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Political attitudes and religiosity levels of Israeli psychotherapy practitioners and students

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Abstract (Abstract):
An overwhelming left-wing political and secular orientation was found among the 624 Israeli psychotherapy practitioners and students who participated in a study. The participants had become significantly more left-wing and less religious than their parents. These findings are similar to those found among US psychotherapists.

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This study investigated the political attitudes (PA) and religiosity level (RL) of a practitioners sample, comprising 82 psychiatrists, 222 clinical psychologists, and 113 psychiatric social workers, and a students sample comprising 69 B.A. and 65 M.A. students in psychology, and 73 B.A. students in social work, who intended to practice psychotherapy. PAs were measured by the subjects' voting intentions, self-definition, and attitudes toward Capitalism-Socialism and the occupied territories. RL was judged by special measures developed for the Jewish population in Israel, which were adapted for secular psychotherapists. Subjects also defined both themselves and their parents regarding PA and RL. The results are similar to findings of previous studies, indicating that psychotherapists support the political left and conduct a secular way of life. No significant differences were found between practitioners and students regarding PA and RL. A significant decrease in subjects' right-wing attitudes and RL relative to their parents was found. It is suggested that the similarity between practitioners and students regarding PA and RL could imply that supporting the political left and low RL preceded the decision to practice psychotherapy. The therapeutic implications of the differences between therapists and clients regarding PA and RL are also discussed.

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The possible influence of therapists' personal values upon the therapeutic process and outcome has been the subject of many studies and discussions. Buhler,(1) in her book Values in Psychotherapy, points out that therapists' values affect their choice of a therapeutic orientation and their attitude toward the desired therapeutic outcome. Weisskopf-Joelson(2) presents clinical examples, personal experience, and empirical research demonstrating that the values of psychotherapists affect diagnoses as well as the process and goals of therapy. She states that some therapists believe that therapy should not be influenced by values, yet they may use indirect ways of disseminating them. In a survey carried out by Norcross and Wogan(3) among 319 experienced psychotherapists, 89 percent agreed that values of the therapist have direct influence on therapy, 43 percent agreed and 37 percent disagreed that the therapist's values should influence therapy (with behaviorally and humanistically oriented therapists more likely to agree than psychoanalytically oriented therapists). However psychodynamic therapists tend to aspire to neutrality. This attitude is also shared by Basch,(4) who considers empathy to be the highest transformation of affective communication, which makes possible a value-free attitude on the part of the therapist.
A series of studies carried out since the mid-fifties, regarding the relationship between the therapist's values and the therapeutic process and outcome, shows that neutrality is rarely achieved. The term frequently used in this context is "convergence" (between the therapist's and client's values), but Kelly,(5) reviewing critically the studies in this field, points out that although convergence implies the movement of two points, researchers have assumed that the therapist's values are not subject to much change since he or she is not seeking help and is typically involved with many therapeutic relationships at any given time. Beutler et al.,(6) who carried out one of the most comprehensive studies in this field, concluded that clients tend to adopt their therapists' values, while the latter, in turn, tend to like clients more and to perceive a greater improvement in their condition the more they adopt the therapists' values. Kelly(5) also noted that patient-therapist values' convergence is associated with the therapist's rating of improvement, but not with the patient's rating and not with a standardized measure of symptom amelioration. This conclusion implies that therapists tend to mold a person of their own image, from a cultural point of view, during therapy.

WHICH SOCIAL ATTITUDES ARE TYPICALLY HELD BY THERAPISTS?

The most comprehensive study in this field was carried out by Henry, Sims, and Spray,(7) who investigated the political and religious biographies of more than 4,000 American psychotherapists, and found that most of them were more liberal and less religious than their parents. This sample indicated an overrepresentation of urban Jews, whose parents had been immigrants from Eastern Europe. The authors pointed out that the greater was the subjects' involvement in psychotherapy, the more did their biographies fit this cultural pattern. Despite its importance, one may find it difficult to conclude from Henry et al.'s study whether the development of attitudes typically held by psychotherapists preceded the choice of a therapeutic profession, or perhaps the development of these attitudes coincided with practicing psychotherapy and resulted from longtime association with this professional group.

A study carried out by Weller and Nadley(8) among Israeli students found that the authoritarianism level of philosophy and psychology students was significantly lower than that of natural sciences students. Authoritarianism in this study was measured by Adorno et al.'s,(9) F scale, which is based on the premise that right-wing attitudes, social and economic conservatism, ethnocentrism, and religiosity are characteristic of the authoritarian personality. Since Weller and Nadler's study was conducted on freshmen students in Israel who select their department at the time they apply for admission to the university, the authors suggested that authoritarians (typically holding the above mentioned conservative attitudes) and nonauthoritarians differ in choosing their profession. Weller and Nadler consider the resistance to introspection and the overacceptance of ultraconventional values and assumptions of society, typically held by authoritarians, as personality traits that explain the professional choice of natural sciences students. Conversely, social sciences and humanities students tend to examine the accepted values and assumptions of their disciplines. Roe(10) also maintained that the parent-child relationship was a critical determinant of occupational choice. Children from warm households where the parents were attuned to the needs of the children and were concerned with maintaining warm, satisfactory relationships became person oriented. This view was supported by Nachmann,(11) who found differences in the family background of prospective lawyers, social workers, and dentists.

The present study investigated the political attitudes (PA) and the religiosity level (RL) of psychiatrists, clinical psychologists, and psychiatric social workers, and of B.A. and M.A. psychology and B.A. social work students, who intend to practice psychotherapy. One purpose of the study was mainly descriptive, i.e., characterizing a sociopolitical profile of the Israeli psychotherapist as compared to Henry et al.'s findings regarding the American psychotherapist. Another purpose was to examine the relationship between this profile and choosing psychotherapy as a profession. Obviously, more satisfactory answers to this issue could be obtained by comparing the PA and RL of psychotherapy practitioners and students to those of practitioners and students of other professions, or by a longitudinal study detecting changes in the PA and RL of psychotherapy students from the beginning of their studies through different stages of their professional development. However, it was
decided to take advantage of the participation of both experienced professionals and students in the beginning of their professional career in the present study in order to test whether these two groups differ in their PA and RL. The rationale for this examination was that if the tendencies to support the political left and to conduct a secular way of life develop during the formation of a professional identity, one should expect that these tendencies would be more intensive among experienced practitioners than among students who lack this experience.

METHOD

SUBJECTS

Six hundred and twenty-four subjects participated in this study. They were divided into two samples for the statistical analyses. The first was a practitioner sample (PS) of 417 therapists, 82 psychiatrists (65 experts and 17 trainees), 222 clinical psychologists (131 experts and 91 trainees), and 113 psychiatric social workers (all qualified, i.e., having at least a B.S.W.). The second was a students sample (SS) of 207 subjects, 69 B.A. students and 65 M.A. students in psychology, and 73 B.S.W. students who expressed their intention to practice psychotherapy. The division between experienced professionals and students was used as a control in the analyses of the PS subjects, whose experience varied. The subjects for the SS sample had very little experience. Of the 624 subjects, 174 (28%) were men and 45 (72%) were women. Subjects' mean age was 35.58 with a standard deviation (SD) of 10.22. Mean years of experience in therapy in the PS was 10.79 with a SD of 8.34 (regarding the social workers, only their experience in mental health practice was taken into account). Half of the experts in the three professions were involved in private practice in addition to their work in public mental health services. The distribution of the PS subjects by professions and career stage (experts vs. trainees) was very similar to the distribution of professionals in Israel (according to official data of the ministry of health). Thus, the PS represents a large section of the public mental health practitioners in Israel, although it was not a scientifically representative sample (see "Procedure"). The study included 15 mental health clinics, four student counseling centers, two psychiatric hospitals, and eight psychiatric services of general hospitals, whose heads agreed to participate in the study. All the subjects present in the staff meetings, in which the questionnaires were administered (see "Procedure"), completed and returned their questionnaires.

MEASURES

Demographic Questionnaire

The first page of the questionnaire included questions regarding sex, age, experience as a therapist, professional affiliation (psychiatrist, psychologist, etc.), degree, place of employment (hospital, clinic, etc.), and employment in private practice. The students were also asked in which field they would like to practice at the end of their studies. Only questionnaires of students who intended to practice psychotherapy were included in the present study.

The Political Attitudes (PA)

Subjects' PA were measured in two ways: (a) The self-rating of the subject on three six-degree scales ranging from 6: "Right-wing," "Capitalism", and "No territory should be returned" to 1: "Left-wing", "Socialism", and "All occupied territories should be returned", respectively; and (b) subjects' voting intentions, were elections to take place at the time of the questionnaire administration. Subjects' self-rating on a "Right-wing--Left-wing" scale appeared to be a valid measure strongly associated with voting behavior and attitudes of discriminate value between the political right and left.(12) The two other scales, regarding the preferred socioeconomic system and the attitude toward the occupied territories, were added for the purpose of the present study. In addition, subjects were ask to rate the PA of each of their parents during the subjects' adolescence on a six-degree "Right-wing--Left-wing" scale, in order to learn their political biographies. Cronbach's alpha of these three ratings is .82 if "Capitalism-Socialism" is deleted (and .69 otherwise). The value of the traditional distinction between right and left, on the basis of the socioeconomic system, is limited from a theoretical point of view (see "Results" and "Discussion"). Therefore, only the mean between the subjects' self-rating (right-left) and the rating
regarding the attitude toward the occupied territories (in addition to their voting intentions) were used as a measure of their PAs.

The Religiosity Level (RL)

Subjects were asked to define themselves and each of their parents, choosing between the categories: "secular," "traditional," "orthodox," and "ultraorthodox," in order to find out whether there had been a decrease in the RL among Israeli subjects, as compared to Henry et al.'s(7) study. In addition, a religiosity measure for the Jewish population in Israel(13) was also used as a basis for the RL measurement in this study. However, the expected low RL of therapists,(7,14) as compared to the entire population, necessitated making several changes in this measure. Only two questions regarding concrete religious behavior (i.e., fasting on Yom Kippur and traveling on the Sabbath) were used. In addition, the response categories of Ben-Meir and Kedem's(13) measure ("Yes" or "No") had to be more sensitive, and were therefore taken from other religiosity measures (appearing in two unpublished doctoral dissertations.) The subject's self-definition, the two questions regarding fasting on Yom Kippur and traveling on the Sabbath, and a five-items faith scale were used as the RL measure in this study. (The response categories were: "Ultraorthodox," "Orthodox," "Traditional," and "Secular" for the self-definition item; "Yes, the whole day," "Yes, part of the day," and "No" regarding fasting on Yom Kippur; and "Yes" or "No" regarding traveling on the Sabbath. The response categories for the five-item faith subscale were: "Believe," "Usually believe but sometimes doubt," "Don't know," "Usually doubt but sometimes believe," and "Don't believe at all." The scores were brought to a common denominator for the sake of computing Cronbach's Alpha and subjects' RL final score). Cronbach's alpha of this scale was .87, and none of the items included in the final scale diminished its internal consistency.

PROCEDURE

Participation in the study was suggested to heads of most of the public psychiatric services in Israel, as listed in official data of the health ministry from June 1989. The questionnaires were administered in a group situation during staff meetings, to increase the customary below 10 percent response rate to mailed questionnaires. The study was presented to the subjects as an investigation of psychotherapists' attitudes. The questionnaires were administered in my presence during the first half of the staff meeting, and I gave a lecture about the research after the subjects had completed and returned their questionnaires. This "package deal" was offered to the heads of the services in order to increase the subjects' cooperation. It provided them an opportunity to fill out the questionnaires during work time, and also exerted moderate group pressure for cooperation. The psychology and social work students filled out the questionnaires either with the practitioners during staff meetings in the psychiatric services where they were being trained, or in university classes, where the questionnaires were administered in a similar manner.

RESULTS

POLITICAL PARTY AFFILIATION

Results indicated an overwhelming left-wing political orientation: The party with the greatest support in each of the two samples was the Civil Rights Movement (CRM); 49.4 percent in the PS and 41.4 percent in the SS. Considering the establishment of a united Israeli left-wing block towards the 1992 elections, it is important to notice that the support rate for these three parties together is 61.2 percent in the PS and 60.6 percent in the SS. One should keep in mind that these three parties are located to the left of the Labor party. When the supporters of Labor are added to those of the three left-wing parties, the support rate of the political left is increased to 82.1 percent in the PS and 77.3 percent in the SS. Table I demonstrates the differences between the sample and the Israeli population as a whole(15) regarding political party affiliation. (Table I omitted)

What Is the Ideological Basis for this Massive Support for the Left?

As mentioned earlier, the "Socialism-Capitalism" item considerably decreased Cronbach's alpha of the PA scale. Both this item and the item regarding the attitude toward the occupied territories were positively associated with the subjects' self-rating on the "Right" to "Left" item on the p < .001 level. The latter was,
however, much stronger ($r = .73$ vs. $r = .23$). This is in accord with the massive support of the CRM found in both samples, which is not a typical Socialist party. Thus, the traditional distinction between the political right and left, on the grounds of the socioeconomic system, does not explain the massive support for the political left among the subjects of this study.

**RELIGIOSITY**

More than three quarters of both samples (76.5% of the PS and 83.4% of the SS) defined themselves as secular. Of the others, most defined themselves as traditional (13.1% of the PS and 12.2% of the SS). Only 9.7 percent of the PS and 3.9 percent of the SS defined themselves as orthodox, and the percentage of subjects choosing the ultraorthodox category was below one percent in both samples.

Returning to the political party affiliation (see Table I), one may notice that the support of orthodox religious parties is much weaker among the subjects of this study compared to the Israeli population as a whole. It is interesting to note that 16 out of the 35 subjects supporting the religious parties chose "Meimad," a party that had received less than 1 percent of the vote in the 1988 elections and got no seats in parliament. However, unlike the other religious parties, this party supports the return of the occupied territories, as do the left-wing parties in Israel.

**DIFFERENCES IN THE SUBJECTS’ PA AND RL VS. THOSE OF THEIR PARENTS**

T tests for dependent samples did not reveal a significant difference between PA and RL of the subjects' fathers and mothers during the subjects' adolescence. This was true for both the PS and the SS samples, and for each of the three professions. Therefore, mean PA and RL scores between the fathers' and mothers' PA and R during the subjects' adolescence have been computed. Table II presents the mean PA and RL scores of the subjects vs. those of their parents by the subjects' professions and level of training.

Two mixed factorial design ANOVAs were conducted in order to detect changes in PA and RL across generations depending on subjects' professional affiliation and level of training. The factors included in the analysis were profession and level of training as between group factors and generation (subjects vs. parents) as a within group factor. As no medical students were included in the study, the professions included were psychology and social work only. Subjects' sex and age were controlled in this analysis (using ANCOVA methods), so that the only discriminators between the groups were the professional affiliation and the level of training of the subjects. A separate t test (for dependent samples) was carried out for the psychiatrists who participated in the study.

The generation effect was statistically significant for both PA, $F(1, 524) = 239.62$, $p < .001$, and RL, $F(1, 531) = 145.84$, $p < .001$, indicating that subjects have become significantly more left-wing and less religious than their parents. No interaction of generation with other factors, and no effect of profession and level of training were found in this analysis. The results of the t tests carried out for the psychiatrists indicated that they have also become significantly more left-wing, $t(72) = 3.04$, $p < .001$, and less religious, $t(80) = 3.26$, $p < .001$, than their parents.

**DIFFERENCES IN PA AND RL BETWEEN THE PROFESSIONS**

Two additional ANOVAs were conducted in order to detect differences in PA and RL between the members of the three professions. These analyses were performed only for the practitioners, and this time subjects’ sex, age, and professional experience were used as covariants. Table III presents the results of comparisons made between members of the three professions regarding their PA and RL. The results also indicate that the PA of the psychiatrists are significantly more right-wing than those of the psychologists and social workers. No significant difference was found between the RL of the three professions.

It should also be pointed out that one-way ANOVAs, performed in order to detect differences between PA and RL of men and women, revealed no significant differences. This analysis was carried out separately for each of the three professions, with subjects’ age and professional experience used as covariants.

**DISCUSSION**
Acknowledging that the sample was not scientifically representative, the results still represent a large section of Israeli psychotherapists and indicate an overwhelming left-wing political and secular orientation similar to that of their American colleagues. The subjects have also passed through a process similar to that of their American colleagues, i.e., they have become significantly more left-wing and less religious than their parents. While the present study is not longitudinal, the similarity of PA and RL in the practitioners and the students samples regarding their political party affiliation and the fact that no effect of level of training regarding subjects' PA and RL was found provide some support for the hypothesis that these views preceded the professional training. This conclusion is in accord with the findings of Weller and Nadler, who suggested that nonauthoritarian personalities (typically holding left PA and conducting a secular life style) prefer social sciences and humanities (specifically, psychology and philosophy).

The fact that the psychiatrists were significantly more right-wing than the psychologists and social workers is also in accord with Henry et al., who pointed out that the greater the involvement in psychotherapeutic activity, the more these political, religious, and social biographies are characteristic. Indeed, the psychiatrists who participated in the present study were recruited mainly from psychiatric hospitals, while the psychologists and social workers were recruited mainly from clinics (because of the small number of the psychiatrists in the clinics). Of course, practicing psychotherapy in hospitals constitutes a smaller part of the professional intervention than in mental health clinics. In addition, almost all the public mental health clinics in Israel are directed by psychiatrists, despite the fact that the professional staff is composed of psychologists and social workers. Therefore, even those few psychiatrists who answered their questionnaires in clinics filled an administrative role, and their involvement in psychotherapy was naturally less intensive than that of members of the other two professions. One should also keep in mind that medical treatment is a part of the psychiatric intervention, a fact that could reduce the exclusiveness of psychotherapy as a sine mode of intervention. The medical treatment is, of course, an essential part of the psychiatric practice in the hospitals in which most of the psychiatrists participating in this study were employed. In addition, the professional training of psychiatrists is different from that of psychologists and social workers and is based on the medical model. Halmos points out, that counselors with medical training tend to use authoritarian manipulations more than passive interpretative techniques, and authoritarian people tend to hold right-wing attitudes.

THE THERAPEUTIC IMPLICATIONS

A study of the PA and RL of psychotherapists may raise objections as being a theoretical contribution at best, or perhaps even a mere "intellectual exercise." The professional-therapeutic and the social attitudes seem to be two different fields. The separation between the two, i.e., the therapist's aspiration for neutrality and objectivity, has however been strongly questioned. Beit-Hallahmi points out that, with few exception, psychotherapists tell their clients there is something wrong with them and nothing wrong with the world." The importance of interpersonal and social conflicts tends to be obscured by our preoccupation with internal conflicts. As Szasz suggested, the psychological approach is used to de-ethicize and depoliticize ethical and political issues. By deciding to become "neutral" or "irrelevant" we are taking a significant political stand. A similar stand is taken by Hurwitz who argues, that despite considerable evidence that traditional psychodynamic psychotherapy is not helpful and may actually be harmful, psychodynamic psychotherapy persists. The failure of the manifest purpose of such psychotherapy suggests, in his opinion, that it has a more important latent purpose, one that is in accord with the values of American capitalist society. This latent purpose is to serve as a means of social control, which is exercised through the ideological and clinical practice aspects of such psychotherapy. And indeed, psychodynamic psychotherapists tend to deny the role of values in therapy more than therapists holding other theoretical orientations.

As shown above, therapists strongly support the political left and conduct a secular way of life. In this they differ significantly from many people who seek their help (assuming that left-wing and secular people do not have a monopoly on mental distress...). Previous surveys also indicated that therapists were less committed to
traditional values, beliefs, and religious affiliations than the population at large.(7,14,22) Bergin and Jensen(23) point out that although there are fewer data concerning clients (rather than the general population), the existing findings support those found for nonclients. They mention suggestions that these differences were simply due to therapists’ demographics, rather different from those of the average client; they hold however that while some degree of the variance in therapist value orientations may be attributable to a higher level of education, income, and family class background, therapists as a group are particularly set apart by standards that are formed by a scientific Weltanschauung, a humanistic orientation, and a liberal political outlook.(24) Beit-Hallahmi(18) points out that marginality is central in the experience of psychotherapists, both individually and as a group. As a group, they are notoriously deviant. They differ from majority view in both attitudes and life styles.(10) They are openly critical of norms and social roles. Choosing the career of a social engineer may have something to do with recognizing one's own impulses and defending against them. In terms of individual dynamics, we may speculate that this career choice is related to an incomplete identification with the parents in early childhood. This identification is completed by assuming the parental role in work with clients with mental disorders and by identifying at the same time with the clients, who are rebuilding their own identification.(19) Few studies of the ideological differences between therapists and their clients exist. Indeed, Bergin and Jensen(23) point out the similarity between clients and the general population regarding religiosity vs. the secular way of life typical to therapists,(7,14) but these surveys have not involved clients.

What Is the Implication of this Ideological Differences between Therapists and their Clients?

One of the consistently significant correlates of improvement in therapy is the client-therapist similarity. Luborsky et al., (25) reviewed 29 studies dealing with some form of similarity between therapists and clients, and found that 20 of them indicated that greater similarity was associated with better outcome. The forms of similarity include social class, interests, values, and compatibility of orientation to interpersonal relations. Luborsky et al. suggest that similarity furthers the formation of a helping relationship because the patient and therapist can see each other as having a shared background, as being alike, and thus as able to understand each other. In turn, the better relationship that forms helps the client achieve the goals through therapy. This explanation was consistent with a high correlation between the number of client-therapist similarities and the helping alliance scores in the authors' Pennsylvania Studies.(25)

Considering the unique cultural and attitudinal profile of therapists found in previous studies as well as the present one, and the client-therapist similarities as a basis for matching them, one cannot avoid wondering about the many clients who do not fit the cultural and attitudinal pattern of therapists found in these studies, but still need professional help. Several studies show that therapists are prejudiced against lower-class clients rating them as less suitable for therapy and seeing them as having a poorer prognosis,(26-28) raising questions regarding the quality of therapy given to clients culturally different from their therapists.

SUMMARY

This study investigated the political attitudes (PA) and religiosity level (RL) of a practitioners sample, comprising 82 psychiatrists, 222 clinical psychologists, and 113 psychiatric social workers, and a students sample comprising 69 B.A. and 65 M.A. students in psychology, and 73 B.A. students in social work, who intended to practice psychotherapy. PAs were measured by the subjects' voting intentions, self-definition, and attitudes toward Capitalism-Socialism and the occupied territories. RL was judged by special measures developed for the Jewish population in Israel, which were adapted for secular psychotherapists. Subjects also defined both themselves and their parents regarding PA and RL. The results are similar to findings of previous studies, indicating that psychotherapists support the political left and conduct a secular way of life. No significant differences were found between practitioners and students regarding PA and RL. A significant decrease in subjects' right-wing attitudes and RL relative to their parents was found. It is suggested that the similarity between practitioners and students regarding PA and RL could imply that supporting the political left and low RL preceded the decision to practice psychotherapy. The therapeutic implications of the differences between
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REFERENCES


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