

# **Allyship: The Responsibility of White Counselor Education**

## **Allies in Addressing Racism and Discrimination**

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### **Abstract**

Counselor educators have a responsibility to ensure client welfare in counselor training and this extends to increasing the cultural competence of counseling students when working with clients representing diverse populations. Due to the persistence of inequality and absence of cultural competence in the health and behavioral health settings, People of Color (POC) experience health disparities at alarming rates. This begs the questions about who is responsible for these health disparities and how inequities can be addressed. This Interpretative Phenomenological Analysis (IPA) study examined the narratives of eleven self-reported White Allies who are working to dismantle oppression through their advocacy efforts. Themes from the analysis stated that the participants witnessed overt acts of racism, attempted to use intervention and education-based actions to address the racism, and identified systemic racism as the biggest issue experienced by African American people. Recommendations for counselors, counselor educators, and allies will be included.

*Keywords:* White ally, racism and discrimination, counselor training.

In the United States, racism and discrimination exists at the individual, interpersonal, institutional, and systemic levels (Henkel, Dovidio, & Gaertner, 2006). Individual racism occurs when discriminatory messages have been internalized by an individual (Jones, 2018). Interpersonal acts of racism may include acts of hate and discrimination targeted upon an individual and/or group of individuals (Henkel, et. al., 2006). Institutional racism includes policies and programming within an organization that is discriminatory and unequal (Jones, 2018). Systemic racism includes discriminatory practices across systems and/or institutions that can impair one's ability to be successful across social structures (Henkel, et. al., 2006). Regardless of the form of racism and discrimination, exposure to these acts of hate can be traumatic, and counseling professionals are called to approach this type of trauma with the same sensitivity as they would with clients who have experienced other forms of abuse (Evans et al, in press; Evans et al, 2018; Evans, et al, 2015).

Individuals and communities exposed to racism and discrimination may report behavioral health issues that include depression, anxiety, increased use of alcohol/substances, poor self-esteem, health complications, and decreased self-worth (Bryant-Davis, 2007; Evans et al, 2015; Forsyth & Carter, 2014). This increase of behavioral health issues without access to culturally-sensitive behavioral health service providers can lead to health disparities for People of Color (Evans et al, In Press; Evans et al, 2018; Evans et al, 2015; Gee, et al, 2012). People of Color (POC) are defined as individuals who are non-White and may include, but are not limited to, African American, Arab American, Asian American, Indigenous, Latinx American, and Multi-Racial American Individuals (Hunter, 2002; Moses, 2016). The term POC is used due to its inclusive orientation and may be used to "form solidarities with other [POC] for collective political, and social action on behalf of many disenfranchised or marginalized people," Moses, 2016, para 9).

Counseling professionals and training programs that do not address the pervasiveness of interpersonal, institutional, and systemic racism and discrimination are at risk for revictimizing their clients (Evans, et al, 2018). Counselors have a responsibility to ensure client welfare and this includes demonstrating cultural competence when working with clients representing diverse populations (ACA, 2014; Sue & Sue, 2013). Cultural competence extends beyond knowledge, skills, and awareness (Arrendondo, Toporek, Brown, Jones, Locke, Sanchez, & Stadler, 1996). This should also include counseling professionals' work to dismantle systems of oppression and privilege that disempower clients and communities (Sue & Sue, 2013). This call to recognize privilege in addressing oppression is especially relevant for White counselors who may not recognize the power associated with their racial identity. White privilege occurs when unearned advantages are afforded to White individuals due to their association with the majority culture (McIntosh, 1988). White privilege can benefit individuals and communities in the workplace, educational environment, and community (Edwards, 2006). These unearned advantages are also noted in healthcare and behavioral health settings regarding quality and access to care (Hebert, et al., 2008).

Although the counseling profession comprises a majority of White clinicians, clients frequently represent individuals of intersecting identities (Sue & Sue, 2013). This lack of cultural representation can bias the profession and White counseling professions to believe Eurocentric approaches to counseling, counselor training, and counseling supervision are appropriate for all of their clients. Evans et al (2018) found in their study of practicing counselors that a majority of counselors are unprepared to identify and address race-based trauma and discrimination in the provision of counseling services. Within counseling, there is a paucity in the literature on how White counselors may perpetuate racism and discrimination in their counseling practice, how White counselors attempt to identify and address race-based trauma in counseling, and the impact of White privilege in clinical settings (Evans et al, In Press; Phoenix, 1997; Thompson & Neville, 1999). It is imperative that the counseling profession closely examine their training practices regarding racism, discrimination, and client welfare (ACA, 2014). Counseling programs must incorporate methods to equip counselors-in-training to identify and address race-based trauma in their practice. This may be especially relevant to White counselors-in-training who benefit from White privilege and may lack a framework to conceptualize the discriminatory social

issues that cause health disparities in POC (Thompson & Neville, 1999). A profession that calls counselors to serve as advocates and social change agents – allyship development is one method to promote client welfare.

One method to further examine the idea of privilege and allyship is through the narratives of self-reported White Allies who seek to educate and advocate for POC (Evans et al; In Press). A White Ally is defined as an individual who could “be helpful in promoting understanding of or addressing discrimination targeting the participant’s group,” (Brown & Ostrove, 2013, p. 2213). A White Ally represents a population of White individuals who may be equipped to acknowledge and address the levels of interpersonal, institutional, and systemic racism and discrimination in our current era. Counselors who identify as allies can work to improve behavioral health outcomes while promoting cultural competence and working to reduce within-group discrimination (Evans et al, in press). Allies are invested in engaging in self-reflection to promote advocacy and social change for diverse populations (Patton & Bondi, 2015). A counselor ally may be able to identify and address the presence of race-based trauma in the individual, institutional and systemic levels.

### **White Privilege, Allyship and Counselor Training**

White individuals can choose to deny or disregard the experiences of POC by claiming white privilege does not exist (Anderson, 2013; Case, 2012). By denying the presence of white privilege, an individual can identify as the racial majority while dismissing the inequality experienced by POC (Wildman, 1996). This reticence to engage in discussions on race and recognize one’s role in oppression perpetuates the cycle of microaggressions, racism, and discrimination (Ancis & Szymanski, 2001; Boutte & Jackson, 2014; Bryant-Davis & Ocampo, 2005; Howard, 2000). This avoidance also deflects the experiences of POC, contributes to the maintenance of discriminatory cultural norms, and suggests that the responsibility for change rests with the disenfranchised (Howard, 2000). This type of worldview interferes with a counselor’s legal and ethical responsibility to maintain client welfare and incorporate multiculturally responsive interventions into treatment (American Counseling Association, 2014).

Some White individuals that do recognize the presence of racism and discrimination in our current socio-political structure may struggle with managing their own feelings of guilt and shame (Harvey & Oswald, 2006). For these White individuals, discussions of racism and discrimination may yield reactions that include: 1) perceptions that they are being attacked; 2) maintaining a color-blind attitude; and/or 3) discussing the internalized politics and status of the mainstream community (Boutte & Jackson, 2014). These methods tend to blame unidentifiable others and groups allowing the White individual to not acknowledge their personal responsibility for the persistence of discrimination in the United States.

Well-intentioned allies can unknowingly contribute to racism and discrimination. Edwards (2006) notes:

Individuals who are supportive of social justice efforts are not always effective in their anti-oppression efforts. Some who genuinely aspire to act as social justice allies are harmful, ultimately, despite their best intentions, perpetuating the system of oppression they seek to change (p. 39).

In professional counseling settings, perpetuating a system of oppression may include reinforcing institutional racism by maintaining inequitable policies, practicing tokenism, tone policing, et cetera (Boutte & Jackson, 2014; Saad, 2018). In these examples, the White individual did not leverage their privilege to advocate for POC and maintained oppressive practices.

The counseling profession is comprised primarily of White, middle-class females (Meyers, 2017). A profession that espouses cultural competency, the counseling profession’s workforce and student populations continue to reflect primarily White professionals and Eurocentric professional

practices (Burt, Russell & Brooks, 2016). This discrepancy in professional identity and available workforce demands action. POC can be revictimized or experience feelings of invisibility when their White counselor's privilege causes them to be unaware of or ignore the impact of racism and discrimination (Dowden, Gunby, Warren, & Boston, 2014). One approach to address White privilege in counselor training is through the intentional incorporation of ally development in andragogy.

### **White Allies**

A White ally is an individual who "could be helpful in promoting understanding of or addressing discrimination targeting the participant's group," (Brown & Ostrove, 2013, p. 2213). Allies work to dismantle oppression through antiracism advocacy, a position that requires cultural humility. A White Ally may possess qualities that include good listening skills, recognition that they too are evolving, and a willingness to build relationships and challenge others with their own racial ideologies (UC Berkeley Gender Equity Resource Center, n.d.). Allyship promotes greater numbers of advocates to assist with legislation and equality efforts to challenge societal norms (Kendall, 2003).

Edwards (2006) identified three types of allies, at least two of which are vulnerable to complicity with oppressive systems despite intentions of allyship. The first type of White Ally might include individuals who are personally motivated through friend and/or family affiliations to support POC. These individuals, due to their personal connections, may not be able to recognize institutional racism as their alliance is due to relational connection (Edwards, 2006). The second type of ally includes individuals who may hold altruistic ideologies; however, because they lack a socio-political understanding of the pervasiveness of racism, they may perpetuate racism. Finally, allies who are knowledgeable of social change and can understand the socio-political influences of oppression may be well-suited for advocacy and activism (Edwards, 2006; Saad, 2018). Although all three of these identities may be recognized as a form of allyship, White individuals who recognize the systemic issues associated with racism and discrimination are likely to be most helpful in assisting other White individuals in obtaining an anti-racist identity (Mallott, et al, 2019; Saad, 2018).

Critics argue that White individuals who represent the majority, and oppressive, culture cannot work to dismantle while simultaneously benefitting from the sociopolitical system (Spanierman & Smith, 2017). This has led to ambivalence by some multicultural professionals as to the role of the White Ally in diversity and inclusion work. Lacking personal experiences with racism and discrimination, the methods that promote allyship may also be questioned (Saad, 2018). Without a clear framework for White Allies it is hard to define and conceptualize the efficacy of allyship and its role in multicultural competency and addressing health disparities. Further study of White Allies and effective methods of promoting social change are necessary.

Considering the pervasiveness of trauma associated with racism and discrimination, the counseling profession and counselor educators have a responsibility to consider how White Allies may be cultivated in graduate training utilized in the provision of behavioral health services. Efforts to support ally development and increase cultural competence are noted as imperative in addressing institutional and systemic discrimination (Evans et al, in press). This may include targeted efforts to promote anti-racist communication and services in counselor training and between healthcare providers. With these factors in mind, the purpose of this qualitative research was to use Interpretative Phenomenological Analysis (IPA) to examine the individual narratives of self-reported White Allies in their advocacy work (McLeod, 2011).

### **Methodology**

A total of eleven White Allies participated in this study and examined their experiences of observing racism and their perceived responsibility in addressing the discrimination. Participants completed questionnaires and responses were coded using the IPA design. This study is important as it can contribute to the literature on ally development and responsibility within the White population and

counseling profession. The research question for this study was: 1) What are the experiences of White Allies in identifying and addressing racism and discrimination? The stimulus questions for this study were: a) Please describe an instance for which you witnessed racism and attempted to intervene; b) how have you attempted to address racism and discrimination in the workplace/school setting; and c) what are the biggest issues experienced by African American and Black individuals in our current era? Since this study was part of a larger study and additional data was collected, Appendix A includes the full interview protocol.

### **Interpretative Phenomenological Analysis**

Researchers chose a qualitative, IPA approach for this study because this design promotes the examination of a phenomenon that provides space for individual experience unique to each participant (McLeod, 2011). An IPA method empowers the researcher to approach a topic with deliberate curiosity of a phenomenon while working to suspend their assumptions of what the data may yield (Kvale & Brinkmann, 2009). Adhering to a perspective of the subject as the expert, an IPA design employs an interpretative method to data analysis that promotes “telling the story of what has been found,” (McLeod, 2011, p. 148). With a line-by-line analysis coding process, the researchers attempt to identify the context and psychological factors available within the participants’ responses (Smith, Flowers & Larkin, 2009).

### **Procedure**

Following IRB approval, researchers conducted convenience sampling of White Allies through posting recruitment materials on social media sources (e.g., CESNET and LinkedIn electronic mailing lists). Individuals who were interested in the study were directed to the Informed Consent document. Those who chose to consent were redirected to the interview questions and narrative responses were collected. The researchers collected demographic data including gender, age, race, education, income, and occupation, in addition to semi-structured interview information. Participants were asked to respond to open-ended questions. After completing the questionnaire, subjects were encouraged to review their responses to ensure that the data reflected their experiences. The researchers chose this online method to recruit participants because of the target population identified, the pervasive nature of the research topic, and the strengths of utilizing media technology to collect data (Neuendorf, 2017). Participants were reminded that their involvement in the study was voluntary and they could withdraw from the study at any time.

### **Participants**

A total of eleven self-reported White Allies agreed to participate in the study. All subjects identified as White. Participants included seven (64%) women and four (36%) men. The participants’ ages ranged from 26 to 56 years, with a mean age of 41 years. Nine percent (1) of the participants reported having a bachelor’s degree, 64% (7) reported having a master’s degree, and 27% (3) reported having a doctoral degree. Participants reported that they were employed in education (73%), school counseling (18%), and technology (9%) positions. The variance in education and employment highlight the emerging identity of White Allies in different professions. Income ranged from \$25,000 to \$210,000 with a mean of \$117,500. Participant demographics are visually represented in Table 1. To ensure confidentiality, pseudonyms are used in this study.

**Table 1 Participant Information (N=11)**

| <b>Name</b> | <b>Gender</b> | <b>Age</b> | <b>Education</b> | <b>Occupation</b> | <b>Income</b> |
|-------------|---------------|------------|------------------|-------------------|---------------|
| Jane        | Woman         | 38         | Masters          | Student           | 25,000        |
| Bob         | Man           | 56         | Doctoral         | Educator          | Not reported  |
| Mary        | Woman         | 42         | Masters          | Educator          | 105,000       |
| Fred        | Man           | 40         | Masters          | Student           | 26,000        |
| Sue         | Woman         | 29         | Doctoral         | Psychologist      | 47,000        |
| Sarah       | Woman         | 26         | Masters          | School Counselor  | 42,000        |
| Emma        | Woman         | 41         | Masters          | School Counselor  | 210,000       |
| Joan        | Woman         | 40         | Masters          | Corporate Admin   | 189,000       |
| Chris       | Man           | 49         | Doctoral         | Educator          | 200,000       |
| Chad        | Man           | 36         | Bachelors        | Administrator     | 150,000       |
| Beth        | Woman         | 47         | Masters          | Administrator     | 50,000        |

### Data Analysis

Data were collected from June 2017 to September 2017. The unit of analysis for this study is participants' typed responses to the questionnaire. The researchers used member checking, a peer review process, and an audit trail to triangulate the data (Creswell, 2007; Lincoln & Guba, 1985). For the audit trail, the researchers placed the raw data into a codebook with ten columns including demographic responses and stimulus question responses (Halpern, 1983). This also included data reduction processes (corresponding notes), synthesis products (method conducted to identify themes) and a summary of the analysis findings (Halpern, 1983; Lincoln & Guba, 1985). The primary researcher maintained a process journal to bracket her personal reactions. An external auditor, a colleague, reviewed the codebook and derived themes. Collaborations continued until consensus was attained.

The IPA six-step method for data analysis was used in this study (Smith, et al., 2009). First, the researchers read and reread each participant response to identify initial patterns. Then the researchers reread the transcripts to discern meaning of the emerging topics and began to identify initial themes. The themes were then reviewed again and compared to the codebook of the raw data to ensure accuracy and interpretation. In this phase of the double-hermeneutic process (Smith, et al., 2009) the frequency of participant responses was identified. Next, the researchers identified a list of themes. This interpretative process was used individually for each of the eleven participants. Once the list was finalized, the researchers conducted a cross-case analysis whereby a total of one theme for stimulus question one, two themes for stimulus question two, and one theme for stimulus question three were produced. A peer

reviewer reviewed the materials to ensure consensus in interpretations. The themes did not change as a result of these discussions.

### Research Team

The research team consisted of five counseling professionals. The primary researcher is a White female, counselor educator with over ten years of experience in higher education and qualitative research. The primary researcher developed the interview protocol and collected the data. The second author, an African American female counselor education doctoral student reviewed the data using the Smith (2009) IPA analysis approach and completed the first round of data analysis. Simultaneously, the primary researcher also applied the IPA data analysis method to code the data. Once completed, the two researchers met to compare their responses and discuss the identified codes. Any incongruencies were discussed. Upon identification of themes, the third author, a White female counselor educator and two counseling doctoral students (one student identifies as African American and the other as White) conducted an audit of the identified themes.

All researchers who participated in this study have current and previous experience with qualitative research. Scholars who identify as social justice advocates and allies. The researchers have previously presented on topics including race-based trauma, bi-cultural identity, and ally development. The researchers have a vested interest in diversity related initiatives that address racism and discrimination interpersonally, institutionally and systemically.

### Statement of Positionality

The primary researcher, a White woman in her late thirties, believes that White Allies are neglected in the professional literature and can be one of the greatest liabilities in diversity and inclusion efforts. After reading Boutte and Jackson's (2014) *Advice to White Allies: Insights from Faculty of Color, Race Ethnicity and Education*, the primary researcher was struck by an example the authors referenced where White colleagues witnessed a microaggression in a faculty meeting and chose to remain silent until after the faculty meeting to approach the colleague of color and offer their support. This is just one example of the lack of direction for White Allies to engage in effective advocacy work and this paucity is also reflected in counselor training programming. Believing many White individuals, although well-intentioned, are ill-prepared to engage in effective discussions, the researchers hope that studies of White Allies will help to provide guidance and practical suggestions for majority identifying professionals who want to leverage their position of privilege in working to dismantle oppression.

## Results

In conjunction with Smith et al., (2009) data analysis process, a total of four themes emerged from the stimulus questions. Participants identified acts of overt racism when describing their experiences in witnessing racism. Subjects then reported interventions of education and attempts to address the act of racism. Finally, participants identified issues of systemic racism as the biggest issues experienced by the African American community. This section is structured with the primary heading reflecting the stimulus question and subheadings the themes derived from participant responses.

### Experience of Witnessing Racism

Participants identified instances in which they had witnessed racism. All of the eleven participants identified personally witnessing racism between two other individuals. These experiences seemed to extend into the educational, workplace, and community environments. Responses included:

#### Overt acts of racism.

*“The most recent was with a white student who made a comment about a black student who might steal something because “you know how they are.” (Emma, age 41).*

and

*“Fellow faculty members made prejudicial statements claiming that Blacks more likely to plagiarize,” (Chris, age 49).*

and

*“As someone that comes from a small town, America (in the north, mind you), it was commonplace to see confederate flags, and witness racial slurs being used,” (Chad, age 36).*

and

*“I was a former HR manager for a small, family owned business. I noticed questionable hiring practices,” (Beth, age 47).*

In these narratives, White individuals identified situations where they had witnessed both interpersonal and institutional racist acts perpetuated by others. The respondents did not identify examples of intrapersonal and/or systemic racism in their scenarios.

### **Addressing Racism**

Participants identified instances for which they attempted to intervene after witnessing a racist act. Of the eleven participants, eight individuals reported that they attempted to directly intervene while three individuals shared that they tried to educate or persuade other individuals.

#### **Intervention.**

The majority of participants (n=8) noted that their reaction to witnessing a racial incident was to directly intervene. Examples included challenging others, advocating for equality, and promoting policy change.

*“I bring attention to these comments and provide additional context or an alternative perspective,” (Jane, age 38).*

and

*“I advocated for equitable treatment and access for Black and Hispanic students and their families,” (Mary, age 42).*

and

*“I personally made it a departmental policy to hire with diversity as a goal,” (Joan, age 40).*

In these examples, the White Allies identified action-oriented interventions to address the situation. This included immediately responding to an individual in working toward addressing the interaction. These interventions align with behavioral strategies and are skill-based.

#### **Education.**

Three of the eleven participants chose to introduce education-oriented responses to the racist incident they experienced. Examples included reinforcing professional ethical responsibilities and individual communication.



*"I teach multicultural counseling to masters students so my interventions are essentially teaching students the values of the field" (Bob, age 56).*

and

*"I kept the kid in the after class and had him explain to me what he meant by that comment and then we had a discussion about how hurtful that statement was to his classmate and how incorrect that assumption is. I encouraged him to examine his personal experiences and not believe things that had been said to him by other people and to apologize to his friend," (Emma, age 41).*

In these examples, the White Allies identified education-based interventions to address the situation. This included overt and covert methods to promote inclusivity. In these cases, it appears the subjects utilized knowledge-based interventions in an attempt to challenge the attitude of others.

### **Biggest Issues Experienced by African American/Black Individuals**

Self-reported White Allies who identified and attempted to address acts of racism where then prompted to identify the three biggest issues currently experienced by African American/Black individuals. All eleven participants identified issues associated with systemic racism as pervasive issues experienced by the African American/Black community. Responses included:

#### **Systemic racism.**

*"Systemic racism (inequality in access to quality education, healthcare, neighborhood resources, etc.) is an issue since its existence is often denied," (Jane, age 38).*

and

*"Laws that were put in place that knowingly cause problems for the black community," (Emma, age 41).*

and

*"Systemic racism that favors white Americans that is embedded in our society and it impacts housing, criminal justice, education, health, etc," (Joan, age 40).*

and

*"The fact that we're still only about 50 years removed from segregation that has left a large portion of black people in communities and environments that aren't built for success. I very often hear white people say that, "the playing field is even now", or things along those lines. What isn't considered is the fact that African American families are generations behind in terms of familial success in careers and education," (Chad, age 36).*

In these responses, the participants highlighted their awareness of systemic issues that may impact the African American community. These macro issues may negatively influence experiences in education, workplace, and community settings.

## Discussion

This study examined the narratives of White Allies who reflected on their experiences of observing racism and discrimination as an individual and how they attempted to intervene. By identifying the biggest challenges experienced by the African American community, White Allies discussed the larger systemic issues that lead to continued inequities and oppression. Personal experiences in witnessing acts of racism and discrimination were described. In addition, participants acknowledged the pervasiveness of systemic racism and discrimination. The subjects identified interpersonal and institutional acts of racism in their experiences of witnessing racist acts. Issues associated with systemic racism included access to equitable education, healthcare, laws, social norms, et cetera were identified as the prominent issues experienced by African American/Black individuals in the current era.

In consideration of the literature, the responses from this study align with Boutte and Jackson's (2014) findings that White individuals tend to respond with defensive, color-blind, or social blaming tactics in discussing race. In this study, the participants' responses tended to reflect both color-blind attitudes and identified only systemic racism (i.e., social norms) for the primary cause of racism and discrimination. Although true, these findings suggest that the participants, even those who identify as White Allies, may have simplistic perspectives rooted in privilege for how they conceptualize racism and discrimination in the United States. This too aligns with the criticisms of ally work and a lack of understanding as to the dynamics and structure of oppression.

This study suggests that further study is needed on anti-racism and ally development, which are important for examining the responsibility of counselor educators and counselors-in-training in multicultural education and counseling. As Braun Williams noted, "As the numbers of diverse individuals and families continues to grow, counselors will increasingly find themselves faced with complex racial problems in their practices" (1999, p. 35). A complex issue remains as to the role of the White ally in working to leverage their privilege in dismantling oppression.

One consideration to explore with the issue of ally work is for counseling programs to prepare their students to be able to engage in discussions on racism and discrimination in counseling (Evans et al, 2018; Moss & Davis, 2008). Opportunities that promote engagement and dialogue in addressing issues of interpersonal, institutional, and systemic oppression are needed (Boutte & Jackson, 2014). White Allies have the potential to engage in same-race dialogues with other White individuals who do not embrace an ally identity. Although some training approaches exist to empower White individuals to leverage their racial identity in addressing racism and discrimination, these approaches are not endorsed by the counseling community, nor are they supported by a robust base of evidence. A formalized process to assist educators, researchers, and social justice advocates in training anti-racists allies is recommended (Malott, et al., 2019).

Choosing to disengage or withdrawal from discussions on racism and discrimination are harmful, especially when this relates to counseling clients (Boutte & Jackson, 2014). Therefore, it is important for White counselors to be equipped to understand the pervasiveness of racism interpersonally, institutionally, and systemically. By engaging in discussions on discrimination, it is possible that White individuals may experience challenges from other White individuals who may have a differing racial identity philosophy (Helms, 1995; Tatum, 1994). These differing racial identities may be especially notable in graduate counselor training programs where many students are first introduced to the idea of multicultural competence in counseling practice (Evans et al, in press).

Counseling programs and counselor educators have a responsibility to mentor and advise counselors-in-training. Leveraging this role, counseling programs have the potential to serve as guides for White counseling professionals to embrace an ally identity while maintaining their multicultural competence and ethical responsibilities. A milieu that can provide support and relationships to continue their work in anti-racism and social change (Tatum, 1994), counseling programs can be the model for

other professions to establishing effective ally practices. The findings from this study calls for continued commitment and responsibility from the counseling profession to develop guidelines associated with anti-racist identity and ally development (Malott, et al., 2019). Although the role of White Allies is unclear, from a legislation and numbers perspective, it is important for White individuals to engage in anti-racism work to promote system change. Counselor educators are called to identify methods and strategies to infuse ally work into counselor training to promote client welfare.

### **Limitations and Future Research Recommendations**

Although there are some interesting outcomes of this study, the limitations must also be addressed. The method for which participants were recruited included a convenience sampling method which may have led to self-selection bias. Thus, the results of this study may not be generalizable to the larger White population. In consideration of the participant data, the respondents all reported obtaining advanced degrees and claimed a higher socio-economic status. This too is not representative of national demographics on education and income. In addition, individuals who do not identify as an ally were not recruited for this study. It could be helpful to collect data on White individuals who do not subscribe to an ally identity to obtain a deeper understanding of White privilege, systemic discrimination and oppression in the United States.

This research can contribute to the paucity of literature that addresses White anti-racism and anti-racism identity development (Malott, Schaeffle, Paone, Cates & Haizlip, 2019). Establishing guidelines to enable White Allies to function as an ally and support to POC has the potential to address behavioral health disparities by increasing the availability of culturally competent qualified professionals. Future research should consider anti-racist identity development methods to support ally work as well as specific approaches to address systemic racism and discrimination. This would include an increased focus on the intersectionality of identities and ally identity development.

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## Appendix A

### Interview Protocol

#### Demographic Questions

1. How do you identify your gender?
2. What is your ethnicity?
3. How old are you?
4. What is your highest level of education?
5. If you are employed, what is your occupation?
6. What is your household's approximate combined annual income?

#### Interview Questions

1. Please describe an instance for which you witnessed racism and attempted to intervene.
2. How have you attempted to address racism and discrimination in the workplace/school?
3. What are the biggest issues experienced by African American and Black individuals in our current era?

\*\*Other interview questions not included as they were used in a different study.