# University of Northern Iowa

# **UNI ScholarWorks**

**Graduate Research Papers** 

Student Work

2007

# Psychological barriers to white counselors' racial identity development

Kathleen Rice University of Northern Iowa

Let us know how access to this document benefits you

### Copyright ©2007 Kathleen Rice

Follow this and additional works at: https://scholarworks.uni.edu/grp



Part of the Counseling Commons, Education Commons, and the Race and Ethnicity Commons

#### **Recommended Citation**

Rice, Kathleen, "Psychological barriers to white counselors' racial identity development" (2007). Graduate Research Papers. 1388.

https://scholarworks.uni.edu/grp/1388

This Open Access Graduate Research Paper is brought to you for free and open access by the Student Work at UNI ScholarWorks. It has been accepted for inclusion in Graduate Research Papers by an authorized administrator of UNI ScholarWorks. For more information, please contact scholarworks@uni.edu.

# Psychological barriers to white counselors' racial identity development

#### Abstract

White racial identity development includes abandoning racism and considering racial information more objectively. Racial identity is a key aspect of multicultural competency, which is a high priority within the counseling profession. Psychological barriers to White counselors' racial identity development include personal characteristics, cognitive strategies, and beliefs. Personal traits related to racism include poorer overall mental health, more anxiety, more neurotic tendencies, and less open, extroverted, agreeable, flexible, responsible, and tolerant personalities.

Cognitive processes to avoid confronting the reality of racial issues include self distortion, defense mechanisms, dysconsciousness, stereotyping, and stigmatization. Racist attitudes are maintained by specific beliefs including the myths of meritocracy and reverse racism; lack of awareness of White privilege; and color-blind racial attitudes.

# PSYCHOLOGICAL BARRIERS TO WHITE COUNSELORS' RACIAL IDENTITY DEVELOPMENT

A Research Paper

Presented to

The Department of Educational Leadership, Counseling,

and Postsecondary Education

University of Northern Iowa

In Partial Fulfillment
of the Requirements for the Degree
Master of Arts in Education

by

Kathleen Rice

May 2007

This Research Paper by: Kathleen Rice

Entitled: PSYCHOLOGICAL BARRIERS TO WHITE COUNSELORS' RACIAL

IDENTITY DEVELOPMENT

has been approved as meeting the research paper requirements for the Degree of Master of Arts in Education

Date Approved

Linda Nebbe

Adviser/Director of Research Paper

2/20/e 7
Date Received

Michael D. Waggoner

Head, Department of Educational Leadership, Counseling, and Postsecondary Education

#### Abstract

White racial identity development includes abandoning racism and considering racial information more objectively (Helms, 1999). Racial identity is a key aspect of multicultural competency, which is a high priority within the counseling profession (ACA, 2005; APA 2002; CACREP, 2001). Psychological barriers to White counselors racial identity development include personal characteristics, cognitive strategies, and beliefs. Personal traits related to racism include poorer overall mental health, more anxiety, more neurotic tendencies, and less open, extroverted, agreeable, flexible, responsible, and tolerant personalities (Hightower, 1997; Silvestri & Richardson, 2001; Utsey, McCarthy, Eubanks, & Adrian, 2002). Cognitive processes to avoid confronting the reality of racial issues include self distortion, defense mechanisms (Thompson & Neville, 1999), dysconsciousness, stereotyping, and stigmatization (Ridley & Hill, 1999). Racist attitudes are maintained by specific beliefs including the myths of meritocracy and reverse racism (Rose, 1996; Vodde, 2000) lack of awareness of White privilege (McIntosh, 1998); and color-blind racial attitudes (Neville, Worthington, & Spanierman, 2001).

Psychological Barriers to White Counselors' Racial Identity Development Multicultural competency for counselors is one of the greatest challenges issued by the profession in recent decades. According to the professional standards and competencies created by Sue, Arrendondo, and McDavis (1992), multicultural competency consists of beliefs and attitudes, knowledge, and skills that reflect counselors' awareness of their own cultural assumptions; attempts to understand diverse worldviews; and commitment to developing and implementing culturally appropriate counseling strategies. Professional organizations, including the American Counseling Association (ACA), American Psychological Association (APA), and the Council for Accreditation of Counseling and Related Educational Programs (CACREP) have all strongly endorsed multiculturalism as a priority in their activities and publications (ACA, 2005; APA, 2002; CACREP, 2001). The relevance of cultural competency is also apparent in the attention the topic receives at professional conferences (Pope-Davis, 2001; Sue et al., 1992), the wealth of published literature addressing it, and its integration into all aspects of counseling as a foundational component (Ponterotto, Casas, Suzuki, & Alexander, 2001; Sue et al., 1992).

Racial identity is a key component of multicultural competency. People who function in a racist society develop certain psychological characteristics in response to their environment. Racial identity refers to the self-concepts and perspectives individuals form based on their memberships in different racial groups. The racial identity of White counselors should be of special concern to the profession because almost 70% of employed counselors are White (Bureau of Labor Statistics, 2005). Though multiculturalism in the broad sense of the term refers to all aspects of cultural diversity,

Sue, Arrendondo, and McDavis (1992) stated that the standards and competencies they developed primarily address work with racially diverse clients. They describe the dominance of White culture as a "major obstacle" (p. 480) to multiculturalism because counselors are often oblivious to the ways in which it shapes their beliefs and judgments. Several studies have found that counselors' White racial identity is significantly correlated with multicultural competencies (Constantine, 2002; Middleton, Stadler, Simpson, Guo, Brown, Crow, et al., 2005; Vinson, & Neimeyer, 2000)

Helms (1999) developed the White racial identity model to describe the process by which members of the dominant racial group overcome their own personal racism by rejecting the racist structure of society and reconfiguring their self-concepts. This model describes seven ego statuses that represent progressively more mature understandings of the self, others, and the environment. The first status is Contact. During this stage White people deny the ways they benefit from racism and generally avoid racial issues. Disintegration is often triggered by a racial encounter that results in feelings of anxiety and confusion because of the moral contradictions that become apparent. White people react to this stress by degrading other races and idealizing their own in the Reintegration stage. The *Pseudo-Independence* status describes White people who have an intellectualized understanding of racism but still unconsciously believe in the supremacy of White culture. During *Immersion* the individual is honestly trying to understand racism and create a healthier white identity. *Emersion* explains the process of seeking out and experiencing other White people who are committed to establishing nonracist identities. The final status is *Autonomy*. This position is characterized by a complex understanding of racism, positive racial self-concept, and rejection of White superiority.

Individuals are typically capable of functioning from more than one status, though one dominates because it is used most often to understand racial information. White counselors' racial identity progresses through more mature ego statuses as they become aware of the social system of racial oppression and privilege, apply healthier coping strategies to racial information, and internalize a nonracist understanding of themselves and others (Helms & Cook, 1999).

The purpose of this paper is to describe the psychological barriers that inhibit White counselors' racial identity development. Counselors faces challenges in their environments, such as a lack of opportunity to work or socialize with members of other racial groups; limited access to media that objectively presents multiple cultural perspectives; and time and energy to pursue multicultural education. However, the obstacles that exist within each individual are just as great and must be addressed in order for a counselor to assume more mature identity statuses. These psychological barriers include personal characteristics, cognitive processes, and beliefs systems.

#### Personal Characteristics

Several researchers have explored the connections between racism and personal traits. Silvestri and Richardson (2001) compared White racial identity statuses with a personality inventory, while Hightower (1997) compared racist attitudes with measures of personality characteristics and general mental health. Utsey, McCarthy, Eubanks, and Adrian (2002) explored the relationship among racism, self-esteem, and anxiety. The results of these studies indicate some of the personal characteristics associated with various levels of White racial identity development.

White Racial Identity and Personality Traits

Silvestri and Richardson (2001) conducted a quantitative study on 105 White university students to analyze the associations between White racial identity statuses and specific personality traits. Participants completed the White Racial Identity Attitudes Survey (WRIAS) to determine which identity statuses best described them. The WRIAS provides individuals with status labels, Contact, Disintegration, Reintegration, Pseudo-Independence, and Autonomy, based on Helms' original White racial identity model. They also completed the New Racism Scale to ascertain their level of racist ideology. The NEO Five-Factor Personality Inventory (NEO-FFI) was administered to determine the degree to which participants exhibited five personal characteristics: Neuroticism or emotional stability, Extraversion, Openness to experience, Agreeableness, and Conscientiousness. The authors note some limitations to this study, including its limited generalizability because it was only conducted with college students, who may not be very representative of the general population. Also, the results of the WRIAS must be considered carefully due to the limited evidence for the reliability and validity of its subscales (Utsey & Gernat, 2002). The study suggests there may be connections between certain personality traits and White racial identity attitudes.

Silvestri and Richardson (2001) found the following statistically significant correlations between racial identity statuses, personality traits, and racism. Openness to experience was negatively associated with Reintegration, while Reintegration and Disintegration were both negatively correlated with Agreeableness and positively related to Neuroticism. A positive correlation was also found between the Contact and Autonomy statuses and Extraversion. Aversive racism was also found to be related to

White racial identity statuses. The Disintegration and Reintegration stages were positively correlated with aversive racism, while the Contact, Pseudo-Independence, and Autonomy scales produced a negative correlation with it. The personality traits of Agreeableness, Extraversion, and Openness were all found to be negatively correlated with scores on the New Racism Scale. These findings suggest that racist attitudes among White people may be positively related to personalities that are more neurotic and less agreeable, extraverted, and open.

Racism, Mental Health, and Personality Traits

Hightower (1997) conducted a quantitative study of 261 White adults to test the hypothesis that individuals with more racist attitudes have poorer mental health and less effective personality traits. Participants were administered the California Psychological Inventory (CPI) to assess their positive personality traits and the Personal Orientation Inventory (POI) to assess their mental health. Each participant was also administered a questionnaire that classified them as racially tolerant, subtly racist, or blatantly racist. One limitation of this study was the relatively small numbers of participants who qualified as Subtles (37) and Blatants (11). Hightower examined the relationships among racist attitudes, mental health, and specific personality characteristics.

Hightower (1997) confirmed his hypothesis by finding racism correlated strongly with inferior overall mental health and lower scores on most personality traits generally considered to be positive characteristics. Overall, Tolerants scored higher than both Blatants and Subtles on the POI, and Subtles scored better than Blatants. This suggests that racist beliefs are indicators of a less healthy psychological state. In all but two statistically insignificant instances Tolerants scored higher than Subtles, who scored

6

higher than Blatants, for the eighteen personality characteristics measured by the CPI. The study records statistically significant lower scores for Blatants, when compared to Tolerants, in the categories of dominance, social presence, well-being, responsibility, and communality. Compared to Subtles, Tolerants scored statistically significant higher scores on the characteristics of capacity for status, social presence, responsibility, tolerance, achievement via independence, psychological-mindedness, flexibility, and intellectual efficiency. This study suggests that less developed racial identity in White people may be related to inferior psychological health and personality.

Racism, Anxiety, and Self-Esteem

Utsey, McCarthy, Eubanks, and Adrian (2002) conducted a quantitative study of 169 White college students to explore the relationship between racism, anxiety, and self-esteem by administering the State-Trait Anxiety Inventory, the New Racism Scale, and the Rosenberg Self-Esteem Scale to participants. They found statistically significant positive correlations among all three variables. The sample used for this study poses a limitation to its generalizability as all the participants were college students from colleges in the northeastern region of the United States. The results imply that individuals with less developed racial identity statuses may have "suboptimal psychological functioning" (Utsey et al, 2002, p. 81) that influences their thought processes.

# Cognitive Processes

Several scholars have described the role cognitive processes play in maintaining racism. According to social identity theory, all people are naturally motivated to distinguish themselves as different from and superior to those they identify as belonging to "other" groups in order to increase their own self-esteem and decrease uncertainty

about their social roles (Hogg, 2006). Thompson and Neville (1999) created a comprehensive theory of racism that includes descriptions of microlevel mechanisms such as "distortions of the self" (p. 192) and defense mechanisms. Ridley (2005) also articulated a list of defense mechanisms used by White people to maintain racism. Utsey and Gernat (2002) studied the defense mechanisms used by White counselors in provocative situations depending on their racial identity statuses. Ridley and Hill (1999) identified categorization as the primary process on which these defense mechanisms and other processes are based. White people rely less on these cognitive processes to organize their thoughts as they develop more mature racial identity statuses.

## Disassociations of the Self

Thompson and Neville (1999) have theorized that many White people cope with racial information by maintaining a "split in their consciousness" (p. 195). White Americans live in an environment that simultaneously promotes the ideology of White supremacy while denouncing racism. These contradictions cannot be resolved through reason, so White people must disassociate themselves in respect to racial issues. White people do this by denying their own racial status. They generally no not think of themselves as active members of a racial group that is socially privileged, so when they are confronted with the lower social status of other racial groups they do not have to consider themselves as the ones benefiting from racial oppression, which would threaten their self-concept. Also, White people usually do not label their racist thoughts, feelings, and behaviors as such. In this way they can still feel superior to individuals of other racial groups without labeling themselves with the negative identity of "racist" or seeing their inferior status as a result of racism. White people must disassociate not only to

protect their egos, but also to maintain their social advantages. They cannot reasonably justify the advantages they have over other racial groups, so they must distort reality and their roles in the environment in order to make it acceptable.

### Defense Mechanisms

Thompson and Neville (1999) also outlined five categories of defense mechanisms individuals use to maintain their racist attitudes. According to the authors, denial and selective attention are the most commonly used processes. White people avoid feeling responsible for racism and compelled to change their behavior by erasing certain aspects of reality from consciousness while retaining limited information about racial matters. In this way White people can believe racism is not a significant problem ingrained in the structure of society and that it does not have real effects on the lives of individuals. Rationalization and transference of blame are ways that White people explain racial issues by blaming oppressed racial groups. Again, White people adopt this strategy to deny responsibility and the obligation to change their beliefs and lifestyle. Instead, they claim that people of color are somehow inferior and deserving of lower social status. Intellectualization is used by White people when they acknowledge racism but consider it without emotion to avoid investing in the subject on a personal level. By addressing issues without feeling the pain associated with them, White people can more easily dismiss the pain of the victims of racism and maintain their support for the institution or practice that is the source of the negative emotions. White people who adopt personal characteristics they associate with people of color are using identification and introjection to feel more comfortable with racial divisions. People do this by altering their appearance and adopting ethnic cultural practices or beliefs. Projection is the final

defense mechanism described by Thompson and Neville. White people attribute their own negative characteristics to people of color to justify racism and avoid acknowledging their own flaws. Individuals use these defense mechanisms to distort the reality of racism to avoid uncomfortable feelings, such as guilt, anxiety, embarrassment, and shame.

Ridley (2005) created a list of ten race-related defense mechanisms that affect the counseling process, six of which apply to the racial identity development of White counselors. Color-blindness is present when a counselor believes race is unimportant. Counselors often profess to be color-blind because they want to appear nonracist; they feel uncomfortable or insecure about race; they are ignorant of racial issues; or they fear insulting people of color. Other counselors operate at the other extreme of colorconsciousness. They attribute all problems of people of color to racism because they react to their feelings of guilt by overcompensating. Cultural countertransference occurs when counselors project their feelings from a previous experience onto a client of color. They often attribute negative characteristics of another person of color to a current client. Counselors experiencing cultural ambivalence alternate between a dominating and paternalistic approach that satisfies a need for control and constantly seeking the client's approval to absolve their guilt. Pseudotransference occurs between a White counselor and a client of color when the counselor believes the client is being defensive, but in actuality the client is responding to the counselor's racism. Counselors may also avoid race altogether by not bringing it up or following the client's race related advances. White counselors who use these strategies hinder their own racial identity development by limiting their awareness and understanding of racism and its effects on clients.

Utsey and Gernat (2002) conducted a quantitative study of 145 White counseling students to explore the relationship between racial identity status and the defense mechanisms used during counseling situations that dealt with racial issues. Participants were administered the WRIAS and an assessment based on the Defense Mechanism Inventory. The results of this study show that the Autonomy subscale was least positively correlated with the use of defense mechanisms, and the Pseudo-Independence subscale was only significantly correlated with the use of principalization defense mechanisms, such as intellectualization and rationalization, in which the individual blocks out emotions in response to anxiety. The Contact, Disintegration, and Reintegration subscales all positively correlated much more strongly with the use of defense mechanisms, especially projection. Reversal strategies such as denial were related to the Contact status, and the Contact and Disintegration subscales also correlated strongly with strategies in which the individual turns against him or herself, such as introjection. The Disintegration and Reintegration stages were associated with defense mechanisms in which individuals attack an external object in response to a perceived threat, such as when they identify themselves with the aggressor. Utsey and Gernat (2002) point out that this study has limited generalizability because the sample was only drawn from counseling students in the Northeastern United States at two small, private colleges. Also, they point out that studies of the WRIAS have produced mixed results that have failed to consistently demonstrate its validity and reliability. This study indicated some of the specific defense mechanisms used by White people functioning at different racial identity statuses.

Categorization and Secondary Processes

Ridley and Hill (1999) assert that categorization is the primary cognitive process involved in racism. Categorization is the process of grouping things based on a factor that seems to relate the members to one another. This process is essential to human thought because it helps organize the infinite complexity of stimulus people encounter. According to the authors, it is naturally used to group other people, which is neither inherently good nor bad. Categorization becomes problematic when people believe racial categories are distinct, exclusive groups and that one racial group is superior to another. Categorization is the cognitive foundation necessary to facilitate conscious and unconscious secondary mental processes, which lead to racism behaviors, which can be categorized as exploitation, oppression, discrimination, dehumanization, victimization, and violence. Though all White people use categorization to group people and organize their thoughts about the world, their racial identity is dependent on the use of secondary processes.

Ridley and Hill (1999) listed secondary cognitive processes that contribute to racism, including those described above by Ridley (2005): color-blindness, color-consciousness, cultural transference/countertransference, and pseudo transference. Other secondary processes include dysconsciousness, which involves holding inconsistent beliefs without critically analyzing them because to do so would force the individual to recognize the discrepancies. Individuals avoid facing their incongruent perceptions of reality to avoid anxiety and the obligation to change. Splitting is the process of disassociating the self in order to maintain a positive racial identity while functioning as a privileged member in the racial hierarchy. Stereotyping occurs when an individual

assigns meaning to a racial group and then applies that meaning automatically to anyone they consider a member of that group. Finally, White people stigmatize individuals from other racial groups by assigning negative traits to them based on their racial status. White people with lower levels of racial identity development may use these secondary processes to support their racist perspective.

# **Belief Systems**

Many scholars have explored the specific beliefs that underlie racist perspectives. Vodde (2000) and Rose (1996) listed common assumptions and myths that contribute to White individuals' racial attitudes. McIntosh (1998) pioneered the movement to explore White privilege, and Ancis and Szymanski (2001) and Hays, Chang, and Dean (2004) conducted studies to explore the awareness of White privilege within the counseling profession. Neville, Worthington, and Spanierman (2001) applied the concept of colorblind racism to the counseling profession. Burkard and Knox (2004), Neville, Spanierman, and Doan (2006), and Gushue (2004) conducted research to link color-blind racial attitudes to counseling. These beliefs must be examined and relinquished before White counselors can develop more mature racial identity statuses.

### **Underlying Beliefs**

Vodde (2000) described several beliefs underlying the attitudes and behaviors of members of privileged social groups. He first explained how the dominant American ideology of meritocracy functions to support entitlement and privilege. Members of advantaged groups assume they live in a meritocracy in which the economic and social system is fair, and members of society are personally responsible for their success or failure within the system. They assume members of less advantaged groups have similar

opportunities and access to resources as themselves, so they judge them without consideration of their circumstances. This ideology is rooted in the Protestant work ethic, and is often accepted without critical analysis by members of privileged groups. They believe individual effort is rewarded regardless of environmental constraints, so they perceive social losers as physically, mentally, or morally deficient.

Vodde (2000) also outlines six key assumptions that are obstacles to recognizing and abandoning social privilege. First, members of privileged groups believe their own experiences represent reality, so they disregard the accounts of people from minority groups. They often do not realize that their experiences are only due to their own circumstances, and people functioning under different conditions experience many more obstacles that create problems White people are oblivious to. Second, people from dominant groups often consider many of their beliefs to be factual information that is beyond reproach because they trust and believe the social institutions in power that communicate this information. Though the majority group may take these ideas for granted as unquestionable, members of oppressed groups may view them as propaganda bases on their experiences of dishonesty and betrayal by social institutions. Third, individuals believe they are not responsible for inequality since they did not choose to be born into a privileged social group. Some who are willing to acknowledge oppression seem to believe it is acceptable to continue receiving unearned benefits and take no action against social injustice as long as they feel guilty about the situation. Fourth, many members of advantaged groups do not believe they should have to experience the discomfort of confronting diversity issues. They feel uncomfortable talking or thinking about oppression and their roles in it, so they avoid or minimize the subject. Fifth,

members of dominant groups do not believe their identities derive from their group memberships. For example, White people often do not consider themselves members of a racial group, so they do not believe racism affects them. Sixth, members of advantaged groups believe they should be judged by their intentions rather than the effects of their behaviors. They want to define the nature of help rather than listen to members of oppressed groups and accept their terms. Finally, members of privileged groups do believe they are approachable. They do not realize that members of disadvantaged groups often do not express their grievances openly because they fear retribution. These beliefs are commonly held by White people in regards to members of other racial groups and prevent them from developing a more objective and critical understanding of racial issues.

Rose (1996) described five myths that hinder the racial identity development of people who are White. First, many White people believe they have suffered from reverse racism. Though White people may be victims of racial prejudice on an individual basis, and they may be oppressed based on another social status, such as disability or sexual orientation, this is very different from racism. Racism is based on systematic, institutionalized policies imposed on one racial group by another. Because members of the White racial group hold power in the United States, as indicated most notably by their political control and economic status, it is not possible for racism to be perpetrated against White people. White people often dismiss the impact of racism and see affirmative action as discriminatory because they do not understand the institutional nature of oppression. Second, many people believe oppression builds character, which encourages them to support, reenact, and encourage it. They do not feel compelled to

fight for change because they see suffering as a source of positive development. Third, many White people believe racial prejudice is based on negative experiences with People of Color rather than arbitrary social messages. They seldom realize that negative experiences with other White people are rarely attributed to their racial membership, whereas experiences with People of Color are filtered through an already existing racist perspective. Fourth, people often excuse oppressive practices and attitudes because they are aspects of their culture. They do not believe they can denounce racism without alienating themselves from their group and traditions. Finally, White people often believe in a hierarchy of oppressions that ranks one person's experience as more valid than another's. This can lead them to dismiss the experience of racism and minimize the pain it causes because they feel their own pain has not been properly acknowledged. Or they may rank their own experience of oppression above the experience of racism. This perspective encourages people to compete for validation rather than cooperate to better the circumstances of all regardless of the specific source of their mistreatment. Belief in these myths may hinder White counselors' racial identity development.

### White Privilege

McIntosh (1998) described White privilege as the unearned resources people enjoy due to their membership in the socially defined White race. She believes White people are typically oblivious to these assets because they take them for granted as part of their normal, daily experience. White privilege often remains invisible to White people, so the ways they oppress members of other racial groups remain unconscious. This allows White people to avoid holding themselves accountable for racism and maintain their beliefs in meritocracy. McIntosh created a list of twenty-six unearned White

privileges that affect her on a daily basis, such as not having to worry about racial discrimination when finding housing or involved in legal matters; not being seen as representative of her racial group; and being predominantly surrounded by people of her own race in person and through representations. She noted that some of these privileges could potentially be shared by all people without excluding any groups, while some were advantages that could only exist under conditions in which others are marginalized. White people cannot understand racial oppression and work to redistribute opportunities on a more equitable basis without first gaining an awareness of White privilege.

Ancis and Szymanski (2001) conducted a qualitative study of 34 White counseling students to investigate their awareness of White privilege. The authors evaluated reaction papers these students wrote to an article about unearned White privileges during a multicultural counseling course. They classified the responses into three broad themes: lack of awareness and denial of White privilege; demonstrated awareness and commitment to action; and higher order awareness and commitment to action. The limitations of this study include the fact that it was conducted in a classroom where students may have responded in ways they felt would please their instructor. Also, because the sample only included 34 students, a replication with another group might yield very different results due to many variables affecting their level of awareness of White privilege.

Ancis and Szymanski (2001) found several patterns in the responses of the ten students who expressed denial and unawareness of privilege. These reactions were often angry and defensive. They also attributed differences to factors other than race, such as gender or socioeconomic status. Another common strategy was to focus on exceptions to

these experiences as evidence that White privilege did not exist. These students seemed unable to draw parallels between their own oppressed statuses and racism. Three students expressed mixed reactions that indicated the article had provoked them to question their privilege although they were not yet ready to acknowledge it. These reactions represent lower racial identity status attitudes.

Themes were also noted by Ancis and Szymanski (2001) among the students who demonstrated more understanding of privilege. The ten students who demonstrated some awareness of privilege and oppression reported feeling sad and disgusted, but they were not ready to forfeit their advantages. Many of the fourteen students who demonstrated greater awareness and commitment understood that privilege was invasive, supported by White people, and damaging to People of Color. Many of these students also felt responsible for acting to eliminate White privilege. These reactions represent more mature racial identity status attitudes.

Hays, Chang, and Dean (2004) conducted a qualitative study of eight White counselors to explore their beliefs about privilege and oppression through semistructured interviews. The authors identified several themes in the conceptualizations of counselors who were unaware of White privilege. They expressed beliefs in meritocracy and reverse discrimination and used denial to support their views. They also used strategies similar to those noted by Ancis and Szymanski (2001), including focusing on exceptions to the norm and nonracial explanations. These counselors minimized the existence of privilege and explained it as a matter of perspective. The authors also developed a model of individuals' development of awareness of privilege and oppression based on the results of this study. The model shows how individuals' level of awareness or unawareness

depends on their own experiences of oppression; the degree to which their oppressed status is visible and perceived by others; and the degree to which they internalize the messages of others. One major limitation of this study is that the counselors interviewed were peers of the researcher, so they may have taken her approval into account when choosing their responses. This study noted some of the factors that contribute to White counselors acknowledgement of racial oppression.

#### Color-Blind Racism

Neville, Worthington, and Spanierman (2001) described color-blind racial attitudes (CoBRA) as the perspective that systematic racism does not exist and that racism does not have a meaningful effect on people's lives. Though many people believe race should not matter, those who subscribe to CoBRA believe it does not matter. The authors outline four basic tenets of CoBRA. First, it is a relatively new racial perspective similar to racial prejudice. After the Civil Rights Movement of the 1950's and 60's it became socially unacceptable to express overtly racist thoughts, so White people now express their racism through negative stereotyping of ethnic groups; blaming members of other racial groups for their lower social status; and resistance to social justice initiatives, such as affirmative action. In this way White people can maintain their beliefs in White supremacy and rationalize racial discrimination without identifying themselves with the distasteful connotations of "racist." Second, CoBRA represent a cognitive framework that result from the interactions between certain thoughts and beliefs and the feelings attached to personal experiences. Third, CoBRA reflect a complex set of beliefs about race, including the tendency to deny racial differences; the idea that race does not effect an individual's opportunities or privileges; and the minimization of structural racism.

Finally, anyone can adopt CoBRA, but for White people it serves to protect their group interests by providing an ideology to justify White supremacy. They can maintain their beliefs in meritocracy only as long as they deny White privilege. Neville, Worthington, and Spanierman connect CoBRA to White racial identity development by claiming that recognizing and surrendering White privilege is the core issue for White counselors. Because the first racial identity statuses are defined by denial of the effects of racism, rejection of personal responsibility for racism, and blaming people of color for social disparities, they claim that "the expression of CoBRA is thus a critical manifestation of initial racial identity statuses" (2001, p. 279).

Several studies have explored the effects of CoBRA on counselors. Burkard and Knox (2004) found that CoBRA were negatively correlated with therapist empathy regardless of the client's race; and, though CoBRA were not related to the counselors' perceptions of the clients' responsibility for causing their problems, therapists with higher CoBRA scores held African American clients more responsible for solving their problems. Neville, Spanierman, and Doan (2006) found that CoBRA scores were negatively associated with multicultural counseling competencies. Gushue (2004) found that counselors with higher CoBRA scores were less likely to take client race into consideration when assessing symptom severity. These studies suggest some of the ways CoBRA are related to White counselors' professional roles.

#### Conclusion

Developing a positive White racial identity consists of abandoning racism and considering racial issues more critically and objectively (Helms, 1999). This is important for counselors because it is an integral aspect of multicultural competency, which is a

high priority within the profession (ACA, 2005; APA 2002; CACREP, 2001). It may be more difficult for counselors who have poorer overall mental health, more anxiety, more neurotic tendencies, and less open, extroverted, agreeable, flexible, responsible, and tolerant personalities to advance their racial identity (Hightower, 1997; Silvestri & Richardson, 2001; Utsey, McCarthy, Eubanks, & Adrian, 2002). White individuals depend on a complex network of psychological strategies, including self distortion, defense mechanisms (Thompson & Neville, 1999), dysconsciousness, stereotyping, and stigmatization (Ridley & Hill, 1999) to avoid confronting the reality of racism. Within each White individual racist attitudes are maintained by specific beliefs including the myths of meritocracy and reverse racism (Rose, 1996; Vodde, 2000) lack of awareness of White privilege (McIntosh, 1998); and color-blind racial attitudes that minimize the significance of race in the lives of individuals (Neville, Worthington, & Spanierman, 2001). White counselors must overcome their personal characteristics, self-protective cognitive strategies, and irrational beliefs in order to develop more mature racial identities.

#### References

- American Counseling Association. (2005). *ACA code of ethics*. Retrieved October 9, 2006, from http://www.counseling.org/Resources/.
- American Psychological Association (2002). Guidelines on multicultural education, training, research, practice, and organizational change for psychologists.

  Washington, D.C.: APA. Retreived October 9, 2006, from http://www.apa.org/pi/multiculturalguidelines.pdf.
- Ancis, J. R. & Szymanski, D. M. (2001). Awareness of white privilege among white counseling trainees. *The Counseling Psychologist*, 29, 548-569.
- Bureau of Labor Statistics. (2005). Household data annual averages: Table 11.

  Employed persons by detailed occupation, sex, race, and Hispanic or Latino

  ethnicity. Retrieved October 9, 2006, from http://www.bls.gov/cps/cpsaat11.pdf.
- Constantine, M. (2002). Racism attitudes, White racial identity attitudes, and multicultural counseling competence in school counseling trainees. *Counselor Education and Supervision*, 41, 162-174. Retrieved August 1, 2006, from Expanded Academic ASAP online database.
- Council for Accreditation of Counseling and Related Educational Programs. (2001).

  2001 Standards. Retrieved October 9, 2006, from

  http://www.cacrep.org/2001Standards.html.
- Hays, D. G., Chang, C. Y., & Dean, J. K. (2004). White counselors' conceptualization of privilege and oppression: Implications for counselor training. *Counselor Education & Supervision*, 43, 242-257.

- Helms, J. E. & Cook, D. A. (1999). *Using race and culture in counseling and psychotherapy: Theory and process*. Needham Heights, MA: Allyn & Bacon.
- Hogg, M. A. (2006). Social identity theory. In P. J. Burke (Ed.), *Contemporary social psychological theories* (pp.111-136). Stanford, CA: Stanford University Press.
- McIntosh, P. (1998). White privilege: Unpacking the invisible knapsack. In M. McGoldrick (Ed.), *Re-visioning family therapy: Race, culture, & gender in clinical practice* (pp.147-158). New York: Guilford Press.
- Middleton, R. A., Stadler, H. A., Simpson, C., Guo, Y., Brown, M. J., Crow, G., Schuck, K., Alemu, Y., & Lazarte, A. A. (2005). Mental health practitioners: The relationship between white racial identity attitudes and self-reported multicultural counseling competencies. *Journal of Counseling & Development*, 83, 444-456.
- Neville, H., Spanierman, L., & Doan, B. (2006). Exploring the association between color-blind racial ideology and multicultural counseling competencies. *Cultural Diversity and Ethnic Minority Psychology*, 12, 275-290.
- Neville, H. A., Worthington, R. L., & Spanierman, L. B. (2001). Race, power and multicultural counseling psychology: Understanding white privilege and colorblind racial attitudes. In J. G. Ponterotto, J. M. Casas, L. A. Suzuki, & C. M. Alexander (Eds.), *Handbook of multicultural counseling* (2<sup>nd</sup> ed., 257-288). Thousand Oaks, CA: Sage.
- Ponterotto, J. G., Casas, J. M., Suzuki, L. A., & Alexander, C. M. (2001). Preface. In J. G. Ponterotto, J. M. Casas, L. A. Suzuki, & C. M. Alexander (Eds.), *Handbook of multicultural counseling* (2<sup>nd</sup> ed., xiii-xvi). Thousand Oaks, CA: Sage.

- Pope-Davis, D. B. (2001). Foreword. In J. G. Ponterotto, J. M. Casas, L. A. Suzuki, & C. M. Alexander (Eds.), *Handbook of multicultural counseling* (2<sup>nd</sup> ed., xi-xii). Thousand Oaks, CA: Sage.
- Ridley, C. R. (2005). Overcoming unintentional racism in counseling and therapy: A practitioner's guide to intentional intervention (2<sup>nd</sup> ed.). Thousand Oaks, CA: Sage.
- Ridley, C. R., & Hill, C. L. (1999). Categorization as primary-process cognition in racism: Implications for counseling. *The Counseling Psychologist*, 27, 245-255.
- Rose, L. R. (1996). White identity and counseling white allies about racism. In B. P. Bowser & R. G. Hunt (Eds.), *Impacts of racism on white Americans* (2<sup>nd</sup> ed., pp. 24-47). Thousand Oaks, CA: Sage.
- Silvestri, T. J. & Richardson, T. Q. (2001). White racial identity statuses and NEO personality constructs: An exploratory analysis. *Journal of Counseling & Development*, 79, 68-76.
- Sue, D. W., Arredondo, P., & McDavis, R. J. (1992). Multicultural competencies and standards: A call to the profession. *Journal of Counseling & Development*, 70, 477-486. Retrieved October, 11 2006, from http://www.counseling.org/Resources/.
- Thompson, C. E. & Neville, H. A. (1999). Racism, mental health, and mental health practice. *The Counseling Psychologist*, 27, 155-223.
- Utsey, S. O. & Gernat, C. A. (2002). White racial identity attitudes and the ego defense mechanisms used by White counselor trainees in racially provocative counseling situations. *Journal of Counseling and Development*, 80, 475-483.

- Utsey, S. O., McCarthy, E., Eubanks, R., & Adrian, G. (2002). White racism and suboptimal psychological functioning among White Americans: Implications for counseling and prejudice prevention. *Journal of Multicultural Counseling and Development*, 30, 81-95.
- Vinson, T. S. & Neimeyer, G. J. (2000). The relationship between racial identity development and multicultural counseling competency. *Journal of Multicultural Counseling and Development*, 28, 177-192. Retrieved September 21, 2006 from EBSCOhost online database.
- Vinson, T. S. & Neimeyer, G. J. (2003). The relationship between racial identity development and multicultural counseling competency: A second look. *Journal of Multicultural Counseling and Development*, 31, 262-277.
- Vodde, R. (2000). De-centering privilege in social work education: Whose job is it anyway? *Race, Gender, & Class*, 7, 139- . Retrieved September 21, 2006, from ProQuest online database.