The Experiences of African American Clients in Counseling with White Therapists

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Abstract

Using the grounded theory method of qualitative research, this study examined the experiences of African American clients in counseling with White therapists. Four African American students from a large public university in the Southeast who were either currently receiving counseling or had completed counseling within a twelve-month time period were interviewed one or two times. Open-ended questions asked participants about barriers to receiving counseling and the things their counselors did that enhanced and lessened their trust for the counselor. A research team identified 5 higher order themes in the interviews: Historical and Cultural Influences, Client Self in Therapy, Counselor Interventions, Interaction Related to Counseling and Client Differences, and Professionalism. These themes were integrated into one theoretical model: Building and Earning Trust Over Time.

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Chapter 1

Introduction

Over the course of the last three decades, the counseling literature made a shift and began to focus more research attention onto the various ways that culture influences the therapeutic relationship and therapeutic outcomes. A cursory glance at most contemporary counseling texts will reveal a host of ideas and topics revolving around the development of the therapeutic alliance in cross-racial and multicultural counseling situations, including multicultural counseling competencies (Cornish, 2010; Ivey, Ivey, & Zalaquett, 2010) . A parallel development in the literature has been a focus on the construct of *microaggressions* (Constantine, 2007; Sue, 2010; Sue, Capodilupo, & Holder, 2008). In general, there is very little published empirical research on this topic, and even less that focuses exclusively on the perspective of clients about multicultural competencies or microaggression behavior of their counselor. There appear to be no previous qualitative studies that allow African American clients of White counselors to describe the experience in their own words. Published qualitative studies have thus far not addressed the essence of the experience of being in a cross-racial counseling dyad from the perspective of the client. In light of that lack of research, the purpose of the present study was to create a greater understanding of the experience of being an African American client in counseling with a White therapist. This information will help inform the practice of the many White therapists who work with African American clients.

The multicultural counseling competencies (MCC) model is at the core of contemporary counseling psychology research and practice. Since 1982, when the model

was originally presented (Sue et al., 1982) it has been embraced and adopted by the majority of counseling psychology training programs (Constantine & Ladany, 2001). The model addresses three broad domains that a culturally competent counselor should work towards: awareness, knowledge, and skills. First, therapists should become aware of their assumptions, values, and biases held about themselves and those they work with. Second, therapists should develop a knowledge and understanding of the worldview of culturally diverse clients. Last, therapists should develop the skills needed to appropriately intervene with culturally diverse clients (Sue & Sue, 2008). By their very design, the competencies are aspirational. Although well intentioned, the development of the MCCs was not grounded in research (Worthington, Soth-McNett, & Moreno, 2007).

Counselors who are multiculturally aware are assumed to be more effective when working with diverse clients. This stems from their ability to incorporate the three broad areas of the MCCs into their practice. It seems intuitive that counselors who know their own biases, are able to better understand the cultural perspective of those they work with, are better able to use appropriate interventions strategies than counselors who are not able to do those things. However, in a 20-year content analysis examining the research on the MCCs, Worthington et al. (2007) suggested that more research needs to be conducted to determine what modifications should be made to the MCCs, and what is the best way to measure their effectiveness and application to therapy. Worthington et al. highlighted several problems with the current state of MCC research. First, the MCC movement appears to be driven more by theory than by research. Second, the process/outcome research supporting the MCCs is dominated by analogue studies, rather than studies using

real clients. Third, the instruments used in MCC research are generally self-report measures of knowledge of the MCCs rather than measurement of actual skills.

Due to the lack of correspondence between scale-development findings and the underlying assumptions of the model, the conceptual clarity of the MCC model is questionable (Worthington & Dillon, 2010; Worthington et al., 2007). The Cross-Cultural Counseling Inventory-Revised (CCCI-R; LaFromboise, Coleman, & Hernandez, 1991) was the first published instrument developed to measure MCCs (Ponterotto et al., 2000). It is designed to be used by supervisors to assess the cross-cultural competence of their trainees. The Multicultural Awareness/Knowledge/Skills Survey (MAKSS; D'Andrea, Daniels, & Heck, 1991) is as 60-item self-report scale used to evaluate the effectiveness of training in the MCCs for counselors. The Multicultural Counseling Inventory (MCI; Sodowsky, Taffe, Gutkin, & Wise, 1994) was also designed as a self report measure of counselor MCCs. The Multicultural Counseling Knowledge and Awareness Scale (MCKAS; Ponterotto, Gretchen, Utsey, Rieger, & Austin, 2002) measures general knowledge related to multicultural counseling and Eurocentric worldview biases for counselors (Constantine & Ladany, 2001). All of these scales were developed in a top-down fashion to measure MCCs, and aside from the CCCI-R, are all self report. That is, they were developed by researchers and theorists mostly without direct assessment of the experiences of culturally diverse clients. A bottom up approach is needed to supplement these scales in which clients themselves are asked to comment on their perceptions of their counselor's MCC, without priming the clients with prior knowledge about what theorists and researchers believe about MCCs. When top down and bottom up methods of scale

development intersect and identify the same items, we can be more confident the results are an accurate measure of the core construct.

Although the present study does not measure the effectiveness of the MCCs directly, it does address core assumptions of the MCC literature. By using a qualitative research protocol, African American participants were given the opportunity to describe what was useful about their counseling experience and what detracted from it. Thus, as counselors read the resulting report, they should have a better understanding of African Americans' experiences in therapy, and that understanding should inform their own practice with African American clients.

Microaggressions

The types of racism that exist in America are generally not as overt as they once were. (Although there are certainly gruesome exceptions, such as the deaths of James Byrd and Brandon McClelland in Texas.) Nevertheless, less overt forms of racism still exist and occur regularly, even in counseling situations. Racial *microaggressions* are brief and commonplace daily verbal, behavioral, and environmental indignities, whether intentional or unintentional, that communicates hostile, derogatory, or negative racial slights and insults to the target person or group (Sue, et al. 2007). A *microinsult* is a communication that conveys insensitivity and rudeness, demeaning a person's racial heritage or identity. They are generally subtle, white at the same time conveying an insulting message to the recipient. *Microinvalidations* are comments or behaviors that exclude, negate, or dismiss the psychological thoughts, feelings, or experiential reality of

the recipient. Both microinsults and microinvalidations are types of microaggressions (Sue, et al. 2007).

Using both qualitative and quantitative methodology, Constantine (2007) examined the relationship between White counselors' racial microaggressions in therapy, and their African American' client's satisfaction with counseling. Constantine also examined client perceptions of the counseling relationship, client perceptions of their counselor's general and multicultural counseling competence, and client satisfaction with therapy. Examples of microaggressions in counseling are colorblindness – denying racial and cultural differences; overidentification, denying or minimizing individual racial bias because of assumed similarity; denial of personal or individual racism; and culturally insensitive treatment considerations or recommendations such as asking a client to disengage from their family of origin.

Initially, focus groups were held with former clients to determine what types of microaggressions occurred in their therapy. Using these data, Constantine (2007) developed and validated the Racial Microaggressions in Counseling Scale (RMCS), a quantitative scale that measures perceptions of racial microaggressions that occurred in counseling. Along with the RMCS, participants completed measures of the counseling relationship and satisfaction with counseling. Constantine (2007) surveyed 40 African American clients who were all college students. Results indicated that perceived racial microagressions were negatively associated with client perceptions of the working alliance and client perceptions of therapists' general and multicultural counseling competence, indicating that the more microaggressions a counselor made, the less competent the client

perceived the counselor to be. Although this study was very well designed and incorporated complex data analysis procedures, it did not allow clients to describe the counseling experience in their own words, and was based solely around the topic of racial microaggressions.

Therapeutic Alliance

The therapeutic alliance is based on the quality and strength of the working and collaborative relationship between the client and therapist in therapy (Horvath, 2001). Three interdependent components comprise the alliance between therapist and client: the client's presenting problem and an agreement upon treatment goals, the tasks and techniques used throughout treatment to address client goals, and the trusting relationship and bond between the therapist and client (Bordin, 1994; Gelso & Samstag, 2008). The quality of the therapeutic alliance correlates positively with therapeutic change regardless of treatment modality (Horvath & Symond, 1991), suggesting that establishing a strong therapeutic alliance is of paramount importance to the success of therapy.

Because the therapeutic alliance occurs between the therapist and client, characteristics of both individuals play a role in the formation of the alliance. Client characteristics and behaviors that positively correlate with the quality of the therapeutic alliance are clients' psychological mindedness, expectation for change, and quality of object relations. Those characteristics of clients that correlate negatively are avoidance, interpersonal difficulties and depressogenic cognitions. Counselor personal characteristics that positively influence the alliance include being flexible, honest, respectful, trustworthy, confident, warm, interested, and open, whereas counselor characteristics that

detract from the relationship include rigidity, criticalness, and inappropriate self-disclosure (Ackerman & Hilsenroth, 2003; Castonguay, Constantino, & Holtforth, 2006).

In a quantitative study that examined 44 African American clients' perceptions of therapeutic treatment goals and interventions in cross-racial dyads where the therapist initiated a discussion of race, Thompson and Alexander (2006) found that clients who were assigned to an African American therapist had a greater understanding and acceptance of therapy than those clients who were assigned to a White therapist. White therapists were divided into two groups: "therapist-initiated discussion of race" and "no therapist-initiated discussion of race." The therapists who discussed race with their clients made mention of their racial differences in the first session. Although the discussion of race had no influence on client's satisfaction with therapy and therapist's actual race had no impact on clients' reduction of symptoms, the finding that African American clients have a better understanding and acceptance of therapy when paired with an African American counselor implies that some aspects of the working alliance are stronger for African American clients paired with African American Counselors.

The Present Study

The purpose of this study was to gain a greater understanding of the experiences of African American clients in therapy with White therapists, using a grounded theory design (Fassinger, 2005; Strauss & Corbin, 1998). In general, there is very little published research on this topic, and even less that focuses exclusively on the perspective of clients that lets them describe their counseling experience in their own words. Thus, a grounded theory approach is appropriate due to the scarcity of previous empirical work that might

suggest hypotheses for testing. Racial/ethnic microaggressions have also been proposed as a barrier to developing productive working alliances by causing breaches in the relationship. Although researchers have attempted to describe specific multicultural counseling competencies that enhance the working alliance and specific microaggressions that cause breaches in the working alliance of cross-racial counseling dyads, the scant research findings on those competencies and breaches are inconclusive. This study attempted to bridge the gap between what clients actually perceive to be important to this particular therapeutic relationship and what the counselor training literature suggests is important. Without specifically mentioning or describing either microaggressions or multicultural competences in the interview questions, the open-ended interviews asked African American clients of European American Counselors about their perceptions of both “barriers” and “positive influences” in the development of their counseling relationship. This information will help guide the practice of White therapists who work with African American clients.

Chapter 2

Methods

Participants

Interviewees. A sample of four participants was recruited from the student population at the University of Tennessee, Knoxville. Participants' ages ranged from 18 to 28 years old, representing three undergraduates and one graduate student. All participants self-identified as either *African American* or *Black*. There were an equal number of male and female participants (two each). Three of the participants were currently in counseling at the time of their interviews, and the fourth participant had completed 12 sessions of counseling six months prior to participating, together with one "follow-up" counseling session two months prior to participating. Two participants were interviewed twice, the first time after their third counseling session and the second time after their sixth counseling session. One participant was interviewed after the third session, but did not meet the researcher at the scheduled second interview that would have occurred after the sixth session, and did not respond to a follow up email. Three participants received counseling from a university counseling center, and the fourth from private practice. See Table 1 for participant information.

Researchers. The primary investigator is an advanced doctoral student in the counseling psychology program at the University of Tennessee. He has taken graduate level courses in qualitative methodology, as well as conducted and completed one prior qualitative study. The faculty supervisor for this project in a full professor in the counseling psychology department who has led and participated on several research teams

using grounded theory methodology. The research team included two other doctoral students in counseling psychology, both of whom had previous experience conducting and analyzing qualitative research. The racial composition of the research team was comprised of two White males, and two Black females: a first generation American whose parents are from West Africa, and a woman from the Caribbean who has completed all of her graduate education in the United States.

Researcher Reflexivity

As a White male who worked for three years as a school counselor in an urban setting, I had many experiences of being a counselor and therapist with African American children and adults. Although I generally consider myself to have had positive experiences working with the African American families at my school, a few parents made comments to me that they did not feel entirely comfortable speaking with a White person about personal and sensitive information, and that they would rather work with another African American. More recently as part of my graduate training, I have worked as a student therapist at a university counseling center on the campus of a large public university and at a large community mental health agency. Many of my clients have been African American, and have discussed issues of racism they have faced on campus, within the community, and at their places of employment. Several of these clients have talked to me regarding their feelings, both good and bad, about speaking to a White therapist.

Because each counseling relationship is unique, it is hard to predict with certainty what participants will say about their experiences in therapy. Based on my experience of being a school counselor and therapist, I expected that the participants I interviewed for

this study would have important stories to tell about their experience of being in therapy with a White therapist. However, I did expect that some participants would describe times when they had problems effectively communicating with their therapist and times when their therapist unintentionally said things that were offensive, and for some of those interviewees to be dissatisfied with their experiences in therapy (Constantine, 2007). I also believed that some of those participants who describe being offended or misunderstood by their therapist would look past those offenses and describe their therapy as being effective. I anticipated that some participants would shrug off those offenses by acknowledging that they were unintentional, or that they have such a strong working alliance with their therapist that they are able to work through those breaches.

Procedure

Recruitment. The participant pool could include any African American student who had been in counseling with a White counselor within the previous 12 month period. Participants were recruited in three ways. First, from the University of Tennessee Counseling Center by research announcements posted in the waiting room of the center. The second method was for counselors to inform their clients about the study, although counselors were explicitly directed *not* to suggest that their clients participate in the research in such a way that clients may feel some sort of obligation to participate. Third, the primary investigator recruited through email lists and listservs of student organizations and campus offices that specifically work with minority students, with the permission of the directors of those organizations. Participants were given a $10 gift certificate to Amazon.com for participation in each of their interviews.

Interviews. The primary investigator was the only person involved in the recruitment and interviewing of participants, and conducted all interviews in an office in the psychology building. Each of the interviews was audio recorded with a digital audio recorder, transferred to a computer, and then transcribed by an undergraduate research assistant. Interviews lasted approximately 45 minutes to 1.5 hours , and were semistructured. Before beginning the interview, participants provided informed consent (see Appendix A; Informed Consent Form). Next, the researcher asked participants to provide brief demographic information that included their age, reason for seeking counseling, and year in school (Appendix B). Interview questions were open ended and both broad and specific, designed to create an understanding of participants general experiences of being an African American client in counseling with a White counselor, as well as more specific understanding of incidents that occurred in therapy. Participants were asked to reflect upon any incidents or characteristics of their counselors that both increased and lessened their comfort and trust for their counselor, about their therapeutic relationship, and about any guidance they may give other counselors who work with African American clients. Additionally, participants were asked about barriers that may prevent other African Americans from seeking counseling, as well as any barriers they overcame and played a role in their own decision to seek counseling. (See Appendix C for the standard interview protocol)

Analysis. Data analysis followed the grounded theory protocol outlined by Fassinger (2005), utilizing open, axial, and selective coding through the process of constant comparison. Open coding was primarily conducted by the student members of

the research team, under the guidance and direction of the faculty supervisor, who participated in the coding of one transcript. After the undergraduate research assistants transcribed the audio recordings of the interviews, the transcripts and compact discs of the interviews were given to each member of the research team. Each member listened to the audio recording of the interview and read the transcript independently of the other members, prior to the weekly group meeting. In the group setting, the research team members discussed the meaning units and themes they found from their independent review of the transcript. In general, team members agreed upon which portions of the interview created meaning units, and a consensus was formed. In the instance that members disagreed about a theme or the significance of a meaning unit, the team made note of all meanings assigned to that unit, and reviewed it at later stages of analysis. After analyzing all 6 interviews 55 unique themes were found.

In the second stage of analysis, axial coding was used to examine relationships among the themes in such a way that they were organized into larger themes and smaller subthemes. Themes and sub themes were constantly compared to each other to help determine their relationships, and team members continued to consult the original interview transcripts to make sure that participants' original meanings were not lost. This process occurred over a two week time period and took three meetings to complete. During the final selective coding portion of the analysis, all members of the research team worked together to create a theoretical model that incorporated all of the primary themes. The results of this analysis were organized and presented to three of the four the research

participants for member checking. Participants stated that they understood and agreed with the model, and no participant expressed objections.

Credibility Checks. Several checks were utilized throughout the research process to increase the trustworthiness of the results. First, each research participant was asked a final question at the end of the research interview to help determine if their counseling experience was fully described as they saw fit. For example, participants were asked "Is there anything else about your experience in counseling that you would like to discuss, or that you feel is import that we didn't get to?" Second, three of the four participants were provided a copy of the model, and invited to provide any comments or criticism regarding how appropriate the model seemed to them, and how well it captured their experience of counseling.

Table 1

Participant Demographic Information

Participant	Age Range	Gender	Self Identified Race and Ethnicity	Reason for Seeking Counseling
Ashley	18-22	Female	African American	Family and School Stress
Ben	22-28	Male	African American	Academic Concerns
Cynthia	22-28	Female	Black American	Grief and Career Issues
David	18-22	Male	African American	Depression

Chapter 3

Results

1. Historical and Cultural Influences

Participants described ways that their personal history and cultural background influenced them prior to entering their counseling relationship.

1.1 Others do not approve of counseling. Participants described a message they had received throughout their lives that it is looked down upon to seek counseling services. Additionally, participants reported a variety of barriers to seeking treatment that included family and cultural norms in the African American community, religious reasons, as well as the feeling that one should be able to handle one's own problems. As such, participants generally viewed therapy as a "last resort" way to work through their problems. Ashley stated:

> I haven't really told anybody that I'm going to therapy…Outside of our immediate family, I think the idea of going to see a therapist is kind of like looked down upon… "Why do you need to go talk to someone else?" I don't know what stands in the way, but I do know that it is looked down upon to go seek counseling outside of your family and your friends…I know you're taught to handle problems by yourself …so talking to a therapist, like that is for someone who is crazy you know? …. I just know that it is hard [to feel comfortable with going to counseling] and you feel like that is not for you. (Ashley, 156-175)

Cynthia described how her general discomfort with seeking outside help was outweighed by her need to get help:

> For me, I was so far gone that I needed to. For others, I don't know for sure, but for me specifically, my circumstances had gotten to the point that they were just so difficult to deal with that I started to worry…I honestly felt like there isn't really another choice. It wasn't my first choice, it really was my sort of last resort before it's "Now I don't know what I'm going to do." (Cynthia, 140-143)

1.2 Expectations about counseling. Participants reported that once they decided to seek out counseling, they had certain ideas and expectations for working with their therapist. Both male participants reported they were glad to be working with a White female therapist, particularly because they hoped this experience would be different than experiences they have had when seeking help from family members or other African American men and African American women that made them feel as if they were wrong or "attacked" for having a problem. Although David did initially feel some apprehension about working with a White therapist:

> …When you get in and see someone, it's just like you…you talk to someone and I think when you meet anybody in the world you just kind of, "Like ok, like we can relate. We're not different at all." And I think with me…I prefer a White psychologist just because I needed to explain to someone how it was going. And I don't know, Black people kind of come off as a little more aggressive and I kind of shy away from that. Like, I don't listen to people that do that to me….I need someone to go along with me, not just tell me what to do. (David, 162-170)

Similarly, Ashley reflected that because she grew up in suburban areas that were not predominately African American, "In certain situations I do feel more comfortable

around or speaking with a White person more than speaking with a Black person, I'm not really sure why" (111-113). However, she went on to say, "I don't know if it would make any difference if she, my counselor, was White or Black. I feel like we would have the same relationship either way" (122-123).

2. Client Self in Therapy

Client self in therapy refers to aspects of the client that operate during counseling sessions. This includes client openness with disclosing personal information during sessions, as well as the ways that clients direct the content of counseling sessions to make sure their needs are met. These themes are specific to clients, rather than to the counselor.

2.1 Client openness with self-disclosure. All four participants discussed their hesitancy to fully self-disclose during the beginning of counseling. Participants described several reasons for this, including that the content of what they wanted to say felt too difficult to discuss, feeling uncomfortable with the process of therapy itself, and being uncomfortable "telling someone your secrets." Cynthia described it this way:

> …I went in with the intention of saying as much as I'm comfortable saying. So if there is something that she doesn't know probably she is not going to know it, because I'm not going to discuss it, but the things that I'm comfortable discussing you know, I'm fine. There is really not a lot that would change that…unless there is something instinctively that turns me off [about the counselor]. (Cynthia, 38-42)

Although participants were initially uncomfortable with self-disclosing, most described becoming more willing to disclose as their level of trust in their counselor increased. Several participants described how they became more willing to disclose after

their counselor acknowledged their difficultly with disclosure, but suggested that it was necessary for them to benefit from counseling. David stated:

> …I guess I was self-conscious about . . . telling someone your secrets and stuff, like pouring out how you feel about stuff whole-heartedly . . . [but] she can't fully help me if I don't give her the whole picture. So I couldn't, like hold out tidbits or give fragments or I just had to like give the whole thing whether I did something bad and everything like that. (David, 45-40)

2.2 Clients directing treatment and content of sessions. A similar theme described by participants was a feeling of responsibility for content during treatment. Both Ben and Cynthia reported how they needed to direct the content of the sessions to meet their personal needs and goals. For Cynthia, this happened after several sessions where the content felt too painful and resulted in an increase in her depressive symptoms. For Ben, it was a matter of choosing what to discuss during his sessions that would be most helpful for him:

> …The first actual counseling session I came we discussed…I would say brainstorming. The second time I came I wanted, I felt like I was, I was supposed to give more answers but that was only due to me not developing what I wanted to talk about in that session. It was like I got to the session and I just, I just started talking and then instead of her writing things down on cards that I would want to discuss. But when I went to the third session, that's what I did. I wrote things down on a card that we could specifically discuss and I felt, I felt like I was getting the answers that I needed. (73-80)

3. Counselor Interventions

Of all the themes, *counselor interventions* had the most individual meaning units assigned in the data analysis process. Every participant described the *things* their counselor said and did, and *how* they were said and done.

3.1 Necessary and sufficient conditions. Every participant described some aspect of their counselor's language or general persona as being open, empathic, genuine, and non-judgmental. These non-directive interventions were often critical in participants' ability to become comfortable with their counselor and develop trust in the counselor. When asked what her counselor has done to help her feel comfortable, Ashley recalled that she "just listens" (15) and that her counselor is "just doing her job" (16). Cynthia reported that her counselor seemed "genuinely interested" (55) in her. Participants described various ways they experienced their counselor's empathy, including accurate reflections of client feelings and emotions. David stated that his counselor's comments to him were "dead-on" (71) because he felt his counselor was "putting herself in my shoes" (72).

Although no participant described feeling judged by their counselor, participants described how important it was to them that their counselor was non-judgmental, because being judged could make them feel uncomfortable saying everything they needed to say, and could ultimately make therapy impossible. Several participants suggested that counselors should make an effort to "not look down" on someone because of their socioeconomic status. Both male participants stated it would be particularly important for counselors to be mindful of the non-verbal messages they were sending to avoid coming across as judgmental, as "facial expressions say a lot" (David, 188). This could happen if a

counselor rolled their eyes, or was looking away from a client while he was telling an important story. Ben referenced the research interview itself when discussing the importance of the counselor being non-judgmental:

> You're a White man, I'm a Black man, and say we we're talking about something we both felt passionate about and we both had different opinions about it. I think the level of our disagreement should not outweigh the level of comfortability. We should be able to disagree but still agree at the same time…I think that is important, and I shouldn't feel judged by you and you shouldn't feel judged by me if we disagree on an issue….I'm sure she [my counselor] has her opinions … [but] I don't fear her using those [her opinions] to judge me. (Ben, 240-249)

David described it this way:

> …She proved to me in her demeanor and everything to show me that she wasn't judgmental. Or like, she didn't have preconceived notions about me and that was the first thing I think, that helped me feel comfortable and helped me in all of my sessions. (David, 358-360)

3.2 Therapist self-disclosure. Three of the four participants mentioned therapist self-disclosure as an important part of their counseling experience that helped them feel more at ease. In all three instances, participants reported that their counselor disclosed information about themselves, or about others that they knew who had struggled with a similar problem that brought the client to seek counseling. Cynthia stated: "…She confided in me some things that I was concerned about, in terms of things she suggested for me and she kind of shared a similar experience that she had, which…creates a bond I

think" (12-14). David reported that it was "mind-boggling" (129) to him that he was not the only person who struggled with his particular issues, and that he was surprised to be able to relate to his counselor in such a way. Ben reported that his therapist's self-disclosure helped him feel more comfortable because his counselor could relate to his problem, and he further offered this suggestion to other counselors who work with African American clients:

> …If they [other clients] tell you about the problem and you've been through that problem, tell them that "I've been through this" or maybe that "I've known somebody that's been through it," and how they got through it, and then that person will be more apt to tell you what's wrong with them. (Ben, 158-161)

3.3 Providing empowerment, autonomy, and control to clients. Participants reported that counselors were forthright in stating how the counselors viewed their own role in counseling, but not in such a way that the participant felt *less than* their counselor. Rather, participants described how these experiences happened in such a way that the power in the interaction stayed with the client, rather than with the counselor. Ashley described a conversation that happened early in her counseling:

> …I think I came in there, you know expecting to be like "Ok, you know, I need to conquer the world and be stress free." Like, she's going to show me how to do it, you know, and maybe like assuming that she would fix the problem… but she made me feel comfortable and made me trust her because she's just like, " We're in this kind of together, you know?" And you know, "I don't know everything so don't assume that I know everything." She kind of changed my perspective, if you

> will, from what her job was, so therefore I felt more comfortable with what we were talking about, if that makes sense." (Ashley, 69-75)

Ben described a similar conversation with his counselor, where his counselor told him she would not give him an answer to his problem, but "point him in the right direction" and how he felt afterwards:

> …I really appreciated that because it leaves out the possibility to be controlled or whatever…. It's like you empowered yourself so when you teach somebody how to be self-empowered instead of giving them empowerment, giving them your empowerment, it's like you're giving them the ability to find it because…I have learned that what she may give me may not be exactly what I needed, but by her pointing me in the right direction it gives me the ability to find the solution that I do need. (Ben, 89-95)

Even before actually beginning counseling, one participant who received counseling from the university counseling center appreciated that he was asked if he would prefer to work with a male or female counselor. David described how his counselor told him he could work with another counselor if he felt uncomfortable with her:

> …She said in our first one or two sessions, "You know if you're not feeling comfortable or like, you know, apprehensive or not feeling like this would work for you, you can, I can always give you a recommendation, like that's not a problem for me." So it made me reassured to know that if this isn't working or if I start feeling weird, I was not obligated to stay. (David, 107-113)

Participants described other ways that their counselors gave them control and allowed them to make their own decisions, such as helping clarify client goals and providing psychoeducation about medication referrals as well as diagnosis. Although the two participants whose counselors suggested they seek out medication were initially reluctant to try medications, they reported having an understanding about why their counselors made those suggestions. Furthermore, participants reported that counselors were open to addressing their concerns about medication in such a way that limited any potential disruptions in their therapeutic relationship. All participants described feeling respected by their counselor when they disagreed with something the counselor said.

4. Interaction Related to Counselor and Client Differences

4.1 Early tests. Early in their counseling experience, participants seemed to assess their counselors to determine if they were able to work with them. Examples of the way counselors passed these early tests included being "careful" (Ashley, 62) before speaking and not stereotyping or doing anything that "instinctively closes her off to me" (Cynthia, 41) or "pushes me away" (Ben, 62). David described how this happened subconsciously for him:

> …When we first started, like she assessed me but I also assessed her like subconsciously…I judged her by how she interacted with me and that settled me even before we went into the deep stuff….Like, "OK. Does she seem like someone I could work with or does she seem like someone that would like, I don't know, just not be…" (David, 196-200)

If counselors did not pass these tests, it seems likely that clients would not return. As Ben put it: "Okay, well you said this in the first session. Let's see if you're going to live by what you said in the first session [during later sessions]" (395-396).

4.2 Minimizing and negotiating potential conflict. All of the participants reported that they were seeking counseling for reasons that were not directly related to their race, and as such, race was not an important, salient topic for discussion in therapy. For example, Cynthia stated "my issues are less race based and more anyone who has been in a graduate program and has gone through grief would have this sort of problem" (162-164) Only one participant reported bringing up any aspect of race with their counselor, and no participant reported having discussed the differences in client and counselor race in a session. Client comfort discussing issues related to race with their counselor seems to depend upon whether it is a relevant topic to their presenting concerns, as well as overall level of trust with the counselor. Ashley put it this way:

> It's obvious that we're not the same race, but yeah, just to talk about it, I would think that in her mind she would think differently of me…So, my trust would be broken in that sense, or at least I wouldn't trust her as much. (Ashley, 215-217)

David stated:

> I think it would have been comfortable [to discuss race]. I think we would have explored how I felt. Well, she probably wouldn't bring it up just because she's a counselor. She's neutral, but if I brought up some race thing I don't feel like just because I talk with her about so much other personal things I feel like we would

> just explore that as we did other things....She wouldn't have been like, "Oh you're this way." She would be like, "So how do you feel?" (David, 396-401)

Participants did report the feeling that there would be certain things that a White counselor may not be able to understand about their situation, and one participant described an instance where a counselor misunderstood the significance of something that may have had a cultural component, but choose not to discuss it further because she did not feel it was pertinent to her overall problem. Cynthia stated: "I don't know if that was completely understood, but I don't know that it matters that that was understood" (193-194). Although Ben did not describe a specific instance of a misunderstanding between him and his counselor, he talked about the importance of a counselor clarifying a misunderstanding:

> I would say it's hard to steer clear of misunderstandings because misunderstandings, they're, I would say they're huge. Like say I could say something and the gist of, the simple definition of a word and we end up, end up actually talking about two things but I'm talking about one thing, you're talking about another and what you're talking about offends me. But I'm like, "that's not what I was talking about" and then that person… could feel defensive depending on what they're talking about, if there's not a clear cut definition of what you're talking about. Because I remember she did that a few times. She was like, "Let me be sure this is what you're talking about", and she let me talk a minute and then she came in and said what she said about it…. [and] that was very helpful.
>
> (Ben, 333-340)

5. Professionalism

Participants described the setting that counseling occurred in, as well as aspects of the counselor in a way that are specific to counseling relationships. Participants described not only their counselor during the research interviews, but also the overall setting and environment in which the counseling occurred.

5.1 Structural. Structural components of professionalism are those that are either standard to the mental health field at large or those from the environment that counseling takes place. For example, participants reported that being informed about confidentiality at the beginning of their counseling helped them feel an initial amount of trust and comfort with their counselor that continued to be developed over time. David said, "I felt like this was like a contract between someone, so I felt like you could really trust someone" (26-27). For Ben, past experiences with others kept him from fully expecting confidentiality: "I have been betrayed before so like when someone says 'Yeah, confidentiality' it's like, 'Yeah you say that but time really tells so'" (36-38).

Participants also described how attributes of the physical environment increased their comfort. Cynthia stated: "There's comfortable chairs, and you go in and it smells nice and the temperature is you know controlled. And so it's easier to relax when you are personally comfortable" (48-49). David described his counselor's home office as an environment of "tranquility" (15). Ben described it this way: "She has an area set apart where she does sit in her office and talk, so I felt like…she's made a place for me to talk to her so it's like, 'Okay I can talk to her'" (415-416).

5.2 Counselor professionalism and expertise. Even though counseling was a "last resort" (Cynthia, 143) for participants, it was important for them to work with someone "who knows what they are talking about" (Ashley, 170). Participants described various components of personal professionalism on the part of the counselor, such as the counselor being an expert, or speaking in a professional manner. Ben described an early experience of his counselor being good at her work:

> …Originally what I came for, she nailed me with it. She gave me a book, it was from a different perspective, but she gave me a book on it and I've been reading it. I got what I could get from it, but it's basically, I mean she's been very helpful. She knows her information. So I was like "She's very good at what she does." (Ben, 144-146)

Although no participants reported that their counselor spoke in a way that was unprofessional, there was a clear idea that counselors should " know better" (Ben, 325) than to make stereotypical or prejudiced comments, as well as using slang or other language that a counselor thinks a client may use. David provided this guidance to other counselors based upon his experience:

> I would say just be yourself because…when you interact with someone and you feel like they're trying to act a certain way just to get over with you, like she wasn't saying "Hey, whatcha feelin' fool?" She was just herself and I was myself… I wasn't trying to say things that I thought, things that would make her think things like "Oh he's an intelligent young man." Like, I poured myself out to her. She was

> really down to earth and I think that's the major thing that helped me because…if I wasn't feeling it, I would have changed. (David 225-231)

Ben put it this way:

> …Your counselor has to seem more intelligent or more knowledgeable than you are. Even in communication. Like if you are communicating to me on a level lower than I am, I'm like "I ain't trying to hear you, because the way you communicate is off." It's like you can't be cutting verbs…or using an adjective in place of an adverb or an adverb in place of an adjective…that would discourage you. You would be like "If she don't know how to do that, then what else don't she know?" (Ben, 302-309)

Theoretical Model: Building and Earning Trust Over Time

The five primary themes (See Table 2) identified by the research team were analyzed in an integrated way to create a theoretical model that captures the significance of each theme. A single concept that seems to run through all the themes is that clients build trust, and counselors earn trust throughout a period of time. Clients continue to assess their counselors, negotiate any problems and conflicts that arise with their counselor, and if clients do not feel there is a resolution, would likely terminate counseling prematurely.

Prior to coming to counseling, participants were faced with a problem that they felt they were unable to solve on their own, or through non-counseling resources available to them. Thus with therapy seeming to be a last resort, participants must address whatever barriers they experience to actually seeking out counseling. After negotiating those barriers, clients enter into the counseling relationship. Throughout this process trust

continues to develop and evolve. If therapists meet the most basic requirements, then clients may move on to assess whether or not the therapist is actually able to help them with the problem they are seeking help for. Both of these assessments are opportunities for therapy to be derailed. The professionalism of the counselor and counseling environment continues throughout the entire experience, which helps provide a staging area for all the other components of therapy to happen. Similarly, aspects of the client's self in therapy continue to be important throughout treatment, particularly those related to self-disclosure. As clients develop more trust for their counselor, they begin to self disclose more. The participants in this study did not feel the need to discuss race with their counselors, and in fact, would have found that to be disruptive to their therapy. This leaves open the question whether or not participants would have felt comfortable discussing these issues if they were relevant to their presenting concerns.

Table 2

Primary Themes and Subthemes

Theme	Subtheme
1. Historical and Cultural Influences	1.1 Others do not approve of counseling.
	1.2 Expectations about counseling
2. Client Self in Therapy	2.1 Client openness with self-disclosure.
	2.2 Clients directing treatment and content of sessions.
3. Counselor Interventions	3.1 Necessary and sufficient conditions.
	3.2 Therapist self-disclosure.
	3.3 Providing empowerment, autonomy, and control to clients.
4. Interaction Related to Counselor and Client Differences	4.1 Early tests.
	4.2 Minimizing and negotiating potential conflict.
5. Professionalism	5.1 Structural.
	5.2 Counselor professionalism and expertise.

Chapter 4

Discussion

Throughout the research interviews, participants described their counselor's general counseling skills as those that were helpful, rather than those skills that are typically considered to be multicultural counseling skills. It may be that clients only become aware of counselor MCCs in their absence. This finding is consistent with several findings by Chang and Berk (2009), who reported that minority clients who did not feel that racial, ethnic, or cultural differences were important described their relationship as uncomplicated by cultural barriers. Chang and Berk reported that those participants who did not feel racial and ethnic differences were particularly important to their presenting problem had positive expectations for working with White therapists, and that all participants who were satisfied with their counseling experience praised their therapists for their expertness and professionalism. These results are mirrored in the current study.

When the data in the current study are compared to the list of racial microaggressions against African American clients compiled by Constantine (2007), it appears that no participant felt she or he was the victim of counselor microaggressions. However, most of the suggestions that participants made when given the opportunity to provide advice to future counselors who worked with African Americans did mention specific microaggressions together with suggestions for avoiding these occurrences. Some suggestions made by participants include: counselors should not assume that all African Americans have the same background and life experiences; counselors should not use slang they believe their African American clients may use; and counselors should not

assume that their clients are unable to understand what certain words mean. Participants suggested that therapists come to the counseling session with an open mind, and actively "expect the best" (David, 269) of their clients. This guidance is consistent with research in social psychology suggesting that it is not enough to try and control one's biases, rather, one must actively utilize a proactive schema to reduce incidences of unconscious bias (Payne, 2006).

All of the participants in the current study reported that they were seeking help for a problem that was not specifically related to race, and therefore they did not feel that race was a salient topic to discuss within the content of their counseling sessions. None of the clients reported having a discussion about the racial differences between them and their counselor. In addition, a common theme was that it would be awkward if the counselor were to initiate a discussion of their racial differences. When participants were asked how they would feel if their counselor acknowledged the differences in their racial and ethnic background, most participants stated it would make them feel uneasy in some way. However, because none of the participants stated that there had been a discussion about their racial differences, participants were responding to a hypothetical situation. Thus, the counselor was not able to use their best "tools" to initiate and negotiate such a discussion were one to take place, and participants may have envisioned that discussion in a way that is different than typically occurs.

There were two sex differences that appeared between the male and female participants. Both female participants referenced perceived similarities between themselves and their counselor during the interview. For example, Ashley referenced being a similar

age as her counselor which helped her counselor appear "on her level" (14). Cynthia stated that because she is seeking counseling on a college campus, she suspected that she and her counselor came from a background that was more similar than different. For these women, it may have been more helpful to be aware of the intergroup similarities than the differences between them and their counselors as a way to develop trust. Neither male in the study described such a feeling.

The male participants stated that they were glad to be working with a White female counselor rather than an African American counselor, because they expected women to be easier to talk with than men, and White women in particular to be less direct than African American women. For example, one participant commented that he had already talked with his mother and Aunt about his problem, and he was looking for another perspective. However, because none of the men in the study had worked with an African American female counselor, it is not possible to comment on how their counseling experience would have been different if they had worked with an African American woman. As with any counseling relationship, it often takes time for clients to develop trust in their counselor, and these men may have had an unexpected positive experience with an African American female counselor. Although Ashley did report growing up with White friends and being more comfortable talking with White individuals in certain situations, she did not report hoping to work with a White therapist.

The findings in this study are consistent with the literature describing the development and maintenance of the therapeutic alliance (Horvath, Del Re, Fluckiger, & Symonds, 2011). Many of the participants reported that they had specific expectations and

hopes that their counselor would provide directive guidance for them to help alleviate their problem and were initially unhappy that there counselors did not provide this. However, when clients reported this to their counselor and their counselor addressed their concerns and better explained the process of counseling, clients felt more comfortable in the counseling relationship. This discussion between counselor and client often included clarifying the client's goals in such a way that the client felt more at ease and had clearer expectations for counseling. One client in particular described how the actual content of her sessions was increasing her depressive symptoms, and that she felt the need to directly speak with her counselor about this, and change the direction of therapy. The client reported feeling more comfortable with continuing therapy after this discussion, and that her counselor was very supporting and receptive.

Limitations and Strengths

Although this study produced a rich understanding of the experiences of African American clients working with White counselors, there are limitations that should be addressed. All of the research interviews were conducted by a graduate student with previous experience conducting qualitative research interviews and counseling, and they were conducted by a White male. As such, the same racial and ethnic dynamic being investigated in the study was recreated during the interview. Although the researcher spent time at the beginning of the interview intending to develop rapport by describing the purpose of the study as well as his own professional history that served as the backdrop for his interest in researching this topic, it is uncertain if participants would have provided different responses to the same questions if the interviewer had been of a different racial or

ethnic group. Further research into this topic may benefit by the addition of African American interviewers.

Another limitation stems from the recruitment protocol that participants were recruited solely from university populations. Although participants were not required to have received counseling from a university counseling center, all of the participants were enrolled in college at the time of their participation. As such, the full spectrum of socioeconomic statuses and educational attainment are not represented. Transferability of the study results may additionally be limited as it was conducted in a Southern state. It may be that using a similar protocol in another region of the United States would produce different results. However, by attempting to provide a thick description of the data and using many participant quotes, readers of the study will be better able to determine if the results are transferable to other populations of interest.

Several measures were taken to address these limitations. Through interviewing participants at two different points while they are in counseling, participants were able to describe any changes in their counseling relationship both in terms of the therapeutic alliance, as well as their satisfaction with counseling. This procedure allowed the research team more opportunity to immerse themselves in the richness of the data. Furthermore, by providing members of the research team audio recordings of the interviews in addition to the written transcript, coders were able to detect nuances in participants' voices that might direct them to scrutinize an important passage in the transcript whose deeper significance and meaning may have otherwise gone unnoticed. Finally, through the process of member

checking, participants were given the opportunity to review the results of the study and provide any comments and clarifications they believed important.

Implications for theory, practice and research

One of the clear implications of this study is that clients are keenly aware of their counselor being empathic, genuine, and non-judgmental. It is through counselors' ability to demonstrate those characteristics that clients begin to form trust in their counselor. As Ben said: "I have faced enough oppression…I don't want to come into a counseling session and that from the person who is supposed to be helping me" (321-322). Another way that counselors can help build trust with their clients is through appropriate self-disclosure. It is less clear how much clients are aware of counselor MCCs. It may be that when applied successfully, MCCs operate "below the radar" and only become obvious in their absence. Future research into the MCCs should explore further how they operate in a "real world" setting, and facilitate actual client outcomes.

Counselors should spend time exploring in detail client goals and expectations about therapy. Such discussions are beneficial for both counselor and client, because clients develop a more accurate understanding of what to expect from their counselor and the counseling experience as a whole, and therapists are better able to meet client needs and expectations. Counselors should continue to check in with their clients throughout the course of therapy to assess if clients feel their goals and needs are being met, and make adjustments as appropriate.

Another implications seems to be that there is a "time and a place" for the counselor to initiate a conversation about the racial differences between counselor and

client. Day-Vines et al. (2007) suggests that initiating broaching discussions is the responsibility of the counselor and that without the counselor doing so, any issues relating to race may not be addressed, partially due to minority clients being socially conditioned to compartmentalize their lives. However, the participants in the current study stated they would have found such a conversation uncomfortable and unnecessary. Future research should continue to examine this area, as there appears to be no clear guidelines.

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Appendices

Appendix A

INFORMED CONSENT STATEMENT

African American clients in counseling with European American counselors

INTRODUCTION

You are invited to participate in a research study. The purpose of this study is to understand the experience of being an African American client in counseling with a White (Caucasian/European American) counselor. This study attempts to bridge the gap between what clients actually perceive to be important to this particular therapeutic relationship and what the counselor training literature suggests is important.

INFORMATION ABOUT PARTICIPANTS' INVOLVEMENT IN THE STUDY

Your part in this research will involve participating in one or two structured interviews, depending upon how many times you have already met with your counselor prior to your participation in this research study. In these interviews you will be asked to describe your experience of counseling. The length of the interviews will-approximately be between 45 minutes and 75 minutes; however, the actual length will be up to you and how much detail you would like to provide. The interviews will be scheduled at a mutually convenient time and place. The interview process requires audio taping of the interview and subsequent preparation of a transcript of the interview. The transcripts and informed consent statements will be retained in separate locked file cabinets at the University of Tennessee for three years. If you so request, a copy of your transcript can be provided to you. While anonymity cannot be guaranteed, confidentiality will be maintained by replacing names, titles and organizations with pseudonyms to be used in the typed transcripts. The primary investigator and research team members who are students or faculty at The University of Tennessee will review the transcript and listen to the recorded interview as the method of data analysis. After the data analysis stage, recordings of the interview will be destroyed approximately six months after the last interview is conducted. If a member of the research team should recognize your voice from the recording, she/he will immediately stop listening to the recording, stop reading the transcript, and data from your interview will not be used. All members of the research team will sign a confidentiality agreement that states they will keep all information they learn confidential.

The first interview can be completed only after you have had at least three previous meetings with your counselor. The second interview will occur after you have completed at least six meetings, or after you have stopped counseling – if that happens before your sixth meeting. If you have met with your counselor six times or more prior to participating in this research study, only one interview will be scheduled.

RISKS

One risk is fatigue during our interviews. If you do feel tired and do not want to proceed, please let me know. You are free to stop participating at any time. Another risk is that during the interview the questions might cause you to recall personal experiences that are painful to discuss. If as a result of participating in this study, you want to discuss upsetting reactions you may have had as

we discussed your counseling, you will receive a list of persons/organizations you may contact if you so desire.

BENEFITS

By participating in this research study, you are given the opportunity to share your experience of being an African American client in counseling with a White counselor. The information you share will also help provide the foundation for further research on the experiences of African American clients working with White counselors. Your participation may help in the training of future counselors.

CONFIDENTIALITY

The information in the study records will be kept confidential. The informed consent and other records will be kept for three years and then destroyed. Data will be stored securely on password protected files and will be made available only to persons conducting the study unless you specifically give permission in writing to do otherwise. A manuscript based on this research may be prepared. The knowledge gained from this research may be presented to others through published works and/or presentations. However, no reference will be made in oral or written reports which could link you to the study and your own counselor will not be made aware of your participation in this study nor have access to any data that would link you to the study.

COMPENSATION

For your time and participation, you will be given a $10 gift card to the Amazon.com online store following each interview. If you need to end the interview for any reason before answering all the questions, you will still receive the gift card.

EMERGENCY MEDICAL TREATMENT

The University of Tennessee does not "automatically" reimburse subjects for medical claims or other compensation. If physical injury is suffered in the course of research, or for more information, please notify the investigator in charge: Aaron Sayers, 901-351-7328.

CONTACT INFORMATION

If you have questions at any time about the study or the procedures (or you experience adverse effects as a result of participating in this study), you may contact the primary researcher, Aaron Sayers at 901-351-7328, or his faculty advisor Brent Mallinckrodt at 410 Austin Peay or 974-3328. If you have questions about your rights as a participant, contact the Office of Research Compliance Officer at (865) 974-3466.

PARTICIPATION

Your participation in this study is voluntary; you may decline to participate at any time without penalty. If you decide to participate, you may withdraw from the study at anytime without penalty and without loss of benefits to which you are otherwise entitled. Agreeing to participate in the first interview does not in any way obligate you to participate in the second interview. If you withdraw from the study before data collection is completed, your data will be returned to you or destroyed.

CONSENT

I have read the above information. I have received a copy of this form. I agree to participate in this study.

Participant's name (print) _____

Participant's signature _____ Date _____

Investigator's signature _____ Date _____

Appendix B

Demographic Questionnaire

Interview Date_____

Research participant #_____

Gender: Male Female

Age: _____

Year in School: _____ Undergraduate Graduate/Professional

Self Identified Race/Ethnicity _____

Could you tell me in a sentence or two what brought you to seek counseling?

_____

_____

_____

Appendix C

Interview Questions

1. What has happened to help you feel comfortable with your counselor and trust her//him more?

2. What specific things have happened that made you feel uncomfortable, or perhaps lessened your trust for your counselor?

3. Has there ever been a time when there was a breakdown in your relationship with your counselor because something happened in the session?

    Follow up: If so, tell me about what happened. What did your counselor do? How did you feel? What did you do? How do you think your relationship has changed because this has happened?

4. Is there anything that your counselor has done to help you feel closer to her/him and trust him/her more?

5. What has your counselor done that put distance between you and her/him?

6. What has it been like to be an African American client working with a White counselor?

7. As you think about the purpose of my study, which is to inform counselors who are not African American how best to work with African American clients, what advice can you give?

    Follow up. Is there anything that a counselor can do specifically to build trust and a solid working relationship? Is there anything that a counselor should avoid doing.

8. What do you think stands in the way to prevent an African American student who wants counseling from seeking counseling?

9. My guess is that somehow you were able to get past the barriers you've just described. What helped you do that? Can you tell me what made it harder?

10. Is there anything else you want to add?

Vita

Aaron Sayers is a native Tennessean, and attended The University of Tennessee for his undergraduate degree, where he majored in psychology. After that, he completed a masters degree in guidance and counseling at The University of Georgia, which led him to work for three years as a school counselor with the Memphis City Schools. It was through his experiences with the Memphis City Schools that he became interested in the topic of African American clients who work with White therapists. He then returned to the University of Tennessee to pursue a doctoral degree in counseling psychology. He will begin his pre-doctoral internship in August 2011 at Virginia Commonwealth University.