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White therapists who identify as anti-racist addressing racism and
racial identity with White clients**

Morgan R. Stone
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Morgan Reed Stone
“Somebody Better Put
Their Pants on and be
Talking About it”:
White Therapists who
Identify as Anti-Racist
Addressing Racism and
Racial Identity with
White Clients

ABSTRACT

This qualitative study explores how White therapists who identify as anti-racist address race, racism, and racial identity with white clients from an anti-racist perspective. Twelve White therapists were interviewed and asked what anti-racism means to them, how they have responded to racism with white clients, and how they attempt to incorporate anti-racism values into their lives and therapy practices. The therapists were also asked how they were trained to address these issues in their psychology, social work, and counseling programs, and their use of the racial identity of their white clients to improve therapeutic outcomes was discussed.

Most of the therapists described their anti-racist efforts as focused on interpersonal rather than institutional racism, which is contrary to the premises of anti-racist practice. Racism was evident in their decisions regarding if and when to address race and racism with white clients, and the rationales these decisions were based on. Many rarely addressed explicit racist comments made by their clients at all, and none used the identity of their white clients to improve therapeutic outcomes. The findings revealed that while the majority of the anti-racist identified white therapists interviewed here have made some minimal attempts to incorporate anti-racism into their therapeutic interactions, the practices they reported were often more consistent with colorblindness than antiracism.

While a few of their training programs addressed racism, none addressed how to incorporate white racial identity into work with white clients. The implications of these findings for practicing therapists and therapists in training are discussed.

“Somebody Better Put Their Pants on and be Talking About it”: White Therapists who Identify
as Anti-Racist Addressing Racism and Racial Identity with White
Clients

A project based upon an independent investigation,
submitted in partial fulfillment of the requirements
for the degree of Master of Social Work.

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2012

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CHAPTER I

Introduction

The purpose of this research study is to expand the theoretical understandings of how white therapists can effectively engage their white clients concerning racial issues. I will explore how white therapists who identify as anti-racist address race, racism, and racial identity with white clients. My research question is: how do white therapists who identify as anti-racist address racism and racial identity issues with white clients?

Based on the scholarship in Critical Whiteness Studies, racism is conceptualized as an endemic and deeply imbedded set of economic, political, and social forces that are systemic and institutional and do not consist merely of individual acts of discrimination or prejudice (Sue, 2006). In the United States this system works to the benefit of whites and to the detriment of people of color (Sensoy & DiAngelo, 2012). By this definition, an “anti-racist” white is understood as someone who recognizes that racism is an institutionally embedded system in which all whites are complicit regardless of intentions, and who actively works to challenge that system within one’s self and one’s sphere of influence (DiAngelo, 2011). A social worker’s sphere of influence necessarily includes work with white clients. Further, one of the core values in the NASW Code of Ethics is the pursuit of social justice. This core value places a strong emphasis on the need for all social workers to develop culturally and racially responsive frameworks, and is in keeping with the tenets of antiracism. Thus, a critical part of this study will

be to explore how social work training programs prepare future white therapists to address race and racism with their clients.

The literature is primarily limited to the experiences of white clinicians and their understanding of racism and racial identity when working with clients of color, and rarely addresses addressing racial identity in white-white dyads. DiAngelo (2012) addresses the way in which being white stands in for being normal or *just human* and thus outside of race. “This position functions as a kind of blindness; an inability to think about whiteness as an identity or as a “state” of being that would or could have an impact on one’s life, and thus be a source of meaning.” The white tendency to only address race if and when clients of color raise it testifies to this sense that race is something *they* have, but that *we* are outside of and that is irrelevant to our lives. Given that an anti-racist identity rests on the recognition of the salience of race for whites, it may be assumed that therapists who identify as anti-racist initiate these discussions independent of the race of their clients. It may also be assumed that these therapists are engaged in an on-going self-exploration in their own socialization into systems of racism. I am interested in exploring how they do this personally and in relationship with their clients.

The importance of examining the views and practices of white therapists who self-identify as anti-racist will inform an understanding of how white therapists interrupt collusion with white supremacy through their work with white clients. Bartoli and Pyati (2009) state, “Addressing clients’ racist and prejudicial comments is at once a clinical and a social justice issue” (p. 145). However, from an antiracist perspective, addressing the saliency of race in our lives and identities would not be limited to isolated moments in which an identifiably problematic racial comment is made. Therapists with an antiracist framework may be assumed to recognize this.

Thus, examining if, when, and how white therapists who identify as anti-racist address race and racism with white client's racism will present a clearer picture of how racism and racial identity issues can be addressed in the therapeutic process. Exploring why anti-racist identifying white therapists may or may not address racism and racial identity with white clients will also add an important dimension to this study. For those individual white therapists who wish to challenge white supremacy and racism as agents of social change, exploring this topic will aid their understanding of how they may more effectively address issues of race, racism, and racial identity in therapy.

This research intends to explore the particular benefits of examining the role of the white client's racial identity in therapy. As numerous authors suggest, this process will be most effective when the therapist is also engaged in their own process of white racial identity development. Pack-Brown (1999) suggests that the question be asked: "Are White counselors effectively learning about their own racial identity and the subsequent impact of their values and beliefs on the counseling process?" (p. 87). The role of white racial identity in therapy is not only understated in the literature, it is usually absent (Tinsley-Jones, 2001, Bartoli & Pyati, 2009, Ronay-Jinich, 2010). As Sue et al., (1982) point out, "Ethnicity and culture is a function of every person's development and not limited only to minorities" (p. 47). This idea is echoed by Carter (1995) who explains that, "Race and racial identity are integral aspects of personality and human development" (p. 4).

One of the contradictions within this area of study is that there is significant research in the fields of anti-racism studies, whiteness studies, social identity theory, and multicultural theory that emphasizes the importance of race to individual identity, yet this topic has received negligible research within the therapeutic dyad when both client and clinician are white. This

absence speaks to the power of whiteness as normative; in white/white therapy dyads race is often considered to be a non-factor, and has thus received little attention. As Carter (1995) states, “Race is often discussed and dismissed (in the clinical literature) as irrelevant because many Whites do not think of themselves in racial terms” (p. 16).

This area of study is relevant to clinical social work because it seeks to uncover and understand connections between white silence, white solidarity, white privilege, white supremacy, and racism as they are enacted in a clinical setting. Understanding how white therapists see or don't see issues of race at play with white clients is an important topic to be considered for white therapists and all clinical social workers who wish to increase social and racial justice by refusing to collude with white supremacy and racism in their work as clinicians. Exploring how these white therapists were trained to deal with these issues during their time as students may also yield useful information for clinical social work programs that wish to provide an anti-racist curriculum for their students.

Exploring how some white therapists may use white racial identity as a part of their practice with white clients could provide insight as to how the racial identity of white clients can be strategically used to aid white clients and increase positive therapeutic outcomes. As racial identity appears to be a significant part of every person's identity and sense of self, (at least in the United States), I am interested in exploring how racial identity may be used by white clinicians to engage or confront clients' issues in therapy.

The intended audience for this research is primarily white therapists who wish to challenge their own racism, though it may be useful to a wider audience such as scholars of whiteness studies and social identity theory, and schools of social work and psychology who wish to train their students from an anti-racist perspective. This research is consistent with social

work values because it addresses a topic that may affect therapeutic outcomes for clients in therapy as well as challenging white therapists to take more active roles in confronting white supremacy and racism in their own practices.

The deeper relevance of this topic to social work is that white supremacy and racial prejudice cause considerable physical, psychological, emotional, and spiritual harm to both the survivors of racial oppression as well as the perpetrators (Homes, 2006, Harro, 2010). As Harro (2008) states, “We may begin to see that the “other” is no more to blame for the oppression than we are — that in fact, we are both victims of a larger system that pushed us into roles” (p. 467). Furthering our understanding of the specific ways white supremacy and racism operate and function is paramount to dismantling this system of unearned privileges and undeserved abuses that are manifested throughout the United States.

The scholarship on white therapists addressing racism with white clients indicates that most white therapists are not adequately addressing this issue with their white clients (Sue, 2007). In their work on cross-racial dyads, Knox, Burkard, Johnson, Suzuki, and Ponterotto (2003) state, “European American psychologists indicated that they would address race if clients raised the topic, and some reported that they did not normally address race with racially different clients” (p. 466). If white therapists do not tend to initiate discussions of race with clients of color, it may be assumed that white therapists are even less likely to address race with white clients.

This research endeavors to explore some of the obstacles that white therapists may encounter when considering addressing race or racism with clients. One of the challenges faced by white individuals working to increase their racial awareness is accepting the possibility that they perpetuate racism through their actions and choices. Most U.S. Americans view themselves

as moral individuals who believe in fairness, justice, and equality. This belief often makes it more difficult to acknowledge or accept that they may act in a manner which perpetuates discrimination against others (Ronay-Jinich, 2010).

Other fields that may add depth to this study are critical race theory and Whiteness studies, both of which address issues of racial identity development that are relevant to this research topic. The goal of Whiteness studies, as Guess (2006) explains, “is to reveal and to share new knowledge about a seemingly under-investigated social phenomenon; namely, the social construction of whiteness” (p. 653). Existing research in the cross-cultural counseling literature that examines relationships where both the client and clinician are white, but differ in regards to other factors may also be relevant (Yi, 2006). As Sue et al., (1982) explain, this “may include situations in which the counselor/therapist and client are racially and ethnically similar but may belong to different cultural groups because of other variables such as sex, sexual orientation, socioeconomic factors, religious orientation, and age” (p. 47).

It is important to include a review of white racial identity development in order to dispel the concept that race is only an attribute of people of color. This topic is also of importance in order to clarify that it is possible to create a positive white identity as an anti-racist. Literature from the field of multicultural counseling provides considerable input on this topic. An explanation of the origin of whiteness is also included because “One cannot fully understand the existence of racism and racial inequality without paying close attention to the formation and maintenance of White racial identity” (Ronay-Jinich, 2010, p. 40).

Definitions

Various terms that are specific to the antiracism literature will be used throughout this study. A short discussion followed by a working definition is provided for the following terms:

prejudice, race, racism, anti-racism, racial identity, critical race theory, white supremacy, white privilege, and whiteness.

Prejudice

Prejudice is generally considered to be the ideas, stereotypes, thoughts, and feelings that we acquire through life that lead us to have certain beliefs, feelings, or expectations about a particular individual based on the social group they belong to. As the word suggests, prejudice means to pre-judge, typically based on stereotypes concerning race, gender, ethnicity or other characteristics that are applied to an individual or group. According to Tatum, (2007), “Prejudice is a preconceived judgment or opinion, usually based on limited information” (p. 126).

Race

The widely held belief in Europe as well as the United States for several centuries maintained that race had a biological basis, which was then used to categorize and classify populations into a hierarchical order, with Europeans superior to all others (Christensen, 1989). There is now agreement from both the fields of biology and sociology that race is a social construct, devoid of any biological or genetic legitimacy, as the range of differences within so-called racial groups are equally or more significant as differences between racial groups (Guess, 2006). Historically, race has been understood within the United States as, “Primarily determined by skin color, physical features, and for some, language, and is associated with powerful social and psychological meaning” (Carter, 1995, p. 14). Helms (1999) explains race as,

A social construction intended to maintain certain societal norms — in the case of race, the norm of between-group disparity. It defines who should have access to societal and ingroup resources as well as the rules by which such resources will be dispensed (p. 16).

Some have gone as far as suggesting that the only acceptable reason to continue using the social construct of race is to document and clarify the existence of racism and to aid in racism's reduction and demise (Bryant-Davis & Ocampo, 2005).

Racism

While race may be a social construct, *racism* is indeed a very real phenomenon. Whiteness scholars define racism as, "Encompassing economic, political, social, and cultural structures, actions, and beliefs that systematize and perpetuate an unequal distribution of privileges, resources and power between white people and people of color" (DiAngelo, 2011). This system of unequal distribution is not fluid; it is historical and deeply rooted, to the benefit of whites and the disadvantage of people of color. Tatum (1997) draws a distinction between "active racism" and "passive racism". She defines active racism as those actions which are blatant and intentional with the goal of discriminating, disadvantaging, or harming people of color. Passive racism by contrast is subtler and doesn't require a clear intent to discriminate or harm. As Tatum, (1997) explains, "Because racism is so ingrained in the fabric of American Institutions, it is easily self-perpetuating. All that is required to maintain it is business as usual" (p.32).

Numerous authors reiterate this concept that racism is more than individual race prejudice or discrimination. Lyman (1984) explains that,

Any established pattern of race relations indicates the structure of group positions that had been institutionalized in time and space by the concrete acts of men in power. Race prejudice was a matter of history and politics, not a function of individual attitude (p. 111).

Guess (2006) points out that institutional and cultural racism is usually not recognized by White Americans, and does not need individuals acting out of a desire to actively discriminate against people of color in order to operate. This leads to what Tappan (2006) refers to as, “racism without racists”. This situation, “is produced and reproduced by a set of White-supremacist ideologies (i.e. particular discursive frames, rhetorical styles and strategies, and common storylines), all of which promote a racist worldview and which can be identified in the everyday talk of Whites” (Tappan, 2006, p. 2129). This “unintentional” form of racism, “then is reflected in differential educational opportunities, economic differentials between whites and non-whites, residential segregation, health care access, and death rate differentials between whites and non-whites” (Guess, 2006, p. 652).

Anti-Racism

In response to this system of racial inequality, the concept of “*anti-racism*” has developed. As defined by Bonnett (2000), anti-racism involves, “forms of thought and/or practice that seek to confront, eradicate and/or ameliorate racism” (p. 4). Because of the institutional nature of racism in the United States, striving towards an anti-racist orientation for white individuals involves processes of unlearning the myriad ways that white people have been taught, both explicitly and implicitly, to view themselves as superior to people of color. According to DiAngelo (2006), this means that white people must, “Face the internalized dominance that results from being socialized in a racist society — the ways in which we consciously or unconsciously believe that we are more important, more valuable, more intelligent, and more deserving than people of color” (p. 54). Tatum (1997) states that working towards being an anti-racist, “Requires two tasks: the abandonment of individual racism and the recognition of and opposition to institutional and cultural racism” (p. 94). For the purposes of

this study, an “anti-racist” is understood as someone who recognizes that racism is an institutionally imbedded system in which all members of society are complicit regardless of intentions, and actively works to challenge that system within one’s self and one’s sphere of influence.

Racial Identity Theory

Proponents of racial identity theory postulate that racial identity is an important aspect of overall individual and collective identity (Carter, 1995, Helms 1995). As Helms (1995) explains, “Racial identity theories do not suppose that racial groups in the United States are biologically distinct, but rather suppose that they have endured different conditions of domination or oppression” (p. 181). Racial identity is understood as a combination of how an individual is categorized and perceived by others and forces outside of them as well as how one perceives oneself as fitting into the racial landscape of their social environment. Gallagher (1997) defines racial identity, “As one's conscious and unconscious affiliation with one's racial group membership” (p. 45). According to Helms (1996) racial identity is “the psychological or internalized consequence of being socialized in a racially oppressive environment and the characteristics of self that develop in response to or in synchrony with either benefiting from or suffering under such oppression” (p. 147).

This process of racial identity development for white individuals within the United States is distinctly different from that process experienced by U.S. Americans of color because whiteness is normative within U.S. culture. As Chavez and Guido-DiBrito (1999) point out, “White Americans manifest ethnic and racial identity in mostly unconscious ways through their behaviors, values, beliefs, and assumptions” (p. 39). Racial identity for white individuals is often unconscious and invisible because the dominant cultural messages and images have been

constructed around white racial, ethnic, and cultural frameworks and values. White people are continually reinforced in dominant society and thus develop positive bias towards their own racial group (Carter, 1995).

Many whites in the U.S. view themselves as merely “American” as opposed to African-American, Asian American or Latino. This belief equates to a self-perception that they are race-free. Thus, racial identity is the result of being socialized in a racially oppressive environment and develops in response to either consistently benefiting from or suffering under this oppression (Helms, 1996).

Critical race theory

Critical race theory can be understood as a framework for analyzing the ways in which white supremacy and racial power are reproduced over time (Collins, 2004). What distinguishes it from other racial theories that investigate or explain how race and racism operate, is its emphasis on addressing social injustice through emancipation and social transformation. Critical race theory analyzes and critiques racial theories, such as liberalism’s embrace of color blindness and other constructs that perpetuate racism (Helms, 1999). As Ronay-Jinich (2010) states, “Color-blind attitudes allow Whites the means to deny their advantage and maintain the façade of racial inequality and the myth of meritocracy” (p. 11).

White Supremacy

White supremacy is a historically based system predicated on the belief that white people are superior to people of color. It is a system of exploitation that works to maintain the wealth, privilege and power of whites. Ellinger and Martinas (2011) define white supremacy as an “Institutionally perpetuated system of exploitation and oppression of continents, nations and peoples of color by white peoples and nations of the European continent; for the purpose of

establishing, maintaining and defending a system of wealth, power and privilege” (p. 1).

White Privilege

White privilege describes a system of unacknowledged favoritism and unearned societal rewards, advantages, benefits, and immunity that white people receive on the basis of their skin color. McIntosh (1998) describes white privilege as a series of unearned entitlements bestowed upon white people and denied to people of color. These entitlements include things such as feeling confident that you will be treated fairly by the criminal justice system, your ability to secure a housing loan, and the experience of feeling safe in public spaces. These entitlements are often taken for granted by white people and not available to people of color. One result of taking these privileges for granted is that white people continue to deny the myth of meritocracy that perpetuates the concept of a fair playing field for people of all races.

Whiteness

Whiteness refers to the specific dynamics of racism that function to elevate whites over people of color. Whiteness encompasses the concept of racial superiority as it was socially constructed in order to justify discrimination against non-whites. Whiteness scholars focus on how white privilege and supremacy function and are reproduced.

CHAPTER II

Literature Review

This literature review explores the available research concerning white therapists addressing racism and racial identity with white clients. This chapter begins by reviewing the theoretical and conceptual literature before examining the empirical research on this topic. The social construction of race and whiteness in the context of U.S. history is briefly visited to provide an understanding of how races were constructed to privilege Europeans through the creation of racial categories such as black and white. White racial identity development is explored, with a particular focus on models by Helms and Okun that provide stages of development leading to a positive white racial identity. The harm that is caused to white people as a result of racism is explored, making the case that it is to the benefit of white clients that their racism is addressed in treatment.

The empirical literature review includes an examination of particular recommendations concerning how white therapists can address racism with white clients. Two models are included with vignettes by Lappin and Hardy and Laszloffy and Hardy that give specific guidelines as to how a white therapist can address racist comments made by white clients. An integrative treatment model by Ronay-Jinich provides a template for addressing racist comments and racial identity with white clients.

How white therapists are trained in graduate school to address racism and racial identity is explored, and suggestions as to how graduate programs could better train psychology and

social work students to address racism and racial identity with white clients are reviewed. An exploration of the role of the white therapist's own racial identity development process bolsters the argument made throughout this study that this is integral to the work of an anti-racist white therapist. The literature review concludes with a synopsis of the research and introduces the reader to the findings concerning the research question of this thesis: How are white therapists who identify as anti-racist addressing racism and racial identity with white clients?

Theoretical/Conceptual Literature

There is considerable research concerning the role of race in therapeutic relationships between white therapists and clients of color. This research tends to focus on white therapists and black clients, and there is also data on therapists of color working with white clients. There is scant research, however, concerning how white therapists can address racial identity with white clients to advance their therapeutic effectiveness or to challenge racism (Yee et al., 1993; Moodley & Palmer, 2006). Further, there is minimal research discussing how white therapists address racist comments made by white clients, and even less research concerning how white therapists address issues of racial identity with white clients.

This absence may be due in part to the exclusion of the formation of whiteness in the United States as a topic of research among most historians. Yet because the topic of this study concerns white identity, it is crucial that the history of white racial identity formation be explored. As Ferber (1998) states,

We cannot comprehend white supremacist racism without exploring the construction of white identity. White identity defines itself in opposition to inferior others; racism, then, becomes the maintenance of white identity . . . When

researchers fail to explore the construction of 'race'; they contribute to the reproduction of 'race' as a naturally existing category (p. 60).

The social construction of race and Whiteness.

A number of historians have explored the paths by which many Europeans were transformed from their previous ethnic identities as Italians, Jews, and Irish into whites. The reality that many ethnic groups from Europe "became white" argues for the social construction of both race and whiteness. The terms "black" and "white" did not exist in Europe or the colonies before the late 1600's and the widespread use of Africans under slavery (Kincheloe, 1999).

Eventually, a distinction between indentured servants of African and European descent was created based on skin color and ancestry. Laws were enacted which created a new status, that of "slave for life" for those indentured servants of African descent (Roy, 2001). Creating separate classes for European and African indentured servants and laborers was solidified through the terminology of "white" and "black". Being "white" became a guarantee against enslavement and classification as "black" meant instant induction into slavery. Thus the basic economic contract under which the colonies became solidified was at its core, a racial contract determining who was eligible for enslavement based solely on skin color and land of origin, a system of classification, which came to be known as "race".

The social construction of race suggests that it is not the existence of "races" of people that creates racism, but rather that racism creates "races". As van den Berghe (1967) explains,

The existence of races in a society presupposes the presence of racism, for without racism, physical characteristics are devoid of social significance . . . it is not the presence of objective physical differences between groups that creates

race, but the social recognition of such differences as socially significant or relevant (p. 11).

In order to justify the creation and maintenance of slavery and the subordination of Africans, it was necessary to create distinct “races” and assign them values, where before there had only been physical differences.

The outcome of this new system in the colonies was that “a racially based understanding of society was set in motion which resulted in the shaping of a specific racial identity not only for the [enslaved] but for the European settlers as well” (Omi & Winant, 1986, p.64). Even though the exact meaning of whiteness is not universally recognized, as Kincheloe (1999) explains, “Most observers agree that it is intimately involved with issues of power and power differences between white and non-white people” (p. 162). Stanfield (1985) explains how the social construction of Whiteness and race was used to “justify and give normality to the institutional and societal dominance of one population over other populations materialized in resource mobilization, control over power, authority and prestige privileges, and ownership of the means of production” (p. 161).

White racial identity development.

Racial identity development explores the process by which individuals and groups come to understand themselves in racial terms. White racial identity development is the process by which white individuals arrive at the conclusion that they are white and what this means to an individual’s identity within a specific context. Two models demonstrating how this process operates in the context of the United States are presented and examined.

Helms’s (1994) White racial identity model has created general stages of racial identity development for whites. This model originally used six stages: contact, disintegration,

reintegration, pseudo-independence, immersion/emersion, and the autonomy stage. The contact stage is characterized as a lack of self-awareness concerning the privileged status of whites and is often demonstrated by color-blind attitudes. In the disintegration stage, individuals are conflicted over their membership in the white group, and often confused about the racial moral dilemmas that they begin to notice, such as wanting to be non-racist but noticing their own discriminatory feelings towards people of color. The reintegration phase occurs after white individuals have become conscious of their whiteness and recognize that they are often treated differently than people of color. This is often considered to be a regressive phase as individuals idealize the white group and often move further away from non-whites than they had previously been. Denial and defensiveness of racism and white privilege are characteristic of this stage.

Pseudo-independence is characterized by a largely intellectual understanding of white privilege and racism. The individual in this stage begins to see how they may benefit from white privilege but they are not ready to move towards any type of meaningful action. The immersion/emersion stage involves the individual beginning an exploration of what it means to be white and how they have personally benefited from their whiteness. This is also the first stage where individuals begin to seek out support with the goal of becoming less racist.

The autonomy stage individual is no longer guilty about their whiteness, and actively seeks ways to confront and eradicate racism and white supremacy. Individuals in this stage are comfortable talking about race and their own white identity and increasingly capable of noticing implicit and institutional racism. The autonomy stage also involves the formation of a positive white racial identity as white individuals come to see how they can use their white privilege to combat racism while also feeling good about themselves as white people.

Later work by Helm's with her model led to a revision of the stages after a determination that using stages was ultimately inadequate for addressing the temporal and shifting nature of racial identity development. Her new model renamed the former stages as "statuses", thereby acknowledging that the process is neither linear nor necessarily progressive. As Helms (1984) believes, "all people, regardless of race, go through a stage-wise process of developing racial consciousness wherein the final stage is an acceptance of race as a positive aspect of themselves and others" (p. 154).

Okun (2011) and his colleagues at the organization dismantling racism works have created what they refer to as the ladder of empowerment for white people. This racial identity model considers stages in the process of moving from a white racist identity to a white anti-racist identity, and includes the stages: I'm normal, What are you?, Be like me, Denial and defensiveness, Guilt and shame, Open up/acknowledgement, Taking responsibility/self-righteousness, Collective action, and a Community of love and resistance. Acknowledging that the ladder of empowerment is not a strictly linear model, the author argues that while it is impossible to ascend the ladder without experiencing each stage, it is normal to slide down multiple steps on the ladder in response to a challenging situation. One example of this might be an individual who has ascended to the Collective Action stage but regresses to Denial and Defensiveness when confronted by a colleague of color.

Critical to both white racial identity models is that they provide a framework for white individuals to assess their current development towards a positive, non-racist white identity. The models create an opportunity for white people (or white therapists) to reflect on their own racial identity development through an exploration of their historical movement through various stages or statuses. Okun and colleagues (2011) explicitly state that their ladder of empowerment is

meant, “to help white people understand our identity as white people within a racist system which assumes our superiority while at the same time challenging that assumption and replacing it with a positive, anti-racist identity” (p. 1). The ultimate goal of this work is to develop a white anti-racist identity and, “feel good about it in the context of a commitment to a just society” (Tatum, 1997, p. 94).

Rowe, Bennett, and Atkinson (1994) offer constructive criticisms of white racial identity development (WRID) models in general, with a specific focus on the model presented by Helms. One of their strongest critiques of WRID models is that they are often constructed from templates of racial identity development originally created for people of color. Their study suggests that the processes of white identity development within a culture that is white dominant, with the many privileges often conferred upon people with white skin privilege, will be significantly different from those processes experienced by people of color. As Rowe, Behrens, and Leach (1995), explain “Because of the inherent power inequities in society, it appears that the process of identity development should be different for members of the dominant and non-dominant groups” (p. 224).

John and Joy Hoffman (2006) speak directly to this point with their six-stage model of racial identity development that has corresponding stages for people of color and whites. For people of color, the six stages are as follows: Conformity, Dissonance, Immersion, Emersion, Internalization, and Integrative Awareness. The model suggests that whites also begin in the stage of Conformity, but then move through Acceptance, Resistance, Retreat, and Emergence before Integrative Awareness. This model acknowledges that the stages will be different based on individual and group experience and attempts to correct for these differences.

For example, after the Conformity stage, where people of color and white people alike unconsciously strive to emulate whiteness because it is perceived as good, their separate experiences lead them towards different stages. For white people, once racism is first noticed, they typically find ways to deny that discrimination may have been race-based and still believe that everyone has equal opportunity. This stage is called Acceptance. When a person of color experiences racism and realizes that their race may preclude them from privileges attained by whites, they generally do not move into Acceptance, but enter the stage of Dissonance as they come to realize their disadvantage within the system of white supremacy.

The second critique offered by Rowe, Behrens, and Leach (1995) is that WRID models focus on how whites attain a level of sensitivity or cultural competence towards people of color, but largely ignore increased levels of appreciation or understanding for what it means to be White. As an alternative, the authors suggest using a construct of “white racial consciousness” types as more helpful than current WRID models. The researchers define “white racial consciousness” as, “The characteristic attitudes held by a person regarding the significance of being White, particularly in terms of what that implies in relation to those who do not share White group membership” (Rowe, Behrens, & Leach, 1995, p. 225).

Their research has shown that assessing the white racial consciousness of white participants to be a stronger indicator of a healthy white racial identity than their particular views concerning people of color. This may suggest that social desirability bias is at play, as it is generally understood to be inappropriate or looked down upon to acknowledge racial bias. Stating how aware one is of their own white racial identity is thought to elicit more honest answers in such a survey, with less social pressure to answer in any particular fashion.

These studies, of course, raise the question: what constitutes a healthy white racial identity? At the Autonomy stage in Helms's model, the white individual has emotionally and intellectually internalized a positive white identity as a non-racist. Now that the white person in this stage is no longer scared of race, they can acknowledge, "the reality of personal, cultural, and institutional racism, and are engaged in activities to resist the many manifestations of oppression" (Howard, 1999, p. 93). According to Okun (2011), a healthy white racial identity means that we are, "consistently organizing and building a community that has the power to heal the remnants of racism, internalized racist oppression, and internalized white supremacy" (p. 18).

In his study concerning why white racial identity development is important, Ponterotto (2006) found that "White people in the higher statuses, particularly autonomy, tend to self-report higher levels of psychological health and quality of life, and they appear to be more comfortable in multicultural environments and exhibit less prejudice toward those who are culturally different" (p. 105). He also found that at the earliest stages of racial identity development, participants demonstrating, "Reintegration attitudes consistently correlate with prejudiced and racist views and with lower levels of psychological health" (p. 106).

A critique of racial identity theory is that it is difficult to validate some of the key propositions of its models. Rowe, Behrens, and Leach (1995), point out that, "Particularly because the constructs that support racial identity theory are highly abstract, far removed from behavior, and perhaps difficult to operationalize," it creates, "formidable barriers to objective inquiry" (p. 222). Historically, the models used to describe the race-related adaptation of people of color or whites have proposed either typologies or linear stage-wise progressions. A critique of typologies is that they describe categories of behavior, but not how they came to be or how

they can be changed. A stage models view is generally more dynamic, assuming modification as a possibility.

The harm done to white people as a result of racism.

Another area of the literature that has not been researched extensively is the harm that is done to whites through racism and white supremacy. While the harm caused to white people is not nearly as destructive as the harm that white supremacy and racism cause to people of color, exploring this issue is important for several reasons. First, it is critical to explain the some of the specific ways that white supremacy and racism do indeed harm white people. According to Kincheloe (1999), “a pedagogy of whiteness reveals such power-related processes to whites and non-whites alike, exposing how members of both groups are stripped of self-knowledge” (p.163).

Secondly, recognizing the benefits of a non-racist white identity provides both incentives for white people to engage in this work as well as educating therapists that leaving race, racism, and racial identity out of the treatment model for white clients is potentially depriving those clients of an effective form of healing. Ivey (1995) suggests a turn towards a “liberation psychotherapy”, which, “Focuses on helping clients learn to see themselves in relation not only to themselves but also to cultural/contextual influences” (p. 53), such as racism.

Several studies have highlighted a range of losses experienced by white people due to the existence of racism and the roles that white people are often encouraged to play to maintain and perpetuate this system (McIntosh, 1988; Harro, 2010). Carter, (1995) points out that “One’s level of racial identity influences the way one addresses racial issues, and has implications for one’s mental health” (p. 267). Spanierman & Heppner (2004) have created the “Psychological Costs of Racism to Whites” scale (PCRW) in order to measure the degree to which white individuals are

harmed by racism. This study is of particular importance to this piece of research for several reasons. Besides helping to solidify the concept that racism has detrimental effects on white individuals, this research study also operationalizes this construct through the development of a scale to measure the costs of racism to white individuals. The study proposes that these costs to whites may be affective, cognitive, or behavioral and carefully lays out explanations of each. The cognitive costs include three inter-related subcomponents of distorted cognitions: distorted view of self, distorted view of others, and distorted view of reality.

The study lists a number of affective costs of racism to white people, defining “the affective costs of racism to Whites” as the emotional consequences that are experienced by white individuals as a result of racism. These affective costs have been bundled into four categories: Anxiety and Fear; Anger, Sadness, and Helplessness; Guilt and Shame; and Apathy. Along with cognitive and affective costs, the study considers behavioral costs to whites of racism as well. These costs include limited or lack of meaningful relationships with people of color, and the possibility that racism may limit the quality of relationships with other whites as well. One way this can occur is when whites who begin to recognize racism feel pressure to maintain their silence around other whites, potentially damaging their relationship based on shared racial understandings. The study acknowledges its bias when it states that it, “Assumes that lives are enriched through diversity in one’s personal sphere” (Spanierman & Heppner, 2004, p. 251).

In developing The Psychological Costs of racism to Whites scale, the authors built upon and synthesized existing instruments, including the Scale of Ethnocultural Empathy, the Quick Discrimination Index, the Oklahoma Racial Attitudes Scale, and the Color-Blind Racial Attitudes Scale. The results of the study indicated that the PCRW scale has three conceptually meaningful factors: White Empathic Reactions toward Racism, White Guilt, and White Fear of

Others. Interestingly, the study found that women reported significantly higher scores in the category of empathy towards racism. While the methodology carefully accounted for social desirability bias, the major limitation of this study was that its research sample was made up exclusively of white university undergraduates. Further research is necessary to gauge whether the PCRW scale will be as effective within a more heterogeneous sample of white individuals.

This is an area for future research that should receive significant study to make the case that whites have an incentive to challenge, frustrate, and combat racism. This research becomes more powerful when it is acknowledged that the privileges and power that whites hold places them in a key position to play a crucial role in deconstructing white supremacy and racism. The social location of whiteness as a result of white supremacy is a source of considerable power that can be used either to challenge racism or uphold it. As DiAngelo (2012) explains, “white people, while served well by the dynamics of whiteness, are simultaneously in a prime position to interrupt it”.

As white people, and especially as white clinicians, it is imperative that we ask ourselves what we have lost through our collusion with white supremacy and racism. One question to ask ourselves is, “If I was not taught I had lost anything by not knowing people of color, what has that meant for my relationships with them?” (DiAngelo, 2012, p. 186).

The development of the Psychosocial Costs of Racism to Whites scale is also an important step, as it functions specifically to identify the costs of racism to whites as an incentive towards change. Paul Kivel (2002) has also addressed the costs to whites of racism, including the abandonment of one’s ethnic and cultural values, as well as a turn away from the spiritual traditions from one’s European culture of ancestry. This is potentially a significant cost to white people as a result of the pressure that our racist society has put on white people to assimilate into

a more homogeneous white culture. As Kivel (2002) explains, “We are asked to leave behind the languages, food, music, games, rituals, and expressions that our parents and grandparents used. We lose our own ‘white’ cultures and histories” (p. 46).

Kivel argues that this damage is not limited to the loss of cultural meanings, but also results in lowered self-esteem. Part of this loss of self-esteem is the result of the cognitive dissonance that arises when our myth of meritocracy is exposed. As Kivel states,

Because racism makes a mockery of our ideal of democracy, justice, and equality, it leads us to be cynical and pessimistic about human integrity and about our future, producing apathy, blame, despair, self-destructive behavior, and acts of violence, especially among our young people (p. 47).

Of further loss to whites due to racism may be their relationships with other whites as well as people of color. The tension that racism puts on relationships makes them more difficult to sustain, and racism leaves many white people suffering from unrealistic fears of people of color that affect their ability to feel safe and comfortable when in the presence of people of color. Racism has also given whites a false sense of superiority, which places additional pressure on whites to be in control and maintain an often unconsciously held position of authority in relation to people of color (Kivel, 2002).

Several other authors have also looked at the costs of racism to whites. Dobbings and Skillings (2000) address the role that cognitive dissonance may play in causing anxiety and stress for white people concerning racism. They argue that white people who value justice, fairness, and equality become conflicted when they become aware that racism actually exists. Once the existence of racism and white privilege is acknowledged, it challenges the myth of meritocracy that many white Americans hold as a value.

They state that, “those who hold racist views (whether consciously or unconsciously) have emotional and physical correlates that merit systematic attention” (p. 19). In an increasingly multicultural society, holding racist views prevents a person from functioning in a healthy and productive manner. Recognizing how holding racist views prevents an individual from functioning properly makes addressing racism a valid, and necessary task for the therapist. The authors perceive racism as producing a “racist coping style”, which prevents the individual from developing more effective and flexible strategies and coping mechanisms.

The case for white therapists addressing racism with white clients.

The invisibility of race for whites may be reinforced through the reliance on a monocultural ethnocentrism that serves to maintain white supremacy in counseling practice. There is a significant bias in the literature suggesting that race is an attribute of people of color, but not of whites (Leary, 1995, Sue, 2006). Many authors argue that the white counselor needs to be willing and capable to address issues of race with a client of color, but rarely is it suggested that this might also be appropriate when the client is also white. Knox et al., (2003) state that, “Preliminary research findings suggest that in analogue designs, counselors who address cultural issues facilitate positive client outcomes” (p. 467). While this statement is meant to apply exclusively to cross-racial dyads wherein the therapist is white and the client a person of color, it may be presumed to apply to white/white dyads as well.

As an article by Sue et al. (2007) argues, “Effective service delivery to racial/ethnic minority clients”... (Requires that the white therapist possess)... “Awareness of oneself as a racial/cultural being and of the biases, stereotypes, and assumptions that influence worldviews” (p. 271). What this research question attempts to address is why these statements should not also apply to white therapists when working with white clients. The assumption that the “racial

identity” of white clients need not be considered by a white therapist both perpetuates white supremacy by treating white culture as normative while also depriving the white client of a valuable opportunity to explore the role that being a member of white culture plays in their emotional and psychological existence (DiAngelo, 2006).

As previously discussed, this dynamic appears to be the result of whites viewing race as “belonging” exclusively to people of color. Dismissing the importance of racial identity for white clients obscures white privilege by maintaining the idea that racial identity is something only possessed by people of color. Perpetuating the view that racial identity is more the province of people of color than whites’ suggests that anything race related is an issue that stems from people of color (Leary, 1995, Sue, 2006). The logical extension of this line of thinking would follow that if racial identity belongs (in whole or in greater proportion) to people of color, than race and hence racism must also be issues more pertinent to people of color than white people.

This amounts to those who hold this belief assuming, “That race is a defect and it is best to pretend that we don’t notice it” (DiAngelo, 2006, p. 56). This belief encourages white silence, which operates to mask, and therefore maintain white privilege and white supremacy as normative, typical, and natural. As Dalal (2006) explains, “The work of ideology is to give the contingent historical relation the impression of being natural relations, and so of obscuring and making invisible the workings of power.” (p. 39). This study assumes that white therapists who identify as anti-racist recognize race as salient in their own lives and thus will raise it in ways that non anti-racist identifying white therapists do not.

While the damage wrought through racism has far greater negative consequences for people of color, racism is not a problem *caused* by people of color. Racism is perpetuated and maintained by institutions created and sustained by white culture and white people. It is therefore

the responsibility of white people to dismantle this system of prejudice and discrimination. In essence, while racism is a tremendous problem for people of color, the problem of racism is a white problem. As Carter (1995) states, “Race has been an impediment to psychological health, in part, because it has been attributed almost exclusively to people of color, the victims of individual, institutional, and cultural racism” (p. 267).

How the ability of white therapists to address racism and race is influenced by their own process of white racial identity development. Thompson and Neville (1999) suggest that the counselor be the one to breach the subject of race with the client. When the therapist is comfortable initiating conversations on issues of privilege, oppression and race, this will have several effects on the client. It will make it clear to the client that racism is not acceptable to the views of the clinician and will help the white client understand that they need not hide from the legacy of white supremacy and racism. This allows white clients to be, “provided with a model of Whiteness that does not have to hide in shame or boast in false pride,” (Thompson & Neville, 1999, p. 260).

McDermott and Samson (2005) explain the importance of seeing one’s white identity in its entirety, including both the positive and negative aspects of white culture. They warn of the danger to the potential development of a positive white identity that can result from only acknowledging the white supremacy and racial oppression that has accompanied white culture. Kincheloe (1999) echoes this argument, imploring white therapists to balance their critique of whiteness and white power with a narrative that extols the virtues of white culture and refuses to demonize white people.

It is imperative that positive aspects of the white client’s ethnic and racial identity are explored during this process of increasing racial awareness. This becomes critical in order to

help white people identify with and own their own whiteness. If whiteness is only associated with racial oppression and discrimination, it will turn whites away from identifying with their whiteness, feeding into an already powerful color-blind perspective that masks racism and white superiority. Gushue and Constantine (2007) argue that it is only when white therapists are engaged in their own white racial identity development in conjunction with a progressive view of racism that they will be able to effectively serve the needs of their white clients concerning race and racial identity.

Brown (1991) encourages the white therapist to view the work of becoming anti-racist as a life-long endeavor that necessitates the willingness to make mistakes and be uncomfortable. As the author states, “We will on occasion not like who we see in the mirror of this change process, and we will want to run from it because it is painful” (Brown, 1991, p. 122). Working towards an anti-racist perspective involves, “the pursuit of education, information, and experience that will raise our consciousness and empower us to better understand and transform our participation in racism” (p. 122).

Brown (2001) explains that working towards anti-racism involves more than just attending a single anti-racism workshop or reading a single book. As she explains,

A proactive ethic of antiracism means a commitment to a continuing pursuit of both awareness and knowledge and a continuing attention to those aspects of our social, emotional, and professional environments that might indicate what else we need to learn (p. 122).

Brown (1991), among other authors, recommends that we begin our journey by acknowledging that, “by virtue of being raised White in a White-dominated culture, we are racist” (p. 124). If we lead from this understanding, it then becomes easier to accept the ways that we have been

inculcated with racist thoughts and feelings and the work can begin in earnest. This is a necessary step in acknowledging the reality of racism and white supremacy. These systems can only be changed once they have been recognized and placed in the appropriate historical context from which they originated.

As Sue et al. (1982) explain in *Characteristics of the Culturally Skilled Counseling Psychologist*, “The culturally skilled counseling psychologist must possess specific knowledge and information about the particular group he/she is working with” (p. 49). Applied to white/white dyads, this suggests that white therapists must become familiar with the intricacies and finer working points of white culture as it relates to the identities of their white clients. Understanding how issues such as entitlement and reactions to racism may affect white clients is a potentially powerful step in helping white clients recognize the etiology of their concerns and issues.

Several authors have stated the importance that white therapists continue to address issues of race and racism within their own lives (Ronay-Jinich, 2010; Sue, 2006; Thompson & Neville, 1999) As Thompson and Neville explain, “the struggle to overcome racism...requires the individual to examine that aspect of identity that relates to one’s socialization as a racial being and to daringly confront how one has succumbed to the malignancy of racism” (p. 200).

The theoretical/conceptual literature review has presented both typologies and stage models of white racial identity development for consideration. Two models, Helm’s and Okun’s were presented to demonstrate a path towards a positive white racial identity that is accessible to any white therapist who is committed to becoming less racist and developing a positive white identity. These models are relevant whether a white therapist engages in this work to improve their own life, as a matter of social justice, or to become a more culturally competent clinician

for all of their clients, regardless of race. The psychological harm experienced by white due to racism was also explored, making the argument that white supremacy and racism harm white people as well as people of color.

Empirical Literature

There appear to be several important areas that have been studied empirically in the research literature relevant to this study. A number of researchers have begun to examine how white clinicians are trained as students to think about, understand, and consider both the racial identity of clients as well as their own racial identities (Lee, 2005). The consistent bias in these studies, however, is towards white therapists working with clients of color.

Numerous studies (Pack-Brown, 1999; Ancis & Szymanski, 2001; Constantine, Warren, & Miville, 2005; D'Andrea & Daniels, 2002; Moodley & Palmer, 2006) begin their analysis by stating that the field of counseling and therapy is comprised of a majority of white clinicians, many of whom will be working with a “growing” number of clients of color. For example, Spanierman, Poteat, Oh, and Wang, (2008) state that, “There is a crucial need for White trainees to examine their own racial attitudes if they are to become effective counselors in a diverse society” (p. 77). This line of thinking is reinforced in other studies which point to the need for white therapists to examine their own racial identity as fundamental to understanding the racial identities of their clients (Carter, 1995; Sue et al., 2006; Tang & Gardner, 2006). This rising acknowledgement, prevalent especially within the field of multiculturalism, seeks to increase white therapists’ training in racial identity development. Educating white clinicians while they are still students will be vital to leading future white clinicians towards an anti-racist framework. As D’Andrea (2005) explains, “These individuals must be both supported and challenged as they

are encouraged to undergo the sort of qualitative psychological and personal changes that underlie the process of cultural liberation and transformation” (p. 534).

Multiple studies speak to the importance of white therapists examining how to be successful with clients of color. As Ridley (2005) states, “I challenge counselors to examine the relationship between their behavior toward minority clients and the consequences of that behavior” (xii). Like others in the anti-racism field, this author is advocating for a multicultural, culturally-competent approach, without suggesting that the counselor, here implied as white, could also be using these skills with white clients. This type of research continues to perpetuate the idea that being culturally sensitive is a quality needed for working with clients of color without considering that it might also be important to be culturally sensitive when working with white clients.

These are a small sampling of the many examples of what Carter (1995) explains is the tendency for white therapists to perpetuate the idea that, “In White/White dyads, race is typically thought not to matter or to exist as an aspect of mental health” (p. 1). This appears to be how many therapists are taught to operate considering race. As Lee (2005) states, “As a therapist, I had been indoctrinated to bypass issues of oppression and race as presenting problems” (p. 91).

This research challenges the idea that it is only clients of color that will be harmed if white therapists choose not to explore issues of race, racism, and racial identity with their white clients. As Bartoli and Pyati (2009) state, “Racial and prejudicial comments are saturated with clinical meanings” (p. 156). Choosing not to address racism in sessions with white clients may be depriving the client of an opportunity to address issues of considerable therapeutic importance.

On the subject of therapeutic outcomes, the literature has been largely consistent in noting that increased levels of racial identity awareness among white clinicians lead to better therapeutic outcomes and fewer premature terminations for clients of color (Spanierman, Poteat, Oh, & Wang, 2008; Knox, Burkard, Johnson, Suzuki & Ponterotto, 2003). An empirical study by Carter (1995) examined the relationship between a white counselor's racial identity awareness and positive outcomes for white clients. One of the strengths of the study was the author's use of Helms's well respected White Racial Identity Model to rank the racial identity awareness of each counselor. This study found that, "Many mental health professionals are ill-equipped personally and/or professionally to help their clients learn about, cope with, and grow in understanding of race in their personal and interpersonal lives" (p. 225). While this finding appears significant, a methodological weakness of this study is that it does not clearly state how the sample group was selected, which makes it difficult to judge its reliability. Carter's findings emphasized the need for future research to develop an initial framework which therapists can use to integrate racial identity and race into their understanding of the white patient's personality formation, and to develop appropriate treatment strategies.

White therapists addressing explicit racism with white clients. So how do white therapists address racism and racial identity in their therapeutic work with white clients? I will begin by examining the literature on white therapists addressing racist comments by white clients and then proceed to how white therapists might use the racial identity of white clients to further their therapeutic outcomes. What literature exists in the field is in agreement that it is crucial that therapists who wish to conduct themselves from an anti-racist perspective continue to engage in their own racial identity exploration. Because whiteness in the United States is normative and

therefore usually invisible, this presents a particular challenge to white therapists when working with white clients.

As Tummala-Narra (2007) states, “As therapists, we need to critically analyze our images related to race, ethnicity, and our associations to different skin color. We should work to confront rather than avoid this issue as a result of social stigma or our own anxiety that we may offend the client or be perceived as racist” (p. 267). While this author is a person of color, there is no reason why this statement should not also apply to white therapists working with white clients. This clinician of color has observed in his work with white clients that, “The analysis of transference and countertransference allowed for a deeper understanding of the client’s conflicts around skin color, which symbolized long-standing needs, wishes, and fears” (p. 267). Again, it is the contention of this thesis that exploring this work in white/white dyads may well reveal similar emotionally and symbolically laden content if the therapist is willing to explore these issues with their white clients.

One concern of not addressing racist material with white clients is that it can lead the socially-conscious white therapist to feel as though they are colluding in a system which they find objectionable. As Lee, (2005), a therapist of color states, “I discovered that absorbing these disturbing and hurtful statements and accepting them in passive silence began to take their toll on my use of self and authenticity with clients” (p. 92). It must be explored whether this might also be true for some white therapists who care deeply about such issues. Some research has indicated that white therapists who do not want to collude with racism are more likely to explicitly address racist comments made by clients. As Burkhard, Knox, Groen, Perez, & Hess (2006) state, “Therapists...reported that they self-disclosed when they became concerned that their clients perceived them as complicit in racism” (p. 20).

Suggestions from the field of psychoanalysis have recommended that the therapist aids their white clients in the process of accepting and tolerating the parts of themselves that they wish to disavow. This process, it is proposed, will discourage the white client from engaging in splitting, projection, and projective identification of these disavowed parts of the self onto people of color (Frosh, 2002). Reeves (2000), in *Racism and the projection of the shadow* suggests using Jung's conception of the shadow personality in order to help clients rid themselves of racism. The author considers helping the client bring their shadow personality into greater awareness as a first step into allowing the client to integrate their shadow into their larger personality structure, reducing the need to project it elsewhere. The therapist, "can ultimately contribute to the easing of racism and its psychological harm, by healing its victims and its perpetrators and by freeing therapists from unwittingly contributing to racism as professionals" (Reeves, 2000, p. 87) through a greater awareness of the client's shadow personality.

Helms's (1984) model makes suggestions as to how the white counselor should address white clients based on their stage or status of white identity development. Her model suggests that when approaching clients in the Contact, Disintegration, or Encounter statuses, great care must be made to offer support to the client in creating new skills for which they can attempt to have a new type of interaction with other whites and people of color. For clients in the Pre-encounter and Reintegration statuses, Helms suggests that the counselor demonstrate a nonjudgmental acceptance of the client's racist views and help the client find ways to have positive interactions with people of color. For clients in the Immersion and Pseudo-independent statuses, the suggestions are guided visualizations and using role-plays to expand the client's comfort engaging in issues around race. And finally, for clients in the Autonomous status, she suggests that the counselor take on a more supportive role concerning issues of race and racism

as the autonomous status client is assumed to be responsible for bringing in their own issues concerning racial difficulties.

Helms's model also considers the stage or status of white racial identity development of the therapist as a crucial indicator of how this work will proceed. The model assumes that therapists in the Autonomous status who have the greatest understanding of their own white racial identity will engage with racial issues as they occur and actively embrace the racial identity of white clients as an issue that merits further exploration within their clients' lives. For white therapists who have not progressed to this status, the model assumes that they will have a limited ability to assist the client in the client's own white racial identity development.

The author's model describes three types of therapeutic relationships based on both the client's and the therapist's racial identity development statuses: parallel, progressive, and regressive. Whenever the therapist and the counselor are at the same general level of racial identity development, the relationship is considered to be parallel. This can occur if both individuals are in statuses that avoid talking openly about race and racism (contact, disintegration, and reintegration) or those statuses that do talk openly about racial issues (immersion/emersion and autonomy). Racially harmonious relations generally characterize the parallel relationship. When the therapist and the client express similar feelings and thoughts about racial issues, there is considerable opportunity for building trust, understanding and support. Such a parallel relationship, however, may also result in stagnation concerning racial issues if both client and therapist are in a similar development status below the autonomy status.

A progressive relationship becomes possible when the participant with a greater degree of social power (assumed to be the therapist but could also be the client in some situations) has achieved a higher level of white racial identity development and makes comments that are

indicative of a more developed stage or status of racial identity. This is especially true if the more developed individual is willing to patiently work with the individual with less social power who has not yet progressed as far in their racial identity development.

The emphasis on social power is critical because it is understood that this topic is more difficult to raise for someone with less social power. These relationships are often collaborative, invigorating, and cooperative. White therapists who wish to practice from an anti-racist perspective, however, might care to consider what type of burden this would place on a client were the client to feel responsible for “patiently working” with their therapist concerning the therapist’s less progressive racial views and understandings, as opposed to the other way around.

A regressive relationship exists when the individual with more social power responds to racial content from a less mature stage or status than the participant with less social power. These relationships have the potential to be combative and antagonistic and greatly increase the chance of spoiling the therapeutic relationship. If the client deems their therapist to be considerably less evolved in terms of their racial identity development, it likely makes therapy around this issue nearly impossible, as the client recognizes that this is not an area where their therapist can provide them guidance.

Crossed relationships are those either within a progressive or regressive relationship where the racial identity development of the therapist and the client is far enough apart that it makes it difficult for any progress to be made for the client’s racial identity development. While a therapist in the autonomous stage or status is further distanced in their development from a client in the contact or disintegration status, this is generally considered to be less problematic. A therapist in the pseudo-independence or immersion/emersion stage is less likely to have

developed strategies for working with less developed stages or statuses and would be more likely to become frustrated or resentful of a client operating from less developed stages or statuses.

One research study that specifically addresses white therapists addressing racism with white clients is *White therapists addressing racism with White clients: A theoretical analysis and integrative treatment model* (Ronay-Jinich, 2010). This research explores how white therapists can approach racist comments that are brought into treatment by white clients through an investigation of Psychoanalytic/Psychodynamic/Jungian theories, Systems/Postmodern theories, and Cognitive Behavioral theory. The author also proposes an integrative treatment model to assist white therapists in the pursuit of addressing racism as part of the treatment of white clients. While Ronay-Jinich's research is limited to white therapists addressing explicit moments of racism, it provides insightful data on the key aspect of how addressing racism in one's own life will affect the therapist's ability to address racism with clients as well.

Ronay-Jinich suggests an integrative treatment model that consists of three phases: assessment, establishing rapport/alliance, and history taking. In the assessment phase, the therapist should attempt to understand how the client's racist comment(s) are linked to their presenting problem. Is the client projecting unwanted parts of themselves onto other groups of people? Or is the client buffering low self-esteem by creating a sense of superiority over other individuals or groups?

During this phase, the therapist should simply listen and observe the client to increase their understanding of the client's issues. By waiting to pass any judgment on the racist comments, it invites these aspects of the client into the room so that they can unfold in the therapy. Carefully observing the timing of such remarks is important to help the therapist understand what may trigger these comments or what function they may serve for the client. This

is also an excellent time for the therapist to seek supervision and support from others to assist them in better understanding what may be happening for the client when they make racist comments.

The next phase of treatment is establishing rapport/alliance. Consistent with the research on positive therapeutic outcomes, it is vital to establish and maintain a positive working relationship with the client as a prerequisite for further work. Because of the sensitive nature of addressing racism with clients, it becomes even more imperative that a strong relationship is built to prevent early termination and as a counter to the defensiveness that is likely to accompany any confrontation with the client. Establishing rapport is not only important for the client, but will aid the therapist in feeling comfortable enough to take the necessary risk to broach the subject with the client as well.

The third phase of treatment begins with the therapist guiding the client through their family history as it relates to their race and ethnicity. This involves asking about the client's family, their ancestors, and what the client might know about how their family immigrated to the United States. The main goal of this exercise is to gain an understanding of the client's racial identity development. This process allows the client to explore their own racial identity as well discovering what might have been lost for the client's family when they immigrated to the United States. A thorough history taking also helps the therapist identify the stage of racial identity development of the client, allowing the therapist to make appropriate interventions based on the client's stage and needs.

It is suggested that this stage may involve more therapist self-disclosure. Self-disclosure by the white therapist is encouraged here to aid the client in their journey by role modeling what healthy exploration and reflection on one's racial development might look like. The therapist can

also provide psycho-education at this stage of therapy around whiteness, helping the client see how a racist perspective may be preventing the client from reaching their personal and therapeutic goals.

Ronay-Jinich (2010) found that the white therapists most likely to address racism in their own practices were those who were actively engaged in increasing their racial awareness and challenging racism in their own lives. Her study found that becoming an anti-racist clinician for white therapists is aided by two factors. The first occurred when white therapists undertook a study of their own cultural and racial background. The second factor that proved helpful was undertaking this exploration in a context where the therapist could be supported and guided by other white clinicians also engaged in this work. She states that, “the process of becoming a culturally sensitive therapist [is] a personal process of self-exploration that is wedded and can be rooted in the theoretical orientation from which we practice” (Ronay-Jinich, 2010, p. 79).

Ryan and Buirski (2001) have several suggestions for approaching racist material in sessions with clients. Their first suggestion is that therapists do not address racist comments outright when first expressed by a client. They argue that it would be ill-conceived to approach racist material in early sessions before a therapeutic alliance has been formed. After an alliance has been formed, they advocate for approaching this material from a non-judgmental perspective, which will allow the client the freedom to reveal more racist aspects of themselves in the treatment. They conceive of racism as not a single issue, which can be dealt with in isolation, but nearly always part of a larger systemic issue which the client is bringing into treatment.

The authors provide examples of treatment based on a case study of a client they refer to as Sandy. In the case of Sandy, she had been to multiple therapists, many of whom were not able to tolerate her hatred for people of color and her animated expressions of racism within the

treatment. The authors use of their, “empathic-introspective mode of treatment promoted the unfolding, illumination, and transformation of her prejudiced attitudes and hostile effects” (Ryan & Buirski, 2001, p. 24).

In their work with Sandy, the authors followed their prescribed treatment for treating a client’s racism. Their work does not give a multiple-step process for treating a client’s racism but instead focuses on a number of helpful recommendations. Some of their suggestions for working with racism include: progressing slowly without any punitive or limit-setting, non-confrontation of racist remarks in the therapy hour in which they are expressed, helping clients explore the anger or resentment they hold towards other groups or individuals to find its deeper relevance, and understanding how the client’s racism functions to protect the client from unwanted feelings or thoughts.

Eventually, Sandy was able to acknowledge that, “It’s just how much hatred I have from my childhood, it’s not anybody else” (p. 33). As Sandy was able to integrate and understand her anger, her racist feelings and comments began to subside during therapy. Ronay-Jinich (2011), however, provides a critique of this research study. Ronay-Jinich points out that the case of Sandy provides an example of extreme racism, which is verbal and explicit, but provides little guidance for working with clients who do not express such explicit racist comments. A second critique of their study is that it provides no recommendations for treatment if the client is not able to make the connection between their racism and other presenting issues.

Altman (2000) states that, “We should expect to find racism in our countertransference and in our thoughts and feelings generally and that reflection on our countertransference is an essential element if we wish to deal with race in our therapeutic work” (p. 592). He argues that confronting these issues within ourselves is paramount to our ability to address them with clients.

Due to the pervasive nature of racism within U.S. culture, Altman argues that the point as white therapists is not to rid ourselves of racism as much as it is to become aware of how it operates within us. Recognizing the inevitability of our own racism also serves to prevent the well-meaning white therapist from ever assuming that they have overcome their racism, instead reminding them to remain vigilant to how racism will continue to surface.

Guindon, Green and Hanna (2003) suggest clarifying with white clients how the therapist believes that there racism is part of their presenting problem. They also suggest that it is appropriate for the therapist to explain to the client how the therapist believes that the client's racism is destructive in the client's life, and how they might benefit from a less prejudicial perspective. They suggest using a statement such as the following: "I would like to ask you a question or two concerning your viewpoint on [the group for whom a comment has been made]. You do not have to change any of your beliefs. I am seeking your permission to understand where you are coming from on this topic. If the topic is too difficult or threatening, you can end the discussion at any time" (p. 172).

Another strategy the authors recommend is accessing a part of the client's value system that the therapist believes would not agree with racism. For example, focusing on the client's religious beliefs or values around equality could be helpful. They also encourage the therapist to look for any part of the client they believe might not fully endorse their racist views. The therapist can ask, "Is there a part of you-perhaps a tiny part of you- that doesn't like treating people this way?" (p. 172).

Hardy and Laszloffy (1995) suggest the use of a specific tool, the cultural genogram, to encourage therapists to engage their clients around issues concerning race and racial identity. They argue that training programs need to incorporate such tools for their students so that they

can begin to address the intergenerational transmission of racism and white privilege. As white psychology, counseling, and social work trainees begin to assess and acknowledge their own racism and white privilege, it will allow them an avenue to continue this work with future white clients. Similar to several others, these authors also suggest that white therapist disclosure concerning their own white racial identity development may be a helpful step as part of this process for white clients.

As part of creating a cultural genogram, this process may involve speaking with older family members about cultural identity and family history and learning about one's ancestors and immigration stories. Creating one's own cultural genogram involves an exploration of how the family came to the United States and what may have been lost or left behind as their European ancestors assimilated into white culture after having arrived in the United States. Hardy and Laszloffy's contribution to the literature is significant not only for their creation of a specific tool to counter racism and make whiteness visible, but also because they acknowledge that it can be an effective tool for therapists working with people of a similar ethnic or racial background as well.

Lappin and Hardy's, *Keeping context in view; the heart of supervision* (2003) is a rare find in the literature because it provides specific suggestions for addressing racist material in treatment through the use of case examples. This study stands out because most of the research in this field suggests that white therapists should be addressing racist material, but fails to provide concrete methods for doing so.

In the case example provided, the clients, a white couple, are being seen by a white trainee and being supervised live from another room by a white supervisor.

During therapy, the husband said to the therapist, 'Thank God it's just us here so I can talk openly about those damn despicable spics and niggers that I have to work with.' The therapist, apparently stunned by the client's openness remained quiet. The husband broke the silence by proceeding to describe the difficulties he experienced working with his co-workers whom he found to be too loud to suit him. A few minutes later, the supervisor phones into the therapy room with the directive to the therapist to inquire how this issue was related to the couple's relationship. The therapist agreed and followed the directive. Even as the trainee attempted to redirect his attention to the couple's relationship, he continued to make racially derogatory references about his co-workers. During the post-session briefing, the therapist, supervisor, and the treatment team, which contained one African American member, remained mute regarding the racial aspects of this session. Interestingly, the topic of race was never mentioned (p. 48).

As demonstrated by the remarks of this client when he said, "it's just us here," the client believed that because the trainee was white that it would be acceptable to make such racist remarks. Based on the failure of either the trainee or the supervisor to approach the racist remark made by the client, it would appear that the client had made an accurate assumption. This situation left the trainee feeling as though they had colluded with racism but also missed a vital opportunity to further the client's treatment goals by helping the client recognize how his racism may have been part of a more systemic issue. Exploring these racist comments in treatment could have been therapeutically important for the client.

Lappin and Hardy provide a list of suggestions as to how the therapist could have addressed the racist material in session as well as how the supervisor could advise the trainee to

address the racially derogatory comments that the white client makes about his co-workers of color. Laszloffy and Hardy recommend the following questions as examples of helpful ways that the therapist trainee could have responded in session:

To the Husband:

“I notice you use, what I consider to be, some fairly angry and negative words to describe the men you work with. How did you decide to use these terms?”

“I understand that you have had some unfortunate experiences with the Puerto Rican and African American men you work with, but I have had some rewarding experiences and happen to know that some Puerto Ricans and African Americans are hurt by terms such as spics and niggers. That’s why I don’t use them.”

To the Wife:

“Have you heard your husband use these terms before? What do you think this means? Do you share his views about Puerto Rican and African American people?”

“What do you see as the possible connections between how he deals with and talks about these men, and how he treats you or other areas of his life that are difficult for him?” (p. 49).

The authors also suggest several questions that the supervising therapist could ask the trainee in order to help them address the racist material:

“The husband made several references to nigger and spics. What do you think it means that he used those terms so openly? Do you think this behavior is in any way connected to their presenting problem?”

“It has been my experience that in our society we don’t usually use racial slurs as openly as he did. What do you think this says about him? His relationship with his wife? His relationship with the therapist? His relationship with his co-workers and with us?”

“I wonder how he would have responded to knowing that one of our members [of the training team] is African American? How do you think this knowledge would have impacted the therapy? How has it impacted our relationship?”

Lappin and Hardy explain that the use of any of these responses by the supervisor would have led to further discussion concerning race and racism with the trainee. It would have allowed the training team to discuss how to address the client’s racism and it would have taken pressure off of the trainee to feel that he was powerless in such a situation. Because the supervisor decided not to raise the issue of race, this deprived the trainee of a rich opportunity to learn how one might address racism with a client. It also missed a critical opportunity to help the client see how their racism might be negatively impacting their life or contributing to the presenting problem.

Laszloffy and Hardy (2000) address this issue in their book, *Uncommon Strategies for a Common Problem: Addressing Racism in Family Therapy*. The authors provide suggestions for white therapists to increase their racial awareness and a three-step process designed to make it easier for the white therapist to address racist material in therapy with white clients. As a matter of increasing racial awareness, the authors suggest that white therapists educate themselves by watching movies, engaging in cross-racial dialogues and finding other white people to discuss their struggles with. They also suggest that white therapists pursue their own white racial identity development and find other white therapists engaged in this work for support. Laszloffy and Hardy (2000) state that, “the degree to which one addresses racism effectively in therapy,

depends largely on one's overall commitment to increasing her/his racial awareness and sensitivity to eradicating racism whenever and wherever it exists" (p. 6).

In order to illustrate their three-step process for addressing racist comments, they begin by providing a vignette:

The therapist, Anthony, a White male, and the clients, Mr. and Mrs. Stevens, a White couple initiated therapy because Mrs. Stevens felt disrespected by her husband. He frequently made comments about the fact that she didn't work. She complained that no matter what she did or how hard she tried, her husband never thanked her for anything, he never complimented her or took the time to say anything nice to her. In general, she felt unappreciated by him. Mr. Stevens said he didn't know what his wife was complaining about. He believed he was a good husband who provided for her. What else could she want? He didn't understand why she wasn't more grateful for what she had. During the second session, Mr. Stevens began by complaining about his business and difficulties he was having with several African American and Puerto Rican employees. He specifically referred to them as "lazy niggers and spics who were always complaining about something and trying to find excuses not to work." He explained that they were ungrateful for the opportunity he had given them. Anthony appeared stunned by Mr. Stevens' comment and quickly attempted to change the subject. Later during supervision he expressed how flustered he felt in the session because he was shocked by Mr. Stevens' racism and didn't know how to respond. He explained to his supervisor that he felt guilty for ignoring his remarks but was confused about

how he could have responded in a way that would confront the client's racism but also remain relevant to the issues that had brought the Stevens to therapy" (p. 43).

In the first step, the therapist is tasked with validating the experience of the client, regardless of how extreme or deplorable the therapist considers the comment. So in this example they suggest that the therapist respond by saying something to the effect of, "I admire your commitment to hard work and running a successful business." The advantage of validating the experience of the client is that it opens the door for future dialogue around race and discourages any quick reactions from the therapist that might harm the therapeutic alliance. Another advantage of beginning with validation is that it postpones a defensive reaction from a client who is immediately confronted by the therapist when making a racist comment.

The second step is considerably more tricky as it asks the therapist to make statements or ask questions that create space for the client to begin exploring how their racist comments and feelings about the group or groups they have disparaged is linked to their presenting problem. In such a situation where an individual expresses prejudice attitudes based on the race of his employees, they suggest that the therapist might ask, "I couldn't help but notice your racially derogatory remarks about several of your employees. What role do you think your feelings toward your African American and Puerto Rican employees may have upon your relationship with them?"

In the third and final phase, the authors suggest that the therapist synthesizes all of the material and makes a request of the client. The request is not an explicit attempt at changing the client's behavior, but an opening for further dialogue and consideration of the client's remarks and feelings concerning race. In the example above, they suggest that the therapist might say something like,

I've noticed that your husband is a very hard-working man and he expects the same from those around him. However, his lack of respect for people of color and women seems to undermine his ability to establish and maintain positive relationships with certain people, like his employees of color and you, for example. I think that before we can move forward he will need to explore his feelings toward people of color and women in greater depth and how these shape how he treats members of these groups.

By following the three-step process, Laszloffy and Hardy hope to take some of the mystery out of responding to racist content and give therapists a model, which they can use to address these issues with clients. The authors do not, however, explain how to address racist material if the therapist is unable to make a connection between the racist material and their client's presenting issues.

In comparison to the earlier model by Lappin and Hardy, the three-step process appears more likely to be effective because it begins with validating the client and maintaining the therapeutic alliance. It can be surmised that this approach may have positive implications for keeping a client in therapy long enough to begin to address the racist material without eliciting immediate defensiveness that may rupture the relationship, making future work on this issue more difficult or impossible. It may also be the case that having a simple three-step process that one can easily remember would help ease the anxiety of the white therapist who wants to respond to racist material but is unsure how to do so. As Laszloffy and Hardy (1995) state, "When therapists fail to address/challenge a client's racially aggressive or insensitive acts, they unwittingly collude with racism" (p. 9).

Finally, Bartoli and Pyati (2009) suggest a 5-step process for addressing clients' racially charged comments:

1. Conceptualize racist and prejudicial comments in the context of cultural racism, thereby considering the cultural and institutional message as well as the perceived social hierarchies based on race embedded in the client's ideologies.
2. Explore the possible relationship of the racially charged comment to the presenting concerns.
3. Investigate the possible meanings of the racially charged comment within the context of the therapeutic relationship, taking into consideration the racial composition of the therapeutic dyad and possible ethnocultural transference reactions.
4. Clarify one's motivations and identify possible ethnocultural countertransference reactions in the process of addressing client's racially charged comments to ensure that one's interventions have primarily therapeutic, rather than self-soothing or damaging, purposes.
5. Assess the best timing for the intervention, considering both the overall course of treatment as well as the racial identity development of the client.

As they explain, the five therapeutic steps which they suggest begin from a contextual rather than purely intrapsychic understanding of clients' ideologies, concerns, and behaviors. An advantage of this method involves recognizing that racist comments and behaviors emerge within specific cultural contexts, which allows for clearer understanding that the client is not at fault for their feelings towards people of color. By following their five-step process, they believe that the therapist can meet the client's therapeutic needs while also acting as an agent of social change.

How white therapists can engage white clients concerning race and racial identity to improve therapeutic outcomes for clients. Morgan (2002) has found that the white therapist has several avenues at their disposal to engage with white clients concerning racial identity to improve client treatment outcomes. The invisibility of whiteness means that this is an area which goes largely unexplored in the lives of white people. In work with white clients, the author has observed that there are often issues of sadness and grief attached to the client's sense of loss over aspects of their ethnic cultures which have been forsaken or lost in the assimilation process. Addressing what the client knows or feels may have been lost through assimilation in order to achieve white privilege creates opportunities for white clients to begin exploring what it means to be white and how this may be relevant to their presenting problems.

This avenue of racial exploration not only provides the opportunity to explore themes of loss, but also opens the door for the client to reclaim aspects of their ethnic and racial identity that can add richness to the client's life and sense of self. Exploring the client's racial and ethnic identity allows the client not only to reclaim lost aspects of self, but also works to make whiteness visible, further acknowledging both racism and white privilege.

Raheim et al. (2011) state that only through, "examining the operations of privilege that we can become more aware of the potential for our practice to have negative consequences of inadvertently marginalizing and diminishing people's lives and subordinating their stories" (p. 3). Failing to address the white racial identity of white clients is an example of this type of marginalization and subordination. This recognition becomes even more critical because the invisibility of whiteness makes it difficult to recognize that a white client's immigration stories and racial development are important to their health and happiness.

Raheim et al. (2011) encourage therapists to consider the following questions: How does privilege influence our work as therapists? How can we notice the ways in which we inadvertently enact privilege in our work? How can we check the effects of this? How can we respond when this occurs? And how can we create processes of accountability to take care in relation to these issues? One of the first aspects of this awareness must be acknowledging the tendency that white therapists have to avoid or ignore the white race of their clients.

How white therapists are trained to address race and racist material in their training programs. Duran, Firehammer & Gonzalez (2008) speak to the reliance on a largely white ethnocentric view that is perpetuated in graduate schools that train therapists. They consider training programs integral to perpetuating and maintaining the political, social, and economic status quo. They argue that training programs for therapists are crucial in order to address social and structural inequalities, but that they typically maintain systems of oppression despite the good intentions of their students and professors.

McGoldrick et al. (1999) speaks specifically to how white privilege can be addressed in training programs. They point out that the invisibility of whiteness often blocks the ability of white students to recognize how race might be relevant when working with white clients. They have attempted to uncover some of the prime arguments made by white individuals that make it difficult to acknowledge whiteness and white privilege. Their research provides a list of examples of common resistance that can be observed to help white therapy students notice when they might be avoiding dealing directly and honestly with race:

1. We distinguish ourselves from those with power and privilege by emphasizing ways we have personally come from oppressed groups-referring to our great grandfather, who was

Cherokee, or to our centuries of oppression as Irish, Jewish, gays or to class stigma, or have suffered a mentally ill or abusive parent.

2. We take the moral high ground, saying we do not think of others by color, culture, or class but as human beings. This makes it impossible to discuss social processes such as oppression or prejudice that occur at a group level. We claim that we can only be responsible for our personal behavior.
3. We accept criticism and experience deep shame associated with it, but become paralyzed and then paralyzing to those who raise the issues, covertly asking that they listen to or take care of our pain about our racist behavior.
4. We assume a talking rather than a listening position in relation to people of color. The only reasonable position for people of privilege to take is to ‘listen and believe.’
5. We say we feel ‘unsafe’ in an atmosphere of ‘political correctness,’ that it makes us feel we are walking on eggshells. This focuses discussion on our discomfort, implicitly blaming those who are attempting to discuss their oppression for trying to take the moral high ground. By turning discussion around to focus on the bad manners or the angry tone of those who would draw our attention to the issues of their oppression and our privilege, we make it impossible to have a discussion about our privilege (p. 196).

The purpose of stating these common defenses is to give the white therapist who wishes to move towards an anti-racist approach more tools to recognize when they may be reacting from a racist perspective. D’Andrea and Daniels (1999) point out that supervisors and trainers, “unintentionally contribute to the problem of racism by failing to consistently, intentionally, and systemically address this problem in their work with students and clients” (p. 234).

The American Psychological Association (APA) first established accreditation criteria for graduate schools in 1979. In a progressive move at the time, they encouraged psychology schools to hire faculty of color to increase their multicultural programming content. They did not, however, include the incorporation of multicultural training as part of their initial goals (Ronay-Jinich, 2010). It was not until the mid-1990's that the APA eventually included increased multiculturalism as a specific goal in their training programs. Finally in 2002, the APA included guidelines for multicultural competence in their Ethical Principles of Psychology and Code of Conduct.

Considering that the APA did not include multicultural guidelines until 2002 explains in part why there has been little progress in the training of therapists towards a greater anti-racist or multicultural approach. As Sue et al's. (1999) research in this area suggests, the APA will not become a true multicultural organization producing culturally sensitive psychologists without more systemic changes. Sue et al., (1999) explain the need for "A renewed commitment to changing the focus of study from "victims" to those who unintentionally profit from the cumulative privileging of Whiteness or ethnocentric monoculturalism" (p. 1066).

The authors also point out how the increased focus on multiculturalism and the effects of counseling on people of color has actually worked to further obscure whiteness as a racial identity. They suggest that it will require a consistent push from therapists and students studying to become therapists to bring attention back to the formation of whiteness within their training programs and continuing education training after graduation.

Sue et al., (1999) have identified four approaches for bringing the issue of race and multiculturalism into psychological and social work training programs. The four approaches outlined are: the separate course model, the area of concentration model, the interdisciplinary

model, and the integration model. The separate course model consists of the addition to the curriculum of a single course on diversity or multiculturalism. The area of concentration model entails the inclusion of a core of courses on multicultural topics. The interdisciplinary model requires that students take courses outside of their primary discipline, such as in the fields of sociology, ethnic studies, or anthropology. And finally, the integration model suggests infusing content in the area of multiculturalism into every training course and experience.

While progressive social work and psychology programs may strive to adopt the integration model into their curriculum, this is rare. Most training programs for therapists have chosen the separate course model or area of concentration model to address diversity. According to Sue et al., (1999) these models are inadequate and not up to the task of properly training aspiring therapists to properly address issues of race and racism with clients. In addition to these curriculum deficiencies, there are two other biases in training programs that make training for white/white dyads less likely. The first is that the majority of diversity programs address the challenges of working with clients of a different racial background from the therapist. The most common focus is on the white therapist/client of color dyad; further isolating training and study concerning interactions between white therapists and white clients.

Gushue and Constantine (2007) suggest that graduate schools that train therapists begin by eschewing a color-blind stance that focuses only on “treating people as individuals” and minimizes race and whiteness. They consider it imperative that race is addressed explicitly in training programs, including an emphasis on whiteness as part of the racial discourse. They also recommend avoiding the single-course or separate-course model of multiculturalism, instead focusing on including discussions and considerations of race throughout all courses.

Several authors (Helms, 2005; Sue, 2006; D'Andrea, 2007) speak to the importance that faculty and staff are engaged in their own racial identity development, placing a particular emphasis on the vital nature of this work for white faculty. In order to help therapist trainees further their own work in racial identity development, both for themselves and their clients, it is necessary that faculty and staff at training institutions be engaged in this process.

Although there is no consistent commitment to address racism across social work, counseling, or psychology training programs, a few schools do explicitly integrate anti-racism education into their coursework. Smith School for Social Work has an “Anti-Racism Commitment” that they have attempted to weave throughout their coursework and internships. The Smith School for Social Work (2012) commitment states, “Anti-racism initiatives promote respect for and interest in multiple world views, values and cultures. In addition, self-reflection and deepening conversations about race shape the school's anti-racism mission and promote culturally responsive practice, research and scholarship and other anti-racism activities” (p. 1).

The Smith School for Social Work curriculum requires that every student complete an anti-racism project during their internship phase and requires that students take at least one course on racism during their tenure in the program. Most programs, however, do not have any explicit anti-racist commitment.

Synopsis of literature review. This literature review has explained the relative lack of research concerning how white therapists address issues of race, racism, and racial identity with white clients. Some of the challenges of exploring race in therapy for white clinicians are explored and some of the reasons why it may be avoided are considered.

The theoretical/conceptual portion begins with a brief history of the social construction of race and Whiteness within the United States. White racial identity development is explored

through the use of two white racial identity development models that explain the formation of white racial identity and how white people can achieve a positive, anti-racist identity. There is discussion of the psychological harm caused to whites by racism, while maintaining that this harm is of a very minor quality when compared to the effects of racism on people of color.

The argument is made that looking at the harm caused to white people by racism may be an important motivating factor for therapists who wish to provide the best care for their white clients. The case is also made that white therapists address racism and racial identity in order to increase positive therapeutic outcomes for white clients. The theoretical/conceptual literature review ends with an exploration of how white therapists addressing their own white racial identity development influences their ability to address racism with white clients.

The empirical literature review begins with a discussion concerning how white therapists can choose to address explicit racism with white clients. How exactly white therapists can address explicitly racist remarks is addressed through case examples by Hardy and Laszloffy (1995) and Lappin and Hardy (2003). A five step process for addressing racism by Bartoli and Pyati (2009) is presented as well as an integrative treatment model by Ronay-Jinich (2010), followed by an exploration of how white racial identity development can be a crucial lens through which to aid positive outcomes for white clients. The empirical literature review ends with an exploration of how white therapists are trained to address race, racism, and racial identity with white clients in their training programs.

All of this leads the research to the question: How exactly do white anti-racist therapists specifically address race, racism, and racial identity with white clients?

CHAPTER III

Methodology

My research question is: How do white clinicians who identify as anti-racist address issues of race, racism, and racial identity in therapy with white clients? There are a number of sub research questions. One such question is what prevents anti-racist identified white therapists from addressing race in therapy with white clients? Can a decision not to address race be traced to particular beliefs, such as race being irrelevant to the work? In instances where white clients make racist comments, how do white therapists who identify as anti-racist address these remarks? And have white anti-racist therapists found ways of using their clients white racial identity to further their treatment goals? I am also interested in how white therapists were prepared to address race and racism in their training programs, and understanding what factors encourage white therapists to confront racism or address race in therapy with white clients when explicit and implicit moments of racism occur.

Research Design

This study used qualitative methods and the type of research was exploration oriented. A qualitative methodology was chosen to delve more deeply into the experiences of white therapists concerning how they address issues of race, racism, and racial identity. A qualitative approach was employed to allow a deeper understanding of some of the more subtle and nuanced ways that this issue is dealt with by these white therapists when working with white clients. In-

depth interviews were chosen so as to provide a more thorough explanation of the topic than would have been possible through a survey or other data collection methods.

Sample

The population chosen for this research was white therapists who identify as anti-racist. I thought it unlikely that therapists would identify themselves as anti-racist on their business cards, or in descriptions of their treatment orientations. Therefore, I selected those white therapists who, upon being asked, answered in the affirmative that they were comfortable identifying their therapeutic stance as congruent with the term anti-racist based on the definitions that I provided.

The study population was 12 white therapists who identified as anti-racist who were practicing in Boulder, Colorado or the surrounding geographic area. Other characteristics that I required for my study were that each therapist had been working clinically for at least one year (either in an agency, clinic setting or private practice), spoke English, and had some white patients. My sampling frame was determined in part with help from my faculty field advisor. As a therapist in Boulder, she gave me an email list of therapists she knew in the area and I emailed this group my research request. I used a snowball sampling technique where I asked these therapists if they were aware of other white therapists in the area who might identify as anti-racist that I could contact.

One area of potential trouble that I ran into with my sampling frame was creating a clear understanding of what was meant by “anti-racist”. From the anti-racism literature, I created a definition of anti-racist that potential participants could read to determine if they were comfortable identifying themselves as anti-racist according to my definition. My sample selection utilized a nonprobability method and employed convenience and snowball sampling strategies. There are a number of ways that this sample was biased. The first is that some of the

white therapists who were part of the sampling frame were simply those who were known to my FFA. What types of therapists she was aware of or knew well enough to suggest adds a particular bias based on who she is and whom she suggested. I also considered who was likely to respond to my requests for interviews. Were those who responded different from the general population of white therapists who identify as anti-racist in particular ways because they live in Boulder, CO, a largely white and affluent community? Another bias this study was vulnerable to is social desirability bias. It is likely that this sample group was concerned with appearing to be practicing in an anti-racist manner. I said clearly at the beginning of the interview that there were no right or wrong answers and that the research would be aided by their honest answers to a topic of which it is often difficult to speak and reflect.

As a matter of practicality, my sample provided a specific group that self-selected to participate in this limited study. By choosing white therapists who identify as anti-racist, I limited the focus of my research to a particular subset of white clinicians. This methodological bias makes it difficult to generalize about all white therapists, or even all white therapists who identify as anti-racist. One of the ethical issues I thought this research might encounter was the effect that being interviewed would have on the interviewees. My concern, as well as my hope, was that the interview process would lead some therapists to realize that they do not usually address race, racism, and racial identity to the extent that they may have thought before the interview. While this could have been a difficult realization, my hope was that it might open the door to further reflection on their practice and what it means to strive to be an anti-racist clinician.

All names were removed from the data during analysis. Each participant was reminded to take care not to share any confidential client information during the interview as well. I

conducted all of the transcribing and coding and kept all information confidential and securely stored.

Bias

The nature of my study concerning therapists' feelings and reactions to race, racism, and racial identity meant, among other things, that I would be rather attuned to the particular topic of racism during the study. As mentioned previously, however, I knew that this would not preclude me from bringing these biases with me into the study. On the contrary, I acknowledge that I am bringing my own racist biases to this study. These could be assumed to be acting in at least two distinct ways. The first is my numerous blind spots concerning the assumptions that I make about the research participants as white people. I was taught that white people are generally smart, informed, well meaning, and often right. These assumptions are assumed to be at play throughout the process.

The second dynamic is my tendency to separate white people into a racist / non-racist binary. Even though such a binary does not exist and only works to reinforce the idea that racism is a problem of individual prejudices and not institutional biases (Miller & Garran, 2006), I still make this distinction when I am not vigilant against doing so. Attempting to keep this in mind during the interviews and data analysis was critical, and I attempted to do this throughout the research. I was also aware that the research was more likely to ignore biases and omissions that were not racially based because this frame was garnering the majority of my attention and awareness. My research advisor is a professor of Whiteness Studies, and therefore more likely to be aware of subtle instances of racism found within my research.

Ultimately, however, we are still two white people interpreting and analyzing this issue through our own white and biased lenses. In order to address this inevitability, I had several

colleagues of color who also study issues of race and racism review my research to help me identify blind spots and account for some of my own unintended and unpreventable biases.

Data Collection Methods

I collected both demographic and qualitative data from participants. The demographic data gathered was: age, gender identity, years of clinical experience, primary practice modality (psychodynamic, CBT, relational, etc.), socioeconomic class background, type of setting where they practice (clinic, agency, private practice, etc.), graduate school attended, and clinical degree.

The qualitative data was collected through the in-depth interviews of the research participants. My research question was: how do white therapists address race, racism, and racial identity in therapy with white clients? More specifically, I wanted to know,

1. How the research participants understand the idea of being an anti-racist and what this means to them. Proposed? What does identifying as an anti-racist mean for you?
2. How the research sample participants respond to comments that are racist or racially insensitive during therapy? Proposed? What are some of the various ways that you have responded to racist or racially insensitive comments made by your white clients?
3. What challenges have arisen in with bringing up such a sensitive issue in therapy with white clients? Proposed? What are some of the challenges you have faced in responding to racial content or racist comments made in session by white clients?
4. What particular ways the research participants may have found to bring the issue of race into the therapeutic interaction with white clients, beyond responding to explicit comments? Proposed? Have you found any particular ways to bring the issue of race into the therapeutic interaction with any white clients?

5. How these participants may use the white racial identity of their clients to further their therapeutic goals in treatment? Proposed? Have you found any particular ways to use the racial identity of white clients to further their treatment goals?
6. How these anti-racist therapists educate themselves concerning these issues in order to practice in an anti-racist manner. Proposed? How do you attempt to address racism in your own life so that you might be a more effective anti-racist therapist?
7. How these therapists were trained to address and confront racism in their practice? Proposed? If you were, how were you trained to address or confront racism in your training program?
8. How these therapists were trained to use the racial identity of white clients to further their therapeutic outcomes. Proposed? 8. If you were, how were you trained to address or use the racial identity of white clients in your training program to further their therapeutic goals?

The data was collected during interviews that I conducted with the research sample participants. All interviews were audio recorded, with permission, for later translation.

One of the challenging aspects of this research was asking the interview questions in a manner that was sensitive to the feelings of the research participants. I attempted to phrase my questions using non-evaluative terms in order to minimize participants' potential feelings of judgment. I asked my questions in a tone that I perceived as non-judgmental, and practiced with several colleagues first to determine the most effective manner. In an attempt to minimize misinterpretation, I listened for subtle inconsistencies and repeated or rephrased questions as necessary to ascertain the research subjects' clearest answers.

Conducting in-depth interviews gave me the opportunity to augment or clarify questions when I sensed that the interviewee didn't fully understand a question. Being in the room with interviewees allowed a better sense of how the questions and the interview process were affecting the individual being interviewed. This proximity allowed me to monitor their emotional state so that I could be sensitive to any emotional harm that might incur during the process, though this did not appear to be the case during any interviews.

One of the distinct weaknesses of in-person interviews is that the interviewee is more vulnerable to social desirability bias. I often sensed that the participants wanted to convey that they were acting in an anti-racist manner, even when some of their answers suggested otherwise.

Data Analysis

Interviews lasted between 35 and 90 minutes for each participant. I used a relatively unstructured process that enabled me to amend the pacing of questions to ascertain the best sense of how participants understood the subject matter. I analyzed my qualitative data by coding all 12 responses to each of the eight questions to identify recurrent themes within the data set. I also coded to identify those responses that fell out of the standard categories.

As I reviewed the data, I pulled out themes that emerged, both expected and unexpected. Demographic data has been compiled and presented as part of the data analysis. The demographic data served to illuminate some of the qualities of the sample group, enabling the reader to consider how the demographics of the sample group may be affecting the data.

Discussion

I selected a sample group that included people of multiple genders, ages, experience levels, and settings (private practice, agency, mental health clinic, etc.). The sample group also attended a range of school programs. While I was initially concerned that using a snowball

sampling technique would limit the diversity of applicants, I found that my sample included a variety of social positionalities within the array of individuals who participated in my research. I have attempted to state the limitations of this study, given both my own bias, the perceived bias of the participants, and other factors that I believe have affected the findings. I also have attempted to acknowledge the potential implications of these results for both theory and practice given the specific limitations and biases.

An important part of this research entailed the researcher—including my background and experiences— and what biases and frameworks I brought to the study. I am a white, straight, gender-conforming, able-bodied, upper-middle class, Christian-raised male who has a previous MA and wrote this thesis as a requirement for a master's in social work from Smith College School of Social Work. I have been raised, taught, inculcated, and educated in a white supremacist culture. I have more recently received the beginnings of an anti-racist education. All of these experiences and my multiple frameworks (a consciously chosen anti-racist framework in combination with a largely unconscious white-supremacist framework) have guided my research from conception and implementation through collection and analysis. I have taken pains to illuminate my biases as possible while recognizing that the invisible nature of many of these biases was also operating throughout the research process.

It is my hope that this study will illuminate the general invisibility of whiteness to white therapists who were involved in or read the study. I also hope that this research has helped uncover various ways that white racial identity can be used to further therapeutic outcomes for white clients as well as addressing a critical social justice issue: racism. Finally, it is my hope that the therapists I interviewed, the people I have discussed my research with, and anyone who

eventually encounters this study may begin or further their reflection on the importance of talking about issues of race, racism, and racial identity, especially with white clients.

The relevance of this study for social work is that it involves a salient social justice issue as well as therapeutic outcomes for clients. As therapists, it is our duty to work on behalf of individual clients and promote issues of social justice. It has been the attempt of this research to address both of these needs.

CHAPTER IV

Findings

This research study explored how white therapists who identify as anti-racist address racism, race, and racial identity with white clients. Included is an examination of how psychology, counseling, and social work programs are teaching therapists to address these issues with clients. This chapter describes the findings from twelve interviews that were conducted with white therapists who identified as anti-racist who live in the Boulder, Colorado area. The interview included two sections. The first section consisted of demographic questions: age, gender identity, years of clinical experience, primary practice modality, socioeconomic class background, practice setting, clinical degree, and school attended. The second part of the interview included questions concerning how the participants address racism and racial identity with white clients. There were also several questions that asked what identifying as an anti-racist meant to participants and how they were trained to address these issues in their schooling. The purpose of the interview questions was to assess how white therapists who identify as actively working to undo racism challenge racism with their white clients and use the racial identity of white clients to improve therapeutic treatment.

Demographics

Pseudonym and Age:

1. Carrie, 28
2. Ben, 34

3. Andre, 40
4. Bonnie, 30
5. Annie, 45
6. John, 29
7. Sady, 44
8. Emily, 50
9. Jan, 47
10. Corrina, 43
11. Ariana, 40
12. Heather, 45

Age and Gender Identity. The ages of the participants were between 28 and 50 with a mean of 35.8, a mode of 40 and 45, and a median of 41.5 years. The participants were asked how they identified their gender and nine of the participants (75%) identified as female and three (25%) identified as male. No participants identified themselves as transgender or another gender identity. Two of the participants (17%) were in graduate programs when interviewed, but both had several years of clinical experience from which to draw upon.

Geographic Area. All of the participants were living in the Denver/Boulder area of Colorado at the time of the interview, during the winter of 2012. The participants were not asked where they grew up, but all 12 of them mentioned or referenced this during the course of the interview. Of the 12 participants, two were originally from Colorado (17%), two came from Oklahoma (17%), three were from Massachusetts (25%), and one individual (8%) came from the following states: Pennsylvania, New York, California, Illinois and Wyoming.

Of the 12 participants, nine (75%) currently practice in Boulder, CO and three currently practice in the surrounding area. It was made clear during the interview process that clients were expected to respond to questions based on their entire experience as therapists, which for seven of the 12 participants (57%) included time spent as a therapist in states outside of Colorado at some point in their career.

Years of clinical experience. The participants had between two and 21 years of clinical experience. The mean average was 10.4 with a median of 9.5 years. I specifically asked for clinical experience, as I was interested in understanding how therapists incorporated anti-racist values in their individual session work with white clients.

Primary Practice Modality. I was interested in what therapeutic treatment modalities my group of participants had been trained to use with clients, and whether there were any themes between these modalities and anti-racist practice. Of the 12 participants, eight (67%) said that they had either been trained from a Psychodynamic approach or had a psychodynamic foundation, but only one (8%) named it as their sole therapeutic practice modality. Four participants (33%) identified a solution-focused practice modality. Two (17%) identified Motivational Interviewing as one of their practice modalities, and four (33%) said that Acceptance and Commitment Therapy was one of their primary practice modalities. Two individuals (17%) named Cognitive Behavioral Therapy as one of their practice modalities, and two (17%) named family systems as a practice modality. Transpersonal, humanistic, Dialectical and Behavioral Therapy, Freudian, narrative, existential, integrative, relational, strengths-based, somatic intervention, positive psychology, and attachment modalities or practices were all mentioned once.

Socioeconomic Class Background. This question appeared to be confusing to a number of my participants. I asked, “What is your socioeconomic class background?” No other specifics were given and clients were allowed to answer however they wanted. A number of participants hesitated and had a difficult time answering promptly and three participants (25%) stipulated that their class has changed over the course of their lives. Two (17%) participants indicated that they grew up lower class but that they now considered themselves to be middle class and three participants (25%) said that they had grown up with more money but now considered themselves to be middle-class. In total, 10 participants (83%) identified themselves as currently middle-class, and two participants (17%) identified themselves as currently upper-middle class. No participants identified themselves as poor or working-class.

Practice Setting. Eight of the twelve respondents (75%) worked either part or full-time in a University or college-counseling center. These eight participants represented a total of five different college counseling centers. Four participants (33%) worked either part or full time in private practice. One participant (8%) worked part-time in a hospital setting as a social worker and two participants (17%) worked full-time in a school setting, in this case, one middle school and one high school.

Clinical Degree. Five of the participants (42%) had received a Masters in Social Work, two (17%) had received a Doctorate of Psychology, one (8%) practiced with a Master’s in Psychology, another (8%) a MA in Transpersonal Counseling, and one had received a (8%) Master’s in Clinical Counseling. One participant (8%) was in the last year of an MSW program and one participant (8%) was in the last year of a Psychology Doctoral program. In total, the sample included participants with five different degrees: Master’s in Social Work, Master’s in

Clinical Counseling, Master's in Transpersonal Counseling, Master's in Psychology, and Doctorate of Psychology.

School Attended. Five participants (42%) had attended Smith School for Social Work, including one student who had not yet graduated. Two therapists (17%) had attended Denver University; including one who was a pre-doctoral student. Two participants (17%) had attended Naropa University, and one participant (8%) each graduated from the following schools: University of Northern Colorado, Massachusetts School of Professional Psychology, and the University of the Rockies. The sample included participants from six different schools and comprised eight different programs.

Religion. While I did not directly ask what religion people had been raised or currently identified with, nine of the participants (75%) chose to share this information during the interview process. Of the 12 participants, three (25%) identified themselves as Jewish, two (17%) spoke of their upbringing in Christian churches, three (25%) identified as Buddhist, and one (8%) identified as Christian.

Interview Questions

1. What does identifying as an anti-racist mean for you? After the demographic questions, the first in-depth interview question was, "What does identifying as an anti-racist mean for you?" Responses took numerous forms and varied significantly in specificity as well as complexity. The range of answers was also quite wide concerning the participants' understandings of how racism operates and therefore, what being anti-racist entails.

The most common response by participants involved some form of awareness or heightened awareness concerning the presence of racism. Seven of the 12 participants (58%) cited awareness when describing what it meant to be an anti-racist. The second most commonly

cited theme from participants was the recognition of racial privilege, which four participants (33%) named, although only two participants (17%) specifically cited recognition of white privilege. Recognition of the institutional nature of racism within the United States was mentioned by three participants (25%).

Three participants (25%) remarked on the importance of speaking up, and three participants (25%) commented that they felt it was important not to act out of guilt when striving to be an anti-racist. There were also three participants (25%) who expressed that working on an interpersonal level was part of what they understood as being anti-racist.

Notably absent from the responses of what it meant to be an anti-racist was explicitly supporting people of color, although two respondents (17%) mentioned being an ally as important. However, neither explained to whom they were intending to be an ally. Only one participant (8%) identified acknowledging her own racism as key to being anti-racist, although two other participants (17%) acknowledged a “tendency” towards racism in white people.

No participants in the sample specifically identified combating their own internalized white supremacy as important to the work. Taken as a whole, the level of understanding concerning what the term anti-racism means also varied in terms of its specificity and complexity. Many participants appeared to still be grappling with what the term meant, despite the fact that they had agreed to an anti-racist identity. Most participants paused when I asked this question, which may have been the result of not having thought directly about this topic before in concrete terms.

Therapist responses indicating an inaccurate understanding of anti-racism.

Several responses indicated an inaccurate understanding of racism. For example, this was Andre’s response when asked the question:

That's funny. That is not a way that I would tend to identify myself overtly. I can't think that I have identified myself as an anti-racist more than not being a racist. So I'm having to sit with what that means to identify as an anti-racist. And I think it is true, that it is a part of the way that I identify. But that is my first reaction to that, is that it sort of stands out as an interesting way of identifying.

This response struck me as insightful in its process, as Andre was willing to actively engage his confusion over what was meant by the term anti-racist and how it differed from simply being against racism. However, his acknowledgement that he identifies as "not being a racist" indicates that he views racism as consisting of individual acts of prejudice, a view similar to that held by most white U.S. Americans who don't identify as anti-racist.

In order to be interviewed, all of the participants agreed to the following statement: "identifying as an anti-racist involves recognizing that racism is an institutionally embedded system in which all members of society are complicit regardless of intentions, and actively working to challenge that system within one's self and one's sphere of influence." Perhaps because the term anti-racism is relatively uncommon, participants struggled to answer the question directly. Another participant, Emily, responded this way:

It's kind of a funny word, anti-racist. When I look at the word, I first of all think, really? But I guess what it means to me as I think about it is eliminating racism, that really being anti-racist gets us to a place where we see each other as the individual human beings that we are, regardless of race, class, gender identity, or whatever the case may be. Not seeing people in broad sweeping generalizations. Yeah, and I think too, not making assumptions about people.

As this answer demonstrates, Emily believes that ending racism will occur if everyone can, “see each other as the individual human beings that we are.” This is a more traditional color-blind perspective and does not acknowledge the power differentials at the heart of racism. Several participants acknowledged the importance of being aware of one’s own biases or racist tendencies.

Therapist responses indicating some understanding of anti-racism.

While most response indicated an inaccurate view of racism, Ben’s view of racism included a somewhat clearer understanding. He answered the question this way:

I guess my initial response from my background in trying to be anti-racist, I turn it on understanding my privilege, my background, and the impact that has on other people who aren’t necessarily from the Caucasian, heterosexual, upper-middle class, privileged background that I’m from. So recognizing what I grew up as understanding as cultural norms, and recognizing that that could be vastly different for many different people. I recognize that there are things that make everybody different and unique and valuing and appreciating and honoring those things. I guess that to me is at the core of how I think about being anti-racist as a person and as a clinician.

Ben recognizes the importance of recognizing one’s own privilege and biases. Ben does not mention, however, the institutional component of racism, aligning instead with a perspective more akin to multiculturalism. A multicultural frame posits that the key to overcoming racism is to treat everyone equally and to honor different perspectives and different experiences (Black, 2006). This frame does not recognize power dynamics of racism, whereby white people are advantaged and people of color are disempowered and disadvantaged.

Several participants expressed a more color-blind stance when addressing this question.

As Andre explained:

I'm struck by anti-racist because I think there is a quality of being human where we do see difference. And we have responses based on those differences. Some are explicit, some are implicit. So identifying as an anti-racist and someone who does not align with hate also means that I am human and that I see differences and I respond to difference, so that means that it is a work in progress. That it is always a work in progress and I continue to learn and endeavor to learn about the way that I am blocked or caught in the human tendency to, in a sense to be racist, or see difference, or to respond to that in ways of fear or judgment.

This response is interesting because the participant identified several key concepts that are prominent in the anti-racism literature, namely the acknowledgement that all white people are racist and that many of these racist feelings are implicit. Andre also articulated the understanding that becoming anti-racist is a process that it is on-going and never finished, which is conducive with the literature. Yet he also identifies the root of racism as the acknowledgement of difference or seeing difference, rather than seeing and challenging the inequitable values that have been socially assigned to difference.

Therapist responses indicating a more accurate understanding of anti-racism.

Some participants articulated a more systemic view of racism. As Bonnie explains:

And really wanting to be someone on an interpersonal level who stands up and says things, but also someone working on an institutional level to create change...

I try to consistently challenge myself to say things and to not let things slide and not be okay with things... So I guess it just means sticking with it and making

sure that I have other folks that are my allies and that...who I am talking with whenever.

As her answer indicates, Bonnie believes that being anti-racist means working on the interpersonal and institutional levels as well as taking action and speaking up against racism. She was also one of only two participants who mentioned that being an ally was part of being anti-racist. Annie responded to the question this way:

Well again. It means that I, some of it is a world view, point of view and looking. And to me, being anti-racist means being an agent for social change. And feeling the many ways, and not exclusively in my life as a clinician, that I work toward a constant view, even when working with individuals from more of a systemic point of view. As well as being aware of the implicit attitudes that coming from a racist culture provides.

Annie identifies the need for self-awareness, the need to take action (as an agent of social change), and awareness of the implicit attitudes that white people internalize by virtue of growing up in a racist culture. Sady goes further and more explicitly identifies how she personally has internalized racism:

Sady: That means that I try to go through life with an awareness of my own racist tendencies as well as, at the same time, on a personal-interpersonal level, confronting racism whenever it comes up.

Interviewer: And the part about the awareness of your own stuff? What do you mean by that?

Sady: Oh gosh. Certainly I have racist tendencies, and knowing that I often have unconscious thoughts immediately upon seeing a person of color. And just being

aware of that and trying to understand where it comes from and changing my thought process.

While four participants mentioned implicit attitudes, Sady was the only person who spoke about them in terms of her own experience and she was the only participant to clearly state that she was racist or had her own racist tendencies, which is a central tenant of anti-racism: acknowledgement that all white people have been raised to be racist.

Some of the participants shared the view that being anti-racist was as much or more about the process than about the outcome or end-state of being anti-racist. Corrina explained what identifying as anti-racist meant to her:

It is an aspiration, and there may be a gap between where I am and where I would like to be. I was reading the definition (of racism) about understanding that it is imbedded in institutions and I think I am there and I get that. I can see how that causes oppression and its perpetuated and everyone is in that system, and yet, I probably still am impacted by that in unconscious ways and act it out because of my privilege. I think what it means for me is holding the value to work on getting there, knowing that I am probably flawed and probably have a lot of work to do. I guess what is hard for me is to feel like I can fully own that title. I don't know that I can fully claim that just yet.

As her answer clarifies, Corrina recognizes that she is often acting unconsciously or implicitly in racist ways by the nature of her white privilege and her upbringing as a white person in the United States. Several participants echoed this idea that being anti-racist is a process as much as a result. As Andre explained:

So I don't think it means that you are in any way perfect or something. To me it means that I am in progress of trying to understand how to be a better person and to be a better human and how to bring that out into my work as well.

The literature on anti-racism also suggests that it is a process as much or more than it is a destination at which one can arrive. For example, the Smith College School for Social Work acknowledges the fluid and on-going nature of anti-racism work. They explicitly state that, as an institution, they have a commitment to becoming anti-racist, but that they do not claim that they are anti-racist because of the difficulty to achieve this ideal.

John, answered the question this way:

John: I would say for me it is a combination of self-awareness and working as hard as you can to be an ally when you can. I think it's great realizing both sides of the continuum, that there is effort being made in the direction not to oppress, isolate, to create as equal of a situation as is possible.

Interviewer: To not oppress or isolate...

John: Anybody who is in a minority status. Anyone who is at less of an advantage. I think there has to be a position of less power, less privilege to occupy that space. So it is standing up against that.

John recognizes the impact that power differentials play in racism as well as the need to take action against injustice. He also mentions the importance of being an ally, presumably to people of color, although he does not state this directly.

Taken as a whole, the twelve participants expressed a range of understanding as to what it means to them to identify as anti-racist. It would appear from their responses that identifying as anti-racist is an ambition or intention for many of them, more than a commitment to action.

Some participants identified important themes that are found in the anti-racism literature, such as acknowledging one's own racism, recognition of the institutional nature of racism, and acknowledgment that being anti-racist entails taking a pro-active stance against racism. The majority of participants, however, did not mention the institutional nature of racism, the need to take action as an anti-racist, the need to be allies to people of color, or recognition of their own racism or racist tendencies.

2. What are some of the various ways that you have responded to racist or racially insensitive comments made by your white clients? While the question asked about “ways that you have responded” to racist comments, a number of participants answered how they *would* respond to racist comments instead of how they actually *have*. Social desirability bias may form some part of the explanation for this behavior as individuals who feel comfortable identifying as anti-racist may feel added pressure to give responses that indicate that they have responded to racism in their practice. It is also possible that these participants have never encountered a comment in their practice that they recognized as racist.

Of the 12 participants, only four (33%) gave examples of how they had responded to specific racist comments made by their white clients. Of these four participants, two (17% of the total sample) gave examples from group situations, one (8% of the total sample) recounted responses they had given to racist comments made by individual clients, and one participant mentioned examples from both groups and individuals. There were a total of seven examples given by the entire group of four. One participant recounted three occurrences of racism and her responses, another recounted two responses, and two others recounted one example each of a response to racism they had given to a white client.

When responding to the question, four participants (33%) said that they had not experienced very many racist comments in session, although only one participant of the 12 (8%) suggested that this might be due to the possibility that racist comments had been made but they had failed to notice. Three clients (25%) who practice in Boulder, Colorado reported that they felt they experienced fewer racist comments because the city where they practiced (Boulder, Colorado) had fewer people of color. Only one participant (8%) said that racist comments happened frequently in their practice.

While one participant (8%) said that they always respond to racist comments, 11 participants (92%) said that whether they would respond would depend on the client and the situation. Seven participants (58%) said that there had been times when they did not acknowledge a racist comment and they provided many explanations for why they hadn't or wouldn't do this. Five participants (42%) said they don't or wouldn't respond if it isn't clinically appropriate, three therapists (25%) said that they don't respond to a racist comment unless they think it is important for the client's treatment and four (33%) said they don't respond unless they can tie it to the client's presenting problem. Three participants (25%) also said that they might not respond but would mark it in their head or bear it in mind to potentially address later. Only one participant (8%) mentioned that they feel they have to address it and one participant (8%) said that they would seek consultation to address a racist comment if they were not sure how to proceed in the most effective manner with a client.

Five participants (42%) said that they may or may not respond depending on the stage of relationship, and several therapists clarified that they were much less likely to respond during the early stages of therapy. Three individuals (25%) said that they attempt to ask themselves whether they believe responding would be about their agenda instead of that of the client's.

The participants gave a varied number of answers as to how they have or would address racist comments. The most frequently cited response was to inquire further or question the client about their racist comment or beliefs, of which four participants (33%) used this approach. Three participants (25%) said that they attempt to open or support a dialogue concerning the racist comment and three people (25%) said they would attempt to explore the implicit attitudes of the client that may have led to the racist remark. Three participants (25%) mentioned that they would focus on increasing the client's awareness of their "privilege," although no participants specifically mentioned *white* privilege when responding to the question.

Therapist responses that indicate they are not addressing explicit racist comments.

There were a number of responses demonstrating how the sample group did not address racist comments. Sady answered the question this way:

Let's see. I've only had one person say anything that I felt was totally off the mark I should say, that was totally overtly racist. And I didn't say anything. It was our first session so I didn't feel like I had enough rapport for me to address it but I certainly took note of it and if I feel like if it will further their treatment, then I will address it. But it did give me reason to pause and really ask myself that question: Is it appropriate for me to address it.

As her response indicates, Sady felt torn as to whether to respond to the racist comment. Similar to the responses of many of the participants, Sady was unwilling to address the comment because she was unclear as to whether it would be "appropriate" to do so. In this case, concern that there was not enough rapport built to sustain such a discussion was coupled with Sady's questioning whether addressing it would be beneficial for the client. She ultimately postpones the decision to a future assessment of whether it will "further their treatment." Presumably, if she determines

that it will not, she won't address the comment. How she will make this assessment is not explained.

Andre, who had been practicing for nine years, said that he could not remember a specific time that a racist remark had been made by one of his white clients. But he spoke to what he thinks that he would do were he to hear a racist comment in session:

I think it would depend on the context of what we were doing in our work.

Sometimes I think it is very appropriate to challenge that and sometimes I think it just doesn't serve the work or the relationship, or where we are in developing our relationship. If it is the first session or two, or four or five, I might just sort of mark that in my head. That would be something that I might hold. It's telling me a lot about this person and their worldview. So I would think that would be the one thing that would really stick out to me, is sort of, well, this person comes from a very privileged background or this person comes from a very racist background, or something like that. And I would have to see, whose agenda is that to challenge that? Is that my agenda? Is that going to help their therapy if they are coming to see me because they have anxiety? Or something like that. I think I would weigh that and see and I think I would consult about it if I'm really confused.

Andre shows concern as to the stage of the relationship as well as asking himself whether responding to or challenging the racist comment would be part of his anti-racist agenda or in the client's best interest. Andre presented several reasons why he would not respond to a racist comment and only one for why he would or might respond to a racist comment: if he thought it was, "going to help their therapy."

Andre doesn't indicate that not addressing the client's racist remark might be doing a potential disservice to the client by tacitly allowing them to hold a negative or inaccurate view of others. His response does not speak to a significant aspect of being anti-racist, which is taking action against racism. However, Andre was the only participant to mention that he would seek consultation were he unsure how to proceed with a client concerning this topic. One way this could be interpreted is that most of the participants believe that they are capable of handling these difficult topics on their own, either because they feel sufficiently skilled in this arena or because they are unused to seeking consultation as a regular part of their therapy practice.

Ariana had this to say when asked how she responds to racist comments or racist material by her white clients:

Clients? Not friends? (Laughing followed by a long pause). I'm trying to think of a particular incident...I can't recall one right now. (Long Pause). So I know it has happened. I just wish I could have an incident. But for the most part I think what I work to do is to help them see that part of actually personally growing, is looking from a perspective of investigation. So most of the clients I work with, I teach them right away this concept of mindfulness and what it looks like...how it looks to look at ourselves in a non-judgmental way. So I will point it out. I have pointed it out. I just wish I could get a specific example. I have a lot of it in my personal life. Well, not a lot, but I tend to point it out to my friends. (Laughing).

Ariana's hesitation suggests that she may be anxious or nervous about answering the question. This may be due to a concern that she is not meeting her own or my expectation for what it means to be anti-racist. Her response also indicates that she hasn't considered how she might respond to such an incident before this interview. Her answer is vague; does she believe that, "to

look at ourselves in a non-judgmental way” will help clients see their own racism more easily? Or does her rather jumbled answer suggest that perhaps this isn’t a topic she is particularly comfortable addressing?

Therapist responses that indicate they sometimes address explicit racist comments.

Ben had a sense of how he has or could respond to racist remarks by a client:

I feel like with this population when I hear racially insensitive comments, there might not be that awareness of how off-putting it is and this might layer towards a broader, or larger clinical issue, like hypothetically someone starts to make implicit attitude type of statements, like aggressive type of statements, and they are also consequently disconnected from peers interpersonally and not lining up with people. And maybe help them start to begin to understand how that sentiment can be off-putting, right. And not just so they can change it for the sake of being a little more socially graceful, you know maybe that is a piece of it, but also, for helping broaden their understanding of where they have come from, their privilege possibly and the people they want to become.

Ben considers a racist remark or pattern of racist remarks as potentially indicating a significant clinical issue, such as a behavior which might prevent the client from finding community and living a more successful life.

Annie discussed one of the ways that she might approach a racist comment:

Hmm...um, some of the various ways...it depends I would say. It depends on the context and what the presenting issues are. Sometimes I...I tend to think about implicit attitudes, which is a framework that as a staff we talk a lot about. And that we all are a product of our cultural context and all of us have that and that is

something that I am working with, so if it is a racist or insensitive comment made by a white client, there are times that I have not addressed it. Because it is not clinically appropriate for what the presenting issue is. So sometimes not necessarily talking about it. Sometimes I do talk about it if it feels like there's this tendency to want to be really externalizing blame and scapegoating in some way. I may find the adaptive more psychological underpinning for that attitude for them and how that's not only in the context of race and the content of it, but that the process is not necessarily working for them and what the adaptive, earlier kinds of, I mean, coming from that strengths-based place. It is a little bit about, "How has this served you and how is it no longer serving you?"

Annie states that she works in a setting that strives to enact some aspects of cultural sensitivity. However, Annie believes that implicit racist attitudes don't need to be addressed if they cannot be tied to the presenting issue. This idea seemed to be a major concern for many of the participants, as five said they don't respond if it isn't "clinically appropriate" and three participants don't respond if they can't tie the racist comment to the presenting issue.

Jan was another participant who felt that responding to racist comments was an important part of her work, but she didn't always do it if it didn't feel "appropriate":

I think it is really about meeting the client where they are at. So I have to be very aware of where they are developmentally in their own process. So there are times where I have felt very appropriate to question that belief system or that generalization...and there are times where they are really needing me to hold who they are, so there is that balance of how do you not condone what they are saying and...very gently nudge people and do it in a way that is not too ego-dystonic. So

I would say, “So I hear that you have had this experience with X group, hmmm, I’m wondering if there have ever been times when, or other people in this group that you have had a different experience with?” So really trying to get them to think it through because I don’t want to hit them over the head with, “Not all Jews are this way, or not all...we can’t generalize about Mexicans.” But I do see it as an important mission in my work and as a supervisor as well. Um, where at times I will hear people...really bringing generalizations, stereotypes, racist belief systems up and helping people to dissect them and get to a different place. You’ve really got to meet your clients where they are at. If they are coming in with a very...that’s a huge part of their identity, then you are really going to have to build your relationship before you can go dissecting those inappropriate belief systems.

Jan has found several ways of broaching the subject with clients that she thinks have been successful, but she feels strongly that considering the client’s developmental stage, identity-formation, and ego-strength are all important factors when responding to racist comments.

Similarly to Bonnie, Corrina said that she was more familiar with hearing racist comments in therapeutic groups than in individual sessions:

Where it has come up more often is in group. And I wonder if there is something about group? There is all this research on groups and how people participate and how they do things in groups that they wouldn’t do singly. So there seems to be, in groups, people get on the stereotype bandwagon. I have had in groups people talk about Asian drivers in California, so it is perpetuating stereotypes. And it hasn’t always been racist though, but it’s been singling out certain groups. Girls

who wear Uggs, or people in sororities and fraternities, or Boulder people....And I think the way I have tried to address it is to point out stereotyping and the risks of grouping people. “And what does it do to them...like if we group in this room in that way, what does that do to you?”

When asked whether she could think of any times that it had come up in individual sessions with white clients, she responded this way:

Corrina: Not really, which is interesting. I’m not sure if it doesn’t come up or if there is something about the individual dynamic that feels safer in a group that it doesn’t register for me. And I haven’t picked up on it or called it as much as is it’s sort of obvious in a group.

Interviewer: What do you think might be different about if it comes up in an individual setting as opposed to a group setting?

Corrina: I wonder if there is something about individual where there is more alliance? Or more allied with your individual client? It’s more private. Whereas when I’m leading a group, I think it is easier to maintain that observing stance and with individual, it is a little bit more, I don’t know if intimate is the word...but with the group it is a little bit easier for me to maintain the observing...watching the process and entering in occasionally. Whereas with individual I think I’m in and I have to remind myself to step back and observe.

Corrina questioned whether her process was different when leading therapy groups as opposed to doing therapy with individuals that might be affecting her ability to notice racist comments.

Due to the invisibility of racism for many white people, it can be assumed that white therapists—even those identifying as anti-racist—are missing racism when it occurs. Future studies could help determine this by recording sessions with therapists to determine whether they are indeed missing racist comments made by their clients.

Therapist responses that indicate they are always addressing racist comments.

In rather stark contrast to the other eleven participants, Emily feels strongly that she has to respond to racist remarks that she hears from clients. She responded to the question this way:

I wish I could say I have no idea, but it happens all the time. It happens way too often. Well my most recent response was to someone who made a comment about, it was actually against a Jewish person and I just said, “Let’s back up and talk about that for a second. Will you repeat that? What did you just say?”

Because I wanted to make sure...well, you have to. And within the context of (her agency), we are working really hard to create an environment where people feel safe to be who they are. And if people don’t understand and know that they’re infringing on other people’s rights, then how can they change it? And so, I think it is part of my job to be talking about it. I had someone ask me the other day...what they were talking about was queer. “Why are we using that again, what does it mean?” So people want to know I think. So what I did was I backed that person up and I said, “Will you repeat that to me again, and tell me again, what do you mean when you say that cause I’m not sure that I understand.” So we really just kind of dialogued about it. I really wanted to make sure that I understood how the person was using it, because I had a reaction to it. So I wanted to separate my stuff from their intention, so we talked about it, and then we talked about what the

impact could potentially be, how I received it, and how it might impact other people and how it might be heard. So I think the outcome was really good and what I hope is that the student will go out and do it differently in the world. But at the very minimum, if he is thinking about it, that is a movement in my direction.

Emily was the only participant that felt that it is part of her job to confront and talk about racism. Perhaps because she feels this way, she was able to present examples of how she had responded. She also was able to give several examples of recent moments where she had confronted a racist comment and discussed it with a client.

Bonnie stated that she always addressed racist comments. She spoke about how the majority of her experiences with racism have been in therapy groups at her school, but that she has also responded to racist comments in individual sessions as well. She mentioned that she always responds immediately to a racist comment in a group setting, and while she also responds to racist comments in individual sessions, she is more measured in her timing:

In a one-on-one setting I have a very different approach. I feel like I am less of a...like whenever it is in a group setting I feel a very strong...like I need to not let that slide by, I need to stand-up for the sake of the other kids, there is more of that. And in one-on-one I will wait for my moment more. Cause if a kid is really upset and just venting I'm not going to stop them in the middle of what they are saying to be like, "Whoa whoa whoa, I don't like the word you just used. So the way that I tend to handle it more is once they have calmed down. Once we are moving into some more solution-oriented, or more rational discussion, once their emotions have come down a little bit then I might say something like.... And a lot of the time they'll just be talking about, "Oh, there are these two Mexican boys in

our class and they just really irritate me.” So that example was last week. And I just said, “So, how come you keep describing these boys as Mexican? How is that significant to you?” So just putting it into the room a little bit. I try not to be too judgmental about it, cause I always try to meet clients where they are at and be accepting of where they are and not try to push them too hard at once. But certainly if it is continuing as a pattern I would be more direct. But I think my main thing is just not letting it slide in a global sense, even if I let it go past in the moment when they are venting. And trying to just provoke thought around it, some more critical thinking and help them notice. And then sometimes they will talk about their family. “Oh well, my family just always says that stuff.” So, is that okay? So I need to just be like, “Oh, so that is something that is really strong in your family and it seems like you are trying to figure out whether that’s something that will be important for you.” And I just try to put in there and imply that, “you don’t have to have the same beliefs as your family.” You know, just trying to plant little seeds here and there in gentle ways so they are not like...people are really sensitive to being called racist, so....teenagers in particular can get really defensive, so it is just very gentle. But it’s hard, because it makes me really uncomfortable. That part of me that is fired up and then I have to be very mindful and watchful. Is this about me and my agenda or is this something that is really going to be important for their treatment?

In contrast to most participants, Bonnie gave several specific examples of when a client had made a racist comment and how she had responded. This may be the result of one of several factors. Bonnie works in a high school and notices a great number of racist comments made by

her clients. Younger clients may be more apt to have fewer filters and express their racist views more explicitly, or perhaps Bonnie's commitment to being anti-racist includes a heightened sensitivity to racist comments, so that she is noticing them more frequently than other participants.

Emerging themes.

One theme that emerged from the responses to this question was that some of the participants felt guilty or uncomfortable because they didn't have better answers to the interview questions. Heather was one of the participants for whom answering this question appeared to be an unpleasant task:

(Long pause) God, I'd like to say that I have a variety of tools. (Sigh) I think it has been mixed. I think depending on the relationship I have with the client, where I feel that the client is at, I probably responded in different ways. I think my typical response would be to at least, initially ask, to try to ask more questions and try to get more information and just kind of get the person talking about, more about it, so maybe they can hear what they are saying. And probably repeating back what they are saying to give them a second way to hear it. And then I think I... (Heavy sigh) And to be honest I can think of a couple of times where this has come up, I don't feel like this has come up a ton in my practice. Um, (pause, sigh) you know, I don't, I think that while there may be an impulse to challenge it, I'm often quite reluctant to challenge it more without understanding more where...where it's coming from. And try to give a different side of it. And I think the other piece of it, what I've done is try to inquire about how that's worked,

how those beliefs...how they have worked for the client and if they've interfered in any way or if from their perspective it does feel like it is useful as a stance.

Heather was also one of only two participants who mentioned that they wished that they were more prepared to respond to racist comments. It may be that other participants felt this way and didn't mention it, but it may also indicate that most participants feel confident that they know how to approach racist material with their white clients, even though their responses indicate that this is an area of discomfort and challenge for them.

While four participants said that they had experienced hardly any racist comments, Sady clarified this answer upon further inquiry:

Interviewer: And you said they made a comment that was overtly racist. Do you feel like maybe people are making less overt racist comments?

Sady: Oh sure, all the time.

Interviewer: About?

Sady: Mostly talking about their upbringings and sometimes not racist comments but comments about race about their upbringing as well.

While Sady responded to the question by originally stating that she had only experienced one person saying something that was "totally overtly racist" she quickly agreed that her clients were making implicit racist comments on a regular basis. Her answer indicates that she may often only think of racism in terms of more explicit statements of prejudice or discrimination. Because the interview question did not spell out what was meant by "racist comments," it is possible that other participants were also only considering more explicitly racist comments when formulating their responses.

Corrina also spoke to the impact she believes living in a politically or socially liberal location may have on the number of racist comments that she hears:

Yeah, I gave this one a lot of thought. It's interesting because I think my white clients one-on-one, maybe it is the setting we are in, and a lot of my clients are sociology grad students and feminists and they are already, many of them, and it's Boulder, right, so people are kind of sensitized.

While many white people believe that college educated white students are less likely to make racist comments, research on this subject has shown otherwise (Picca & Feagin, 2009). It seems more likely that Corrina (or the other seven participants who work with college students) and others are less likely to recognize or acknowledge racism due to classist narratives that relegate racism to Southern poor and working class white people. These stereotypes about who is and is not racist may lead them to imagine that the college population is less racist and therefore be less sensitive to these remarks when they are being made.

Jan, who does not work with college students, spoke to this same issue, although she expressed that Boulder was not as anti-racist as many white people like to believe:

And we live in a white; predominantly upper-class community who thinks we are very open minded...there is a lot of work to be done. And even though I think that we all like to think in this community that we are open and culturally minded, there is a lot of covert racism that is happening.

It may be the case that living in a community that is particularly white may lead white therapists to be less sensitive to racism when it does occur due to their own beliefs about the lack of racism within their community.

3. What are some of the challenges you have faced in responding to racial content or racist comments made in sessions by white clients? When answering this question, four participants (33%) said that they feared harming the relationship if they confronted or pointed out their client's racist remarks, and two participants (17%) cited concern that the client would not return to therapy. Four participants (33%) named not wanting to ignore the presenting issue or deviate from what the client was talking about as a challenge. Three individuals (25%) said that one challenge of responding to racist remarks or racial content was the concern that they would shame a client. Three respondents (25%) indicated that they felt the issue didn't come up more often because the environment they practice in is very white, and three people (25%) said a challenge in responding occurred if they didn't feel that it was clinically appropriate.

Two participants (17%) said that the challenge was recognizing that racism has occurred because they acknowledged that they might be missing these moments, and one person (8%) mentioned that they fear that they will be seen as colluding with racism if they don't respond to a client's racist comment. Two participants (17%) also mentioned that they thought it was easier to deal with issues of race with people of color instead of white people and another two (17%) said they didn't want to be perceived as judgmental of their client.

Therapist responses indicating they are not addressing explicit racist comments.

One of the most common concerns among participants was that challenging a client's racism would harm the relationship. Although only four participants mentioned this challenge outright, my sense is that had I asked, "Are you concerned that addressing a racist comment would endanger the therapeutic relationship?" many of the participants likely would have said yes. This was Heather's response:

Well, harming the relationship, and then shutting down, shutting down the dialogue and I think that is one of the big, and this is sort-of outside of therapy, but I think one of the biggest struggles with this dialogue is people do get triggered and they come across in sort of a caustic way. It eliminates any dialogue and then nothing can happen. And so I want to make sure that I can continue to have dialogue, but then also not wanting to, sort of do the whole, bobbing my head and implying that what you are saying is fine. So I think that is a big challenge for me, around where to challenge and where to make sure I am maintaining the relationship.

Heather's response indicates a significant concern that addressing the client's racism might harm the relationship, as well as a fear that if she does not address a racist comment, her silence will imply that she agrees with the remark. She does not, however, mention any responsibility to speak up or the harm that might be done to the client, herself, or others if she does not prioritize addressing racism with her clients.

Corrina's answer speaks to the ways that white people often associate race as belonging to people of color and fail to recognize that it is salient for white individuals as well:

I think it's that dance about, do I call it? Or do I focus more on their process? And then explore...yeah, I'm just trying to think, has it come up...and maybe, as I think about it, because Boulder is in some ways so un-diverse that so many of the white students here, because of their privilege, just don't have to bump up against it. I think that when issues of race come up it is because I am sitting with someone who is of a different descent than me, it is usually people of color where it comes

up who are talking about it. Not my white clients. Because I have discussed it with my clients who are students of color, but not so much the other way around.

As her answer indicates, Corrina is more aware of race with her clients of color than with white clients. She also suggests that issues of race and racism are less salient for the population she works with because they exist in a predominantly white community. Inherent in this explanation is the perception that racism is more prevalent or even exclusively prevalent only in areas where there are more people of color. While several respondents explained that they felt more likely to notice race with clients of color, Carrie was the only therapist to say that she actually preferred addressing race with clients of color for this reason:

How do you decide in an instance whether to try to ignore a racist comment or to address it? I think it usually is what the kid is talking about. Often times it is other issues and I will just stick with that instead of following the race piece of that. But I'm not sure if that is right either. I don't know if I have been paying enough attention to see that. In some ways it is easier just working with the Latino kids.

We all know we are not completely the same. I don't know. It feels easier.

Carrie states that she feels it is easier to work with issues of racism with people of color, but it was unclear why she felt this way. When asked, she responded:

Interviewer: What do you think that is about, that part that feels easier?

Carrie: I don't know. Just personally I have worked through a lot of stuff with that so maybe I'm not as comfortable with a white kid who is really anti-Latino.

Because I get offended so I don't know how to...I don't know what reaction is appropriate versus what is my own like, "Cut that out."

Her response indicates that she does not agree with a client's racist comments, but she is unsure how to respond and doesn't have any interventions more effective than saying, "Cut that out." Her answer also reinforces a theme through out the interviews that interrupting a racist remark may be the therapists "own agenda," and thus inappropriate.

Several participants said that they were unlikely to address their client's racism unless they were clear that it was beneficial to the client's treatment. Sady's response to the question made this concern clear:

Well, first of all, what I tried to figure out was am I just having a knee-jerk reaction with my desire to respond and sort-of correct and say, "That's not okay?" Or really being able to sit back and ask myself first, "How is this furthering my client's treatment?" And in some ways divorcing myself of my judgment around it.

Sady believes that she needs to try to set her judgments aside before she makes any statements or inquires further about the client's racist comment. Like the majority of the participants, she does not mention the harm that may be caused to the client or others by not challenging her client's racist comments.

Therapist response indicating that they sometimes address explicit racist comments.

While several participants had some idea that they were less aware of the race of their white clients than their clients of color, only one participant, Annie, mentioned that she holds certain assumptions about her white clients:

One of the challenges is how to bring this up and sort-of hold the perspective of what I think. Both at sort-of micro level, that mezzo, kind of community level and macro level in terms of those impacts. What are some of the challenges to help the

white clients necessarily see...um... So I think one of the challenges is how do you, how do I as a therapist, and a white therapist, remember to think about that. Because there are a lot of assumptions that we hold together if I am sitting with another white client. So my own sort-of awareness is a challenge because it can be sort-of easy to have a lot of implicit sort-of assumptions because we are both white. And then the other challenge is sometimes again that piece around when a client sees it as so...am I in alignment with their family, their background, this is just the way things are. I think that's what's hard about it is that it is easy not to be aware.

Annie's answer indicates that she has an understanding both of the various levels that racism operates, including interpersonally and institutionally as she is referring to macro-level impacts. She also acknowledges how difficult it is to hold the awareness of race and racism in the room when both the client and clinician are white. She does not mention, however, a sense that she has a responsibility to address racist comments, nor does she explain what some of these assumptions are that she holds about white clients.

Bonnie explained what it is that she finds challenging in responding to racist comments this way:

The challenge of, "Is this my agenda?" I guess my fear would be that they wouldn't come back, that they wouldn't have the support, that they'd be at higher risk of whatever it is for them that is high risk, whether it is substance abuse or suicide or whatever. Does the time feel right? Is it something that I can work-in in a way that seems related to what they want to talk about or is it just completely out in left field and an agenda that I have that they don't have. But at the same

time I do feel this passion that I can't just let this stuff go and as another white person I just need to plant this seed that I am noticing that, I'm questioning that. Cause a lot of times kids will think that they can say things like that because you are also white and they assume you agree if you don't...and that is the danger of being a therapist in general, they assume you think everything they are saying is perfectly rational if you don't challenge it, that is always a risk. I wouldn't say that I address it every time because of that, but certainly with the kids that I have the chance to work with more than a couple times, I will at least put it in the room and see how they respond.

Bonnie's response reveals that she is also concerned about harming the relationship or that her client will not return if she confronts their racism. At the same time, she says that she feels a need to respond, stating that, "I can't just let this stuff go." She also mentions the impact that choosing not to respond may have on a client, that it may lead them to believe that she agrees with their racist comment.

Ben explicitly mentioned implicit responses when he answered the question:

I don't want to shut people down. I don't want people to think that there is certain things that they can't communicate or express in here. You know, people do have immediate, implicit responses to other people. It is fucking horrible. So I wouldn't want students to feel like they couldn't communicate about certain thoughts, feelings that they are having, when they are not necessarily what you want your default to be, but they are very normal to be having. So I would say that would be my biggest challenge. I guess I'm thinking about white male clients and it is tough for some of these guys to actually work up the nerve to get in here so I

wouldn't want to shut a door on anybody in here. Shame anybody. This is scary shit to work on, especially as a white guy. And it's like, I've been shamed in certain situations and it is like, "that's it, I'm done" and I'm just not going to open back up.

Ben is clear that he doesn't want to shame his clients or shut them down by responding to their racist comments. He recognizes that he has been less likely to engage in this work when he has been pushed on the subject, and so he feels challenged to respond for fear of causing a similar reaction in his white clients. He also states that the reality that many people have implicit responses to others "is fucking horrible," but that he doesn't want to shut down client responses by challenging them or perhaps even acknowledging them. This concern was significant for Ben, and appeared to make it difficult for him to respond in any manner to his client's racism. He goes on to explain:

I tend to try and move more towards where students want to try to go. If that is a door that they don't want to open or they aren't ready to open, then it isn't clinically appropriate and that obviously can be a challenge. And much of it with students we see here is that it is implicit. So I don't want to jump all over anyone.

I wouldn't want to push with a student who kind of has minimal awareness of what is going on and that it is not really feeding into their presenting problem.

When it's feeding into their presenting problem it makes it a lot easier to address.

Ben also speaks to the concern that it isn't clinically appropriate to address a client's racism unless it can be tied to the client's presenting issue. This feeling was shared by a number of participants and appeared to be a significant challenge that many participants faced in responding to racist comments and racial material with their white clients.

Therapist responses indicating that they always attempt to address explicit racist comments.

Emily was an outlier in this group in that she stated unequivocally that she is going to address racist comments every time that she observes them. She also had several techniques for working with clients to address their racist statements or words:

I'm going to always address a racist comment. It's my job. It makes people unhappy and it makes me very unpopular, but I don't care. I just don't. Because here is how I see it, if we want to change the culture over here (in her clinic) and we do, somebody better put their pants on and be talking about it. Because discomfort is what creates change and if we are all silent, nothing is going to change. And in my job description, this is laid out, so I am doing my job, that's how I see it. And really around prejudice, (I will say) "Come on, can't you think of a better word than that? You are much more intelligent than that, I mean really." Yes, so it is not necessarily a change in behavior, but it is an awareness. And sometimes I help kids find a different word. We use what we know. And we use what is modeled to us. (I tell them) "You gotta find a better way." If we tell kids, "Don't do that," or we criticize them or put them down, it just sort of powers them up to keep doing it. And then we create conflict instead of resolution. I think it is all about coming toward each other.

It is possible that Emily's ability to consistently respond to racist material results in part because she has some tools to address these comments. She was able to quickly and comfortably tell me some of the ways that she confronts or challenges racism with clients. She states that discomfort is part of the change process for white people around racism and that she allows for some of this

discomfort in her clinical work. She also gives several effective ways of challenging clients that she has found to be successful in challenging clients while still maintaining the relationship.

Emerging Themes.

The idea that racism is less prevalent because many of the participants practice in a largely white setting was raised several times. Andre focused on the whiteness of the community when answering the question:

You know, it is funny. It is such a white community. And in terms of racist comments, I don't think they come up that much. Because people are coming in, living in a white milieu, thinking in that way. It just strikes me what a white place this is. And you know, it doesn't come up. And sure people have those attitudes, but if you are working on someone's anxiety or substance abuse and they are living with white people and going to class with white people, it doesn't necessarily come up that people share racist attitudes. So I will preface it by saying that, because I am just kind of stumped, because I just don't see it coming up. And perhaps that is a blind-side of mine that I am not seeing, but I think it is really part of the context of being white people working in a white environment for the most part.

Andre felt strongly that he was not experiencing much racism from his clients because his white clients did not have enough exposure to people of color that their implicit racism was being triggered very often. He did acknowledge, however, that this could be a blind spot for him, and that he might indeed be missing racist comments as they occur with clients.

4. Have you found any particular ways to bring the issue of race into the therapeutic interaction with any of your white clients? Half of the respondents paused before answering

this question. The pauses lasted anywhere from a few seconds to much longer, and are indicative of how difficult it is for most white people to talk about race, let alone how they might bring race up for a client. Four participants (33%) answered in the affirmative that they have found ways of bringing race into the therapeutic interaction with their white clients. Of these four, however, only two (17%) had specific examples of how they had done this, and two others (17%) mentioned an example of how they had brought race up with a client of color but failed to mention how they had done this with any white clients.

The most commonly cited theme—mentioned by seven participants (58%)—was that it was difficult to bring the issue of race into the therapeutic interaction with white clients. Of further interest was that no one who was interviewed definitively answered no. Perhaps because they felt that they should have developed ways to bring up race with clients, the wish to appear racially competent may have prevented many of the therapists from answering unequivocally.

Of the 12 participants interviewed, only two individuals (33%) gave specific examples of how they have brought race into the therapeutic interaction with white clients, while three participants (25%) gave examples of how they had responded when the client had brought up the topic of race. Again, it is significant to note that while how the therapists responded when white clients brought up race is of interest; this was not the question they were asked.

Therapist responses indicating that they are not bringing race into the therapeutic interaction.

John's answer acknowledged that it is difficult for him to think about race with white clients:

(Long pause). Hmm. So in all honesty it doesn't come up. I think that is probably a fairly normal response, that it's not an issue. I have taken the opportunity to join

with a few of my white clients on how we are both looking at this, whatever the dilemma may be, from similar places, as white males, I know what their background is, I don't go into a lot of my background, but, (I will ask) "Is it possible that that has something to do with what we are talking about here?" I have done that once. It's not how...it's usually an external situation. Like somebody who was married, dating somebody. I had a client that was dating a white female, who identified as black (the client) and...that doesn't really play cause he's not a white client. It is hard to think about it, you know, race with white clients. It is hard to think about.

As his answer demonstrates, John recognizes that it is difficult to think about white clients in racial terms, but he didn't state this outright at the beginning of his answer. It was only after he tried to think of different scenarios and examples that he finally realized that he had not found ways of bringing race into the therapeutic interaction. As he gives his example with a black client, he realizes that the question was about white clients and he catches his mistake and stops.

Similarly, Jan begins speaking about a client of color but unlike John, does not realize that she isn't answering the question. She was one of the four participants to state that she has indeed found ways to bring up race with white clients, answering, "Oh definitely" as soon as I had asked the question. Yet as her answer makes clear, she is not speaking about white clients:

Jan: Oh definitely. I worked with a couple who is African-American and I just brought into the room, "How is it for you to be working with a white woman?" And they were able to talk about how that did or didn't affect their process. And I've done that with lesbian couples and I've done that with whoever...and even with race or socioeconomic class and I might ask, "you've been through a lot in

this system, and you may be wondering how I can help folks like you, coming from a different background.”

Interviewer: Do you find it different if there aren't any perceived differences, with you being white and them being white, if that issue of race would be less likely to come up?

Jan: Somehow it always seems to get in the room. I think it is less likely with white clients. So it is really about leaving your preconceived notions at the door and just meeting people where they are. And coming from a place of not knowing. Because I don't know and I can't assume that I know. And even if someone says something that is meaningful to them, I need to ask more questions to get more information about that.

In this case, it was only after reiterating that the questioned concerned white clients that Jan recognized that it was less likely to come up for white clients. Even then she still said, “Somehow it always seems to get in the room.” There was not, however, any evidence from her answer that this was the case with her white clients.

Corrina's response was more typical of the sample group:

Corrina: I don't know if I...(Long pause)...I think I've, somehow, the issue of race being a socially constructed thing I think has come up or I think I talk about the impacts of systems of power and hierarchy a lot, but not necessarily about race....with white clients.

Interviewer: I appreciate that you are thinking about this thoughtfully and answering honestly.

Corrina: It's difficult. It's very difficult. I'm so worried about making mistakes, being insensitive. It just feels, it's not something that I have a lot of ease about, it just feels like a minefield. And so I think what identifying as anti-racist means for me is being able to do this well. And maybe that doesn't exist. But I desire to be more skillful and to be less cowardly, to be quite honest.

Interviewer: How do you imagine that things might look different if you were feeling more comfortable?

Corrina: Maybe being more, a little more direct as opposed to indirect, a little less careful. Just naming things.

Like many of the participants, Corrina is uncomfortable discussing race and doesn't know how to approach this subject with her white clients. However, what set her answer apart from many of the other responses is that she acknowledged how much work she has to do and how scared she is of engaging topics of race with her clients. While the majority of responses indicated that this sample group of anti-racist identifying white therapists was not adept at bringing the issue of race into the therapeutic interaction with their white clients, few of them openly acknowledged that this was the case. Ariana, for example, replied that, "Yeah, for sure," she was finding ways to bring race into the room with her white clients, but her answer suggests otherwise:

Ariana: (Long pause) Well, I'll go to...um...it's funny, it's interesting because I speak Spanish so I work with a lot of Latinos, so how it...in the opposite direction. So this is such a...it's a great shift to look at. (At this point, Ariana reread the question out loud again and then continued answering). Yeah, for sure. Let me see...You know, it is sort of one of those things where...if it is not necessarily an issue, I won't bring it up. Perhaps...I don't know if that is really true, but I feel like there is so much to work on with a client, I'm not necessarily thinking about exploring their sense of race or how they sit with racism unless I feel that there is something significant, that the client who...I have one client who actually has a trade business, so he works with...his employees are... (Pause)

Interviewer: People of Color?

Ariana: And so exploring what that has been like, but I think I would have to say that if there is not an inkling of it, I more than likely don't bring it up. It doesn't occur to me necessarily, I would say. And I think that is part of privilege too, it's like we're not affected by it.

Ariana's response indicates a basic understanding of white privilege, but she doesn't elaborate. Further, she was unsure of how to refer to the people of color that her client employed. While she initially answered, "Yeah, for sure," she was unable to give examples and eventually said that, "If there is not an inkling of it" (race) that, "it doesn't occur to me necessarily." Heather answered the question this way:

(Long pause) Um...with my white clients, being white myself, I'm not...(sigh), unless it's something that is being brought up by the client, I'm not sure that I'm answering what you're asking, um, I can't think of any circumstances where I have brought it up unless it has been brought up as an issue. And having the majority of my clinical work being in Boulder, I feel like with my white clients race doesn't typically, it's not something that comes up for them, so much, so I'm not sure. Yeah, so I can't think of...I don't know that I can helpfully answer that question.

Heather seemed stumped by this question. Her answer also indicates that only when a client brings up issues of race or racism might she then discuss it with a client, but that she does not bring up such issues herself. While she did not state that she wishes she knew how to bring up race with white clients, her sighs and tone indicate that she felt badly that she didn't know how to do this. She also attributes the lack of racial awareness of her clients to "being in Boulder", implying that her white clients are less aware of their own white racial identity because they have fewer people of color to remind them that they are indeed white.

Annie mentioned how she might address race with a white client, but her examples occurred when the client brought up race, and she acknowledged that it is much more difficult when, "it is not low hanging fruit". Based on her example, it appears that addressing race does not qualify as low hanging fruit when clients don't bring up the issue of race themselves:

Annie: (Long Pause). It is a little tricky to try and parse out race from class. So I do talk about privilege. I would say, at least six to eight times a year a white student basically raises it themselves. (They will say), "I can tell that I have more privilege than other people and what do I do with that?" So I can say, "What is the

legacy of that? And how do you take that forward?" I feel like I listen pretty well for that with students, so that is a really good thing, I think it's more the folks where it is not low hanging fruit, that conversation, that is tricky.

Interviewer: Are there fears that you can identify as sort-of why at times you won't directly jump right into that discourse?

Annie: I mean, even sort of as a therapist you know my tendency is to not want to super challenge. I want to be the supportive therapist and it is hard to kind of, as much as I know that I am not there to be a friend to somebody, but I'm there to really help hopefully challenge something that will open up avenues of awareness for them that will be helpful. So I'm not terribly afraid of being disliked by my clients but it's hard in short-term therapy to really go there. It has to be something that is really more foreground and...so some of it is time.

As Annie's answer demonstrates, she feels torn. She recognizes that, "I'm there to really help hopefully challenge something that will open up avenues of awareness for them," but she has multiple reasons why she won't bring race up with a client: lack of time, it isn't foreground, wanting to be the supportive therapist, not wanting to be too challenging to her clients.

Annie's statement that when they are not "low hanging fruit" racial conversations are "tricky", speaks to how most white people relate to conversations about race. She cites the example (that she says occurs six to eight times a year) wherein a white person shares that they

feel bad about their privilege. As these are the only times Annie addresses race with her clients, it likely seldom occurs.

Andre spoke about how difficult it is to recognize and acknowledge race when both the therapist and the client are white:

Especially if both client and clinician are white I think there is often a sense that it doesn't exist. Yeah, privilege is a part of my diversity work that I have done most of my work on. And it is so easy to be blinded and it is really easy to be blinded if you are working in a white middle-class scene where it tends not to exist. I don't tend to bring it up as an issue unless it feels like it would be helpful to the therapy in some way or this person is struggling in some way with differences coming out from their history. But it wouldn't necessarily be something that I would tend to bring up.

As he explains, seeing whiteness in largely white environments is difficult because there is the perception that race doesn't exist when both parties are white. While he was able to recognize this, he did not give any examples of how he might bring race into the therapeutic interaction with his white clients.

Therapist response indicating that sometimes they are bringing race into the therapeutic interaction.

Ben spoke about some specific ways that he brings race into the room with white clients, largely by using examples from his own life:

Yeah. I'll bring up examples in my own life. And I think an advantage of the way I was raised with all kinds of privilege, also raised Jewish, so having that experience of knowing what it is like to feel a little different. I have dyslexia,

which has definitely made me feel very different from other people as a kid, in certain ways. So I'll bring in some examples of my own life that is maybe harder to recognize and see if that will help white clients see ways that they have felt different or alienated or isolated in some way as a way to kind of break-up the ice a little bit...If you have a white straight guy in here who doesn't identify with any targeted statuses, is the bringing up different examples from your own life of ways you felt excluded, as part of, so they can reflect on different ways that they felt excluded or seeing how other people, people of color have been excluded. So I would say first, in the ways that they can feel some element of alienation and say, "Shit, this happens". And if it happens a little for me, it might happen a lot for other people. When I tried to learn about implicit attitudes, I mean people can teach it, you can read articles, and then... So I think about that and then I try to magnify that to, okay, what is it like to be the only brown person in the room? That has made me understand, somewhat. So my thought is that maybe that can help other people.

As Ben explains, he tries to use examples from his own life to help some of his white clients recognize how difficult it can be to be a person of color. His response also indicates that he has an understanding of racism that includes the implicit attitudes that white people hold about people of color as well as how certain groups are targeted. Because he has some deeper understanding of racism, this may have helped him find ways to bring the issue of race into the therapeutic interaction with his white clients. However, while Ben works to help white clients imagine what it might be like to be a person of color and thus an outsider, Ben does not indicate

that he works to help his clients reflect on what it means to be white, and thus experience the privilege and superiority of the insider.

Therapist responses indicating that they are bringing race into the therapeutic interaction.

Emily was significantly more comfortable addressing race with white clients, and she had a number of questions that she will ask a white client to help them understand the roots of their racist feelings. She answered the question this way:

Yeah, often. So a couple of issues that just came up recently. I think our white females, our white student athlete females have a difficult time with one of our medical trainers who is a black female, and I believe it's around race and culture. And so last week one of the players came in and was talking about how she was being treated....some of her white privilege was coming out, like, "She can't talk to me like that," and I said, "Why not? Why can't she talk to you like that? Cause she is in a position of power and authority and she has your best interest at heart, so what is it about her that makes you say she can't talk to you like that?" And it has been a long time coming, but we get down to it. And to think that she (the client) actually said, "She can't talk to me like that or treat me like that." And you know what my response was? (I asked her) "Where did you learn that? Where did you hear that before? Where have you seen that? Is that yours? Is that your language? Are those your thoughts or is that somebody else's? Is that one of your teammates? Is that from your coaches? Is that from your boyfriend? Is that from your parents? I mean, where is it that that sort of thinking originated for you? Who has the power to shape your thinking?"

Emily names white privilege in her response and speaks specifically to how she addressed a client whose comments struck Emily as having a racial component. This response indicates that race is a topic of relative comfort for this participant to discuss with white clients, which makes her an outlier in this group. However, like the majority of participants, she answered the question in terms of addressing racism when a client brings it up. Emily did not provide an answer to the question that was specifically asked, “Have you found any particular ways to bring the issue of race into the therapeutic interaction with any of your white clients? It would appear that Emily, along with the other 11 therapists who were interviewed have not found ways to bring race into the therapeutic interaction with their white clients apart from when the client raises the issue themselves.

5. Have you found any particular ways to use the racial identity of your white clients to further their treatment goals? Similar to the last question, many of the participants had to pause before answering. Of the 12 participants, five (42%) expressed ambivalence about whether they had found ways to use the racial identity of their white clients to further their treatment goals. Three participants (25%) said that they had not found any ways to do this, and two individuals (17%) answered affirmatively that they had found ways to use the racial identity of white clients to further their treatment. Three people (25%) gave examples to demonstrate how they were using the white racial identity of their clients to further their work, but again, two of these three examples actually involved working with the racial identity of a client of color, and not of a white client.

A total of four participants (33%) mentioned white privilege in their answer and two individuals (17%) said that the racial identity of clients was not on their radar when the client is

white. Two individuals (17%) gave examples that did demonstrate how they had used the white identity of a client to address their therapeutic goals.

Therapist responses indicating that they are not addressing their client's white identity.

While many of the responses indicated that clients had not thought about this topic before, only one interviewee stated this outright. Carrie was an outlier because she acknowledged that this was a topic for which she was unfamiliar. She answered the question by saying, “Huh. I’ve never thought about that.” Andre answered that he had found ways to do this work and he spoke to what he perceives as deficits of white culture or whiteness:

In a sense I’m thinking about somebody who has anxiety or is depressed and what that means to sort-of, maybe even look at their place in society and...I can see most clients sort of saying, “Fuck you, I’ve got my suffering,” so it wouldn’t be direct. But it is probably more about resourcing and helping people understand their own internal resources that they have partly from race, that might help build them up and help them move towards what their goals are. I mean I think that would be...I think that is a big part of young people, white college students where there isn’t a lot of connection. Lots of times it is about achieving and separation, family separation. It is sort-of the norm to start to separate as an adolescent and compared to students of color, who sometimes have remarkable family systems, support networks...that cause their own problems sometimes, but yeah, white students don’t have that. And I think that contributes often times to lack of purpose, lack of connection, relationship difficulties and so... I think it is a big part of the work with white clients: trying to find connections, trying to find internal resources, find ways of connecting with family and friends that are

meaningful. And it is good to put that framework on it where being white is a catalyst for a lot of those problems.

This response indicates that Andre hasn't really thought about how to actually do this work with a white client, but that he is excited about the idea of using a white client's racial identity to further their therapeutic goals. He also names what he feels are some deficits of whiteness: lack of purpose, lack of connection, and relationship difficulties, and how he might approach a white client using their racial identity. Annie, who also works in a college-counseling office part-time, also mentions a lack of connection as part of some client's presenting issues, but she doesn't clarify whether she sees this as connected to their whiteness:

Hmmm. There are clearly some students I would say that come in with certain passions and ways of again, trying to contribute, as identity is forming in this particular age group. That, some of it has more of a social justice, anti-racist framework they are coming in with, so that's, having that be a part of, "How do you feel...?" Now the positive psychology research says, and resiliency kinds of research around contributions and engagement and connection, so...I often will frame things in terms of, "what gets in the way of connection with people and feeling like they have authentic relationships with other people?" And so it's saying, "What do you think could be some of the implicit assumptions that are coming out from different people and different aspects of that, and how could that be there?"

Annie's answer seemed indicative of the confusion that the idea of white racial identity posed for most participants. She uses a number of terms that are prevalent in the anti-racism literature like 'implicit assumptions' and 'anti-racist framework,' but it is still unclear exactly what she is

talking about. She may have been suggesting that a client's whiteness "gets in the way of connection with people," but it is difficult to say. Ariana's response was similarly unclear and it is hard to understand how it was related to the question:

(Long Pause) Well...with one client who is in Nepal, her primary treatment goal was to reduce her anxiety, or, I always like to say, increase the ability to tolerate anxiety, cause that is really what we are doing. And we've been working a lot with mindfulness concepts, and so one of the things we are...of my goals, of bringing up constantly, what is it like to live there...even this piece around going around their cultural norms...we are using a lot of mindfulness to reduce some of the anxiety that is coming up and sort of non-judgmentally looking at some of her behavior. So that is one way that it is connected to her race. There is a different perspective that we hold, coming from this country, that often doesn't involve a sense of greater connection or trust or what it feels like to actually let things go. We are pretty high strung.

After talking about mindfulness and her client in Nepal, she says, "So that is one way that it is connected to her race," even though it is unclear what she is referring to about the client that is connected to her race. She also refers to "we" a number of times: "there is a different perspective that we hold," and "We are pretty high strung." It is unclear, however, whether she is referring to U.S. Americans or White U.S. Americans when she mentions people, "coming from this country." She seems to be conflating culture, race, and the U.S. into one universal category, a conflation which is a hallmark of whiteness in itself.

Sady had a simple and unambiguous response when asked if she had found any ways to use the racial identity of her white clients to further their therapeutic treatment, "No. I haven't

unfortunately.” Her response was untypical of those of the rest of the group. Most of the other participants appeared to be groping for an answer to the question as they spoke. Corrina’s answer also demonstrated some confusion with the topic:

It’s probably not something that I link very often. I think of treatment goals in response to, how do we get their anxiety down or how do we elevate their mood if they’re depressed. That’s...I don’t always bring in, How does your racial identity....yeah it seems to be more like, I think about issues of gender, power, hierarchy, successfully navigating systems as tying into their treatment goals in terms of empowerment, finding your voice.

Interviewer: So maybe finding your voice as a woman, or if you come from a working poor class background, but not necessarily finding your white voice?

Corrina: Although, I think I have talked about white privilege more recently, because we have been talking about it at (her clinic) and cause it’s been more on my mind, but whether or not I’ve made that link to this is something that can be a part of furthering your treatment goals so directly...I don’t know if I’m there yet, thinking that way.

While three other participants stated that they were not doing this work, only Corrina and Bonnie state that it was something that they aspired to do. As Bonnie explained:

You know, I haven’t talked...I can’t say I’ve talked to a white client about their whiteness or about how aware they are of privilege or...And then you know I have talked about race a fair amount with students of color, which I know isn’t

really what you are asking about. I think a growth area for me would be to ask all students, including white students, as part of my assessment, what is your race? I should pay attention. And asking that question, just putting it out there in the same way that I ask, “Are you dating anyone?” in a gender neutral way or “Have you ever considered suicide?” And I do that more often with students of color, often because I have to demographically indicate what their race is and I’m not sure so I have to ask them how they identify, what their heritage is. But maybe I am making that less clear to the white students by not putting that out on the table unless it comes up. It’s so ingrained in me even though I think of myself as aware, but I can so easily not think about it.

Bonnie’s response indicates that she recognizes that she is more aware of the race of her clients of color than of her white students. Her answer also suggests that she is already considering how she might begin to think about and conceptualize race with her white clients going forward. Her relatively high level of awareness, however, has not led her to developing any strategies for how to use a white client’s racial identity to further their treatment goals.

Heather, who appeared to feel quite guilty about not having any knowledge of how to use her client’s white racial identity to further their therapeutic outcomes, responded this way:

(Long pause). God, I feel like I’m going to answer it in a similar way, I feel like being in this setting that, for my white clients, racial identity isn’t really on the radar.

Interviewer: You mean by this setting...that the majority of the people they are interacting with are also white?

Heather: Yeah, exactly. Yeah, being in Boulder. And being white themselves. I can't...I just don't see that, again, as being on their radar, their racial identity. Yeah, I mean I would even think that being in Denver, just being with, somewhere where, you are not always in the majority.

Heather was the only participant to suggest that living in a very white community affects her ability to use the white racial identity of her clients to address their therapeutic outcomes.

Therapist responses indicating selective addressing of their client's white identity.

Jan was one participant who appeared selectively to attempt to address her white clients' racial identity. She responded to the question this way:

Well I think...I'm always pairing people's strengths with their treatment goals and always carrying what is it that they want to get out of therapy with their treatment goals. And so, racial identity is all part of who you are and what they bring into the room. So I see those two as very much interrelated. I have been working with a male client for a while and he talks a lot about how much money he made and how he is really driven by societal expectations of what it means to be successful and yet his treatment goal is that he is wanting to have meaningful relationships, so we've been looking at, what are ways that he has been able to be successful in his work life that he can then apply to his relationships.

Interviewer: Now do you see part of his presenting issue as being a symptom of his race or linked to his race?

Jan: I think so. I think that he had the expectations of what his life should be like at this point in his life and he got divorced and I think that he has a real sadness around that. That is not how he wanted his life to go. The script of where he should be as a forty something year-old white male, successful male. And (he) has had to deal with the loss of that sort of wish or expectation of what he thinks society would expect of him and what he would expect of himself and who he is as an upper-class, upper middle-class male. I think that there are assumptions that come with being white. And again, individually there is a societal psyche or collective unconsciousness about that...It's been more about identity and where he is at in his identity as a man and wanting to have, to be able to go on and find another meaningful relationship to fulfill his wishes of where he wants to be in his life.

Jan's response demonstrates some understanding that there are assumptions that come with being white, but it is unclear how those assumptions might be factors in her client's treatment goals. She also continues to talk about both his gender and his class, but only refers to his race one time throughout. As with several of the participants, she appears to be moving around the edges of whiteness or white identity but not addressing it directly.

6. How do you attempt to address racism in your own life so that you might be a more effective anti-racist therapist? The most frequent theme when asked how they attempt to address racism in their own lives was religion, spirituality, or mindfulness. Eight people (75%) mentioned their spiritual beliefs, with two participants (17%) indicating that their religious upbringing had played a role in their own racism, and six participants (50%) indicating that their spiritual beliefs or mindfulness played or plays a role in supporting their anti-racist efforts. It

must be noted, however, that with few exceptions did they explain any specific steps that their spirituality helped them take in addressing racism in their own lives.

Six participants (50%) identified awareness of racism as critical to their continued development, although only two individuals (17%) said that this included monitoring or catching their own racism as opposed to the other four individuals (33%) in this group, who noted the importance of noticing when *other* people act in a racist manner. Six respondents (50%) mentioned that they live in largely white communities in the Denver/Boulder area, although they found this fact to be meaningful for a variety of reasons ranging from: making it harder to notice racism in largely white environments to the belief that racism was less prevalent because there were not as many people of color present.

Seven respondents (58%) said that they talk to or discuss the issue of racism with others and six participants (50%) said that they read about these issues. Three people (25%) mentioned that they attempt to be around people of color as part of this work, and two individuals (17%) said that talking to people of color was important. Four participants (33%) said that awareness and recognition of their privilege was part of how they addressed racism in their own lives, and three people (25%) said that continued training was important to this work.

Two individuals (17%) said that they address racism in their own lives by staying curious, and two people (17%) mentioned that sharing their own vulnerabilities is an important part of this work for them. Responses that were only mentioned one time (8%) each were: finding allies; finding mentors; examining the messages received about race in their own life; choosing a workplace that values anti-racism; and keeping a sense of humor about these issues. Only one participant (8%) mentioned that they think they may often miss recognizing racism when it is occurring because of their own racist biases.

Unlike some of the previous questions, only one individual paused before beginning to answer. As demonstrated by the responses, the actions taken by participants towards becoming anti-racists covered a wide range of action and inaction.

Therapist responses indicating that they are not addressing racism in their own lives.

Carrie, like most of the therapists, did not appear to be addressing racism in her own life. She answered the question this way:

I think the biggest thing I did for myself is that I went to Guatemala by myself. The purpose of that is I grew up in a church community and I never got to know anybody. And it was really hard. And I learned a lot, both good and bad. I think there are little things I know about the culture that I think a lot of people just don't. The sense of family. There are things that don't bother me that might have otherwise. Like a lot of the guys have that machismo side of them, but I know that. It helps just to be around more people of color.

Interviewer: How does that help?

Carrie: I think it is just a good reminder. It just keeps me more aware of where I am. I think it is harder in Colorado. I mean, if you are living in Boulder...95 percent white.

Carrie was one of six participants who mentioned that she lived or grew up in a largely white community. While she identified that being around people of color helped keep her aware of her own whiteness, it is worthy of note that these people of color resided well beyond the borders of

the United States. She didn't mention any other ways that she addresses racism in her own life or community.

Heather answered the question this way:

(Long pause). I feel like it is a process that I continue...that I continue to work on. I mean I feel like, as much as possible I'm trying to be aware... and so I, I try to always just have my sensors up to be, to be aware of if I see racism. Um, so I feel like the first piece is I do really try to be aware of it. And I feel like recently in the last few years I have gravitated, you know, like, in terms of like books that I read, I'm trying to...I try to gravitate, I've gravitated more towards books that are addressing different, even, like not even, fiction, just addressing different cultures, different races, just to, because I feel like it is so white here. And so just trying to see some different perspectives.

In contrast to John, Heather talks about racism, but talks about it as something that other people engage in, explaining that she tries to "have my sensors up to be...to be aware of if I see racism." Her answer does not convey that she is attempting to be aware of when she is perpetuating white privilege or racism herself.

Andre explained how he attempts to address racism in his own life:

I try to develop awareness around it myself and my own blocks or strengths or advantages. I spend a lot of time looking at privilege and thinking about that. This center has done, we do a lot of trainings internally so that has been very helpful for me and we are asked to create a diversity learning goal every year that we give...sort-of a self-study program and I think that has been very helpful, trying to think of areas that are both interesting to me and diving in for a period of a year,

reading, talking with people and going to things that are out of my norm or comfort zone and just experiencing more of the world and trying to step out of my own view. That is primarily how I do it. I think it is tricky too because I practice a lot of mindfulness and yoga and that is a huge part of my life and it is a huge part of Boulder and also it's a big part...so that creates a sort of equity, like we are all spiritual beings or something like that, and there is an error in there, some mistake that we are not seeing the difference that actually does exist and the tensions that come out of that. The same...this idea that we are all human and just trying to get by and I think that misses the boat. The color-blind thing. We get a lot of pressure for that (belief), and especially in boulder, because (there is the belief) that (racism) doesn't exist here.

Andre does believe that racism is present in Boulder, in spite of the fact that many white people in Boulder don't think that it exists here. He also believes there is considerable pressure to espouse a colorblind perspective, which he attributes in part to practices that are popular in Boulder (mindfulness, yoga, meditation). He sees these practices as playing a role in the colorblind perspective—"we are all just human beings"—which obscures the power differentials between people of color and white people.

Andre's work place also puts effort into doing anti-racist training, from which Andre feels that he has benefitted. As for his actions however, he only mentions trying to be more aware and getting out of his comfort zone as ways in which he addresses racism in his own life.

Therapist responses indicating that they address racism in their own lives at times.

Annie also mentioned living in a predominantly white community, but she explained specific actions that she is taking to combat racism:

Um, let's see. I choose a work group that has that as a value. I am very aware that I live in a fairly white community. In terms of my own life, I have had to stay...also on it...I have books on racism for my son because I have read the research that if you don't talk about it really young, it is there, so you need to start the dialogue, so lately as a parent that has been more of a priority and exposing him to different contexts and how to channel that and (help him) be more aware of his relative privilege. So I would like to say that I would go to more events to keep learning and expanding my awareness, trying to expose myself. So I can tell that there is a tendency I have...I know that there are periods of time that it has been off my radar so it feels helpful to surround myself with people that, that's it. So that you can have more energy for it, so in my life too.

This response indicates that Annie is taking several actions: choosing a work group that values anti-racism, talking to her son about racism and privilege, and attempting to expose herself to more anti-racist events. As she said, "I know that there are periods of time that it has been off my radar." Annie's response acknowledged how easy it is to be unaware of racism when you are white and not subject to being discriminated against.

Emily also demonstrated an awareness of racism within her own life as well as in the lives of other white people:

I think the thing first and foremost is that I stay conscious of my own racism. And I think if someone says they are not racist, they are dead, lying, or so disconnected from themselves that they don't even know. Because I think somehow in some ways we have all been socialized to some degree that it is how we think and respond if we haven't learned how to do it a different way. So there is work to do,

there is work to do. I grew up in a completely white environment and I had never had a conversation with a person of color until I went to college and really didn't have a context within which to put it. (I grew up) Baptist, privileged, white. I didn't know, I didn't know.

As she indicates by her response, Emily recognizes that all white people are socialized to be racist within the United States. She also indicates that her upbringing in a white environment that was privileged and Christian played a role in her being raised racist as well. She does not, however, mention specific actions that she takes to address racism in her own life.

Jan, in contrast, recognizes the importance of taking action:

It's something that I am constantly reading about and recently I read a book about treatment working with LGBTQI clients and it was excellent and it went through working with different populations and how each population might be. And I feel very strongly as an ally that I bring them to the forefront, again in a gentle, not-provocative manner, thought-provoking manner. And I don't let it just go. I can't let it go; I don't feel okay with that.

Jan's answer indicates that taking action is an important part of addressing racism in her own life to become an anti-racist clinician. As she explains, when she comes in contact with racism, "I don't let it just go. I can't let it go." While she expresses that it is important to address racism, she does not give any specifics as to how she goes about doing this in her own life.

John's response also indicated an understanding of the institutional system of racism but included specific ways that he has attempted to combat it in his own life:

A lot of discussions with other white therapists; also a lot of discussions with non-white therapists. So I read. I wrote. I contributed on this publication about implicit

and explicit racism. You know, it is hard when there are so many other things you're doing. So I think another thing is that I have just been more curious about it lately. If there is something on TV, if there is an article I come across, then I try to make the extra effort to read it. I try to make the extra effort that when somebody is going through some sort of process, like feeling...like a white therapist is getting all upset and bent out of shape, which we often do about racism, I try to say, "Hey, I've done that too, and this is what they are trying to say." Because somebody did that for me. I remember getting all bent out of shape for weeks, and just being so upset and defensive and "I don't want to be here," and "I've been oppressed." You know, all of those things. And having conversations, just trying to tie me in, gave me that ah hah moment where I'm like, "Woe, I'm being an idiot right now."

Interviewer: Being an idiot because?

John: Yeah, just cause I couldn't see it. I couldn't see it. I was so focused on maintaining what I had that I couldn't see racism. I thought the problem was fixed. And I put so much effort into holding onto what I thought was good about me and all of my efforts to be not-racist and color-blind, (believing) that I had somehow avoided this (racism), you know, (believing) I had been raised in a way where this didn't happen. But to have conversations about that and to have those ah-hah moments, which I still have. Just catching yourself, and speaking out.

Interviewer: Catching yourself doing what?

John: Um, participating. Laughing at a racist joke. Or hearing someone call someone, make some sort of generalization or stereotype about someone and saying nothing, because you can avoid it. So it's like, in my life I try to say, "Really? We are saying that! That is what we are going to do? We are going to talk about it like that?" And in a non-confrontational way, but saying, "Hey, I know what you said, and it's obvious that that is not okay with me." And then, you know, if it helps other people to think more about it...So, I try to put more things into action, have more discussions, participate in things that kind-of further anti-racist, or awareness around racism, when I can. Those are the things I do outside (of being a therapist).

John demonstrates that he recognizes that an important part of the work is helping other white people recognize when they have made mistakes and how he can help other white people recognize the existence and mechanisms of racism. He acknowledges that he needed help from others to recognize his own racism and the ways that he had been socialized to defend his privilege and deny racism.

7. If you were, how were you trained to address or confront racism in your training program? Of the 12 participants, three (25%) reported that they were not trained, three (25%) said that they didn't think or couldn't remember being trained, and three participants (25%) said that they were trained in this area. The most frequent response to the question included specific reference to the school that the individual attended. All five people (42%) who mentioned the impact of their training from school had attended Smith College School for Social Work, which

has an anti-racism commitment statement as part of the school's mission and anti-racism is purported to be integrated into their course work and fields of study.

Concerning how individuals reported that they were trained, five participants (42%) reported that they had a class or classes that touched on this topic. Three of those five mentioned that they had multiple classes that addressed racism and two of the five said that they had a single class on diversity during their training, although both individuals who had a single class on diversity said that they had received little or no training concerning addressing or confronting racism within that diversity class. Two individuals (17%) said that the training they received was more general than specific, and one participant (8%) mentioned that they had discussed how to approach racist comments in supervision.

There were two responses (17%) that said there had been discussion of racism within dyads that included a white person and a person of color and two responses (17%) indicated that the training they had received had not involved white/white dyads. Interestingly, not one person who was interviewed cited a technique that they had been taught or an approach that had been suggested by anyone in their training program. Three participants (25%), all of whom had trained at Smith College School for Social Work mentioned that the way they had been trained concerning racism had been emotionally demanding or stressful for them during the training process.

Therapist responses indicating that they were not trained how to address or confront racism.

Most of the answers were akin to Ben's, who said that he did not think that he was trained to address racism:

I do not think I was ever formally trained to combat racism within my program.

There was never a hard/direct approach towards how to combat this issue, instead I think it was taken case by case with the focus being on maintaining a strong and safe clinical connection with a client while still challenging them if and when appropriate. I guess I see this as a process. I see it as me needing to do on-going work. I see it as me fucking up a lot and not doing a perfect...and I see it as needing to be a point of focus in training and on-going development to allow me to continue to grow.

As Ben explains, his program did not teach him to address racism, but he recognizes the need for this training and concludes that it should, “be a point of focus in training and on-going development” in order to help him grow as a clinician.

Emily had a similar response to the question:

So I would say I was not trained. I would say we were trained around diversity but I would not say racism...multiculturalism...I think it is a real lack of the education.

Another participant, Ariana, also stated that she did not receive any training on this subject. Like several participants, she mentioned that she learned about white privilege in her training program but that her training on white privilege didn't include how to address racist comments:

Um, we really weren't, yeah. (Pause) Yeah, we weren't at all. And as you probably see I often come back to my mindfulness practice, but other than that, I have no idea. I'm flailing. I mean, I was exposed to a class that I took as an elective about multicultural competency that introduced the concept of white privilege to me, so that was introduced to me, what twelve years ago now, thirteen

years ago, so that was actually very eye-opening, that was a very powerful moment for me; that I remember very clearly when I learned that. So...

As Ariana demonstrates, she received only minimal diversity training that included an introduction to the concept of white privilege, but little else.

John, who recently graduated from a counseling program, explained how he was guided to address racism in his training program:

I'm trying to think if I was. (Long pause). The only specific training that I can think about at all were some role-play case presentations, sort-of discussions that occurred around helping the client to sit in...like in...an ambiguous place or an ambivalent place. To try to foster some of that ambivalence: "Is this like this all the time? Are these stereotypes true all of the time? Can you think of a certain situation where they weren't?" So, sitting with ambivalence and drawing awareness to...I think that that is it, but there wasn't an official day. It's like somebody brought up a discussion. It definitely wasn't about white therapists with white clients.

Carrie's answer was short and simple: "I had a class specifically on diversity and a large part of it was our personal responses to various races". Judging by her answer, she was not trained to address racism in her program, which seemed consistent for all of the participants who had not attended Smith School for Social Work. While Smith School for Social Work appears to be teaching students that they should address racism, it does not appear to be giving them any specific tools to use clinically.

Therapist responses indicating that they had received minimal training on how to address or confront racism.

Those therapists who attended Smith College School for Social Work appeared to have received the most training of those interviewed. Sady, who attended Smith College School for Social Work, had this to say about her training:

Well, I feel like I was trained to be aware of it certainly. I think that the nuts and bolts of actually addressing it are a little sparse, but again, I've read some great articles about that interaction in the therapeutic setting. However, it typically does not involve a white therapist and a white client. So I don't think that it is addressed very often and I don't even know if there is that much literature about how white therapists address race with white clients.

Interviewer: So do you feel like you were trained to address it with white clients?

Sady: Oh no, I don't think so. So I'm doing my anti-racism project and I've been combing through the literature from our Races in the United States class at Smith and I'm not really finding much about, "if you are a white therapist, how do you address race with your white clients?" Which is what I want, especially for our demographics in Boulder. So anyway, I found that to be really interesting and I think it also spoke to me about how it is kind of taken for granted, that it's a person of color's problem, it's not really my problem.

Sady's training involves completing an anti-racism project during the internship and a required course specifically on racism taught by her college. Despite these built-in training opportunities, however, Sady was unable to locate any information on how white therapists should address racism with white clients through her own research of class materials. If Smith School for Social

Work, renowned for its anti-racism commitment, coursework, and anti-racism projects is not properly training their students how to address racism with clients, are any schools training their students to do this work?

Annie, one of the three participants who indicated that they had indeed been trained to address racism in their program, said:

Hmm, I went to Smith College School for Social Work and it was an active part of that. So there was a racism class and a lot of social justice conversation and yes, there was a lot of that. So it was very much addressed. But it was such a contentious, difficult conversation that was not necessarily...so it was a learning moment. So it was definitely addressed and it was an explicit part of the training goals. And I don't have a sense, but my feeling is that other programs don't prioritize it as much as Smith does. Yeah, I remember it coming up in the case class. And the supervisors I had, we talked about it. So yeah, I felt like it was an integrated part of it. Um, in terms of when it was an actual racist comment in a session, I feel like I got a little bit about that, but I don't...I think there is a lot more related to just general world-view and interaction with the world and fit, or how it felt to be in the world. So it was more about becoming more sensitized and having more (of a) dynamic. But they were definitely talking about, "How do you talk...", and we got more about, if you are a white therapist working with a person of color, that was also very much addressed.

Annie indicated that she had been trained to confront racism in her program, but was unable to give any specifics concerning this training. On two occasions during her response, she began to explain the specifics, but then abruptly changed her sentence. As she states, "they were definitely

talking about, ‘How do you talk...’ but then she is unable to finish the statement. This could be because she forgot or it may be because the concept of racism was discussed, but she wasn’t actually taught how to address racism.

Jan was another participant who said that she was trained to address racism. Her answer, however, made it less clear how she had been trained to do this:

So, back when I was a student at Smith, we had an anti-racism course and we had a very dynamic teacher, professor at the time, and she was very, very in your face and provocative and I loved it. It was just that, “Yeah, let’s do this. Let’s dismantle privilege and all of those places where we are not looking.” And other people were really provoked in a negative way and I remember being rather shocked. Like, how can you go to social work school and, I didn’t want to be judgmental, but I remember having that principle of, “Of course we need to look at ourselves, because we are the tools.”

Interviewer: So you feel like what you got at Smith helped with the general stuff. Did you get any training on how specifically to deal with racist comments made in a session by a white client?

Jan: No, I don’t remember having that direct conversation. And I feel like that has come more from my own work. Reading about it and something I have sought out after my education. Yeah, that is sad. It should be included.

Jan’s training appears to have been more of the “general world view” approach that Annie referred to as part of her training.

Even Bonnie, who also went to Smith and could remember the names of several of her anti-racist classes, did not give any specifics as to how she was taught to address racism in her program:

Since I was trained at Smith, I took a few classes on this topic. I took Unlearning Racism, then I took a more advanced class the last summer on institutional racism. Of course, the Smith program includes a lot of discussion of these issues throughout the curriculum. Finally, I chose to write my thesis on anti-racism theory as compared and contrasted with the social gospel and other Christian forms of social justice.

Heather, who also attended Smith School for Social Work, reiterated what several participants said, namely that her training concerning racism had been difficult for her:

I feel like Smith, on one hand, does such a fabulous job of addressing it and keeping it always in the forefront. On the other hand, my diversity experience at Smith, it was, it was really hard and it was very...it was...I keep saying the word caustic; I'm trying to think of a different word. It was just very, very antagonistic and very charged and...It made me very intimidated.

Interviewer: And do you feel like you were giving specific training as to how, when you are sitting in session with a client and they say something racist, how do you respond?

Heather: No. You need to be aware of this, you should do something. You need to be aware of it, you need to be...yeah, but not specifically, yeah, when this comes

up, this is how you respond. And it didn't feel like, with Smith, it was specific to clinical work. It felt much more general, which I think is important. But I feel like it would have been helpful as an after-class or...to be able to say, Okay, let's bring this back to our clinical work.

As Heather clarifies, the anti-racism work in her training program was much more general in nature and didn't cover how to address racism clinically. Like a number of participants, Heather expressed that her training around racism was uncomfortable and difficult for her. This was a response that came up for several individuals.

8. If you were, how were you trained to address or use the racial identity of white clients in your training program to further their therapeutic goals? The most common response to the question was that the participant couldn't remember being trained or didn't think that they were trained. Eight people (67%) responded this way, and the other four individuals (33%) said that they were not trained to use the racial identity of their white clients to further their treatment goals. One participant (8%) said that they had received some training in this area, but they also said that they were unsure if they had been trained to address this later in their answer.

Four participants (33%) mentioned that they had discussed white racial identity development in their training program or been given an article to read on this subject. Two individuals (17%) reported that they had been taught to be aware of the racial identity of white people, and two respondents (17%) mentioned that they had been trained to consider their own white identity development, but not the white identity development of their clients. One participant (8%) reported that seeing? white privilege was a part of their training. While none of

the participants had been trained in this area, several of them said that they could imagine using the white racial identity of a client to further their treatment goals.

Ben, like several participants, said that he addressed racial identity with white clients and explained that, “this mostly occurred within my clinical work. When it was appropriate and available to do so within certain clinical situations, I addressed the topic”. He does not, however, explain how he addressed this topic, and when questioned further about his training, responded:

I don't know formally. I think a lot with quality supervision. Presenting cases in school maybe it could come up a bit. Presenting cases and listening to cases and listening to tape and doing reflective work with supervisors. I've done a lot of work with kids and I worked with a kid in Uganda and I just noticed that there were a lot of differences between me and this kid and our families and that was addressed in supervision and that was quality training.

Ben seems to have forgotten aspects of the question by the end of his answer, indicating that he received some multicultural training concerning his work with a client of color, even though the question addressed working with white clients.

Annie was one of several participants who mentioned that white racial identity was a part of her training, but it was never suggested that this could be used to further a client's treatment goals:

No, I don't think I was, not with the training program piece. I mean there was sort of the awareness piece about white identity that was talked about, but I don't think it translated into therapeutic goals or...I don't remember if that came later.

Bonnie had a similar response:

As far as addressing racial identity with white clients, I don't think I received much specific training. I know I read some articles about white racial identity development, and about how to do clinical work and talk about race, but I'm not remembering anything very specific to this exact topic.

John clarified for whom learning about white racial identity development was intended in his program:

It did not happen, did not happen. It was all about...I guess we did learn a little bit about white identity development, but it was all for us as therapists. We learned how we might experience these developments and awareness's and things like that, but not how you would necessarily...No, not how that would contribute...No, we never...I missed that chapter I guess.

Corrina's answer was more detailed because I asked her a few follow up questions. Corrina was one of the last individuals that I interviewed, and after hearing so little on the topic, I asked her some questions directly that I did not ask the other participants. This is how she answered:

I would say I probably wasn't. That seems like a ...hmm, well...is that fair? We learned about Helms on white identity. But I don't think I...I don't know if that was, um...if that next step was taken. It was more like, for us to do that for ourselves, to start to connect with it.

Interviewer: How do you help a client work through their white racial identity process?

Corrina: I have not done that. I'm just so...being hit right now, with...when you have a person of color, you think about that as a clinician. I think about, what is it like for a student of color on this campus and how does that affect their identity? I never think about, what's a white student on this campus and how does that affect their identity? Isn't that interesting!

Interviewer: What do you make of this?

Corrina: Well, it's that white is the norm. Just that privilege of...it's so imbedded right, that it just doesn't even occur to apply the same to a person, to a white person, where as your mind just goes there for a person of color.

Corrina makes the same point as John, that the training on white racial identity development was for the benefit of white therapists but not intended to help white clients. As her answer demonstrates, Corrina acknowledges how much more difficult it is to recognize that white clients have a racial identity just as clients of color do. She also says, "It just doesn't even occur to apply the same to a person," before catching herself and clarifying that what she means is a white person.

Emily, who was the only participant to say that she always addresses racism, was initially struck just by the idea of white racial identity development, and it appeared to be the first time that she had heard of this concept. During the interview, I responded to her surprise by blurting out, "Right, because your first thought is white clients don't have a racial identity." This was the exchange:

Emily: I know, it is certainly tripping me up there, the racial identity of white clients.

Interviewer: Right, because your first thought is white clients don't have a racial identity.

Emily: Right, like did they talk about that at all? Because I remember talking about this population and this population and this population, but no, I would say, as I'm thinking about it, I don't think there was any specific training around using the racial identity of white clients. It's not there.

Several participants explained that they weren't trained in this area but thought that it would be a valuable addition to training programs:

Jan: (Long pause)... I don't think we directly talked about that at Smith. I think that we absolutely were taught to meet clients where they are at, but I think that would be a wonderful addition to the training program.

Ariana: I don't think I was...right, which would be a great training. Yeah, I think, the only thing I would say is, again, once again, the concept of white privilege I think is actually brilliant. It is a really great place to start.

Heather explained that she had not been trained to use the racial identity of white clients to further their treatment goals and that the concept of white racial identity was relatively new to her:

I don't feel like there was any training, or even the terminology of racial identity of a white client. I'm not sure I'd ever even heard that phrase, all of those words put together until the last year or so, so...I would say not...at all.

Responses to this question were relatively similar; the responses of all twelve participants made clear that they had not been trained in this area. Had the question been simplified to, "How were you trained to address the racial identity of white clients?" I think I would have received similar answers.

CHAPTER V

Discussion

While there were many themes that emerged from this research, the discussion is divided into three overarching themes that capture most of them: how the sample group of twelve anti-racist identifying white therapists defined anti-racism; how they addressed race and racism with white clients; and how they were trained to address race, racism, and racial identity with white clients.

How anti-racist white therapists define anti-racism

Consistent with the literature on anti-racism, this study defined an anti-racist as someone who recognizes that racism is an institutionally embedded system in which all members of society are complicit regardless of intentions, but from which only whites (in the U.S. context) benefit, and who actively works to challenge that system within one's self and one's sphere of influence. The basic tenets of anti-racism are as follows: acknowledgment of the institutional structure of racism, awareness of white privilege and racism, being an ally to people of color, holding oneself accountable to people of color, and taking on-going and concrete action to disrupt racism and white supremacy in oneself and on an economic, political, and social level.

As indicated by their responses, most white therapists think of racism as individual acts of discrimination or prejudice. Only three participants (25%) mentioned the institutional or systemic aspect of racism and only two participants (17%) specifically mentioned white

privilege. Two responses indicated the importance of being an ally, although they did not specify being an ally to people of color.

The majority (75%) focused on individual and interpersonal dimensions. For example, when Andre was asked what it meant to identify as anti-racist, he explained:

I think it means that I try not to align with hate. Hate is disturbing and its ugly and it brings a lot of pain into the world. And it has for a long time. So I think that is my primary thought around it that I don't want to align with hate.

Carrie's answer was similarly devoid of any mention of institutional racism or the power differences that define racism: "I think it means trying to be open to all kinds of people. From a counselor's perspective, being aware of your biases and trying not to let that influence how you work with people."

The failure to recognize the institutional nature of racism is supported by a false binary of racist/non-racist (bad/good) that is perpetuated by mainstream white culture within the United States. Andre's association of racism with hatred is a classic articulation of this binary. Focusing on explicit (and hateful) acts of racism by individuals obscures the many cultural, social, legal, and economic avenues of racism that are always operating to privilege whites and disadvantage people of color. As Tatum, (1997) explains, "Because racism is so ingrained in the fabric of American Institutions, it is easily self-perpetuating. All that is required to maintain it is business as usual" (p.32).

Guess (2006) points out that institutional and cultural racism is usually not recognized by White Americans. Thus racism does not depend on individuals acting out of a conscious desire to actively discriminate against people of color in order to operate. This leads to what Tappan (2006) refers to as, "racism without racists." This situation, "is produced and reproduced by a set

of White-supremacist ideologies (i.e. particular discursive frames, rhetorical styles and strategies, and common storylines), all of which promote a racist worldview and which can be identified in the everyday talk of Whites” (p. 2129). This “unintentional” form of racism, “then is reflected in differential educational opportunities, economic differentials between whites and non-whites, residential segregation, health care access, and death rate differentials between whites and non-whites” (Guess, 2006, p. 652).

When white therapists fail to recognize the institutional nature of racism, it can be assumed that they will be less likely to recognize implicit racist comments made by clients, as their understanding of racism focuses their attention on explicit acts by individuals. This false binary that divides white people into racist/non-racist categories appeared in the responses of numerous therapists in this research study. As Jan stated, “And always, in my own life, listening for erroneous thinking patterns that I hear from friends and, which I don’t hear very often thankfully, and colleagues and people I supervise.”

Heather also explained how racism is something she looks for in others, but not in herself:

I mean, I live in a very white community as well, Um, and so I, I try to always just have my sensors up to be, to be aware of if I see racism. I feel like it, when I do see it, it is much more subtle.

These therapists conceptualize racism as something carried out or enacted by “racists.” If white therapists define racism as intentional acts of discrimination or “hate,” then it follows that being an anti-racist only requires avoiding making such statements oneself.

How anti-racist white therapists address race and racism with white clients.

This definition of racism lays the foundation for how therapists do or don't address race and racism when they perceive it. Due to the invisibility of racism for most white people, it can be assumed that white therapists, even those identifying as anti-racist, are missing racism when it occurs. Ariana was one of only two therapists who acknowledged that she might be failing to catch racist comments made by her white clients:

Well one of the challenges is an internal challenge of missing it. And that may sound odd, but...sometimes with this concept of white privilege or even just a cultural context; sometimes racism can be so subtle. So one of the challenges is just missing it. Um, and then of course, I may never know that I missed it, you know.

Ariana's response acknowledges that her white privilege makes her vulnerable to missing racism with her white clients. She also speaks to how racism functions subtly, and often doesn't occur explicitly.

This research found that white therapists who identify as anti-racist rarely address racism, race, or racial identity with white clients. So why aren't white therapists who identify as anti-racist addressing racism with their white clients? The sample group of 12 therapists mentioned several dozen different reasons why they might not address racism or a racist comment made by a white client. Only one therapist (8%), however, mentioned any responsibility they felt to speak up or the harm that might be done to their clients or others if they did not address racist comments made by their white clients. No therapist mentioned the harm being done to themselves by passively absorbing a racist comment without addressing it. Yet as Lee (2005) states, "I discovered that absorbing these disturbing and hurtful statements and accepting them in passive silence began to take their toll on my use of self and authenticity with clients" (p. 92).

While some of the therapist's responses indicated concern that their silence would condone a racist comment, 11 of 12 participants (92%) said that sometimes they don't address racism or racist comments made by their white clients. Four participants (33%) said that they had experienced very few or no racist comments made by clients during sessions and only four participants (33%) gave specific examples of how they had responded to a racist comment made by a white client.

There did not appear to be a strong relationship between therapist's efforts to educate themselves concerning issues of race and racism and their ability to address these issues with clients. This may be because so little anti-racism work was being done by this sample group that it was difficult to draw any conclusion on this particular topic. In the case of the individual for whom addressing racist material was a priority, there appeared to be a strong connection. When asked how she felt about addressing racism, Emily responded this way:

I'm going to always address a racist comment. It's my job. It makes people unhappy and it makes me very unpopular, but I don't care. I just don't. Because here is how I see it, if we want to change the culture over here (in her clinic) and we do, somebody better put their pants on and be talking about it. Because discomfort is what creates change and if we are all silent, nothing is going to change.

And this was Emily's response when asked how she addresses racism in her own life:

I think the thing first and foremost is that I stay conscious of my own racism. And I think if someone says they are not racist, they are dead, lying, or so disconnected from themselves that they don't even know. Because I think somehow in some

ways we have all been socialized to some degree that it is how we think and respond if we haven't learned how to do it a different way.

In Emily's case, she clearly understood the resulting process by which all white people raised in the U.S. absorb racist beliefs. Perhaps because she understands this, she also was able to present multiple examples of how she has responded to racist material. Emily was the only participant who believes that it is part of her duty to address racism, as well as the only one who did not see a primarily white environment as devoid of racism.

Further, Emily had several tools that enabled her to consistently respond to racist material. She was able to quickly and comfortably tell me some of the ways that she confronts or challenges racism with clients. She stated that discomfort is part of the change process for white people regarding racism and that she allows for some of this discomfort in her clinical work. She also recounted several effective ways of challenging client's racism while still maintaining the therapeutic relationship, which was the most commonly cited reason why other therapists would not always address their client's racist remarks.

Complicating this finding, however, were the responses of a number of other therapists. Even in situations where there was an advanced understanding of power differentials, how racism is embedded in institutions and the necessity of being an ally to people of color, there was still little action taken on the part of most therapists. Ariana, for example, had an advanced understanding of how racism operates:

I think what it means to me is this notion that racism...in all sorts of forms...still exists. And it exists at all sorts of levels: institutional levels, personal levels...in ways that I can't even begin to identify or have no awareness of. So my sense is that I walk through the world creating disparity in ways that I'm not yet aware of.

So one of the things that I like to do is just keep that knowledge, and any chance I get, be aware of that.

Ariana's answer clearly acknowledges that she is "creating disparity in ways that I'm not yet aware of." She also identifies that racism exists on both personal and institutional levels and offers that one of her best chances to combat this is to maintain a high level of awareness about her racism. Despite this level of understanding, however, she gave the following answer when asked how she addresses racism in her own life:

Ariana: Um, I think about it quite often. My work is a lot with Latinos so I'm in different cultures often. The majority of my friends are from, anywhere from Spain to Venezuela to Colombia, so... So it's in my life all the time.

Interviewer: So awareness sounds like one of the ways that you would try to address it?

Ariana: Yeah, I was trying to think, what is that about? Awareness. My mindfulness practice. Again, being open to the possibility of the truth of what people say, I think that is a big one. But also then, being open to the possibility that it is not true. But I will say that it still frightens me so you know, this conversation.

Interviewer: Which part?

Ariana: Being confronted by racism still frightens me.

Despite the fact that she has an advanced understanding of how racism operates in comparison to most white people, she mentions no actions she has taken in her life consistent with anti-racism values. Like most participants, Ariana had few tools to combat racism with her white clients and her answers indicated that she was not addressing race or racism with her white clients.

Consistent with the research, it would appear that what differentiates most anti-racist identifying whites from other whites is primarily a greater awareness of racism in its many forms. Yet in many ways these therapists expressed no more awareness of racism than non-antiracist identifying whites, in that they did not indicate an awareness of racism as operating in primarily white spaces. Further, what awareness they did have did not appear to translate into action against racism.

By and large, the most significant difference between white therapists who identify as anti-racist and average white therapists comes down to an increased awareness of some basic elements of racism. In comparison to most white therapists in the U.S., these white therapists were taking some small steps towards addressing racism in their own lives through activities such as attempting to increase their awareness, recognition of white privilege, and attempting to educate themselves through books or film. Most of this group, however, relied almost exclusively on interrupting racism at an individual or interpersonal level, *when they recognized it*, and even then, only occasionally. And while several therapists acknowledged the institutional structure of racism in the U.S., few significant or consistent ways of addressing racism in their own lives or in their therapy practices were demonstrated.

One explanation why well-meaning white therapists are not acting in an anti-racist manner is due to the difficulty most white people experience accepting that they perpetuate racism through their actions and choices. Most white U.S. Americans view themselves as moral

individuals who believe in fairness, justice, and equality. This belief often makes it more difficult to acknowledge or accept that they may act in a manner which perpetuates discrimination against others (Ronay-Jinich, 2010). As Fernando (1988) states:

Racist practices in the context of “bad practice” are easier to detect than those within seemingly “good” practice. Ordinary services carried out by ordinary, honest and decent people can be racist,...and it is assumed that “good practice” is automatically non-racist. (pp. 152).

Further, their limited definition of what racism is necessarily plays a foundational role in their lack of action.

The discrepancy between anti-racism values and the actual practices of these therapists was revealed throughout the study, but particularly concerning how these white therapists respond to racist comments. Carrie’s response, though she admitted that sometimes she doesn’t address racism at all with her clients, was particularly honest. While many of her fellow therapists said that they do address racist comments, few of them gave any examples of how they have done this. Yet Carrie responded this way:

I think it depends. Sometimes I don’t even acknowledge it...I don’t know...one girl in particular came in last week and was talking about how they (students of color) got her in trouble and all this stuff. And it is more just bringing it back to her, and all this stuff and the whole...just trying to help her see her responsibility in the whole thing. But I’m not sure that I addressed the whole race issue at all.

Another finding of this research is that anti-racism work for white therapists who identify as anti-racist is generally understood to be optional. It is seen as optional because white privilege means

that white people rarely feel the negative effects of racism, and thus are not motivated to address it. Several therapists explained how they can choose if or how they address racism because of their white privilege.

As Ben said, “I challenge people sometimes and I don’t at other times. And that’s fucked. It is a privilege I have.” Annie was another participant who acknowledged that there are times she does this work and times that she does not, explaining that, “And yet I know there is a big piece of me that goes to sleep all the time around this because of where I live and the business of life”.

Corrina also pointed out that she had a choice whether she wanted to address racism or not based on her Whiteness: “Well, I think that my white privilege allows me to not have to always address racism very directly”. While she mentioned a radio show she listens to by a person of color, she didn’t indicate any other ways that she addresses racism in her own life other than through being curious and interested. As a white person, she is not confronted with prejudice, discrimination, or any of the dangers that racism presents for people of color. As she accurately states, her white privilege allows her to ignore the topic of racism whenever it is convenient to do so.

It is of interest to consider how awareness of white privilege was used by the therapists in this study who identified it. While a basic tenant of antiracism is recognition of white privilege, these therapists used that recognition to excuse inaction. In this way, awareness of white privilege functioned to support—rather than interrupt—racism.

Why anti-racist white therapists don’t address race and racism.

Five participants (42%) said they don't or wouldn't respond to a racist comment if responding isn't clinically appropriate, three therapists (25%) said that they don't respond to a racist comment unless they think it is important for the client's treatment and four (33%) said they don't respond unless they can tie a racist comment to the client's presenting problem. Three individuals (25%) said that they attempt to ask themselves whether they believe responding would be about their agenda instead of the client's. Bonnie's response concerning how she addresses racist comments was typical of the group:

But it's hard, because it makes me really uncomfortable. That part of me that is fired up and then I have to be very mindful and watchful. Is this about me and my agenda, or is this something that is really going to be important for their treatment?

These concerns, voiced by 11 of the 12 participants (92%) prevent them from addressing racism in therapy. Implicit in these concerns is the idea that racism exists in a vacuum and that neither the therapist nor the client are actively being socialized by such comments. In other words, the client's racism exists—or *should* exist—independent of the therapist who witnesses it. In this way, the therapist's response—usually silence—is not positioned as an active choice with inter-relational consequences. The only response viewed as having potential consequences is the choice to *interrupt* racism, because this may “only be” the therapist's personal agenda. No therapist appeared to view racism as a political, co-produced, interactive process. The decision by these white therapists not to address racism is not neutral; it is active and operates discursively.

The therapists' concerns that acting on their “own agenda” would be doing their clients a disservice is not supported by the anti-racism literature. To develop a healthy white identity, one

must relinquish personal, institutional, and cultural racism. As Carter (1995) explains, “This means that Whites must accept their Whiteness, understand the cultural implications and meaning of being White, and develop a self-concept devoid of any element associated with racial superiority” (p. 101). Without help from an anti-racist white mentor or person of color, this work will be exceedingly difficult for many white individuals because white U.S. culture fails to recognize any deficits of whiteness.

Viewing racist comments as belonging only to the reality of the client and having no effect on a co-produced narrative or reality between client and therapist enables white therapists to avoid addressing the topic of racism with white clients. Their silence also works to maintain white solidarity around racism. Evident in the decision not to respond to a racist comment is the belief—central to white culture—that everyone is an individual and that their actions speak only on behalf of the individual, and not the larger social identity group to which they belong. Therefore, it becomes possible to conceive of addressing racism as being part of an individual white person’s personal agenda, instead of recognizing a shared white reality that operates to maintain white supremacy and racism. Carter (1995) explains that, “Whites...typically deny or avoid race as a personal and group characteristic” (p. 4). This focus on individualism makes it nearly impossible to recognize systemic or institutionalized racism, thus relieving the white individual of any responsibility to address it.

How anti-racist white therapists bring race into the therapeutic interaction with white clients.

As for the question of how white therapists who identify as antiracist initiate conversations about race with clients, seven participants (58%) commented on the difficulty they have in bringing race into discussions with clients and only two participants (17%) were able to

provide examples of how they had brought race into the room with white clients. It can be assumed that if these white anti-racist identifying therapists don't see racism as operating outside of explicit comments—and rarely respond even to explicit racist comments—they are not going to introduce race into the interaction with white clients. Carter (1995) explains that, “More often than not, race is thought by mental health professionals to be an unimportant aspect of personality development and interpersonal relationships” (p. 1).

Consequently, white therapists, who often struggle to acknowledge that white clients even have race, do not address the consequences for their clients of being white within the racist culture of the United States. Helms (1999) explains:

Becoming a therapist who can cope effectively with issues of race and culture in the therapy process begins with the recognition that race and culture are integral psychological aspects of every person as well as the social environments in which she or he functions (p. 7).

Without such an understanding, white therapists will continue to ignore and avoid the issue of race because it is an uncomfortable topic to introduce in therapy. Holmes (2006) states that, “Racial issues carry burdens beyond ordinary countertransferences. Race is embedded in our psyches and our culture. Its connections to the worst in us (prejudice, racism, evil) as well as to our ordinary conflicts over our impulses make us shun it” (p. 65). Yet despite the difficulty in bringing up the issue of race, it is imperative that white therapists who believe in anti-racism find ways to do this. There are few other topics that therapists would view as excusable not to bring up because doing so makes them feel uncomfortable.

How anti-racist white therapists conceive of racism in white communities.

Eight of the participants (67%) believed that they were experiencing less racism because they lived in predominantly white communities. Even for these anti-racist identifying white individuals, this may be a result of the fact that “Racism is so ubiquitous and endemic to the fabric of social life that it appears to be ordinary and, for some white people, invisible” (Miller & Garran, 2008, p. 27). Of significant concern was the perception—held by over half of the therapist’s interviewed—that their white clients were less racist because they live in predominantly white communities.

Corrina was one of only two therapists (17%) who questioned whether it was possible that she wasn’t recognizing her client’s racism due to her own lack of awareness:

I could be too in the system to observe the system and catch stuff. So I don’t know if it’s because clients aren’t bringing it in or...is it that it comes up but I’m so inculcated that I don’t hear it? I’m not sure.

The literature on anti-racism would suggest that Corrina and other white therapists may indeed be missing racist comments (and other racialized dynamics) due to their own racial biases and lack of awareness. However, one therapist, Jan, strongly disagreed that a white context means less racism and spoke to the perceived invisibility of racism due to a white environment:

I don’t think you can be a therapist and not bump into something like this. I think it is much more comfortable for lots of white people to hold onto our place of privilege and I think it is less comfortable to look at, “What am I doing to perpetuate oppression and stereotypes and things?”...We live in a white; predominantly upper-class community who thinks we are very open minded...there is a lot of work to be done. And even though I think that we all

like to think in this community that we are open and culturally minded, there is a lot of covert racism that is happening.

With the exception of Jan, seven of the eight participants (87%) attributed the rarity of racist comments to practicing in a predominantly white environment. And not a single therapist suggested that living in a largely white environment may have made it more difficult for them to notice racist remarks made by their white clients. DiAngelo (2012) states:

Segregation prevents the development of cross-racial understanding and communication skills within a society that cannot admit that segregation has meaning. In addition to reinforcing many problematic racial ideologies, living in segregation also maintains ignorance of how racism impacts the lives of people of color (p.188).

Because so many whites choose to live in largely segregated communities, most white therapists may often fail to notice racist remarks made by their white clients. Furthermore, even for those white therapists who don't live in segregated communities, they most often choose to interact predominantly with other whites, preventing them from recognizing the detrimental effects of racism and white supremacy on people of color (Johnson & Shapiro, 2003). Consistent with the literature, the anti-racist identifying white therapists in this study often attributed race as belonging exclusively to people of color. Moodley and Palmer (2006) argue that part of the role of the anti-racist therapist is "bringing into consciousness that the colour white, which is often forgotten in this category, also is a part of ethnicity" (p. 16).

Conceptualizing race as a characteristic of people of color but not white people leads to the belief that racism is only possible or exists in environments where people of color are

present. Andre was one of the eight participants to explain how he believes he encounters less racism because his community is predominantly white:

I am just kind of stumped, because I just don't see it (racism) coming up. And perhaps that is a blind-side of mine that I am not seeing, but I think it is really part of the context of being white people working in a white environment for the most part.

This idea was echoed by seven of the eight participants (87%) who mentioned the whiteness of their community. These white therapists perceive race to be inoperative or nonexistent within white environments, which explains why they believe that racism is unlikely to occur with their white clients. Consistent among the group and underlying many responses was the concept that living in a white space made that space racially inactive, thus solidifying the belief that racism was not occurring. Hall (1992) explains that, "We all speak from a particular space, out of a particular history, out of a particular experience...we are all, in that sense, ethnically located and our ethnic identities are crucial to our subjective sense of who we are." (p. 258).

When white therapists choose to ignore these racial realities, they maintain racism by dismissing the importance of racial identity for white clients. This obscures white privilege by maintaining the idea that racial identity is something only possessed by people of color. The logical extension of this line of thinking would follow that if racial identity belongs (in whole or in greater proportion) to people of color, than race and hence racism must also be issues more pertinent to people of color than white people.

These therapists' assumption that their environments were racially neutral provides a powerful illustration of the ways white people make sense of racism. First, the idea that an all-

white environment is devoid of race reveals the belief that whites are outside of race; we are just human (universalism). We see race as what people of color have (or are). If people of color are not present, race is not present. Further, if people of color are not present, not only is race absent, so is that terrible thing: racism. Ironically, this positions racism as something people of color have and bring to whites, rather than a system which whites control and impose on people of color.

Second, an all-white neighborhood is not the product of luck (or a benign preference to be with one's own, or a fluke or accident); all-white neighborhoods are the end result of centuries of racist policies, practices, and attitudes, which have systematically denied people of color entrance into white neighborhoods. In the past this was done legally. Today this is accomplished through more subtle mechanisms such as discrimination in lending; real estate practices that steer homebuyers into specific areas; not funding public transportation that could make suburbs more accessible; funding schools based on real estate taxes, which penalize those who don't own homes and keep them out of "good" neighborhoods; narratives that associate white space with goodness and safety; and white flight. As Dalal (2006) explains, "The work of ideology is to give the contingent historical relation the impression of being natural relations, and so of obscuring and making invisible the workings of power." (p. 39). All-white environments don't happen naturally; they are actively constructed and maintained.

The third problem with this assumption is the sense that this environment was racially neutral, rather than racially active. Because many of us see socialization as something that only happens to us when we are young (if at all), it is difficult for us to recognize the forces that continue to socialize us throughout our lives. Given this, it can be very difficult to understand that an all-white environment is affecting us. But a segregated environment is racially active.

Race has not been removed from that space—race is at play in the very perception that it is absent. To live, work, study, and worship in segregation sends powerful messages about what—and who—is normal, good, and valuable. The more time we spend in segregation, the more comfortable and familiar it becomes to us. We know less about and become less interested in the perspectives of people of color, and policies and practices we develop will reflect this myopic view. We come to rely more and more on superficial and racist representations of people of color from the media (controlled by whites) and from those around us. Our own racial perspectives become more and more limited while becoming more and more validated by the culture at large. Segregation reinforces racism within and without us in each and every moment. Segregation is not neutral; it is lived and, as such, is socializing us in every moment (DiAngelo, 2012).

How anti-racist white therapists are trained to address race, racism, and racial identity with white clients.

Consistent for all participants was a significant lack of training on the issue of addressing race and racism with clients. While Smith School for Social Work appears to be teaching students that they *should* address racism, this study provided no evidence that it trains students *how* to confront, challenge, or work with a client’s racism. The findings from the students who did not attend Smith School for Social Work indicated that their graduate programs hardly trained them how to recognize racism at all, much less address it, only indicating that it was a topic students should think about. This finding was conducive with the literature, which suggests that in training programs, “Social workers and therapists are instructed to focus on individuals and their presenting problems and symptoms, not to change societal phenomena such as racism and intolerance” (Lee, 2005, p. 91).

What training programs fail to realize is that while it may be difficult to know how to address race and racism with clients, “retreating from these situations potentially places our profession in the position of being another system of oppression” (Carter, 1995, p. 100). This research also found that white therapists are not being trained to address the racial identity of their white clients. On this point, all of the white therapists interviewed were in agreement. All participants said that they hadn’t been trained or couldn’t remember being trained in this area, and no examples of training in this area were provided. Yet training at the graduate program level is critical if white therapists are to have any chance of helping their clients develop a positive, healthy white identity. Carter (1995) explains why this is important:

If White Americans are to understand race’s influence in psychotherapy, they must be able to examine and explore their own racial attitudes and traditions and to develop positive White identities that value and incorporate racial differences into American systems and institutions (p. 100).

As the anti-racist literature suggests, helping a white client negotiate this process will be most effective when the therapist is also engaged in their own process of white racial identity development. Holmes (2006) argues that, “only the therapist’s own treatment attuned to racial meanings...can help a therapist master his or her own racially related issues.” (p. 65). Pack-Brown (1999) suggests that the question be asked: “Are White counselors effectively learning about their own racial identity and the subsequent impact of their values and beliefs on the counseling process?” (p. 87).

The findings of this study are that white therapists are not learning about their own racial identity. Of the 12 anti-racist identified white therapists, only one (8%) was able to give an

example of how they had used the white racial identity of a client to further their treatment goals, and it was a tenuous connection at that. More typical of the sample were these responses:

Andre: My mind is kind of going wild, it's a cool thought: How can you use race to further treatment goals?

John: I'd love to say yes, I really would, but no. I mean...no, I haven't. I can't think of any treatment goals that focus on white identity that I have had.

While several therapists mentioned an awareness of white privilege, it appeared that the group was largely unfamiliar with the idea of white racial identity development. Two therapists mentioned that the topic of white racial identity development had been mentioned in their training programs, but not with the intention of learning this framework in order to assist white clients in their racial development and therapeutic treatment.

This is an area which demands further study in order that therapists can help white clients develop a healthy white identity. As Carter (1995) explains, "This means that Whites must accept their Whiteness, understand the cultural implications and meaning of being White, and develop a self-concept devoid of any element associated with racial superiority" (p. 101). This work is of particular importance as studies have shown that developing a positive white identity is a necessary step that white people must take in order to engage in the work of dismantling racism and white supremacy.

Exploring how white therapists could strategically use the white racial identity of their clients to increase positive therapeutic outcomes may also yield useful information for clinical social work and psychology and counseling programs that wish to provide an anti-racist curriculum for their students. The deeper relevance of this topic to social work is that white

supremacy and racial prejudice cause considerable physical, psychological, emotional, and spiritual harm to both the survivors of racial oppression as well as the perpetrators (Homes, 2006; Harro, 2010), and must be addressed.

As Kivel (2002) explains:

You are not responsible for being white or for being raised in a white-dominated, racist society in which you have been trained to have particular responses to people of color. You are responsible for how you respond to racism, and you can only do that consciously and effectively if you start by realizing that it makes a crucial difference that you are white (p. 12).

Training programs can play a crucial role in furthering therapists' understandings of the specific ways white supremacy and racism operates and functions. Helms (1999) states that, "A missing link in programs for training therapists is the deliberate exploration of the ways in which therapists actually do or do not attend to racial and cultural dynamics and, for that matter, how clients raise such issues" (p. 9). This understanding is paramount to encouraging white therapists to take an active role in dismantling this system of unearned privileges for white and undeserved abuses for people of color that are manifested throughout the United States.

As predicted by the literature, these white therapists were far less likely to address issues of race with white clients than with clients of color. Despite the fact that these white therapists identified as anti-racist, they were not initiating discussions of race with their white clients.

While the data suggested that these anti-racist identifying white therapists were engaging in more self-exploration than most white therapists, this increased self-exploration of their own racial identity had not led to identifiable behavioral change or a significant increase in their ability to address race with their white clients.

Areas for Further Research.

This research has highlighted a range of losses experienced by white people due to the existence of racism and the roles that white people are often encouraged to play to maintain and perpetuate this system (McIntosh, 1988; Harro, 2010). While the research has shown that there are psychological costs to white people who hold racist views, white people will not be able to acknowledge these costs until they recognize their own inevitable racism. Living in racial segregation, whether by choice or circumstance, has costs to white people. These costs include limited or lack of meaningful relationships with people of color, and the possibility that racism may limit the quality of relationships with other whites as well.

Further research in this area is important for encouraging white people to recognize what they have to gain by challenging racism. This research becomes more powerful when it is acknowledged that the privileges and power that whites hold places them in key position to help deconstruct white supremacy and racism. As DiAngelo (2012) explains, “white people, while served well by the dynamics of whiteness, are simultaneously in a prime position to interrupt it”.

As white people, and especially as white clinicians, it is imperative that we ask ourselves what we have lost through our collusion with white supremacy and racism. One question to ask ourselves is, “If I was not taught I had lost anything by not knowing people of color, what has that meant for my relationships with them?” (DiAngelo, 2012, pg. 186).

Other costs to whites of racism including the abandonment of one’s ethnic and cultural values, as well as a turn away from the spiritual traditions from one’s European culture of ancestry. As Kivel (2002) explains, “We are asked to leave behind the languages, food, music, games, rituals, and expressions that our parents and grandparents used. We lose our own ‘white’ cultures and histories” (p. 46). With limited and largely superficial exceptions (Saint Patrick’s

Day), European cultural customs have also been lost in the pressure to assimilate into a homogenized culture of whiteness. This leaves many white U.S. Americans largely devoid of many of the customs and cultures that add richness to their lives.

Why the absence of customs and cultural activities (either from their own ethnic communities or those of people of color) is not considered a loss to white people may be accounted for in part due to the overwhelming advantages provided for those who are white. Despite what is lost in a more meaningful life, the gains in other areas are often significant enough that they obscure the losses of being white in a white supremacy. What white therapists fail to realize is that not responding to racism, explicit or implicit, works to both protect white privilege and denies the client the opportunity to have a richer, more enjoyable and healthier life.

White therapists wishing to practice anti-racism must address these issues in order to help their clients develop a positive white racial identity. Carter (1995) explains that, “Whites are neither offered ways to develop a sense of themselves as racial beings, nor are they presented opportunities to understand the meaning of their race if they choose to abandon their racist perspectives” (p. 100).

It is beyond the scope of this study, but future exploration of the relationship between how white therapists conceptualize what racism is and how they act would be of interest. It would be helpful to explore whether those individuals who are cognizant of the institutional and self-perpetuating dynamics of racism are more likely to recognize—and address—implicit racist remarks as well as explicit remarks. It can be assumed that those individuals who do not have a systemic understanding of racism would be less likely to recognize—much less address—implicitly racist comments.

Further research should address the losses incurred for white people living in segregation. Anti-racist education must tackle this topic as well as the losses that white people suffer and have suffered as a result of losing their own ethnic identities through assimilation into Whiteness. A question for further study that may elicit more useful information would be to ask therapists, “How do you think the racial identity of white clients might be used to further their therapeutic goals?” Clinicians of color in particular may be able to add significant insights to this topic.

Based on the data presented here, I plan to incorporate anti-racism into my practice by discussing race and racial identity as part of the intake process with all of my clients. Including these topics during the intake process will let clients know that race and racism are issues that I am comfortable discussing, and will make it easier for me to address these issues at later points in the therapy. Addressing white racial identity with clients is a new concept in the field of psychology and clinical social work. The normative nature of whiteness typically precludes exploration or discussion of what it means to be white, how this is internalized, and how it functions within individuals.

Yet not addressing a client’s Whiteness is akin to not addressing any other fundamental aspect of identity, such as class, gender identity, or sexual orientation. While many white therapists would consider one’s gender a critical part of their identity, it is my hope that the racial identity of white clients will eventually be given similar consideration. It is a disservice to white clients not to address these issues and denies white clients the opportunity to develop a positive white racial identity or challenge racism, either interpersonally or institutionally. Helms (1990) explains:

The development of White identity in the United States is closely intertwined with the development and progress of racism in this country. The greater the

extent that racism exists and is denied, the less possible it is to develop a positive

White identity (p. 49)

By addressing race, racism, and racial identity with white clients, the therapist simultaneously confronts racism and white supremacy (their *own* as well as their client's), while also addressing issues pertinent to the client's mental and emotional health.

Chapter VI

Conclusion

This research demonstrated that there is a significant gap between the values of anti-racism and the actions of white therapists who identify as anti-racist. While this research was limited in its scope, the findings are consistent with literature from the fields of anti-racism and Whiteness studies. This research demonstrated that even those that identify as anti-racist are not acting in an anti-racist manner. Significant changes must happen if whites who wish to be allies are to use their power and privilege to dismantle racism and white supremacy.

White therapists who wish to conduct themselves from an anti-racist perspective must refuse to collude with racism within their therapy with white clients. They must take the courageous step to address racism within the therapeutic dyad and continue to educate themselves to go beyond mere awareness of white privilege as their contribution to anti-racism. Furthermore, addressing the race and racial identity of white clients will provide opportunities for enriching their client's therapeutic experience and improving the client's therapeutic outcomes. Leary (1995) suggests addressing racial themes with all clients, "including treatments where both patient and therapist are White because race, ethnicity, and skin color remain of pivotal importance in both social and psychological life" (p. 131). As Emily said:

If we want to change the culture over here (in her clinic) and we do, somebody better put their pants on and be talking about it. Because discomfort is what creates change and if we are all silent, nothing is going to change.

White therapists who wish to confront and challenge racism must focus their energies on dismantling institutional racism and challenging the institutions of white supremacy surrounding them. It is not enough merely to increase one's awareness of racism, it is necessary to advocate and demand change in the economic, political, and social spheres as well. If white therapists want to do something other than perpetuate racism, we must stop relegating race to the margins of the therapeutic experience. As Miller and Garran (2008) state, "As we confront racism and struggle to undermine it, we empower ourselves" (p. 2). And, I would add, we can help empower our clients as well.

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Appendix A

HSR Approval Letter

October 25, 2011

Morgan Stone

Dear Morgan

Thanks for taking care of everything. I accept your revisions.

Please note the following requirements:

Consent Forms: All subjects should be given a copy of the consent form.

Maintaining Data: You must retain all data and other documents for at least three (3) years past completion of the research activity.

In addition, these requirements may also be applicable:

Amendments: If you wish to change any aspect of the study (such as design, procedures, consent forms, or subject population), please submit these changes to the Committee.

Renewal: You are required to apply for renewal of approval every year for as long as the study is active.

Completion: You are required to notify the Chair of the Human Subjects Committee when your study is completed (data collection finished). This requirement is met by completion of the thesis project during the Third Summer.

Best of luck with your study!

Sincerely,

David L. Burton, MSW, PhD
Chair, Human Subjects Review Committee

CC: Robin DiAngelo, Research Advisor

Appendix B

Informed Consent Form

Greetings,

My name is Morgan Stone and I am an MSW student in the master's program at Smith College School for Social Work in Northampton, Massachusetts. I am conducting a qualitative research study on how white therapists who identify as anti-racist address issues of race, racism, and racial identity with white clients. The field of multiculturalism has begun to address how race is addressed with clients of color, but there has been little research on how issues of race, racism, and racial identity are addressed with white clients. For the purposes of this study, racism is conceptualized as an endemic and deeply imbedded set of economic, political, and social forces that are systemic and institutional and do not consist merely of individual acts of discrimination or prejudice. By this definition of racism, an "anti-racist" is understood as someone who recognizes that racism is an institutionally embedded system in which all members of society are complicit regardless of intentions, and actively works to challenge that system within one's self and one's sphere of influence. I will be using the data collected for my master's thesis and presentation, as well as potentially for professional presentation and publication.

Your involvement in this study will include participating in a one hour in person interview, which will be recorded on an audio recorder for later transcription by me. During the length of this interview, I will ask you questions concerning how you address race, racism, and racial identity in your work with white clients, and how you think that this may affect the therapy. I will also be collecting basic demographic data if you agree to share this information with me for the purposes of the study. The demographic data that I would like to gather is your age, gender orientation, years of therapeutic experience, primary practice modality (psychodynamic, CBT, relational, etc.), socioeconomic class background, and type of setting where you practice (clinic, agency, private practice, etc.). The inclusion criteria for this study are that you identify as white, you are a licensed therapist who has been working in the field for at least one year, that you speak English, and that you identify as anti-racist.

Possible risks of participating in this study are some amount of emotional discomfort or anxiety based on the relatively sensitive nature of this topic. Reflecting on these issues may cause some distress either during or after the interview.

Some of the potential benefits of participating may be a greater awareness of the topic and its relevance to your work, as well as an opportunity to discuss this issue during the interview. Participating in this interview may give you an opportunity to reflect on your role as a clinician in addressing racism with clients. This interview process may also lead you to explore this area in further detail in ways that might enrich your perspective and your practice. You will

also be adding to the knowledge base of an important topic to social work research and practice. No financial or other compensation will be provided.

Your name and identity throughout this study will be kept strictly confidential during the entire research process. All identifying data will be stored in a secure location for three years as required by federal law, and all data will be destroyed after three years. Electronic data will be stored securely, and any identifying quotes or vignettes will be disguised. While my research advisor will review my data, they will only receive the data once all identifying information has already been removed. Your data will be presented in aggregate form so as not to permit anyone to specifically identify you in the data.

Participation in this study is voluntary. You may choose not to answer any question during the interview. You may withdraw from the remainder of the interview at any point, and you may withdraw all of your data from the research pool until April 1st, 2012. Should you choose to withdraw before this date, all materials related to the interview and your data will be promptly destroyed. After April 1st, it will no longer be possible for your data to be removed from the study, as the thesis will have been written. My contact information is listed below should you decide to withdraw. If you have concerns about your rights or any aspect of the study, please contact me at **(personal information deleted by Laura H. Wyman, 11/30/12)** or David L. Burton, the chair of the Smith College School for Social Work Human Subject Review Committee at (413) 585-7974.

YOUR SIGNATURE INDICATES THAT YOU HAVE READ AND UNDERSTAND THE ABOVE INFORMATION AND THAT YOU HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS ABOUT THE STUDY, YOUR PARTICIPATION, AND YOUR RIGHTS AND THAT YOU AGREE TO PARTICIPATE IN THE STUDY.

Participant signature _____ Date _____.

Researcher signature _____ Date _____.

Please retain a copy of this form for your records.

Thank you for your time and consideration,

Morgan Stone
MA Conflict Transformation
MSW (in progress)
(personal information deleted by Laura H. Wyman, 11/30/12)

Appendix C

Recruitment email

Greetings,

My name is Morgan Stone and I am a master's in social work student at Smith College School for Social Work. I am conducting a study on how white therapists who identify as anti-racist address issues of race, racism, and racial identity with white clients. For the purposes of this study, identifying as an anti-racist involves recognizing that racism is an institutionally embedded system in which all members of society are complicit regardless of intentions, and actively working to challenge that system within one's self and one's sphere of influence.

As the researcher for this study, I will interview you for approximately one hour on this topic at your convenience. The interview will be recorded on an audio recorder, which I will transcribe after the interview. During the interview I will also collect basic demographic data, such as your age, gender orientation, and years of clinical experience. All of the data will be kept confidential throughout the research process.

In order to participate in this study, you must identify as white, anti-racist, and have at least some white clients. Meeting the anti-racist criteria means that you are comfortable identifying your therapeutic stance as reasonably congruent with the aforementioned definition.

If you would be interested in participating in this study, please contact me either through this email or the phone number below.

Thank you for your consideration,

Morgan Stone
(personal information deleted by Laura H. Wyman, 11/30/12)
MSW student
Smith College School for Social Work

Appendix D

Follow-up email to participants

Hello (name of participant),

Thank you for your interest in participating in my study on how white therapists who identify as anti-racist address issues of race, racism, and racial identity with white clients.

As a potential participant in this study, I would interview you for approximately one hour on this topic. Below is a sample of the type of questions I would be asking:

1. What are some of the various ways that you have responded to racist or racially insensitive comments made by your white clients?
2. What are some of the challenges you have faced in responding to racial content or racist comments made in sessions by white clients?
3. Have you found any particular ways to bring the issue of race into the therapeutic interaction with any of your white clients?

The interview would be recorded on an audio recorder, which I would transcribe after the interview. During the interview I would also collect basic demographic data, such as your age, gender orientation, and years of experience. All information would be kept confidential throughout the data collection and analysis process. In order to participate in this study, you must identify as white, anti-racist, and have at least some clients who identify as white.

By anti-racist, I do not mean that you identify yourself as such on your business card or elsewhere. It is only necessary that upon being asked, you would answer in the affirmative that you are comfortable identifying your personal and/or therapeutic perspective as anti-racist. For the purposes of this study, racism is conceptualized as an endemic and deeply imbedded set of economic, political, and social forces that are systemic and institutional and do not consist merely of individual acts of discrimination or prejudice. By this definition of racism, an “anti-racist” is understood as someone who recognizes that racism is an institutionally embedded system in which all members of society are complicit regardless of intentions, and actively works to challenge that system within one’s self and one’s sphere of influence. Meeting the anti-racist criteria means that you are comfortable identifying your therapeutic stance as reasonably congruent with this definition.

If you have any questions about the nature of this study or your participation, please feel free to ask. While I want to acknowledge that discussing this topic could potentially cause some emotional discomfort, it would also provide you an opportunity to reflect on the role of race in your practice.

Thank you for your consideration,

Morgan Stone
MSW student
Smith College School for Social Work
(personal information deleted by Laura H. Wyman, 11/30/12)

Appendix E

Interview Schedule

1. What does identifying as an anti-racist mean for you?
2. What are some of the various ways that you have responded to racist or racially insensitive comments made by your white clients?
3. What are some of the challenges you have faced in responding to racial content or racist comments made in sessions by white clients?
4. Have you found any particular ways to bring the issue of race into the therapeutic interaction with any of your white clients?
5. Have you found any particular ways to use the racial identity of your white clients to further their treatment goals?
6. How do you attempt to address racism in your own life so that you might be a more effective anti-racist therapist?
7. If you were, how were you trained to confront or address racism in your training program?
8. If you were, how were you trained to address or use the racial identity of white clients in your training program to further their therapeutic goals?

Appendix F

Demographic data schedule

1. Age?
2. Gender Identity?
3. Years of clinical experience?
4. Primary practice modality or modalities? (psychodynamic, CBT, DBT, relational, object relations, etc.)
5. What is your socioeconomic class background?
6. Type of practice setting? (clinic, agency, private practice, etc.).
7. School attended?
8. Clinical Degree?