Relationships of Empathy and Color-blind Attitudes on Counseling Students' Critical Consciousness

Bagmi Das
The George Washington University

Maggie M. Parker
The George Washington University

Sarah Litt

Follow this and additional works at: https://trace.tennessee.edu/tsc

Part of the Counselor Education Commons

Relationships of Empathy and Color-Blind Attitudes on Counseling Students' Critical Consciousness

Bagmi Das ⓘD, Maggie M Parker ⓘD, Sarah Litt ⓘD

Abstract

A critical piece of counselor education is enhancing counselors' in training (CITs) multicultural competence. Many scholars are now moving beyond competence to examine and enhance CIT's development of critical consciousness (Freire, 1973, 2000; Heberle et al., 2020). Critical consciousness encompasses students' awareness of oppressive systems, commitment to dismantle those systems, and participation in action to create change (Herberle et al., 2020). Within this research, we examine concepts included in CIT cultural development, such as developing empathy (Constantine, 2001) and dismantling color-blind racial attitudes` (Neville et al., 2013). Thus, this study presents multiple regression to explore the relationships between color-blindness, empathy development, and critical consciousness of 166 counseling students. Results indicate that empathy and color-blind attitudes are associated with some aspects of critical consciousness, including awareness of and commitment to changing oppressive systems, but not sociopolitical participation. Implications for counselor education and directions for future research are discussed.

Significance to the Public

This article highlights that building empathy and moving students away from color-blind attitudes impact critical consciousness in CITs, but not to the extent that aligns with or counselor professional identities as advocates. Specifically, this research study reveals a critical gap related to inspiring sociopolitical participation in CITs.

Keywords: empathy, color-blindness, critical consciousness, counselor training, regression

Counselors must sit with others, regardless of differences, and offer understanding, empathy, and care. This requires an understanding of identity and oppression and how they influence the ways one operates within the world. Developing this understanding is an essential task for counselors in training (CITs; 2015, 2023). CITs work toward cultural competence, which implies that there is a result or goal (Hook et al., 2017). Focusing on competence may entice students to focus on impression management and assignment completion rather than exploring themselves, their biases, and points of ignorance (Hook et al., 2017). Instead of focusing on cultural competence, many educators

(Kumagai & Lypson, 2009) and some counselor educators began to focus on building critical consciousness (Goodman & West-Olatunji, 2009; Lee & Haskins, 2022).

Development of Critical Consciousness

Freire's (1973, 2000) theory of critical consciousness posits that inequality results when the privileged and oppressed continue to engage in unequal systems. It further emphasizes education's dual focus on freeing people from their roles within unequal systems and helping them understand their roles and responsibilities within social and political constructs. Thus, critical consciousness develops

Bagmi Das, Counseling and Human Development, The George Washington University; **Maggie M. Parker**, Counseling and Human Development, The George Washington University; **Sarah Litt**, Clinical Mental Health Counseling Program, The George Washington University. Correspondence concerning this article should be addressed to Bagmi Das, Counseling and Human Development, The George Washington University, 2136 G Street NW, Washington, DC 20052 (email: bagmidas@gwu.edu).

through open dialogue about power structures and how individuals uphold and engage within those structures (Freire, 2000). Critical consciousness encompasses one's ability to critically reflect on oppression and the ways in which socioeconomics, race, and gender impact opportunity, motivation toward action, and engagement in action to advocate (Rapa et al., 2020). Thus, critical consciousness includes (a) critical reflection, (b) critical motivation, and (c) critical action (Diemer et al., 2017).

The movement from understanding to action is a necessary skill for professional counselors, as counselors understand and empathize with clients, engage in advocacy and social justice, and communicate acceptance, awareness, and understanding of oppressive systems (Dao et al., 2017; Kumagai & Lypson, 2009; Vargas, 2016). To move toward critical consciousness, many counselor education programs create opportunities for CITs to reflect on personal biases, social constructs and issues, and identities, requiring them to increase awareness and empathy (Goodman & West-Olatunji, 2009; Hernández et al., 2005; Sharma & Hipolito-Delgado, 2021; Williams et al., 2015).

Empathy

Empathy involves behavioral, cognitive, and affective responses to convey an understanding of others' experiences. (Elliott et al., 2011; Rogers, 1975. To develop empathy, counselor educators teach CITs to connect with clients through the client's worldview, understanding the client and their experiences with warmth and compassion, rather than viewing the client from the counselor's perspective (Bayne & Jangha, 2016; Elliott et al., 2011). By engaging in empathy, the therapist demonstrates an awareness of their clients' lived experiences, exhibiting culturally responsive counseling and critical consciousness within the context of the counseling relationship (Constantine, 2001; Elliott et al., 2011).

Furthermore, awareness, understanding, and care for clients' identities, perceptions, and experiences are essential for empathy and integral to Freire's (2000) critical consciousness model. However, empathy alone does not ensure counselors' ability to engage in social justice advocacy or their ability to grow in their critical consciousness. How one experiences and understands race can influence counselors' and CITs' abilities to gain or engage in the exploration of critical consciousness (Constantine 2001; Gushue, 2004; Lee & Haskins, 2022; Neville et al., 2000).

Color-Blind Racial Attitudes

Color-blind racial attitudes include the frameworks individuals, groups, and systems utilize to deny the social significance of race in the United States (Chao, 2013) to justify the constructs of power that oppress persons of color and racial inequities (Neville et al., 2000). Fuertes and Brobst (2002) and later Dempsey et al. (2016) found CITs with higher color-blind racial attitudes were less able to accurately empathize with their clients. These attitudes may subsequently provide inaccurate diagnoses and attribute personal blame rather than systemic awareness to clients of color (Gushue, 2004).

Color-blindness is also a *racial microaggression*, a brief intentional or unintentional message or behavior that denigrates ethnic and racial minoritized individuals (Neville et al., 2013). These microaggressions negatively impact the therapeutic relationship (Owen et al., 2014) and the level of empathy provided to the client and their experiences (Neville et al., 2013; Owen et al., 2014).

Current Study/Purpose

Both empathy and color-blind racial attitudes have been studied as factors in cultural competency (Chao, 2013; Constantine, 2001; Malott et al., 2010). Those with both limited multicultural training and high levels of color-blind racial attitudes reported the lowest competence in counseling diverse clients. However, a gap remains in understanding the relationships between the three

factors of empathy, color-blind racial attitudes, and critical consciousness.

While other studies identified the positive impact of multicultural courses (Chao, 2012), time in counseling programs (Barden & Greene, 2015), personal characteristics (Barden & Greene, 2015), specialty area (e.g., school counseling, clinical mental health counseling; Chao, 2013) in multicultural competence, (Malott, 2010), the role of empathy, and color-blind attitudes in the development of students' critical consciousness is less understood.

Thus, this study aimed to investigate the relationships between empathy, color-blind racial attitudes, and critical consciousness within CITs. By better understanding relationships and predictors of critical consciousness in CITs, programs can better utilize training and experiences that increase critical consciousness to ensure ethical treatment of clients. Our research questions include:

1. Is there a relationship between empathy and color-blind racial attitudes in CIT?

   Hypothesis: There is an inverse relationship between empathy and color-blind racial attitudes in CIT

2. Does empathy predict CITs' critical consciousness?

   Hypothesis: Empathy positively predicts CITs' critical consciousness

3. Do color-blind racial attitudes predict CITs' critical consciousness?

   Hypothesis: Color-blind racial attitudes negatively predict CITs' critical consciousness

Method

This study was an institutional review board–approved quantitative survey research design using nonrandom convenience sampling of counseling students enrolled in CACREP-accredited counseling programs. We contacted the 406 CACREP-accredited counseling programs across the United States via emails to program chairs, requesting to share an online Qualtrics survey with their graduate counseling students. We limited participant inclusion to graduate students who were (a) 18 years or older and (b) enrolled in a CACREP-accredited counseling program within the United States.

Procedures

After providing informed consent, participants completed a demographics questionnaire through Qualtrics, where they shared their identities, counseling program details, and how often they experienced discrimination. Participants then completed three assessments measuring their empathy (Interpersonal Reactivity Index [IRI]; Davis, 1980), color-blind attitudes (Color-Blind Racial Attitude Scale [CoBRAS]), and critical consciousness (Critical Consciousness Scale [CCS]). The measures contained 62 items in total. With 16 demographic items, participants completed a total of 78 questions.

Measures

Interpersonal Reactivity Index

The IRI (Davis, 1980) is a 28-item self-report questionnaire that assesses an individual's multidimensional understanding of empathy using a 5-point Likert scale (0 = *does not describe me well,* to 5 = *describes me very well*). The scale consists of four subscales, including: perspective taking ($\propto$ = .73; tendency to adopt the psychological point of view of others); fantasy ($\propto$ = .79; tendency to transpose oneself imaginatively into the feelings and actions of fictitious characters in books, movies, and plays); empathic concern ($\propto$ = .71; feelings of sympathy and concern for others); and personal distress ($\propto$ = .76; "self-oriented" feelings of personal anxiety and unease in tense interpersonal settings; Davis, 1980). This instrument also has a test–retest reliability coefficient that varies between .61 and .81 (Davis, 1980).

Color-Blind Racial Attitudes Scale

The CoBRAS (Neville et al., 2000) is a 20-item measure that analyzes the denial of the existence of racism and the impact of race on individuals using a 6-point Likert scale (1 = *strongly disagree*, to 6 = *strongly agree*). CoBRAS includes a total score and three separate factors: racial privilege (unawareness of the prevalence of White privilege); institutional discrimination (ignorance toward the ramifications of discrimination and exclusion by institutions); and blatant racial issues (unawareness of widespread racial prejudice; Chao, 2013). Neville et al. (2000) found high reliability for unawareness of racial privilege and institutional discrimination ($\propto$ = .72), unawareness of blatant racial issues ($\propto$ = .70), and CoBRAS total score ($\propto$ = .86). Our study found $\propto$ = .94 for the scale total. Notably, while unawareness of racial privilege and institutional discrimination have acceptable test–retest reliability (r = .80), unawareness of blatant issues only had a .38 reliability, with the total CoBRAs score having a reliability of .68 (Neville et al., 2000).

Short Critical Consciousness Scale

The CCS-S (Rapa et al., 2020) was adapted from the Critical Conscious Scale (CCS; Diemer et al., 2017) to encompass the factors of the CCS and critical motivation (Rapa et al., 2020). The CCS-S is comprised of 14 items and four subscales, critical reflection: perceived inequality: understanding of cultural (e.g., socioeconomic, racial, gendered, etc.) constraints on opportunity; critical reflection: egalitarianism (belief that all persons should be treated equally); critical motivation (ideals about motivation to action); and critical action: sociopolitical participation (engagement in sociopolitical advocacy; Rapa et al., 2020). Items on the CCS-S use a 6-point Likert scale of "strongly disagree" to "strongly agree." Researchers conducted two studies to develop the CCS-S and another to validate the CCS-S (Rapa et al., 2020). Rapa et al. (2020) found mean interitem correlations (MICs) and Cronbach's alpha as "good" to "adequate" for internal consistency. The MICs and Cronbach's alpha ranged from .46 to .87 (Rapa et al., 2020), and in our study $\propto$ = .805.

Participants

The total sample included 200 participants, however, 34 responses were eliminated due to participants prematurely terminating or omitting questions within a given measure, thus decreasing the sample size to 166. Participants ranged in age from 18 to 64, with 50.9% (*n* = 85) reporting ages of 25–34. Participants identified as predominantly White (*n* = 133, 79,6%), female (*n* = 140, 83.8%), and heterosexual (*n* = 121, 72.5%). The majority of participants were first-year master's students (*n* = 102, 61.1%) and enrolled in the clinical mental health counseling track (*n* = 90, 53.9%). All participants reported being enrolled in a CACREP-accredited program with 71.9% (*n* = 120) completing a multicultural counseling course. Of the participants, 55.7% (n = 93) had completed at least one clinical semester. We included additional demographic information in an appendix, and means, standard deviations, and ranges for each of the scales and subscales are included in Table 1.

Results

Data Analysis

Data was analyzed using SPSS (Version 26). We first ran descriptive statistics to understand participants' levels of empathy, color-blind attitudes, and critical consciousness. We used ANOVAs to determine any significant impacts of the demographic variables regarding the participants' experiences. On average, participants who had a clinical semester received higher scores on the CCS than those without any clinical experience ($F(32,134) = [1.692]$, $p = .021$) and there was a difference in sociopolitical action depending on the frequency of discrimination experienced by participants ($F(13,153) = [1.811]$, $p = .046$). We performed multiple linear regression to understand the multiple influences of empathy, as measured through interpersonal reactivity and color-blindness,

on critical consciousness development. Before analysis, we used the normal probability plot to check for the assumption of normality. Through the utilization of scatterplots and Mahalanobis distances, we identified one outlier, reducing the sample to 165. Additionally, the data met assumptions for linearity and homoscedasticity through scatterplots and residual plots. Results were considered statistically significant at $p < .05$, the social science standard.

We used the total scores and subscale scores for both the IRI (subscales: perspective taking, fantasy, empathic concern, and personal distress) and CoBRAs (subscales: unawareness of racial privilege, institutional discrimination, and blatant privilege). We tested assumptions for each dependent variable for the Critical Consciousness Scale and the four subscales (perceived inequality, egalitarianism, critical motivation, and sociopolitical participation). The data met all assumptions after we omitted the outlier mentioned above. Bivariate correlations are presented in Table 1. For perceived inequality, the model explained 61.4% of the variance ($p < .01$). For egalitarianism, the model explained 10.6% of the variance ($p < .01$). For critical motivation, the model explained 46.1% of the variance ($p < .01$). For sociopolitical participation, the model did not significantly explain the variance ($p = .11$).

Relationship Between Empathy and Color-Blind Racial Attitudes

Researchers also tested the relationship between empathy, as perspective-taking, fantasy, empathic concern, and personal distress, and color-blindness, as unawareness of racial privilege, institutional discrimination, and blatant racial issues. Unawareness of racial privilege was negatively related to fantasy ($r = -.21, p < .01$) and empathic concern ($r = -.174, p < .01$). Similarly, unawareness of institutional discrimination was negatively related to fantasy ($r = -.14, p < .05$), empathic concern ($r = -.17, p < .01$), and personal distress ($r = -.17, p < .05$). Finally, unawareness of blatant racial issues was negatively related to fantasy

($r = -.15, p < .05$) and empathic concern ($r = -.15, p = .05$).

Empathy as a Predictor of Critical Consciousness

Empathy predicted critical consciousness, $R^2 = .11$, $F(5, 160) = 3.92, p = .002$, with a small effect size of .12. The model explained the variance for perceived inequality, egalitarianism, and critical motivation. Additionally, unique predictors to these various scales of critical consciousness were uncovered. Interpersonal reactivity, as a unique predictor, had insignificant impact on critical consciousness. Out of the subscales of the IRI and CCS-R, empathic concern was a significant unique predictor to egalitarianism ($B = .21, p < .01$) and critical motivation ($B = .15, p < .05$).

Color-Blindness as a Predictor of Critical Consciousness

The subscales of the CoBRAs had partial impact on the prediction of critical consciousness, with small effect size of .05, $R^2 = .62, F(4, 162) = 67.35, p < .001$. Specifically, unawareness of institutional discrimination ($B = -.31, p > .01$) and unawareness of blatant racial issues ($B = -.39, p < .001$) were both negative unique predictors to critical motivation. Further, unawareness of blatant racial issues negatively predicted perceived inequality ($B = -.20, p < .05$). However, unawareness of racial privilege did not uniquely predict to aspects of critical consciousness.

Predictors of Sociopolitical Participation

The model did not significantly explain sociopolitical participation, as measured by the Critical Consciousness Scale, $R^2 = .08, F(9, 156) = 1.49, p = .157$. Albeit, this has a small effect size of .09. Similarly, sociopolitical participation as unawareness of racial privilege, unawareness of institutional discrimination, unawareness of blatant racial issues, perspective taking, fantasy, empathic concern, and personal distress, were deemed insignificant

Table 1

Means, SD, and Bivariate Correlations

Scale/Subscale	M	SD	1	2	3	4	5	6	7	8	9	10	11
1.CCS: Critical Reflection			---										
2.CCS: Critical Motivation	20.89	3.19	.000*	---									
3.CCS: Critical Action	6.93	2.8	.233	.000*	---								
4.CoBRAs	45.59	19.62	.000*	.000*	.009*	---							
5.Un. Racial Privilege	17.65	7.61	.000*	.000*	.004*	.000*	---						
6.Un. Instit. Discrim.	16.11	6.96	.000*	.000*	.053	.000*	.000*	---					
7.Un. Blatant Racial Iss.	10.59	5.41	.000*	.000*	.013*	.000*	.000*	.000*	---				
8.IRI	2.71	3.85	.032*	.039*	.388	.029*	.039*	.021*	.071	---			
9.Perspective Taking	3.10	.54	.772	.892	.224	.340	.255	.676	.384	.000*	---		
10.Fantasy	2.87	.75	.192	.122	.761	.047*	.013*	.099	.156	.000*	.153	---	
11.Empathic Concern	3.38	.45	.000*	.000*	.404	.003*	.007*	.005*	.006*	.000*	.000*	.000*	---
12.Personal Distress	1.48	.736	.318	.488	.239	.142	.296	.076	.221	.000*	.060	.000*	.106

Note. *$p < .05$.

Discussion

The results indicate that there is an inverse relationship between aspects of empathy and color blindness, with both having some impact on critical consciousness. Both subscales of unawareness institutional discrimination and unawareness of blatant racial issues negatively predicted critical motivation. Additionally, unawareness of blatant racial issues negatively and uniquely predicted perceived inequality. Interestingly, neither the IRI and its subscales nor CoBRAs and its subscales significantly predicted social political participation as measured by CCS-S. We contextualized these results and discuss implications of these results on counselor education.

Empathy and Color-Blind Racial Attitudes

When exploring the relationship between empathy and color-blind attitudes, the results are as expected: as empathy increases, color-blind attitudes decrease. These results align with Burkard and Knox's (2004) study examining psychologists' color-blind racial attitudes and impacts on empathy. Burkard and Knox (2004) found that psychologists who hold color-blind racial attitudes can also provide empathy for clients, yet miss the cultural components relevant to clients' presentation. This aligns with our findings in that participants reported color-blind racial attitudes and held empathy for clients yet failed to recognize the role of oppression. It is also important to note that being aware and empathic of oppression does not necessarily indicate one will engage in action to disrupt oppressive systems. Empathy can take on a passive role, where students can feel empathic but not engage in action to correct the more significant systemic issues (Boler, 1999).

Students' active engagement in empathy and critical conscious activities can be increased through classroom activities and assignments. For instance, some counselor educators are engaging students in experiential learning abroad to provide direct engagement with diverse cultures and including service-learning opportunities to foster empathy and increase critical consciousness (Goodman & West-Olatunji, 2009).

Empathy and Critical Consciousness

Our results indicated that CITs' empathy did not predict critical consciousness, however, empathic concern predicted the subscales of egalitarianism (an aspect of critical reflection) and critical motivation. While egalitarianism does not necessarily deny the existence of systemic barriers based on identity, it encompasses what Gallagher (2014) described as color-blind egalitarianism. Individuals who align with color-blind egalitarianism identify that equality is necessary and that equality has been achieved; the many systems of oppression are no longer in place. Gallagher (2014) noted how often times individuals who identify as White aligned with color-blind egalitarianism.

The results indicate that students' perspective taking, such as fantasy (imagining the experiences of others) or personal distress (Davis, 1980), did not predict their critical reflection (e.g., recognition of inequality for racial/ethnic groups, women, and low-income individuals), critical motivation, or sociopolitical participation (e.g., advocacy; Rapa et al., 2020). These results are contrary to our hypothesis that as empathy increases, so does one's level of critical consciousness. Furthermore, this conflicts with previous literature that indicates empathy is predictive of counselors/ critical consciousness (Chao, 2013; Constantine, 2001).

Color-Blind Racial Attitudes and Critical Consciousness

The subscales of the CoBRAs did predict some aspects of critical consciousness. Students who indicated awareness of institutional discrimination and blatant racial issues were more likely to recognize systemic oppression of racial minorities, women, and individuals within lower-economic brackets (critical reflection) and experience critical motivation.

Interestingly, neither color-blind racial attitudes nor participants' empathy predicted their participation in civil rights or political activism on behalf of oppressed individuals. While this study does not measure engagement in other forms of advocacy, it is important to explore the lack of relationship. The Multicultural Social Justice Competencies (MSJCC; Ratts et al., 2016) highlight the importance of counselors gaining competence in working with clients with different identities and engaging in social justice advocacy by intervening with and on behalf of clients. Yet, our results show that CITs are not moving from skills to action. One potential explanation could be the time demands of counselor education programs, limiting the availability to engage in such action. Counselor education programs could therefore infuse social advocacy within their courses and assignments to provide opportunities for students to engage, and potentially increase the likelihood of participation beyond graduation.

Implications

Sympathizing and color-blind egalitarianism can harm the relationships with minoritized clients, or worse, harm clients (Constantine, 2001) in ways that conflict with the ethical mandates of nonmaleficence (ACA, 2014). Our results indicate that when CIT participants develop empathic concern for clients, it enables them to engage in self-reflection and build awareness of the oppression minority groups endure. In turn, they can become capable of addressing these issues with their clients and engage in advocacy, although the latter is not evidenced in our study. Counselor training programs can begin to explore avenues to motivate and engage students in advocacy while promoting empathy and critical consciousness.

This study indicates the value in increasing student empathy toward oppressed groups and minimizing color-blind racial attitudes. Moving from cultural competency toward a critical consciousness framework requires counselor education programs and counselor educators to incorporate social justice, advocacy, and antiracist readings, perspectives, and activities within all

courses. Antiracism can no longer sit primarily within a multicultural course. Previous literature highlights opportunities to include antiracism and anti-oppression within counseling theories courses, decolonize racial/ethnic identity in development models, and identify avenues to do this from a social justice framework (Goodman & Gorski, 2014; Sharma & Delgado, 2021; Shin, 2015). Additionally, Gess (2016) provided activities and case studies counselor educators can utilize to increase social justice and advocacy within each of CACREP's (2015) core courses.

Limitations and Future Research

A limitation of the current study is the use of self-report measures that may evaluate one's self-perception. CITs may present themselves as having greater empathy or inclusive beliefs; thus, social desirability may impact the reliability of the results. Using self-report measures that include response bias may help increase the reliability and validity of the results.

Our sample may not be representative of all counseling students or those in the early stages of their graduate program. Gonzalez-Voller et al. (2020) found that students' multicultural competence increased as they engaged within their counseling program, indicating that more education, discussion, and exposure increased their competence levels and are thus not generalizable to all CITs. Additionally, the current sample overwhelmingly identified as White. According to CACREP's (2018) vital statistics, 59.49% of counseling students identify as White. Therefore, our sample may not represent all students' attitudes. Further research on how demographic variables impact students' empathy and critical consciousness requires a more diverse sample to match CACREP's vital statistics.

Our results identify opportunities for counseling training programs and researchers to examine how empathy and critical consciousness develop among counselors in training. Additionally, results indicate further exploration of how CITs moved from reflection to action. In alignment with Lee and

Haskins' (2022) call for the examination of culturally humble practice, counseling research can examine beyond multicultural knowledge and competence to a more nuanced understanding of cultural humility, critical consciousness, empathy, and color-blind attitudes to ensure that all clients are afforded quality care within the counseling profession.

Conclusion

This study used measures of color-blind attitudes, interpersonal reactivity, and critical consciousness to understand how these factors are related in CITs. We found that, while there was some predictability with empathic concern and color-blindness on the development of aspects of critical reflection and critical motivation, this predictive relationship did not extend to sociopolitical participation. Thus, our data led to implications of the importance in deconstructing color-blind attitudes and developing empathic concern in CITs, but is limited to influencing CITs' knowledge and skills in work with diverse clients, and may not extend to increasing advocacy in CITs. This demonstrates a gap to be further studied: How does one move CITs from motivation to action?

Counselor educators can continue to build curricula that emphasize empathic concern and discuss racial privilege and discrimination. We further encourage counselor educators and researchers to determine methods that increase sociopolitical participation and other forms of advocacy. Hopefully, as the profession grows to embrace the role of the social justice advocate, we can intentionally design our curricula to support CITs in actively advocating for the needs of diverse clients.

References

American Counseling Association. (2014). *ACA code of ethics*. Alexandria, VA: Author.

Barden, S. M., & Greene, J. H. (2015). An investigation of multicultural counseling competence and multicultural counseling self-efficacy for counselors-in-training. *International Journal for the Advancement of Counselling*, 37, 41–53. https://doi.org/10.1007/s10447-014-9224-1

Bayne, H. B., & Jangha, A. (2016). Utilizing improvisation to teach empathy skills in counselor education. *Counselor Education and Supervision, 55*(4), 250–262.

Boler, M. (1999). *Feeling power: Emotions and education*. Routledge.

Burkard, A. W., & Knox, S. (2004). Effect of therapist color-blindness on empathy and attributions in cross-cultural counseling. *Journal of Counseling Psychology, 51*(4), 387–397.

Chao, R. C.-L. (2012). Racial/ethnic identity, gender-role attitudes, and multicultural counseling competence: The role of multicultural counseling training. *Journal of Counseling & Development*, 90, 35– 44. https://doi.org/10.1111/j.1556-6676.2012.00006.x

Chao, R. C.-L. (2013). Race/ethnicity and multicultural competence among school counselors: Multicultural training, racial/ethnic identity, and colorblind racial attitudes. *Journal of Counseling and Development*, 91(2), 140–151. https://doi.org/10.1002/j.1556-6676.2013.00082.x

Constantine, M. G. (2001). Perspectives on multicultural supervision. *Journal of Multicultural Counseling and Development*, 29(2), 98–101. https://doi.org/10.1002/j.2161-1912.2001.tb00507.x

Council for Accreditation of Counseling and Related Educational Programs. (2015). 2016 CACREP *standards*. http://www.cacrep.org/wp-content/uploads/2017/08/2016-Standards-with-citations.pdf

Council for Accreditation of Counseling and Related Educational Programs. (2018). *CACREP vital statistics 2017: Results from a national survey of accredited programs*. Alexandria, VA: Author.

Council for Accreditation of Counseling and Related Educational Programs (2023). *2024 CACREP standards*. https://www.cacrep.org/wp-content/uploads/2023/06/2024-Standards-Combined-Version-6.27.23.pdf

Dao, D. K., Goss, A. L., Hoekzema, A. S., Kelly, L. A., Logan, A. A., Mehta, S. D., Sandesara, U. N., Munyikwa, M. R., & DeLisser, H. M. (2017). Integrating theory, content, and method to foster critical consciousness in medical students: A comprehensive model for cultural competence training. *Academic Medicine: Journal of the Association of American Medical Colleges, 92*(3), 335–344. https://doi.org/10.1097/ACM.0000000000001390

Davis, M. H. (1980). A multidimensional approach to individual differences in empathy. *Journal of Personality and Social Psychology, 10*(85).

Dempsey, K., Ching, J., & Page, U. (2016). When colorblindness hurts: Cultural competence implications for counselors-in-training. *International Journal of Social Science Studies, 4*, 101–108.

Diemer, M. A., Rapa, L. J., Park, C. J., & Perry, J. C. (2017). Development and validation of the critical consciousness scale. *Youth & Society*, *49*(4), 461–483. https://doi.org/10.1177/0044118X14538289

Elliott, R., Bohart, A. C., Watson, J. C., & Greenberg, L. S. (2011). Empathy. *Psychotherapy (Chicago, Ill.)*, *48*(1), 43–49. https://doi.org/10.1037/a0022187

Freire, P. (1973). Education for critical consciousness. The Seabury Press.

Freire, P. (2000) *Pedagogy of the oppressed*. Continuum International Publishing Group.

Fuertes, J. N., & Brobst, K. (2002). Clients' ratings of counselor multicultural counseling competency. *Cultural Diversity and Ethnic Minority Psychology*, *8*, 214–223. https://doi.org/10.1037//1099-9809.8.3.214

Gallagher, C. (2014). Colorblind egalitarianism as the new racial norms. In K. Murji & J. Solomos (Eds.), *Theories of race and ethnicity: Contemporary debates and perspectives* (pp. 40–56). Cambridge University Press. https://doi.org/10.1017/CBO9781139015431.006

Gess, J. (2016). Social justice in counselor education: Teaching advocacy across the core. *Journal of Counselor Leadership and Advocacy, 3*(2), 124–134. https://doi.org/10.1080/2326716X.2015.1133334

Gonzalez-Voller, J., Crunk, A. E., Barden, S. M., Harris, S., & Belser, C. T. (2020). A preliminary longitudinal study of multicultural competence in counselor education. *Journal of Counseling and Development*, *98*(3), 308–318. https://doi.org/10.1002/jcad.12325

Goodman, R. D., & Gorski, P.C. (Eds.). (2014). *Decolonizing multicultural counseling through social justice*. Springer. https://doi.org/10.1007/978-1-4939-1283-4

Goodman, R. D., & West-Olatunji, C. A. (2009). Applying critical consciousness: Culturally competent disaster response outcomes. *Journal of Counseling & Development*, *87*, 458–465. https://doi.org/10.1002/j.1556-6678.2009.tb00130.x

Gushue, G. V. (2004). Race, colorblind racial attitudes, and judgments about mental health: A shifting standards perspective. *Journal of Counseling Psychology*, *51*, 398–407. https://doi.org/10.1037/0022-0167.51.4.398

Heberle, A.E., Rapa, L.J., & Farago, F. (2020). Critical consciousness in children and adolescents: A systematic review, critical assessment, and recommendations for future research. *Psychological Bulletin*, *146*(6), 525. https://doi.org/10.1037/bul0000230

Hernández, P., Almeida, R., & Dolan-Del Vecchio, K. (2005). Critical consciousness, accountability, and empowerment: Key processes for helping families heal. *Family Process*, *44*(1), 105–119. https://doi.org/10.1111/j.1545-5300.2005.00045.x

Hook, J. N., Davis, D., Owen, J., & DeBlaere, C. (2017*). Cultural humility: Engaging diverse identities in therapy*. American Psychological Association. https://doi.org/10.1037/0000037-000

Kumagai, A. K., & Lypson, M. L. (2009). Beyond cultural competence: Critical consciousness, social justice, and multicultural education. *Academic Medicine, 84*(6), 782–787. https://doi.org/10.1097/ACM.0b013e3181a42398

Lee, A. T., & Haskins, N. H. (2022). Toward a culturally humble practice: Critical consciousness as an antecedent. *Journal of Counseling and Development*, *100*(1), 104–112. https://doi.org/10.1002/jcad.12403

Malott, K. M. (2010). Multicultural counselor training in a single course: Review of research. *Journal of Multicultural Counseling and Development*, 38, 51– 63. https://doi.org/10.1002/j.2161-1912.2010.tb00113.x

Moudasou, M., Stavropoulou, A., Philalithis, A., & Koukouli, S. (2020). The role of empathy in health and social care professionals. *Healthcare. 8*(26), 1–9. https://doi.org/10.3390/healthcare8010026

Neville, H. A., Awad, G. H., Brooks, J. E., Flores, M. P., & Bluemel, J. (2013). Colorblind racial ideology: Theory, training, and measurement implications in psychology. *American Psychologist, 68*, 455–466. https://doi.org/10.1037/a0033282

Neville, H. A., Lilly, R. L., Duran, C., Lee, R. M., & Browne, L. (2000). Construction and initial validation of the Colorblind Racial Attitudes Scale (CoBRAS). *Journal of Counseling Psychology*, *47*, 59–70. https://doi.org/10.1037/0022-0167.47.1.59

Owen, J., Imel, Z., Tao, K. W., Wampold, B., & Rodolfa, E. (2014). Addressing racial and ethnic microaggressions in therapy. *Professional Psychology, Research and Practice, 45*(4), 283–290. https://doi.org/10.1037/a0037420

Rapa, L. J., Bolding, C. W., & Jamil, F. M. (2020). Development and initial validation of the short critical consciousness scale (CCS-S). *Journal of Applied Developmental Psychology*, *70*, Article 101164. https://doi.org/10.1016/j.appdev.2020.101164

Ratts, M. J., Singh, A. A., Nassar-McMillan, S., Butler, S. K., & McCullough, J. R. (2016). Multicultural and social justice counseling competencies: Guidelines for the counseling profession. *Journal of Multicultural Counseling and Development*, *44*(1), 28–48. https://doi.org/10.1002/jmcd.12035

Rogers, C. R. (1975). Empathic: An unappreciated way of being. *The Counseling Psychologist*, *5*(2), 2–10. https://doi.org/10.1177/001100007500500202

Sharma, J., & Hipolito-Delgado, C. P. (2021). Promoting anti-racism and critical consciousness through a critical counseling theories course. *Teaching and Supervision in Counseling, 3*(2), 15–25.

Shin, R. Q. (2015). The application of critical consciousness and intersectionality as tools for decolonizing racial/ethnic identity development models in the fields of counseling and psychology. In R. Goodman & P. Gorski (Eds.), *Decolonizing "multicultural" counseling through social justice* (pp. 11–22). Springer.

Vargas, H. L. (2016). Raising relational critical consciousness to enhance empathy in clinical hypnosis. *The American Journal of Clinical Hypnosis*, *58*(3), 295–297. https://doi.org/10.1080/00029157.2015.1102700

Williams, J. M., McMahon, H. G., & Goodman, R. D. (2015). Eco-webbing: A teaching strategy to facilitate critical consciousness and agency. *Counselor Education and Supervision*, *54*(2), 82–97.

Author Information

work is properly attributed. The authors retain the copyright to this article.

Bagmi Das, PhD, LMFT, is an assistant professor in counseling and human development at The George Washington University. Her areas of scholarship include counselor training, family systems, and counseling and advocacy in immigrant and refugee individuals and families.

Maggie M. Parker, PhD, LPC, BCS, RT-S, CCPT-S, is an assistant professor in counseling and human development at The George Washington University. Her areas of scholarship include the mental health needs of children and adolescents, and developmental approaches to counseling, specifically the provision of play therapy services within school settings, and teaching play therapy skills to teachers and parents. Dr. Parker is also interested in exploring trauma, diversity, and expressive arts with children and adolescents.

Sarah Litt, MA, LPC, NCC, is a graduate of the clinical mental health counseling program at The George Washington University and is a current doctoral student at Syracuse University's counseling and counselor education program.

Appendix

Participant Demographics

(*N* = 166)		*N*	*%*
Age	18–24	28	16.8
	25–34	85	50.9
	35–44	32	19.2
	45–54	17	10.2
	55–64	5	3.0
Race	White/Caucasian	133	79.6
	Latin/Latinx	8	4.8
	Black	10	6.0
	N/A, Other	5	3.0
	Asian	4	2.4
	Biracial	7	4.2
Gender	Female	140	83.8
	Male	17	10.2
	Transgender male	2	1.2
	Gender Fluid/Gender Queer	2	1.2
	Agender	1	0.6
	Prefer to Not Answer	4	2.4

(table continues)

(*N* = 166)		*N*	*%*
Sexuality	Heterosexual	121	72.5
	Bi	13	7.8
	Queer	5	3.0
	Gay	8	4.8
	Pansexual	8	4.8
	Fluid	1	0.6
	Asexual	1	0.6
	Decline	10	6.0
Experience With Discrimination	Never	24	14.4
	Sometimes	122	73.1
	Often	17	10.2
	All The Time	4	2.4
Education Level	2 Year Degree	1	0.6
	4 Year Degree	102	61.1
	Professional Degree	63	37.7
	Doctorate	1	0.6
Program Type	Rehab Counseling	19	11.4
	Clinical Mental Health Counseling	90	53.9
	School Counseling	24	14.4
	Marriage, Couples, Family Counseling	6	3.6
	CES PhD	9	5.4
	Dual Track	2	1.2
	N/A, No Answer	15	9.0
	College	1	0.6
	Educational Psychology	1	0.6
How many semesters of clinical experience do you have?	0	74	44.3
	1	29	17.4
	2	32	19.2
	3	18	10.8
	4	10	6.0
	5+	4	2.4
Have you taken a multicultural counseling course?	Yes	120	71.9
	No	47	28.1