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White Marriage and Family Therapy Students' Experiences in Diversity Courses: An Interpretative Phenomenological Analysis

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White Marriage and Family Therapy Students' Experiences in Diversity Courses:
An Interpretative Phenomenological Analysis

by

Porshia R. Cunningham

A Dissertation Presented to the
Dr. Kiran C. Patel College of Osteopathic Medicine
In Partial Fulfillment of the Requirements for the Degree of
Doctor of Philosophy

Nova Southeastern University

2020

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by

Porshia R. Cunningham

August 2020

Nova Southeastern University

Dr. Kiran C. Patel College of Osteopathic Medicine

This dissertation was submitted by Porshia Cunningham under the direction of the chair of the dissertation committee listed below. It was submitted to the Dr. Kiran C. Patel College of Osteopathic Medicine and approved in partial fulfillment of the requirements for the degree of Doctor of Philosophy in the Department of Family Therapy at Nova Southeastern University.

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Dedication

This study is dedicated to my son, August, and daughter, Emberly. As a social advocate, I believe positive social change starts at home. This dissertation is merely one effort toward cultivating an inclusive and equitable environment for you both. To August, may you continue to challenge the dominant narrative and discourse, and, always remember you are a king. To Emberly, you came into this world filled with fight and resiliency—remember there is nothing you cannot achieve. As children of color, a collection of multiple races and ethnicities, you are physical manifestations of love and inclusivity.

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I want to give God all of the glory. It was through God's will that I persevered through some of my darkest moments. There were stops in my journey when I was homeless, grieving, and without guidance, but the Lord knew better and had already ordered my steps. At one point, I dropped out of college with no hope in sight, but He strategically placed individuals in my life to support me and help me. The following are family members, mentors, and friends that edified and contributed to my growth.

My beautiful mother, Jessica Bert, always told me, "Do what you have to do now, so you can do what you want to do later." Little did I know, that motto would be a guide and build my work ethic over 26 years of school. First, I want to thank my dad, Willie Bert, and my mom, even though I was not the easiest child—you both fostered confidence and security within me. Your financial support during my undergraduate experience and into my master's program afforded me a second chance and an opportunity to commit to my education without the typical monetary burdens. Have no fear, your retirement will be taken care of! Dad, you redefined what a father should be and gave all three of us unconditional love that superseded even biological fatherhood. Mom, the strong, powerful, resilient woman you are set a foundation for me to build who I am today. You never allowed me to sit and soak in life problems—instead you reminded me that life is a journey and my job to be a pupil. As a lifelong learner, you continue to self-educate and contribute to your community. Defying all odds, you came from humble beginnings; a 5-year-old immigrant that only spoke Spanish to a single-mother of three that served 20 years in the military, and I am honored to bear witness to your story. Every challenge you overcame

planted a seed inside of me, which continues to grow beyond myself and into my motherhood. Please know that your influence is generational. You fought hard to provide for me what you were not afforded, and your efforts are seen. Mom and Dad, I love you!

Next, I want to acknowledge my Grandfather, Alphonzo Gilliam, and my grandmother Elise Gilliam. My grandparents have been the only constant support in my life, never wavering. Granddad, may you rest in power! He always told me I was “smart enough to become the president one day.” From a young girl to a young woman, my grandfather took every opportunity he had to tell me I was smart, beautiful, different, and powerful. He was not scared of my rambunctious personality and I knew he saw something in me that would do great things. His affirmation and validation, as a Black man and a father, was incomparable and I truly believe it served as an invaluable pillar to support my abilities and perseverance. Furthermore, I would like to acknowledge my grandmother, also known as Grammy and GG. Since August 3rd, 1988, you have never missed a birthday, a heartbreak, or an achievement. Every summer, you flew me home, even across international waters, to emotionally and spiritually invest in me and my brother, Roderick. With such compassion, you were patient with me through all of my phases, especially the difficult ones. As a GG, you were there for the birth of my children, holding my hand, and praying over my family. With grace, you rise through leadership in your church and are a beacon of light for thousands of women across the nation. I can only hope to make the community impact that I see you make every day. You taught me how to care for and prioritize myself, and to remain humble. Even though I experienced traumatic moments, you showed me how to heal and forgive through Christ, and through your daily routines I saw you practice what you preached. Granddad and Grammy, I love you, and thank you so much! A bushel and a peck.

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Abstract

American minority racial groups are on the rise and the majority racial group (White) will decrease in size (Vespa, Medina, & Armstrong, 2018). The U.S. population is becoming progressively diverse and projections indicate that by 2050, the elderly population will be 42% minority for the first time in history (U.S. Census Bureau, 2002). Racial minority experiences and needs are uniquely influenced by race due to systematic structures historically constructed in the United States (Cole, 2019; Sue, 2019). For many marriage and family therapy (MFT) students, particularly White students, the culture and diversity course is the primary mechanism for exposure to other cultures, learning about oppression, and understanding social issues embedded in societal constructs. In this study, I used interpretative phenomenological analysis (IPA) to explore six White students' experiences in a culture and diversity course. After thorough analysis, three major themes emerged: class format/structure, being White, and shift in worldview. The findings indicated that participants' experiences were influenced by their race: how they received the course material and decreased their willingness to speak out in class. Participants reported a shift in how they view themselves and others, after completing the diversity course. Implications of the findings for the MFT field and future research are discussed.

Keywords: culture, diversity, qualitative research, MFT training, White

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CHAPTER I: INTRODUCTION

This dissertation study focuses on White students' experiences in the culture and diversity course in marriage and family therapy (MFT) graduate training programs.

According to Hardy and Laszloffy (1995), culture is “a broad multidimensional concept that includes but is not limited to ethnicity, gender, social class, and so forth” (p. 228). Diversity is “the inclusion of different types of people (such as people of different races or cultures) in a group or organization” (Merriam-Webster, 2019). The culture and diversity course is a Commission of Accreditation for Marriage and Family Therapy Education (COAMFTE) requirement of MFT training programs and focuses on issues of culture, diversity, ethnicity, and social change. The course is intended to educate and prepare students in MFT training programs on how to ethically work with clients from diverse backgrounds. Students are trained to do the least amount of harm possible, handle clients with intentional care, and attempt to practice in a way that benefits the entire family system.

In the United States, therapy takes place within societal structures that disproportionately assign privilege, power, and value to specific constructs, groups, and races. Because of this, all therapy is political whether the professional means for it to be so or not (Constantine, Juby & Liang, 2001). “No one escapes the influence of oppression, given its infusion into systems of thought, associations, and values, implicit and explicit, and institutional and cultural practices. This means that issues of oppression are always relevant to some degree in therapy” (Watts-Jones, 2010, p. 411). Mental health professionals, in general, are exposed to cultural discourse—overarching ideas and messages exhibited in everyday life through social media, other forms of mass communication, socio-cultural norms, and education. White therapists, supervisors, and educators in particular, have

intersections of privilege and power that compound in various settings (clinical, supervision, classroom). This adds to the power dynamic between the therapist (power position) and the client (less powerful position), the supervisor (power position) and the supervisee (less powerful position), and the professor (power position) and the student (less powerful position). Unfortunately, even the well-intentioned therapist can harm their client if they are not culturally aware and sensitive to potential cultural bias and differences (Sue, 2004, 2010; Sue, Capodilupo & Holder, 2008; Sue, Nadal, Capodilupo, Lin, Torino & Rivera, 2008).

MFT supervisors and faculty have a unique opportunity to combat oppression and marginalization while educating and training emerging therapists about the harms and dangers of racism and discrimination. MFTs are considered experts on family systems and relationships, and this systemic perspective benefits clients. Culture and diversity training contribute to the well-being of clients, trainees, and the mental health field as a whole. My goal was to explore White MFT students' experiences learning about topics related to race, ethnicity, culture, privilege, gender, and social justice to gain insight into what helps and hinders their learning about these issues. This study was framed by race, particularly the White Euro-American (non-Hispanic) racial category. I capitalize White as suggested by the U.S. Census Bureau (2018), which defines White as "a person having origins in any of the original peoples of Europe, the Middle East, or North Africa (para. 2)."

Background of the Problem

The U.S. Census Bureau (2002) predicted that minority racial groups will grow while the majority racial group (White) will decrease in size, and each year the American population will become increasingly diverse (Vespa, Medina, & Armstrong, 2018). The population with two or more races increased about one-third in size from 2000 to 2010,

which is roughly 2.2 million people (Jones & Bullock, 2012). Projections indicate that by 2050, the older population is expected to be 42% minority, a 20% increase from 2010 (Grayson & Velkoff, 2010). Policymakers, healthcare programs, mental health providers, and families will face challenges as the nation's demographics shift (Grayson & Velkoff, 2010), which is impacted by race. For example, Black children are 34% more likely to live in a single-parent household than White (non-Hispanic) children, and Hispanic children are 10% more likely compared to White children (Vespa, Lewis & Kreider, 2013). Yet, White households are the least likely to be multigenerational (3%) and of those, 89% do not have foreign-born persons. Fifty-three percent of all foreign-born persons in the United States come from Latin American or the Caribbean and 28% come from Asia (Vespa, Lewis & Kreider, 2013).

The aforementioned examples illustrate the intertwining nature of race and family life in U.S. society. Dominant groups and people in privileged positions maintain power over the American narrative and shape the cultural messages, values, and ideals distributed through larger social platforms (Cole, 2019). Also referred to as discourse, these messages can be found in mass media, politics, imagery, etc. and typically are less representative of non-Whites. Individuals within a culture interpret discourse and assign meaning to themselves, their environment, and to others. Often, the messages are covert and, undenounced to the individual, directly influence one's values and beliefs by defining what is "normal" or "right." Consequently, researchers have found that if one deviates from the dominant narrative or is a member of a minority group the person is more vulnerable and likely to be negatively impacted, psychologically and emotionally (Sue, 2019).

The negative effects of racism on an individual's mental health as it pertains to racial minorities and ethnicities has been well documented (Boyd- Franklin, 1989; White, 2007; Sue, 2010, Tatum 2003, McGoldrick & Hardy, 2008, Hardy, 2013; Sue, Capodilupo & Holder, 2008; Hill, Lau, & Sue, 2010), including lower self-regard, chronic health conditions, reduced psychological well-being, and increased anxiety (Wong, Derthick, David, Saw, & Okazaki, 2014). The ongoing conversation in mental health fields about race and ethnicity is empowering minority groups and providing them with resources for healing and coping; however, this is not a burden for only people of color (Sue, 1993). Client struggles are often informed by the larger society and rooted in their social experiences (Waldegrave, 2005; Waldegrave & Tamasese, 1994). The structures are social constructs that can be changed, which will start by dismantling privileged and oppressive narratives (McDowell, 2005).

Research has shown that marginalized populations experience social stressors different from dominant social groups, including African Americans (Hook, Farrell, Davis, DeBlaere, Van Tongeren & Utsey, 2016; Sue, Capodilupo, & Holder, 2008), Asians (Ong, Cerrada, Lee & Williams, 2017), the Latinx community (Bonifacio, Gushue & Mejia-Smith, 2018), and the LGBTQ community (Balsam, Molina, Beadnell, Simoni & Walters, 2011; Woodford, Chonody, Kulick, Brennan & Renn, 2015), to name a few. These stressors are a result of micro- and macro-aggressions, which have been found to cause health issues (Gonzales, Davidoff, Nadal & Yanos, 2015) and are commonplace in daily life (Sue, Capodilupo, Torino, Bucceri, Holder, Nadal & Esquilin, 2007; Ong & Burrow, 2017). As such, special care must be taken as a therapist to avoid such disparities (Sue, Sue, Neville & Smith, 2019).

Originally, the dominant theories and clinical models in the MFT field reflected the privileged narrative and were based on White male, heterosexual, middle-class experiences, which were accepted as the normative model. With a counter standpoint, feminist family therapy pushed to expand that perspective to include less privileged voices (Hare-Mustin, 1978). Many began to consider diversity training as an ethical responsibility of the therapist and professional organizations (Marshall & Wieling, 2000). Since then, the field now incorporates cultural diversity and power dynamics into training materials (Hardy & Keller, 1991; Marshall & Weiling, 2000), and more inclusive therapy models have been developed to better equip family therapists to work with diverse clientele (Hardy & Laszloffy, 1995; Torino, Rivera, Capodilupo, Nadal, & Sue, 2018). Accredited MFT programs must meet the COAMFTE (2017) Version 12.0 standards:

...programs must strive for diversity and inclusion. Programs strive for a diverse faculty and student body in terms of race, age, gender, ethnicity, sexual orientation, gender identity, socioeconomic status, disability, health status, religious and spiritual practices, nation of origin or other relevant social categories, immigration, and/or language, with a regard for the rights of religiously affiliated institutions. Not only does this prepare MFT professionals for today's diverse, ever-changing globally connected society but also it creates a stimulating, creative, and synergistic learning context. (p. 4)

Despite the rise of racial minorities in the United States and the enhanced literature on their experiences, MFT demographics indicate 71% of supervisors, 73% of faculty members, and 49% of students are White (American Association for Marriage and Family Therapy [AAMFT], 2019). These statistics are especially important as the research highlights a stark

difference between the experiences of a White person and a person of color, which are typically concealed by White privilege. There is a high probability that clients of color who seek therapy will be paired with a White therapist, and MFT students of color will mostly have White instructors and clinical supervisors. It is becoming increasingly more likely that a White person will provide therapy, educate, or supervise a racial and/or ethnic minority due to the rise in minority populations; therefore, it is important to understand the effectiveness of culture and diversity training for White MFT students.

Macroaggressions and Microaggressions

Hilliard (1992, p. 56) defined racism as “encompassing economic, political, social, and cultural structures, actions, and beliefs that systematize and perpetuate an unequal distribution of privileges, resources, and power between white people and people of color.” White therapists can engage in microaggressions—racial slights and derogatory verbal behavioral, and environmental indignities that have harmful psychological effects on a person or group (Sue et al., 2007). In commonplace, macro is defined as “very large in scale, scope, or capability” (Dictionary.com, 2020, para. 1) and aggression is “the act of initiating hostilities or invasion, the practice or habit of launching attacks, hostile or destructive behavior or action” (Your Dictionary, 2018, para. 4). Specifically, macroaggression is defined as “large-scale or overt aggression toward those of a certain race, culture, gender, etc.” (Wiktionary, 2019, para. 1). Some believe that in the present sociopolitical environment there has been an increase in macroaggressions (Druery, Young & Elbert, 2018), and victims of racism are suffering from violent attacks in their communities and receiving verbal threats and inappropriate comments. According to Druery et al., the increase in macroaggressions is a result of White supremacists being emboldened by the discourse perpetuated by President

Trump. Americans seem to be more divided now than in past years, which seems to foster unity among communities (Husband, 2018). As mental health professionals, we understand the psychological and emotional dangers that come from verbal abuse and physical abuse. Historically, we have witnessed the negative effects on communities of people oppressed by these aggressions, for example, the enslavement of Blacks (Jones, 1997; Smedley & Smedley, 2005), the genocide of Native Americans (Evans-Campbell, 2008; Wiechelt & Gryczynski, 2011), and Jews and the holocaust (Marrus, 1987; Wyman, 2019), to name a few.

As hurtful as macroaggressions are, the detrimental effects do not stop at the macro-level, but continue in less overt aggression referred to as microaggression. According to Sue (2010), “While microaggressions include both conscious and unconscious biased beliefs and attitudes, current research reveals that it is the unconscious, subtle, and unintentional expressions that are most damaging and harmful to oppressed groups” (p. viii). Even the most well-meaning White therapist could unknowingly introduce microaggressive behavior or language toward a minority client, and to avoid these unfortunate encounters therapists must receive culture and diversity training. Microaggressions are categorized as microassaults, microinsults, and microinvalidations. Microassaults are “blatant verbal, nonverbal, or environmental attacks intended to convey discriminatory and biased sentiments” (Torino, Rivera, Capodilupo, Nadal & Sue, 2018, p. 4). Examples of these acts directly related to overt racism, sexism, heterosexism, ableism, and religious discrimination are labels like “nigger” or “faggot” (Dovidio & Gaertner, 2000). Also, culturally accepted clichés like “that’s gay” or “no-homo” are direct assaults on one’s sexuality.

Microinsults are “unintentional behaviors or verbal comments that convey rudeness or insensitivity or demean a person’s racial heritage/identity, gender identity, religion, ability, or sexual orientation identity” (Torino et al., 2018, p. 4). As an illustration, a Black woman is at her son’s swim practice waiting in the area designated for parents, and a White man stops her asking if she works there even though she is not wearing an employee uniform. Although it may be unintentional, the message is that her presence there must be for employment.

Microinvalidations are “verbal comments or behaviors that exclude, negate, or dismiss the psychological thoughts, feelings, or experiential reality of the target group” (Torino et al., 2018, p. 4). For example, a Black-Hispanic female is mistreated in a restaurant and notices others (who are White or White passing) are not receiving the same maltreatment, so she shares this experience with a White friend and the friend accuses her of being too sensitive.

More specifically, racial microaggressions impact how people of color live in everyday life, and they have to cultivate strategies to deal with discrimination (Sue et al., 2006). Black people named one strategy as “code-switching,” which is when they have to adjust their language choice, tone of voice, physical appearance (e.g., straight hair), and personal expression to ensure the comfort of White people. Racial microaggressions are subtle insults (Franklin, 1999; Pierce, 1988), often automatically and unconsciously directed toward people of color (Solorzano et al., 2000). Contemporary racism can be easily overlooked and leaves the victims vulnerable (Wong & Halgin, 2006). Some examples of racial microaggressions are police officers targeting people of color with greater frequency; a sales representative following a person of color around the store with the assumption they will steal; or a server neglecting a table because the customer is non-White (Dovidio et al., 2002; Jones, 1997; Solorzano et al., 2000). Studies have found a connection between

elevated levels of discrimination and “lower levels of happiness, life satisfaction, self-esteem, and mastery or control” (Williams, Neighbors, & Jackson, 2003, p. 2).

Microaggressions negatively impact one’s ability to problem-solve and learn (Torino et al., 2018), focus and learn in school (Bonifacio, Gushue, & Mejia-Smith, 2018; Suárez-Orozco, Casanova, Martin, Katsiaficas & Singh, 2019), directly affect one’s sense of self (Lui & Quezada, 2019), and impedes work performance (Owen, Tao & Drinane, 2018). It is important to see a representation of one’s own group in common areas like a work environment, to feel seen and heard by those around them, and included in social events without feeling unsafe. Symptoms such as depression, anxiety, and trauma have been linked to one’s experiences with microaggressions (Sisselman-Borgia, Budescu & Torino, 2018). These hurtful acts also negatively impact White people and foster a false sense of social reality. Lack of exposure paired with stereotypes foster fear in White people and lead them to avoid interpersonal interactions with groups outside of their own racial group. Adding to the dynamic, stress and discrimination experienced by victims of oppression provoke feelings of anger and mistrust (Chakraborty & McKenzie, 2002; Kim, 2002). Researchers have found that White individuals are often unaware they hold discriminatory and oppressive beliefs and attitudes toward people of color (Banaji, 2001; Banaji, Hardin, & Rothman, 1993; DeVos & Banaji, 2005). Subtle forms of racism have been found to be more detrimental because they are invisible yet lethal (Sue & Sue, 2003; Tinsley-Jones, 2003). Because the acts can be unintentional and unconscious, White MFTs need to be more intentional about their words and actions to avoid harming clients of color.

The History of Whiteness

The term White was socially constructed when the American labor force was divided and Black workers were ranked in a lower tier while poor White Euro-Americans received a higher status, land, rights, and the label White (Hitchcock, 2002). Strategically and systemically, the upper White class assigned meaning to race and distinguished lower-class workers by race, effectively dividing the lower social class. Webster (2019) defines White as “being a member of a group or race characterized by light pigmentation of the skin” or “free from color.” Hardy (2008) defines White as “a political descriptor of those who have unearned privilege in relation to others in the society” (p. 443), which he asserts exists because racism exists. Consequently, most White people live with and interact with more White people—if there are experiences with racial minorities those experiences are often limited and not comparable to the amount of White interactions (Frankenberg, Lee & Orfield, 2003).

Segregation is socially structured and impacts all levels of American experience. There is little representation of people of color in majority White neighborhoods, schools, and communities. This community segregation is a result of *redlining*, which was the act of “diminishing opportunities for homeownership among ethnic minorities and limiting residential investment in racially homogeneous neighborhoods” (Eisenhauer, 2001, p. 126). Historically, these institutional policies set in place by powerful parties (i.e., White decision-makers) would decrease the value of the home if Black families lived in a neighborhood, vicariously impacting the value of the homes around it. Furthermore, families of color were denied home loans and property based on the color of their skin. Socially and economically, the ideas of racism penetrated American families, ideals, and exposure. Segregation successfully perpetuated misinformed ideas about non-White racial groups, and White

generations grew up with stereotypes and discriminatory ideas about who people of color were, how to treat them, and what conversations about race should look like (Collins, 2000).

Further, White people are taught that their experience is what is “good”, as they attend the good school and live in the good neighborhoods and so it would lead one to assume that if something is not in that neighborhood, different from their experience, or does not appear in the image of “goodness” then it must not be important or not be good (Johnson & Shapiro, 2003). However, this leads to more distorted and isolated thinking, and rather than understanding their racial experience as a part to a whole they see their experience as the sum. Dissimilarly, people of color understand their experience as a piece of a larger whole because they are reminded and categorized by their race in everyday activities. Additionally, they are constantly compared to the American standard, otherwise understood as the White standard.

White Normativity and White Privilege

McIntosh (1988) wrote about White perspectives and how they are misled to believe that their experience is universal—a representation of reality. They live in isolated communities and believe that their point of view is the norm and is the way things should be (DiAngelo, 2011). It would then make sense that most White students struggle with the culture and diversity course because it presents other realities that are in direct contrast to their own, and the classroom curriculum and experience is intended to reveal alternative narratives about what is good, bad, or normal. White people do not typically view themselves as White, but rather as individuals. They may not recognize their culture as White culture or Whiteness, perceiving it as the normal experience. However, this idea ignores the

disproportionate advantages given to a select racial group (Whites) and in turn, raises unfair expectations of those in disadvantaged positions (people of color).

Privilege is when a group has unearned benefits or preferences over other groups. White privilege refers to a group that receives advantages due to race or color of skin. Similarly, other forms of privilege are groups generally accepted in the dominant discourse, for example, heterosexuality is considered to be the norm and homosexuality is not, therefore, it is less accepted. "Privilege is the ability to ignore things that other people have no choice but to struggle with every day" (Combs, 2018, p. 61). It is an advantage for White individuals, but becomes a challenge when the White person decides to become a social advocate. Cultural awareness and competency, social advocacy, and institutional and interpersonal change require an intentional effort from White people to recognize taken-for-granted unearned privileges and power that otherwise are covert.

White individuals, specifically, may feel increased levels of discomfort, anxiety, and guilt when talking about and actively addressing social justice issues, or what DiAngelo (2011, 2018) labeled as White fragility: "... a state in which even a minimum amount of racial stress becomes intolerable, triggering a range of defensive moves" (p. 54). White people in America are protected within their social environment and typically they do not experience many race-related stressors. This insulated experience builds White expectations and lowers the ability to tolerate experiences outside of their own, such as oppression, discrimination, and marginalization. White individuals are privy to resources that other populations are not, but it can be difficult for them to see or understand this differential because of the social environment they grew up in (Fine, 1997)—this is how White privilege and White fragility intersect.

Appropriately, White racial identity ought to be explored since there may be blind areas for privileged individuals that could unknowingly, adversely affect clients and others. Janet Helms (1990) coined and created the model for White racial identity, a racial and ethnic identity model created specifically for individuals who identify as White. Influenced by Jones (1981), Helms summarizes racism into three different types which she believes could integrate with a White person's racial identity because racism is/was seamlessly integrated into American culture: (a) personal attitudes and beliefs that Whites are superior and non-Whites are less than; (b) societal structures, such as policies, laws, and social advantages, are entitled to White individuals; and (c) products of White culture, such as language, customs, traditions, and appearance, are of greater value than those of non-Whites. It should be noted that there are various models of White racial identity (Carney & Kahn, 1984; Gaertner, 1972; Ganter 1977; Hardiman, 1979; Hunt & Reichelmann, 2019; Jones, 1972; Kovel, 1970; Terry, 1977), which is discussed in Chapter II along with Helm's model.

In the United States, the White identity was forged and developed on the premise of White superiority, and thus, cannot be separated from the historical structures of privilege and racism (Altbach, Arnold & King, 2014; Bennett & Atkinson, 1994; Helms, 1993). White culture and White normativity make it more challenging for White people to have conversations around race, racism, privilege, oppression, and other social justice issues (Baima & Sude, 2019; Boyd-Franklin, 1989; Combs, 2018; DiAngelo, 2018; McIntosh, 1988.) The advantages of diversity and inclusivity are not as apparent to the average White American citizen (Tatum, 1994), and most have not been equipped with the resources to undertake the self-journey and increased exposure required to understand cultural experiences outside of their own (Collins, 2000; Helms, 1995; Liang, Li & Kim, 2004).

White discourse is the dominant discourse (Garner, 2007) and Whiteness as a racial position is often invisible. Because of privilege, social location, and the advantage of a numeric majority, White people are seen just as individuals who are gendered, classed, sexualized and abled rather than seen by racial groups (Dyer, 2008). Many do not experience cultures outside of their surroundings, and this can create an insulated environment and isolated reality that perpetuates the marginalization of vulnerable populations if one is not careful (DiAngelo, 2011; Johnson & Shapiro, 2003; Marshburn & Knowles, 2018).

Social Justice in Mental Health

Social issues are not new to Americans and many social advocates have been nationally recognized for their efforts and impact toward creating social change. Martin Luther King Jr., a civil rights activist, has a national holiday to recognize his efforts toward publicizing discrimination and promoting non-violent protest and resistance (Peake, 2019). During the feminist movement countless women worked as abolitionists and human rights activists, which facilitated movement toward women being seen as equals and worked toward minorities' rights (Rowland, 2004). Gay rights movements began as early as the 1920s because Americans wanted freedom in sexuality and gender (Cain, 2018). America has a long history of social injustice and many have worked toward its reformation to make it the country that it is today (Adam, 1987; Boyd-Franklin, 2013; Okihiro, 2014). These social issues have gained more public recognition and continue to do so because individuals take on the responsibilities of equality.

It has long been understood that change happens on an individual level and is directly connected to the larger society and discourse (Gergen & Davis, 2012). As a whole, the field of mental health strives to make a positive impact on an individual's life, functionality, and

well-being in one way or another. Encouragingly, all mental health professions are addressing social change, oppression, equality, and social justice. The field has recognized the need for social change and the importance for society as a whole (Brown, 2016; 2018; Hardy, 2001; Sue, Sue, Neville, & Smith, 2019). Examples of said efforts are required culture and diversity training, educator policies and procedures that are inclusive of all cultural groups, and literature and research published on social justice topics to inform and educate professionals. Social justice advocacy work is a mission for society as a whole and will directly improve the conditions of the client (Goodman et al., 2004; McGeorge & Carlson, 2010; Speight & Vera, 2004).

Psychologists have done much work in social justice issues and there are areas of psychology specifically focused on multicultural counseling. Derald Wing Sue has been a pioneer in the field of psychology and counseling (Romero & Chan, 2005). Sue's work contributed to changes in the field and how counselors, psychologists, and social workers approach minority clients. It informed therapists/counselors of the potential harm that could occur if therapists did not remain aware and informed about race, ethnicity, culture, national origin, and language. As a result, psychologists strive to eliminate the risks in their work caused by personal biases based on those factors (American Psychological Association [APA], 2016). Similar to other professions in the field of mental health, the psychology code of ethics directly outlines the importance of social justice issues and the standards that psychologists should meet.

Social work has long understood the importance of healthy social functioning, and their work provides direct interventions into the client's system to improve client circumstances. "Social workers challenge social injustice. Social workers' primary goal is to

help people in need and to address social problems” (National Association of Social Workers [NASW] Code of Ethics, 2017, Ethical Principles, para. 3). A famous social worker and public speaker named Brené Brown speaks out about social injustice (Brown, 2006, 2016, 2018). As a White woman, she talks about what it means for White people to have difficult conversations about social injustices. In social work education, Pease (2006) asserts that a lot of time is dedicated to understanding the experiences of examining the oppressed and the social forces that enforce oppression.

MFTs have recognized the importance of diversity and social justice training and incorporated it into educational programs (Sue, 2004; Sue et al., 2008; Torino, Rivera, Capodilupo, Nadal & Sue, 2018). As MFTs, it is our responsibility to add to the ongoing conversations within all mental health professions. MFTs are a part of a larger system of mental health professionals, which allows MFTs to utilize and contribute to ongoing conversations both in the family therapy field and in the larger mental health arena. Compared to psychology and social work, MFT is a younger discipline and there is a need for research such as this dissertation study to contribute to the larger conversation.

Statement of the Problem

The field of family therapy has made significant strides to understand the experiences of marginalized and oppressed groups. In the past few decades, there has been much literature written on minority experiences to build awareness and to educate MFTs on how to work with specific populations (e.g., Knudson-Martin, 2013; McGoldrick, Giordano & Preto, 2005; McGoldrick & Hardy, 2008). There is also literature related to the experiences of MFTs of color (e.g., Beliard, Cunningham, Fontus & Moye, 2018; Rastogi & Wieling, 2005), who also encounter adversity while working with clients and colleagues. Even though the

dominant perspective is White Euro-American, there is not much literature available specific to White MFTs' experiences learning about topics related to diversity, culture, and social justice.

For many years and still, mental health professionals have striven to hear the voices of oppressed groups that are pushed to the margins of society. These voices continue to be essential, however, folding back in the voices of White therapists could add to an ongoing dialogue about culture, diversity, and social justice. White allies (White people who consider themselves to be social advocates) are needed in the fight toward a more multiracial and socially just society, and MFTs have the opportunity to bridge the gap between the majority and the minority. There is a gap between the experience of White Euro-Americans and people of color, who are also American, and this deficit makes it challenging for many White people to connect to and work from ideas of equality due to social messages and cultural factors (Hitchcock, 2002). For example, until recently, White people monopolized space in political positions, acting roles, and advertising images which perpetuated a social message that leaders are White and beauty is the image of a White person. These messages place value on a particular race and all who are not of that racial group do not meet the social standard. Historically, cultural factors such as slavery overtly devalued the life of those who were not White, segregation continued the social message that Whites were privileged and need to be apart from others, and tactics like redlining structurally enforced said ideas through restricting resources. Presently, the White MFT's experience is a significant piece of the ongoing shifts toward social change and the protection of vulnerable clients. This group has challenges that are unique to the White racial group (Sue, 2006), which may interfere with culture and diversity training and cultural sensitivity and competency. This study

addressed a gap in the literature by exploring White MFT students' experiences in the culture and diversity course in accredited training programs.

Context for the Study

As a therapist and a researcher, I find it important to socially locate myself for anyone who may read my study. One's social location can influence a person's perspective on others, clients, belief systems, problem-solving, and the therapeutic process (Hardy & McGoldrick, 2008; Johnson, 2006; McDowell et al., 2003; McDowell & Jeris, 2004; McGeorge & Carlson, 2010). My social location is as follows: I am an African American and Latina woman, a heterosexual young adult, cis-gender, able-bodied, and first-generation American on my maternal side. In this section, I share some past experiences that led me to this topic of research. Because this study is based on students' experiences and race, I want to be similarly transparent about the experiences that drew me toward this area of interest, punctuating key moments that fueled my passion for social advocacy and education.

First Experience with Racial Discrimination

As a part of a military family, I experienced a variety of cultures. My early youth was spent in Europe, but in middle school and high school, I was stateside. It was then that I was introduced to racial slurs and discrimination. My high school had the least amount of diversity. Students were bused in from farther than usual because the school district and surrounding developing area sought to expand the population in that area. This was an attempt to add diversity to the school, which had previously been primarily agriculturally focused and predominately White. The shift caused discord in the school, and for several years following the decision there were numerous fights between students. Although it was not easy, I did learn about race, diversity, discrimination, and how important all of those

factors were in everyday life. I experienced the impact it could have on youth in school systems and wonder if having a culturally aware guidance counselor might have helped that system.

Masters Journey

In my master's program, I was fortunate to have mentors that invested in me. I was angry and frustrated from my high school experience, and once introduced to systemic ways of thought and ideas of social justice, I finally had words to articulate my feelings. My mentors were predominately White at this stage in my academic career, which also made a difference for me. It made a difference that a White professor and supervisor was willing to hear my voice, validate my experience, and provide me with helpful tips and resources for self-care and knowledge on social issues. Also, I began to understand the systemic impact and ripples surrounding these issues. In my master's classes, some White students were visibly upset when words like White privilege and equality were mentioned, which furthered my curiosity. They were hearing the same concepts as I was, but receiving the information very differently based on their experiences. Yet, they might be one of the therapists to take a job in the school system or conduct therapy with racial and/or ethnic minority families. I wondered how their feelings about social justice issues would influence their clinical practice. This is a question I had about all therapists, not just White ones.

Doctoral Journey

Throughout my academic journey each course served a vital purpose toward my competence as an MFT. The culture and diversity course, in particular, was pivotal in my training—it challenged the status quo of many students in the class. Social justice, culture, and diversity became the focal point of my career and defined the areas that I wanted to

contribute most. So much so that I registered for the course a second time as a graduate teaching assistant, and conducted many guest lectures throughout the term. Many fellow students shared their perspectives with me, both in and out of the classroom. Over time, I noticed a pattern in the classes that I participated in. It seemed as if the course was received differently depending on the race of the student, at least at the beginning of each term, which piqued my curiosity. As the term passed, there were times I would overhear students express their experiences outside of class during the breaks or through student gossip. I even saw friendships in the course dissipate as the class became more intense. Also, I noticed students who seemed to grasp the concepts in theory, but verbally expressed to me that they were unsure how to incorporate this into their therapy practice. This told me that there was a desire to connect with their non-White clients, but needed help navigating blind spots. Similarly, students who struggled with the course had the same desire, which was to be effective to the clients we were seeing.

At the time (fall 2016), President Trump had just come into office. Students were heavily affected by the election and some even cried during class discussions. Many of the topics in the culture and diversity course surfaced in their personal lives, which provided additional context to those taking the course at the time. They shared how their social media and news feeds were flooded with controversy about race, gender equality, immigration, and countless other less vocalized topics. The emotional shifts on media platforms were noticeably different, and I could empathize personally as a woman of color and professionally as an MFT working with diverse clients. I found myself overwhelmed with my Facebook feeds and Instagram page because I felt that I was learning things about myself and about my friends that I was not prepared for. This new sociopolitical climate was also

impacting clients, particularly clients of color, and some students shared stories about how former clients were seeking to restart therapy.

It was clear that this new climate was taking its toll on people evident by the increase in protests and marches, and it made me wonder how prepared are we as MFTs to talk about these stressors in therapy? Also, when the topic is brought up, does that conversation look different depending on the ethnicity, gender, race, or sexuality of the client or therapist? In American culture, more often than not, we try to avoid controversial topics in daily conversations to avoid offending another person or being triggered ourselves. However, in therapy, MFTs must be equipped to process these topics because they are directly impacting a client's life. Often, the material covered in the culture and diversity course is less familiar to White students. I wanted to create space for their experiences to be shared, and to identify what was helpful or not so helpful in their learning to more effectively train them to work with non-White clients.

Purpose of the Study

This dissertation study explored the lived experiences of White MFT students in the culture and diversity course. Because this course is often the primary means for educating trainees about social issues, it makes sense to focus on their experiences in this course. White MFT students' experiences are significant because (a) it is a representation of this specific racial group; (b) White MFTs will most likely encounter clients of color who are socially disadvantaged; and (c) White therapists have socially structured privilege which influences their worldview. I wanted to take a closer look at the beginning of their journey by exploring their experiences during their training program. For several students, especially White

students, the culture and diversity course is the first introduction to social justice issues and concepts.

I used interpretative phenomenological analysis (IPA) (Eatough & Smith, 2017) as the research design for this study to analyze the meanings that surfaced from participants' stories. IPA is under the umbrella of qualitative research and phenomenology (Smith, 2015). Qualitative approaches are known to explore social and human experience (Creswell & Poth, 2018), and phenomenological assessments seek the meanings we assign to those experiences. IPA allowed me to study participants' experiences without ignoring my own and emphasized the importance of what is most meaningful for the participant rather than the researcher (Smith & Osborn, 2004). A more detailed account of the research design is provided in Chapter III.

Significance of the Study

This phenomenological study contributes to ongoing efforts and conversations addressing diversity and social justice issues and potentially aids in providing more effective training on these topics in MFT programs. The literature reveals that various cultural factors, social structures, and positionality can and have been challenging for White therapists to learn about social issues and build skills in multicultural counseling (Killian & Hardy, 1998; Daniels, 2016; Sue, Sue, Neville & Smith, 2019;). These challenges continue in supervision (Burkard, Knox, Clarke, Phelps & Inman, 2014; Hardy, 1993; Jernigan, Green, Helms, Perez-Gualdron & Henze, 2010; Wing, Torino, Rivera & Lin, 2009) and have been found in academia (Sue, 2003, 2013, 2016). However, when White individuals lean into the discomfort and embrace new perspectives they are capable of positive change especially because of their privileged social location. White allies are much needed in the uphill battle

toward a more socially just society (Spanierman & Smith, 2017; Spanierman, Poteat, Whittaker, Schlosser & Arevalo, 2017). Exploring different aspects of White MFT students' learning experiences in the culture and diversity course will potentially promote new White allies and support current ones. This also benefits people of color because White students will very likely work with non-White populations in their clinical work, as supervisors, and as faculty in MFT programs.

Theoretical Framework and Assumptions

The postmodern theoretical framework influences my worldview and I worked through postmodern ideas and assumptions throughout this study. Postmodernism was a transition from the ideas of modernism. The school of thought changed from the assumption that there was one absolute truth to the assumption that there were infinite variations of truth(s) (Mills & Sprenkle, 1995). Each culture and sub-culture embodies their realities and perceptions through individual and communal experiences. The MFT field was heavily influenced by these ideas and many therapists and theorists started to contribute to the postmodern lens (Anderson & Goolishian, 1990; Gergen, 1985). The concepts of right and wrong belief systems were becoming more flexible. MFTs started to shift how they viewed differences in family systems and change.

One postmodern theorist that shifted my thought and practice is Harlene Anderson (1997). She started her work with Harry Goolishian before he passed, and continued to build upon their work. They co-created collaborative language systems (CLS; Goolishian & Anderson, 1987), which recognizes that change can be fostered through therapeutic conversation. CLS emphasizes the importance of language and knowledge is understood to be a social construct (Anderson & Goolishian, 1986, 1988). This construct is embedded in

the culture and everyday practices of individuals and the society around them. Language is the medium for meaning to be conveyed to one another, but also a means for understanding our experiences. This postmodern approach looks at human systems, therefore, it includes therapeutic and research systems and considers it a meaning-generated system through language. This stance was helpful for this study because it highlights the importance of language while also taking into consideration social influence, history of culture, and how meaning is generated (Anderson, 1997)—all of which directly relate to this study.

Another influential postmodern theorist in my development is Ken Gergen (2015), who wrote on social constructionism and recognizes the influence and impact of community and relationships. Since humans are social creatures, most, if not all, of what we do or experience is in relation to what is in our environment. Gergen (2015) believes that meaning and truth about the world heavily depends on the social interactions we take part in. These ideas increased maneuverability for MFTs and their clients because now there was an infinite amount of ways to assess and understand meanings. Furthermore, the individual was no longer the primary or only source to explore since meaning was derived from relationships with others, and the individual was no longer understood in isolation. Even the therapist is involved in the generation of meaning and change as they are in a relationship with the family and/or client (Gergen, 1985). Thus, I work from the assumption that as a therapist or researcher I am part of the social interactions that influence meaning and ideas of truth, which I applied to the experiences shared by participants in this study.

Michael White, another social constructionist and MFT, developed narrative therapy (White, 2007; White & Epston, 1990). Narrative therapy punctuates the relevance of a person's story and how larger narratives are just as impactful on individual stories and the

collective stories that can be traced through culture. In this approach, the problem is viewed as separate from the individual (White, 2007) and the therapist finds positive shifts in the client's story that may have been less visible or audible before. I adopted the emphasis on narratives and experiences for this study. White's work has shown how powerful stories can be on an individual level and on a larger community level. My worldview is also heavily influenced by critical race theory (Delgado & Stefancic, 2017) which originated from feminist ideas, and helped frame this study. This theoretical framework explains race as a social construct and acknowledges the systemic nature of racism (Martinez, 2014). The theory asserts that racial oppression still thrives in the United States and rejects the ideology of color blindness.

Summary

The MFT field recognizes the significance of socially just practices and aims to train MFTs on topics such as race, power dynamics, marginalization, and privilege dynamics. We are taught to challenge our own experiences prior to becoming a therapist and encouraged to confront the dominant discourses that marginalize our colleagues and clients (Hardy, 1989; McGoldrick & Hardy, 2019; Sue & Torino, 2005; Sue, Rivera, Capodilupo, Lin & Torino, 2010). Also, the literature suggests that an individual's social location influences how they are able to interact with others. Currently, the majority of MFTs are White, yet a large portion of clients are multiracial and racial minorities. Given that there is a scarcity of studies that focus on the White MFT student's experience in connection to their racial background, in this study I explored White therapists' experiences of culture and diversity training. In the next chapter, I review related literature from the field, demonstrate the need for this study, and address how this research can contribute to ongoing conversations.

CHAPTER II: REVIEW OF THE LITERATURE

In this chapter, I review literature that pertains to my topic and research question. First, I explore social justice under the larger umbrella of mental health professions and they embark on social advocacy. Fortunately, there has been an increase in the literature pertaining to the experiences of clients, therapists, and supervisors of color, but it is often covertly assumed that all other literature pertains to the majority (White) experience and is not directly written about from the perspective of this race. I explore culture and diversity training through the lens of the professor/instructor and the trainee and discuss how those connect to social advocacy work. Furthermore, I address the risks and dangers to clients of color that are a result of oppression, discrimination, and marginalization. White MFT's experiences are a significant piece of ongoing shifts toward social change and the protection of vulnerable clients. As a group, they face challenges that are unique to the White racial group (Sue, 2006), which may interfere with culture and diversity training and cultural sensitivity and competency. To better understand these challenges, I discussed literature about Whiteness in Chapter 1 and will further address what it means to be a White ally in this chapter. Societal and demographic changes have heightened the call for social advocates no matter the racial background.

I specifically explored the experiences of White students/trainees from COAMFTE accredited programs and used COAMFTE guidelines and publications on the culture and diversity course. These resources lay out what the course consists of and how areas in the course could provoke strong emotional reactions from students. Despite the discomfort, MFTs should ethically seek diversity training because as mental health professionals, we are in a unique position to influence positive change on a societal level and an individual level

since both are connected. In this literature review, I include research from sibling disciplines because there is minimal MFT literature about White students' experiences.

Cultural Competency Training

There have been many books written to train therapists on social justice issues dealing with prejudice, bias, stereotyping, discrimination, and bigotry (Sue, Sue, Neville & Smith, 2019) and on cultural diversity in therapy (McGoldrick, Giordano & Preto, 2005). Counseling is a powerful tool and resource, which can perpetuate cultural oppression or can serve as therapeutic liberation (Sue, 2015). D'Aniello, Nguyen, and Piercy (2016) explain that cultural sensitivity is "a state of attunement, emotional resonance with, and meaningful responsiveness to others" (p. 234), and assert that cultural sensitivity can and should span over all modalities. Moreover, there is a difference between doing cultural sensitivity and being culturally sensitive.

Multicultural training instructs the therapist on how to practice with culturally appropriate interventions, and requires the therapist be exposed to outside perspectives (Sue, Sue, Sue, Neville & Smith, 2019). When the therapist does use culturally appropriate interventions the results can be helpful for the client and a positive experience (Cheung & Chan, 2002; D'Angelo, Nguyen & Piercy, 2016; Muir, Schwartz, & Szapocznik, 2004; Sprenkle, Davis, & Lebow, 2009; Sprenkle et al., 2009; Yutrzenka, 1995). The therapist that is well trained and equipped for client realities and stresses is better prepared for therapy, and the training piece is the start of generating competent and effective therapists. There are three major components to cultural competency training: (a) guidelines for working with various cultures, (b) tools created to raise personal cultural awareness and competency, and (c) aspects of supervision/mentoring which enforce diversity training and allow guidance to

practice from a cultural lens (Sue et al., 2019).

Guidelines on How to Work with Various Cultures

Sue (2015) explained the importance of hearing the stories of those less heard, marginalized and oppressed groups. Sue and Sue (2015) identified four major counseling/therapy relationships directly affected by power and privilege: privileged (White) counselor working with an oppressed client (of color); privileged (White) counselor working with a privileged (White) client; oppressed counselor (of color) with a privileged (White) client; and oppressed counselor (of color) working with an oppressed client (of color). White counterparts, who typically are well-intentioned mental health professionals can inherit racial and gender biases from the larger society and may avoid hearing these stories to avoid discomfort; however, it is a crucial piece of the ongoing conversation and efforts toward change (Sue, 2015). Ratts & Pedersen (2014) found that therapists/trainees can be unconsciously biased toward these disempowered groups.

For many years the only voice in the literature was that of a White male as that was the population and demographics of the field at the time (McGoldrick & Hardy, 2008; 2019). However, over the past few decades, there has been an increase of minority issues in mental health research, analysis of social structures (even structures in marriage and family therapy), and an ethical push for culturally competent therapists. Following are some examples of stories told in the literature about issues racial and/or ethnic minorities face that could impact their experience in therapy.

Sue, Bucceri, Lin, Nadal, and Torino (2007) wrote about Asian American experiences and the racial microaggressions they face in society. They argued that this particular population is often overlooked and it is often assumed they are not recipients of racial

aggressions (Sue & Sue, 2003). Thus, they conducted a focus group analysis on 10 self-identified Asian American participants and found eight major micro-aggressive themes. A few examples of these themes were: “alien in own land,” the assumption that all Asians are foreigners or born in another country; “denial of racial reality” is when Asians are lumped in as “new Whites,” which dismisses their ethnicity and cultural background and ignores the discrimination they experience; and “invalidation of interethnic differences,” the act of lumping all Asians together as one culture who acts and or looks alike even though the continent of Asia has many different countries and cultures.

Santisteban, Mena, and Abalo (2012) created an adaptive treatment for Hispanic adolescents and their families because the Hispanic culture has specific ideals about family and how members navigate their roles in the family unit. If a therapist is not aware and curious about these differences they could add to the ongoing problems rather than properly treat the concern. While conducting therapy with adolescents who struggle with drug addictions, the researchers pointed out that Hispanics may have additional challenges impacting the current problem defined in therapy such as immigration concerns, parent-child attachment bonds, and more hierarchical relationship patterns. All of which should be delicately navigated by the therapist because interventions that overlook these unique cultural aspects might be harmful to the client and the family system. Some treatments are specifically for the Hispanic population, but others are not and could directly interfere with the success of therapy (Bernal & Scharron-del-Rio, 2001).

Historically, Black Americans have experienced macro and microaggressions (Sue, Capodilupo & Holder, 2008), which all began when they were brought to America for slavery (Boyd-Franklin, 1989). Slavery was a condition in which one human being was

owned by another (Hellie, 2019). Black slaves were not seen as human beings but as lawful property and were deprived of the rights of a free person. Similarly, the history of American Indians with Whites also involved genocide and extreme trauma to the American Indian racial group, for example they suffer from high rates of substance use, which has been linked to historical trauma (Paul, Lusk, Brown Becton, & Glade, 2017). Although the system has improved, many of the ideologies of slavery remain, for example, who was deemed as White and what it meant if an individual was not White. Unfortunately, this racial minority group continues to be burdened by systemic oppression rooted in slavery and American history is intertwined in the present-day Black experiences. This has resulted in a healthy mistrust of social institutions, which are perceived as White, including mental health.

For example, Sue, Capodilupo, and Holder (2008) interviewed 13 Black American participants, and the participants reported that they perceived that racism still existed. They gave researchers examples of messages they covertly received from society, such as they did not belong, they were not normal, they were not as smart, they were untrustworthy, and all Black people were all the same. Awosan, Sandberg, and Hall (2011) noticed there was research on Black clients and the barriers they face in therapy, but less has been written on how therapists overcome such barriers. In their study with 16 Black clients, family member response and lack of understanding by non-Black therapists were significant concerns of the clients. The researchers found that taking active steps both in and out of therapy helps address the barriers, for example, the recognition that racism still exists and taking a multicultural approach to therapy with this specific group.

White therapists and clients of color. Several studies have been conducted which investigate the experiences of clients of color with White therapists. For example, Sanders,

Thompson, and Alexander (2006) studied the perceptions and experiences of 44 African American clients in therapy. Clients were randomly assigned to four White therapists and eight therapists of color. They found the clients who were assigned to therapists of color had a higher level of satisfaction. There was a relationship between the therapists' race and the clients' ratings on feeling understood, openness to therapeutic interventions, and perceived benefits from therapy. The researchers hypothesized that the clients' ratings would be higher when a White therapist discussed race in the initial session of therapy, but the results did not support this hypothesis. This could be a result of the historic trauma that Black Americans have experienced. In another study, Chang and Yoon (2011) interviewed 23 racial and/or ethnic minority clients about their perceptions of race in their therapy experience with a White therapist. The majority of the participants believed that White therapists could not understand the key aspects of their experiences and preferred to have a therapist of color. The researchers found that compassion, acceptance, and comfortability discussing issues of race, ethnicity, and culture helped minimized the racial differences. These findings suggest that White therapists need to do more than just mention race in the initial session to overcome racial differences in therapy.

Chang and Berk (2009) explored 16 minority client experiences and satisfaction with their White therapist. Although clients did not use the terms cultural or cross-cultural therapy, they found that among the eight dissatisfied clients, it was reported that the therapist interventions were seen as "textbook and not tailored to client's specific life contexts/personal history" (p. 10), the "therapist was viewed as dismissing or minimizing of patient's experiences of oppression or exclusion due to minority status" (p. 26), or they felt the therapist revealed a lack of awareness of the impact of their personal biases or stereotypes

towards the clients. Only half of the minority participants in therapy were satisfied with their experience. That is concerning because the probability that a minority seeking therapy will end up with a White therapist is extremely high unless they specifically seek out a therapist of color. Simply matching patient and therapist on ethnicity, however, may be less important than ensuring that they reflect positive attitudes toward and understanding of minority experiences (Sue, Zane, and Young, 1994). The sociocultural and sociopolitical context must be understood to protect clients from oppression and discrimination (Dickerson, 2013; Knudson-Martin & Huenergardy, 2010).

Tools to Increase Cultural Awareness and Sensitivity

Several strategies and experiential exercises have been developed to foster cultural awareness and increase one's cultural sensitivity as a part of diversity training. For example, Hardy and Laszloffy (1995) created a teaching tool called the cultural genogram, which was designed to highlight each student's own cultural background, raise awareness of cultural differences, and increase cultural awareness and sensitivity. Keiley, Dolbin and Hill (2002) reported that it helped students improve their work with clients, revealed family ideas that went previously unseen, and brought clarity to personal experiences regarding race. It also sparks more curious conversation and exposes personal biases that are more difficult to detect or recognize.

Marshall and Weiling (2000) promoted the use of cultural plunges where students/trainees immerse themselves in a different culture than their own to experience it first-hand. An example of this is in-home therapy in ethnic minority communities. This type of experience fosters interactions with other minorities both in and out of therapy, allows the student to cultivate a wider perspective of the client's life, and may bring forth biases that

could affect therapy. Another tool created to increase cultural awareness and sensitivity is "unpacking the invisible backpack," which McIntosh (1995) created to teach White students about White privilege. This is an experiential exercise that lists conditions in everyday life that may not be afforded to people of color, but are typically taken-for-granted by White individuals. Examples of conditions listed are "I can arrange to protect my children most of the time from people who might not like them" and "I can swear, or dress in second-hand clothes, or not answer letters, without having people attribute these choices to the bad morals, the poverty, or the illiteracy of my race" (p. 3). Additionally, McIntosh created a visual and spatial exercise walking through White privilege, where students line up in the same starting place and take a step forward if the statement of privilege applies to their life experiences (Pendry, Driscoll & Field, 2007). This creates literal space in the room for those who are more privileged compared to those with less privilege.

Supervision and Mentoring

Another component of culture and diversity training is clinical supervision, which provides a space for students to apply the concepts learned in the classroom and transfer that knowledge into practice. The supervisor serves as an accountability partner while therapists see clients (Marshall & Wieling, 2000). The supervisory relationship is delicate and often dually serves as a form of mentorship. Often, the concept of self-awareness is emphasized in training to ensure the therapist is aware of their personal biases. The hope is that self-exploration will reveal and adjust harmful ideologies that might impede on the therapeutic progress (Dee Watts-Jones, 2010). The concept of self-awareness involves critical self-reflection as it pertains to one's positionality and privilege granted by the individual's social location (McGeorge & Carlson, 2010). Examples of privileged positions that might influence

the supervision or mentoring relationship are White privilege, male privilege, heterosexual privilege, social class privilege, and so on (Constantine et al., 2007; Hardy & McGoldrick, 2008; McGeorge et al., 2006). Cultural sensitivity and cultural competence in clinical practice requires the supervisee and supervisor to lean into the discomfort and push past personal biases (Hay & Chang, 2003; Hardy, 1993, 2016; Hardy & Bobes, 2016).

Isomorphic in nature, supervision is influenced by race dynamics just like the therapeutic relationship; the race of the supervisor or supervisee is similarly integrated with one's social location, and positions of power dictate meanings and values through each relational process. Additionally, racial identity, which is the psychological experience of race, can heavily influence the supervision dynamics (Jernigan, Green, Helms, Perez-Gualdron, & Henz, 2010). Correspondingly, literature on supervisees of color and supervisors of color reveal interlocking experiences framed by race and privilege. Thus, supervision and mentorship are salient components of culture and diversity training, and trainees depend on this guidance to practice culturally competent therapy. Since the majority of supervisors in the field are White, most of the literature addressing culture, ethnicity, and diversity in supervision are geared toward a White audience (Atkiso, Morten & Sue, 1998; Constantine, 1997; Fong & Lease, 1997).

In their study with 50 dyads of White supervisors and White supervisees, Constantine, Warren and Miville (2005) found that White supervisees with more advanced White racial identity schemas reported higher self-perceived multicultural competencies and acquired higher multicultural case conceptualization ratings than other White supervisees with less advanced White racial identity schemas. They emphasized the importance of racial

identity and White supervisees' abilities to practice self-awareness and practice multicultural counseling/therapy.

In contrast, there is limited research on supervisors of color. There is a pull in the field to increase the number of supervisors of color as they bring a unique perspective to the supervision dyad (Nichols, Nichols & Hardy, 1990; Hardy, 2016). For example, Taylor, Hernandez, Deri, Rankin and Siegel (2007) interviewed 10 AAMFT approved supervisors of color about the intersectionality of diversity in clinical supervision activities and how it can be addressed. They found three themes that emerged in the supervisors' practices: "supervisor's initiative in integrating diversity," "the impact of social location on current supervision practices," and "the need for mentoring the next generation" (p. 9). These areas of focus in supervision can positively impact supervisees and may increase cultural competency.

In another study, 17 clinical supervisors of color identified concerns about White supervisees' lack of cultural sensitivity, which they believed might negatively impact White supervisees' clinical work (Burkward, Knox, Clark, Phelps & Inman, 2012). These findings indicate that there may be room for improvement in culture and diversity courses, as the intent is for students to come into supervision already having a grasp of multicultural concepts and practices. The fact that supervisors are identifying a lack of cultural sensitivity at this stage of training may lead one to refocus on the effectiveness of the diversity training. Supervision is an extension of the culture and diversity course; it is where students transfer the concepts learned in the classroom into clinical practice.

Training White Students to be Allies

Historically, the White voice was considered the American voice (Boyd-Franklin,

1989). Even though Whiteness and White culture are part of a distinct racial group, the race of the majority group was not punctuated and typically is not categorized by race (Baima & Sude, 2019). The voice of the minority group, the voice less heard, is typically defined by the individual's race and/or ethnicity and personal experiences within the context of the American oppressive societal structure. In contrast, the voice of the White racial group is often understood to be the general voice rather than the voice of a distinct racial group. So, within the American culture, there are no value-free positions in the therapeutic context. After the expansion of the literature on minority experiences, the field noticed a missing perspective of the White counterpart. Bentley-Edwards, Garcia, Michael & Ervin (2015) describe it as the absent, but implicit focus of White clients and counselors in the literature:

By focusing on the race of the client and the counselor, the field, for the most part, has studied how "minorities" experience the world, how mental health or illness are shaped by such experiences (e.g., racism), or how racial differences impact the power dynamic within the therapeutic relationship. While such an approach does begin to acknowledge the privilege of Whiteness, it does not problematize the very method of inquiry that places Whiteness as the standard referent from which viewpoint we study those who are "other" or "different."

(p. 247)

This begs the question, what is Whiteness? Furthermore, what does it mean to be White in an increasingly diverse culture? How is it different from the experience of those who are not White? What are the implications for therapists working from a majority-member position?

White Identity Models

Helms (1984) explored racial consciousness as it pertained to specific racial groups

and influenced the therapy process, and proposed there might be separate developmental stages depending on the race. Prior to Helms's work, there was no literature on Whites and how they developed attitudes toward their particular racial group, yet there was literature on racial and prejudice attitudes toward Blacks. It is important to note this theory originated over 30 years ago and uses references like Blacks instead of people of color because that was the language and focus in the literature at that time. In Helms' White racial identity model, she connected the White individual's personal identity to their race, perceptions, and evaluations of both races, and majority privilege to escape less desired environments. There are six stages in which White racial consciousness may progress from least sensitive toward most aware of race/racism. Being that Whites are numerically the majority, they could remain at a particular stage and flee environments or people that challenge their racial attitudes.

The first stage, *contact*, is when the White individual is unaware of racial/cultural issues and becomes aware that race exists (Helms, 1990). Typically, the person might approach race curiously and with a color-blind or cultureless perspective. Furthermore, the individual rarely thinks of themselves in terms of race. Next, *disintegration* is when the individual can understand race on a personal level and the implications of racism on a social level. The individual may feel stuck with the new-found awareness of oppression, but does not want to be responsible for discrimination or the benefits of privilege. The third stage, *reintegration*, is the perception that everything is White and criticizes everything thought to be otherwise. The individual may experience feelings of anger and project those feelings onto racial minorities. In the fourth stage, *pseudo-independence*, the individual internalizes Whiteness and can intellectually conceptualize unfair benefits given to Whites in the United

States. The fifth stage is *immersion/emersion*, when the individual can honestly assess racism and the significance of their Whiteness and privilege. Lastly, *autonomy* is when the individual has a positive, nonracist White identity, values cultural similarities and differences, feels kinship regardless of race, and actively seeks social change.

Additional scholars in the 1970s and 1980s developed White identity stages to address a variety of challenges (Altbach, Arnold, & King, 2014). Across models, most of the stages carried a similar theme to Helms, but there were a few stage descriptions that differed. For example, Carney and Kahn (1984) recognized Whites with misinformed knowledge about minorities based on stereotypes. Ganter's (1977) final stage integrated Whites' collective loss of human integrity regarding racism. Others overtly named and defined types of racists, for example, a *dominative racist*, who openly and intentionally acts in ways to oppress people of color (Gaertner, 1976; Jones, 1972; Kovel, 1970). Terry's (1970) second stage was when a White person over-identified as Black or White Blacks and fully abandoned Whiteness. Even though there were various ideas about White racial identity, each model recognized racial challenges for Whites to become racially aware of their social location. In summary, two fundamental processes must occur for a White person to develop a positive White racial identity: they must abandon racism and develop a non-racist White identity.

Rowe, Bennett, and Atkinson (1971) critiqued the previously mentioned White identity models for being rooted in an oppression-adaptive model of minority identity, being focused more toward racial/ethnic outgroups and less on White identity attitudes, and being developmental in nature. For example, in an oppression-adaptive model of minority identity, non-Whites are in a marginalized position and their perspective and identity development

stems from experienced oppression. However, Rowe et al. emphasized that Whites are in a privileged social location and their racial consciousness emerges from the experience of privilege and the recognition that their racial group historically represented the oppressor. Therefore, when considering the distinct differences between the minority experience and the majority experience, educators need to consider the trainee's racial identity when teaching about social justice issues. Another critique was the focus on Blacks compared to other racial minorities since there are regions in the United States where other racial minorities are the largest minority group. They cautioned professionals to consider the deficits in these areas and encouraged a closer look when using White racial identity models.

Rowe et al. (1971) proposed an alternative approach that replaced the stages with attitudes, which they grouped into two possible statuses: unachieved or achieved White racial consciousness. Under this alternate approach, White racial consciousness is "one's awareness of being White and what that implies in relation to those who do not share White group membership" (pp. 133-134). White individuals may or may not perceive this consciousness as relevant to their life experiences, yet the position will be evident in their attitudes and behaviors. The attitudes are grouped into categories of White racial consciousness statuses. In unachieved White racial consciousness there are three types: (a) *avoidant*, which include attitudes that lack concern for non-Whites and outside cultures, (b) *dependent*, when the person relies on significant others to form superficial attitudes about racial consciousness instead of personally internalized ideas, and (c) *dissonant*, the individual is uncertain and open to new information, but lacks commitment to racial/ethnic minority issues and unsure regarding their sense of White racial consciousness. Individuals in the unachieved status have not settled on a racial identity but may encounter situations that influence their attitudes.

The second status, achieved White racial consciousness, has four types: (a) *dominative*, which describes White individuals who believe White is superior to other races and knowledge about other races are informed by stereotypes; (b) *conflictive*, an individual who rejects overt discrimination, but typically opposes programs that systemically reduce discrimination; (c) *reactive*, persons who understand race dynamics in the American societal context and tend to be sensitive and reactive to potential discrimination; and (d) *integrative*, White individuals who value multicultural view and integrate White racial consciousness into racial/ethnic issues (Rowe et al., 1971). Distinct to this model, Whites have the ability to transition between types and statuses, and experiential factors or social conditions could influence unpredictable and non-sequential movement between types and statuses.

A more recent empirical study (Hunt & Reichelmann, 2019) may confirm earlier White racial identity models, such as Helms (1994), and also supports some theorized types in the Rowe et al. (1971) alternate model. Hunt and Reichelmann (2019) conducted an analysis of White racial identity based on a national representative sample of White American adults ($N=794$). They found that on average, White Americans feel proud of their racial group, perceive their racial group is publicly respected, and feel friends support them as White Americans. The results suggest the prominence of the White identity related to particular racial attitudes, and the intersectionality of (a) White racial identities and (b) White racial attitudes. Furthermore, Whites who rated their racial identity high in importance were more likely to report less closeness to Black Americans or a greater distance and were more likely to oppose a relative's marriage to a Black person. The researchers suggested a higher White identity may increase the preference for White spaces and networks and decrease willingness to interact in challenging racially diverse situations. Similarly, those who are

proud of being White are least likely to approve of affirmative action or government aids to Black Americans. Furthermore, the study addressed stereotype ratings and found that on average Whites perceived Blacks to be slightly more lazy than hard-working, and slightly more likely to be poor than wealthy. Although these results represent the general public perspective, White MFTs cannot maintain stereotypical ideals or avoid racially diverse environments, and they need to recognize how biases impact therapeutic services.

Another study attempted to provide more basis for theoretical frameworks on Whiteness because the researchers argued there is little empirical support for said theories (Hartmann, Gerteis & Croll, 2009). The study included a sample size of 2,081 Americans, out of which 1,184 reported being White (non-Hispanic) and 884 reported non-White racial identities. The researchers examined major assumptions involved in theories of Whiteness: (a) the taken-for-granted or invisible nature of White culture and identity, (b) level of awareness of White privilege, and (c) color-blindness. When considering the importance of one's racial identity in a present-day context, 72 % of respondents of color answered, "very important" compared to 37% of their White counterparts. In the context of one's upbringing and the importance of racial identity, 57% of respondents of color reported their race as "very important" compared to 26 % of Whites. However, the researchers questioned the magnitude of the Whiteness phenomenon of the invisibility of White culture and identity by adding the two response groups, the "very important" responses and "somewhat important" response (p. 412). Combining these two responses resulted in a total of 74 % of White Americans deeming race as significant. Also, they paired those findings with the 77% of White respondents who agreed their racial group's culture should be preserved. When considering awareness of privilege, White respondents overall were less likely to accept factors like

prejudice and discrimination or laws and institutions as explanations for White advantages and Black disadvantages (p. 414). Considering the ideology of color-blindness, the majority of White respondents demonstrated a trend of individualist ideals that may obscure identity and privilege. Whites attributed much of their success to personal hard work and efforts, while the majority of non-Whites credited their success to their upbringing. However, the researchers found that color-blindness is not isolated to Whites, but is a distinctive aspect in Americans across racial groups.

Confirming theories that discuss the discomfort that arises for White individuals when discussing racial issues, Marshburn and Knowles (2018) conducted two studies with: (a) White students ($N=79$) who anticipated a race-related discussion with a Black partner, and (b) White students ($N=58$) were tested for rebound effects known to follow suppression. The results of the first study indicated that White students who expected to discuss race-related topics suppressed their racial identity. (It should be noted that it was unclear how the researchers divided the sample size across the control groups.) Also, participants who expected to discuss race-related topics with a Black partner displayed significantly weaker self-White associations as compared to the White students who expected to discuss a non-race-related topic. The suppression of their White racial identity did not change the individual's beliefs about whiteness, but instead served as a coping mechanism for uncomfortable racially charged interactions. To follow up, the second study tested rebound effects known to follow suppressive behaviors, and the White students who expected to discuss race-related topics with a Black partner displayed stronger self-White associations than the White students who expected to discuss non-race-related topics. The second test supported the first study's results of identity suppression by following the theory that those

who discontinue suppression will display stronger levels of the suppressed thought, which in this study White identity was suppressed. This research indicates that White students are likely to have high levels of anxiety when discussing race-related topics with a person of color and use suppression of their White identity as coping mechanisms.

White Allies

Tatum (1994), a professor who taught the culture and diversity course, called for a model that would serve White MFT students, and that is one of the White ally. White allies are White people who consider themselves to be social advocates, immerse themselves in the struggle of social justice, and act using their privilege to make change. Tatum argued that despite the portion of White people who protested against racism and partnered with disempowered populations, there is seldom mention about them in literature and little to no acknowledgment of them in the classroom. White allies are invisible or less visible for students and go unnamed and unknown. Tatum also asserted the need in the MFT field and training programs for White students/trainees to have a positive role model of what it looks like for a White mental health professional to work toward social change, advocate for marginalized clients, and practice from a culturally appropriate lens with clients from different backgrounds. Tatum noted three models of Whiteness that did not provide a positive role model of Whiteness: (a) the active racist White supremacist, (b) the White individual that does not acknowledge Whiteness, may be “blind to color,” and (c) the “guilty White.” These models deter White individuals from hearing, understanding, and accepting realities about race outside of their own, and none have a positive association with being White.

Tatum (1994) suggested that the image being taught and presented to both White students and students of color was a limiting one because it did not model how a White

person can contribute to social awareness on a societal or therapeutic level. White role models have a significant role in learning and doing social justice work because they exhibit actions that foster inclusivity and support multiple perspectives. Furthermore, Tatum explained that the guilt that surfaces is not a result of their own perceived behaviors, as most do not believe themselves to be racist or discriminatory. So, the guilt is by association of their Whiteness or being White. This discomfort can impede White students from learning about racial issues, hearing stories from people of color, and acknowledging the unearned privileges in their lives. According to Tatum,

Whiteness is a location of structural advantage, of race privilege. Second, it is a standpoint, a place from which White people look at [themselves], at others, and in society. Third, Whiteness refers to a set of cultural practices that are usually unmarked and unnamed. (p.1)

More recent literature supports the significance of race and location of the therapist when training students. For example, Vera and Speight (2007) identified three skills sets needed for social justice-based work: (a) emotional attunement to oppression and the suffering caused by oppression, (b) cognitive awareness of the structures that create power imbalances and oppression, and (c) skills to directly address issues of power, privilege, and oppression. Additionally, Watts-Jones (2010) punctuated the social location of a therapist paired with self-awareness of one's positionality, and how the already empowered position of a therapist is thus compounded by a White therapists' societal position of power/privilege. This is not all of the literature addressing social location and therapist training by any means, but it does demonstrate that exploration of these areas is on the rise.

Baima and Sude (2019) conducted a Delphi study with 20 diversity expert trainers as

participants in an effort to understand the connection between one's Whiteness and social advocacy, closely resembling the idea of a White ally. Twelve participants identified as White, two as Black/African-American, two as Chinese American, one as South Asian, one as Korean American, one as Mexican American, and one as Cherokee-Choctaw. The participants taught, presented, and wrote on Whiteness. After completing the study, the diversity expert trainers' responses were organized into three overarching themes: Whiteness in social and professional contexts, self of the therapist work for White therapists, and common challenges to understanding Whiteness in clinical practice and training. First, White people must identify that their culture is a part of a distinct group rather than understanding it to be the norm for Americans. Since various cultural groups hold a variety of cultural norms and perspectives, White people should not attempt to separate White culture from historical events (e.g., slavery), should recognize what White privilege is on a systemic level, and should take additional efforts toward personal growth to overcome the challenges of a privileged position when working toward clinical competences in culture and diversity.

Spanierman and Smith (2017) wrote about the roles and responsibilities of White allies, and define a White ally as an individual who “demonstrates nuanced understanding of institutional racism and White privilege,” self-reflects about their social location and personal racism, “express[es] a sense of responsibility and commitment to using their racial privilege,” act[s] against social inequalities, work[s] with persons of color in solidarity toward equality, and experiences “resistance from other White individuals” (pp. 608-609). The work of an ally is not easy and allies must be prepared and equipped for the multilayered work that comes with advocacy. White individuals can have the best intentions but still perpetuate subtle superiority, and even come across as missionaries for people of color. However, this is

not the appropriate model for White allies; White allies are supposed to work toward transforming systems of White dominance rather than to help people of color survive the oppressive system already in place (Edwards, 2006; Spanierman & Smith, 2017).

Hernandez-Wolfe and McDowell (2012) researched how White family therapists ($N=20$) understood their privilege and the process in which they integrate their personal and professional journeys to work justly and fairly. After conducting semi-structured interviews, they found four interconnected themes that emerged in the interview transcripts. The first was the increase in awareness, as all participants shared having an experience that influenced their understanding of privilege and/or lack thereof. Second, all participants reported an ownership of privilege, which shifted their focus from marginalized populations to their own accountability in oppression and use of privilege. Third, participants reported taking action and movement toward relational accountability, such as repairing relationships, seeking/accepting mentorship, and processing fears and challenges. The last theme was taking action/being accountable for social equity, which means taking action with privileges, such as mentoring, teaching, and speaking about social issues.

Additionally, Spanierman, Poteat, Whittaker, Schlosser, and Avalos (2017) focused on White multicultural scholars that were raised in the 1990s and currently practice. They conducted a qualitative study with 12 leading White scholars in their field. The researchers used the consensual qualitative research method to analyze data from semi-structured interviews. They found that little is known about the roles, responsibilities, and effects of dominant group members who advocate from a multicultural and diverse lens. The White social advocate role model is an important role to define and explore because it aids future White therapists and scholars on the how-to's. The purpose of their research was to gain an

understanding of White multicultural scholars and the efficiency of their work, after 25 years of critical social justice focused conversations in the field. During their work, they presented a few findings relevant to my dissertation study.

1. Participants referenced their graduate diversity course and how that was a significant influence on understanding and addressing power and privilege.
2. A few of the participants mentioned a shift in their worldviews when they moved from predominantly White environments.
3. Generally, they shared that experiences of conflict encouraged their commitment to multicultural practices and advocacy. For example, one participant witnessed colleagues of color be denied tenure due to their race, gender, or sexual orientation, which prompted and motivated the individual.
4. All interviewees reported that acknowledging their White privilege was essential and impacted their work.
5. All participants reported that they experienced challenges with multicultural work with other White colleagues.

A separate research study focused on undergraduate students who first acted as allies during the college experience (Broido, 2000). Although this study was not specific to MFT graduate students, it does encompass college students that identify as White and acted as White allies for minority groups. One simple but significant first step for White students was the willingness to hear about other's experiences, which impacted them on a personal level and resulted in further exploration and action. Conversely, willingness and openness can be difficult to foster in a classroom setting focused on uncomfortable topics. It is no small feat. A recent study was conducted to analyze the most and least meaningful learning experiences

in MFT education (Piercy et al., 2016). Diversity did not appear under the most meaningful learning experiences theme, but rather under the category of least meaningful learning experiences. Out of the 68 respondents, 50 identified as White. There were reports that there was not enough diversity taught, even within the diversity course.

Single Culture and Diversity Course

In MFT training programs, the culture and diversity course serves as a socializing agent for students (Bartoli, Bentley-Edwards, Garcia, Michael & Ervin, 2015) and oftentimes provides exposure to concepts less known socially (McGeorge & Carlson, 2010), especially relevant for students with unidentified privilege (McIntosh, 2018). The training material should “...address a range of diversity, including (but not limited to) race, age, gender, ethnicity, sexual orientation, gender identity, socioeconomic status, disability, health status, religious, spiritual, and/or political beliefs, nation of origin or other relevant social categories, immigration or language” (COAMFTE, 2018, p. 20). Moreover, researchers argue that if multicultural issues are not properly addressed it could be dangerous for the treatment process and leave clients exposed to misdiagnosis (Lopez, 1997), microaggressions (Sue, 2019), and inaccurate stereotypes. Consequently, if the educator lacks awareness of personal worldviews, such as social location, internalized dominant-culture biases, or possible prejudice, they are likely to diminish the quality of education in the course (Fier & Ramsey, 2005).

There is debate around how the concepts should be integrated into the curriculum, either a single course or a full integration of culture and diversity across the curriculum in all courses (Murphy, Park, & Lonsdale, 2006). In support of the integration perspective, McGeorge and Carlson (2010) explained that social justice advocacy work goes beyond a

single course on diversity issues, and believe it requires a commitment on a systemic level. The academic system should also mimic what is taught in the diversity course. The culture and diversity course is only a piece of the student's training experience, and in training programs the faculty serve as more than just an instructor—they are mentors, supervisors, and colleagues to therapists-in-training. Many perceive cultivating culture and diversity as an ethical stance in family therapy (D'Arrigo-Patirck, Hoff, Kunduson-Martin & Tuttle, 2017) and encourage educators and supervisors to be more intentional about the importance of social advocacy (Simmonds, 2007). McGeorge and Carlson (2010) provided three helpful tips: (a) clearly emphasize the connection between clinical choices and one's ethical stance, (b) cultivate ongoing conversations about power in the classroom and supervision, and (c) emphasize that clinical efforts to account for one's power do not cancel out the effects of one's power. Otherwise, the same oppressive dynamics continue and the same voices will be silenced (Gloria, Rieckman & Rush, 2000).

Celinska and Swazo (2016) found the explicit multicultural curriculum design (single course design) and the implicit design (infusion of multicultural content throughout program) were both effective in multicultural training; however, the explicit design appeared more impactful regarding learning outcomes. Although I recognize the importance of systemically infusing diversity throughout the curriculum, for this study, I focused on the single-course because it is often the primary mechanism for training students on culture and diversity issues in COAMFTE accredited programs.

Teaching a Culture and Diversity Course

Accredited MFT programs are required to demonstrate commitment to diversity and inclusion and exhibit a multiculturalist-informed educational approach that includes: (a)

specific program goals with specific student learning outcomes reflecting a commitment to diversity and inclusion; (b) an overarching definition of diversity; and (c) curriculum elements with accompanying teaching/learning practices consistent with the program's mission (COAMFTE, 2018, p. 20). It is assumed that the culture and diversity course can foster and potentially increase a therapist's cultural sensitivity and competency (Laszloffy & Habekost, 2010), however, there is minimal research on how the course directly increases these skills. Laszloffy and Habekost (2010) provided a model for how to teach issues of diversity that promote and increase cultural competency, and outlined aspects of the course meant to teach these concepts through experiential exercises. The model includes five core teaching and learning objectives:

1. To examine the intersection between six dimensions of diversity (e.g., class, race, gender, sexual orientation, religion, ability) and the dynamics of oppression, with special emphasis upon how they shape the family process and the therapeutic process.
2. To understand the experiences of subjugated groups and the impact of marginalization and oppression on the family process and the process of therapy.
3. To recognize how the dimensions of diversity and the dynamics of dominance/oppression have shaped students' upbringing and their identity, and the implications for their work as therapists.
4. To identify and explore culturally competent, oppression-sensitive clinical practices.
5. To appreciate the importance of working on behalf of social justice both inside and outside of therapy that includes promoting healing and transformation both

within themselves and in the world at large.

Nixon et al. (2010) offered a liberation pedagogical model that guides the diversity course instructor through these unique learning objectives. For example, the language utilized can create an atmosphere for community and togetherness, yet continue to honor differences among students (Nixon, 2004). Also, the classroom environment can be collaborative between the learners and the teacher—the teacher facilitates open dialogues involving student knowledge and expertise, as well as their own. The increase in student investment leads to deeper learning (Freire, 1970). Similar to the therapist-client relationship, the instructor maintains a therapeutic perspective by modeling respect, empathy, and intentionality toward the students. However, the material covered in the course can be difficult to teach due to reactivity of the students (Choudhuri, 2009; Sue et al., 2009). Psychologists have found that these courses are different from other courses that are taught, and suggest that the diversity course, in particular, requires an increased level of openness and a willingness to acknowledge the unknown (Tummala-Narra, 2009). As an Indian American professor, Tummala-Narra (2009) talked about encountering resistance when topics like White privilege arose in the course curriculum. Other educators that teach on these topics have similarly experienced these challenges (Banks, 2004; Gay, 2013; Marshall & Wieling, 2000; Singelis, 1998). These challenges stem from the difficulties that White students have when digesting information related to topics such as White privilege, and how instructors might overcome resistance to such topics.

Faculty/Trainer Experiences

Within the MFT program setting, faculty of color have also felt and wrote about their perspectives and experiences with White faculty (Boutte & Jackson, 2014). They have

experienced marginalization in a faculty role from other MFTs, which indicates that culture and diversity issues are deeper than a single course training format. As these social issues stem from a larger cultural lens, faculty are not exempt from unintentionally perpetuating them. However, MFTs and educators must be intentional about how they inform themselves and advocates for social justice because if left unattended the individual is colluding with the oppressive cycle (Howard, 2000).

Sue, Torino, Capodilupo, Rivera & Lin (2009) conducted a qualitative study on the perceptions and reactions of White faculty in classroom dialogues on race. They found intense emotional reactions surfaced for both faculty and students and noted anxiety and discomfort interfered with the ability to facilitate the classroom and student learning experience. The professors revealed fear of exposing personal prejudice or bias, losing control of the class, misunderstanding the intricacies of these difficult conversations, and being unable to properly intervene. All participants were White faculty members with doctoral degrees. The results uncovered areas that interfered with or made the classroom experience more difficult to successfully educate.

The first domain Sue et al. (2009) identified was characteristics of difficult dialogues, which emerged with two main characteristics: fear of losing control of the classroom and discomfort with dialogues emotionally charged nature. White professors recognized an increase in anxiety, anger, defensiveness and sadness in student experiences compared to other courses taught. They shared that students would cry often and at times some witnessed students leaving the classroom. Instructors experienced anxiety about facilitating the class dynamics, feelings of disappointment about how they did, and uncertainty about if they successfully facilitated the class. The researchers found three areas of training that affected

the instructor's ability to facilitate difficult dialogue about race: lack of training in the area, informal training and experience, and lack of continued education on the topic. It should be noted that training is significant at both the student/trainee level and the professor/trainer level. Lastly, the participants discussed their Whiteness in connection to the difficult dialogues because they did not have personal experience with racial discrimination.

Specifically, as it pertained to students of color because the professors felt they could not relate or fully understand the student of color experience or reactions in class at times.

Furthermore, White faculty expressed the idea that faculty of color had more credibility on topics like race, which could impact the willingness to teach or the self-confidence to teach the course. These findings highlight two areas of concern: (a) White instructors might also find it difficult to touch on diversity issues outside of the culture and diversity course, for example, addressing issues of race and ethnicity in the ethics course or in the couple's therapy course; and (b) a commonality emerges regarding race, as White instructors and White trainees encounter difficulties with topics of diversity.

Student/Trainee Experiences

To provide a glance of what students and professors experience while in the course, Beitin, Duckett and Fackina (2008) conducted a phenomenological study on six students' experiences during classroom discussions pertaining to diversity topics: two identified as a person of color and the other four identified as White. Through phenomenological interviews, they found that both students and professors experience emotions from shame to feelings of anger while discussing difficult topics about race, culture, and ethnicity. They identified six internal factors that intersected and layered the classroom experience: (a) talking about these issues with family, (b) fear of taking risks, (c) race and sexuality, (d)

classroom cohesion, (e) the professor, and (f) the impact on their clinical practices. These internal factors interacted with the student's ability to receive new information and integrate it into their current worldviews and racial identities. The discomfort that emerged from challenging personal biases related to self and interactions with others impeded on authentic and intentional dialogue (Bartoli et al., 2015).

Furthermore, Sue (2016) warned instructors that while in training there may be different reactions depending on the student's racial background due to the differences in life experiences, and reminds educators that the enemy is White supremacy and not White people in general. Sue found that students of color might have emotional reactions to White students in the course, and cautioned educators to intervene. The difference in race and inexperience may provoke a variety of student responses, but all students are in the course to learn. The student must be protected by the educator who should manage the classroom, and there needs to be space for each student to digest these difficult concepts to see an increase in cultural awareness, sensitivity, and competency.

Another study specifically focused on White students' perceptions of Black faculty (Parker & Neville, 2019), and the phenomenological study included 16 students who identified as White. Parker and Neville (2019) selected only students who had a lived experience of interacting with Black full-time faculty in the classroom. The study claims to be the first to utilize White identity development with critical race theory in an exploration of White students' perception of Black faculty. They found 13 out of 16 participants subscribed to a color-blind ideology. Some interview responses were grounded in negative stereotypes, limited previous exposure with having a teacher of color, and demonstrated less acceptance of Black professors. Only two White students expressed an appreciation for racial diversity,

but they too struggled to recognize White privilege. This finding suggests that White students' racial identity and awareness directly influences the learning environment and their receptivity to learning concepts from instructors of color. Given that White students experience these challenges with instructors of color, it is safe to assume they might encounter similar challenges with clients of color.

Effectiveness of Culture and Diversity Course

Since the culture and diversity course is a primary tool to teach issues such as race and privilege and the research suggests that Whites can experience resistance to such topics, it is salient to consider the effectiveness of the course. Constantine, Juby and Liang (2001) examined White participants in COAMFTE MFT training programs to see how students felt before and after the course about their ability to work from a culturally sensitive and competent lens. The total number of survey packets returned by participants, who self-identified as White, was 117, and, of those, 113 were completed by therapists. The survey packets consisted of a demographic questionnaire along with four measurement scales that addressed concepts of race and privilege. The results indicated that White students did perceive their multicultural counseling competence increase as a result of course. Those that took the course felt more knowledgeable than those who did not take a course on culture and diversity. Encouragingly, when White MFT students complete the course they believe in their ability to work from a multicultural stance, and the needed exposure to the topics to achieve increased levels of self-reported multicultural knowledge.

Inman, Brown, and Hargrove (2004) conducted a study on the student and faculty perceptions of multicultural training in accredited MFT programs and related those perceptions with students' self-reported competence. They used the Multicultural

Competency Checklist (MCC) (Ponterotto, Alexander, & Grieger, 1995), and engaged 123 students in graduate programs and 61 faculty members from COAMFTE accredited MFT programs. In the sample size, 86 participants were White, 14 Black, two Asian American, four Hispanic American, one Native American, six identified as biracial/bicultural, and 10 did not provide their race or ethnicity. The researchers found there was little relationship between the perception of multicultural competencies and self-perceived multicultural counseling competence. They provided possible explanations, but essentially concluded that more research was needed on cultural competency, as the concept is multifaceted and cannot be measured by a single factor. Another interesting finding was 80% of students and faculty perceived their programs to have inadequate racial/ethnic minority representation, and with this, the need for White therapists and instructors to be culturally competent is even higher to attract more minorities and to compensate for the limited perspectives in training programs.

In assessing the effectiveness of culture and diversity training, Murphy, Park, and Lonsdale (2006) surveyed 12 White students enrolled in a masters-level diversity course. They conducted a pretest and posttest of the Multicultural Awareness-Knowledge-and Skills Survey (MAKKS) to assess students' perceptions of their own cultural competence on a 4-point Likert scale. The researchers found that the single course was effective in increasing students' competencies directly after the course was completed, and the course helped increase multicultural awareness, knowledge, and skills through the self-evaluation of the participants.

Owen, Leach, Wampold and Rodolfa (2011) researched client and therapist experiences and the variability between the two perceptions when the therapist used the Multicultural Competencies (MCCs) model. The study surveyed 143 clients and 31

therapists: 78 participants were White, 21 Asian American, 20 Hispanic, 19 identified as multiracial/ethnic, four Black, and one Native American. White Americans made up 54.5% of the client sample. The purpose of the study was to evaluate the role of the therapist's MCCs and the outcome of therapy. The researchers found that therapists accounted for approximately 8.5% of the variance of therapy outcome. They concluded that the therapist's MCCs did not have a meaningful influence on the client's satisfaction levels. Owen et al. identified limitations in the amount of diversity among the participant sample, which could be a factor as to why the MCCs were not a significant variable.

Chao, Wei, and Flores (2011) examined whether multicultural training moderated racial differences in MCCs and changed the relationship between MCCs and color-blindness. The results indicated that in lower levels of training racial/ethnic minority trainees had significantly greater multicultural awareness than White trainees. However, at higher levels of multicultural training the White trainee's multicultural awareness increased, but this training did not enhance awareness in racial/ethnic minority trainees. Two possible explanations for these findings were that the courses are geared more toward White trainees, and racial/ethnic minorities enter the programs with prior knowledge about racial issues from personal experiences. Lastly, the effect of increased multicultural knowledge was stronger for those with lower color-blindness.

Schomburg and Prieto (2011) assessed trainees' multicultural case conceptualization abilities with couple client case studies since previous studies typically reviewed individual client cases. A total of 113 MFT and counseling (CP) trainees responded to the survey, and the responses were coded by the frequency in mentioned race or cultural factors. The racial groups consisted of 78 Whites, seven Blacks, seven Asian Americans, three Hispanics, seven

internationals, four multiracial, and seven responded as other. Trainees consistently did not account for racial factors despite having been trained in multicultural courses and couples/family therapy courses.

Summary

As a nation, America is progressively becoming more diverse and mixing more cultural groups. As a whole, the field of marriage and family therapy continues to make strides toward inclusivity and these efforts start in MFT training programs. Other efforts to increase cultural competency are being made within professional organizations, accreditation and licensing bodies. MFT students, who will later become licensed and practicing therapists, need to be equipped with training, tools, resources, and experiences that will aid them in serving current and future demographics. The fight toward social justice is not just a task for faculty of color, and faculty of color have expressed feeling overstretched and undervalued (Harley, 2007). To overturn an oppressive dominant discourse, MFT training programs must demonstrate the changes expected from trainees. White faculty are a strategic part of advocacy because they make up most of the racial population of MFTs and most of the faculty in training programs. Also, White trainees need a role model or template for what social advocacy looks like and how to navigate such change.

There is limited research or literature directly related to White students or therapists and their experiences with culture and diversity training. MFTs and other mental health professionals seek to find what challenges are associated with Whiteness and what has been helpful for White therapists. There are numerous ideas about White racial identity and what implications it might have for White therapists, and even though many of the theories align or overlap there is still great need for empirical research in this area. Furthermore, the need is

systemic in nature, as researchers focus on the trainee they then must also focus on the trainers to ensure quality of the training. The culture and diversity course is especially significant because the literature indicates that the course is salient in self-perceived multicultural competencies (Murphy, Park & Lonsdale, 2006) and graduates from MFT programs recognize the importance of the course in their professional journeys (Spanierman et al., 2017).

CHAPTER III: METHODOLOGY

My dissertation study focused specifically on White students in the culture and diversity course because they bring unique factors to conversations about these topics (e.g., privilege, a high probability of limited exposure to other cultural customs and ideas, increased chance of discomfort addressing diversity concepts). The concepts in the course may be challenging, so support is crucial for these students. The effects of cultural diversity training are systemic, as they impact the therapist, the client, and the community. I used interpretative phenomenological analysis (IPA) to interview self-identified White participants who have taken the required culture and diversity course. My primary research question was: What are White MFT students' experiences in the culture and diversity course? The following sections will connect the relevance of IPA to the lived experience of White MFT students and the required culture and diversity course material. I discuss myself as the researcher and how I conducted this research, including the procedures and process to recruit and interview participants, data collection and analysis and procedures, and potential ethical concerns as they pertain to myself and the participants.

Self of the Researcher

Moustakas (2011) highlights the passion of the researcher and emphasizes how the curiosity of the researcher drives the research. As an Afro-American Latina woman, I heavily rely on my curiosity because I understand that I cannot know the experience of a White student. I remained open to participants' lived experiences and understood that they would express themselves from their reality and understanding. It is not for me, as someone outside of their race, to dictate to them how they should feel or to punctuate what was wrong or right. I understood that as a racial and ethnic minority there may be experiences and opinions

shared by participants that could be triggering for me. Also, participants may have felt some reservations about sharing their experiences with me.

I structured my committee to include faculty who share in my passion for diversity and cultural awareness and represent different perspectives. My chair is an Asian American woman whose scholarship focuses on diversity and social justice issues for marginalized populations. My other committee members are White allies; one identifies as an Anglo-American woman and the other as a White male of European descent. This was strategic because I wanted a variety of reviewers to help me check any potential biases and ensure that I shared the experiences of participants from their perspective. Having a diverse committee also provided support for me as a researcher and as a racial and ethnic minority researching the lived experience of students who had different ideas of social justice and systemic oppression than myself.

One way that I connected with participants' stories was as a fellow student. Throughout my academic journey, I have come across many topics in the classroom that I struggle with. I allowed myself the space to honor my reactions and experiences and over time, I found a way to settle into new ideas and experiences. As a researcher, I afforded my fellow students the same courtesy throughout their journey no matter where they were in their process. I could not expect other therapists to share my same views nor my same lived experiences, just as I do not expect clients to come in with my same values or ways of thinking.

Previously, I shared that I became a teaching assistant to continue to participate in the culture and diversity course and I am currently adjunct faculty at a different university, which I hoped would enrich the efforts behind this study. I found that both experiences did just that.

As an educator, my first passion is the student because I view teaching as a means of planting a seed. That seed may not grow right away or even during my course, but it will serve as a piece of knowledge and an experience that might add to a student's lived experience positively. I am eager to protect my students because I understand there is a power dynamic in the classroom (McKeachie & Svinicki, 2013). Isomorphically, I think this same protective factor was added to the researcher and participant relationship. My research is meant to strengthen the culture and diversity course and the experience of the students, not to exploit it. Although I do not serve as an educator in this study, which is a bias I needed to continue to remain aware of, I sought to protect the emotional well-being, identity, and experiences of the participants.

Qualitative Research

Throughout my masters and doctoral programs, I found myself wondering about my fellow students' perspectives, specifically in the culture and diversity course. This curiosity led me to this dissertation topic and it was important to me that I ask the "right" questions in the right ways. From a postmodern lens, there is not an absolute truth, therefore, there is not a right question. For this dissertation study, I attempted to ask meaningful questions, not the right questions. After exploring quantitative methods, I soon realized that I did not want to quantify students' experiences, but rather remain curious about their perspectives. With that, qualitative methods seemed like a better fit for my research question and the goals of my study.

Qualitative research is "an inquiry process of understanding based on a distinct methodological approach to inquiry that explores a social or human problem. The researcher builds a complex, holistic picture; analyzes words; reports detailed views of participants..."

(Creswell & Poth, 2018, p. 326). This is exactly what I intended to do and followed in my study. Because of my systemic views and philosophical assumptions, I anticipated that the data I collected would be complex and detailed, which required in-depth analyses, curiosity, and a qualitative approach to capture the participants' lived experiences. Another reason I felt qualitative methods were the best fit for my study is that there was an understanding that meaning was influenced by a person's social environment. Denzin and Lincoln (2011) describe it well:

Qualitative researchers stress the socially constructed nature of reality, the intimate relationship between the researcher and what is studied, and the situational constraints that shape inquiry. They seek answers to questions that stress how social experience is created and given meaning. In contrast, quantitative studies emphasize measurement and analysis of the causal relationship between variables, not processes. (p. 8)

Since the culture and diversity course focuses on societal meanings, labels, and experiences, it proved helpful to have a method that also included these concepts when interviewing potential participants on their lived experiences.

Phenomenology

The father of the phenomenological approach is Edmund Husserl, who diligently worked to create an approach to human science research that sought after an ultimate truth and avoided prejudice and bias (McLeod, 2001). Phenomenology focuses on the human experience and how we understand these experiences, which includes emotions, actions, and perceptions of lived experiences. Under the qualitative umbrella, hermeneutic phenomenology is mindful of the details of human experience, the idea that consciousness is

directly connected to the world experience, and the goal of gaining understanding and meaning-making (Lavery, 2003). The objective is to allow the individual to punctuate their experience, and the meanings they assign to them. If the researcher stays curious enough they may find meanings that were otherwise overlooked, as Husserl's main goal was to see things how they really were, from the individual's perspective. Hermeneutics "is the art and science of interpretation or meaning...[and] meaning in this context is deemed as something fluid..." (Tuffour, 2017, p. 3).

According to Smith (2013), there are three distinct factors in phenomenology: (a) We describe an experience we had, but just as we recall it, (b) we consider the social and linguistic context of the lived experience, along with the individual perspective, and (c) we study to form of a type of experience. McWilliam (2010) describe the benefits of this approach as a means to a "greater understanding of the complex, multidimensional nature of humanity, human consciousness, subjectivity, intentionality, and actions" (p. 229). Phenomenological methods provide a more flexible and diverse approach to exploring the lived experiences of participants (Tuffour, 2017).

Interpretative Phenomenological Analysis

Hermeneutics and phenomenology are both the underpinnings of IPA. Over 20 years ago, IPA was developed as a methodology in psychology that took an experiential research approach (Eatough & Smith, 2017). Informed by phenomenological philosophy, IPA is focused on the meaning of an individual's particular experience (Smith, 2015): "It attempts to explore personal experience and is concerned with an individual's perception or account of an object or event, as opposed to an attempt to produce an objective statement of the object or event itself" (p. 25). Husserl (1900, 2001) was a highly influential theorist behind IPA; he

wanted to research things or experiences as they presented themselves rather than frame the data in previously identified psychological theories or hypotheses. He was most interested in how the participants understood their world, which would then lead to how the research would understand how the participant understood their world. This made the researcher role and active one, integrated into the process and not just an objective observer. This double-layered process of understanding and interpretation is called a double hermeneutic (Smith, 2007). The creators of IPA were detailed and immersed in the idea of human understanding, but more so about what was understood and who was interpreting it to honor the meaning ascribed to the experience.

When selecting a qualitative approach, I knew I wanted the process to be collaborative between myself and the participants. As a postmodernist, I understand I cannot eliminate the value and influence I bring, and the meanings I assign to those experiences. One's background cannot be overlooked, as IPA typically derives experiences from the participant's social world (Smith, 2015). Research has shown that an individual's ethnic background and culture does impact how they experience society and how they build meaning (Gergen, 2018). IPA's procedures account for the participant's interpretive processes as well as the researcher's, which I believe contributed to the quality assurance of the study and any ethical concerns.

This methodological approach avoided reframing the participants' experiences and honored their voices and the meaning they derived from their experiences as they understood it. It allowed for detailed interviews, which afford participants an opportunity to articulate their understanding. IPA "is interested in cognitive and emotional entities" (Smith & Osborn, 2004, p. 230), and this allowed for a full description of participants' experiences as they

selected what was most meaningful for themselves. Since IPA prioritized the lived experience of participants, I did not conduct this study to prove or disprove a previous notion or hypothesis.

Collaborative Language Systems and Interpretative Phenomenological Analysis

As mentioned in Chapter I, postmodernism was my overarching theoretical framework. I am especially influenced by collaborative language systems (CLS), which says that individuals develop self-identity through self-created narratives, and language gives order and meaning to our experiences, our life, our world (Anderson, 1997). As such, I believe what participants shared in the interview revealed a portion of their world and perspective, and also conveyed the meanings they constructed throughout their experiences. Because CLS recognizes the individual as the expert on their life, it does not attempt to correct, reframe, or pathologize the individual or their shared experience (Anderson, 2015), which aligns with the ideas of IPA regarding the cognitive paradigm (Smith, 2015). Furthermore, CLS and IPA allows the individual to share their story without the theorist and/or researcher imposing their previously acquired meaning, which was helpful for this study as the participants shared their personal experiences in interviews and as I transcribed and analyzed the data.

A key word in this clinical model's title is collaborative because it acknowledges the relationship between the therapist and the client. The therapist's presence cannot be understood as an observer or outsider. The therapist is also co-constructing meaning within the context of the therapy sessions with the client. Similarly, IPA acknowledges the researcher's presence as integrated into the assessment because it recognizes that the researcher is also interpreting just as the participant is interpreting their experience. Both

approaches (although one is primarily focused on therapy and the other on research) are collaborative as they recognize the relationship between experience and meaning and the relationship between the therapist/client and researcher/participant (Anderson, 1997; Smith, 2015).

Sampling and Recruitment

I used purposeful sampling to select individuals for the study who could “purposefully inform an understanding of the research problem and central phenomenon in the study” (Creswell & Poth, 2018, p. 158). Smith and Osborn (2007) explain the importance of purposeful sampling, as it will ensure that the research question is significant or relevant for the participants. Since the aim of this study was to explore White MFT students’ experiences, only self-identified White participants were recruited. Purposeful sampling methods are helpful when the researcher wants to gather information-rich cases (Patton, 1990). One of these sampling types is criterion sampling, which “refers to picking cases that meet some pre-specified criterion” (Creswell & Poth, 2018, p. 368). There were three inclusion criteria for this study: (a) participants must self-identify as White Euro-American; (b) they must currently be in or graduated from a COAMFTE accredited program; and (c) they must have previously taken the culture and diversity course. I intentionally only wanted participants who had already completed the course and had time to reflect on their experience.

With phenomenological studies, the purpose of the sample size is to conduct in-depth interviews to describe the meaning of the potential phenomenon for a small number of individuals (Creswell & Poth, 2018). IPA is typically conducted with a small sample size of six to 15 participants because it is an idiographic approach that focuses on a particular

context (Eatough & Smith, 2017; Smith & Osborn, 2004). I limited the number of participants to six, given the in-depth nature of IPA and qualitative interviews. I began the recruitment process after I received approval from my university's Institutional Review Board (IRB).

To reach the target population, I contacted participants through MFT program directors and Facebook. Some benefits of emailing MFT program directors were: (a) to inform the school that the university's identity would remain anonymous and allow for this research to be conducted collaboratively; (b) to contact participants that qualify for this study; and (c) if approved by the university, to give the participant a space to process their experience confidentially. The director list was found on the American Association of Marriage and Family Therapy (AAMFT) directory website, which lists all of the schools that are COAMFTE accredited. I sent a recruitment email to all the schools listed. I also posted the recruitment letter to the following Facebook groups to reach alumni that may have graduated, but still wanted to share their experiences in the course: The Private Practice Start-Up, Florida Chapter 491 Registered Interns, South Florida Psychotherapists, and FLTN Florida Therapists Network.

The recruitment letter and email can be found in Appendix A. In the letter, I introduced myself and my affiliated university, described the purpose of the study and the inclusion criteria, and invited eligible individuals to participate. Once potential participants contacted me, I scheduled a preliminary email screening to determine if participants meet the inclusion criteria and scheduled an interview time with individuals that did meet the criteria. Individuals that did not meet the inclusion criteria were not accepted for the study. I emailed the individuals that did not qualify explaining why they were not selected and thanked them

for their interest. Many participants responded to the research call, so I narrowed down my selection by location and gender. This study had no exclusion criteria.

Data Collection Procedures

Demographic Questionnaire

During the interview a demographic questionnaire was administered, which consisted of questions about race, age, gender identity, household income, marital status, and location (see Appendix B). Participants were also asked to share when they completed the culture and diversity class. Participant responses were recorded and considered along with other data collected.

Informed Consent

Before starting the interview, I reviewed and completed the informed consent document. The informed consent is a document that explained the study and reviewed the rights of the participant (see Appendix C). To ensure each participant was fully aware of the scope of the study, it contained contact information for myself, my dissertation chair, the university IRB, and resources in the event the participant required additional assistance. The document also addressed the benefits, possible limitations, schedule of the interview, the amount of time required to complete the interview, and follow-up procedures once the data was collected. Also, I requested participants' consent to record the interviews to transcribe the data for analysis. After signing the informed consent, a copy was provided to the participant and the original was kept and filed. I used a web-based platform, Adobe Sign, that allowed the participant to receive and sign the documentation electronically. The software program meets and/or exceeds stringent security and legal compliance standards (Adobe Sign, 2019). Personal information was only collected to identify the participant and

to allow them to sign the documentation—after the documents were received they were removed immediately from the Abode Sign portal. I was available by phone to assist participants if they encountered difficulties accessing or navigating the site, however, no participants had any issues or complications.

Interview Procedures and Data Storage

I used semi-structured interviews in this study. Smith and Osborn (2004) address other potential means to collect data, but emphasize the use of semi-structure interviews as exemplary because “IPA researchers wish to analyze in detail how participants perceive and make sense of things which are happening to them” (p. 57). With semi-structured interviews, there are key elements of this approach that foster detailed data collection: the interview is guided by a flexible schedule, the researcher will build rapport with participant, the question order is flexible, the interviewer is freer to follow areas of interest, and the respondent’s interests and concerns are followed and addressed as well (Smith & Osborn, 2004). This approach of interviewing opened space for participants to share their experience as they wished and allowed them to punctuate the meaning and concepts they deemed important. Congruent with IPA and CLS, the semi-structured interview approach is a flexible tool that does not heavily restrict the flow of dialogue between the researcher and respondent, fosters an empathic interview atmosphere, opens space for a range of responses, and decreases the potential for pre-determined hypotheses to define the data.

Generally, the IPA researcher is encouraged to construct questions about the area of interest with as little prompting as possible (Smith & Osborn, 2004). The interviews are usually 1 hour or more to afford the respondents enough time to connect with the researcher and respond to the interview questions. Following is the interview schedule used in this

study, which was subject to slight deviation as appropriate during the time of the actual interview.

- How would you describe your experience in the culture and diversity course as a White person?
- Do you feel your racial demographic impacted your experience in the course, if at all? If so, in what ways?
- What, if any, feelings did you have about the culture and diversity course before starting the class? And after?
- What meaning, if any, would you assign to the course from your experiences?
- Did you find the course helpful in any way? If so, please explain. If not, please explain.
- Is there a particular memory that you have from the class experience that you feel was significant or important? If so, please explain.
- How might you change the course, if at all?
- Is there anything you feel would be important for the instructor to know about your experience in the course?

It was difficult to meet with the respondents in person because they resided in geographical locations than me and, also, due to stay at home orders related to the COVID-19 pandemic. As such, I completed all of the interviews by phone in a private room with no other people present. The participant was advised and cautioned about confidentiality and encouraged to arrange an interview time in which they could prepare a private space with no others present. The physical, emotional, and psychological well-being of the participants was of utmost importance and at the end of the interview I provided both local and national

counseling resources to them in the event that the interview process brought up unwanted trauma or emotions (see Appendix D). All recordings and data were stored on my personal laptop that was password protected within an encrypted file that only I had access to. The documents and recordings will be kept no longer than 3 years from the time this study was completed, per IRB regulations, after which time all data will be destroyed.

Data Analysis

During the recruitment phase, I started to collect data from the initial email exchange between myself and the participants (e.g., the location of their university which was located in the email content). I scheduled each phone interview a few days apart to allow myself time to journal and transcribe one interview at a time. This afforded me adequate time to familiarize myself with each individual case, as suggested by Smith (2017). I transcribed at a semantic level and focused on the actual words spoken, pauses, and laughs. I used transcription software called Otter.ai to record and transcribe the phone interviews. After I completed each interview, I listened to the recording and revised the transcripts for accuracy. The final transcripts were exported into a Microsoft Word document and each line was color coded and noted several times. I transferred the quotes and codes into an Excel spreadsheet which included the participants' number, the page and line numbers according to the transcript, and my notes pertaining to the content of each quote. As themes emerged, I restructured the Excel spreadsheet to reflect the major themes and subthemes. Smith (2017) outlines 8 steps by IPA procedures, and I followed these to ensure the quality of the analysis. The following steps are detailed descriptions of my actions throughout the data analysis phase.

Step 1: Review the First Case

I read and reread the first case several times to become familiar with the case and the data (Smith, 2017). I was also able to listen to the interviews several times because the transcription software stored the recordings. I was interested in the participant's perspective and experience and wanted to accurately portray their experience, so I sent each transcription to the corresponding participant for approval prior to analysis. I attended to any concerns from the participant before moving on to any analysis. This repetitive review of the case allowed me to explore the meanings and potential themes in the transcript.

Step 2: Initial Notes

I took initial notes directly following each interview, after thoroughly reading the transcript, and throughout the analysis phase. I used a journal to document my thoughts and feelings. Also, I used the right margins of the transcripts to record my notes as I followed the transcript line by line. I took note of the particular language, the phrase, or any data that was significant.

Step 3: Emerging Themes

After a thorough review, I documented themes as they began to emerge in the data. I revised and restructured the themes as I conducted each interview. These themes are higher level of abstraction, which are initial notes that were developed into concise phrases explaining a quality.

Step 4: Clustering

As themes emerged, I began to cluster the data and connect themes across transcripts. Once a theme or code resembled a likeness to other themes or codes, I clustered those themes and connected the data to better explain the quality. With support from the transcripts, I was

able to connect similarities across the participants' experiences. I ensured every theme was supported by phrases or words derived from the original transcript.

Step 5: Repeat steps 1-4

I repeated steps 1-4 at the start of each case. As suggested in IPA, I completed my initial review process with each case prior to moving on to the following interview; this helped me avoid purposefully using the previous themes to guide the subsequent cases. Because each case revealed unique themes and perspectives, I remained mindful of this and ensured that any connecting themes were supported by lines in the transcripts. If data from one transcript did not fit the developing themes, I adjusted the clusters or created new possible themes to include the new data.

Step 6: Connect and Group Themes Across Cases Where Applicable.

Once all of the transcripts were transcribed, I reviewed the themes and connected any themes that seemed to correspond with one another across all participants. This is called grouping, and I grouped themes in an Excel spreadsheet. I regrouped and relabeled the themes several times to ensure the themes were aligned with the participants' experiences and reflected the data.

Step 7: Place Results into a Table

After I completed the grouping and finalized the themes, I transferred the major themes and subthemes into a table format. The table is a visual representation of the qualities that emerged throughout the analysis phase. During this step, I was able to recognize areas that overlapped or resembled other themes and refined the themes as needed.

Step 8: Writing up the final themes.

The writing portion is an elaboration on what is presented in the table. This narrative portion of the research will describe what I found and provide support for each finding. I intentionally distinguish between what was actually said by the participants and what I interpreted. I used quotations when I directly quoted a participant and provided an in-text citation locating the line in their transcript where the quote could be found. The final themes are the results of my analysis.

Trustworthiness and Credibility

The American Educational Research Association (AERA) encourages research in the academic arena (2018). Research is needed and encouraged, but the question is how can it be conducted in such a way that it does not harm the public? These are ethical considerations and I followed the guidelines given by the university's IRB, AERA, and the AMFT Code of Ethics (Advanced Solutions International, Inc., 2018). These three governing bodies emphasize the goal of research is to maintain public trust and participant safety. I utilized the following procedures to ensure the trustworthiness and credibility of the study: (a) the informed consent forms notified the participant of the study scope and asked permission to conduct the study; (b) contact information for proper authorities was given to participants in the event they felt unsafe or concerned about the study; (c) there was a committee of three full-time faculty members reviewing and guiding the research; and (d) measures were taken to protect to confidentiality and data of the participants.

Member Checking and Auditing

As I received respondents lived experiences, I was cautious not to twist or misconstrue their words and/or meanings to fit another preset agenda or personal biases. IPA accounts for this possibility and enforces that the interviews be transcribed, which required

me to support themes or ideas with raw data. I checked back with the participants and emailed them their finished transcripts to review before any of the data was coded or analyzed. They let me know if they approved or if they wanted any changes, a strategy known as member checking (Creswell, 2009). Since interviews were conducted by talking, language is the primary means to convey meaning and I wanted to assign the appropriate meaning as intended by the participant. Throughout the data analysis process, I had several in-depth discussions with my dissertation chair about the coding process and my rationale for coding certain categories together into emerging themes. She did a detailed audit of the Excel spreadsheet for the first case, and a second detailed audit of the major themes and subthemes for all cases in my final spreadsheet. As a final step, my dissertation chair audited the table of results.

Biases

As mentioned, my race, ethnicity, profession, and experiences could have served as a rich source of information, but it could have also proved to be biases in the research. Biases could impact the research or the participants negatively if there are not proper procedures. In an effort to counteract these possibilities, I selected a diverse dissertation committee, who was educated on issues of culture and social justice. I also attempted to remain self-aware of how I presented or how I might be triggered throughout the research process. Additionally, participants were given my dissertation chair's contact information and the university IRB in the event they wanted to report a concern.

Phenomenology also has a rigorous process called bracketing to safeguard biases, and it suspends internal and external suppositions (Gearing, 2012). It requires the actual phenomenon to be bracketed by the researcher. The internal and external suppositions are

“experiences, theories, or assumptions held in abeyance or suspended by the researcher” (p. 2). Lastly, the brackets are applied to a temporal structure, such as transcripts, and the generated data is reintegrated. Another measure I took to increase the credibility of the study and to keep my biases in check was a researcher journal (Amankwaa, 2016). I kept an ongoing journal of my reactions and process. The journal included the dates, times, places, and my reactions to the interviews. I logged after each significant activity and files were kept on my personal computer, which was password protected (Amankwaa, 2016).

Summary

To ethically study and honor the participant's perspective, I selected a qualitative method that allows for an in-depth exploration of their experiences. Phenomenology allowed me to approach the perceptions, emotions, and actions of the individual. More specifically, IPA created a research environment that recognized the importance of the meaning and interpretation by both the participant and the researcher. There is a delicate integration between the two that must be considered to ensure the quality of the analysis. Therefore, as the researcher, I self-reflected throughout this study, kept a journal, consulted with other professionals, and considered ethical implications. The lived experiences of these individuals and the meaning they ascribed to their experiences are significant to the field and the classroom setting.

CHAPTER IV: RESULTS

In this chapter, I present the results from the interviews I conducted with six White MFT students about their experiences in the culture and diversity course in their graduate program. I received an overwhelming response from White students to participate in this study, which I did not expect when I originally sent the recruitment email. Because I received so much interest, I carefully selected participants that would increase the diversity in my sample by geographic location and gender. I did not select or deselect participants based on any other factors, as long as the participant met the inclusion criteria. I first provide a summary of the participants' characteristics and provide more detailed background information about each person. This information is presented in the order in which participants were interviewed. I then describe the major themes and subthemes that unfolded during the data analysis of the participant interviews.

Participant Characteristics

All participants self-identified their race as White non-Hispanic, as it was an inclusion criterion of the study. The participants either graduated from a COAMFTE accredited MFT program or were currently enrolled in one. Table 1 provides a summary of the reported participant demographics. In order to protect participants' identities, pseudonyms were used and family of origin ethnic background reported by participants were not given in the table. Overall, participants reported that their families have been living in the U.S. for two or more generations, and migrated from European countries (e.g., Germany, Scotland, France, Ireland, Check Republic, and England).

Table 1

Participant Demographics

Pseudonym	Gender	Marital Status	Age	Sexuality	Current Location	Non-White Family members
Campbell	Male	Single	24	Heterosexual	CT	No
Rai	Female	Married	31	Heterosexual	TX	No
Georgie	Male	Married	30	Heterosexual	KS	No
Dallas	Female	Single	26	Heterosexual	CA	No
August	Female	Married	27	Homosexual	FL	Yes
Casey	Male	Married	31	Homosexual	CA	Yes

Participant Backgrounds

The first participant interviewed, Campbell, grew up in a predominantly White community. He traveled abroad during his undergraduate experience, which he reported to be an impactful experience for him. As a therapist, he works with racial/ethnic minority populations, and he stated that clients make mention of his race and their distrust of White therapists. Also, he indicated that he was the only heterosexual White male in his class and cohort, which he described as strange and different from his environment out of class.

The second participant, Rai, is passionate about mission work, specifically regarding medical issues concerning the heart. She expressed that her experience in the culture and diversity course is what drew her to this study. While in the class, she discovered more about her family history and cultural background. She was surprised when she found out that her ancestors took part in slavery, which increased her curiosity about personal childhood memories. She regrets not having an opportunity to share and process some of these details

about her story in the course, but stated she uses what she learned in the diversity course in her current line of work.

At the time of the interview, Georgie, the third participant, was currently a PhD candidate. In the past few years, Georgie shared that he experienced personal discoveries which have been significant to him. For example, he reported he started to challenge his own identity awareness and self-privilege. He identifies as an androgynous male and prefers he, his, and him pronouns. Entering the course, he was contemplating and challenging the religious beliefs he had grown up on, but began to find answers to his questions. After completing the course, he feels he has become a mentor for other White students also interested in Whiteness.

Participant four was Dallas, who identified as Jewish. She spent most of her upbringing on the East Coast, but moved west for school. Dallas shared that she is very passionate about mental health, narrative therapy is her current model of choice, and considers herself a good student. She learned more about her privilege in the course and enjoyed hearing other students share about their cultures. She felt she had much to offer to the classroom discussion, regarding diversity, but did not believe that was her role in the course. Instead, she felt her role was to support the minority students and hear their stories.

The fifth participant, August, is married to a military service member, requiring them to travel to different parts of the country. She shared that she is passionate about veterans' affairs and active duty military. August was one of two participants who has non-White family members in her close and immediate family. She grew up in a culturally diverse area and enjoys learning about other cultures. Although she was one of the only White students in

her diversity course, she was drawn to this study because of how much she enjoyed the experience.

The last participant, Casey, also has non-White family members and is in an inter-racial relationship. He shared that growing up he was orphaned and emancipated due to family concerns. Casey is pursuing marriage and family therapy as a second career, and is a mindfulness teacher. He reported being enthusiastic about his MFT training program and the class. However, he witnessed other White MFT students in the class struggle with feelings of sadness and confusion, which is one reason he was drawn to this study. He discussed how his experience was two-fold, one side connected to his identity as a gay man, who grew up poor, and the other side as a White male, who has socially assigned privilege. He does not believe that race is the only factor and discussed how he draws from other characteristics of his experience and identity.

Major Themes and Subthemes

The semi-structured interview questions can be found in Appendix E. Careful analysis of the interview transcripts resulted in a total of three major themes with 10 subthemes, given in Table 2. The table also includes descriptions for each subtheme. These themes best depicted participants' experiences in diversity courses during their graduate training program. Each major theme and subthemes are discussed using raw data in the form of direct quotes from the participants' interviews to highlight the themes. The page number and line number of the transcript is included for each excerpt.

Table 2

Themes and Subthemes

Theme	Subthemes	Description
Class format/ structure	Density of content	Initial exposure to concepts Too much content in a single course Small and large group discussions Not enough time for processing information Lack of connection of ideas Wanting more in-depth knowledge
	Classroom diversity	Limited diversity Exposure to minority-peer stories Open dialogue
	Experiential activities	Cultural plunge, presentations, videos Privilege exercises Guest speakers and sharing food
	Instructor influence	Pedagogical methods Teaching style and personal characteristics
Being White	Hesitation to share	Being watched, insecurities, fear, blame Avoidance of being viewed or labeled as the oppressor/privileged Missed opportunities
	Being a minority-majority	Feeling like a minority Ignored, blamed, judged, and dismissed No culture or identity
	Learning about White privilege and Whiteness	Not challenged to examine own Whiteness Lack of guidance for White therapists
Shift in worldview	New lens	Change in opinion More complex perspective
	Increased awareness about self and others	Personal privilege Exposure to other perspectives/cultures Increased comfort and confidence
	Transformation of self	Applying concepts to other contexts Advocating for others Owning privilege

Class Format/Structure

The focus of this research was the participant's experience within the context of the classroom, specifically in the required culture and diversity course. The major theme of class format/structure took form when participants mentioned characteristics about the classroom,

curriculum, or preferences toward a specific event. It is important to note that the themes were derived from the interviews; I did not directly ask participants about each specific subtheme, but rather, I asked about who they were in the class, feelings about the experience, and what meaning was assigned to their experiences. Four subthemes emerged related to this major theme: density of content, classroom diversity, experiential activities, and instructor influence. All six participants addressed one or more of these subthemes in their interview.

Density of content. This area seemed to address previous exposure to the topics talked about in class, the amount of time spent on each group mentioned or covered, and processing time allotted to digest the material or complete activities. In five out of six interviews the amount of content taught or covered in the course was raised as a concern. For some, this was their initial exposure to the topic areas addressed in the course. Georgie used the word “novel” to describe his experience learning about different levels of access to resources, and went on to say:

...the way that it was kind of introduced in that class, and the resources that we're most concerned with are conditions of mental, you know, emotional, social relational resources. And then I guess access to like care or housing that is granted by class.

How that interacts with race or gender. For that idea, I think I was introduced for the first time in that class, for me (p. 8, L54).

The class was the first time he had been introduced to these ideas, as he comes from a homogenous environment and family.

Three participants expressed that there was too much content in the single course. In most programs, the course typically meets once a week for 3 hours and each week a new cultural group or population is reviewed. This structure only allows for a cursory overview

of complex cultural groups. For example, one week may focus on sexual identity and within the topic area there are various sub-communities with unique needs (lesbian, gay, bisexual, transgender, etc.). The participants expressed the need for more than one course or more time with the content. Casey suggested that the single course should be “a year-long course” to increase “more learning opportunity from different cultures” (p. 8, L52). Georgie stated, “it really should be a class but like an entire framework of how clinical programs are designed” (p. 8, L52).

Campbell referred back to the amount of content a few times during his interview. He reported feeling “less prepared to deal with other cultures” (p. 7, L74) than he originally thought and not having a good understanding of different cultures he will encounter. He expressed his concerns with learning about so much content in a single course.

It was covered so quickly so maybe something about slowing down some, not like slowing down, but just like less content or not doing as many like different groups and trying to connect them to each other...more where I felt also like in a separate idea. (p. 9, L94)

Two other participants made similar statements and elaborated on their experiences with the density of the content. Dallas suggested that courses should have “less student led” teaching where students are assigned a weekly topic to research and present to the class, and include more small group discussion to process the reading material and class topic for the week. She found the small groups to be especially useful and said, “I did really like that we broke down into groups like small, small groups, a lot of the times and got to ask each other questions about our experiences I felt like that was really powerful” (p. 7, L58). She further stated, “...it's just frustrating. And I think that for a lot of people these are hard topics to talk

about. And I noticed that people were a lot more talkative in their smaller groups” (pp. 8-9, L66). August talked about larger class discussions as helpful to express ideas and share opinions, but explained it was “maybe a little bit vulnerable in talking about how we see different areas of diversity” (p. 5, L44).

Three participants expressed concerns about not having enough time to process the amount of content included in the course. According to Campbell,

We talked about so many different like cultures and ethnic groups that there will be, not really, there’s just simply not enough time in a semester to get a good, like a good understanding of all the different cultures that you’ll have to deal with. (p. 7, L74)

He reported that the weekly topics did not appear related to one another in his experience, indicating “...it felt like isolated units, where like this week we're talking about Syrian refugees and then the next week we talked about a different group where it didn't feel like connected, in any way, really” (p. 9, L94). Georgie also felt like something was missing: “...um I don't know if like remiss or let’s see...I get the feeling we lack or feeling kind of like things were unfinished or that things weren't completely resolved” (p. 7, L50).

Rai provided a metaphor for what she felt she experienced in the course, likening it to a parent just finding out about their child’s sexual identity.

You know, teenagers coming out or young adults coming out and that if you've known since you were 12, and you just told your mom, and she's had to deal with this for 10 minutes, and she doesn't take it well (laugh) you know, why don't you give her a little bit of grace. (p. 9, L88)

She explained that when a teenager comes out to their parents after taking time to process their sexual identity, it can be a newer concept for the parent. She empathizes with the parent

who might react adversely because the information is new and they have had less time to process it.

As a result of the dense amount of information in the course, two participants discussed only gaining a superficial level of understanding to complex topics and wanted deeper knowledge on the topics. Georgie reported, “It kinda felt, as I look back on the textbook. Sometimes, it felt like we were just taking this like this, [removed for confidentiality] says this in kind of a derogatory way on purpose, that it was like a trip to the zoo and looking at these different like groups of people” (p. 6, L40). Later, shared, “I think (pause) I might have wanted, I think I have this feeling of wanting a bit more. Wanting (pause) really wanting more” (p. 7, L50). Dallas reported similar desires by saying, “And I would have liked a little bit more knowledge” (p. 9, L68).

Classroom diversity. The importance of having diverse students in the class was referenced by four participants. Some of the participants mentioned having limited diversity in their programs. Georgie explained his experience of being in a classroom setting with mostly White students as somewhat negative: “It was almost like there was a lot of like the main learner, looking out on to other cultures. And I’m not...I’m not gonna’ say that it perpetuated the idea of othering with racial and ethnic minorities” (p. 5, L40). Dallas also indicated that her cohort was not very diverse: “...a large percentage of my cohort is like White, um, but also there's a large percentage, [which] identifies as Hispanic. Um, we have [removed for confidentiality] ... so it's like not terribly diverse, honestly” (p. 6, L54). When she did have the opportunity to hear about a minority-peer’s story, it was a very impactful experience for her.

And it was also really powerful to hear what her experience is from an African American girl, and our program was talking about like her experience with her, her sister's child, and like the tension between like wanting to keep her innocence and wanting to like preserve her childhood at the same time, needing to tell her, you know, you are a black child in a still fairly racist culture and you need to be safe and these are some, like there's some things that are going to happen, and, like, we need to warn you, and sort of educate you for that. (p. 8, L62)

This was not something Dallas had experienced herself and she had not thought about the possibility of childhood being affected in such a way.

In being exposed to minority-peer stories, Casey said, “It taught lessons that I don't think you could ascertain from reading any book or any article. Even if it was the same word for word” (p. 7, L49). August had a different experience than the other participants in that she reported that there were less students who identified as White and more students who identified as a minority in her class. Also, she said, “We have a lot of diverse groups within the class itself, whether it be through race, ethnicity, sexuality” (p. 3, L30). Although she was one of the few students that identified as White in the class, she shared that she perceived the classroom setting to be safe and it seemed to foster open dialogue.

I think it was extremely helpful. It was good at having a frank conversation about things that we don't really have an open conversation about. I think that it helps because we were... in the classroom dynamic was very much about having open dialogue and having conversations. I think having those conversations in a safe place like the classroom, was useful for making us feel comfortable talking about them, you know, a few of them actually with clients. (p. 5, L44)

Experiential activities. Typically, culture and diversity courses implement experiential activities as part of the course curriculum. Although experiential activities were not overtly addressed in the wording of the interview questions, all of the participants mentioned experiential activities in their interviews as being memorable or impactful to their experience in the diversity course. The experiential activities mentioned were cultural plunge, cultural presentations, videos, privilege exercises, guest speakers and food, and group processing.

Four participants referenced the impact of a cultural plunge activity (e.g., mock application for food stamps, wearing a rainbow pin, and visiting unfamiliar religious services). Rai provided several examples of plunges, such as visiting a church different from her own and “going to apply for welfare” (p. 7, L64), which she described as “so fascinating” and “an experience that [she] will take with [her].” She recounted an experience she had when she wore a pen with a rainbow on it, which sparked a conversation between her and another person leading to a long-term friendship.

We had to find a pen that had a rainbow on it, and wear it for a week in public. You didn't have to declare, you know, sexuality or anything, but we did have to wear a pen. And umm, this guy that I knew, you know, he asked me. Are you a lesbian? Because I was wearing this pen. And I immediately was like, no. Like, what...what gave you that opinion (laugh)? Am I doing something weird? Which was, you know, part of the cultural plunge is to see how you reacted when people called you out on something like that. And I was like, No, No, I'm not. What makes you think that?

[guy from Rai's story responds] You're wearing the pen. And I was like, oh, yeah, but this...I'm wearing this and I kind of told him what was going on and, he goes oh, well

that's really cool, and tell me about the results from that. And I said, Okay, well, I kind of went back to him a little bit later and I said, you know, this was my experience with it. And he actually came out to me...yea. We became very good friends. And he was in my wedding, we still keep in touch. (p. 10, L90-92)

Two participants talked about the impact of class cultural presentations from other students about themselves and their culture. Casey described a shift in the classroom that he noticed after “every single person had a chance to do a 30 to 45-minute presentation about themselves” (p.8, L53). He reported, “It triggered a shift, a fundamental shift that was palpable afterward and how they felt in their own body and self in relation to the class” (p.8, L53). Casey described the experience of “sharing that really vulnerable and important part of them” as “really significant” (p. 8, L53). He explained the shift he observed within himself and his classmates impacted each of them in different ways. He gave an example of his peer: “...a shift either way, as I said some of the people...I sat next to a cisgender white European male who was palpably depleted and felt completely alone [after the cultural presentations]” (p. 8, L53).

Videos shown in class were also impactful. Georgie mentioned a video by Kenneth Hardy, a family scholar well known for his work related to diversity and social justice. He shared how the video taught him “why clinicians needed to be aware” of the residual effects of slavery and elaborated:

So that was like that was enlightening for me, but like I said, disheartening to see this. The level of impact that something like slavery has, something I was very blind to. It was fascinating and like fascinating is one word and like disheartening, and confusing and frustrating to get to a greater depth of like things like racism. (p. 5, L38)

Another impactful experiential activity was privilege exercises, and three participants shared about a memorable exercise. There are several variations of privilege exercises, but the purpose of the exercise is to reveal personal privileges and privilege disparities between persons. Dallas shared her experience with a privilege exercise focused on ableism.

That was something that honestly, I don't like pay a lot of thought to, which is probably pretty true of most people, because, you know, like I am able and so we have an assignment to go around and kind of look at the way that certain places are set up and see how that would be if you had a disability and, you know, I realized that I think I take a lot of things for granted, as being really easy to get around stuff that so that was really powerful. (pp.7-8, L62)

August described her experience with a privilege exercise focused on race and colorism as her least favorite, and she felt strange being grouped by her race and the color of her skin. She explained that she did not like the exercise and did not understand the meaning of it, but it stuck out to her as the most memorable moment in the course.

One that comes to mind and it was probably my least favorite thing we did in the course at one point we...this was like the first day of class I think it was, and professor had us all stand up and get into groups based off of the, you know, racial group that we felt we identified with so really it was white, black and Hispanic. And then we were told to line up by order of the color of our skin, which I thought, I don't know, I know that most people in the class thought that that was kind of weird and I am not really sure what the point of it was, but it stands out the most memorable of all the things that we did...Um, I think in a way when we separated my group it felt you could really feel that separation because we were all standing on different ends of the

room. Then we all lined up we were in a way united we were all together so that felt I think a little bit less strange. (pp. 5-6, L46-48)

Campbell suggested including more experiential activities in the course and referenced guest speakers and sharing food several times during his interview as “a better portrayal of the ethnic group or culture” (p. 9, L102) taught about in class. He explained that guest presentations “felt much more impactful actually getting to experience” (p. 9, L90) interaction with members of a cultural group, “rather than reading about it” (p. 9, L90) in textbooks August also requested more guest speakers in the course and reported that she thought it was “useful to have a few” guest speakers “who come [from] diverse areas” (p. 6, L52).

Instructor influence. Five of the six participants referenced the influence of the instructor on their experience in the course. Participants described pedagogical methods, teaching style and personal characteristics. The pedagogical methods overlapped with the earlier subtheme density of content. For example, Georgie wanted social issues to be discussed in all of his classes, not just in the culture and diversity course. Also, he stated he wanted more guidance on how to process his “blind spots” (p. 11, L 72). Campbell expressed he understood why all of the groups were covered in the course, but emphasized the difficulty of learning so many “so quickly” (p. 9, L94). He also stated he would have liked more clarification on how the groups and topics related to one another.

Casey and August described their experiences with their instructors in the course as a positive experience, attributing this to teaching style and personal characteristics of the instructor. Casey explained his instructor “did such a brilliant job holding the space for everybody” (p. 11, L73) and would “laugh at herself a lot” (p. 11, L73). He believed her level

of vulnerability with her own story was what “really made everyone else completely comfortable to be just as vulnerable as she was” (p. 11, L73). Like Casey, August also complimented her instructor. She stated that she was able to share a personal story in class, and she felt heard and appreciated. That moment was significant to August because, in her past, she tried once before and received a “not so good experience in [her] undergrad” (p. 6, L56). One participant mentioned that the instructor was White and, therefore, did not feel attacked by the instructor. Another participant described their experience and expressed that they understood the instructor’s response as something that might be required to teach the course. Additionally, a different participant described a lack of involvement and added the need for more involvement in her feedback during the interview.

Being White

The theme of being White was naturally the most prevalent topic for participants given that the focal point of the study was on White students’ experiences in the diversity course. As such, the interview questions were designed to explicitly explore their experience as a majority race member in American society. When asked how their experience might have been influenced by their race, every participant reported a hyper-awareness of it within the class environment. Three subthemes emerged that connected to the participants’ race and their experience in the culture and diversity course. All participants mentioned or referenced a hesitation to share in class, feeling like a minority in class, or the need to learn about White privilege and Whiteness.

Hesitation to share. Five participants talked about being hesitant to share their experiences in class, and all participants reported witnessing other White students’ discomfort to speak in class as well. They reported feelings of being watched, insecurities,

fear, and blame. Campbell shared how he felt when the class started discussions about oppression and oppressors: “Yeah so, in terms of the things I said about feeling [like] there were eyes on me...umm I feel like I was less likely to speak my mind I guess” (p. 6, L62-66). He indicated that he wanted to avoid being viewed or labeled as the oppressor and/or privileged:

Because, of course, growing up in like my culture like (laugh) you get certain... I can't think of a specific but I don't know you get certain points of views that might be conflicting or like slightly like oppressive, I guess. Which I would...would be more hesitant to say or say other things oppressive I guess or, like, aligning with an oppressive like sort of view so I was more hesitant...hesitant to speak out. (p. 6, L66)

Similarly, Georgie expressed, “I couldn't be completely transparent and a part of that, like, I think was the self-monitoring myself so I wouldn't like micro aggress or say something that was, yeah offensive” (p. 11, L72). He also talked about how this hesitation may have resulted in missed opportunities in his learning experience: “And that's like, I would say to myself, Oh, that's a good thing, but then another part of me, I would say to myself, but what if I had ignorance or say blind spots that I could've shared” (p. 11, L72). This sentiment of missed opportunities in class discussions of sharing personal experiences was also conveyed in Campbell's comment:

Umm, I feel like it probably impeded some learning. Umm I'm like say if I was willing to speak out about something I could have. I could have gained perspective on it, that I might have missed for not speaking out. (p. 6, L68)

Dallas described feeling vulnerable and felt it hindered her from speaking up in class:

I know I was, I think that a lot of that was it can be kind of vulnerable to like talk about your experiences or voice your opinions or ask questions about like diversity topics in a very large class setting in front of like everyone else in your cohort. Like it can feel a little less safe, and I think that that brick walled some of the class conversations...I also think that some of them like inhibited people from actually being able to have conversations and wanted to because they weren't comfortable saying that stuff in front of the class. (p. 9, L66)

Dallas explained that she did not share her opinion in the class environment because she felt she did not have much to contribute and reported feeling like she was supposed to just listen. She stated, "I definitely felt that like I was just like I felt like I was sort of a listener. And it really wasn't my place to have...any opinion. Because of the place I come from, sort of like the...the one down. I come from in like that environment" (p. 6, L54).

Being a minority-majority. Five participants described their experience as being a minority in the class even though they are part of the majority racial group (White). It was the most frequently discussed subtheme in the interviews. The three male participants talked about feeling like a minority in the diversity class as a White male. Campbell expressed:

Umm, and out of the 25 people I'm one of three males. And the only one that identifies as, like, straight or heterosexual. So, within the program, it's very...it's like pretty strange being a White, like, a straight white male and being umm, like, feeling like a minority, I guess. (p. 4, L38)

In discussing his experience in the course, Georgie described being less represented and assumptions he feels are placed on White males: "It's, in some ways, difficult to be a White

man because of the assumptions that are happening right now so I felt a little bit of that as a White man” (p. 6, L31).

For the male participants, the experience of being a minority in the course also included feeling pressure to be a spokesperson for White males or an advocate for them, and feeling targeted for being a White male. Campbell said, “Umm it's definitely strange. In that regard umm, feeling almost like (laugh) sometimes I'm looked to as an ambassador for straight white males, I guess. (p. 4, L46)” Casey reported feeling that the “expectation for performance was higher and that is [related to] race as well as gender (p. 6, L37).” He felt a sense of being attacked or targeted for being a White male, as expressed in the following excerpt.

A lot of what people are fighting against is the powerful White man. Who...yeah, so I really saw my, my White peers and me, as there were four White males in that class. And me, for my race, I saw that amplified and saw how lonely and objectified they were. And it made me, give me a deeper understanding of why 95% of school shooters are White and male, why the biggest portion of people who are reporting depression, loneliness, isolation, not feeling a part of anything, are these White men in their 20s. (p. 6, L31)

Casey went on to explain that there were two parts to his experience: one as a White male and the other part as a gay man, which is a source of pride for him as a member of the LGBTQ community. He also mentioned coming from a low socioeconomic background. He commented that if he was “just left with [his]race it would be a very lonely place” (p. 6, L31), and:

So, as a White person, I feel that in this class, diversity class, it was noticed and even amplified, a sense of non-identification, a sense of non-community, a sense of the projection of your own privilege from others, and a real sense of almost not necessarily hostility, but judgments, for being a White male in America. (p. 6, L31)

Similar feelings were discussed by Dallas and Rai, where they felt like their experiences related to other parts of their identity and they felt ignored, judged, blamed, or dismissed because they are White. Dallas expressed a sense of unfairness in the course about her White race overshadowing other characteristics of her identity, as if she did not have a culture or identity. She explained that she is Jewish and attending a religious school that differs from Judaism and considers herself to be diverse in this aspect. But she did not feel like she could share this with her classmates.

Rai expressed the desire to share more personal stories from her family of origin and felt it was unfair that her experiences and perspective were not received well. For example, she reported feeling shame around the fact that some of her family members participated in racism. However, she does not align with oppressive behavior and experiences a dichotomy within herself. She explained that she wanted to share this part of her experience as a White woman, but did not feel able to do so. She commented that she felt “we glorify a lot of other cultures” (p. 13, L104) because they have been “dampened in the past” (p. 13, L104), but she expressed concern for her own culture being “in danger” (p. 13, L104) of also being dampened.

Throughout her interview, Rai expressed feeling blamed and dismissed as a White person. She shared a story about her experience during class discussions and feeling a need to apologize even though she had not done anything wrong.

Especially when it came to race, you know, race, racially and everything. We had two African American girls in my class, and one was first generation African American. And, you know, there was very much a, especially discussing, you know, racial inequality, and I just felt that I should have apologized for some things that I didn't have anything to do with. (pp. 5-6, L54)

Rai did not apologize, and was offended when she was "...basically getting told that that was the popular White opinion. And therefore, you know, that wasn't something that I should have" (pp. 5-6, L54). She stated, "Assuming that everyone understands what it's like to be a White just because they are the majority is not accurate either" (p. 6, L31). She mentioned the importance of other groups learning about the perspectives of White people in addition to learning about minority racial and/or ethnic groups, which did not occur in the class.

We spoke about a lot of experiences, but what was exempt I think was the White experience mostly because I think it is assumed about us the majority experience.

And I think in doing so we kind of cast light on it that it is unimportant. (p. 12, L108)

Learning about White privilege and Whiteness. Three participants talked about this subtheme, which consists of two areas of interest: not challenged to examine Whiteness and lack of guidance for White therapists. Georgie learned about gender, sexuality, and privilege, but did not feel challenged to examine his own Whiteness. It was not until after he completed the class that he gained a deep understanding of this. He felt that the course only gave him a superficial understanding of Whiteness and stated, "I would say that the culture class made me like look at my own male presenting identity and like heterosexuality more so than it made me look at my Whiteness" (p. 5, L40). Georgie reported that he "did not see it

modeled” (p. 11, L72) and he “did not see how to do it”; it being how to address his

Whiteness and blind spots. He shared about his experience during a privilege exercise:

I was asked and encouraged and we all learned in the class to look at our values, in general, as it related to class [and] as it related to different privileges, because we did have one class where we like lined up in terms of like the privileges that we had. I would say that Whiteness wasn’t the focal point, when we talked about racial and ethnic multicultural competence, competencies, the focus was more how do we understand the unique context of other groups. (p. 6, L40)

Casey had a similar concern during his interview, referencing a lack of guidance for White therapists. He explained, “I did see a lot of my peers struggling with sharing elements of themselves and learning what their own biases, privilege, things were, as well. So, it may have been difficult for others. (p. 8, L51)” Campbell also expressed that he “left the class feeling less prepared than” he felt prior to taking the course (p. 7, L74).

Shift in Worldview

In every interview, participants discussed how much they learned in the class and how they have used it outside of the course, in one way or another. The theme shift in worldview consists of three subthemes that represent participants’ self-reported change in the way they understand their world and others around them: new lens, increased awareness about self and others, and transformation of self. All participants referenced a shift in their worldview after completing the course, and they all described experiencing more than one shift.

New lens. Five participants talked about having a new lens from which to view culture and diversity issues after taking the course, a more complex perspective, and better

understanding concepts. They shared in their interviews how the course changed the way they looked at the world and themselves. Rai experienced a change in opinion after gaining a better understanding of concepts. She commented, “Definitely, as far as, you know, the cultural minorities, umm, and sexual minorities, my opinions just very much changed” (p. 5, L50). This experience was highly impactful to her, and stated, “Okay. Um, I would say that it was very meaningful to me, like I said, I think it opened up a lot of my perspective on privilege” (p. 5, L52). August described having a more complex perspective after taking the class. She stated, “So, for me it really kind of brought that to the surface and made me realize just how much privilege I do have that maybe I wasn't, I acknowledged before, but didn't completely recognize” (p. 4, L32). August explained that she feels she had some awareness of personal privilege, but gained a deeper understanding about it in the class.

Increased awareness about self and others. The increased awareness is in regard to personal privilege and exposure to other perspectives and cultures. Dallas shared that she is more aware of her social class and her Whiteness. She stated, “Yeah, (pause) I definitely felt a lot more aware of um, like, my (pause) Whiteness, and my, perhaps, middle class upper middle-class status” (p. 5, L46). Casey talked about gaining increased awareness about himself and others by being exposed to other perspectives and cultures through hearing his peer’s stories. He reported, “And I feel like that was the exposure, at that level with people sharing their personal stories, is when I realized my privilege” (p. 5, L29).

Increased awareness led to increased comfort and confidence to talk about difficult cultural topics. For Rai, expressing curiosity about other peoples’ culture gave her confidence to ask racially loaded questions. Here is a story she shared in her interview.

I think this has made me a better conversationalist that I am able to not be afraid necessarily of asking racially racial questions. If I have a genuine curiosity, you know, if I have questions about, you know, hair texture that I need to ask my Black friend. I feel like I have the confidence to be able to ask and not out of ignorance, or that I am asking out of ignorance, but asking to be educated. (p. 8, L70)

Transformation of self. Five participants discussed being transformed as a result of the course; having the ability to apply concepts to other contexts, advocate for others, and own their privilege. Casey stated:

It was a transformational experience. It shed light on perhaps the most important lesson that I've learned about my relation to other people and how I am in the world.

So, I was not expecting it to reveal that much information. (p. 5, L29)

Georgie reported a transformation in the way he “understood change and problems with clients” (p. 7, L50).

Four participants reported advocating for others. Rai shared a story about advocating for followers of the Black lives matter movement during a family discussion, even though her family members reportedly had a different perspective.

For example, when, you know, the NFL all the football players were kneeling during the national anthem. And when Black Lives Matter became a very popular umm thing to say and the hashtag and the whole movement of Black Lives Matter. There was a lot of unrest in my own family of origin, about...how about well White lives matter too? And, you know, just getting to say things like, “What, they're not saying we don't matter, they are just saying that they also matter. (p. 7, L70)

Another component of transformation of self was the ability to own one's privilege.

Dallas expressed:

Yeah, like I've been lucky and what I, what I'm able to do on the fact that I maybe that I am White, umm here, but I feel in certain circumstances, so it's a little sobering hearing people talk about experiences or learning new experiences that I, I really haven't had to deal with because of the color of my skin. (p. 6, L50)

Georgie expressed:

I think like the class and the process of like of critiquing the privileges that I have and how I've benefited from them and how it, how it's really shaped how I look at the world, set me up, or later was that I was doing dismantling my own white privilege. (p.7, L48)

Georgie explained that the course introduced him to the process of dismantling his White privilege, which started to reshape his worldview. Casey spoke about how his increased awareness regarding his privilege was transformative for him: "So, that was absolutely transformational for me, and realizing that and owning that" (p. 5, L29).

Summary

The data analysis resulted in three major themes (class format and structure, being White, and shift in world view) and 10 subthemes (density of content, classroom diversity, experiential activities, instructor influence, hesitation to share, being a minority-majority, learning about White privilege and Whiteness, new lens, increased awareness about self and others, and transformation of self). The findings provide insight into the experiences of White MFT students in the required culture and diversity class for their training program. In

the next chapter, I discuss the findings in connection to the literature from Chapters I and II and my personal experiences.

CHAPTER V: DISCUSSION AND IMPLICATIONS

With the rise of minority populations in the United States, therapists are increasingly more likely to encounter a client of color. As such, it is important for therapists to be educated on a range of cultural groups that differ from their own. Currently, the majority of MFTs are White. This study focused on White MFTs and what their experiences were after completing the culture and diversity course in their graduate training program. In this chapter, I discuss the three major themes and supporting subthemes in light of existing literature as well as my personal experiences, explain the strengths and limitations of the study, contributions of this study to the field, future considerations, and conclusions.

Comparison of Findings to Existing Literature

Theme 1

Regarding the first major theme (class format/structure), each participant attended a separate course at a different university, however, many of the assignments and activities they shared as meaningful were mentioned across interviewees. When considering the literature about Whiteness (DiAngelo, 20011; McIntosh, 1988), if White trainees are indeed coming into the course with limited exposure to other cultural perspectives, then it could relate to their concerns about time and the amount of information being taught within a short period of time. Similar to the literature (Bartoli et al., 2015; McGeorge & Carlson, 2010), the findings from this study support that the diversity course introduced concepts to participants in a way they had not been exposed to prior to taking the course. And while all of the content in the course is salient and relevant to the work they will do as therapists, it should be noted that some participants felt the amount of content discussed was too much for one semester. The majority of participants asked for more time with the course topics through small group

processing, elaboration on each cultural group, or an additional course. Specifically, they wanted more time to process because the curriculum demanded self-exploration of personal biases and privilege. With that, some participants had a difficult time connecting the weekly topics and understanding their role.

There was an interesting divide between one participant compared to the others. All participants discussed a lack of minority representation in the class except for one, who happened to be one of few the White students in her class. Possibly, this may contribute to her difference in experience compared to the other participants, as she expressed little difficulty with course topics and asked for even more content on sexuality related to racial and ethnic issues. Her interview stood out from the rest, and she often did not fit into the subthemes of the other five participants. However, all participants punctuated how meaningful it was to hear diverse perspectives from students of color in the class, no matter how many or how few. Every participant reported feeling a noticeable difference in the classroom environment and within themselves, as a witness to the personal stories presented in class. Sue (2015) alerted therapists about the significance of hearing voices of color. Aligning with the literature, it seemed participants compared hearing the stories to reading textbook information on cultural groups, and remembered personal encounters most often.

When participants were asked what they found helpful from their experience in the course, every participant mentioned a type of experiential activity. Of course, it is typical for a diversity course to include experiential activities. Encouragingly, the results strongly imply that experiential activities in culture and diversity courses are helpful tools for these students. Every participant referenced an experiential activity multiple times throughout their interview, and often in a response to more than one interview question. Many of the

experiential activities mentioned by participants have been cited in previous literature, including cultural plunges (Marshall & Weiling, 2000), cultural presentations and genograms (Hardy & Laszloffy, 1995; Keiley, Dolbin and Hill (2002), and privilege exercises (McIntosh, 1995). The participants used words like “powerful” and “unforgettable” to describe their experiences doing the activities, which they expressed were more impactful compared to readings. One participant recognized that if it were not for the course she might have never experienced the process to apply for food stamps, and also described the experience as one she will always take with her.

The results of this study are consistent with Nixon et al.’s (2010) work that focuses on the instructor maintaining a therapeutic perspective toward the students, and Sue et al.’s (2009) article that identifies the difficulty and complexity of teaching the course. Similar to the warnings Sue (2016) offers, a few participants in this study felt attacked by students of color, but only one included the instructor as a part of the dynamic. The other participants attributed any uncomfortable feelings to the dynamic between themselves and students of color, and did not associate it with an instructor’s responsibility. Exposure to and comfort with minorities prior to taking the course may play a role in White students’ experiences with the course instructor. In this study, the two participants that described positive experiences with their instructors (one was Black and other identified as LGBTQ), both had family members of color.

Theme 2

The findings related to the second major theme (being White) are consistent with past research that describes the White experience to be one of insulation and possible limited interaction with other cultures (DiAngelo, 2018). This is not the experience of all White

people, but it is a likely possibility to consider for White MFTs who will come in contact with minority clients. Furthermore, the amount of exposure to other cultures is relevant for students' learning environment in the culture and diversity course given that the purpose is to educate students on personal biases and cultural expression. Similar to previous research (e.g., Bartoli et al., 2015), the results of this study describe how challenging it can be to confront social constructs of oppression and privilege. As early as elementary school, typical American narratives of history focus on a majority story line, which avoids discussion of race or ethnicity. The topics in the culture and diversity course contradict this dominant narrative and highlights America's history of injustice explicitly acknowledging populations that are treated unfairly.

Consequently, the race that served as an oppressor and most privileged was the White racial group. For some participants in this study, this was the first time they heard their race described in this way, which created much discomfort for them. They felt like other students in the class were staring at them and being the focus of attention for being White was a new experience for them. Most of the participants felt less secure during classroom discussions in the diversity course compared to other courses in the program. Fearful to say the wrong thing, the participants attempted to internally process feelings of blame and confusion rather than aloud with the class. Most students take all of their classes together as a cohort, which may heighten insecurities about what their peers will think of them because they spend so much time together. Understandably, participants did not want to seem aligned with oppressive tendencies, seem racist, and confirm blind spots that reveal privilege, which resulted in them staying quiet.

This is not a critique on the course topics or program structure, but a window into how systemic factors influence the learning environment. Also, the challenges to teach the topics and emotional reactivity of students and instructors in the course is well documented (Choudhuri, 2009; Sue et al., 2009), and the results of this study suggest instructors may need additional support in the course. Tatum (1994) offers a positive model to the negative descriptions of White people—the White ally. This could be helpful as participants in this study were hesitant to share out of fear of being viewed or labeled as an oppressor or as privileged. As the researcher, I did not get the impression that the participants were opposed to what was taught in the course, but, instead, there was a missing piece. They were taught what was offensive with limited understanding on how to do better. Participants shared their good intentions with me, but said they believed they missed learning opportunities in the course as a result of feeling fearful to process aloud in class.

Paradoxically, White students in diversity courses might find it difficult to navigate a covert expectation to appear different from the oppressor described in class and remain open to disclosing cultural narratives they were taught prior to taking the class. It is important to note that discomfort with course material is a normal part of change and the discomfort often serves as the transformational component for therapists in training. On average, White Americans are not accustomed to being categorized by race (Baima & Sude, 2019). However, Americans of color experience this categorization on a societal level (McIntosh, 2018). Ironically, five of six participants referenced feeling like a minority in class even though most participants were enrolled in a predominantly White dominant course. One explanation for this could be that the course is strategically structured to prioritize minority issues as compared to a majority focus. Because oppression is a direct result of privilege,

students are taught about how harmful it can be for minority groups who are deprived of social equality and equity. Behaviors of racial and ethnic minorities are often judged by larger society in connection to their race, but this is not the case for White Americans (Bentley-Edwards et al., 2015). Yet, in the diversity course, White individuals are not exempt from identifying their race and the role Whiteness has played historically. So, it would make sense that participants shared feeling like an in-class-minority, pressured to apologize for being White, and feeling like their role was to support minority students in class.

Rowe et al. (1971) critique the White identity models of their time and explain that White individuals come from a lens of privilege not oppression, and the results from this study support some of this theory. The majority of participants identified feeling like a minority as something new. For example, Campbell, Casey, and Rai expressed worry and concern for White males in the course, as they felt they were targeted the most. Rai and Dallas felt compassion when they heard stories in class and felt pressure to apologize for being White or apologize to the non-White student who was telling their story of being discriminated against or oppressed. Missed learning opportunities like these seemed to result in participants feeling lumped into a stereotype of White people or cast under blanket assumptions about who they were as individuals. For example, when Rai was told by a peer that her response was “the popular White opinion” (p. 6, L54), and she received the covert message that she should not have voiced her perspective. The participants’ feelings of being ignored, blamed, judged and dismissed along with feelings of unfairness are similar to the everyday plight of minorities.

Some participants referenced a sense of being without culture or identity. There appeared to be a double bind or double consciousness for some participants, much of White

culture is founded upon universality (DiAngelo, 2011) and how their experience is the common experience. The participants described being in between a two-part learning experience where they feared of being viewed as an oppressor in class discussions, and at the same time desired to explore White cultural narratives they were taught during their upbringing. In turn, even though people of color's experiences were framed by discrimination, students of color were given the platform to share unique characteristics from their culture specifically. Often, people of color are taught to take pride in their race as a means to counteract the discrimination and adversity they will encounter in society (Baima & Sude, 201; Hartmann, Gerteis & Croll, 2009). But, White people may not require these same cultural interventions because the adversity they might face is less likely to be assigned to their race (Combs, 2018). Furthermore, White MFT students might find it challenging to share about their culture due to the fear of being viewed as racist or oppressive as was demonstrated in this study, which aligns with current research (DiAngelo, 2018).

It has long been observed that White individuals rarely think of themselves in terms of race (Helms, 1990), which could serve as a growth area for White MFT trainees. The results of this study evidence that the European backgrounds and cultural traditions may have been diluted as a part of the racial construct of Whiteness in America, effectively muting cultural context from the family of origin. Also, half of the participants referenced a desire to speak more about Whiteness and to learn more about White privilege. They reported receiving limited guidance in the course on how to navigate positions of privilege, but also became aware that they could unknowingly be biased towards disempowered groups (Ratts & Pedersen, 2014). It appears to be a recursive process in which students become aware of how harmful dominant narratives can be, but less informed on how to confront Whiteness

within themselves. The experiences of the participants in this study are supported by authors like Baima and Sude (2019) who suggested, as a first step, White people identify that their culture is a part of a distinct racial group, along with other researchers (Hernandez-Wolfe & McDowell, 2012; Spanierman & Smith, 2017; Spanierman, Poteat, Whittaker, Schlosser, & Avalos, 2017; Sue, 2016).

Research supports that White students' self-perception of multicultural competencies increases after taking a diversity course (Constantine, Juby & Liang, 2001; Murphy, Park, & Lonsdale, 2006). On the other hand, studies have revealed that supervisors observe a lack of cultural sensitivity from White supervisees (Burkward, Knox, Clark, Phelps & Inman, 2012; Schomburg & Prieto, 2011). Thus, there seems to be discrepancy between self-perceived competencies and supervisors' observations. Like most therapy concepts, there is a process that must take place in order for the therapist to retain the information and then convert the knowledge into therapeutic practices. Potentially, the results from this theme could provide some explanation for why supervisors report seeing a different level of multicultural competence than what is self-perceived by the student.

Theme 3

Participants in this study experienced a shift in their worldview as a result of taking the culture and diversity class. For example, they viewed the world as more complex than they originally perceived it to be, which created a new lens or way of seeing their world. Also, the information in the course was transformational for all of the participants, and they reported changes in how they interact with family, advocate for others, and challenge personal biases. These findings align with the Spanierman et al. (2017) study, which found graduate diversity courses to be a significant influence to understanding power and privilege.

For the participants, the course fostered a deeper understanding of social concepts and shifted dominant narratives about minorities and other cultures. It seems the increased exposure to a diverse number of cultures and sub-groups helped increase their awareness about themselves and others, changing their worldview and making them feel more comfortable with these types of social issues. This new lens and increased awareness served as transformational tools for the participants to apply the concepts outside of the classroom, speak out for the voices less heard, and to confront ways that they benefit from privilege.

Personal Experiences Connected to Findings

Having never met me, every participant shared their raw and vulnerable story with me during the interviews, and their stories have made an impact on me as a person of color, therapist, and researcher. The time frame of this study is important to note, as it relates to my experience and possibly the experience of the participants. When the recruitment email went out, there was a global pandemic due to Covid-19, and participants and I were instructed to stay home and social distance, like the rest of Americans. Even through immense national health stressors, these six participants took time out of their daily lives to contribute to my research. While I completed my data analysis and wrote Chapters IV and V, Americans began a series of Black Lives Matter protests across the nation to demand justice for the many unexplained deaths of Black individuals at the hand of law enforcement or White citizens acting on behalf of law enforcement (Fausset, 2020). It is very likely that these major events could have influenced this study, in one way or another.

Immediately, it became clear to me that race and exposure might intersect with the educational environment, specifically within the context of the culture and diversity course. Participants described a lack of exposure to the topics addressed in the course and many

described their communities and families as majority White, which I then connected to the literature on White normativity (McIntosh, 1988) and White privilege (DiAngelo, 2011) in Chapter I (section title, White normativity and White privilege). I perceived that every participant cared about social issues, and noted missed learning opportunities shared with me in each interview. At one point in my research, I journaled about a learning paradox that participants might have experienced, stuck between the newness of information presented in the course and an attempt to preserve their image in front of classmates and instructors. It appeared that participants avoided talking about class topics because they were worried they would be seen as an oppressor or labeled a racist. Admittedly a valid characteristic to avoid, it began to make sense as to why White students in the classes I attended did not share as freely and why I left the course knowing little about White culture from a White perspective. Granted, the purpose of the course is to learn about voices less heard and marginalized communities, but how powerful might it be to hear White peers share stories about racism?

Although it saddened me, I appreciated the family history and personal stories these White participants so vulnerably shared with me. Here are some examples of the stories that touched my heart and surfaced in my journal entries: Campbell's concern for his ability to grasp so much information on so many cultures that differ from his own, paired with his pressing need to better understand his minority clients; Rai's emotional reaction when she found out her ancestors participated in slave trading, after which she proceeded to revisit and navigate childhood memories in an attempt to deepen her understanding of systemic oppression; Georgie's efforts to aid other White students through dismantling privilege; Dallas's account of how moved she was to learn about a peer of color's childhood experiences, which were not childlike at all; August's encouraging account of how well she

felt the instructor handled her personal stories and classroom discussions; and Casey's powerful description of how he derives a sense of identity from being brought up in poverty, but noticed a lack of identity as a White male.

Having been a student in the course, I held assumptions that race influenced a student's worldview because I began to see how my own race and cultural upbringing influenced my experience in the course. I found the course refreshing and liberating because it put words and literature to my life experiences. Similar to some of the participants in this study, my experiences in the course were meaningful and led me to further my studies with ideas from critical race theory, collaborative and narrative therapies, and social construction theory. These postmodern theories taught me to prioritize the stories from participants and to understand their truth and life experiences led them to this study just as mine led me to conduct this research.

Strengths and Limitations of Study

A strength of this study is the focus on White students' experiences and perspectives. As part of an ongoing conversation about social justice issues, this study offers a unique perspective on how race impacts White MFT students' experiences learning about diversity and social justice. In the past, Americans fought systemic oppression and racism through the civil rights movement, but the fight for justice continues with modern day movements like Black Lives Matter (BLM) (Black Lives Matter, 2020). BLM, founded in 2013, is now a global organized effort with support from countries like the United Kingdom and Canada. This year, 2020, protests were held around the world after a Black man, George Floyd, was murdered by a Minneapolis police officer outside of a local convenient store (Jordans, 2020). Research has shown that racial trauma vicariously impacts people of color and others who

witness systemic oppression, such as police brutality, as well as therapists (Moye, 2018).

During this political and social climate, White MFTs need to be educated on systemic oppression and injustices on a national level down to a local community level, and need to be informed from diverse cultural perspectives.

Another strength of this study is the inclusion of White MFT therapists from different regions across the United States and different training programs; and representation of male and female, married and single, and LGBTQ, which provided a broader base of experiences. The participants represented in this study, although a small sample of six, provided valuable feedback regarding their personal experience in the course as it relates to their race, their learning, and how they relate to clients of color. Additionally, the sample size of this study is a strength, as it is an extensive exploration of participants experiences. Regrettably, it was not possible to include all of the White MFTs who expressed interest in participating in the study.

A potential limitation of this study was it only included COAMFTE accredited single-course formatted programs. There are several MFT programs that do not have COAMFTE accreditation, which were not included in this study. Also, the programs structured with a multi-course approach were not included. However, the findings from this study do support the multi-course format, as participants requested the multi-course approach, more time with the material, and additional information given outside of the single-course format. Additionally, it should be noted that cultural competency training is three-fold, and the culture and diversity course is only one teaching component on social issues and culturally competent therapy practices. And while it is salient to explore White students' experiences to

better understand how to educate MFTs on social issues, the course is not the only effort to train culturally sensitive therapists.

Contributions to the MFT Field

There is limited literature on White MFT students' experiences learning about social justice issues in MFT programs and even less on the effectiveness of the culture and diversity training. For a long time, members and therapists of the White community were represented in the literature as a majority, and, not surprisingly, race was often minimized or overlooked in the research. However, literature on racial and/or ethnic minorities has shown just how influential race and culture are on an individual's worldview and how they assign meaning to their experiences. Not only does this study provide insight for White MFT students, it is also informative for directors and administrators of COAMFTE training programs, faculty and clinical supervisors, instructors who teach the culture and diversity course, and students who are aspiring to become licensed professionals.

MFT programs may benefit from the results of this study, as students/participants recommended more classroom time allocated to diversity course curriculum. The third major theme, shift in worldview, evidenced the positive personal change that can result from learning about social issues in one college semester, but imagine how beneficial it could be to divide the course into a two-semester course, similar to other courses in MFT programs (e.g., quantitative research I and II). Therefore, all students would get adequate time to be introduced to the curriculum, to process with peers over a longer span of time, and to cultivate a safe space to challenge personal biases within the context of a learning environment. Also, the findings support that there is an instructor influence, and instructors

of the culture and diversity course who showed vulnerability and courage during classroom lessons and discussions seemed to foster open dialogue for two of the participants.

Furthermore, instructors of the course can use the findings of this study as a window into the perspective of White students' experiences, not to be assumed that it is all White students' experiences. As instructors, it is salient to consider why particular students might be more silent than others, when students feel detached or misrepresented in class, and how students go on to apply course objectives and incorporate them into therapy practices. The findings support that these White MFT students were trying to connect ideas about their culture and privilege to the minority experiences taught and shared in class, but they experienced blind spots, possibly as a result of insulated communities and lack of cultural exposure. With more time, instructors could assess for students who have adverse reactions to the material and provide additional support (e.g., more experiential activities, additional literature on White allies and White culture, space for White students to safely challenge and navigate conflicting social narratives). Also, instructors might consider incorporating positive role models for White students and demonstrate how-to's for White students trying to become more socially aware and culturally attuned.

For White MFT students who have taken the course or plan to take it, this study can serve as preparation for emotions that may potentially surface, highlight unforeseen blind spots, and normalize the initial challenges when learning about systemic oppression from a privileged position. My hope is that these students read this study and understand that they are not alone, and that other White MFTs also embark on the journey of social advocacy—the goal is cultural sensitivity not perfection. For MFT students of color, this study may explain why your White peers were less vocal in class or why their responses may have

seemed offensive. Also, may this study provide encouragement for student of color courageous enough to share their stories in the course, as all six White participants raved about how meaningful it was to hear from peers of color. For all MFT students, this study described the history of systemic oppression in America, the unique differences of White culture compared to non-White cultures, and how important culture and diversity training is for MFTs and non-White clients.

MFTs are a part of a larger whole of mental health professionals, who continue to counteract the effects of systemic oppression and the psychological stressors placed onto clients of color, by writing about client stories, providing culturally informed therapy, and advocating for less privileged and less heard communities. Fortunately, there is a culture and diversity training requirement, and this study contributes to a growing initiative toward a more just society. The findings reveal areas of success, for example, participants reported how meaningful and life changing the course was for them; and areas of growth, for instance, feeling like a minority, blamed, judged, ignored, and without a positive cultural identity. When considering the professional journey of an MFT, it is important to note students go on to become therapists to clients of color, faculty and clinical supervisors of other trainees, administrators, and instructors in culture and diversity courses. The systemic impact that a single MFT student can have is isomorphic to the impact that the culture and diversity training can have on one trainee, and this study elaborates on the initial stages of cultural competency training and serves as a guide for future educational efforts.

Future Directions for Research

Given that additional White MFT students were interested in telling their story than could be accommodated in this dissertation study, I hope to conduct a follow-up study with a

larger sample of participants, possibly utilizing an alternate qualitative approach. I found that the qualitative lens allowed me to move from a series of specific experiences into more general conclusions, rather than relying on larger dominant narratives (or understandings) about these students without having heard their stories. The interview questions in this study were open ended and included phrases like “if any” to avoid assumptive language, and allowed participants to punctuate what aspects about their class experience was important. For future studies, the open-ended interview questions that overtly ask about race seemed to reveal more about White culture and the members of the White racial group. However, the interview question, “What meaning, if any, would you assign to the course from your experiences?” did not land well with five out of six participants who all had a terminal master’s degree. They asked for the question to be repeated, rephrased, or passed on the question, so, I would revise this question in a future study. The one doctoral level participant answered this question with little difficulty.

IPA allowed me to obtain a detailed account of the participants’ stories and could be utilized again with White students from multi-course diversity training programs, to compare those experiences with the experiences of participants in this study. Possibly, there are programs that already have a diversity course that extends beyond one semester, and the same approach used in this study could be conducted with those programs. Moreover, the same research protocols could be conducted with MFT students of color, and their experience in the course as it relates to their racial and/or ethnic group. It is no secret that topics about social justice and inequality are often accompanied with emotional discomfort, so I would like to conduct further research on what parts of the diversity training experience contribute to trainees’ discomfort. I hope to seek out the pieces of their stories that are accompanied by

defensiveness and vulnerability in order to improve culture and diversity curriculum and provide additional guidance through challenging educational moments.

Additionally, researchers can explore the experiences of instructors and how they incorporate ideas of White culture and privilege into the course, as participants from this study mentioned a lack of guidance through White privilege and White cultural ideals. A longitudinal study on White students that followed the student through the course and through their clinical practicums and supervision could be helpful to address any gaps between the student's self-perceived cultural sensitivity and the supervisor's assessment. Lastly, future research efforts might assess how often social issues are mentioned and addressed in other required courses in MFT training programs, as participants described a distinct difference between those courses and the culture and diversity course. It could be interesting to explore how MFT programs are applying these systemic issues across curriculum (e.g., couple therapy, group therapy training, ethics).

Conclusion

While this study focused on White MFT students, the motivation and inspiration of this study was derived from the stories of racial and/or ethnic minorities who seek therapy in an attempt to offset the generational oppression that impacts their daily lives. Oftentimes, there is a racial disparity that can impact the effectiveness of multicultural therapy relationships, and the culture and diversity course is one attempt to decrease the cultural gap between therapist and client. Reaching beyond the therapy room, this gap exists due to an American history of racism and oppression that resulted in deeply ingrained systemic divides, which effectively divided Whites and non-Whites by insulating White communities and restricting rights to communities of color.

Ongoing civil right movements, which now expand globally, are evidence of the psychological segregation that can result from racism and oppression. Individuals in privileged positions who do not counter the larger social narratives collude with such narratives, often through silence and lack of awareness. When the gap is not intentionally addressed, White MFTs foster a disconnect with clients of color, increase the likelihood of committing microaggressions, and prevent social change in communities of color and privileged communities. In the MFT field, this is just one reason why it is time to incorporate the White voice back into conversations regarding social issues and cultural competency training. When considering ideas of inclusivity, White MFT voices are a significant part of social change, specifically in their own communities. More importantly, White Americans have recently gained exposure to the non-White experiences through social media platforms and viral recordings of police encounters, which led to movements like Black Lives Matter. Those social advocates may experience discrimination and adversity in the fight toward a just society, some of whom might experience conflict with family or loss of friendships. As MFTs, we need to prepare for the demographic shifts in the United States, the unique needs of a culturally diverse community, and the challenges that come with dismantling White privilege.

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Appendices

Appendix A

Participant Recruitment Emails

To Marriage and Family Therapy training programs

Dear (program directors and/or faculty), I hope my email finds you well. I am a graduate student at Nova Southeastern University in the Family Therapy Department. I am conducting interviews as part of my graduate studies. The purpose of this phenomenological study is to explore the White student's lived experience in the culture and diversity course. To qualify, participants must self-identify as White (non-Hispanic) and have completed the culture and diversity course in a COAMFTE accredited training program at least once. The goal of this study is to explore aspects about the course that might have been helpful or significant to the White trainee.

I politely request this email and information about my research opportunity be presented to your students, possibly through email, department list serves, or in classroom settings. Thank you in advance for your considerations.

If you have any questions please do not hesitate to contact Porshia Cunningham at (910) 257-6587 or pc785@mynsu.nova.edu.

Email script to participant

Dear (participant), I hope my email finds you well. I am a graduate student at Nova Southeastern University in the Family Therapy Department. I am conducting interviews as part of my graduate studies, and would like to invite you to participate in my study. The purpose of this study is to conduct a qualitative exploration of White marriage and family therapy graduate students' experience with the culture and diversity course. You are being asked to participate in this study because you identify as a White family therapist/student.

There will be approximately 6 participants in this study; each individual participant will take part in an interview with the researcher. This interview will be conducted by phone. The interview will not exceed 60 minutes. If you are willing to participate please suggest a day and time that suits you and I'll do my best to be available.

If you have any questions please do not hesitate to contact Porshia Cunningham at (910) 257-6587 or pc785@mynsu.nova.edu.

Thank you,

Porshia R. Cunningham

Appendix B**Demographics Form**

(Please note this form will be completed by the researcher but answered by the participant during the phone consultation.)

Participant pseudonym: _____ Date: _____

Age: _____ Gender Identity: _____ Location/Region: _____

Marital Status: (*circle one*) Single Married Divorced Other

Do you identify as a member of the White (non-Hispanic) race? (*circle one*) Yes or No

Please select one of the following that describes your Household Income:

- A. \$0 - \$24,999
- B. \$25,000 - \$49,999
- C. \$50,000 - \$74,999
- D. \$75,000 - \$99,999
- E. \$100,00 or more

Appendix C

General Informed Consent Form

NSU Consent to be in a Research Study Entitled

An Interpretative Phenomenological Analysis of White Marriage and Family Therapy
Students' Experiences in Diversity Courses

Who is doing this research study?

College: Department of Family Therapy, College of Arts, Humanities, and Social Sciences

Principal Investigator: Porshia R Cunningham, MA

Faculty Advisor/Dissertation Chair: Kara Erolin, Ph.D.

Co-Investigator(s): N/A

Site Information:

Funding: Unfunded

What is this study about?

This is a research study, designed to test and create new ideas that other people can use. The purpose of this research study is to understand the experiences of marriage and family therapy students, who self- identify as White, who have experienced and completed the culture and diversity course in a marriage and family therapy training program.

Why are you asking me to be in this research study?

You are being asked to participate in this research study because you identify as a White marriage and family therapy student and have completed the culture and diversity course.

Your experience will contribute greatly to this study, which aims to understand White

students experience in the culture and diversity course. There will be approximately 6 participants in this study; each individual will take part in an individual interview with the researcher.

What will I be doing if I agree to be in this research study?

While you are taking part in this research study, the researcher will contact you to arrange a personal phone interview. For this study, the interviews you will be asked to participate in will last no more than one hour. If during the interview you chose to withdraw from the interview, you can do so without penalty as participation in the study is voluntary. You may be asked to participate in a one-time follow-up phone call to review the transcription of the phone interview. The review will last no more than 30 minutes.

Research Study Procedures - as a participant, this is what you will be doing: You will be interviewed. You will be asked a series of open-ended questions regarding your experience in the culture and diversity course. Questions will address personal demographic information, your experience in the course, and information you deem relevant, as it pertains to your experience in the class.

Could I be removed from the study early by the research team? There are several reasons why the researchers may need to remove you from the study early. Some reasons are: if it appears that you may be in danger or no longer meet inclusion criteria.

Are there possible risks and discomforts to me?

This research study involves minimal risk to you. To the best of our knowledge, the things you will be doing have no more risk of harm than you would have in everyday life. Because of the sensitive nature of the topic, it is possible that you may experience some emotional discomfort while discussing your experiences during the interview. If you are asked a question that you do not feel comfortable answering, you may request to skip that question or take a break from the interview. If you experience significant discomfort and choose to withdraw from the study without penalty. Furthermore, you will be provided resource information to mental health professionals who may be able to help you with these feelings.

Because participants will be sharing some private and personal information in this study, there is a minimal risk of invasion of privacy. To help avoid this risk, the researcher will be in a private location when communicating with you and when handling any materials pertaining to the study. To further ensure your privacy, you are asked to not share any information in the study that might be subject to mandatory reporting requirements. There is also a minimal risk of breach of confidentiality associated with your participation in this study. However, the researcher will take steps to minimize this risk by securing and keeping private all information pertaining to the study. If you have questions about the research, your research rights, or have a research- related injury, please contact Porshia Cunningham at (910) 257-6587. You may also contact the IRB at the numbers indicated above with questions as to your research rights.

What happens if I do not want to be in this research study?

You have the right to leave this research study at any time or refuse to be in it. If you decide to leave or you do not want to be in the study anymore, you will not get any penalty or lose any services you have a right to get. If you choose to stop being in the study before it is over, any information about you that was collected **before** the date you leave the study will be kept in the research records for 36 months from the end of the study and may be used as a part of the research.

What if there is new information learned during the study that may affect my decision to remain in the study?

If significant new information relating to the study becomes available, which may relate to whether you want to remain in this study, this information will be given to you by the investigators. You may be asked to sign a new Informed Consent Form, if the information is given to you after you have joined the study.

Are there any benefits for taking part in this research study?

The possible benefit of your being in this research study is that you will have an opportunity to express yourself and share your opinions about the course. There is no guarantee or

promise that you will receive any benefit from this study. We hope the information learned from this research study will benefit other people with similar conditions in the future.

Will I be paid or be given compensation for being in the study?

You will be given a \$30 visa gift card for participation and completion of the phone interview.

Will it cost me anything?

There are no costs to you for being in this research study.

How will you keep my information private?

Information we learn about you in this research study will be handled in a confidential manner, within the limits of the law and will be limited to people who have a need to review this information. All participants will be assigned a pseudonym to ensure the confidentiality of your contributions to the study. The researcher will transcribe the recorded interviews and store said files on the principal investigator's password-protected computer and flash drive. This data will be available to the researcher, Ms. Porshia Cunningham, and the dissertation chair, Dr. Erolin, and the Institutional Review Board and other representatives of this institution. If we publish the results of the study in a scientific journal or book, we will not identify you. All data will be kept for 36 months from the end of the study and destroyed after that time by the researcher. The audio files and documents will be permanently deleted.

Will there be any Audio or Video Recording?

This research study involves audio recording. This recording will be available to the researcher, the Institutional Review Board and other representatives of this institution. The researcher will keep the recording device stored in a secured, locked cabinet to which only she has access. Following the interview, the researcher will translate and transcribe the audio recordings in her private home office, using headphones. All transcriptions will be stored in a password-protected computer to which only the researcher has access. The recording will be kept for 36 months from the end of the study. After that time, the PI will destroy all recording by shredding physical documents and permanently deleting digital information. Because your voice will be potentially identifiable by anyone who hears the recording, your confidentiality

for things you say on the recording cannot be guaranteed, although the researcher will try to limit access to the recording as described in this paragraph.

What Student/Academic Information will be collected and how will it be used?

The student information collected will be provided by the participant and not the university they attend. The participant will be asked about the length of time they have been in the program and when they completed the culture and diversity course.

Whom can I contact if I have questions, concerns, comments, or complaints?

If you have questions now, feel free to ask us. If you have more questions about the research, your research rights, or have a research-related injury, please contact:

Primary contact:

Porshia Cunningham, M.A. can be reached at (910) 257-6587 that will be readily available during and after normal work hours.

If primary is not available, contact:

Kara Erolin, Ph.D. can be reached at kerolin@nova.edu.

Research Participants Rights

For questions/concerns regarding your research rights, please contact:

Institutional Review Board
Nova Southeastern University
(954) 262-5369 / Toll Free: 1-866-499-0790
IRB@nova.edu

You may also visit the NSU IRB website at www.nova.edu/irb/information-for-research-participants for further information regarding your rights as a research participant.

All space below was intentionally left blank.

Research Consent & Authorization Signature Section

Voluntary Participation - You are not required to participate in this study. In the event you do participate, you may leave this research study at any time. If you leave this research study before it is completed, there will be no penalty to you, and you will not lose any benefits to which you are entitled.

If you agree to participate in this research study, sign this section. You will be given a signed copy of this form to keep. You do not waive any of your legal rights by signing this form.

SIGN THIS FORM ONLY IF THE STATEMENTS LISTED BELOW ARE TRUE:

- You have read the above information.
- Your questions have been answered to your satisfaction about the research.

Adult Signature Section

I have voluntarily decided to take part in this research study.

Printed Name of Participant

Signature of Participant

Date

Printed Name of Person Obtaining
Consent and Authorization

Signature of Person Obtaining Consent &
Authorization

Date

Appendix D Resource List

National Resource Hotlines

National Suicide Prevention Lifeline: (800) 273-8255

National Depression Hotline: (630) 482-9696

Florida Department of Children and Family: 1-800-96-ABUSE

Web-based Resource Links

MentalHealth.gov

Ok2talk.org (800-273-TALK)

South Florida Region Resources

Brief Therapy Institute (BTI)

3001 College Avenue

Fort Lauderdale, FL 3314

(954) 678-2273

Henderson Mental Health Clinic

4700 North State Road 7, Suite 220

Lauderdale Lakes, FL 33319

954-735-4530

Additionally, once demographic information is collected from the participant, the researcher will provide three local resources specific to each participant's location.

Appendix E

Interview protocol

Date/Time of interview:

Introduction:

1. Introduce myself to the participant
2. Review consent forms and confidentiality
3. Confirm participant is in a private space to proceed with interview

Interview Questions:

1. How would you describe your experience in the culture and diversity course as a White person?
2. Do you feel your racial demographic impacted your experience in the course, if at all?
If so, in what ways?
3. What, if any, feelings did you have about the culture and diversity course before starting the class? And after?
4. What meaning, if any, would you assign to the course from your experiences?
5. Did you find the course helpful in any way? If so, please explain. If not, please explain.
6. Is there a particular memory that you have from the class experience that you feel was significant or important? If so, please explain.
7. How might you change the course, if at all?
8. Is there anything you feel would be important for the instructor to know about your experience in the course?