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EMOTIONS, SELF-EFFICACY, AND ACCOUNTABILITY FOR ANTIRACISM
IN WHITE WOMEN COUNSELORS

A Dissertation

Presented to the Faculty of
Antioch University Seattle

In partial fulfillment for the degree of

DOCTOR OF PHILOSOPHY

by

Lisa Wenninger

ORCID Scholar No. 0009-0004-7882-0321

June 2024

EMOTIONS, SELF-EFFICACY, AND ACCOUNTABILITY FOR ANTIRACISM
IN WHITE WOMEN COUNSELORS

This dissertation, by Lisa Wenninger, has
been approved by the committee members identified below
who recommend that it be accepted by the faculty of
Antioch University Seattle
in partial fulfillment of requirements for the degree of

DOCTOR OF PHILOSOPHY

Dissertation Committee:

Shawn Patrick, PhD

Stephanie Thorson-Olesen, PhD

Katherine Fort, PhD

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ABSTRACT

EMOTIONS, SELF-EFFICACY, AND ACCOUNTABILITY FOR ANTIRACISM IN WHITE WOMEN COUNSELORS

Lisa Wenninger

Antioch University Seattle

Seattle, WA

Supporting the development of an antiracist identity in counselors could facilitate change toward equity, justice, and opportunity within the counseling profession and increase awareness of white counselors in working with clients of color. Understanding obstacles to and enablers of antiracist attitudes in white women counselors holds the potential to bring change to the profession as a whole, given their position in the majority. This quantitative study used instruments to assess white racial affects of white fear, anger, and guilt along with antiracist self-efficacy as influencing antiracist accountability in a sample of white women counselors in the United States ($N = 64$). White fear was shown to have a moderate inverse relationship with antiracist accountability, and white anger was demonstrated to have a moderate positive relationship with antiracist accountability. White guilt did not show a statistically significant influence. Both white fear and white anger were mediated by antiracist self-efficacy, and a strong positive relationship was shown between antiracist self-efficacy and antiracist accountability. Implications for the counseling profession, the practice of counseling, and counselor education are presented. This dissertation is available in open access at AURA (<https://aura.antioch.edu>) and OhioLINK ETD Center (<https://etd.ohiolink.edu>).

Keywords: antiracism, antiracist accountability, antiracist self-efficacy, antiracist identity development, white racial affects

Dedication

In honor of my brother, Karl B. Wenninger. I miss you, KB. I wish you were here for this.

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CHAPTER I: INTRODUCTION

Statement of the Problem

The Civil Rights Act was passed sixty years ago, yet racism remains endemic in the United States (Bonilla-Silva, 2021b; Braveman et al., 2022). People of color experience the injustice of racism from white-dominant systems of policing (Bailey et al., 2022), housing (Hess et al., 2022), education (Long, 2023), employment (Lavalley & Johnson, 2022), mental health (Misra et al., 2022), and health outcomes (Alang et al., 2017; Franz et al., 2022; Muramatsu & Chin, 2022). These systems and structures of U.S. society continue to be oppressive to minorities while favoring those with privilege (Braveman et al., 2022). The field of counseling is not immune or exempt from racism (Ieva et al., 2021; Liu et al., 2023), and this study intended to examine potential obstacles to antiracist action in counselors.

Many standards and traditions in counselor education and in the practice of counseling have been inherited from colonized systems and thinking (Goodman & Gorski, 2015; Shure et al., 2023). As a profession built upon theories developed by largely white, largely male, largely European psychologists, counseling norms often prioritize the individual and not the collective, emphasize a deficit orientation with a focus on diagnosing, and frequently dismiss, overlook, or negate the experiences of non-white clients (Durrah et al., 2022; Malott et al., 2023; McCubbin et al., 2023).

People of color are subject to racism in society in ways that impact what they bring to counseling (Nadal et al., 2014) and their experience as clients in the counseling room (Drinane et al., 2018). The ramifications of racism on mental health are real. Cénat et al. (2023) reported on the link between racial discrimination experienced by Black Canadians and mental health concerns, including post-traumatic stress disorder (PTSD). In addition, bias has been found to be

prevalent in supporting clients of color, for example, with higher rates of schizophrenia diagnoses made with Black clients (Misra et al., 2022) and disparities in subsequent care received after such discriminatory assessments (Hairston et al., 2019). For white counselors, supervisors, and counselor educators, unexamined bias from white-normative culture has been shown to cause harm to clients and students of color (Mindrup et al., 2011).

Within the counseling profession itself, racist experiences are also reported by practitioners of color at every level, including students, counselors, and counselor educators (Andrews, 2013; Branco & Bayne, 2020; Green et al., 2023; Shillingford et al., 2022; Vaishnav & Wester, 2023). Clinical counselor training programs profess values of social justice, yet students and faculty report that programs are falling short of addressing white supremacy (Brady-Amoon et al., 2012; Taylor & Trevino, 2022; Wilcox et al., 2024). Researchers, including Bourabain and Verhaeghe (2021) and Blaisdell et al. (2022), have reported that race-based microaggressions are common in research and academia. While such experiences cause harm to the individual victims, microaggressions also reinforce the status quo of power and marginalization based on the “othering” committed by the one in power (Skinner-Dorkenoo et al., 2021). Within the counseling profession, such harmful race-based interactions are common and uphold systemic racism.

These problems of racism in counseling are not new. Calls for greater cultural awareness in the mental health professions began in the 1990s from scholars such as Ponterotto et al. (1994), Arredondo et al. (1996), and Sue et al. (1996). This eventually led to the development of the current iteration of the Multicultural and Social Justice Counseling Competencies (MSJCC), which Ratts et al. (2016) revised and adapted from Sue et al. (1992). The MSJCC identified the praxis of multicultural counseling as attitudes and beliefs, knowledge, skills, and actions,

emphasizing an assessment of both the counselor's and the client's positions of privilege and marginalization as factors that affect the counseling process (Ratts et al., 2016).

In the intervening years since the framework was published, the Multicultural and Social Justice Competencies (Ratts et al., 2016) have been studied and critiqued. Scholars, such as Singh et al. (2020), have proposed ways the MSJCC can be used to decolonize counseling, for example, through integration with counseling theories like relational-cultural theory. Yet, Wilson et al. (2017) described the challenges in applying the MSJCC in higher education as part of an “application gap” between the awareness, knowledge, and action to implement social justice principles toward diversity.

Specific to counseling, Ridley et al. (2021) argued that the MSJCC is not fully operationalized. They named issues that prevent this, including a lack of clear definitions and ambiguity in terms, such as confusion about whether the MSJCC is about a counselor's understanding of other cultures or about counselors' clinical skill in working with clients from cultures different from their own. While some instruments have been developed to measure MSJCC, these have also been shown to suffer from inaccurate respondent self-report and impression management and, in other ways, have been demonstrated to be unreliable predictors of ability, particularly for white counselors and clients of color (Hays, 2020; Katz & Hoyt, 2014). In addition, Ruelas (2003) showed that white counselor self-report of cultural awareness is often inflated. These findings indicate that for white counselors who support clients of other racial and ethnic backgrounds, the MSJCC is insufficient as a guideline and does not extend far enough to counter the racist norms that exist in counseling today.

Other attempts to emphasize justice and equity have been made at the systemic level of the counseling profession. For example, the current standard curriculum for counselor education

promotes multicultural competency (Council for Accreditation of Counseling & Related Educational Programs, 2016), and social justice and an awareness of culture is also referenced in the counseling profession's Code of Ethics (American Counseling Association, 2014). The Counselors for Social Justice Code of Ethics (Counselors for Social Justice, 2020), revised in 2020, includes not only *social action* as a Guiding Principle but now also explicitly names the need to *be antiracist*, which includes a commitment to understanding the counselor's own bias. Despite these efforts, cultural aspects of white supremacy are still pervasive in counseling and other mental health professions (Grzanka et al., 2019; Meca et al., 2022; Tarver, 2022).

One reason why racism is difficult to counteract in counseling may be because of how pervasive and embedded it is within U.S. culture itself (Collins & Watson, 2021). Racist systems operate throughout the macro, meso, and micro levels of U.S. society (Bourabain & Verhaeghe, 2021; Skinner-Dorkenoo et al., 2021). Because of the ubiquity and everydayness of these racist systems, the experience of racism has become normalized as the often-unquestioned status quo for many Americans. The racism embedded within our systems influences mindsets, goals, and decision-making within organizations, it determines how resources are allocated to dominant and non-dominant groups, and it creates feedback loops that reinforce further inequitable outcomes in seemingly invisible ways (Collins & Watson, 2021).

Such cultural and societal systems also exist on the micro or individual level, creating unexamined biases that influence our social interactions and interpersonal relationships (Bourabain & Verhaeghe, 2021; Luke et al., 2020; Skinner-Dorkenoo et al., 2021). Within the transactions of everyday life, this is often manifested as discriminatory words and actions towards people of color, including microaggressions, microinvalidations, unfair treatment, bad service in establishments, overfocus (watching, unwarranted observation, and tracking) of people

of color in white public spaces, and more (Essed, 1991; Nadal et al., 2014). While it is less likely that a person of color in the United States today will be a victim of overt racial violence, it is probable that they will be subject to this new racism of regular, pervasive oppression at this interpersonal level (Doane & Bonilla-Silva, 2003).

Over the past thirty years, these newer manifestations of racism have been variously identified as *everyday racism* (Essed, 1991), *subtle racism* (Dovidio et al., 2002), and *modern racism* (Branscombe et al., 2007). Such racist acts today contrast with the overt acts of segregation, lynching, and harassment towards Black people, indigenous tribes, and other people of color that were socially acceptable forms of racism of the past. These newer forms of racism are easy to refute or deny, or be brushed aside, as on the surface, they can be construed as “not racist” when compared to those ways of the past. Today, racism has gone underground; it remains active and present in society while becoming less visible (Augoustinos & Every, 2007; Matias et al., 2016).

Another aspect of everyday racism is that it is centered on personal experience at the individual level. Because it is individual, the one who experienced the racism may have their interpretation of that experience challenged or refuted by others (Essed, 1991). For example, a person of color may know subjectively that they were discriminated against or received unfair treatment due to their race, and yet a white person may argue with them that their interpretation is wrong (Essed, 1991). Dix and Devine (2024) described how this phenomenon operates in part due to the limited experience of white people around race, who may believe that people of color often overreact to race-based incidents. They also identified the issue that the very ubiquity or commonplaceness of modern racism may cause white individuals to dismiss it when brought up by those victimized by it (Dix & Devine, 2024). Further, as Kaiser and Miller (2003)

demonstrated, people of color who name the discrimination they experience may be labeled as troublemakers and be subject to further social disadvantage. In these ways, racism today can be perpetuated as normal and insignificant (Dix & Devine, 2024; Essed, 1991).

A study by communications scholar Chiang (2010) illustrated how these mechanisms of racism can operate in American society today. They showed how hate speech is normalized in American society by analyzing the language used by a white television personality while interviewing a guest on a political talk show. The guest was an activist of color, and the interview was about U.S. immigration policy. Chiang presented excerpts from the transcripts of the television show, which included statements by the television personality that illegal immigrants from Mexico and other Latin American countries should be killed. Chiang showed how the form and format of the political talk show and patterns of discourse often used in American communication allowed the television personality to then deny that his statement was racist. The study demonstrated how such rhetorical devices adapted to common political discourse can allow racist talk to go unnoticed, unchallenged, or denied (Chiang, 2010). This example highlights the nature of modern racism, illustrating one way that racism has been normalized and made invisible in American life.

Racist attitudes may also be denied or dismissed through what is known as *color-blind racism* (Bonilla-Silva, 2003, 2021a; Doane & Bonilla-Silva, 2003) with comments like “I don’t see race.” This denial of the realities of racism may be seen as an egalitarian viewpoint, where the individual feels they are being fair and treating everyone equally by holding this attitude. However, such color-blind racism serves to deny the existence of racism and the systemic inequities that minoritized individuals often face.

Another example is offered by Schouler-Ocak et al. (2021), giving the simple anecdote of an individual who is encouraged to attend an antiracist training in the workplace and who responds by asserting that they are not racist and do not need to attend. This attitude of “I am not racist” may arise in part because many white people believe that only openly hateful, discriminatory, and violent words and actions would be considered racist. Those holding privilege may also feel the need to psychologically distance themselves from the horrors of past overt racist acts such as slavery and lynching and, therefore, disavow being racist. In these ways, racism has been socially defined narrowly, and racists are seen as “bad.” A strong social stigma has arisen against being labeled as such (Augoustinos & Every, 2007). “Good” people are not racist (Sullivan, 2014). Accordingly, to maintain the self-perception as a “good” person, the individual would identify as not racist, which forecloses the opportunity to consider one’s own bias or conditioned racist tendencies (Kempf, 2020; Leonardo & Porter, 2010; Luke et al., 2020).

Race has become a socially taboo topic that cannot even be named (Augoustinos & Every, 2007; Matias et al., 2016). This can shut down conversations and protect the status quo of race-based inequality and white dominance, therefore further perpetuating racism on all levels. Similarly, most counselors would deny being actively racist (Augoustinos & Every, 2007). However, counselors may still endorse color-blind beliefs, not understanding those beliefs as being inherently racist. Neville et al. (2006) found that such attitudes were associated with lower multicultural awareness, knowledge, and skill in counselors, which points to the potential for harm when they are working with clients holding different cultural identities.

It is clear that promoting multiculturalism in counseling is not enough to combat these forces. As Olle (2018) argued, counseling needs to train counselors to be social change agents. Counseling needs to become actively antiracist.

The counseling profession has identified a variety of professional identity models that capture developmental tasks involved in progressing to become a counselor (Gibson et al., 2010; Moss et al., 2014). Creating a cultural norm in counseling around antiracism would mean that counselors would be taught about antiracism and supported along the developmental tasks of acquiring this identity. An antiracist professional identity means being committed to antiracist action and feeling competent in taking such action. Accountability is key.

The American Counseling Association Advocacy Competencies (Toporek & Daniels, 2018) state: “When counselors identify systemic factors that act as barriers to their students’ or clients’ development, they often wish that they could change the environment and prevent some of the problems that they see every day” (p. 7). What factors will change the “wish” into action? In teacher education, Poplin and Rivera (2005) asserted that social justice advocacy must be combined with accountability in teachers to change the system. Similarly, white counselors need to take responsibility for antiracist change in our field.

Once made aware of the existence of systemic racism, its effects can be perceived in inequitable systems of housing, policing, education, and more (Braveman et al., 2022). Because of these external systemic forces, racism is often conceptualized as a problem “out there,” meaning it is seen as external to the self, an artifact of systems of oppression over which we as individuals have no control. The well-meaning individual may throw up their hands and feel powerless in the face of this oppressive status quo. However, racism shows up internally in the conditioned responses that the individual experiences when confronted with topics of race. In this way, as Bonilla-Silva (2021b) stated, we all participate in racist systems, as perpetuated through these interpersonal interactions. Connected to this is the idea presented by Leonardo and Porter (2010) in describing a model for race-based dialogues, that race must be understood from

within, through examination of oneself. Conversely, antiracism also must be understood in similar ways by examining oneself and understanding the racist attitudes that one is likely to have been conditioned by a racist culture to hold (Luke et al., 2020). And yet, it may be these very conditioned responses that are inculcated by the racist culture that prevent individuals from embarking on the needed self-exploration. It is possible that white individuals may experience obstacles to becoming actively antiracist due to the emotions that are generated when race comes up in a conversation or within an interpersonal dynamic. Such conditioned emotional reactions to racialized content or any discourse that has a racial component can create defensiveness and shut down in the white person in ways that prevent positive and prosocial action towards antiracism. These racially stimulated emotions in white people, known as *white racial affects*, include guilt, shame, defensiveness, anger, hypersensitivity, and denial (Kordesh et al., 2013; Spanierman & Heppner, 2004). The white racial affects are a key component of the model proposed by this study (see Figure 1.1).

If racism needs to be understood from within (Leonardo & Porter, 2010), yet white racial affects may block this understanding (Kordesh et al., 2013; Spanierman & Heppner, 2004), then it appears that one possible key to advancing antiracist efforts in counseling is to study how those white racial affects operate in white counselors. Spanierman et al. (2017) described how white professionals can become allies to bring change in racist systems of mental health, which supports the idea of researching a white population to advance antiracism.

The proposed study is focused on white women counselors in the United States, based on the potential that this segment holds for changing the counseling profession. White women make up the majority of the counseling field (Zippia, 2023), so understanding their attitudes around race may be instrumental in furthering the goals of antiracism in counseling. Other white female-

dominated professions, such as education, have recognized this with scholarship focused on supporting antiracist change in white women (Hancock & Warren, 2017), and it is equally needed in counseling. In addition, because of white women's majority status in counseling, clients of color are likely to work with a white female counselor, highlighting the importance of white women counselors to understand their own internal bias.

White racial affects have been shown to be experienced differently in men and women (Spanierman et al., 2012), which makes sense when socialization around emotions can be different based on gender roles (Latu et al., 2013). These differences offer support to the design of the present research to focus only on subjects who identify as women. The study is also limited to white women who have lived in the United States for a period of time because emotions are seen as culturally specific and must be studied within a cultural context (Keller, 2019). Therefore, this model proposes that white racial affects influence the adoption of antiracist attitudes. This can have ramifications for the counseling field: Our emotions may be obstacles or possibly enablers to decolonizing our field. This study examines these white racial affects in white women counselors based on the potential to gain insight into ways to combat the phenomenon of everyday racism in counseling and in our macro social systems.

As an editorial note, when races are referenced in this research, the term "white" is not capitalized, while other races and ethnicities such as "Black" are capitalized. This is an intentional act of decolonization to de-center whiteness (Laws, 2020) which is implemented despite the recommendations provided by the American Psychological Association (American Psychological Association, 2020) for capitalizing names of racial and ethnic groups. This intentional usage seeks to disrupt the colonialist mindset and de-prioritize whiteness, to highlight the systemic racial inequalities perpetuated through language, and to encourage reflection on the

ways in which racial hierarchies are reinforced. Similarly, the full names of Black scholars who have produced the most significant works upon which this research has been developed are presented, rather than standard practice of using only surnames. This is done to emphasize the importance of their contributions within a culture and a profession where the historical record often is populated only with names of white men.

Theoretical Framework

The conceptual model proposed by this study (see Figure 1.1) was developed primarily using inputs from the fields of counseling and psychology including liberatory psychology, as well as education, political science, philosophy, and sociology. Application to counseling is attempted throughout.

As a white researcher studying race, I have tried to remain conscious of the social identities of the scholars whose work I am building from. When citing the work of apparently white-identified researchers, I have attempted to find their sources to see if their work originated from a researcher of color to whom credit should also be given. I strive to include and recognize researchers of all identities when formulating the basis of my own work. The present research builds upon prior scholarship around critical race theory, everyday racism, white racial emotions, women, patriarchy, power, identity development, and self-efficacy theory. The most pertinent aspects of each of these theoretical domains are summarized below, with the respective research more fully presented in Chapter II.

Critical Race Theory

Critical race theory originated in the 1970s out of the Civil Rights era as a framework within legal studies by Black scholars, including Derrick Bell, Kimberlé Crenshaw, and Richard Delgado, among others (Caldwell & Crenshaw, 1996). The principles of critical race theory are

the foundation of this research, especially the tenet that race and racism are ubiquitous even when unacknowledged (Delgado & Stefancic, 2023).

“Race” Is Not Real, but Racism Is

Smedley and Smedley (2005) showed that “race” is a social construct and is not biologically based. However, in the United States, humans have socially defined race as a means of applying power and oppression, making it necessary to study its effects (Smedley & Smedley, 2005). This underscores the importance of examining “whiteness” (Frankenberg, 2001), as this study does. Sociologists Bonilla-Silva and Baiocchi (2008) have similarly argued that even though “race” is artificial, racism is real. Racism is not going away by itself and must instead be scrutinized to counter its forces (Bonilla-Silva & Baiocchi, 2008).

Intersectionality

While originally developed to identify the multiple oppressions that Black women experience in society, Crenshaw’s (1991) intersectionality can also be applied in certain ways to white women, who are oppressed as women and who can simultaneously act as oppressors through their dominant white identity. These salient features of identity may surface in different settings and contexts (Hancock & Warren, 2017). This context-sensitive and socially constructed nature of power and privilege is demonstrated in a study by Kallman (2019), who examined identities of gender and race overlaid with nationality in Western Peace Corps workers deployed to other countries. This research identified so-called “male privilege” experienced by Western white women who served in non-Western countries, where their whiteness afforded them respect and access that would not typically be available to women in those countries (Kallman, 2019). Similarly, Western Black workers who were deployed to non-Western countries were identified

as experiencing “white privilege” in how they were treated socially, which was attributed to their nationality (Kallman, 2019).

Critical Whiteness Studies

A subdiscipline within critical race theory called critical whiteness studies (Beech, 2020) provides another lens through which this work is approached. Matias et al. (2016) modeled the utility of critical whiteness studies as an urgent call to adopt antiracist practices in teacher training. Matias et al. (2016) identified race-based emotions experienced by white teachers, who hold dominant social positions and often determine what is taught in teacher education, as preventing more direct discussion of race and racism. Leonardo and Porter (2010) stated that “whites must take ownership of feeling uncomfortable in critical race dialogue” (p. 153). The proposed study seeks to critically examine these experiences of whiteness in looking at the ways that white people feel uncomfortable and whether such uncomfortable feelings interfere with our ability to be accountable for antiracism. Matias and Boucher (2023) also offered the guideline that white researchers using critical whiteness studies need to consider the possible impact of their research on people of color. The current research attempts to do this in its very focus, which is to examine the emotions that can prevent white individuals from taking action toward antiracism.

Everyday Racism

In this study, terms including *everyday racism* and *modern racism* are used interchangeably, as they have origins from a similar body of work, much of it stemming from Philomena Essed. In her seminal work documenting experiences of Black women in California and the Netherlands, Essed (1991) reported on the everyday experiences of being asked, “Where are you from?” being monitored by personnel when shopping in stores, and other forms of social

aggression and exclusion that happen so frequently that they are often dismissed as not that significant. Swim et al. (2003) cataloged the everyday racism experienced by African American college students and identified many acts of prejudice ranging from awkward social interactions to rudeness and bias from friends and colleagues. Bonilla-Silva (2021a) also extensively researched color-blind racism.

White people may deny how race-based discrimination and bias play a part in the differing experiences reported by people who identify as Black and other minorities. As Kaiser and Miller (2003) found, African Americans objecting to discriminatory treatment are even often labeled as “complainers” or “trouble-makers” rather than believed. Racism often occurs in seemingly benign social settings as emotions, attitudes, and beliefs are enacted upon minoritized individuals through comments or remarks, offensive behaviors, and discriminatory treatment, such as bad service in an establishment (Swim et al., 2003). Sullivan (2014) called this a more “peaceful form of violence” (p. 126), offering the fear-based example of the white woman clutching her purse when seeing a Black man. Understanding these emotions and attitudes experienced by white people is therefore important to understanding modern racism.

White Racial Emotions

Emotions are a lens through which we can understand ourselves, society, and our behaviors (Keller, 2019). The cultural-relativity theory of emotions says that emotions are both biologically based and shaped by culture and positionality (Hofmann & Doan, 2018). This supports the orientation of this study that emotions are contextually generated based on the individual’s identities (e.g., white woman) and the social situation or domain (e.g., being asked to self-report on race-based attitudes and beliefs). The proposed model examines what has been termed *white racial affects*. Specifically, white guilt, fear, and anger (Grzanka et al., 2020;

Spanierman & Heppner, 2004). Examining whiteness through white racial affect may allow us to better understand interpersonal relations and in-group/out-group dynamics for white individuals interacting with individuals holding other racial identities. In other words, modern racism. Matias et al. (2016) proposed that understanding the emotions of whiteness is important in teacher education, and it is equally so for counselor education.

Women, Patriarchy, and Power

Social power dynamics are, of course, not limited to race. As proposed by Crenshaw (1991) in discussing the intersectional experience of Black women, gender and other identity attributes also affect how systems of oppression operate upon us, for both the oppressed and the oppressors. White women can be generally characterized as holding positionalities based on race (white: dominant, oppressor) and gender (female: low power, oppressed). Other identities, including sexuality, age, class, religion, disability status, and more, also play a part (Crenshaw, 1991). Because of these multiple concurrent forces of oppressed and oppressor identities, emotional reactions to race-based content may become complicated for white women. Women are generally socialized differently from men (Keller, 2019) and may express varied emotional reactions to the same stimuli (e.g., tears versus anger; Bussey & Bandura, 1999). As Juan et al. (2016) found, white women may also be less conscious of their white racial identity and instead emphasize their lower-status positionality of gender.

Based on occupying a lower-power position in patriarchal systems, women are often unconsciously oriented toward maintaining relationships to power held by white men (Brazaitis, 2004; Keltner et al., 2010). Or, when confronted with the realities of racism, white women might feel aligned with the marginalized and oppressed, based on their lower-ranked female identity, while overlooking their higher-ranked white identity (Brazaitis, 2004). These opposing instincts

can create an internal dilemma of having to choose between an alignment with the existing power structure of white men or aligning with people of color in an act of potential liberation for (self and) others—but at great risk to their own status (Brazaitis, 2004). This can create internal dissonance where the self-identity of “good white woman,” which white women are conditioned into, is under threat (Accapadi, 2007; Brazaitis, 2004; Frankenberg, 2001).

Being seen as “good” and being able to hold positive self-regard is also a factor when navigating racism for white individuals of all genders (Sullivan, 2014). This can be seen in the construct proposed by Bemak and Chung (2008) of *nice counselor syndrome*, where the self-image of being a “good” or “nice” person can cause self-censorship and limit the professional’s willingness to speak out about inequities. Nice counselor syndrome has been conceptualized as an obstacle to developing an identity as a social justice advocate (Bemak & Chung, 2008). Similarly, white individuals, especially white women, can experience cognitive dissonance when confronted with the realities of racism and potentially being a perpetrator of racist acts themselves because it contradicts the self-image of being a good person (Sullivan, 2014). Given how society deems racism as abhorrent, then being confronted with evidence that one’s words or actions were racist puts the self-image into distress (i.e., white fragility; DiAngelo, 2011). This is one cause of the white racial affect, which is under study in this project. Social activists Jackson and Rao (2022) identified the “good white woman” ideal as being dangerous and implore white women to step up and use their position in dominant culture as true allies for race-based change.

Identity Development

This study benefits from the strong foundation of the White Racial Identity Model (WRID) first developed by Helms (1990), who herself built upon the work of Cross Jr. (1971)

who created a model of Black racial identity. Similarly, Helms (1990) identified stages along which white individuals can be said to experience racial and cultural identity differently. The model focuses on the white individual's conception of themselves in contrast to individuals of other races. Additional identity models are also relevant, including the Dollarhide et al. (2016) social justice identity model and the recently-developed Shand-Lubbers and Baden (2023) antiracist identity model in white counselors. Note that the Dollarhide et al. (2016) study almost exclusively used white participants (9 out of 10), and the Shand-Lubbers and Baden (2023) study was intentionally focused on white counselors. This focus on white women counselors makes those respective models particularly relevant to the present study.

Self-Efficacy Theory

The present study proposes a relationship between race-based emotions, the attitude of being accountable for antiracism, and the attitude of being capable and confident of acting or changing racism. The latter attitude of feeling capable and competent to enact change has its roots in self-efficacy theory originally developed by Bandura (1986). The ideas of self-efficacy and accountability for antiracism have been identified in theories of antiracist identity development, including the Shand-Lubbers and Baden (2023) Antiracist Identity Model for white counselors. The Shand-Lubbers and Baden (2023) model identified *attitudes* and *motivation for change* as part of the mechanisms that prompt an individual to move through the cyclical developmental phases of antiracism. Shand-Lubbers and Baden (2023) also named how *challenging emotions* surface within the Awareness phase of antiracist identity development. The Shand-Lubbers and Baden (2023) model placed *accountability* in the Manifestation phase of developing an antiracist identity. The current study seeks to further understand the relationships between these attitudes around antiracism in white women counselors.

Statement of Purpose

This study proposes a model that shows the interactions between white racial affect and antiracist self-efficacy. The study investigates the impact of observed variables on antiracist accountability. This research is designed to shed light on identifying the emotional responses associated with cognitive stances. The conceptual framework is based on whiteness, white identity, and antiracist identity development. The focus of the model is the white racial affects (Grzanka et al., 2020; Spanierman & Heppner, 2004), which are the emotional experiences of psychological defenses, which may be associated with either an opening-up to embrace an antiracist identity or a closing-off or shutting-down that maintains the status quo and prevents progress on developmental pathways that lead towards antiracist action. From this research, interventions could potentially be developed to support white counselors and counselor trainees to better understand their own emotional triggers to race-based discourse, dialogue, or stimulus, and make the reactions intentional and choice-based instead of autonomic and unconscious.

Research Question

RQ: How do measures of white racial affect (comprised of white guilt, white fear, and white anger) and self-efficacy for antiracism relate to antiracist accountability in white women counselors in the United States?

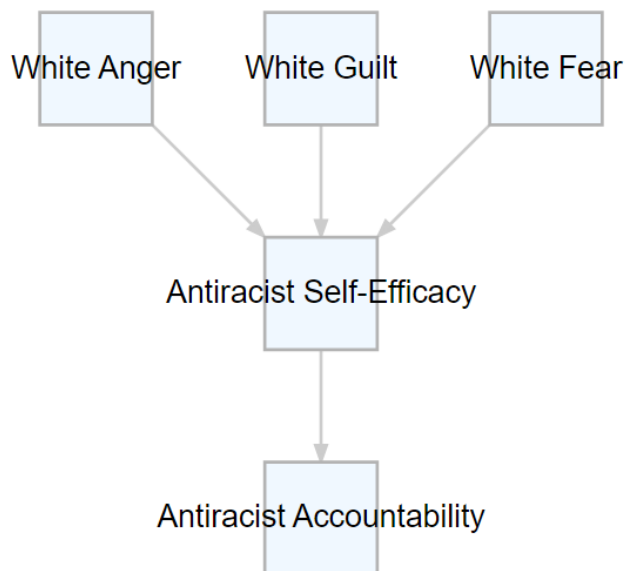
Null hypotheses:

- H_{0a} : White guilt has no significant effect on antiracist accountability through antiracist self-efficacy as a mediator.
- H_{0b} : White fear has no significant effect on antiracist accountability through antiracist self-efficacy as a mediator.

- H_{0c} : White anger has no significant effect on antiracist accountability through antiracist self-efficacy as a mediator.
- H_{0d} : Antiracist self-efficacy has no significant direct effect on antiracist accountability.

Alternate Hypotheses:

- H_{1a} : White guilt has a significant effect on antiracist accountability through antiracist self-efficacy as a mediator.
- H_{1b} : White fear has a significant effect on antiracist accountability through antiracist self-efficacy as a mediator.
- H_{1c} : White anger has a significant effect on antiracist accountability through antiracist self-efficacy as a mediator.
- H_{1d} : Antiracist self-efficacy has a significant direct effect on antiracist accountability.

Figure 1.1*Proposed Model*

Significance of the Study

This study may contribute to counselor education by identifying predictors of antiracist action in white women counselors. It is intended as one of the first of a programmatic research design to expand on the scholarship around antiracist identity in counseling by looking at internal mechanisms that block its development within white women counselors. Hays (2020) specifically named the importance of researching interventions to be used in counselor education to support white counseling students along their own development in white racial identity, and the proposed study is designed as a first step toward that end.

Understanding pathways of emotional response and attitudinal shift toward antiracism provided by the proposed research can inform the development of interventions in counselor education for white trainees, in continuing education programming for white practicing counselors, and in professional development for white counselor educators. Specific coursework

in developing advocacy competence is needed (Baranowski et al., 2016), which this research could, in part, suggest. This research could also support the ideas proposed by Liebow and Glazer (2023) around teaching emotional regulation as an intervention for white fragility. If the mechanisms for change around antiracist accountability are better understood through this work, then that can even potentially support broad-based cultural education and social justice advocacy for white Americans (Connelly & Joseph-Salisbury, 2021; Hays, 2020).

While plenty of scholarship has been done on aspects of modern racism, such as color-blind racial attitudes in counselors (Neville et al., 2006), only limited work is available on the emotions of whiteness, especially as contributors to behavior. A recent dissertation produced by Keramidas (2021) on white fragility and psychological defenses in the general public stated that only one other such study existed, which was identified as the work by Utsey and Gernat (2002) on ego defenses and white racial identity attitudes in counseling trainees.

Definition of Terms and Operationalized Constructs

Table 1.1 offers working definitions of important terms and concepts used throughout this study.

Table 1.1

Definitions

| Term | Definition |
|---------------------------|---|
| antiracist accountability | A sense of being responsible to act to change racism in society and or work on one's own racial bias or prejudice (Shand-Lubbers & Baden, 2023). |
| antiracist identity | An internal, action-based stance of advocate focusing on changing social and institutional systems of oppression (Pieterse et al., 2016; Pieterse et al., 2022; Sue, 2015). |
| antiracist self-efficacy | The feeling of being capable of making an impact on racism in society (Eschmann et al., 2023). |

| Term | Definition |
|--|--|
| everyday racism | A process in which socialized racist notions are integrated into everyday practices and thereby actualize and reinforce underlying racial and ethnic relations; familiar, repetitive, and part of the normal routine of everyday life (Essed, 1991). |
| critical whiteness studies | A branch of Critical Race Studies that attempts to examine how the social construct of whiteness (power) operates within the tenets of CRT; a somewhat controversial discipline given that it centers whiteness, in its attempts to critiquing whiteness (Matias & Boucher, 2023). |
| identity development, e.g., racial identity, professional identity | As adapted from Helms (1990): The psychological implications of group membership, in particular the belief systems that evolve in reaction to perceived differential [racial-]group membership (p. 4). |
| nonracist | This term has been used differently by different scholars, sometimes to mean not racist (e.g., Helms, 1990), and sometimes to mean a color-blind racial attitude (I don't see race; R. T. Knowles & Hawkman, 2020). Because of the possible implications of such ambiguity and double meanings, this term is not used in the present research. |
| white anger | As used in this research, a response in a white person expressing a sense of being upset by systems of racism that exist in the United States or about the suffering caused by those inequities (D'Andrea & Daniels, 2001; Grzanka et al., 2020; Spanierman & Heppner, 2004). This is in contrast to the defensive, antagonist, or aggressive anger or rage that may be expressed by a white individual towards people of color in response to being made aware of unearned privilege (D'Andrea & Daniels, 2001). |
| white empathy | An emotional reaction experienced by white people in response to content conveying the realities of racism, when the reaction demonstrates an alignment with people of color who are the victims. White empathy includes anger, depression, helplessness, sadness (Spanierman & Heppner, 2004). The Spanierman and Heppner (2004) Psychosocial Costs of Racism to Whites instrument has a subscale that measures white empathic reactions towards racism (called <i>white anger</i> in this research). |
| white fear | Socially conditioned fear and/or distrust reactions that white people report towards people of other races, with no known cause except that the person is not white (Spanierman & Heppner, 2004). May also represent fear of losing power and dominance to people of color. The Spanierman and Heppner (2004) Psychosocial Costs of Racism to Whites instrument has a subscale that measures white fear of others. |
| white guilt | The emotional experience of guilt or shame that white people report when confronted with the realities of current or historical racism and systems of oppression and the white person unearned privileges (Grzanka et al., 2020; Spanierman & Heppner, 2004; Swim & Miller, 1999). The Spanierman and Heppner (2004) Psychosocial Costs of Racism to Whites instrument has a subscale that measures white guilt in a way that fits this definition. Note that as discussed by Grzanka et al. (2020), white shame is seen as separate from white guilt by some researchers, which also reflects the difficulty in making concrete definitions of these emotional experiences. |

| Term | Definition |
|----------------------|--|
| white identity | A racial, cultural, and ethnic awareness or lack thereof held by a white individual based on role in society, power, and privilege (Helms, 1990). Note that a white identity may or may not have elements of whiteness. |
| white racial affects | The reported negative emotional reactions in a white person when confronted with discourse that contains racialized content, especially involving recognition or reminder of unearned privilege; can include guilt, shame, anxiety, anger, frustration, etc. (Grzanka et al., 2020; Spanierman & Heppner, 2004). |
| whiteness | The ways that socialization into power for white people obscures their own view of that power (Helms, 2007). Also, how white supremacy norms can be internalized for white people. Hays et al. (2023) identified dimensions of whiteness to include: racism, antiracism, race essentialism, White racial identity, White racial consciousness, colorblind racial ideology, White privilege, psychosocial costs of racism, and White fragility (p. 58). |

Risks, Assumptions, and Limitations

The study is conducted by a white woman about white women. One of the cultural ideas under examination is the way that white women may use emotions to hide behind or to protect themselves. For example, during interpersonal conflict especially in groups, such as when a microaggression is committed against a person of color, a common reaction from white women is to cry, which moves the social focus to the white woman instead of the actual victim (Sue, 2015). While the present study is focused on understanding obstacles to antiracist identity, it is specifically studying the emotions of white women, which can be seen as a form of white narcissism (Miller & Josephs, 2009). This study may be unintentionally reinforcing this undesirable race-based phenomenon. Plus, there are risks that white participants who are in earlier stages of white identity development may drop out of the study without completing it, based on experiencing their own white racial affect when reading the questions on the instruments.

This researcher acknowledges that race is an invented construct that has no biological basis. However, as Smedley and Smedley (2005) laid out, racism is real as an outcome of that

invention. Using the word “race” is intentional; avoiding the term would risk reinforcing modern racism and White Supremacy culture because it would reinforce the oppressive stigma of denial, distancing, and avoidance of racialized topics (Bonilla-Silva, 2021a). As Crenshaw et al. (2019) asserted, race-conscious pedagogy and research methods are needed in order to counteract color-blind ideologies, especially when studying the privileged. Matias et al. (2016) offered a telling anecdote to underscore this point: In their case studies of the emotionality of whiteness in teacher education, they related how the use of the word “race” can become almost confrontational to white teacher trainees and that this confrontation is necessary to dislodge whiteness.

A limitation of this study is that the self-report of remembered responses to racism in white subjects may be inaccurate (Barrett, 2004). Denial, suppression, and avoidance are common defenses experienced by white individuals around racialized content, and self-report of white racial affect may not be reliable. Grzanka et al. (2020) discussed this problem in detail in their work, constructing a scale to measure white shame and white guilt. For the purpose of this current study, it may not be possible to get accurate self-report from participants on their internal experience of white racial affect. For example, this disconnect was revealed in studies on white guilt: Swim and Miller (1999) predicted that subjects would endorse white guilt at higher levels than they actually did. Their study design used instruments only without any intervention, which is the same design as the present study. One characteristic of modern racism, which is the phenomenon under study, is that it may be out of consciousness of those who are perpetrating it (Bonilla-Silva, 2021a; Branscombe et al., 2007). Those endorsing traits of modern racism may deny that racism exists. Because of that, the sample observations generated from this current study may not reveal the predicted relationships captured in the model tested.

Social desirability and impression management may also influence responses. Self-report on factors of one's own cultural awareness, and especially on internally held prejudice, is often influenced by the subject's injunctive social norms and even self-deception as a protection of ego (i.e., overly positive self-report on racial attitudes to protect the respondent's self-image as a good person). Racism is so stigmatized that white people self-censor and prevent honest self-disclosure on racialized opinions to "look good" (Constantine et al., 2002). This may influence the results of the present study. At the same time, Axt (2018) found that explicit questions on race-based attitudes elicited accurate responses and advised against attempts by scholars to obfuscate or shield intentions in such research.

Plus, the results may not be extensible. The behaviors identified that are proposed as being common to white women may not be shared in the same way by other genders (Spanierman et al., 2012) nor other races (Spanierman & Heppner, 2004). This research is likely not going to be extensible to those holding other identities. In addition, counselors tend to hold more progressive views, which are associated with lower levels of color-blind racism and other factors of denial of white privilege (Keramidas, 2021). Higher education levels within the general population are associated with lower levels of white racial affect (Poteat & Spanierman, 2008). The training that most counselors would have had on multiculturalism means that they have previously been exposed to the concepts of historical racism, identity, and oppression. However, the focus of the study on white women counselors may mean that the results are not extensible to other professions or social identities.

Another limitation is that only one instrument measuring antiracist self-efficacy exists. That instrument (A-RES; Eschmann et al., 2023) was only developed recently and has not yet been used in any other published studies that could be located. Additional testing is needed to

provide further reliability and validity evidence for this scale. Another possible risk is due to the variations in the three instruments, specifically how the Likert-style scales are designed in each, respectively. The PCRW is a six-item Likert scale going in the positive direction, with *strongly agree* on the right. The A-RES is a six-item Likert scale going in the positive direction, with *strongly agree* on the right. However, the WPAS is a four-item Likert scale going in the *negative* direction. The risk is that respondents will not notice the switch and will inadvertently endorse items opposite to how they actually feel or believe. An attempt to mitigate this risk is being made through use of on-screen directions, and a validity check item at the top to test attention.

Submissions where the attention check is not answered correctly will be discarded.

To reduce barriers to participation, the study questionnaire was configured such that most of the demographic questions could be skipped. The only demographic questions required were on race/ethnicity, gender, and professional identity. Others, such as age, sexual affiliation, and education may be skipped. The decision was made to implement the questions in this way because, even though the respondents were assured of confidentiality, sometimes participants experience concern that they may be personally identified based on answering questions about their specific social identities. This design is meant to encourage participation, especially for respondents who may hold marginalized identities based on religion, social class, trans identity, sexual affiliation, etc.

Researcher Positionality

I am a white/European-American, U.S. born, native English speaking, middle class, middle-aged, able-bodied, highly educated cisgender female. Apart from my gender, all of my identified positions offer significant social privilege. I graduated with a master's in counseling in 2021, and I previously completed an MBA in 2000, both at predominantly white Ivy League

universities. I began focusing on social justice in 2019 during my counseling master's program.

As a white person, I find the heuristic offered by Kendi (2019) useful, that policies, attitudes, and behaviors are either racist or antiracist, which helps me to self-monitor. As of mid-2023, I began identifying as an antiracist based on self-assessed internal attitude change and recognition of positive actions taken as an advocate. I still struggle with my whiteness and my own white racial affects. This work is ongoing and continuous.

CHAPTER II: LITERATURE REVIEW

Introduction to the Literature Review

The study was designed to contribute to the understanding of possible barriers to, or enablers of, antiracist identity development in white counselors by evaluating a proposed model that connects specific emotions and attitudes that arise in white women counselors when confronted with content or discourse that has a racial aspect to it. This chapter presents the existing literature base upon which this proposed model of emotions and attitudes was built.

Search terms included:

- anti*racis* AND counsel* AND professional identity
- White guilt
- “white racial affect”
- accountab* AND (anti-rac* OR antirac*)
- Critical whiteness studies including sociology searches
- “use of self” AND counsel* (note: this search with “antirac*” added yielded literally 0 results)
- self and counselor and (anti-racis* OR antiracis*)
- (critical conscientization) and (anti-rac* OR antirac*)
- efficacy AND (anti-rac* OR antirac*)

Review of Research Literature and Synthesis of the Research Findings

The following sections present the literature and a brief history of the components of the model, specifically white racial effects, antiracist self-efficacy, and antiracist accountability. Literature on identity models, including White Racial Identity (Helms, 1990) and professional identity models, including social justice identity (Gibson et al., 2023) and antiracist identity

(Shand-Lubbers & Baden, 2023) are presented, with possible connections offered between the affects and attitudes under study and identity development as an antiracist counselor.

Racialized Emotions: White Racial Affects

This study examines the relationship between white women's emotional experiences and attitudes connected to witnessing, understanding, and/or acting on racism. The term *racialized emotions* denote emotions that are generated through social or interpersonal interactions that reflect race-based differences or contrasting racial identities. Racialized emotions may be experienced when an individual becomes aware of the "other," usually in a negative or fear-based way. Bonilla-Silva called racialized emotions the "fundamental social forces shaping the house of racism" (2019, p. 2) because of how emotions drive behaviors and responses to those of other races, including occasionally reactions of violence.

These racialized emotions are referenced in this study as *white racial affects* (Grzanka et al., 2019; Kordesh et al., 2013). These emotional experiences have been studied by Spanierman and Heppner (2004), who identified race-based emotions that white people experience in connection to social privilege. The phrase white racial affect appears to have been introduced by Grzanka (2010), who studied white guilt, which they called an identity-based affect (p. 1), meaning it is an emotion generated based on holding a white identity. Todd et al. (2010) used the term "racial affects" in examining phenomena of white guilt, white fear, and white empathy. A simple way of understanding how white racial affect may be generated as an ego-protective measure when a white individual is confronted with the reality of their unearned privilege (Drustrup et al., 2022; Keramidas, 2021; E. D. Knowles et al., 2014).

As the scholarship around white racial affect is fairly new, these race-based emotions have not been fully cataloged. However, a wide range have been identified, including white

shame and white guilt (Galgay, 2018; Grzanka et al., 2020; Jacobs, 2014), white anger, defensiveness, argumentativeness, rage (Cabrera, 2014; DiAngelo, 2011; Takahashi & Jefferson, 2021), white fear (Soble et al., 2011; Spanierman et al., 2012) white apathy, denial or negation (Grzanka, 2010), distancing, and avoidance which could also be components of white fear (Grzanka et al., 2020; Keramidas, 2021; Spanierman & Cabrera, 2015). DiAngelo (2011) used the term “white fragility” for the constellation of reactions to racial stress in white individuals. As Spanierman and Cabrera (2015) indicated, while white racial affects may be named and discussed, these emotions may not be rational, and it may be difficult to understand them logically.

White racial affects have been found to differ from universal human emotions (Conger et al., 2011; Matias & Zembylas, 2014). Keramidas (2021) looked at white fragility in conjunction with standard psychological defenses that are deployed in times of stress. They found no significant difference in reports of race-based affects for participants who demonstrated more adaptive emotional defense styles when under stress as compared to those with immature defenses (Keramidas, 2021). In other words, the subjects who endorsed more mature or sophisticated emotional defense mechanisms were just as likely to exhibit traits of white fragility (Keramidas, 2021). This indicates that a white individual with skills in emotional self-regulation is still likely to experience white racial affects in response to racialized interactions based on unexamined whiteness, which means that despite their overall emotional maturity, they may be participating in unconscious racial dynamics of power and privilege and contributing to the phenomenon of subtle racism. This reinforces the need for white racial reactions to be studied separately.

White racial affects have been shown to be difficult for white people to deal with. This was reported by Drustrup et al. (2022) in a consensual qualitative study that examined how white subjects navigated a disruption to white racial equilibrium. The researchers expanded on this term originally used by DiAngelo (2011) to define white racial equilibrium as the place of comfort that white people often occupy where race and racial issues are not discussed. Drustrup et al. (2022) identified seven intellectual strategies that the white subjects used in responding to questions about race and inequity, which allowed them to maintain a stance of personal innocence and avoid feeling culpable for racism (Drustrup et al., 2022). These strategies involved cognitive distortions, assertions of opinion as fact, promotion of colorblind racial ideas, and efforts to distance from personal responsibility, such as assertions that the white individual was powerless to do anything to change racism in society (Drustrup et al., 2022). Drustrup et al. (2022) stated that it is critical to understand these white racial affects as a means of disrupting the status quo of everyday racism, and their results suggest connections between white racial affect and taking action for antiracism that the present study seeks to further investigate.

White people may deploy cognitive distortions that allow them to not think about race and privilege. Drustrup et al. (2022) identified the challenge of studying white reactions to race because white research participants may deny or disavow that such reactions occurred. Chesler et al. (2003) reported on interviews with white college students about whiteness, which revealed that the students did not perceive themselves as white (sometimes called *white denial*). This is an example of white avoidance, which is another unconscious tactic that allows white individuals to maintain the white racial equilibrium (Drustrup et al., 2022).

Yet real harm can be done. Leonardo and Porter (2010) discussed how avoidance and denial of racism by white people may appear to be non-violent externally because the white

person is disclaiming that racism occurred but that such behaviors perpetuate racism in ways that leave people of color internally “fractured” (p. 152). In research on counselors using race-based broaching skills, Day-Vines (2022) stated that “*Avoidant* counselors may be the most damaging [to their clients of color]” (p. 30) due to the likelihood of committing microaggressions, creating ruptures, contributing to cultural concealment, and causing premature termination. Day-Vines (2022) offered a variety of possible explanations for avoidant behavior, including fears of coming across as racist. In a separate study, Drinane et al. (2018) showed how avoidance in white counselors can negatively affect therapy outcomes for clients of color. Looking to the positive, Miserocchi (2014) found a correlation between increasing therapist awareness of white privilege and improved clinical outcomes for their clients of color, which indicates the importance of helping white counselors understand their white identity as part of the counseling praxis. This study seeks to learn more about the internal mechanisms that may be associated with the white racial affects of white guilt, white fear, and white anger that may cause race-based avoidant behaviors, or conversely could contribute to attitudes of accountability that can foster generative reactions to racism.

White Fear

Spanierman and Cabrera (2015) described white fear as multicausal, potentially reflecting anxiety that the white person is coming across as racist and connected with white people’s fear or mistrust of the “other,” especially of Black men. Additionally, Spanierman and Cabrera (2015) identified the collective paranoia of the colonist who may be overtaken by the colonized, where the white person has a fear of losing power and dominance over minorities. Denial may also be involved in the construct of white fear. Utsey et al. (2005) identified the theme of *minimizing race as an issue* among participants in an experiential focus group. A process observer during the

study noted manifestations of anxiety among the participants. Discomfort with racial issues was also reported by the participants as expressed through fearfulness, frustration, faltered speech, anger, and apprehensiveness (Utsey et al., 2005).

Ancis and Szymanski (2001) found that almost a third of participants demonstrated a form of white avoidance as marked by being disinclined to examine racial issues even after being made aware of their white identity and privilege. Such avoidance can then perpetuate the phenomenon of subtle racism because the racial topic is never explored or addressed by the one holding the race-based privilege. Subscale 3 of the Psychosocial Costs of Racism to Whites instrument (PCRW; Spanierman & Heppner, 2004), called white fear of others, is used in the present study to measure white fear. In developing the PCRW, Spanierman and Heppner (2004) defined white fear as “an irrational sense of danger . . . or feeling unsafe in neighborhoods where people of color reside” (p. 251), along with the aspect of fear of losing privileges as a white person, such as losing jobs to people of color.

White Anger

The literature on white anger introduces some ambiguity based on the dual meanings of the term. Researchers, including Boatright-Horowitz et al. (2012), have identified defensiveness and the indignation of feeling attacked as a reaction that whites may display when confronted with topics of race. DiAngelo (2011) discussed the ways that white individuals may display irritation when asked to talk about race, based on a sense of entitlement to racial comfort that only those holding majority status are allowed. DiAngelo (2011) shared how white people may go silent and uncooperative when required to participate in such conversations around race, as evidence of the anger they hold about it.

In the Psychosocial Costs of Racism to Whites (PCRW) instrument, Spanierman and Heppner (2004) use the term *white empathy* to capture the other-focused emotions of sadness, anger, and helplessness that may be felt by a white person when recognizing the effects of racism on others. An example PCRW item reads: “I feel helpless about not being able to eliminate racism” (Spanierman & Heppner, 2004). Because the White Empathy subscale of the PCRW also includes items such as “It disturbs me when people express racist views” (Spanierman & Heppner, 2004), and because two of the six items have the word “angry” in them, this white affect is referenced as *white anger* when used in discussing the results of the present study. None of these terms were exposed to the participants who completed the study.

This study does not measure the version of white anger that would be defined as hostility or rage towards others, which is a separate white racial affect. White rage occurs when a white person is triggered defensively in an aggressive or lashing-out way, such as anger at being unjustly accused or the anger at feeling their resources will be taken from them. White rage has been found to be more common in white men than white women (Cabrera, 2014), which is why it is not included in this study, which focuses on white women counselors.

White Guilt

Steele (1990) described white guilt as stemming from a new recognition of “ill-gotten advantage” (p. 499) that first became part of the white American experience in the reckoning of the Civil Rights era. He further defined this as a racial vulnerability, a culpability for oppression, which whites experience in combination with gratitude for being white and not Black (Steele, 1990). He named white guilt as inescapable for white Americans who “*know* that their historical advantage comes from the abjugation of an entire people” (Steele, 1990, p. 499, emphasis in the original).

Sullivan (2014) wrote cynically about white guilt in *Good White People*, calling it the “recommended emotion” (p. 128) for white people interested in racial justice, effectively condemning it as useless because of how it can be paralyzing. In an entire book dedicated to the topic of white guilt, Steele (2007) argued that it is destructive because it can cause white people to defer their agency for changing racist policies onto people of color. He attributed this deferral of agency to the white person’s experience of moral confusion when they realize that their assumptions of the world are incorrect. The awareness of one’s privilege creates a feeling of guilt that is tied to a sense of culpability for that unearned privilege, which can create a dissonance that needs to be pushed away. Because of this potential for white guilt to cause white people to freeze and deter them from action, it is a construct of interest in understanding factors contributing to antiracist attitudes. Therefore, white guilt was proposed in the current study as being potentially associated with lower self-efficacy for antiracism, based on the idea that higher levels of white guilt may make the individual less likely to believe in their self-effectiveness and capability to bring change around racism.

White guilt appears to be a complex construct. In a study of 58 white college students, Fazio and Hilden (2001) used mood induction (emotional priming) to examine automatically activated racial attitudes against African Americans. Participants viewed a video designed to trigger their implicit bias, based on presenting an African American male as if he had perpetrated a crime, with a reveal that he was actually the victim of the crime that was perpetrated by a white person. The participants were asked to report their emotional reactions to the video. The study was set up to test for responses of guilt, agitation, or amusement, yet the researchers found that only guilt was generated by the participants’ discovery that they had been subject to their own implicit racial bias (Fazio & Hilden, 2001). The research also showed that individuals with more

positive feelings towards African Americans reported greater negative white racial affects including shame, embarrassment, and guilt (Fazio & Hilden, 2001). This implies that a possible mediating relationship may exist between white racial affects and racial attitudes, which the present study also seeks to understand.

Conversely, Iyer et al. (2003) identified white guilt as a self-focused emotion that may be adaptive towards antiracist attitudes. In the quantitative study of white undergraduates, they found that self-report of white guilt predicted support for compensatory affirmative action. In other words, white participants experiencing greater levels of white guilt were inclined to support compensation social policies for marginalized individuals (e.g. reparations; Iyer et al., 2003). Kernahan and Davis (2007) specifically recommended future research be done to understand connections between white affect, such as white guilt, and this type of attitude to create a propensity towards action on racism.

White guilt has been researched using the Psychosocial Costs of Racism to Whites instrument (PCRW; Spanierman & Heppner, 2004). Spanierman and Heppner (2004) defined this affect as “guilt and shame about being White in a racially disparate system” (p. 251). The PCRW has been confirmed to be valid and reliable through initial design (Spanierman & Heppner, 2004) and several subsequent studies (Kordesh et al., 2013; Poteat & Spanierman, 2008; Spanierman et al., 2008, 2009). Positive relationships have been found between white guilt as measured on the PCRW and white privilege as measured using the White Privilege Attitudes Scale (WPAS; Pinterits et al., 2009), which in part supports the proposed model for this study.

Identity Development Theories

The present research relates to *identity* because it investigates attitudes and beliefs that may be associated with an individual describing themselves as being antiracist. As originally

conceptualized by Erik Erikson (1968) in understanding human growth and development, identity acquisition consists of completing tasks associated with a specific stage of development (McLean & Syed, 2015; Newman & Newman, 2017). A pertinent history of identity models will be briefly described, including racial identity models, professional identity in counselors, and antiracist identity.

White Racial Identity

One of the earliest racial identity models was developed by William E. Cross, Jr., who studied the psychology of the Black individual. The Nigrescence Model (Cross Jr., 1971; Cross Jr. & Vandiver, 2001) identified common stages of integrating personal and sociocultural understanding for Black people in the United States. Janet Helms extended Cross's ideas to apply them to the psychology of the white individual, and the Helms (1990) White Racial Identity Development model (WRID) is the foundation of this present work. Helms's WRID (1990) identified six statuses, which are essentially attitudes and beliefs about self and others, based on understanding and acknowledgment of the white person's position as a racial being in a racialized society.

Some research on the WRID and instruments designed to assess have resulted in mixed findings, though those criticisms were lodged by white male researchers against Helms, a Black female researcher, and need to be viewed with that context in mind (Rowe & Atkinson, 1995). In Carter et al. (2004), individuals identified as holding the Autonomous status scored higher on racist tendencies instead of the expected lower racism, based on attaining a more advanced WRID status. Carter et al. (2004) also found that those with undifferentiated white racial identity endorsed racist beliefs at a high rate, which would be expected.

More recent research on white racial affects seems to support components of the Helms model more clearly. Malott et al. (2021) examined antiracist identity in conjunction with the WRID Autonomous status, which is where the white-identified individual has an awareness of their whiteness and of other racial identities, including power dynamics that accrue in society because of race. The current study aims to result in a greater understanding of the potential obstacles and enablers of movement between earlier statuses of white identity development, such as the contact status, where the white individual lacks awareness of self as a racial being and demonstrates a limited understanding of systemic racism.

Malott et al. (2015) sought to operationalize the autonomy status of the Helms (1990) model through a phenomenological study of 10 self-identified white antiracist activists looking at the “lived tenets” (p. 334) of an antiracist white identity. While not identifying this explicitly as *antiracist identity*, the researchers reported on six of the 35 identified themes. First, whiteness as oppressive due to being implicated in white supremacy. Second, reconstructing white identity as a personal effort to reclaim positive traits and include other aspects of their identity. Third, antiracism is essential to positive self-concept, which reflects the importance of this self-defined identity attribute to counter the negative associates of problematic white identity. Fourth, WRID as ongoing and nonlinear, which is also reflected directly in Helms’s prior works (Carter et al., 2004; Helms, 1990, 2007). Fifth, struggles to make lifestyle decisions that honor antiracist beliefs, including challenges in living in more integrated ways, such as in a diverse neighborhood instead of segregated with mostly other white people. Sixth, struggles with relationships, with participants naming challenges interacting with other white people of different racial development status. This review is not intended to be comprehensive, as additional scholars have created their own models of white racial identity, and identity models for individuals holding

other racial identities have also been developed, which are outside the scope of the present research.

Professional Identity in Counseling

One of the earliest models of professional identity in counseling was created by Auxier et al. (2003), which described a “recycling” process that counselors in training go through as they take on new information (conceptual learning), gain skills through practice (experiential learning), and receive confirming and disconfirming feedback on their competence (external evaluation). This work captured the emotional experiences of anxiety, frustration, and disorientation that are frequently experienced by counseling trainees as they increase confidence and gain a self-image that captures their new professional identity as a counselor (Auxier et al., 2003). Auxier et al. (2003) made tacit connections between emotions and perceived competence or self-efficacy, which connects to the current research that seeks to understand race-based emotions in white counselors as connected to antiracist self-efficacy.

Professional identity in counseling has also been studied by scholars Dollarhide, Gibson, and Moss, who have contributed an important body of knowledge. Examples from this team include professional identity in new counselors (Gibson et al., 2010), professional identity in counselors across career stages (Moss et al., 2014), professional identity in doctoral students in counselor education (Dollarhide et al., 2013), leadership identity in counseling (Gibson et al., 2018b), and in school counseling (Gibson et al., 2018a). The latest work from this group of researchers looked at the so-called “elective” identities within counseling, which they identified as *leader*, *researcher*, *counselor educator*, and *social justice practitioner* (Gibson et al., 2023). That work is important because antiracist identity also fits the definition of an “elective” identity,

and there are many barriers to white counselors that can prevent them from deciding to pursue it (including their very whiteness), which forms one of the rationales for this present research.

Social Justice Identity in Counselors

Developing an identity as a social justice advocate may be a precursor to developing an antiracist identity. For example, participants in a Delphi study by Burks et al. (2023) to define antiracism in counselor education reported having greater numbers of years of experience in social justice work than they did in antiracist work (e.g., all the participants reported five or more years of social justice work, while 41% reported less than five years of antiracist work). This implies that developing a social justice identity may be a pre-requisite to developing an antiracist identity, or it may also be a factor in the evolution of social justice within the counseling field. Either way, antiracist work can be conceptualized as a subset of social justice work, so it makes sense that not all who identify as social justice advocates would also immediately identify as antiracist (Burks et al., 2023).

Social justice identity development has been researched separately as well. Through a phenomenological study, Dollarhide et al. (2016) created a model of social justice identity development in counselors (note that all but one of the participants in their study were white, and all but two were female). This research revealed four themes connected to the development of this identity: (a) origins of social justice awareness, typically from family of origin and early personal experiences, (b) holistic changes in affect, behavior, cognition, and context around social justice identity, including reports of working through fears about taking risks as an advocate, and changes in thinking about self and others, (c) social justice identity which is a concrete assertion that this is part of *who they are* as individuals and, (d) a feedback loop meaning that development of this identity is iterative and cyclical, and ongoing. There are echoes

of Helms's (1990) White Racial Identity Development themes and of encounters with white racial affect in these findings. Again, it is possible to acquire a social justice identity without identifying as an antiracist, and there are many instances of white people involved in social justice work who commit racial microaggressions and then exhibit negative white racial affect when confronted. The Dollarhide et al. (2016) social justice identity model does not necessarily extrapolate to antiracist identity explicitly.

Attributes of a social justice identity have been identified, such as by Chung and Bemak (2012), who asserted that being a social justice advocate requires not just core counseling skills and multicultural competencies but also “energy, commitment, motivation, passion, persistence, tenacity, flexibility, patience, assertiveness, organization, resourcefulness, creativity, a multisystem and multi-disciplinary perspective, and the ability to deal with conflict and negotiate and access systems” (p. 175). These qualities are likely also relevant for those developing an antiracist identity. Yet they are not sufficient to fully inform antiracism, given that humility and the ability to self-reflect are missing from the list, which are qualities that have been identified by other researchers on antiracism, as will be discussed below (Shand-Lubbers, 2021; Spanierman et al., 2017; Sue, 2017).

White Allyship Attributes

A helpful precursor to understanding antiracist identity in white counselors comes from reporting on white allyship by Spanierman et al. (2017) and Sue (2017). Some of the qualities named by Sue (2017) include a sophisticated understanding of race and white privilege, ongoing reflection on personal racism, and dedication to deploying one's privilege to equity. In addition, acting to disrupt racism, collaborating and building coalitions with people of color, and working to prevent the silencing of white allies.

Spanierman et al. (2017) warned against missteps and challenges to allyship, especially for white researchers, such as white people being paternalistic towards people of color or acting as white saviors, behaviors that are performative and do not advance structural change, white people overlooking the realities of intersectionality, expressions of false empathy and an inaccurate understanding of the lived experience of people of color, and an overemphasis of white identity development without enough focus on systemic racism. The missteps identified by Spanierman et al. (2017) are important to the current project, especially the caution against overfocusing on white identity, which can turn into white narcissism and reification of white supremacy, rather than the opposite of working towards knocking down systems of oppression. Therefore, the current study aims to help white counselors understand their whiteness and race-based biases more clearly.

Antiracist Identity Models

It appears that most of the work on antiracist identity to date has been focused on the development of this identity in white people. Antiracist identity models in counseling have recently begun to be published. Other professions have a larger body of knowledge on this topic. For example, characteristics of white antiracists were proposed by Applebaum and Stoik (2000) in the field of philosophy and in education by Linder (2015), who linked negative emotions of white guilt and white shame to transition points towards antiracism for white people. Utt and Tochluk (2020) exhorted white teachers to do self-work on positive white antiracist identity and offered specific suggestions.

Work on antiracist identity has only more recently been done in the counseling profession (Shand-Lubbers, 2021; Shand-Lubbers & Baden, 2023). The present study could potentially support the recently developed Shand-Lubbers and Baden (2023) model for antiracist identity

development in white counselors (ARCI). The Shand-Lubbers and Baden (2023) model included the element of emotional response as being critical to self-understanding and progression toward an antiracist identity. The current study seeks to understand variables of white racial affect that can be identified as part of the ARCI awareness and identity integration phases and factors that limit the development or experience of accountability, which is in the manifestation-action phase (Shand-Lubbers & Baden, 2023).

The Critical Race Consciousness of white people raised in the ARCI (Shand-Lubbers, 2021; Shand-Lubbers & Baden, 2023) is worth emphasizing based on its connection to Paulo Freire's (1968/2014) critical conscientization. This force of liberation psychology is taken from *conscientização* in Portuguese. The concept combines *critical consciousness* plus *conscience*. Originally conceptualized as a requirement or catalyst for the oppressed to move into liberation consciousness and action, critical conscientization is also necessary for the oppressor. Through a comprehensive experiential group design, Paxton (2003) identified the systems of thought, which construct white supremacy consciousness and also connect as pre-requisites for a liberatory framework. The "conscience" aspect of critical conscientization is deemed part of the antiracist accountability construct in this model, which maps elements of the psychology of white women counselors as conditioned by the white supremacy culture that permeates U.S. society. Shand-Lubbers (2021) named this critical race consciousness as integral, and Shand-Lubbers and Baden (2023) showed in the ARCI model how it straddles both the earlier awareness phase and the identity integration phase of identity development for the antiracist counselor. These ideas of consciousness connect to the current research, examining how emotions affect attitudes of antiracism in white women counselors.

Also connected to the current research is a phenomenon where those working on antiracism may avoid or deflect such self-identification. In other words, white people who are actively working to be antiracist may resist self-identifying as such. In a qualitative investigation of academics working on antiracism in the United Kingdom, Connelly and Joseph-Salisbury (2021) found some reluctance to self-identify as an “activist,” with participants naming real activism as community organizers working for free or who devote themselves to activism full-time. The sentiment the participants expressed was that they were not doing enough to justify the label of “activist” (Connelly & Joseph-Salisbury, 2021). Similarly, in an autoethnography by four counselor educators exploring their antiracist identity, Wenninger et al. (2023) found that the participants were uncomfortable self-identifying as antiracist for similar reasons, feeling their levels of effort or attempts at advocacy were not enough to qualify for this label. The counselor educator participants in a study by Ng et al. (2022) also reported hesitancy and conflicting emotions around engaging with the antiracist topic and named uncertainty around the “how-to” of antiracist pedagogy.

Participants in research by Connelly and Joseph-Salisbury (2021) felt that the scholar-activism label was “overclaimed” by academics not actually doing the activist work that such a term required. Participants wondered about the currency of the term and mused that it is easier to claim the label than to do the work. The researchers summarized these sentiments by asserting that antiracist scholar-activism is about being engaged directly in communities and engaging in the praxis of antiracist work and named scholar-activism as an active process (Connelly & Joseph-Salisbury, 2021), which conceptually supports the premise of the current research, that antiracist accountability is about being responsible and active in antiracist action.

Self-Efficacy Theory

A key element of the model of antiracist accountability proposed by this study is antiracist self-efficacy, which has origins in the well-established theory of self-efficacy developed by Bandura (1986). Self-efficacy is the belief in the ability to act to influence one's own or others' circumstances. Self-efficacy also implies its inverse, self-inefficacy, which is associated with inaction or avoidance due to fear (Bandura, 1986). Both constructs are relevant to the present study, which is looking at connections between emotions of whiteness and the ability to take action for antiracism. The proposed model posits that accountability for antiracist action is influenced by levels of antiracist self-efficacy or the belief in one's ability to be an antiracist. Because of its universal applicability (Bandura, 2008), variations or flavors of self-efficacy have been identified in specific domains and contexts, a selection of which is presented below.

In nursing, Yao et al. (2021) proposed a model capturing the relationship between professional identity, competence, and self-efficacy in nurse trainees, which was tested on a sample of 887 Chinese students. After analysis, their modified model showed both professional identity attainment and competence influencing self-efficacy. Even more importantly, the researchers concluded that increased levels of professional identity and of self-efficacy were associated with increased competence. This was identified as positive, based on interventions available to effect change in professional identity and in self-efficacy in this domain (Yao et al., 2021).

Previous studies of self-efficacy in counseling students underscore its potential to create confidence toward action. For example, in multicultural counseling Sheu (2005) developed the Multicultural Counseling Self-Efficacy Scale-Racial Diversity Form, which is designed to

identify a counselor's perceived skill with clients of other cultures. Neville et al. (2006) also looked at self-reported multicultural counseling competence in conjunction with an assessment of color-blind racial attitudes. In this case, subjects who endorsed color-blind views more often also scored lower on the self-assessment of multicultural competence (Neville et al., 2006). Findings such as these have informed the development of the model proposed in the present study, where greater endorsement of white racial affect is expected to be associated with lower antiracist self-efficacy and, accordingly, lower antiracist accountability.

With a similar focus, Yi et al. (2023) conducted a meta-analysis of 83 studies that examined those same relationships of color-blind attitudes to multicultural counseling competencies. The results reinforced the findings that strong relationships exist between color-blind beliefs and low cultural competence in counselors (Yi et al., 2023). These results all reinforce the need for a greater understanding of the internal mechanisms of racism in white counselors that the present study proposed.

Antiracist self-efficacy may be more closely related to what Broido (2000) called social justice self-confidence. In a phenomenological study of white college students, Broido identified this theme of *self-confidence* as being critical to the participant's ability to identify as social justice allies. Broido defined self-confidence in this context as "comfort with one's identity and internal loci of worth and approval" (p. 12). The combination of participant values, knowledge, and confidence resulted in their stated willingness and ability to act as allies.

Another project on social justice self-efficacy was developed by Taylor and Trevino (2022), who surveyed 72 counseling psychology faculty about their teaching self-efficacy and levels of support and engagement around the social justice curriculum. Perhaps not surprisingly, those faculty who had been trained in social justice within their own education reported greater

self-efficacy to teach social justice to students. Only a small number of respondents (exact quantity not reported) described their personal commitment to social justice, and few of the participants discussed methods they used to promote social justice in their pedagogy (Taylor & Trevino, 2022). The importance of self-efficacy is revealed in these results, as higher levels of reported social justice self-efficacy were associated with higher levels of engagement with students on social justice (Taylor & Trevino, 2022). This can be seen as a proxy for the accountability construct which the present study examined.

Antiracist Self-Efficacy

This present study evaluated how effective and confident white women counselors feel about their ability to be antiracist. Antiracist self-efficacy appears to be a newer construct, as evidenced by the fact that the first known instrument to measure antiracist self-efficacy was just published as of March 2023 (Anti-Racist Efficacy Scale or A-RES; Eschmann et al., 2023). The A-RES is straightforward, with two dimensions and four items total. The dimensions measure Competence in challenging racism and the perceived impact or belief that such actions to challenge racism will be effective. The first dimension (competence) was used in the present study as an independent variable for antiracist self-efficacy.

A few other instruments also exist, though none have been directly related to self-efficacy for antiracism. The Racialized Teaching Efficacy Scale (R. T. Knowles & Hawkman, 2020) was designed to determine K-12 educators' self-perceived ability and competence to implement antiracist teaching methods. The instrument tests for color-blind attitudes, though it does not attempt to measure antiracist attitudes, identity, or actions. To illustrate how the researchers conceptualized racialized teaching efficacy, a sample item from the nonracist dimension asks the respondents to rate their confidence in adopting a colorblind stance in the classroom. Another

dimension tested culturally responsive teaching, with a sample item asking them to rate their confidence in using the interests of their students to make learning meaningful. A sample item coded as antiracist asks the respondents to rate their confidence in examining the influence of whiteness in the course curriculum (R. T. Knowles & Hawkman, 2020). Their project also included the development of an instrument on racial fragility, and data from both instruments was evaluated together. This work is important in understanding teacher self-efficacy for antiracist teaching methods and could potentially be adapted for use in counselor education. Interestingly, the R. T. Knowles and Hawkman study was the only relevant result to come up in a targeted literature search using a Boolean phrase to combine search terms of variations of the keywords “antiracism” and “efficacy.” The lack of published literature on “antiracist self-efficacy” shows the need for further development of this research space, such as the present study hopes to do.

Prior research has identified obstacles that may exist in white people that may impact self-efficacy and prevent them from taking action towards antiracism. For example, Beatty (2022) tested an intervention designed to support white Americans in responding effectively when they witness a racist act. This study examined the emotions experienced by the 391 white participants and measured awareness of and ability to regulate their implicit bias. The intervention decreased the defensiveness of participants in the experimental group. However, the intervention was not found to influence the respondents’ reported ability to regulate their race-based bias, nor did it affect their motivation to learn more about bias and antiracist action (Beatty, 2022).

King et al. (2023) used a mixed-methods and experiential design featuring a six-month consultation group of practicing counselors to study affect and self-efficacy for antiracist action.

Their intervention included mindfulness practice and readings on race and racism. While the researchers found an increase in reported self-efficacy for action over time, the reported actions were more focused on knowledge acquisition such as reading, rather than skill or advocacy-oriented action such as community organizing (King et al., 2023).

Implicit bias in white people may also cause them to misinterpret the emotions of people of color. Research by Friesen et al. (2019) established that white individuals spend less time focusing on the eyes of Black individuals when they are in conversation and, because of that, are less likely to properly identify fake smiles from authentic smiles in Black conversational partners. The Black participants in their study were more accurate in perceiving the authenticity of smiles in white conversational partners, and the white participants were also more accurate with other white partners (Friesen et al., 2019).

Such implicit bias is also revealed in the results reported by Kang and Chasteen (2009), where participants judged a young Black man's face as angry more quickly than they judged a similar expression on a young white man's face, which the researchers attributed to the societal stereotypes of Black men being aggressive. Using brain scans, Watson and De Gelder (2017) found that white subjects showed differential brain activation when perceiving negatively categorized emotions in Black people as compared with similar negative emotions in white people. In other words, the white subjects in the Watson and De Gelder study processed emotional input differently when viewing a Black body expressing the emotion compared to a white body expressing it. If white counselors are misattributing anger in their Black clients' facial expressions based on the counselors' white fear, implicit bias, and such social stereotypes, real harm may be done in the counseling room, and the same is true in the classroom and other professional settings where white women counselors may be in positions of power.

Antiracist Accountability

As proposed in this study and by antiracist scholars, to create change in the racist systems in the United States, personal involvement by white people is needed (Helms, 2017; Sue, 2017). White people need to become agents of change; to do that they need to both feel capable and also have a sense of responsibility. The relationships between white racial affect, self-efficacy, and accountability are important to more fully understand. Antiracist accountability, or a personal commitment and taking responsibility for action on racism, is therefore the dependent variable in the proposed model.

Anecdotally, longtime antiracist activist Aal (2001) identified the challenges of moving white people from guilt to action, especially because it is common for white people to not feel any personal investment or urgency in the need for change around racist systems. White people may also feel that change is too difficult, which lets them foreclose on the idea that they themselves should take action (Aal, 2001). In developing an instrument to measure antiracist behaviors, Pieterse et al. (2016) similarly discussed the need for action on antiracism.

Shand-Lubbers (2021) identified “fortitude and a commitment to work through challenging emotions” (p. 153) as being required as part of the *awareness* phase in the development of an antiracist identity in white counselors. Further, Shand-Lubbers and Baden (2023) explicitly named accountability (along with taking action and inherent challenges) as an integral component to the later *manifestation: antiracist action* phase of developing an antiracist identity. These results further reinforce the need for the present study looking at antiracist accountability. Accountability and commitment are similar but different, and while accountability is the focus of this present study, both deserve to be discussed. In a qualitative study of social justice attitudes of faculty in counseling psychology programs, Taylor and

Trevino (2022) identified the theme of *personal commitment and responsibility*, which was defined as “a sustained *commitment* to equity, advocacy, and self-reflection” (p. 67; emphasis in original). They also emphasized the need to be dedicated to the work of social justice.

Connelly and Joseph-Salisbury (2021) asserted that antiracist scholar-activism is something that one *does* rather than something that one *is*. For the purpose of this study, the construct of accountability is about *action*, or more specifically, the *intent to act* as measured by the A-RES self-efficacy scale (Eschmann et al., 2023). Other aspects of accountability have been identified, such as an aspect of being mature. For example, from a mature perspective, being accountable means recognizing that modern racism exists. This is present in the work of philosopher Shotwell (2011), who characterized it as “calling [whiteness] to account” (p. 75). Related to this, Reid and Foels (2010) showed that cognitive complexity is necessary for this type of mature perspective.

Accountability may also be difficult to fully define. In her personal explorations of her own whiteness through a psychoanalytical historical frame, Sullivan (2006) wonders about unconscious processes and the imperative of accountability. For instance, “In the context of white privilege, my emphasis on the productivity of unconscious habit suggests not just the possibility of taking, but also the need to take, responsibility for racism. It demands that a person ask of herself: what kind of racial and/or racist world am I helping to produce?” (p. 90). Sullivan (2014) further emphasized the need for white people to make their own decisions in race-based situations rather than relying on people of color, stating that “White guilt often interferes with white people’s assuming that responsibility” (p. 129).

The connections between emotions around race and racism and responsibility have yet to be fully defined, though some researchers have offered findings. McConnell (2015) found that

white university students who were given a mindfulness-based intervention were more likely to experience lowered white racial affect of white shame and that this was connected with greater engagement in racial justice efforts. These results directly support the hypothesized relationships presented in the proposed model.

Rationale

The negative impact of white racial affect in reinforcing racism is profound. Researchers including Branscombe et al. (2007), Doane and Bonilla-Silva (2003), Liebow and Glazer (2023), and Schooley et al. (2019) have characterized these white racial affects as manifestations of modern racism and reinforcers of white supremacy: avoidance of racialized topics, denial that racism exists, and outsized reactions in white people to racial content that can shut down discourse. A clear consequence of the construct of white racial affect is that racist social systems are upheld: Those in power exert control, refusing to talk about the realities of racism when they are faced with it. This further illustrates the need to understand the inner workings of whiteness that can contribute to or complicate pathways for attitudinal change toward antiracist accountability in white people.

White women have been found to be more open and willing to understand their white privilege (Pinterits et al., 2009; Spanierman & Heppner, 2004). White women are more likely to endorse white empathy compared to white men (Spanierman et al., 2012). Spanierman et al. identified further gender-based differences in white racial affects: White women reported higher levels of white guilt and lower levels of white fear compared to white men. That study also reported that white women reported higher rates of white empathy and support for affirmative action than white men (Spanierman et al., 2012). Such results support the design of the current study to focus on white women as potentially experiencing white racial affect to different

degrees than white men. Given that white women comprise the majority of the counseling profession, combined with their greater openness to concepts of racism, means that there could be greater potential for change by focusing this study on women. Plus, white women counselors need to adopt an antiracist identity in order to interact from an antiracist critical consciousness with people of color (Freire, 1968/2014).

This research may contribute towards the practice of *critical emotional reflexivity* (Zembylas, 2014) or reflecting on one's own emotions, which can be deployed in counselor education as part of the analysis of education in power and privilege on the part of the white counselor trainee. In writing about white fragility, Ford et al. (2022) proposed that emotion regulation theory could be a key to supporting white individuals in becoming antiracist. Todd et al. (2010) recommended further research on race-specific affect as a potential contributor to diversity education by informing classroom interventions and assessments that can be used to evaluate and guide white students around their racialized reactivity. Spanierman and Heppner (2004), who created the Psychosocial Costs of Racism to Whites Scale which is one of the instruments to be used in the present study, identified very specific further work needed to include path analyses to understand variables that influence and are influenced by the PCRW constructs.

Emotions of whiteness have been under-researched, as described by Cabrera et al. (2016) who stated that most race-based research and analyses are done through a cognitive lens, looking only at the understanding of race or the transmission of knowledge of race to help white people change, rather than examining the emotional aspects of experiences of racism. The need for the present study is further indicated by new developments in antiracist research on self-efficacy,

such as the recent publication of the Anti-Racist Efficacy Scale (A-RES; Eschmann et al., 2023), which is the first known instrument to measure this construct of interest.

Of related note, Gibson et al. (2023) identified that certain identities in the counseling profession are elective or optional. The current research may help identify some of the barriers that prevent white practitioners from pursuing the elective professional identity of an antiracist counselor. Finally, Spanierman and Cabrera (2015) identified positive emotions of antiracism, including motivating anger, a desire to use white privilege for the oppressed, and joy experienced from greater connection with others. These emotions are out of scope for this research but offer positives as part of the journey towards an antiracist identity.

CHAPTER III: METHOD

Introduction to the Method

This study proposed and evaluated a conceptual model of four emotional and attitudinal factors that may promote or inhibit a construct of *antiracist accountability* in white women counselors (see Figure 1.1 in Chapter I). Understanding antiracist accountability may inform training methods for counselors to support their development of an antiracist professional identity (Shand-Lubbers & Baden, 2023). Three emotions that white people often experience when confronted with racialized content are part of the model: white guilt, white fear, and white anger (collectively referenced as “white racial affects” in this study). White racial affects are a class of emotions that tend to cause white people to experience defenses that lead to disengagement (Grzanka et al., 2020). As such, antiracist self-efficacy, which is a white person’s belief or self-confidence in their ability to take action for antiracism, is the fourth independent variable in the proposed model. The work of Bandura (1986) on self-efficacy indicates that perceived ability or confidence also influences the individual’s propensity to take action. The research question is: How do measures of white racial affect (comprised of white guilt, white fear, and white anger) and self-efficacy for antiracism relate to antiracist accountability in white women counselors in the United States?

Study Design

This descriptive nonexperimental quantitative study sought to describe and document the characteristics of the phenomenon as depicted in the proposed model of four emotional and attitudinal factors influencing antiracist accountability (B. Johnson, 2001). The study used established instruments to measure the variables that have been proposed as influencers of the dependent variable of antiracist accountability:

- White Guilt: The emotional experience of guilt and/or shame that white people report when confronted with the realities of current and/or historical racism and systems of oppression and the white person's unearned privileges (Grzanka et al., 2020; Spanierman & Heppner, 2004; Swim & Miller, 1999)
- White Fear: Socially conditioned fear and/or distrust reactions that white people report towards people of other races, with no known cause of the emotion except that the person is not white (Spanierman & Heppner, 2004)
- White Anger: An emotional reaction experienced by white people in response to content conveying the realities of racism, when the reaction demonstrates an alignment with people of color who are the victims; includes anger, depression, helplessness, sadness (Spanierman & Heppner, 2004)
- Self-Efficacy for Antiracist Action: The feeling of being capable of making an impact on racism in society (Eschmann et al., 2023)
- Antiracist Accountability: A sense of being responsible to act to change racism in society and/or work on one's own racial bias or prejudice (Shand-Lubbers & Baden, 2023)

Multiple linear regression modeling was used to explore the relationships of these four independent variables on the dependent variable of antiracist accountability (Creswell & Creswell, 2018). Multiple regression allows analysis of the existing of relationship and the strength of any such relationship between two or more independent variables (in this case, four) and a dependent variable (Creswell & Creswell, 2018). Multiple linear regression for this study was selected to determine whether the collected dataset offers support to the proposed model. The relationships between the variables in the dataset were evaluated based on their coefficients

(Creswell & Creswell, 2018). It was expected that a negative relationship would be found between each of the white racial affects and antiracist self-efficacy and that a positive relationship would be found between antiracist self-efficacy and antiracist accountability.

The principles of QuantCrit (Lynn & Dixson, 2013), which integrates critical race theory into quantitative research, were incorporated for checks and balances on the limitations and unknown biases that the researcher's own whiteness brought into the work. As part of that intentionality, the researcher captured personal notes through a process called *memoing* (Corbin, 2004), which was used as a researcher self-check and reflection to review the process of analysis from a meta perspective. Memos included a title and a date and focused on the analysis of the emerging concepts (Corbin, 2004). The memos are part of the research dataset and the themes from the memos are incorporated into the discussion of results in Chapter V.

Study Context

The study was conducted online only, with no intervention. It relied on participant self-reporting and was conducted electronically using SurveyMonkey software to administer the qualification screening and instruments. The participants completed a series of questionnaires comprised of a demographic dataset designed for this study and the instruments described below. The values marked as "required" forced participants to select a response based on the configuration of the fields when set up in the SurveyMonkey software.

Participants

The population included U.S.-born and/or U.S.-residing English-speaking participants who self-identify as women or female, self-identify as white, and professional identify as counselors, including counseling students, counselor trainees, pre-licensed counselors, practicing professional counselors, and counselor educators as long as they now practice or in the past have

practiced counseling under a state license. The intention behind limiting the sample to subjects who were born in and/or live in the United States is to examine the phenomenon of U.S. racism as it may be expressed in unconscious racialized patterns of cognitive and emotional response. White women from other countries may have experienced cultural conditioning differently than white women in the United States based on the racialized history of this country and thus may have different cognitive and emotional reactions to racialized content (Feagin, 2020).

An a priori power analysis was conducted to compute the required sample size using the G*Power software (Faul et al., 2009) for a one-tailed linear multiple regression with 0.95 power ($1 - \beta$ error probability) with four predictors. Based on those parameters, the required sample size was estimated at 53. Accordingly, a minimum sample of at least 60 respondents meeting the criteria of female, white, counselor, and over 18 were targeted.

Recruiting was done by email and social media invitations to participate sent to sources that included: ACA Community Connect for Counselors for Social Justice, listservs for therapist communities in California such as with specific CAMFT chapters that the researcher belongs to (these are largely LMFT and LCSW, not LPCC, though practicing counselors do also subscribe to these lists); the California professional association CALPCC listservs; the DIVERSEGRADS and COUNSGRADS listservs; through purchased access offered by certain state counseling associations; through the NARTIC professional organization of antiracist counselors; to the CESNET listserv for counselor educators. and to a listserv of alumni from the counseling program at Northwestern. Participants were offered an incentive to participate (drawing for \$50 Visa gift card).

Data Sources and Instrumentation

Demographic questions were on the following: gender, race/ethnicity, age, sexual orientation, relationship status, region, education, social class, religion, professional identity, and years of experience. Questions were optional, allowing the respondent to skip or enter a blank, except for the gender identity, racial/ethnic identity, and professional identity questions. Those three questions were required because the study population was counselors who self-identified as white women. Any respondents marking other identities were excluded from the subsequent data analysis, with the exception of possible racial identity answers written in the open-text field that were manually inspected to evaluate if the respondent identified as white.

The observed independent variables include three continuous variables derived from the ordinal items measuring white racial affects as assessed by the Psychosocial Costs of Racism to Whites (PCRW; Spanierman & Heppner, 2004). Subscale validity was tested against an established instrument measuring color-blind racism, and in a separate study for confirmatory factor analysis, against an established measure of positive and negative emotions which showed that the white racial affects are unique constructs and not already established emotions. Prior research showed that each subscale of the PCRW has evidence for internal reliability, as noted below. The subscales have been shown to have 2-week test-retest reliability, indicating that white racial affects are stable over time. The PCRW has been widely adopted in studies of whiteness in counseling. Permission to use the instrument was received via email from first author Dr. Spanierman on 11/1/2023.

The PCRW (Spanierman & Heppner, 2004) has three subscales, each using a Likert scale of 1 to 6 scored in a positive direction from *strongly disagree* on the left to *strongly agree* on the right:

1. WTGUILT from White Guilt subscale (five items, such as “Sometimes I feel guilty about being white”); the scores generated from the dataset collected during original instrument development demonstrated internal reliability via Cronbach’s alpha of .73.
2. WTFEAR from White Fear of People of Other Races subscale (five items, such as “I am distrustful of people of other races”); the scores generated from the dataset collected during original instrument development demonstrated internal reliability via Cronbach’s alpha of .63.
3. WTANGER from White Empathic Reactions Toward Racism (six items which, despite the name of the subscale, all pertain to negative states including anger and helplessness, with items such as “I am angry that racism exists”); the scores generated from the dataset collected during original instrument development demonstrated internal reliability via Cronbach’s alpha of .78.

The researchers developing the PCRW (Spanierman & Heppner, 2004) stated that the instrument does not have a total score, and recommended using only the subscores, which was done in the present study.

The observed mediator variable, self-efficacy for antiracist action, was measured by SELFEFF from The Anti-Racism Efficacy Scale (A-RES; Eschmann et al., 2023) which is a four-item instrument with subscales for competence in challenging racism, and impact or belief that the respondent’s actions will cause change. The instrument uses a 4-point Likert scale arranged in a negative direction, with *agree strongly* on the left and *disagree strongly* on the right. Because this is scored opposite to the scoring of the other two instruments, additional instructions were included at the top of this survey’s page, with an attention check added as the first question (“Please respond to this item by marking the option ‘Agree strongly’”). Eschmann

et al. reported that during initial development, the A-RES was administered to subjects of diverse backgrounds which revealed an expected and understandable statistically significant difference based on racial identity, with whites endorsing self-efficacy at lower rates than subjects identifying as Asian, Black, or Latinx. Test-retest reliability and item validity were not evaluated in the initial development of the instrument. Permission to use was received from first author Dr. Eschmann on 12/4/2023.

The observed outcome variable, antiracist accountability, was measured by ACCOUNT from Subscale 1 Willingness to Confront Racism of the White Privilege Attitudes Scale (WPAS; Pinterits et al., 2009), which was modified to test antiracist accountability by substituting “racism” instead of “white privilege” in the wording of the items. Sample item: “I accept responsibility to change racism.” The WPAS subscales have been identified as measuring distinct constructs and so may be used independently without requiring the whole instrument to be administered. This instrument has been widely used in research on whiteness, with evidence for item validity demonstrated in initial instrument development through coefficient alpha of .93 on Subscale 1, as well as for test-retest reliability (Pinterits et al., 2009). Subscale 1 Willingness to Confront Racism has 12 items. The instrument uses a 6-point Likert scale that is scaled in a positive direction, with *strongly disagree* being on the left and *strongly agree* being on the right. This instrument is available for use in educational purposes without permission (Pinterits et al., 2009).

All the items on all instruments were configured as *required* in SurveyMonkey, such that the participant had to provide an answer to each one in order to complete the study. If the participant chose to opt out after beginning the study, they could do so at any time by discontinuing answering the questions and exiting the SurveyMonkey browser window.

Data Collection

Recruitment of participants was done by email invitations describing the research as proposing a model of THE relationship of emotions to antiracist attitudes, identifying it as part of requirements to earn the doctoral degree, naming advisor, describing IRB approval, defining participant qualifications (18 years of age or over, identify as female, identify as white, professionally identify as counselor of any status including student or pre-licensed, English speaking), naming risks and benefits, with a link to the informed consent as the first step of the survey on SurveyMonkey. The informed consent included instructions that participants could opt out at any time by closing their browser window.

The link took them to informed consent and screening for qualifications. If they met qualifications, they were presented with the demographic form with questions that were mostly optional in order to not discourage participation. Then, the instruments were presented to the participants. After completing the instruments, a debriefing statement was displayed to offer self-care resources in case the survey generated discomfort in the respondent. That final screen also included an invitation to optionally disclose their email address to be entered in the drawing for the gift card incentive, which was managed through a separate system for respondents to enter an email address that was not associated with their research data.

Data Analysis

Statistical analyses were carried out using the open source R statistical programming language, version 4.3.3 (R Core Team, 2024), and the RStudio integrated development environment, version 2023.12.1 Build 402, by Posit Software (Posit Team, 2023). The data analysis phase was supported through consultation with statistical experts to verify that the methods used were appropriate based on factors including data types, sample size, and

relationships between the variables that were being tested. In the first step of data analysis, demographic information was reported out using descriptive statistics on the participant attributes (e.g., age, geographic region, social class, etc.). A count of fully complete submissions was compared to counts of submissions where optional data was not included in order to investigate any possible patterns where participants chose not to self-disclose. It was expected that participants might choose not to disclose much about themselves beyond the required questions due to the sensitivity that some may have about discussing race, even in an anonymous survey. Summary statistics (mean, standard deviation, etc.) were calculated on each of the variables in the model, with a correlation to the dependent variable (accountability) calculated for each of the four independent variables (white guilt, white fear, white anger, antiracist self-efficacy).

Pearson's correlation coefficients were calculated to test relationships between measured variables. It was expected that the independent variables of white racial affect (white guilt, white anger, white fear) would show relationships that have been reported in other studies using the PCRW instrument. Further, it was expected that inverse relationships would be shown between each of those three variables and antiracist self-efficacy. Linear regression techniques were used to analyze the effects of the four variables upon the dependent variable. Sample parameters limits such as regression coefficients were estimated (Hoyle, 2012). The model was then evaluated against the collected data for fit to assess whether the variances identified in the model as proposed were found in the variances within the observed data. Under guidance of an expert statistician, post hoc analyses were conducted to further examine the mediating effect as proposed in the model, along with a re-specification process to refine the model based on the relationships revealed in the observed data. Interpretation of the results proceeded from there

based on what the data showed. The planned linear regressions to test the relationships are modeled as follows.

Regression Model 1

- Outcome: Antiracist Accountability
- Predictors: White anger, white guilt, white fear, antiracist self-efficacy

$$\text{antiracist accountability} = b_{01} + b_1 (\text{white anger}) + b_2 (\text{white guilt}) + b_3 (\text{white fear}) + b_4 (\text{antiracist self-efficacy})$$

Regression Model 2

- Outcome: Antiracist accountability
- Predictors: Self-efficacy

$$\text{antiracist accountability} = b_{02} + b_4 (\text{antiracist self-efficacy})$$

Ethical Considerations

This research is intended as an advocacy effort to support a greater understanding of antiracist identity development within counseling. The researcher adhered to the principles defined for participant protection in the American Counseling Association Code of Ethics (2014) Section G.1. Research Responsibilities. Further, this study was conducted in alignment with the Counselors for Social Justice Code of Ethics (Counselors for Social Justice, 2020) Section D: Research. These ethical guidelines were tended to in this research by protecting research participants, obtaining informed consent, and engaging with the community being researched. Those standards in the CSJ Code are written to protect research subjects holding marginalized identities from research exploitation, and they also apply as good standards of research practice, even in this research focusing on members of the dominant culture. Participant identity was protected through a fully anonymized data collection process; any disclosure of identifying

information was limited to the optional submission of an email address for the purpose of the study gift card raffle, and that data was kept separate from the participant submission; informed consent was solicited through the recruitment email, and also initial acceptance of participation; risks to the participants were estimated at low; participants could opt out at any time by discontinuing their participation. Because of that possible emotional activation during the study, participants were reminded at the outset that they could end their participation at any time by closing out of the browser window and were also offered resources for support at the conclusion of the experience.

CHAPTER IV: RESULTS

This chapter reviews the results of the analysis undertaken, including data validation and clean-up. It provides information about the sample collected and an assessment of how the data fits the assumptions for the modeling methods used. The chapter also discusses researcher decisions around outliers and presents the findings of how the data fit the proposed model.

Demographic Information

A total of 149 responses were collected from January 4 and February 12, 2024. The dataset was evaluated for missing values and incomplete submissions to confirm that the respondent data fit the inclusion criteria. Three completed submissions were excluded because they failed the attention check. The attention check was implemented because the last instrument had a reversed scale from the previous two instruments (*agree strongly* on the right instead of on the left). Plus, 17 submissions were found to be incomplete. Five of the incomplete entries were because the questionnaire design caused study termination after the demographics section for respondents who did not meet the study criteria. An additional five respondents voluntarily exited the survey after the demographic questions, at the point where the first instrument began, exiting on the question “When I hear about acts of racial violence, I become angry or depressed” (Spanierman & Heppner, 2004) which they left blank. Four other respondents voluntarily exited at the beginning of the third instrument, with the question, “I plan to work to change our unfair social structure that promotes racism” (Pinterits et al., 2009). Please see Chapter V for a discussion of these patterns. After excluding these 17 incomplete submissions, the dataset was comprised of 129 responses. The answers to demographic questions on the remaining responses were examined to confirm that each met the study criteria. All the respondents indicated an age of 18 or older, so none were excluded based on the criteria of age. All qualifying and complete

responses indicated they had lived in the United States, so none were excluded on this basis either.

On the demographic question for racial identity, respondents could either choose from a set of answers or alternatively provide their own write-in response. This allowed participants to specify their racial identity and still complete the study. The racial identity question was implemented this way because a list of pre-defined answers cannot encompass the full range of identities that an individual may hold, and yet that person may still qualify for the study based on how they describe themselves. It was expected that some of these write-in answers would indicate a qualifying response and some would indicate a disqualifying identity. The responses of the four respondents who gave a fill-in alternative for the racial identity question were evaluated. These responses included identities of “Asian” and “Jewish,” with some also including a “white” identity. None indicated an answer that could be interpreted in a way that definitively showed that the respondent identified solely as white. For consistency in applying standards, all four of these responses with self-identified racial identities were excluded, resulting in a dataset of 125 observations. Chapter V provides further discussion on this decision.

The remaining responses were examined against the study criteria that required that participants hold the identity of counselor. Because of recruiting sources and snowball sampling, mental health practitioners holding a range of professional identities responded to the recruitment invitations. The resulting dataset included complete responses from ten social workers, three psychologists, and 53 marriage and family therapists. Because enough counselors had responded to meet the sample size requirement, all responses outside of counselor were excluded from the dataset. Per study design, counselor educators were qualified to participate if they currently or

previously held a mental health counselor license in any state. Therefore, the dataset was limited to respondents who identified as either counselor (53) or counselor educator (11).

The sample is homogeneous by design in terms of race and gender, though respondents held a variety of other identities, as shown in Table 4.1. Demographic questions not specific to the study criteria were made optional on the survey questionnaire resulting in the following:

- Four respondents answered “Prefer not to say” on the sexual affiliation question.
- Two respondents answered “Prefer not to say” on the relationship status question.
- Four respondents answered “Prefer not to say” on the social class question.
- Six respondents answered “Prefer not to say” on the religion question.

These skipped responses were found to be almost entirely independent of each other, meaning that if a respondent skipped a question, they skipped that question only and not multiple questions. Only one of the above respondents skipped two questions. This means that most respondents provided answers to almost all the demographic questions and were apparently not reluctant to share personal data about themselves, which had been expected might occur with a study on racism, which some white people are sensitive to. An optional question asked if respondents identify as trans. Although this was optional, all respondents in the final sample answered and responded with “No.” One respondent who answered “Yes” to the trans question was prevented from completing the full study because they did not answer “woman or female” to the question asking for gender identity, which was a strict inclusion criterion based on study design. Therefore, based on responses, the sample includes only cisgender women.

The complete observations meeting the study criteria of white women over 18 in the United States who are counselors resulted in a total sample of $N = 64$, which met the a priori power analysis minimum of 53. Because the incomplete submissions were excluded, this sample

of observations from the 64 participants was all complete, and no missing values replacement procedures were needed.

Table 4.1*Demographic Information of the Sample*

| Characteristics | Category | Frequency (%) |
|-------------------------------|--------------------------|---------------|
| Professional identity | Counselor | 53 (83%) |
| | Counselor educator | 11 (17%) |
| Professional years practicing | 0–1 | 15 (23%) |
| | 2–4 | 14 (22%) |
| | 5–8 | 10 (16%) |
| | 9–15 | 15 (23%) |
| | 16–24 | 7 (11%) |
| SES | Working class | 5 (8%) |
| | Lower middle class | 18 (28%) |
| | Upper middle class | 38 (59%) |
| | Upper class | 2 (3%) |
| Age | 18–24 | 3 (5%) |
| | 25–34 | 15 (23%) |
| | 35–44 | 24 (38%) |
| | 45–54 | 16 (25%) |
| | 55–64 | 6 (9%) |
| Highest education completed | Bachelor's degree | 9 (14%) |
| | Master's degree | 40 (62%) |
| | Doctorate degree | 14 (22%) |
| Relationship status | Single | 8 (12%) |
| | Dating | 4 (6%) |
| | Domestic partner | 11 (17%) |
| | Married | 36 (56%) |
| | Separated | 1 (2%) |
| | Divorced | 3 (5%) |
| | Widowed | 1 (2%) |
| | Other | 2 (3%) |
| Sexual identity | Bisexual | 8 (12%) |
| | Gay | 1 (2%) |
| | Lesbian | 1 (2%) |
| | Queer | 7 (11%) |
| | Pansexual | 3 (5%) |
| | Heterosexual or straight | 41 (64%) |
| | Undecided or exploring | 1 (2%) |
| Other | 2 (3%) | |

Factual Reporting of the Project Results

Instrument Scoring to Construct Variables

After validating that the dataset ($N = 64$) was complete, the responses were scored based on the instructions for each respective instrument. Each scale included reverse-scored items, which were calculated accordingly. This instrument scoring generated the five variables to be used for analysis in the proposed model. The calculations of instrument scores included a specific transformation to generate the SELFEFF variable. The Anti-Racist Efficacy Measure (A-RES; Eschmann et al., 2023) instrument is scaled such that lower numbers mean higher levels of self-efficacy. Following the standard outlined in Eschmann et al., the items were rescored to result in higher scores indicating higher self-efficacy. The Self-Efficacy subscale of the A-RES is used for the SELFEFF variable in the present study; the Impact subscale of the A-RES is not used and so the subscale score was not calculated.

Descriptive statistics, including means, standard deviations, minimums, maximums, ranges, and standard errors are provided in Table 4.2 for the respective variables: White Anger (WTANGER, which is the calculated White Empathy subscore from the PCRW; Spanierman & Heppner, 2004). White Guilt (WTGUILT, which is the calculated White Guilt subscore from the PCRW); White Fear (WTFEAR, which is the calculated White Fear subscore from the PCRW); Antiracist Self-Efficacy (SELFEFF, which is the calculated Self-Efficacy subscore from the A-RES; Eschmann et al., 2023); Antiracist Accountability (ACCOUNT, which is the modified Confronting White Privilege subscale from the White Privilege Attitudes scale; Pinterits et al., 2009).

Table 4.2*Descriptive Statistics*

| Variable | Mean | Std dev | Median | Min | Max | Range | Skew | Kurtosis | Std err |
|----------|------|---------|--------|------|------|-------|-------|----------|---------|
| WTANGER | 5.29 | 0.55 | 5.50 | 3.50 | 6.00 | 2.50 | -0.95 | 0.72 | 0.07 |
| WTGUILT | 3.68 | 1.12 | 3.70 | 1.20 | 5.80 | 4.60 | -0.33 | -0.48 | 0.14 |
| WTFEAR | 1.90 | 0.60 | 1.80 | 1.00 | 4.00 | 3.00 | 1.17 | 1.63 | 0.08 |
| SELFEFF | 3.34 | 0.45 | 3.50 | 2.00 | 4.00 | 2.00 | -0.38 | -0.01 | 0.06 |
| ACCOUNT | 5.46 | 0.59 | 5.62 | 2.83 | 6.00 | 3.17 | -1.91 | 4.99 | 0.07 |

Pearson's correlation coefficients were calculated to test basic two-way relationships between measured variables. The correlation to the dependent variable (Antiracist Accountability) was calculated for each of the four independent variables (White Anger, White Guilt, White Fear, Antiracist Self-Efficacy), as shown in Table 4.3.

Table 4.3*Pearson Correlations Between Study Variables*

| Variable | Mean | Std dev | WTANGER | WTGUILT | WTFEAR | SELFEFF |
|----------|------|---------|---------|---------|--------|---------|
| WTANGER | 5.29 | 0.55 | | | | |
| WTGUILT | 3.68 | 1.12 | .17 | | | |
| WTFEAR | 1.90 | 0.60 | -.02 | .11 | | |
| SELFEFF | 3.34 | 0.45 | .23 | .00 | -.33 | |
| ACCOUNT | 5.46 | 0.59 | .42 | .19 | -.39 | .62 |

However, this does not fully describe relationships because there is no information to be inferred on directional relationships in this correlation matrix; we only see the one-to-one direct relationships and cannot evaluate interactions or more complex effects. The correlations do

indicate that antiracist self-efficacy has a pronounced impact on accountability (Pearson's coefficient of 0.62), which was explored further through additional analysis.

Consistency Checks

Coefficient alpha measures internal consistency, or how closely related a set of items is as a group. Cronbach's alpha of the WPAS instrument responses was calculated on the sample observations. This was indicated due to the substitution of wording from white privilege in the original items of the validated WPAS instrument to the term racism in the current study. The sample shows internal consistency. Cronbach's alpha calculated on the ACCOUNT dependent variable, which is a subscore of the White Privilege Attitude Scale, of $.9 > .7$ indicates internal consistency of the data collected. These results show that responses to items in the WPAS instrument are internally reliable, even with the modification to the wording of the instrument made in the design.

Cluster Analysis

The following practices were set out by previous researchers who have used the Psychosocial Costs of Racism to Whites instrument (PCRW; Spanierman & Heppner, 2004), including Spanierman et al. (2012). Cluster analysis was done on the observations to further validate the final sample. Cluster analysis is a way for insights about groupings of the data to be revealed through statistics. *K*-means cluster analysis was selected to be in alignment with previous studies (Spanierman et al., 2012). *K*-means cluster analysis does not pre-define the number of clusters (*K*). The number of clusters was determined using the *K*-means function in base R, which identifies the optimal number of clusters using the total within the sum of squares. This analysis supported the use of five clusters, which matches other findings for PCRW data (Spanierman et al., 2006, 2012). From there, the *K*-means clustering function was run using the

optimal value for K of 5. The mean of the variables in each cluster was then compared against a quantile distribution for the respective variables to identify whether that cluster's mean represented a high, moderate, or low score compared to the sample. Table 4.4 shows how the sample of 64 observations was grouped. The group names are those defined by Spanierman et al. (2006) in their study that was designed to examine such groupings for the PCRW instrument (Spanierman & Heppner, 2004).

Table 4.4

Cluster Group Membership

| Group | White anger | White guilt | White fear |
|--|-------------|-------------|------------|
| A: Insensitive and afraid ($n = 4$) | Moderate | Moderate | High |
| B: Unempathic and unaware ($n = 12$) | Low | Low | Low |
| C: Empathic but unaccountable ($n = 26$) | Moderate | Moderate | Low |
| D: Fearful guilt ($n = 6$) | Low | High | High |
| E: Informed empathy and guilt ($n = 16$) | High | High | Moderate |

The cluster analysis of the present sample was not identical to those of other researchers using the PCRW (Spanierman & Heppner, 2004). However, just as Spanierman et al. (2012) reported on their dataset, the clusters and distributions are similar enough to give confidence in the dataset collected.

Linear Regression Analysis

Linear regression techniques were used to examine relationships between the variables (Creswell & Creswell, 2018). Linear regression is a parametric technique which means that it is suitable for data from a population that fits a normal distribution. Two linear models were identified before data collection:

- Regression Model 1, $\text{ACCOUNT} \sim \text{SELFEFF} + \text{WTANGER} + \text{WTGUILT} + \text{WTFEAR}$
- Regression Model 2, $\text{ACCOUNT} \sim \text{SELFEFF}$

Assessing Modeling Assumptions

The dataset was examined to confirm it meets the assumptions of linear models, specifically to confirm the dataset comes from a normally distributed population, to ensure the independent variables are not collinear, to examine the homogeneity of covariances, and to confirm the independence of participants (Ernst & Albers, 2017; Flamez et al., 2017). The assessments for meeting model assumptions were done by looking at diagnostic plots of the sample data (Anscombe, 1973) and by examining statistical measures of normality. The histograms of the distribution of values for each of the five variables in the model were visually inspected. This showed that all variables followed a normal distribution except for the dependent variable ACCOUNT, which was left-skewed, having a higher frequency of observations at the upper end of the range of possible values. This is not unexpected because the ACCOUNT data is an interval measure (the mean) that is derived from ordinal data (numeric values assigned to the Likert-type questions). From there, to understand whether the sample meets the assumptions for linear methods, the pairwise correlations were examined, and a linear regression on the sample was run with the equation $\text{ACCOUNT} \sim \text{WTANGER} + \text{WTGUILT} + \text{WTFEAR} + \text{SELFEFF}$. The results of this model were examined using diagnostic plots generated by R.

Linearity and Independence of Variables. Collinearity between variables can indicate that they are not independent. To determine if the dataset is appropriate for standard linear regression, the Pearson correlations reported in Table 4.3 were examined. None of the three white racial affect independent variables showed significant correlations with each other (all

coefficients $< .2$), though a moderate negative correlation was demonstrated between White Fear and Antiracist Self-Efficacy ($-.33$).

Normality of Residuals. In order to test if the sample comes from a normally distributed population, the residuals of the planned linear regression equation were examined using the Shapiro-Wilk test. The null hypothesis of a Shapiro-Wilk test is that the sample has been generated from a normal distribution. The chosen alpha level was $.05$. The results of the Shapiro-Wilk test on the residuals from the linear model formula were with a p -value of $.24$. Because p -value $< .05$ then the null hypothesis is rejected, which would indicate that the sample comes from a non-parametric population. However, in consultations with a statistics expert, the diagnostics plots from the linear regression were examined, and it was determined that parametric analysis was appropriate despite this Shapiro-Wilk statistic. Further, as laid out by Williams et al. (2013) in describing how regression is a robust method: “the assumption of normally distributed errors is not required for multiple regression to provide regression coefficients that are unbiased and consistent, presuming that other assumptions are met” (p. 3). This is further supported by Ernst and Albers (2017) who described misconceptions in psychology research and cautioned researchers against unnecessarily discarding linear regression when the assumptions are misunderstood, which would mean that the power of this method is forfeited in favor of less-ideal options. In this case, the other assumptions for linear methods do appear to be met, per the following discussion, which is intended to provide transparency into how the data were analyzed and decisions made for moving forward with the planned methods.

Heteroscedasticity. The diagnostics plots were examined for heteroscedasticity and were reviewed with the statistical consultants, who determined that they were within normal limits. A function in the R performance package that conducts a Breusch-Pagan test was used to check

heteroscedasticity for the linear regression equation, which returned the result that error variance appears to be homoscedastic based on the calculated p -value of .11.

Independent Observations. Participant independence can be evaluated in quantitative research based on examining sampling methods (Flamez et al., 2017). Those methods used in the present study, as outlined in Chapter III, involved voluntary participation by those recruited into the study. Each participant engaged independently and anonymously, which supports the assumption of independence. Independent observations are another critical assumption for linear methods to produce unbiased results, as Ernst and Albers (2017) described, and this assumption is met in this sample.

Conclusions on Meeting Model Assumptions. The diagnostics and test statistics used to examine the sample data were not definitive, and the statistical consultants provided input into the assessment of assumptions on whether the data is parametric and therefore suitable for linear regression. Even though the Shapiro-Wilk test indicated that residuals were not normally distributed, the plots still visually indicated relationships between the observations in the dataset that warrant further attention. Ernst and Albers (2017) stated that consequences for not meeting the assumption of non-normal residuals are less severe in the regression output. Therefore, the original plan to use linear regression was followed.

This assessment identified possible outliers that could impact analysis. These were examined in conjunction with the assessments on whether the sample met model assumptions. The evaluation of these outliers, including the decision on how to handle them, is described next.

Outliers. The diagnostic plots showed possible outliers. Further analysis to calculate distance from the mean identified two influential observations on the ACCOUNT variable, with

one of these identified as extremely influential. Analysis was then conducted using recommendations from Aguinis et al. (2013) on how to handle outliers in linear regression. Using a flowchart of steps, the identified observations were manually inspected for evidence that they resulted from errors in data input. Characteristics of the participation were examined. For example, the start times and end times for study completion were similar to other observations, so there is no indication that the respondents sped through without actually reading the items, such as might occur with a participant interested in finishing quickly solely in order to enter the raffle. In addition, both observations had correct answers to the attention check. The outlier identified as extremely influential on the ACCOUNT variable in the R function output was within Cook's distance and was identified as needing further evaluation. The outlier not identified as extremely influential was deemed part of the sample with no further action needed. Continuing with the options offered by Aguinis et al. (2013) for evaluating outliers, the impact of this extremely influential observation was evaluated by re-running the same linear regression equation of the four independent variables regressed against ACCOUNT, with and without the observation. The presence of this extremely influential observation does impact the model in meaningful ways. Notably, including the observation indicates stronger relationships between most of the variables, as shown in the snapshot output of both models in Table 4.5.

Table 4.5

Comparisons of Linear Regression Results With and Without Outlier, ACCOUNT ~ WTANGER + WTGUILT + WTFEAR + SELFEFF

| Variable | Full sample | Without outlier |
|-------------|--------------------|--------------------|
| (Intercept) | 1.948** | 2.819*** |
| WTANGER | 0.299** | 0.201 ⁺ |
| WTGUILT | 0.087 ⁺ | 0.069 |
| WTFEAR | -0.246* | -0.217* |
| SELFEFF | 0.623*** | 0.527*** |
| Num. Obs. | 64 | 63 |
| R^2 | .536 | .396 |
| Adj. R^2 | .504 | .354 |
| AIC | 76.3 | 68.6 |
| BIC | 89.3 | 81.5 |
| Log. Lik. | -32.159 | -28.316 |
| F | 17.006 | 9.506 |
| RMSE | 0.40 | 0.38 |

⁺ $p < .1$, * $p < .05$, ** $p < .01$, *** $p < .001$

As shown in Table 4.5, the adjusted R^2 of .504 in the sample with the outlier included, compared to .354 when the outlier was omitted, indicates that the regression model is a better fit when the outlier is included. This indicates that including the outlier increases the explanatory power of the model where more of the variation of the dependent variable ACCOUNT (antiracist accountability) around its mean is reflected. Further, this analysis was reviewed with two statistical experts who both cautioned against removing data from a sample without clear justification, which they advised was not present given these assessments. Based on those

recommendations, combined with the researcher's knowledge of this subject area, this observation was determined to likely be an accurate representative of the population under study and deserved to be included.

Linear Regressions

Based on the assessment that the sample is parametric, linear regression techniques were used to analyze the effect of the four variables upon the dependent variable. Sample parameter limits such as regression coefficients were estimated (Hoyle, 2012). Per the original study design, two linear regressions were run, with results shown in Table 4.6 and Table 4.7. The models were evaluated against the collected data for fit to assess whether the variances identified in the model as proposed are found in the variances within the observed data.

Regression Model 1

Table 4.6

Linear Regression, ACCOUNT ~ WTANGER + WTGUILT + WTFEAR + SELFEFF

| Term | <i>b</i> * | <i>SE</i> | <i>t</i> | <i>p</i> | 95% CI |
|-------------|------------|-----------|----------|-----------|----------------|
| (Intercept) | 1.95 | 0.65 | 2.98 | .004** | [0.64, 3.26] |
| WTANGER | 0.30 | 0.10 | 2.98 | .004** | [0.10, 0.50] |
| WTGUILT | 0.09 | 0.05 | 1.81 | .075 | [-0.01, 0.18] |
| WTFEAR | -0.25 | 0.09 | -2.66 | .010* | [-0.43, -0.06] |
| SELFEFF | 0.62 | 0.13 | 4.86 | < .001*** | [0.37, 0.88] |

p* < .05, *p* < .01, ****p* < .001

First, the four independent variables were regressed against the dependent variable. A linear model (estimated using ordinary least squares, or OLS) was fitted to predict ACCOUNT with WTANGER, WTGUILT, WTFEAR and SELFEFF (formula: ACCOUNT ~ WTANGER + WTGUILT + WTFEAR + SELFEFF). As shown in Table 4.6, the model explains a statistically

significant and substantial proportion of variance ($R^2 = .54$, $F(4, 59) = 17.01$, $p < .001$, adj. $R^2 = .50$). The model's intercept, corresponding to WTANGER = 0, WTGUILT = 0, WTFEAR = 0, and SELFEFF = 0, is at 1.95 (95% CI [0.64, 3.26], $t(59) = 2.98$, $p = .004$). Within this model:

- The effect of WTANGER is statistically significant and positive (beta = 0.30, 95% CI [0.10, 0.50], $t(59) = 2.98$, $p = .004$; Std. beta = 0.28, 95% CI [0.09, 0.46]).
- The effect of WTGUILT is statistically non-significant and positive (beta = 0.09, 95% CI [-0.01, 0.18], $t(59) = 1.81$, $p = .075$; Std. beta = 0.16, 95% CI [-0.02, 0.35]).
- The effect of WTFEAR is statistically significant and negative (beta = -0.25, 95% CI [-0.43, -0.06], $t(59) = -2.66$, $p = .01$; Std. beta = -0.25, 95% CI [-0.44, -0.06]).
- The effect of SELFEFF is statistically significant and positive (beta = 0.62, 95% CI [0.37, 0.88], $t(59) = 4.86$, $p < .001$; Std. beta = 0.47, 95% CI [0.28, 0.66]).
- Standardized parameters were obtained by fitting the model on a standardized version of the dataset. A Wald t -distribution approximation was used to compute 95% confidence intervals (CIs) and p -values.

Regression Model 2

Table 4.7

Linear Regression, ACCOUNT ~ SELFEFF

| Term | b^* | SE | t | p | 95% CI |
|-------------|-------|------|------|-----------|--------------|
| (Intercept) | 2.73 | 0.45 | 6.13 | < .001*** | [1.84, 3.63] |
| SELFEFF | 0.82 | 0.13 | 6.18 | < .001*** | [0.55, 1.08] |

*** $p < .001$

A linear model (estimated using ordinary least squares) was fitted to predict ACCOUNT with SELFEFF (formula: ACCOUNT ~ SELFEFF). As shown in Table 4.7, the model explains a statistically significant and substantial proportion of variance ($R^2 = .38$, $F(1, 62) = 38.16$, $p < .001$, adj. $R^2 = .37$). The model's intercept, corresponding to SELFEFF = 0, is at 2.73 (95% CI [1.84, 3.63], $t(62) = 6.13$, $p < .001$). Within this model:

- The effect of SELFEFF is statistically significant and positive (beta = 0.82, 95% CI [0.55, 1.08], $t(62) = 6.18$, $p < .001$; Std. beta = 0.62, 95% CI [0.42, 0.82]).
- Standardized parameters were obtained by fitting the model on a standardized version of the dataset. A Wald t -distribution approximation was used to compute 95% confidence intervals (CIs) and p -values.

The stronger effect seen on the predictor variable ACCOUNT in the second model with only SELFEFF as an independent variable (Table 4.7) indicates that one or more of the white racial affects is responsible for some of the effect on ACCOUNT. Based on comparison of outputs of these two regressions, the presence of the three white racial affects is shown to account for 25% of the influence of self-efficacy on the dependent variable of antiracist accountability. This is calculated as the difference in the coefficient estimate for SELFEFF when regressed as the only independent variable against ACCOUNT of 0.82 in Linear Regression 2 (Table 4.7), compared to the coefficient estimate for SELFEFF of 0.62 in the model that includes the three white racial affect independent variables in Linear Regression 1 (Table 4.6). The test statistic of adjusted R^2 of .504 for the full model that includes the white racial affects directly influencing the dependent variable is further evidence of improved goodness-of-fit (compared to adjusted R^2 of .371 when only self-efficacy is regressed against accountability as shown in Table 4.7). To further evaluate which of the independent variables impacts the regression model

and examine a possible mediator effect, variable selection techniques in multiple regression and stepwise regression were conducted.

Variable Selection

Variable selection involves using statistical methods to examine the impact of including or excluding variables in a linear regression (Zhang & Wang, 2017). Table 4.8 shows the results of this analysis on evaluating possible regression models for ACCOUNT, where a 1 in the column for an independent variable indicates that that variable was included in the output. These results reflect that the model with all the independent variables (WTANGER, WTGUILT, WTFEAR, and SELFEFF) directly regressed against ACCOUNT has the best-fit statistics of any other combination of the four independent variables, with the highest adjusted R^2 at .54, and the lowest Mallows' statistic (cp) at 5.0, which Zhang and Wang identified as assessments for fit. These fit measures indicate that even WTGUILT, which in other analyses shows a non-statistically significant effect and a small coefficient value, is contributing to the model.

Table 4.8

Variable Selection Output

| SELFEFF | WTANGER | WTGUILT | WTFEAR | R^2 | Adj. R^2 | cp | BIC | RSS |
|---------|---------|---------|--------|-------|------------|-------|--------|-------|
| 1 | | | | .38 | .37 | 18.63 | -22.38 | 13.64 |
| 1 | 1 | | | .46 | .44 | 10.46 | -27.09 | 11.88 |
| 1 | 1 | | 1 | .51 | .48 | 6.29 | -28.97 | 10.81 |
| 1 | 1 | 1 | 1 | .54 | .50 | 5.00 | -28.28 | 10.24 |

Stepwise Regression

This type of regression is used to identify which of the independent variables contribute to the dependent variable by iteratively adding variables and evaluating the results of the model. AIC is the Akaike information criterion, which is a goodness-of-fit measure when used to

compare to another model; a smaller AIC is preferable to a larger one. A forward stepwise regression was performed on the sample, with results as shown in Table 4.9 that based on AIC scores also indicate that all four of the independent variables contribute to the predictive ability of ACCOUNT.

Table 4.9

Stepwise Regression, Analysis of Variance (ANOVA)

| Step | Df | Deviance | Resid. df | Resid. dev | AIC |
|----------|------|----------|-----------|------------|---------|
| | | | 63.0 | 22.04 | -66.23 |
| +SELFEFF | -1.0 | 8.40 | 62.0 | 13.64 | -94.92 |
| +WTANGER | -1.0 | 1.77 | 61.0 | 11.88 | -101.79 |
| +WTFEAR | -1.0 | 1.07 | 60.0 | 10.81 | -105.83 |
| +WTGUILT | -1.0 | 0.57 | 59.0 | 10.24 | -107.31 |

Including White Guilt Improves Model Fit. As part of analysis done through testing variations of the model, WTGUILT was initially removed, as the high p -value and small coefficient estimate for this variable in the linear regression model seemed to indicate that it was not an influence. However, despite the low coefficient estimate for WTGUILT, which does not reach the level of statistical significance based on p -value $> .05$, the analysis shows that the presence of this independent variable plays a role in the model. When the independent variable of white guilt was removed, and the multiple regression was re-run, the adjusted R^2 goodness-of-fit measure went down, which indicates that despite the limited influence of the white guilt variable, it still adds to the model. This indicates a few possibilities, that perhaps WTGUILT may be a confounding variable that has an interaction effect on the other independent variables and/or the dependent variable, or as described below in the next section on mediation analysis,

that SELFEFF is serving as a suppressor on WTGUILT which then allows the influence of WTGUILT to be detected when both are present. These possibilities are discussed more fully in Chapter V.

Identification of Mediating Relationship With Linear Regression

The linear regressions establish that all three white racial affects are directly influencing the dependent variable of antiracist accountability. Further analysis examined the possible presence of a mediating effect of antiracist self-efficacy as depicted in the proposed model. The proposed mediating effect looks at the role of antiracist self-efficacy influencing the white racial affects on antiracist accountability indirectly (i.e., that the effects of the emotions on antiracist accountability may be mediated by antiracist self-efficacy). Following consultation with statistical experts, and using techniques recommended by Hayes (2022), a manual comparison of ordinary least squares linear regression outputs was made to further assess these possible interrelationships.

Per the methods established by Hayes (2022), a linear regression was run to examine the relationship of the three white racial affects to antiracist accountability without the mediator of antiracist self-efficacy included ($ACCOUNT \sim WTANGER + WTGUILT + WTFEAR$). Then, another linear regression was run to establish that the three white racial affects are directly associated with self-efficacy ($SELFEFF \sim WTANGER + WTGUILT + WTFEAR$). A third linear regression was run to examine whether the direct effect of the three white racial affects on antiracist accountability decreased when self-efficacy was included ($ACCOUNT \sim SELFEFF + WTANGER + WTGUILT + WTFEAR$), which would establish a mediating role for self-efficacy. The results are shown in Table 4.10 and described below.

Table 4.10*Linear Regression Outputs*

| Variable | ACCOUNT~WTANGER +WTGUILT+WTFEAR | SELFEFF~WTANGER +WTGUILT+WTFEAR | ACCOUNT~WTANGER+ WTGUILT+WTFEAR+ SELFEFF |
|-------------|------------------------------------|------------------------------------|--|
| (Intercept) | 3.704*** | 2.817*** | 1.948** |
| WTANGER | 0.414*** | 0.184 ⁺ | 0.299** |
| WTGUILT | 0.087 | 0.000 | 0.087 ⁺ |
| WTFEAR | -0.395*** | -0.238** | -0.246* |
| SELFEFF | | | 0.623*** |
| Num. Obs. | 64 | 64 | 64 |
| R^2 | 0.350 | 0.159 | 0.536 |
| Adj. R^2 | 0.317 | 0.116 | 0.504 |
| AIC | 95.9 | 76.2 | 76.3 |
| BIC | 106.7 | 87.0 | 89.3 |
| Log. Lik. | -42.931 | -33.097 | -32.159 |
| F | 10.752 | 3.768 | 17.006 |
| RMSE | 0.47 | 0.41 | 0.40 |

⁺ $p < .1$, * $p < .05$, ** $p < .01$, *** $p < .001$

These results indicate the mediating effect of SELFEFF on two of the three white racial affects, white anger, and white fear. With SELFEFF in the model, the direct effect of WTANGER decreases to beta 0.30 (compared to 0.41 without SELFEFF), with a still-significant p -value. Similarly, with SELFEFF in the model, the direct effect of WTFEAR on ACCOUNT also decreases to -0.25 (from -0.40 without), with the p -value still significant. Because of this, SELFEFF appears to be explaining part of the relationship between both WTANGER and ACCOUNT and between WTFEAR and ACCOUNT, as a mediator variable.

WTGUILT is nuanced: When SELFEFF is in the model, the direct effect of WTGUILT on ACCOUNT stays the same. However, this reported effect is not statistically significant without SELFEFF in the model, and the effect only approaches statistical significance when SELFEFF is included in the model. However, WTGUILT has no association with SELFEFF when those relationships are modeled separately. This suggests more complex relationships, such as that perhaps SELFEFF may be acting as a suppressor variable with WTGUILT. A suppressor variable is one that increases the predictive validity of another variable by its inclusion in a regression equation. Again, including WTGUILT does appear to improve the quality of the model, as suggested by the results of the forward stepwise regression and variable selection methods referenced earlier which showed the lowest Akaike information criterion (AIC) score when WTGUILT is included with the other independent variables. Despite the low direct effect of WTGUILT that the linear regression showed, there is reason to include it based on the current sample, given these further analytical results.

Summary of Results

The linear regression analysis conducted on the dataset collected for this study corroborated the relationships identified in the proposed model. The data show a large effect of antiracist self-efficacy on antiracist accountability and that white fear and white anger have both direct and apparent indirect effects on accountability. White guilt also appears to influence accountability, though the paths for this relationship indicate the possibility of confounding factors. Antiracist self-efficacy appears to be a mediator acting on white anger and white fear, and it may be a suppressor of white guilt. These results demonstrated a good fit between the data and the model, suggesting that the hypothesized relationships among the variables were supported by the empirical evidence. This confirmation validates the proposed model's ability to

explain the underlying structure of the data and sets the foundation for further analyses to explore the intricacies of these relationships.

CHAPTER V: CONCLUSIONS

This study proposed a model of relationships between specific emotions and attitudes around racism that may be experienced by white women counselors, which impact their accountability for being antiracist. The emotions studied are the white racial affects of white fear, white anger, and white guilt, plus the attitude of self-efficacy around antiracism. The study examined the hypotheses that the three white racial affects are negatively correlated with antiracist self-efficacy and that antiracist self-efficacy is positively correlated with antiracist accountability. This research was necessary because these emotions and attitudes experienced by white women counselors may either contribute to or interrupt the oppressive effects of everyday racism that BIPOC clients and counselors continue to experience in interpersonal interactions in society and in the counseling profession (Andrews, 2013; Branco & Bayne, 2020; Green et al., 2023; Shillingford et al., 2022; Vaishnav & Wester, 2023).

The results confirmed three of the four hypothesized relationships of the proposed model by showing that white fear and white anger were connected to self-reported levels of antiracist self-efficacy and antiracist accountability. One hypothesized relationship proposed in the model, between white guilt and antiracist accountability, was not found in the data at a statistically significant level. This chapter discusses the implications of the elements of the model, including how these emotions and attitudes of racism may contribute to or inhibit the development of an antiracist identity in white women counselors (Shand-Lubbers & Baden, 2023). Possible pathways towards change in the culture of the counseling profession and the practice of counseling are offered, focusing on ways to increase self-efficacy for antiracism, which in turn can influence accountability for antiracism. A discussion of how this model might be used in counseling, counselor education, and social justice advocacy is provided.

Interpretation of Data

This research showed that two of the white racial affects in white women counselors, white fear and white anger, are connected to antiracist attitudes in two ways: through the participants' perception of their ability to act for antiracism (antiracist self-efficacy) and to their sense of responsibility to act for antiracism (antiracist accountability). The results failed to reject one null hypothesis, H_{0a} , which proposed that White guilt has no significant indirect effect on antiracist accountability through antiracist self-efficacy as a mediator. The remaining three of the four null hypotheses in this study were rejected, leading to the acceptance of three of the alternative hypotheses. These results largely confirmed the proposed model as originally conceptualized: White racial affects do influence self-efficacy for antiracism, and self-efficacy for antiracism does influence antiracist accountability.

The study revealed significant relationships between two of the three white racial affects (white fear and white anger) and antiracist self-efficacy, and a strong positive relationship between antiracist self-efficacy and antiracist accountability. As expected, white fear showed a negative relationship to the outcome variable of antiracist accountability. White anger showed a positive relationship to antiracist accountability. The influence of white guilt was small and did not meet statistical significance. The independent variables measuring these three white racial affects (white guilt, white anger, white fear) showed similar relationships to each other that have been reported in other studies using the Psychosocial Costs of Racism to Whites instrument (Poteat & Spanierman, 2008; Spanierman et al., 2006; Spanierman & Heppner, 2004). The overall results are meaningful, as these confirmed alternate hypotheses offer insights into the experience of racial affect in white women counselors that may support new ways of thinking and acting on the realities of racism. Understanding the emotional experience of white women

counselors around antiracism can be an avenue for targeted educational interventions in counselor education.

Theory and Research

White Fear

The white racial affect showing the largest influence on antiracist accountability is white fear. The analysis revealed a negative relationship of white fear both directly on antiracist accountability and indirectly through the mediator of antiracist self-efficacy. For higher levels of white fear, the model showed lower levels of antiracist accountability at statistically significant levels. This relationship was predicted in the proposed model and is in alignment with similar studies looking at levels of white fear in attitudes around racism. To experience self-efficacy and accountability, it is necessary to be willing to engage with racism, and white fear can shut down that ability. Race-based fear has been associated with avoidant behaviors on race, such as in a study by Conger et al. (2011), who also reported higher levels of such racialized fear in white participants compared to those who identified as Black, Hispanic, or Asian. Lensmire (2010) focused their interviews on white subjects from different generations and found no difference in race-based avoidance behaviors based on age, though Keramidas (2021) found a reduction in white fragility correlated with older subjects. Despite finding gender-based differences in other white racial affects Spanierman et al. (2012) reported similar levels of white fear for both white men and white women. Keramidas (2021) found no differences in white fragility based on gender. Such findings show that white fear is specific to white people, with little within-group differentiation based on other identity factors.

The items on the PCRW (Spanierman & Heppner, 2004) subscale to measure white fear focuses on the lack of trust, safety, and security felt by the white respondent around people of

other races. The first status in the Helms (1990) White Racial Identity Model, called Contact, is exemplified by a lack of awareness of racism in the white individual and is characterized by limited experiences with people of other races, which may contribute to fearful attitudes. Such attitudes can also be reinforced for white members of U.S. society through the perpetuation of racial stereotypes in the media, such as violent crimes committed by people of color featured prominently on television news stories. Mistrust and lack of understanding can also result from the insulated experience of white people living only among other whites, which is common in the United States. This was exemplified by Victor Lewis, a Black man who participated in a group discussion of race in the documentary *Color of Fear* by Lee (1994), when he spoke about the discomfort of white people when race is brought up, saying to a white participant, “You haven’t gotten in proximity of Black people because you don’t have to.” The segregated lives of many white people in the United States, where they have limited exposure to those of other cultures, may be perpetuating fear-based attitudes in some white women counselors, which showed up in the results of this study.

The accepted discourse in social justice circles even underscores the fear factor: It is common for university classrooms to profess to be a “safe space” when talking about race, which by its very nature implies that there is something unsafe or fear-inducing in the topic. As Leonardo and Porter (2010) wrote in their essay weaving in Fanon’s theory of violence in the context of critiquing public racial discourse: The space must be made safe for whom? Talking about race in college and community settings is often harmful to people of color because of the way that white racial affects of anger and fear can be weaponized, yet it typically is the rights and feelings of the white individuals in the room that are being protected with the assertions of making the space “safe” (Leonardo & Porter, 2010).

This study's findings also mean that the inverse relationship is true: lower levels of white fear were associated with higher levels of antiracist accountability. While this study did not seek to identify causal relationships, the association in these findings invites examination of possible ways to support white counselors in understanding these fears and lowering their experience of fearfulness around race. Ganesh (2020) reported on how white rage is an infectious quality in social media posts, meaning that posts from the political right that induce anger at immigrants and minorities tend to be promoted easily through reposts, likes, upvotes, and comments. Even more powerfully spread are those that invoke fear of violence against white women perpetrated by non-white minorities. Such cultural messages instilling fear of black men, especially, can be traced through American media over the past century or more. For example, the silent film *Birth of a Nation*, which came out in 1915 and has been named "the most racist movie ever made" (Rampell, 2015) based on its depictions of Black men attempting to rape white women and its crass characterizations of people who were formerly enslaved. Anti-Black propaganda using fear-based messages of threat of harm to "pure" white women has been effective at promoting racism in U.S. society since the beginning of this country. The results from Ganesh (2020) indicate the power of white fear to serve the status quo and recruit white individuals to the political right. That research reinforces the findings of the present study, where greater levels of white fear are associated with lower levels of antiracist accountability.

Intentionally focusing educational interventions on naming and exploring the phenomenon of white fear in white counselors may support the process of developing an antiracist identity. Shand-Lubbers and Baden (2023) identified the importance for white counselors to have significant relationships with people of color as part of the counselors' development of an antiracist identity. Contact with those of different cultures in integrated

settings can facilitate greater familiarity, which can work against the cultural stereotypes often acquired by white people and reduce distrust and acquired race-based fearfulness.

White Anger

The study confirmed hypothesis H_{1c} that white anger affects antiracist accountability through antiracist self-efficacy as a mediator. The results showed a moderate positive relationship between white anger and antiracist self-efficacy and a direct effect from white anger to antiracist accountability. Participants who endorsed higher levels of white anger based on answers to the PCRW instrument also self-reported higher levels of antiracist self-efficacy and higher levels of antiracist accountability. Another study using the same PCRW instrument found a complementary result with the influence of white anger. Todd et al. (2010) described how the white subjects who lacked white anger reported distress after being asked to talk about being white, whereas subjects who did endorse white anger had less or no distress from the intervention. Todd et al. (2010) identified white empathy as a moderator that was associated with less emotional activation. This indicates a positive or protective effect for white people in being able to respond to the realities of racism with attitudes that may promote antiracism. Those who demonstrated higher levels of empathy towards other races were less likely to be triggered when confronted by race-based questions, i.e., when their white racial equilibrium was interrupted (Drustrup et al., 2022).

The moderately strong and positive relationship shown between white anger and antiracist accountability in this study reinforces the impacts reported elsewhere by showing that feeling angry that racism exists is associated with attitudes of responsibility to take action. As measured in this study, the construct of white anger can be characterized as anger at injustice. This invites consideration of the ways in which the emotion of justified anger can be harnessed

towards the development of an antiracist identity in counselors. In their qualitative study of social justice identity development in counselors, Dollarhide et al. (2016) identified a common thread around witnessing oppression that led to increased awareness of social justice issues in participants, which has parallels with the construct of white anger used in the present study as being a reaction to such injustice.

An important reminder is that the “white anger” studied in the present research is distinct from the white racial affect of *white rage*, which can involve defensiveness, indignation, and even aggression towards people of color by the white individual, often generated by the perceived threat of losing power or dominant status in society. In the case of the present study, white anger, as measured by the PCRW (Spanierman & Heppner, 2004), involves a sense of anger at the existence of racism. In this way, white anger in this research can be understood as a distressing experience; however, it is also one that the findings show is connected to the positive development of antiracist attitudes.

White Guilt

The influence of white guilt in the proposed model is not definitive. White guilt had a very small positive relationship to antiracist accountability, which approached but did not meet the threshold of statistical significance set by the study design. Yet, when a post-hoc analysis was conducted where the regressions were re-run with white guilt omitted from the model, the goodness-of-fit measures deteriorated. This indicates that the presence of white guilt in the model could explain some of the variance in antiracist accountability in the sample because the statistical measures of model quality worsened when white guilt was removed. This suggests that the impact of white guilt on antiracist accountability is more complex than the simple linear regression could capture.

One possible explanation for the influence of white guilt on antiracist accountability is that its effect is confounded by factors not accounted for in the present model, such as interactions between white guilt and other white racial affects. Another example of such a confounding effect is illustrated by the apparent role of antiracist self-efficacy as a mediator. As established in the analysis in Chapter IV, when antiracist self-efficacy is incorporated as an independent variable in the linear regression along with the three white racial affects, the small effect of white guilt on antiracist accountability approaches statistical significance. If the three white racial affects are evaluated as independent variables with antiracist self-efficacy excluded, the impact of white guilt on antiracist accountability fails to meet the threshold of significance. While not definitive, this indicates that a possible interaction between these variables may be at play, such that the presence of antiracist self-efficacy, where an individual feels more capable of acting antiracist, then white guilt may be associated with an increase in attitudes of antiracist accountability.

A re-examination of prior studies offers insights to help explain these possible confounding effects. For example, in their validation of their PCRW instrument, Spanierman and Heppner (2004) saw higher levels of white guilt being associated with greater knowledge of institutional racism. They wondered if that might mean that white guilt would be connected with more accountability for racism because increased knowledge of racist oppressions can be a motivator for taking action towards antiracism. That type of connection to action would be expected to show up in the present study as a positive linear relationship between white guilt and antiracist accountability. However, that positive linear relationship may have been tempered by a negative influence, as indicated by other studies, such as the observation by Swim and Miller (1999) that white guilt is associated with more judgmental attitudes towards other white people.

Those researchers discussed the possibility that these judgmental feelings from white guilt may inhibit antiracist action. If such opposing effects were at play in different participants of the present study, they could largely cancel each other out when the linear relationship between white guilt and antiracist accountability were examined, and yet the presence of white guilt in the model would still be relevant when evaluating the impact on antiracist accountability.

Spanierman et al. (2008) discussed similar contradictory results. Their study reported a similar mean for the white guilt subscale as the present study did, and they wondered if there might be an “optimal level of guilt” (p. 86) that would be associated with a healthy awareness of white privilege and a propensity for taking action. These ideas require further study, but they support the justification of keeping white guilt in the model that was tested in the present research.

Other possible explanations for the role of white guilt come from a study by Poteat and Spanierman (2008), who conducted further validation of the PCRW on a population of employed white adults and compared results to the original validation of the instrument done on white college students. The analysis showed that the white guilt subscale of the PCRW was not as definitive in its measure of that construct as the other two white affects measured by the PCRW when used with employed adult subjects. They advised caution in evaluating the results of responses to the white guilt subscale, noting that participants from different populations may interpret the items differently. The mixed results reported by Poteat and Spanierman (2008) led them to suggest that the PCRW White Guilt subscale should be revised for use beyond the population of white college students upon which the original scale development had been based. That recommendation had not been noted prior to selecting the PCRW White Guilt subscale for use in the present study. These issues noted by Poteat and Spanierman (2008) about the white

guilt construct could have contributed to a confounding effect of white guilt on antiracist accountability that was revealed in the present study's results.

Grzanka et al. (2020) captured potential causes of mixed results on a measure of white guilt based on how this affect might be experienced quite differently in different individuals, saying that it could be associated with behaviors of antiracism, or it might result in the individual withdrawing into a defensive posture that prohibits antiracist actions. These same mixed consequences may be at play in the results of this research. It is also possible that white guilt and white shame are not sufficiently differentiated in the instrument used in this study. In the philosophical discussion of types of implicit knowledge connected with race, Shotwell (2011) asserted that white guilt is useless to motivate change, while white shame can inspire action due to its association with misbehavior and as an other-focused emotion, as a possible precursor to other-focused empathy (Iyer et al., 2003).

Another white racial affect that relates to guilt is white negation, proposed by Grzanka (2010) and measured by the White Racial Affect Scale (WRAS; Grzanka et al., 2020). White negation is defined as the defensive experience of deflecting or externalizing blame for one's own culpability in a racist act. During the initial construction of the WRAS instrument, ambiguous results were reported for white negation compared to white guilt. Their results indicate that white guilt is a complex racial affect and this complexity may be showing up in the present study, where the impact of white guilt on antiracist accountability was not demonstrated, and yet white guilt seems to still be playing a role in the overall model as proposed, based on the statistical measures of model fit.

These current findings differ from prior research on other populations, where a direct relationship between white guilt and a similar measure of antiracist accountability was observed.

In a study of male and female college students surveyed during the development of the White Privilege Attitudes Scale on which the present research was based. Pinterits et al. (2009) found a strong positive relationship between the subscale “Willingness to Confront White Privilege” and the same White Guilt measure on the Psychosocial Costs of Racism to Whites (Spanierman & Heppner, 2004). Again, this could be an aspect of the differing populations in the respective studies, as white college students were the subjects of Pinterits et al. (2009) work, as compared to white counselors in the current research. While the results in the two studies are not directly comparable based on the different populations, it is worth noting some differences. The mean for White Guilt was much higher in the sample used in the present study than in the Pinterits et al. (2009) research (in this study, 3.68 out of a possible total score of 6.0, compared to 2.52 in the latter), though standard deviations were similar. Although the present study results did not establish a statistically significant relationship between white guilt and antiracist accountability within the model as proposed, there are reasons to suspect possible confounding effects with white guilt, which deserve further exploration in the role it may play on developing antiracist attitudes.

Antiracist Self-Efficacy

The strongest relationship identified in the model was the positive correlation of antiracist self-efficacy with antiracist accountability. This can be understood intuitively that a sense of competence in one’s skills would be needed to feel that one can make a difference in working towards antiracist advocacy. This strong positive relationship between self-efficacy and accountability supports the idea that it is necessary for white women counselors to feel capable of change to also engage a sense of responsibility for change. Conversely, when feeling ill-

equipped or lacking self-efficacy around antiracism, then lower levels of personal accountability for change are expected.

The mediating effect of antiracist self-efficacy on race-based emotions in white women counselors demonstrated in Chapter IV is also meaningful. These results show that higher levels of antiracist self-efficacy will blunt or soften the negative impact of white fear on antiracist accountability. This means that when antiracist self-efficacy is included in the model, it appears to moderate the effect of white fear on antiracist accountability. Self-reported levels of antiracist accountability do not decrease as much due to white fear when antiracist self-efficacy is included. While causal effects cannot be determined from this study alone, these findings are intriguing as they suggest that self-efficacy around antiracism either gives white women counselors the ability to manage the fearfulness or to operate in spite of experiencing the fear and not let fear deter them from attitudes of accountability for antiracism.

An opposite effect is observed in the data with white anger and antiracist self-efficacy, which makes sense when understanding the difference in these two constructs: When self-efficacy is included in the model, the positive relationship between white anger and antiracist accountability weakens somewhat, and less of the change in antiracist accountability can be attributed to the influence of white anger. One possible interpretation of this is that white anger can be a motivator for antiracist accountability, yet given greater levels of self-efficacy around antiracism, lower levels of white anger can influence the same amount of change in attitudes toward accountability. In other words, these results appear to be saying that without feeling capable (holding the attitude of antiracist self-efficacy), participants needed to have higher levels of white anger before that emotion is associated with a shift in attitude of accountability for

antiracism when self-efficacy is not incorporated. When antiracist self-efficacy is part of the picture, then somewhat lower levels of white anger are needed to trigger accountability.

This shift makes intuitive sense, especially with the reminder that the construct of white anger measured in this study captures feelings of anger about racism rather than the construct of white rage, which involves anger expressed towards people of color. The results indicate that in the absence of the effect of antiracist self-efficacy, higher levels of white anger are needed to influence accountability for antiracism. The individual would need to feel *more* anger about racism for a commensurate level of accountability when antiracist self-efficacy is not in the mix. Self-efficacy is in a mediating role where it offsets the need for greater white anger to generate attitudes of accountability.

The star of the story, however, is antiracist self-efficacy and its influence on antiracist accountability. The white racial affects of white fear and white anger both play an important part in attitudes toward accountability. However, the most meaningful takeaway from the findings is the strong positive relationship between antiracist self-efficacy and antiracist accountability. When examining pathways for change in the inequities that still exist within the counseling profession, teaching tools for advocacy around racism that help white women counselors feel capable of effecting change needs to be emphasized.

Antiracist Accountability

The results of this study showed that emotions do influence accountability for antiracism, both separately and through the mediator of antiracist self-efficacy. Given that white individuals continue to occupy dominant positions of power in U.S. society and the counseling profession, this understanding of emotional influences on antiracist accountability is noteworthy, particularly white fear. Helping white counselor trainees and practicing counselors examine their fears of

other races may be a useful educational intervention in building greater capacity for antiracist action.

At the same time, the results warrant further discussion based on some surprises. The white women counselors in this study self-reported higher than expected scores on the antiracist accountability measure (median 5.63 and mean of 5.46 out of a total possible score of 6, with standard deviation of 0.59). These results were surprising and suggest either that social desirability and impression management may have played a part in respondents' answers or that the instrument may not be accurately measuring the construct of antiracist accountability. Logically speaking, since most of the counseling profession is comprised of white women, if the average score for that population on antiracist accountability is so high, we would expect that actions to change racism would be much more common, and racism would be on its way to being eradicated, at least within the systems of counseling and counselor education. As established in Chapter I, this is not the case. A variety of possibilities are available to try and explain these results.

Social desirability and impression management within research can occur when respondents choose answers that they believe will help them maintain their reputation in the eyes of the researchers (Holtgraves, 2004). This phenomenon can occur even in anonymous studies such as this one (Lelkes et al., 2012). This study did not control for these possibilities, which may have resulted in skewed results of a higher average score compared to reality. Poteat and Spanierman (2008) did not find any correlations between socially desirable responses and the PCRW subscales in their own work. However social desirability may still have been a factor in this study in the other constructs of antiracist attitudes.

An aspect of the white racial affects under study called white denial may also have contributed to skewed participant self-report on their levels of antiracist accountability. While some respondents may have unconsciously reported higher levels of accountability, others in the dataset did not: The outlier observation reflects a candid self-assessment of a participant acknowledging low engagement with antiracism, who, for example, answered *strongly agree* to the question “I have not done anything about racism.” Still, the high average of the antiracist accountability measure from the sample is curious. When considering accountability for antiracism, further work can be done on identifying what that means in practice for white women counselors.

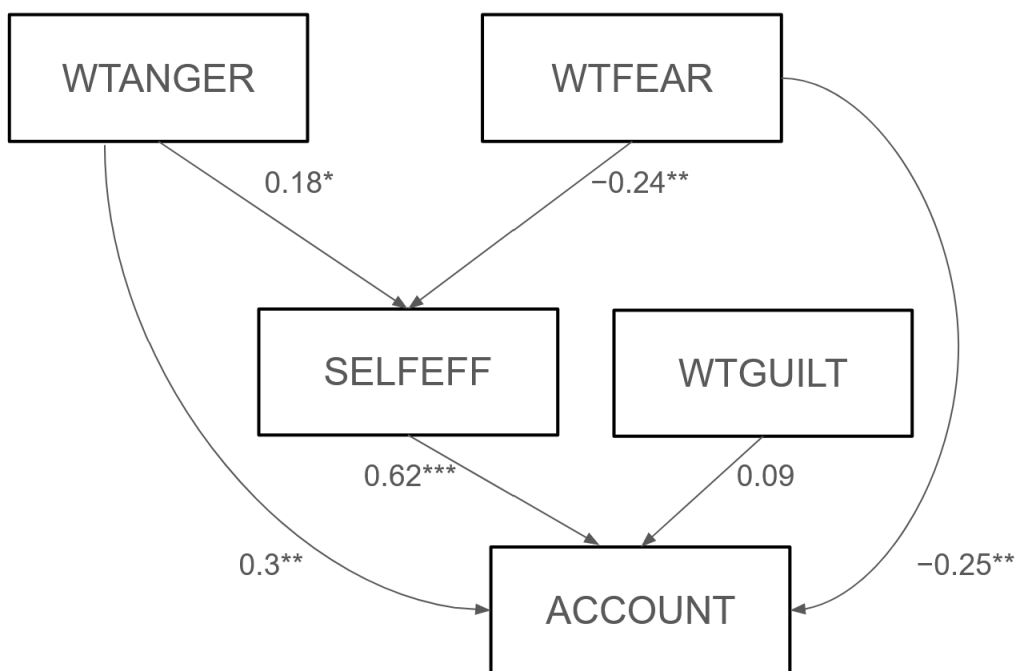
Many well-meaning white counselors may claim to be antiracist allies. However, as discussed by Sue (2017), being an ally is not a label one can don. It requires action combined with continual self-reflection. Accountability to make social change is part of allyship. Antiracist accountability also involves becoming educated on microaggressions and learning how to interrupt them when they are occurring. Calling attention to these emotional responses of white racial affects can support the necessary self-reflection, which is part of the development of a social justice identity (Gibson et al., 2023) and an antiracist identity (Shand-Lubbers & Baden, 2023), both of which require a sense of personal accountability towards action. Citing the need articulated by Carter et al. (1988) that research on racial issues be used for change, Spanierman and Poteat (2005) outlined how understanding white peoples’ reactions to racism is necessary to dismantle racism. The current research shows how those emotional reactions may influence accountability, which is a necessary attitude to hold for white people to be willing to use their racial privilege to bring change.

Confirmed Model

Figure 5.1 shows the model based on the results from this study.

Figure 5.1

Confirmed Model



* $p < .05$, ** $p < .01$, *** $p < .001$

Implications for the Counseling Profession

Counselors and clients of color can be vulnerable to harm when white racial affects are activated in a white individual. These emotions generated by a racial challenge can draw attention to the white person and concurrently deny or negate the experience of the person of color in favor of the experience of the white person who feels victimized. In this way, the emotions of the white person are unconsciously being used as a means of social dominance or control of the narrative (DiAngelo, 2011; Drustrup et al., 2022).

In an essay and case study illustrating these mechanisms, Accapadi (2007) described how white people are socially conditioned to unconsciously weaponize their emotions and shut down

discourse. This can occur if, for example, a white person commits a microaggression against a person of color, and the microaggression is named. The white person may react with defensiveness, denial, and argument, elevating the interaction into conflict, even though they were the original aggressor. In this scenario, the white person becomes the victim, claiming they were unjustly accused. White women may react with a heightened emotional response, including crying, which has been dubbed “white women’s tears” in work by Brazaitis (2004), Liebow and Glazer (2023), and Spanierman et al. (2012). Such emotional reactions displayed by those holding dominant or privileged social status create an environment where the oppressed are socially punished when racialized topics show up (Accapadi, 2007; Brazaitis, 2004). This becomes a layer of social norms that reinforce systems of oppression because the emotions of white people are prioritized and centered in such a way as to prevent racism from being even talked about. At the same time, because white people do not experience this type of everyday racism, they tend to minimize or deny that it occurs at all (Dix & Devine, 2024). These are examples of social reinforcement of the white racial affects, such as white fear.

These white racial affects can be seen as experiential manifestations of implicit bias. Friesen et al. (2019) showed how implicit bias may cause white people to misinterpret facial expressions of people of color, at least in part due to a tendency of white people to not look Black people in the eye. The tendency of a white individual to avoid eye contact with a Black conversational partner may be connected to the white racial affect of white fear as studied in the current research. These possibilities were reinforced by work by Watson and De Gelder (2017) that showed how emotional input in white people is processed differently when perceiving a Black individual compared to a white individual. Kang and Chasteen (2009) found that facial expressions by young Black men were more likely to be labeled as angry compared to similar

expressions by young white men. Such findings show the potential for the affect of white fear to be caused by social conditioning.

A fledgling area of research called Critical Emotion Studies (Winans, 2012) proposes to use the emotions around race intentionally as a means to move through racism and into antiracist praxis. Zembylas (2014) recommended critical emotional reflexivity, or self-confrontation on emotional experience to generate change, as part of teacher education in learning about power. Zembylas suggested combining that skill of self-reflection with the critical examination needed to understand social relationships, especially using emotional experience as the grounds for this examination.

Based on the results of this study where connections between both white fear and white anger were established with antiracist accountability, I propose a practice named *reflexequity*. This new term captures the idea that reflexivity, or even self-confrontation as Zembylas (2014) characterized it, is a necessary practice deployed by a white individual to challenge themselves when race-based emotions are experienced. This type of reflexivity practice is intended to explore the cause of the emotion and understand its origins. When understanding the emotion, it may be defused, and greater understanding can also facilitate the possibility of self-empowerment for change. Such a practice around race and whiteness offers potential for the white individual operating from an internal understanding of equity rather than subject to the de facto cultural conditioning of white privilege that creates a bubble of nonawareness for many white individuals.

Another takeaway from this study can be found in the unexpectedly high self-reported scores by the white women counselors on antiracist accountability. The average score in the sample was 5.46 out of a possible 6 points, which indicates that the participants rate themselves

as highly accountable to act in changing unjust and racist systems. Assuming the sample is representative, and nothing in the analysis indicated otherwise, then this can be interpreted as saying that the counseling profession overall, comprised of white women in the majority, considers itself to be antiracist. If that were true, then the field would not be majority white. The profession of counseling would show greater diversity at all levels, and counselors, trainees, and counselor educators of color would not report experiences of systemic and interpersonal racism to the extent that they do. The white women making up the counseling profession are invited to investigate the degree to which we are acting on antiracism professionally and interpersonally and see what more we can do for true accountability in our field.

Implications for the Practice of Counseling

Ongoing self-education on positionality and personal identity is an important part of professional competency for counselors, and white counselors need to be aware of how their white racial identity may interfere with the work they do with clients of other racial and cultural identities. Of the three white racial affects in this study, white fear showed the most prominent negative influence on antiracist attitudes in the participants. If a white counselor experiences race-based fear in the counseling setting, it is easy to guess how their ability to serve the client could be impacted. Leaning on work by Drustrup et al. (2022), white women counselors need to be aware of how any disruption to their felt racial equilibrium may be disorienting and how those emotions may generate responses that would be self-serving to them in restoring the equilibrium yet would be potentially damaging to the client.

White counselors could be taught to tune into their emotions around race. In this way, white racial affects, especially white fear, may be instrumental in helping white counselors understand their own implicit bias. The very nature of implicit bias means that it is difficult for

the individual to detect in themselves. However, an experience of fear calls attention; it is unpleasant and disruptive and causes the individual to find ways to mitigate it or dispel the stimulus of it. White counselors can be educated on how white racial affects operate and even be trained to welcome an experience of fear or dysregulation as an opportunity for inquiry. White fear may be a surface-level experience that indicates that implicit bias is operating unconsciously. In such a way, the white racial affect can become opportunities for self-reflection and, as offered in this work, to develop the quality of reflexequity.

If emotions are not met with inquiry, then white counselors are at risk for unintentional harm. The dangers to clients of color through misunderstood and poorly managed white racial affects are real. Evidence shows that white people often misinterpret the emotions of people of color (Friesen et al., 2019; Kang & Chasteen, 2009; Watson & De Gelder, 2017). This can result in mal-attunement with the client, even progressing to a rupture of care, or in more extreme cases, can literally cause physical harm. If a client of color becomes agitated during a session with a white counselor, the white counselor may “weaponize” their privilege as a way of managing their own fear, resulting in the counselor potentially inappropriately calling the police for a mental health hold on the client. A disproportionate number of police homicides are committed against Black people (Chaney, 2015), so it can be literally life-threatening to a person of color when a white person reacts to their race-based emotions in this way. This is one way that race-based inequities are reinforced socially, and it is often caused by the emotions of whiteness. White fear (in this example, white rage) can literally put the safety of people of color at risk.

Another example showing the implications in counseling of potential negative impacts from white racial affect and implicit bias can be seen in the phenomenon that children of color are disproportionately represented in foster care (Summers et al., 2012). This is a multicausal

issue representative of systemic racism in the United States (Brennan, 2020), yet it also implies the possibility of disproportionate reporting of families of color into the child welfare system by mandated reporters such as counselors (Bruster et al., 2019). If white counselors and other mental health practitioners are unaware of their bias, they may act in ways that harm those carrying less social status and privilege. Emphasizing how white racial affects as clues to understanding underlying bias may be helpful in giving such counselors more tools to act through an antiracist lens in everyday situations that come up in the practice of counseling. The direct relationship between white fear and antiracist accountability shown by this study implies that a white counselor experiencing that fear may have difficulty acting from an advocate stance in one-on-one context with a client of color. Increasing counselor self-awareness of how white racial affects operate can be a pathway to increasing white counselor skill in working effectively with clients of other cultures.

Implications for Counselor Education and Training

As advised by scholars including K. F. Johnson et al. (2022) and Rothman et al. (2012), counselor education programs need to openly discuss whiteness as a cultural phenomenon as part of the work of decolonizing counseling. Naming whiteness as a cultural force, understanding it, and discussing how everyday racism works can potentially make these topics less taboo and, therefore, support openness to change for white students, not just in multicultural classes but in all courses within the counseling program. White people may have an incomplete understanding of racial realities in the United States while assuming that they are fully educated on race, which misunderstanding then perpetuates further inequities. This is captured in the following statement: “What white Americans think is happening in the world and what Black people must deal with day by day are very different” (Standley & Pratt, 1989, p. 96). The present research can be used

to (re-)educate white trainees on the realities of racism and, along with that, help them understand the possible race-based emotional reactions that may be generated, especially experiences of white fear.

Counseling trainees can be taught the history of cultural messaging that can even take the form of racial propaganda, which influences emotional reactions. This can help them better understand where white racial affects of fear, anger, and guilt come from, on what they are based, and how they might be experienced as disrupting the racial equilibrium for white individuals (Drustrup et al., 2022). Counselor training programs can directly tackle the white norm of white comfort (Gadd, 2023), which is when white people react negatively to the introduction of racial realities that disturb their notions of the world as fair and equitable.

Counselor educators may even choose to intentionally disrupt the white racial equilibrium (Drustrup et al., 2022) as part of a teaching intervention to generate the emotions of white fear and white anger in white students in a contained environment and help the students to increase their capacity for managing the white racial affects in a way that may also help to dissipate them through greater understanding. Similar to what Ford et al. (2022) recommended about teaching emotional regulation in the context of white fragility, the present research also supports the idea that white counselors be supported in understanding race-based emotions and the impact that those emotional experiences may have on attitudes and beliefs.

Counselor training programs can promote interventions that help white counselors educate white clients about their white racial identity. This could help these clients understand their race-based reactions, which can interfere with their relationships with people of color and can cause the clients to unknowingly participate in acts of everyday racism. Drustrup (2020) discussed the need for white counselors to address racism when displayed or presented by their

clients. Clinical interventions could be designed for white clients to generate a corrective emotional experience around race, using psychoeducation around white racial affect and exploration of their origins and consequences.

Such psychoeducational and clinical interventions for white clients could also be offered by counselors of color. However, the potential for harm to be done to the counselor by a white client misusing their privilege and having difficulty metabolizing the white racial affect is high, and more research is needed to understand the utility of this before setting up the counselor for possible ruptures or emotional harm from the client. Normalizing the work for white people to understand their white racial identity, both clients and counselors alike, have the potential to support the development of an antiracist identity for white individuals, which could lead to greater systemic change to end racial oppression in U.S. society. Plus, White counselor educators can use this research to further understand their positionality and investigate their own white racial affects that may arise when involved in conversations about race. They may also choose to deploy self-disclosure around emotional experiences as part of the use-of-self pedagogy in teaching concepts and skills of antiracism to trainees (Ng et al., 2022; Utt & Tochluk, 2020).

Implications for Social Justice and Advocacy

This research suggests ways of supporting white counselors and counselor educators in exploring their own implicit bias around race and racism, by bridging the intention and desire of being a “good white person” to connect them to the actions of advocacy for antiracism. Social justice action can take many forms, and there is no one way to show up as an advocate in counseling. However, nurturing an identity as an advocate is part of the responsibility of counseling encoded in the Code of Ethics (American Counseling Association, 2014), and helping

counselors embrace antiracism as a value can help disrupt systems of oppression in the profession and society at large.

Facilitating the development of an antiracist identity in counselors can be a supportive approach to encouraging social justice action. Our emotions affect our ability to embrace a new identity, and negative emotions can discourage that, as shown in these results. Helping white counseling professionals to understand their own emotional reactions, especially white fear, and explore whether those fears are grounded in reality or propaganda, can be a powerful mechanism for supporting the development of antiracist accountability. Focusing on building self-efficacy for antiracism can be a route for that. The connections between emotional experiences around racism and propensity for action can give new insights into supporting the development of the advocate identity in counselors. The current research may inform the development of techniques for operationalizing the notion of an antiracist identity in support of the work of Shand-Lubbers and Baden (2023).

Post-Study Observations and Reflections

In this section, further contextual information is offered concerning specific aspects of the study design that caused unanticipated impact in determining the sample. The observations in this section rely largely on the memoing process, which captured reflections and insights about my researcher positionality and are offered as part of my interest in transparency as I further study and understand my own whiteness, unearned privilege, and the influence of systemic racism on my thinking. Additional observations are offered about patterns of early terminations by some participants based on the content of survey questions that prompted them to exit.

Participant Inclusion Decisions

The study design did not incorporate a definition of white racial identity. This created challenges during the review of participant responses, as inclusion and exclusion criteria had not been pre-established. Because race is a social construct (Smedley & Smedley, 2005), everyone defines their racial identity themselves. The design presumed that those who identify as white would self-select. This did not account for those with multiple identities that include white. This oversight in design became apparent based on determining whether to include observations from those who identified as Jewish. The presumption was that based on the study specification in the recruitment materials, only those who identify as white would participate. I believed this would allow those with Jewish identities who also identify as white to participate without requiring me, as the researcher, to determine their identity for them. However, in practice, based on how the demographic questions were set up on the survey to allow for open-ended self-description of racial identity, this created complexity. Three respondents indicated some form of “Jewish” as part of their fill-in answer, which could be expected because being Jewish can be experienced as a religious, cultural, and/or racial identity, and it may co-exist with a white racial identity or a Black racial identity or any other racial identity as well (Boyarin, 2023; Hahn Tapper et al., 2023). However, when respondents answered “Jewish and white” then I had to contrast these answers with a respondent who answered “Asian and white” which appeared to indicate a biracial identity. The population defined for the study was “white” which precluded biracial. The dilemma arose whether to consider “Jewish” as a racial identity or not. As documented in my researcher memo of February 17, 2024, I experienced discomfort as a white researcher, including feelings of shame for not adequately accounting for this issue and my potential microaggressions towards my participants. The decision to exclude or include

participants based on these personal identity factors felt significant. I was sensitive to my need to have enough participants to meet my target sample size and was aware of possible bias in decision-making due to this. I also was aware of discomfort in excluding a participant arbitrarily and noticed that my bias was to include them out of an attempt to be egalitarian.

I consulted with colleagues who identify as both white and Jewish and are involved in antiracist work (Z. Bellin, personal communication, February 18, 2024; W. Seward-Katzmiller, personal communication, January 20, 2024). Even though I did not disclose information on the actual study participant identities, I received specific and unprompted feedback asking how those of Asian identity were being treated in the study. This invited me to rethink my assumptions and see my own bias. Because of this feedback and combined with the clarity of population design stated as specific to white individuals, I decided to treat all respondents with variations of “White and . . . “ identities the same. Therefore, the respondents naming Jewish or Asian identities along with white in their fill-in answers were excluded. This also was a learning experience for me in how I conceptualize those of other races and will be useful in future research.

Lack of Transgender Participants

None of the participants in the sample self-identified as transgender. The entire sample self-identified as cisgender females. It is unknown how this may have affected the results. The lack of transgender participation could have occurred due to how the survey was configured in the SurveyMonkey software, which auto-disqualified a respondent if they did not answer in binary terms that they identified as female. Such survey configuration did not consider that, like race, gender is socially constructed, and gender identity occurs along a spectrum. Instead, the survey configuration enforced a binary of either/or responses for identifying as female, which may have prevented female-identifying respondents from participating. The demographic

questions could have been set up similarly to the questions on race, where respondents were invited to write in responses, which were then manually evaluated to determine whether they met the criteria or not. Further, the recruiting email did not mention cisgender or transgender at all and instead only asked for white women counselors. This lack of a clear statement that transgender women met study criteria may have discouraged potential participants. Future research should consider explicitly inviting transgender participants as part of the outreach messaging.

Patterns of Respondents Terminating the Survey

Some observations about possible characteristics of the study population are worth noting based on participant behavior in interacting with the survey. Ten participants completed the demographics questions and then voluntarily exited the study during the questions from the instruments. Interestingly, they all dropped at one of two places in the study. The SurveyMonkey questionnaire setup was inspected to determine if there were technical causes for this, and none could be identified. The two exit points were:

- Five participants exited after completing the demographics when presented with the first question of the first instrument: “When I hear about acts of racial violence, I become angry or depressed” (Spanierman & Heppner, 2004). This is one of the items that comprise the White Anger score.
- Four participants exited when more than halfway through the first question of the third instrument: “I plan to work to change our unfair social structure that promotes racism” (Pinterits et al., 2009). This is one of the items that comprise the antiracist accountability score.

There were no other points in the survey that participants exited. Voluntary withdrawals occurred only at those two points. Because there is no evidence of technical failures within the survey implementation and because these respondents had successfully entered answers up to their exit points, then these voluntary withdrawals could indicate reactions to the study questions themselves. In addition, it is interesting to note that of the five respondents who were automatically disqualified based on their answers to racial and gender identity questions, all indicated a sexual identity other than heterosexual (e.g., bisexual, pansexual, lesbian, etc.). By comparison, eight of the nine participants who voluntarily exited indicated a heterosexual identity. In the respondents who discontinued, it appears possible that the survey questions asking about racial emotions and antiracist accountability could have triggered a white racial affect in those participants, which caused them to change their mind about participating. While the reasons for withdrawing from the study can never be known, those demonstrating the early-exit behavior were predominantly heterosexual, which invites further study.

Additional Limitations and Recommendations

Because the study was focused on white women counselors, the results cannot be extrapolated to others, including those who do not identify as white or as female. Further research on the emotions and attitudes of antiracism for counselors who identify as male is indicated. Other limitations of the present study that should be considered include ambiguity around the construct of white guilt and the potential impact on the results caused by participants being influenced by social desirability when responding. Another limitation is that the construct of white guilt may not be fully understood, and the instrument used to measure it may not be valid for the study population of white women counselors. For the reasons detailed above, the

proposed model could not be fully confirmed to include white guilt as impacting antiracist accountability.

The study design was also limited by not incorporating checks for social desirability on participant responses. Drustrup et al. (2022) discussed how the fear of being seen as racist can contribute to participants' conscious or unconscious desire to manage impressions or protect their reputation when answering surveys on race. The label "racist" is such a taboo in U.S. culture (Augoustinos & Every, 2007) that white participants can become very careful out of fear of their implicit bias being exposed (Drustrup et al., 2022). Further research should incorporate mechanisms by which social desirability or impression management can be monitored or detected when examining attitudes and emotions around racism and antiracism.

The emotions of racism need to be further understood to bring change from white counselors in a racist society. Further research is particularly indicated on what generates emotions around race to understand impacts during interpersonal interactions, whether in a counselor education setting or in the clinical room. Experimental research is needed where emotional reactions are studied based on triggers. For example, combining the results from the present study that show that accountability for racism goes down with white fear with findings from Todd et al. (2010), which looked at general emotional responses around race, to study how the emotional responses to race-based interactions shut down conversations and cause or deter forward motion and action on racism. Given the role demonstrated by white fear on both antiracist accountability and antiracist self-efficacy, more research is indicated on the factors that create race-based fears in white counselors.

Further research is also needed on white anger, especially a version that may be called white rage. Anger from those with power directed at those without serves to control the narrative

around race and, therefore, can continue to perpetuate the status quo of discrimination and oppression. As bell hooks (1996) said, “White rage is acceptable, can be both expressed and condoned, but black rage has no place and everyone knows it” (p. 15).

Further research focusing on self-reporting antiracist attitudes should include a test for impression management in participants. In addition, identifying an objective measure of antiracist action-based accountability would be useful along with participant self-report on their antiracist attitudes. Additional demographic questions about the white counselors’ experience with clients of other cultures could give further insight, such as asking how many clients of color they have in their practice. The findings in this study suggest the need for more research into whether accountability for antiracism translates to literal action by counselors in working for an equitable and antiracist society.

The influence of mediating and moderating factors on both antiracist self-efficacy and antiracist accountability could be specifically explored, for example, by looking at connections between education level, socioeconomic status, geography, or religion on antiracist attitudes. As reported in Chapter IV, when discussing demographics of the respondents who chose to voluntarily exit the study at the first question, there may be patterns with heterosexual identity being correlated with discomfort in discussing racial topics. Structural equation modeling and path analysis could be used to gain insight into causal relationships between these elements.

Conclusions

These results are meaningful in helping to take counseling from identifying the need for justice and equity to identifying the levers for personal action to make racial justice a reality. These results indicate that moving the conversation from the “what” (knowledge of racism) to the “how” (tools for individual action as an advocate) may be facilitated in white women

counselors if a focus on the emotional experience of racism is incorporated. The results of this study show that antiracist self-efficacy plays a strong role in attitudes of accountability for antiracism, and the emotions or affect around racism are also influential.

White anger and white fear appear to serve a role as either a motivator for or an inhibitor of antiracist accountability, respectively, in the white women counselors studied in this research. This finding can be instrumental in bringing change by helping white women counselors experience greater levels of personal accountability for antiracist action by helping them learn about emotional reactions to racism. This can be a path to change both systemically when considering policies and institutions and interpersonally when inviting greater self-understanding of the way white racial affects operate with fellow counselors and with clients of color.

What remains unnamed is that the process of achieving an identity as an antiracist white counselor means that the starting point is being a racist white counselor. How can we be born into and raised through a recognizably racist system and not expect to be racist ourselves? It is uncomfortable to consider this, as it suggests where the culpability lies. The very thought of being named as personally racist is so disruptive that it results in a plethora of negative emotional experiences in most white women. These white racial affects serve to keep racism in place, because they allow the racism to go unexamined.

The findings of the present study support the need for such examination, which can be operationalized as new self-interventions based on the theoretical frame of critical emotional reflexivity (Zembylas, 2014) and the practice proposed herein that I am calling reflexequity. This can support the development of self-efficacy for antiracism in white women counselors. Without such self-examination, the white racial affects serve to let white people off the hook, continually

disavowing their own accountability and responsibility for perpetuating racism behind the shield of the status quo of normalized white racial affect.

E. D. Knowles et al. (2014) developed a three-prong model of the strategies that white individuals use when faced with the psychological dissonance that can accompany a confrontation about white privilege: (a) deny race through avoidance strategies, including color-blind ideologies and (b) denial of privilege distance themselves from the white identity, such as proclaiming their own identities of oppression (e.g., as female, or based on romantic affiliation, etc.), or (c) dismantle the structures of oppression. I hope that this study will provide a tool for white women counselors like me to choose the latter approach: to dismantle oppression by understanding the blocks of and enablers for antiracist attitudes in ourselves based on inquiry into the emotions we experience around race and racism. We can use that self-understanding to inform how we show up as professional counselors and as advocates for justice. As James Baldwin (1962) said in the aptly named essay *As Much Truth as One Can Bear*, “Not everything that is faced can be changed, but nothing can be changed until it is faced” (p. 148). Let’s face our own racism and use the difficult experiences of the challenging emotions to fuel our accountability and learn how to be actively antiracist.

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Appendix: Informed Consent

You are invited to participate in a research study conducted by Lisa Wenninger, a student at Antioch University. This form describes the study to help you determine if you are comfortable participating.

Project Title: The Relationship Between Emotions, Self-Efficacy, and Accountability for Antiracism in White Women Counselors

This study seeks to understand how emotions and antiracist self-efficacy may connect to accountability for antiracist action. Participants will complete an online survey that includes demographic information and answers to questions about these topics. Approximately 60 counseling professionals will be asked to participate in this study. Participants who meet eligibility criteria and complete all four parts of the online survey will be offered the chance to enter a random drawing for a \$25 Visa gift card.

CRITERIA FOR PARTICIPATION

You are invited to participate if you meet the following criteria:

1. Adult over the age of 18
2. English speaking
3. Self-identify as a white woman
4. Professionally identify as a counselor (clinical counselor, school counselor, etc.), being licensed or license-eligible by your state, for example graduated from or currently a student in a master's degree program that leads to counseling licensure. Those who professionally identify as counselor educators are eligible to participate if they currently or previously practiced counseling under a state license.
5. Born in and/or lived in the United States for a period of time

If you *do not* meet this criteria, thank you for your interest. You do not have to proceed further. You may simply close your browser window.

If you *do* meet these criteria, please continue reading the informed consent form for more information and to participate.

STUDY OVERVIEW AND PROCEDURE

The purpose of this study is to validate a proposed model of emotions, antiracist self-efficacy, and antiracist accountability. You will be asked to complete a series of surveys. This includes an approximate time commitment of 10 minutes.

RISKS AND BENEFITS OF PARTICIPATION

No study is completely risk-free. However, as this is an anonymous survey, the risks are minimal. We do not anticipate you will be harmed or distressed during this study. You may stop being in the study at any time if you become uncomfortable. Occasionally, people who participate in counseling or psychology-related research find that they would like to seek out mental health care and/or support. For more information, you may want to contact the National Alliance on Mental Illness (NAMI) at 1800-950-NAMI (6263).

You should also be aware that there is a small possibility that unauthorized parties could view responses because it is an online survey (e.g., computer hackers could see your responses in the unlikely event that the software is compromised, because the responses are being entered and stored on a web server).

In terms of benefits, there are no immediate benefits to you from your participation. However, we may learn more about the topic of antiracism in our culture and the counseling profession from the study.

There is no compensation offered for participation. However, if you meet the criteria and choose to participate, and complete all four parts of the survey, then you will be given the option to have your name entered into a random drawing of a \$25 Visa gift card.

DATA PRIVACY

No identifying information will be asked at any time. IP address collection is turned off, and your name or contact information will not be included in the data collected with your survey responses. If upon completion of the surveys, you choose to enter the optional drawing for a \$25 Visa gift card, you will be taken to a completely separate form to enter your contact information (name and email) there, which will be used to contact you if you are selected for the gift card. Personal information collected for purpose of the gift card drawing will be stored securely and then deleted once the winner is selected, and will not be associated with survey data.

YOUR RIGHTS AS A PARTICIPANT

Your participation in this study is voluntary. You can decide not to be in the study at any time and simply close the browser window to end your participation. Only completed surveys will be utilized for data analysis. Your decision to participate or not to participate will not affect your relations with Antioch University.

CONTACT INFORMATION

This study has been approved by the Institutional Review Board of Antioch University. Questions may be directed to the IRB Committee Dr Melissa Kennedy at mkennedy1@antioch.edu, the Dissertation Committee Chair Dr Shawn Patrick at spatrick@antioch.edu or the researcher Lisa Wenninger at lwenninger@antioch.edu

CONSENT TO PARTICIPATION:

By clicking “next,” you agree to the following statements:

1. I have read this form and have been able to ask questions about this study.
2. I have not given up my rights as a research participant.
3. I fit the criteria to participate in this study.
4. I voluntarily agree to be in this study.