-determination subscale and least liberal on the Individual Freedom subscale. Results from the self-ranked political ideologies indicated a slight liberal leaning among respondents in that 40.6% chose "liberal" and 34.4% chose "moderate" rankings (for more complete discussion, see Rosenwald, 2004).

How Does Political Ideology Influence Practice?

Table 1 presents descriptive statistics for the four items representing practice effect. Over 90% of the participants reported that they could separate their political ideologies from their practice all or some of the time. Most participants (82.6%) believed they had either no or little difficulty in separating their political ideologies from practice. A majority of participants (67.3%) reported that they were not likely to use their political views to persuade their clients, organizations or communities. Finally, 60.2% of the participants reported it was not important that the clients, organization and/or communities with whom they worked shared their political views. Overall, these findings suggest that political views were not incorporated in practice.

Table 1. Frequencies for Practice Effect Items

Practice Effect Item	N	Percentage
Separating Political Views from Practice a		
All of the time	123	43.9%
Some of the time	138	49.3%
A little of the time	7	2.5%
Not at all	12	4.3%
M = 1.67, SD = .73		
Difficult to Separate Political Views		
Very difficult	8	2.8%
Somewhat difficult	41	14.5%
A little difficult	102	36.0%
Not difficult at all	132	46.6%
M = 3.27, SD = .81		
Use Political Views to Persuade		
All of the time	2	0.7%
Some of the time	35	12.7%
A little of the time	53	19.3%
Not at all	185	67.3%
M = 3.53, SD = .74		
Importance of Sharing Political Views		
Very important	8	2.9%
Somewhat important	40	14.3%
A little important	63	22.6%
Not important at all	168	60.2%

M = 3.40, SD = .84

[a] Nineteen participants reported "most of the time" on their surveys. These responses were alternately scored as "All of the time" and "Some of the time."

Respondent comments support these findings, as most indicated that their political ideologies played no role in, and did not apply to, their practices: "Politics or political positions are not up for dialogue in therapy. It's their session not my forum" [166] and "It's not my place to impose my political views on my clients; it would be inappropriate and in my opinion indicate poor boundaries to do so" [112]. Some respondents cited particular instances of keeping ideology out of practice:

> I can [separate my political views from practice]. For instance, I personally do not believe in abortion, but I have no problem with someone who does. [82]
> As a gay man, I have worked effectively with clients who despise gays. We are called to heal not convert to one personal political perspective. [267]
> I mostly worked 1-1 with clients and would just listen as they expressed racist points of views, told about their girlfriends getting abortions or whatever. All grist for the therapy mill.... [165]

Nonetheless, acknowledging and exploring the role of political ideology in practice was important for a number of respondents. One reason appeared to be if the social worker sensed a conflict between the client and him or herself:

> I acknowledge the "Elephant" in the room (the difference) and tell them I respect their views and ask that we look together to see if the problem at hand is being positively impacted and what we can do to enhance that. [228]
>
> If it is an issue that appears to be getting in the way of our work together – and the client has some level of insight, I will bring the issue up in order to bring it into the open and thus decide together how to deal with it." [90]

Respondents indicated that when they believed they had incorporated their political ideologies into practice, they did so with specific criteria in mind. The most frequently mentioned rationale was "harm:"

> I would identify those clients' beliefs that I perceived as harmful to women and children and ask the client how he came to that point of view. Then I would listen to gain an understanding of his point of view. [205]
>
> I do not to need to change their views unless their actions/ decisions will hurt another's life/dignity. [243]
>
> I do occasionally express my views briefly if an issue arises in therapy which I see as a potentially harmful to others (e.g., racial discrimination) but I do not get into a power struggle. [155]

Certain respondent characteristics increased the likelihood that political ideology would affect practice. While there were no significant differences for ideological effects by demographic characteristics, there were some significant correlations between political ideology and measures of practice effect, as presented in Table 2. Increased liberalness on aggregate political values (POS, POS+3, overall self-ranked political ideology), on the Individual Freedom subscale (IFSS), and the Social Responsibility subscale (SRSS), were significantly correlated to a greater likelihood of having ideology influence practice. This respondent illustrates the reported connection between liberal beliefs and ideology influencing practice: "Institutions are biased against women and minorities – [I] try to empower these clients to navigate systems" [11].

Table 2. Correlations of Practice Effect and Political Ideology

Practice Effect Item	Self-Ranked Political Ideology	Basic Rights Sub-scale	Indi-vidual Freedom Subscale	Self-Deter-mination Subscale	Social Respon-sibility Subscale	Profes-sional Opinion Scale	Profes-sional Opinion +3 Scale
Can sepa-rate views	-.090	-.001	.131a	.064	.168b	.134a	.140a
N	(274)	(263)	(245)	(255)	(252)	(218)	(216)
Difficulty separating views	.231c	-.112	-.165b	-.122	-.154a	-.149a	-.165a
N	(277)	(266)	(247)	(258)	(254)	(219)	(217)
Use views to persuade	.193b	-.104	-.190b	-.047	-.158a	.204b	-.217b
N	(269)	(259)	(240)	(249)	(246)	(211)	(209)
Important to share values	.236ᵃ	-.101	-.101	-.112	-.208b	-.201b	-.198b
N	(275)	(264)	(247)	(255)	(250)	(217)	(215)

ᵃ $p < .05$ (2-tailed)
ᵇ $p < .01$ (2-tailed)
ᶜ $p < .001$ (2-tailed)

Managing Political Ideology

A number of strategies were employed by those respondents who desired to keep po-litical views and practice distinct. Some used internal control strategies that regulated the practitioners' thoughts and behaviors to minimize countertransference:

> I believe and I have been told that I am exceptionally empathetic, and I have worked hard to become self-aware so that I respect and work with my clients' differences. [156]
> [I h]ave to monitor myself to keep neutral and allow client to reach own place. [89]
> I've had a few occasions when it was very difficult (i.e., a client with a tattoo saying "White Power"; a client who was an anti-choice protestor). I had to keep an objective view and look at underlying issues for each client. [92]

Others relied on external control strategies, such as workplace policies, the con-straints or requirements of their positions, and supervision:

> When you sign on to work for an organization with a particular religious/po-litical stance, you are obligated to respect that stance, or you leave. I signed on, and touted the "company line." [35]
> In the public sector, your views must be neutral. [190]
> If the differences are not relevant to the clients' work, I "handle" them in supervision. [250]

Many participants attempted to avoid or minimize ideological dissonance, or have their own ideology affirmed, by belonging to organizations that shared their political views:

> As far as organizations/communities are concerned, I join those organizations/ communities which I feel will further my particular wishes/beliefs/prejudices. [179]
>
> Joining other organizations like 700 Club, NACSW [National Association of Christian Social Workers] that support my views; [and] donat[ing] money and time. [6]

This "same view" practice effect was highly correlated with self-ranked political ideology, such that respondents with more liberal views were more likely to desire this similarity (rs = .236, p < .001) (see Table 2). This respondent indicated that his employer's labor practices violated her own beliefs: "I was told to keep my opinions to myself. I did and I left. I was not aware of [hospital's] below living wage for their ancillary employees until I had been working there for a while" [170].

When ideological differences arose, respondents indicated that "agreeing to disagree" was an important strategy. One wrote, "...I feel compelled to express my discomfort with expressed ideas. 'I will agree to disagree with you...', but I make it very clear that, that is separate from the person with whom I am working" [172]. Another respondent said, "I always work toward the win-win situation: what are our respective missions or values, and what scenario will best serve our common interests" [162]. A third stated, "Let them know that not everyone share their views, etc. and the importance of respecting differences" [111].

A final strategy for negotiating political ideology and practice concerned ending the relationship with the client and making a referral if necessary:

> I am honest and open about my own political views so that they (clients) can choose whether (or how) to continue our relationship. If my views cause a direct conflict with my responsibilities that cannot be resolved through respectful dialogue, I go elsewhere (or refer the client to a better "match"). [156]
>
> To best support a client I try to take them wherever they are – barring someone with such an extreme (ex: racist with no exceptions) beliefs whom I'd pass to someone else. [137]
>
> [M]y political views are informed by my Christian identity – by the Bible so the issue is more how do I handle differences between what I believe in the Bible and the beliefs/political views of my clients, agency, etc....If there is a time when my beliefs will negatively impact my practice (i.e. with a homosexual client), I will refer them to someone with that expertise. [260]

A few respondents also provided examples when the termination of the clinical relationship, because of ideological differences, was initiated by the client. One respondent reported, "I have had clients litmus test me. I am a pastoral counselor and sometimes clients call and request a Christian counselor. Usually if I meet with them they feel comfortable that I will support their views. Other times, they can tell/sense I am not conservative 'enough.'" [242] Another stated, "I recently lost a client (her choice) because of GLBT [gay, lesbian, bisexual and transgendered]-friendly material in our waiting room!" [22]

STUDY LIMITATIONS

This study has several limitations that circumscribe generalizability. Because the sampling frame was licensed social workers in one particular state, the results of the study can not be generalized to non-licensed social workers in that state or to other social workers from other geographic areas. Additionally, there may be an overrepresentation of social workers who are interested in the topic of political ideology, and an overrepresentation of clinically-oriented (rather than macro) social workers. The four practice effect items were originally intended as a scale but weak reliability precluded aggregating the four items into a "practice effect" scale. Finally, more specific exploration into how political ideology's manifestation in practice, for example through the use of practice vignettes, is warranted.

IMPLICATIONS FOR PRACTICE

This exploratory study provides insights into the relationship between political ideology and social work practice. Most respondents indicated that they rarely, if ever, brought their ideologies into practice. Those respondents, however, with more liberal views were less likely to keep ideology and practice distinct. Respondents employed a number of strategies for addressing the effect of political ideology on in their practices, including belonging to "same view" organizations, managing potential transgressions through supervision and self-monitoring, referring clients when political differences undermined the clinical relationship, and articulating criteria for when ideology could be used.

In terms of criteria, the prevention of "harm" was a crucial factor in expressing or acting on one's political ideology. In this case, "harm" was understood as an action or potential action that threatens some aspect of social justice. Social justice, in turn, often is informed by one's political ideology. Therefore an "unjust" or "harmful" act, as viewed through a particular ideological lens, needs to be challenged or addressed. One dilemma, however, is that "harm" for one person may not so for another. This can result in a conflict between worker and client around such issues as expressing racist, sexist, or homophobic language; abortion as an option for an unwanted pregnancy; or dependence on welfare benefits. Such conflict has the potential to erode the practitioner – client relationship.

The decision of when and how to prevent "harm," even when a conflict is likely to occur, is a version of the broader tension between client self-determination and the pursuit of social justice. Because most of this study's respondents claimed to keep their political ideologies out of their practices, it may be that client self-determination is viewed as paramount. Aside from legally-mandated referral for suicidal and homicidal ideation, consideration of and interventions based upon political ideology in any form is seen as manipulative and therefore antithetical to self-determination. Participants who stated they "objectively" listen and honor their clients' perspectives also noted that this was easy because the stated goal is to focus on the client, regardless of any differences (i.e., prejudiced client, differences in abortion). Yet for those respondents who incorporate their political ideologies into their practices, the ethical standard of

social justice was a more important touchstone. For these workers, political ideology (theirs) is a curative to a potentially harmful situation. When such situations arise, it is acceptable to gently challenge a client's "harmful" actions, make a referral when the "harm" can not be resolved, and not join or even quit a "harmful" organization.

This tension about the use of political ideology in practice also reflects the debate of objectivity versus subjectivity in social work practice (Abramovitz, 1993; Linzer, 1999; Loewenberg, Dolgoff & Harrington, 2000; Rhodes, 1992). Interestingly, all of these authors argue that social workers cannot achieve full objectivity in their practice. In contrast, the majority of the participants believed that maintaining objectivity regarding one's political ideology is crucial. This may suggest that social workers need to become more self-aware of the influence of political ideology on practice. For those respondents that indicated that political ideology affected their practices, monitoring of countertransference and articulating guidelines for using political ideology in purposeful ways is critical.

Discussing these issues in individual and peer supervision would assist social workers in this task. Social workers might have continuing education training on political ideologies and their relation to practice. Professional organizations also need to provide venues for recognizing the range of political ideologies held by social workers, as well as the implications that political ideology has for practice. If, however, social workers believe that they need to develop, belong to, or practice in organizations that reflect a particular ideology, then the profession as a whole will become balkanized. The health of the profession may depend on the ability of social workers with various political viewpoints engaging in constructive examination and debate regarding the role of political ideology in practice and the profession.

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