

Implications of ideological bias in social psychology on clinical practice

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Abstract

Ideological bias is a worsening but often neglected concern for social and psychological sciences, affecting a range of professional activities and relationships, from self-reported willingness to discriminate to the promotion of ideologically saturated and scientifically questionable research constructs. Though clinical psychologists co-produce and apply social psychological research, little is known about its impact on the profession of clinical psychology. Following a brief review of relevant topics, such as “concept creep” and the significance of the psychotherapeutic relationship, the relevance of ideological bias to clinical psychology, counterarguments and a rebuttal, clinical applications, and potential solutions are presented. For providing empathic and multiculturally competent clinical services, in accordance with professional ethics, psychologists would benefit from treating ideological diversity as another professionally recognized diversity area.

KEYWORDS

clinical psychology, diversity, ideological bias, research

1 | INTRODUCTION

The lack of and need for ideological diversity, also known as political or viewpoint diversity, within the social sciences have been a developing conversation within the broader field (e.g., Crawford & Jussim, 2018; Duarte et al., 2015; Wright & Cummings, 2005). Specific disciplines of social, personality, and political psychology have been home to discussions, with the implications of political bias ending at the boundary of these domains. There is sufficient concern that ideological bias and lack of ideological diversity in the broader social sciences also have implications for the profession of clinical psychology, an avid consumer of social psychological research (Hendrick, 1983; Hendrick & Hendrick, 1984; McGlynn, 1987; O'Donohue & Dyslin, 2005). We present the nature of ideological bias and lack of ideological diversity

within the social sciences, explain the merits of increased ideological diversity, and make a case for why attention and caution on behalf of the profession of clinical psychology is warranted.

2 | IDEOLOGICAL BIAS IN SOCIAL PSYCHOLOGY

Over approximately the last 25 years, newer and related domains of research have emerged in the social sciences and social psychology: ideological bias and ideological diversity. Since the late 20th century, academic psychologists have increasingly self-identified as left-leaning (Duarte et al., 2015). In the academic discipline of psychology, the ideological imbalance is particularly pronounced with 77.8% identifying as

liberal (vs. 6.7% as conservative; a ratio of 11.6 to 1) (Gross & Simmons, 2007). Social psychology is even more off-balanced, with 85% identifying as liberal and 6% identifying as conservative, for a ratio of 14 to 1 (Inbar & Lammers, 2012). In a survey sample of one social psychology organization, the liberal to conservative ratio was 36 to 1, and as high as 76 to 1 in voting for Obama versus Romney in 2012 and 314 to 1 on political issues (Buss & Von Hippel, 2018). In a related discipline, Democrat sociologists were found to outnumber their Republican counterparts in a ratio of 44 to 1 (Cardiff & Klein, 2005). All of these proportions are in stark contrast to a closely balanced ratio in the general population (Saad, 2019). The ideological makeup of psychologists would not be an inherent concern were it not for documented consequences of intentionally or unintentionally acting on such biases professionally.

Multiple plausible reasons for underrepresentation of moderates, libertarians, and conservatives have been identified (Duarte et al., 2015; Inbar & Lammers, 2012). While some explanations, such as self-selection based on innate personality characteristics, are plausible in explaining part of this gap, the documented reality of a hostile climate and discrimination justify concern. Inbar and Lammers (2012) found that conservative psychologists were significantly more likely to report experiencing a hostile climate within their profession than liberal psychologists believe they do. Such perceptions are backed by self-reported attitudes, as well as anticipated actions in response to hypothetical professional situations. Despite the prevailing belief of a discrimination-free professional environment, liberal psychologists reported greater likelihood of discriminating in situations that entailed conservative peers or professional content than their conservative counterparts (e.g., acceptance of grant applications holding conservative perspectives, invitations for conservative colleagues to participate in symposiums, and selection of liberal vs. conservative job candidates). To the last scenario, only 18% selected the response that they would “not at all” be likely to discriminate, indicating the vast majority would be willing to allow their political attitudes to influence professional activities in a discriminatory manner to varied extents (Inbar & Lammers, 2012). Other studies support these findings, including discrimination in manuscript selection for publication based on findings in keeping with conservative ideology or counter-narrative research proposals (Abramowitz, Gomes, & Abramowitz, 1975; Ceci, Peters, & Plotkin, 1985), as well as discrimination of conservative graduate student applications (Gartner, 1986). Yet other studies indicate that responses to certain papers are guided by confirmatory bias, of which political persuasion is a component (Koehler, 1993; Mahoney, 1977).

The lack of ideological diversity within the social sciences and social psychology characterizes not only the ways in which psychologists interface professionally but also with

Public Health Significance

Amidst growing political polarization, social and psychological sciences have become increasingly ideologically biased to the detriment of its reputation. Attending to ideological diversity, commensurate with the professional ethics standard of multicultural competence in clinical practice, will preserve scientific integrity and ensure the well-being and protection of the client population.

regard to the politicization of the research conducted. For instance, Redding (2001) conducted a content analysis of articles published by the *American Psychologist* from 1990 to 1999, using three coders (one politically conservative, one liberal, and one centrist) to gauge the frequency of political themes (conservative vs. liberal, among others). Findings revealed that 97% of these articles promoted liberal themes (vs. just one advancing a more conservative view), with an inter-rater reliability of 93%. Redding (2001) also shifted attention to the *Journal of Social Issues* to find that 95% of its articles presented liberal views, with no articles reflecting diverging viewpoints on otherwise controversial topics.

3 | EXAMPLES OF IDEOLOGICAL BIAS IN RESEARCH

In multiple areas of research, theoretical frameworks, research questions and hypotheses, methods, and framing of findings have been implicated with regard to ideological or political bias (e.g., Tetlock, 2012). Some of the concepts, such as symbolic racism, implicit bias, and the Implicit Association Test, microaggressions, authoritarianism, the extent of social constructivism of gender/sexuality, and “toxic masculinity” have been largely accepted in psychology despite significant and under-acknowledged criticisms pertaining to limitations, such as conceptual strength and empirical validity (e.g., Blanton, Jaccard, & Burrows, 2015; Blanton et al., 2009; Conway, Houck, Gornick, & Repke, 2017; Crawford, Brandt, Inbar, Chamber, & Motyl, 2017; Garmines, Sniderman, & Easter, 2011; Kahlenberg & Wrangham, 2010; Lilienfeld, 2017; Lippa, 2010; Mitchell & Tetlock, 2009; Mitchell & Tetlock, 2017; Oswald, Mitchell, & Blanton, 2013; Redding, 2001; Ritchie et al., 2018; Schmitt et al., 2017; Sniderman & Tetlock, 1986; Tetlock, 1994a; Tetlock, 1994b). These constructs were identified by the authors as being potentially more relevant to clinical psychology.

Moreover, these constructs exemplify the term “concept creep.” Haslam (2016) and Haidt (2015) describe how many psychological concepts have semantically shifted over recent

years to encompass both qualitatively new phenomena (horizontally) and less extreme phenomena (vertically), so that benign everyday experiences become increasingly pathologized (e.g., microaggressions, symbolic racism). The expanded definitions may now pertain to acts of omission and avoidance as well as commission, and they are more likely to include a subjective element, based on perception and emotional sentiments, not on objective standards (Haslam, 2016). Though these changes may be well-intentioned, broader implications include trivializing severe phenomenon (e.g., trauma), reducing a sense of self-agency or promoting hopelessness, and increasing conceptual overlap of different terms (e.g., a statement could be considered abuse, bullying, and a trauma simultaneously). Lastly, given the bent toward a liberal ideological agenda, concept creep risks being leveraged toward ideological foes (Haidt, 2015).

4 | RELEVANCE OF IDEOLOGICAL BIAS TO CLINICAL PSYCHOLOGY

Many have expressed concern about ideological bias in the social sciences, particularly within research, with few barely connecting its implications to clinical practice of psychology (e.g., Lilienfeld, 2010). Only little is known about the ideological affiliations of clinical psychologists specifically. According to Gartner, Hohmann, Harmatz, Larson, and Gartner (1990), 64% of clinical psychologists surveyed identified as “liberal”; however, we suspect that the demographic and ideological makeup of the profession is more skewed 30 years later, consistent with proportions in social psychology. Consequently, we believe the relevance of ideological bias within clinical psychology warrants attention. Below, clinical implications are reviewed, followed by presentation of the significance of ideological diversity and solutions to its dearth.

5 | CLINICAL APPLICATIONS

Ideological bias can have multiple negative consequences for clinical practice, some quite subtle, based on what is already recognized in social and psychological sciences. The following is a review of the potential consequences of unchecked bias, across didactic settings and interactions with trainees and the provision of direct clinical services by clinical psychologists. Once again, this review is surely not exhaustive but nonetheless provides a preliminary exploration of this topic.

5.1 | Clinical education and training

Perhaps the most profound and long-lasting impact of liberal bias in clinical practice is with respect to training of future

psychologists. Left-leaning clinical psychologists in training roles are not necessarily well-equipped to teach multicultural competency and sensitivity regarding ideological diversity to their students and supervisees, assuming clinical psychologists are biased comparably to social psychologists (Gartner et al., 1990). Such a training environment may perpetuate negative out-group stereotyping among trainees of socio-politically divergent populations and institutionalize liberal bias in educational contexts. Furthermore, bias among those in didactic roles can influence nonliberal students directly. As reported earlier, there is evidence that applicants to graduate school whose ideological orientation is conservative are less likely to be accepted than applicants with more liberal views (Gartner, 1986). Similarly, psychologists have admitted willingness to discriminate against others based on political orientation with respect to grant applications, tenure, prospective colleagues, etc. (Inbar & Lammers, 2012).

Students with a conservative ideology may also be discriminated against during clinical training. Students under supervision in clinical practicums are expected to closely follow the ethical guidelines of their profession and the guidance of their supervisors. However, they may be subject to challenges beyond what occurs during normative clinical training, and even dismissal from training, if they do not adhere to the ideology of their supervisors even if their behavior is consistent with the Ethics Code (Ward v. Polite, 2012).

One such area of potential conflict or incongruence could be that of multiculturalism, a core social agenda of the American Psychological Association (APA, 2017b). While multiculturalism is not a strictly liberal agenda, liberals are more likely to be enthusiastic about its implementation, and as presented previously, liberals dominate academic positions. The issue is that multiculturalism is not only a social agenda (APA, 2017b) but a legitimate area of scientific inquiry (Sue, Zane, Hal, & Berger, 2009) and an area for clinical interventions as well (Lopez et al., 1989). As a scientific theory, multiculturalism is, or at least should be, questioned and held to the same standards of evidence as any other theory or hypothesis. Just as any other scientific theory, multiculturalism has its strengths and limitations (Fowers & Richardson, 1996; O'Donohue, 2005). Yet the question could be asked: What would be the fate of an intern applicant who expressed doubt with some aspects of multiculturalism on the APPIC internship diversity/multiculturalism essay (e.g., lack of regard for ideological diversity)? While assessing multicultural competence is of value, conceivably the diversity essay could be used to screen out applicants who espouse alternative views on multiculturalism, an ironic and ethically questionable practice. Such an internship application could likely result in a rejection since many psychologists have admitted that they would be willing to discriminate against conservative peers in similar situations (Inbar & Lammers, 2012). Of course,

further research would be needed to determine the extent to which this practice might occur during the internship application process.

A suppression of critique of multiculturalism, or of any other scientific theory for that matter, entails the additional issue of abandoning the scientific method. The support for APA's sociopolitical agenda is based on scientific research (APA, 2017b). But if a research theory or hypothesis cannot be questioned because doing so would be politically unpopular and could jeopardize one's career, can it still be considered as meeting the criteria for science? For instance, a recent search of the professional literature revealed that there are no articles published in peer-reviewed psychological journals that include the terms "multiculturalism" and "critique." Some (Lilienfeld, 2002b; Tetlock, 1994a) have questioned such politicization of research, and there may be many others who are concerned but are afraid to express an opinion. Ironically, by suppression of any critique of multiculturalism, its proponents may be undermining the scientific foundation upon which it is based.

Trainees who do not agree with one or more tenets of the prevailing ideology are placed in a very difficult situation with even more limited options than professional psychologists, given the inherent power differential and their subsequent vulnerability. They can challenge one or more points of the prevailing orthodoxy, or they can keep their true opinions private. Expressing contrarian views may be perceived by the faculty as unwillingness to internalize the generally accepted sociopolitical activism espoused by the profession and will likely be met with disapproval (see select responses to Duarte et al., 2015). Faculty may focus on inculcating proper ideological viewpoints, but trainee persistence in maintaining contrarian opinions may result in increasing pressure to conform. This pressure could be very difficult for trainees to resist, especially since their entire professional career may be at risk. In extreme cases, they could be terminated from their programs as well (Ward v. Polite, 2012). Trainees therefore have good reasons to fear retaliation for disclosing their ideological views. Indoctrinating new trainees into a supervisor's ideology may in fact be one of the major points of contention in the liberal-conservative ideological debate, for it will be the ideology of the trainees that will shape the future of psychology.

Dissimulation of personal, contrarian beliefs will likely lead to ethical or moral conflicts for students (e.g., do I pretend to support a decision such as abortion when I don't agree with it?) and will lead to cognitive dissonance. Also, maintaining such a pretense, being constantly on guard for fear of being exposed, would create additional anxiety in an already stressful training process. Sooner or later trainees with out-group views would have to ask themselves if being a member of this profession is possible only by pretense. Further

empirical research is needed to explore the nature and scope of these presented concerns along with recommendations for appropriate solutions.

5.2 | Provision of services

Given the significance of the psychotherapeutic relationship, as often informed by the interaction of client–therapist characteristics, and the responsibility psychologists bear to their clients and to the broader general population, the impact of ideological bias on the provision of services must be considered. First, we begin with a review of closely related topics.

5.2.1 | Value-laden versus value-free psychotherapy

Historically, psychologists have typically had a goal of approaching and understanding human beings with objectivity. At the inception of the profession, psychologists attempted to adopt the natural scientific method of inquiry and emphasis on objective investigation and practice (Jackson, Hansen, & Cook-Ly, 2013). Both Skinner and Freud advocated for value-free psychotherapy, with Freud (1964), for example, comparing a therapist's role to that of an emotionally unaffected surgeon (p. 115). When discussing behavior modification techniques, Skinner (1971) described these as "ethically neutral" (p. 150). However, subsequent psychologists have questioned whether values can be suspended when interacting with clients (Gadamer, 2004; Tjeltveit, 1999), given that they are foundational to therapeutic decision-making (Fisher-Smith, 1999). Consequently, value-neutral approaches to therapy were increasingly seen as untenable (Bergin, Payne, & Richards, 1996).

Tjeltveit (1986, 1999) identified a distinction between values relevant to the therapeutic process and other irrelevant beliefs (i.e., religious and political values), permitting an ethical method for managing values. Yet, professional values may be connected to and interwoven with personal values, including those moral or ethical in nature (Slife, 2004; Slife, Smith, & Burchfield, 2003). Tjeltveit (2006) acknowledged that it may be impossible, in some instances, to change health-related values without also changing others more idiosyncratic in nature (i.e., moral, religious, or political values). Inevitably, the therapeutic process is influenced by values, whether directly or indirectly. In this vein, O'Donahue (1989) expressed that the outcome of a psychologist's helping efforts are informed by one's entire belief system. While it is unavoidable that psychologists have values that inform decisions, and while it may not be

realistic to suspend them entirely, psychologists should reflect on what they are, limit their potential harm, and seek consultation and supervision as needed, consistent with the Ethics Code (APA, 2017a).

5.2.2 | Significance of the client–therapist relationship

All forms of psychotherapy share common elements (Goldfried & Newman, 1986; Thompson, 1987). Of these elements, the single most frequently identified commonality is the development of a collaborative therapeutic relationship (Grencavage & Norcross, 1990). The therapeutic alliance is comprised of three components: the bond, the agreement about treatment goals, and the agreement about the tasks of therapy (Bordin, 1979). Without a strong relationship and collaborative work, clients are unlikely to make healthy lifestyle changes, such as improving interpersonal relationships, engaging in less maladaptive thinking, and expressing difficult emotions (Wampold, 2015). Given that values and beliefs are brought into the therapeutic relationship by both client and therapist alike, both parties also influence the therapeutic process as well as the relationship. Values can be a potential cause of biased clinical judgments (Abramowitz & Docecki, 1977).

While research concerning the effects of a psychologist's ideology on clinical judgment is limited, the ideological match between the client and psychologist appears to affect the degree to which the psychologist empathizes with and esteems the client (Gartner et al., 1990). A high degree of value discrepancy between the client and therapist has been found to be an indicator of poor treatment outcome (Berzins, 1977; Beutler, 1972). Since value discrepancies can impact therapeutic relationships, psychologists need to be sensitive to possible “ideological countertransference,” which refers to an individual's tendency to dislike those whose values vastly diverge from one's own (Byrne, 1971; Gartner et al., 1990). Ideological countertransference may cause psychologists to make biased judgments about clients whose values differ from their own (Mendes, 1977; Szasz, 1974). As such, the success of therapy can be affected by the ideological match between client and psychologist.

5.2.3 | Historical regard for religion/spirituality

Paralleling the disregard of nonliberal or nonprogressive ideologies, psychology has historically had an often-unharmonious relationship with religion and spirituality (Haque, 2001), as research scientists and practitioners neglected the study of religion and negated the value of religious beliefs (Hefner,

1997). This was likely due to the prevailing belief that science provides sufficient knowledge of the world because it is based on verifiable facts and materialism (Haque, 2001). Traditionally, scientists have argued that religion and science are separate and mutually exclusive disciplines (National Academy of Sciences, 1984).

Psychology's adherence to deterministic theory has also impacted the regard for religion (Haque, 2001). Religious experiences have been explained in environmental, psychological, and biological contexts while frequently neglecting any reference to the transcendental aspect of these experiences (Haque, 2001). Many key figures in the history of psychology maintained negative attitudes toward religion and spirituality, which influenced subsequent generations of psychologists. Freud (1953) declared religion as an illusion and encouraged individuals to forsake religion and rely on science in order to progress from the infantile stage. Skinner (1953, 1971) attributed religious behavior to reinforcement. Similarly, Ellis (1960) warned against religion particularly in regard to utilizing it in therapy with clients. However, he later changed his position suggesting this was applicable only to those who are religiously devout.

Modern psychologists have studied religion more thoroughly (Haque, 2001). Research reveals significant benefits regarding the practice of religion and spirituality, including enhanced psychological, relational, and marital well-being (Javanmard, 2013; Koenig, McCullough, & Larson, 2001). Individuals involved in religious or spiritual practices experience reduced rates of anxiety, depression, substance abuse, and suicide (Koenig et al., 2001) and increased rates of posttraumatic growth (Currier, Mallot, Martinez, Sandy, & Neimeyer, 2013; Shaw, Joseph, & Linley, 2005). While historic bias against religion limited its inclusion in many mainstream research endeavors, increased research overlapping psychology and religion, as well as increased recognition of the value of religion and spirituality (e.g., development of integrative academic journals and professional organizations), has enhanced psychologists' multicultural competence and enriched client experiences in treatment.

5.2.4 | Correlation between theoretical orientation and political ideology

Little research examines the interplay between clinical practice and political ideology, let alone bias. Yet, some research suggests that a clinician's political ideology bears influence on one's theoretical orientation (Bilgrave & Deluty, 2002; Gartner et al., 1990). Those who identify as liberal tend toward humanistic orientations while both conservatives and libertarians endorse a preference for cognitive behavioral theory (Bilgrave & Deluty, 2002; Norton & Tan, 2018).

Given the relationship between political ideology and theoretical orientation, which relates directly to clinical practice, it is worthwhile considering the other ways in which ideology may affect professional roles and relationships and clinical services. Acceptance of conservative and libertarian ideologies may lead to a broader understanding of people and their well-being, as well as more diverse viewpoints within the field of psychology.

5.2.5 | Ideological bias potentially impacting psychotherapy

As with other aspects of diversity (e.g., cultural, sexual orientation, and spiritual/religious), clinical psychologists cannot effectively provide services if they do not sufficiently understand the clients they serve or do not recognize limited personal understanding (Gartner et al., 1990; Lopez et al., 1989; Sue et al., 2009). The same is true of ideological diversity. For example, depending upon one's theoretical orientation or psychotherapeutic approach, clinicians are occasionally in the role of connecting clients to resources beyond immediate relationships. In one hypothetical scenario, a psychologist with socialist leanings could be at odds with a libertarian client while problem-solving around utilizing community or state/federal resources. Adoption of victimology and minimization of individual responsibility, characteristic of many progressive narratives, can potentially promote learned helplessness (Cummings & O'Donohue, 2005). Even more so, misperceiving a client as characterologically flawed, morally corrupt, or even mentally ill or compromised because of ideological differences can have a tremendously detrimental impact on the therapeutic relationship and the client's psychological well-being.

By adoption of symbolic (implicit) racism and microaggression theory, clinical psychologists run the risk of making type I errors (i.e., perceiving racism in clients where there is none). This might be particularly the case when serving clients who identify as politically conservative or libertarian, given the conflation of these values and policy positions with racism. With regard to microaggressions, inferring malicious intent or disregarding neutral or well-meaning intent could occur because the psychologists ironically fell prey to cognitive behavioral patterns of distorted thinking (e.g., mind-reading, jumping to conclusions; see Lilienfeld, 2017, p. 147). The "diagnosis" of racism is a judgment of one's moral character, the perception of which could justify the sudden termination of psychotherapy. Consequently, it is in the realm of possibility that simple differences in political ideology could be the basis for rupture of the therapeutic alliance or discontinuation of psychotherapy. Termination of psychotherapy or discrimination against prospective psychotherapy clients is not permissible for other diversity characteristics, unless a clinician

lacks sufficient competence and also provides a referral and/or services until a crisis passes (APA, 2017a). This concern is yet another deserving of further empirical research.

Nahon and Lander (2014), through a series of literature reviews on psychotherapy with men, suggest that therapists tend to hold negative biases toward men in therapy, for instance, perceiving them as "emotionally defective." Such biases in therapist attitudes are more of an inhibitor to men engaging in therapy than men themselves forgoing support or treatment. Instead, shifting the discussion from what characteristics men lack to what men possess that can be leveraged in psychotherapy, particularly by identifying and capitalizing on strengths and channeling innate traits in adaptive and meaningful ways, is thought to be more impactful (Hammer & Good, 2010; Nahon & Lander, 2014) and more consistent with a patient-centered model of practice. Failure to account for a holistic view of men, weaknesses and strengths alike, can perpetuate reluctance to seek treatment (Hammer & Good, 2010). What are some of those strengths? In addition to helping foster emotional regulation in children (Cassidy, Parke, Butkovsky, & Braungart, 1992) and their willingness to face challenges (Grossman et al., 2002), Levant (1992) adds:

A man's willingness to set aside his own needs for the sake of his family; his ability to withstand hardship and pain to protect others; his tendency to take care of people and solve their problems as if they were his own; his way of expressing love by doing things for others; his loyalty, dedication and commitment; his "stick-to-it-tive-ness" and will to hang in until a situation is corrected; and his abilities to solve problems, think logically, and rely on himself, take risks, stay calm in the face of danger, and assert himself.

(p. 385)

Simultaneous disregard for such positive and aspirational masculine traits and sociocultural adversities that men uniquely face suggests that clinician efforts to promote recognition of one's privilege, as recommended in the APA (2018) Guidelines for Psychological Practice with Boys and Men, may be alienating and offensive to clients, particularly with different economic, historical, and scientific frameworks for understanding interpersonal dynamics and positions within society. Confronting clients with ideologically partisan concepts is clinically questionable at best, and inappropriate and unethical at worst.

Subscription to a "toxic masculinity" narrative or problematizing traditional forms of masculinity could perpetuate the notion that men benefit from more feminized approaches (e.g., enhanced emotional sensitivity,

awareness, and expression) to clinical problems. While recognition and labeling of one's emotions have merit (Kircanski, Lieberman, & Craske, 2012; Lieberman et al., 2007), there are indeed gender differences in the extent to which talking about emotions is perceived as beneficial (Rose et al., 2012). Boys and men are also likely to self-express differently (Kelly & Hall, 1992), including with greater use of humor that forges relational closeness (Rose, Smith, Glick, & Schwartz-Mette, 2016). Liu (2005) suggested that failing to treat a client within their conceptualization of masculinity is a reflection of multicultural incompetence. If a clinician assumes a male client is toxically masculine, could beneficial, gender-sensitive treatments (i.e., problem-solving, solution-focused, and integrity/meaning-oriented) be overlooked? Furthermore, could clinicians run the risk of not screening for interpersonal or intimate partner violence (IPV) in male clients when women are victims ("oppressed") and men are victimizers ("oppressors"), particularly as men and women experience violence at comparable rates (e.g., Straus, 2011)? Future research should examine the influence of such ideology on men's experiences in psychotherapy.

5.3 | Devil's advocate

A number of reasonable cases could be made to critique the premises of this article. First, clinical psychologists are fortunately trained to be self-reflective and self-aware of personal attitudes and values that influence decisions and behavior, as well as to be thoughtful and empathetic toward clients, including those markedly different from psychologists themselves. Second, clinical psychologists are encouraged to maintain some degree of objectivity in concordance with the Ethics Code (APA, 2017a), which promotes principles and standards to help advance some degree of professionalism and protection of consumers of psychological services (e.g., beneficence, nonmaleficence, competence). Third, a liberal political ideology, which predominantly characterizes psychologists, is associated with greater trait openness to experience (Carney, Jost, Gosling, & Potter, 2008). This bodes well for liberal clinicians' openness to ideologically diverse clients, though it is possible that this scale is a better measure of openness in liberals than conservatives (Charney, 2015). Lastly, several other questions or points, such as those presented in Duarte et al. (2015), might be raised. For example, to what extent does or should the mission and goals of clinical psychology align with that of its research discipline counterparts? Are not the "liberal" positions on the social topics studied in psychology the correct or moral ones? Maybe conservatives are just not geared for careers in psychology (e.g., due to personality traits and intelligence, etc.)? Perhaps

thought diversity is just not as important as other types of diversity.

5.4 | Rebuttal

Despite the plausible reasons clinical psychologists may be less susceptible to the concerns raised in this article, we contend that the salience of ideological bias remains a worthy concern for clinical psychologists. The profession's ideological orientation is markedly more left-leaning than that of the general population (e.g., Saad, 2019), resulting in a likely frequent ideological mismatch between psychologist and client. Differences between clinician and client characteristics, such as ethnicity/race, religion/spirituality, and SES, have been studied considerably and resulted in varied findings with regard to therapeutic relationships and clinical outcomes (e.g., Barnett & Johnson, 2011; Cabral & Smith, 2011; Dougall & Schwartz, 2011). Yet, ideological orientation is a particularly significant characteristic given the current political and cultural climate such that, within the general population, more people oppose inter-party affiliation within their families or their children marrying someone from across the proverbial aisle (Iyengar, Konitzer, & Tedin, 2018; Iyengar, Sood, & Lelkes, 2012), reminiscent of opposition to interracial marriage in previous eras (Livingston & Brown, 2017). Similarly, political party allegiance is a more powerful predictor in voting than other "diversity" variables (e.g., gender and ethnicity) transnationally (Westwood et al., 2017).

Henry and Napier (2017) reviewed American National Election Studies data from 1964 to 2012 and found that higher education levels are associated with greater ideological prejudice. Given the overwhelming representation of liberals in the social sciences, including psychology, it would not be surprising that conservatism would be poorly regarded. Psychologists, regardless of their political affiliation, are not necessarily beyond the influence of confirmation bias or motivated reasoning, and ideological diversity can be a remedy toward this error (Duarte et al., 2015). Not to mention, prejudice exists across the political spectrum (Chambers, Schlenker, & Collisson, 2013; Crawford & Pilanski, 2014; Wetherell, Brandt, & Reyna, 2013). Crawford et al. (2017) further expound upon these potential pitfalls of prejudice:

Further, worldview conflict (e.g., symbolic threat; perceived value dissimilarity) underlies prejudice on both the political left and right (Crawford & Pilanski, 2014; Wetherell et al., 2013). This may be surprising given the openness to experience typically reported by political liberals (Jost, Glaser, Kruglanski, & Sulloway,

2003; Sibley & Duckitt, 2008); however, even people open to experience express prejudice towards people that do not share their beliefs (Brandt, Chambers, Crawford, Wetherell, & Reyna, 2015).

(p. 5)

As noted earlier, though conservatives may be somewhat more accurate in relating liberal positions on issues than vice versa (Graham, Nosek, & Haidt, 2012), those with more extreme political positions are less likely to recognize personal errors (Rollwage, Dolan, & Fleming, 2018). Duarte et al. (2015) and Crawford (2015) may be reviewed for particularly engaging discussion around self-selection versus hostile climate and discrimination, personality and intelligence research of liberals versus conservatives, the significance of ideology as a diversity characteristic, etc.

6 | THE VALUE AND NEGLECT OF IDEOLOGICAL DIVERSITY

There are multiple benefits to include ideological diversity within psychology (APA, 2005). First and foremost, a core principle of professional psychology (APA, 2017a) is that all individuals should be treated fairly and equally. Presumably, this would include individuals with nonliberal ideological beliefs, so including conservatively oriented psychologists would be a sign of compliance with APA's ethical standards.

Achieving a multicultural community has been one of the major goals of the APA (2017b), and the polarization between liberal and conservative ideologies can certainly be viewed as resulting in different cultures. There are obvious advantages to having a community of scholars with diverse perspectives working synergistically to solve problems. Furthermore, as Fowers and Richardson (1996) noted, "The nurturance of diversity is expected to enrich all of us through understanding and interacting with the multiple sources of meaning and the vastly expanded cultural resources available in a truly multicultural society" (p. 611). Aside from viewpoint diversity in-group problem-solving and increased creativity, diversity broadens the scope of any community.

The social sciences have received much criticism for abandoning scientific principles for social advocacy (Redding, 2001; Tetlock, 1994a) both in media and from within the profession. By fostering and disseminating diverse perspectives on social issues, psychology can maintain its scientific credibility and avoid being considered as yet another political special interest group. In addition, having a diversity in viewpoints would help to reduce confirmation bias (Lilienfeld, 2010) and theoretical rigidity, support adversarial collaboration (Duarte et al., 2015) in research, and offer a more balanced perspective on social advocacy issues.

The problems associated with neglecting, or even excluding ideological diversity from psychology are, for the most part, a converse of its advantages. First, excluding psychologists because of their ideological orientation may be unethical. Oppression was defined by the APA (2018) as "discrimination against and/or denial of resources to members of groups who are identified as inferior or less deserving than others" (p. 3). Yet data by Inbar and Lammers (2012) suggest that considerable proportions of liberal psychologists would be willing to discriminate and deny resources to psychologists perceived as conservative in paper reviews, grant reviews, symposium invitations, and hiring decision.

Second, multiculturalism is one of the core tenets of professional psychology (APA, 2017b). APA and the profession as a whole have made strenuous efforts to increase and value the representation and input of various minorities. Yet, there is evidence that within their own profession, psychologists may fail to practice the ideals that they espouse with respect to tolerating, let alone welcoming differing cultural views (Duarte et al., 2015; Gartner, 1986; Redding, 2001).

Third, the goals of politically focused advocacy and science may be diametrically opposed in method and aim. Scientific errors and biases can be corrected through further experimentation. Political process errors and biases frequently cannot be corrected because some decisions are irreversible. For example, bias-based rejection of a manuscript for publication that took years to complete can never be reversed as if the rejection never happened. Historically, the scientific method has entailed support of free discussion, exploration of alternative views, and tolerance for dissenting opinions. Ideologically driven scientific agendas exclude competing views and would therefore impair scientific progress.

Aside from the issues mentioned above, ideological hegemony within psychology, or any other scientific discipline, can have other deleterious consequences. The overt domination of psychology by any ideology can lead to a cohesive moral community (Duarte et al., 2015) that binds its members and the profession as a whole into narrow and unproductive pursuits. Furthermore, theoretical rigidity can lead to a distorted set of values in which the aim of scientific research is to provide support for a given theoretical model rather than to seriously test whether it is falsifiable. If such theoretical rigidity is combined with an active and strident social agenda, the profession faces the danger that it will lose its scientific credibility and become just one of many ideological movements (Tetlock, 1994a).

An even more disturbing problem is that many psychologists are becoming afraid of expressing minority views due to concerns over being persecuted for their ideological orientation (Inbar & Lammers, 2012). The entire professional career path of psychologists (e.g., selection to graduate school, indoctrination into the profession in graduate school, selection to internship and residency, selection for

a job, job promotion, promotion for tenure, access to research grants, selection to be on a journal review board, selection of a manuscript for publication) is dominated by adherents to a liberal ideology and likely with little cause or impetus to diversify.

Perceptions and accusations of bias in others combined with a denial of bias in the self are common (Pronin, Linn, & Ross, 2002), and many forms of discrimination and bias may develop because in-groups give preference to their own members, not because they wish harm to members of an out-group (Greenwald & Pettigrew, 2014). Behavioral techniques that promote bias can range from the highly overt, such as ad hominem arguments (Harris, 2009), to more subtle forms that are almost impossible to prove in a court of law or administrative hearing. For example, there is evidence that research unsupportive of the liberal ideology is suppressed (Lilienfeld, 2002a, 2002b; Redding, 2001, 2013), while research of dubious quality but supportive of the liberal ideology is published (Duarte et al., 2015; Tetlock, 1994a). As Inbar and Lammers (2012) noted, conservatively oriented psychologists and students have good reasons to fear revealing their political beliefs to their colleagues.

There is scant doubt that liberal ideology pervades professional psychology, and that, at least for the present, some minority ideologies are disenfranchised. According to Haidt (2011), there is a barely believable lack of ideological diversity in the field. The authors' view is that for a scientific community to flourish the members must have a shared set of values that fosters fairness and stability. At the same time, there must be enough freedom to disagree so that new ideas can emerge and can be seriously considered. Furthermore, equilibrium must be maintained between the two extremes of total conformity and total chaos. The equilibrium is always tenuous as new issues and conflicts emerge, and they must be constantly tended to maintain equality among the competing views.

7 | POTENTIAL SOLUTIONS TO IDEOLOGICAL BIAS IN CLINICAL PRACTICE

After having outlined a range of concerns regarding ideological bias and lack of ideological diversity that can affect the practice of clinical psychology, several different principles and approaches are presented below in hopes of remedying these problems. We suggest also that partisan politicking at the organizational level of the APA be addressed via the solutions outlined by O'Donohue and Dyslin (2005), which include limiting political activity to matters in which psychologists have legitimate expertise, ensuring strict adherence to ethical standards pertaining to public statements and explanations of research results,

ensuring honest and balanced reviews of contentious topics, and encouraging psychologists' participation in civic and political endeavors in entirely separate organizations devoted to such tasks.

Clinical psychology already demonstrates a concerted effort to reduce the effects of bias through a range of strategies, primarily stemming from the call to adhere to professional ethics, which includes the principle of doing no harm and the recommendation of continuously seeking out multicultural competency (APA, 2017a, 2017b). Stuart (2004) proposes twelve suggestions for achieving multicultural competence, such as, "develop skill in discovering each person's unique cultural outlook" and "critically evaluate the methods used to collect culturally relevant data before applying the findings in psychological services" (p. 6). Stuart suggests that clinicians may consider attempting to change a client's beliefs if deemed necessary. Meanwhile, Wright and Cummings (2005) suggest that the best psychologist:

nonjudgmentally treats a broad spectrum of patients and is not compelled to visibly demonstrate identification with any philosophy, movement, or ideology. This, coupled with experience and effectiveness, helps ensure that psychotherapy will focus on patient needs, not the therapist's agenda.

(p. xxx)

Clearly any effort to shift client beliefs or values should be clinically indicated, ethically consistent, and pursued only following a sensitive and comprehensive understanding of the client's background, presenting problems, needs, and goals, while simultaneously attending to one's own ideological worldview, values, biases, and motivations.

Haidt's (Graham, Haidt, & Nosek, 2009; Haidt, 2013; Haidt & Graham, 2007) research on five core foundational moral values also provides a framework from which much-needed cultural humility can be fostered. These moral foundations, harm/care, fairness/reciprocity, in-group/loyalty, authority/respect, and purity/sanctity (Graham et al., 2009; Haidt, 2013; Haidt & Graham, 2007) are valued differentially between liberals and conservatives and result in contrasting perspectives on a range of social, economic, and civic topics. Liberals value the first two, harm/care and fairness/reciprocity, relatively more than the others, whereas conservatives value all five moral domains nearly equally (Graham et al., 2009). The ability to understand and accurately, rather than prejudiciously, articulate another's worldview, values, and needs, from a client or colleague to a research study sample, is particularly meaningful given the current political climate. Attention to these foundational moral values provides important insight into

the interplay between culture and ideology as well. Ideally, such consideration in conceptualization would be meaningful for professional development and therapeutically enriching for clients.

Structures (e.g., education, training, supervision) are already in place to foster multicultural competence and humility with regard to many other aspects of diversity. To include ideology as yet another element of cultural and worldview diversity, like religion, would ensure a comparable level of professional service widely expected for other aspects of diversity (APA, 2017b). Conversely, to not account for and accurately comprehend sociopolitical and cultural differences in clients may risk multicultural incompetence. Consideration of ideological diversity is particularly important, for instance, given research indicating that groups tend to split *more* across ideological lines than ethnic/racial ones and with partisan discrimination topping racial discrimination (Iyengar & Westwood, 2014; Pew Research Center, 2017).

8 | FUTURE RESEARCH

The purpose of this article is to review a specific problem occurring in the broader social sciences and make a case for concern within the practice of clinical psychology. First of all, the extent and ways in which ideological bias affects clinical psychologists and the recipients of their services require significant further exploration. This ought to include ascertaining the present ideological makeup of clinical psychologists, and other mental health professionals, determining the salience of ideological viewpoints held given the increasingly monolithic makeup of the profession, and exploring the myriad ways these viewpoints might influence training/supervision, education, and clinical research, as well as across a range of topics (e.g., Gottfredson, 2005; Josephson v. Postel et al., 2018; Jussim, Stevens, & Honeycutt, 2018; Rubinstein, Jussim, & Stevens, 2018; Schneider, Smith, & Hibbing, 2018). Additionally, further research is needed to understand the potential influence of clinical psychologists' ideological viewpoints on working relationships with clients, including in light of client ideological characteristics and on psychotherapeutic outcomes.

After identifying the types of problems existing due to lack of ideological diversity on clinical practice, it would be of significant value to determine the practical ways in which clinical psychologists might develop approaches for reducing bias, as discussed earlier. Likely, these would parallel the strategies used to improve multicultural competence and foster humility and sensitivity around other diversity factors. Future research could evaluate the extent of these strategies' success while simultaneously promoting education and resources that could be adopted in graduate-level training settings and educational programs.

9 | CONCLUSION

The broader social and psychological sciences are characterized by a severe lack of ideological diversity, resulting in a steady and unilateral ideological bias that affects a range of professional activities and relationships. Clinical psychologists as consumers, and co-producers, of research must consider the impact of bias on their clinical research and practice. Failing to effectively monitor the influence of ideological bias in research and practice, in the midst of an ever-polarizing political climate, may continue to threaten the legitimacy of social and psychological sciences and alienate those otherwise in need of psychological services. The most admirable qualities of clinical psychologists (e.g., self-reflection, empathy, and dedication, etc.) may very well be the qualities that allow consideration of the ideological bias problem and foster motivation to develop the knowledge, skills, and desire to approach the provision of clinical services in a nonpartisan and sociopolitically sensitive manner. Not only do clinical psychologists have the foundational skills to accomplish this but also a professional Ethics Code (APA, 2017a) that implicitly and fundamentally requires it through multicultural competence and scientifically informed practice.

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