

Exploring the Views of White Therapists on Confronting Racism in Therapy with White Clients

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Abstract

A gap exists in the marriage and family counseling literature regarding how White therapists address racism and engage in social justice efforts when working with White clients. When these conversations occur in therapy, it is unclear what strategies, and ethical considerations guide therapists' responses. This qualitative study addressed the following research problem: there is a gap in literature examining White therapists' experiences of addressing race related topics with White clients in therapy, leaving White therapists potentially unprepared to manage harmful attitudes and systemic inequities in clinical practice. The purpose of this study was to explore White therapists' experiences of addressing racism with White clients, the interventions they employ, and the ethical concerns they navigate. The study's conceptual framework, critical race theory (CRT), was used to examine systemic power dynamics and the ethical responsibility of therapists to promote racial awareness.

An interpretative phenomenological analysis (IPA) informed, inductive thematic analytic process was employed. A purposive sample of licensed White therapists in the United States, including marriage and family therapists, licensed counselors, and social workers, was recruited through an anonymous online questionnaire shared via Facebook. The final sample consisted of 12 participants who completed an open-ended questionnaire exploring their experiences of confronting racism in therapy. Patterns of meaning were identified inductively through sustained, interpretive engagement with participants' responses. Three main themes emerged: (1) confronting racism with White clients, highlighting therapist discomfort and client defensiveness; (2) interventions and microskills, including psychoeducation and cognitive-behavioral strategies; and (3) ethical considerations, emphasizing the tension between client autonomy and challenging harmful beliefs.

The findings revealed the complexity of addressing racism in therapy and the sustained emotional and ethical engagement required of White therapists as they navigate power, privilege, and accountability within therapeutic relationships. Recommendations for practice include integrating anti-racist training into counselor education, promoting therapist self-reflection, and using therapy as a platform for racial awareness. Recommendations for future research include examining the effectiveness of anti-racist interventions, exploring diverse therapist populations, and investigating client outcomes when racism is addressed in therapy. This study contributes to counseling theory, ethics, and education by positioning anti-racism as essential to competent and ethical clinical practice.

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Chapter 1: Introduction

Racism, racial bias, privilege, and social injustice have become increasingly central in contemporary discourse, considering the sociopolitical climate of America today. The roots of racial prejudice extend deep into the history of European culture, leaving negative generational views of Black Americans and other minority groups (Combs, 2019; Dyson et al., 2019; Sue et al., 2008; Watson, 2019). As a result, both distinguishable and embedded forms of racism have negatively affected Black Americans physically, emotionally, and economically, manifesting in structural injustices that include, but are not limited to, voter restraints, job security for the privileged, housing bias, and educational disparities (Dyson et al., 2019).

In response to these systemic realities, socially conscious White Americans who are committed to social justice have increasingly examined pathways toward allyship (Sue et al., 2019). White allyship involves exploring who you are racially and culturally, acknowledging and overcoming biases, engaging in antiracism, and recognizing personal positive changes (Sue et al., 2019). Similarly, therapists have considered ways to integrate allyship and awareness of racial issues into clinical practice (Combs, 2019; D'Arrigo-Patrick et al., 2017; Hernandez-Wolfe & McDowell, 2012; Knudson-Martin et al., 2019; Watson, 2019). The Multicultural Counseling Competencies (MCC) and Multicultural and Social Justice competencies (MCSJCC) have provided guidelines for clinicians to address issues related to social justice in counseling, promoting equity, self-awareness, responsiveness, and advocacy (Ratts et al., 2016; Sue et al., 1992).

Research has associated race-based stress with mental health struggles in Black Americans; symptoms such as depression, anxiety, anger, low self-esteem, and paranoia, have all been linked to experiences of racism, bias, prejudice and/or injustice (Williams et al., 2003).

Scholars advocate for therapeutic approaches that validate racial battle fatigue and engage Black families in culturally appropriate treatment (Counseling Today, 2023; Wang et al., 2019).

Despite this growing body of literature, limited research has examined how racism is addressed within therapeutic dyads involving White therapists and White clients. Some research suggests that racial similarity between therapist and client will lead to better outcomes in therapy; however, findings remain mixed and vary by racial group (Cabral & Smith, 2011). Hardy (1989) discussed the “theoretical myth of sameness” (TMOS) and how therapists who hold the assumption that humans are all fundamentally the same may treat every client the same, therefore ignoring important racial and cultural factors. Moreover, research indicates that White individuals may display an unwillingness to accept challenges to their ideas about race and racism, particularly when they feel implicated in White supremacy (Resane, 2021). DiAngelo’s (2011) concept of White fragility describes the defensiveness that often emerges in such contexts. Additionally, findings show that many therapists often mistake client reports of subtle racism as harmless and fail to recognize them as microaggressions (Houshmand et al., 2017). Together, these gaps underscore the need for a closer examination of how White therapists experience, interpret, and respond to expressions of racism by White clients in therapy, forming the foundation for the present study.

Statement of the Problem

The problem addressed through this study was the gap in literature examining White therapists’ experiences of addressing race related topics with White clients in therapy. Findings from this study highlight concerns White therapists experience when confronting racism in therapy and underscore the need for continued research to inform counselor training, best practices, and effective clinical interventions. If the problem in this study is not addressed, White clients may

remain unaware of their own biases, privileges, and the systemic nature of racism, perpetuating harmful attitudes and behaviors that contribute to their own distress. Additionally, White practitioners unaware of their own racial views and ability to explore signs and symptoms of systemic racism become more at risk of further perpetration of racial discrimination in the larger context (Houshmand et al., 2017). Standards and principles of mental health professions highlight that culturally responsive practitioners should exhibit appropriate awareness, familiarity, and competence to engage in therapy of diverse individuals as well as have awareness of their own biases and values (American Association for Marriage and Family Therapy, 2015; American Counseling Association, 2014).

Purpose of the Study

The purpose of this qualitative study was to explore the perspectives of White therapists on engaging in discussions of racism and related topics in therapy with White clients. Additionally, an understanding of therapists' personal moral responsibility to promote social justice evolves; concerns with therapists' competency was explored. This study contributes to the advancement of knowledge on systemic racism, leading to innovative ideas, solutions, clinical training, and interventions used in therapy to combat destructive views related to systemic racism. Licensed professional counselors, licensed marriage and family therapists, and social workers were recruited through social and professional networks to complete an open-ended questionnaire that explores their views on addressing race-related topics in therapy with White clients (See Appendix B). An anonymous questionnaire link was posted on appropriate Facebook therapist group pages storing consent and study information. Upon giving consent, participants answered qualifying questions. If they met inclusion criteria, they gained access to the questionnaire. Qualtrics was used as the questionnaire platform. Themes and patterns were

developed through an IPA-informed, inductive thematic analytic process, and findings were presented in a narrative account interpreted through a critical race theory lens.

Introduction to Theoretical Framework

This study explored the attitudes of White counseling professionals toward confronting racism in therapeutic settings, based on the current research available on systemic racism, microaggressions, bias, White privilege, and social injustice. CRT was chosen because of its primary efforts toward understanding and challenging the ways in which race and racism are embedded in social institutions, policies, and practices (McDowell & Jeris, 2004). CRT can be useful for family therapist development of social justice competency due to the unique way it identifies racial inequities in comparison to other counseling theories that may not primarily focus on these topics, especially when considering the position of the therapist in counseling. Some of the major concepts and assumptions of CRT that were highlighted in this study include the history of racism, intersectionality, interest convergence, Whiteness as property, critiquing colorblindness, interest convergence, and, ultimately, social justice advocacy (Bell, 1980; McDowell & Jeris, 2004).

CRT recognizes how racism is in the foundation of U.S. culture; racial prejudice is profoundly embedded in our institutions, systems, and practices, contributing to systemic and structural imbalances (McDowell & Jeris, 2004). Additionally, when considering other social categories such as gender, class, sexuality, ableism, etc., CRT recognizes that people can experience multiple forms of oppression and/or privilege. The concept of interest convergence in CRT suggests that racial progress is more likely to occur when the interests of marginalized racial groups align with the interests of White cultures; therefore, progress toward racial justice may only happen if it also serves the interests of those in power (Bell, 1980). The CRT

assumption of Whiteness as property views Whiteness as an asset that is valued and protected in society and suggests that this can create damaging implications for minority populations. Racism and racial disparities continue to persist despite colorblind approaches that claim everyone is treated equally. Instead, the CRT tenet critiquing colorblindness advocates explicitly noting and addressing racial and social issues.

By utilizing CRT as an analytic framework, this study facilitated a deeper examination of racial inequalities, illuminated the role of power and structural dynamics, and informed the interpretation of findings related to the experiences of marginalized communities. (Delgado & Stefancic, 2023). The findings highlighted ways in which White licensed professional counselors, licensed marriage and family therapists, and social workers addressed and examined power differentials related to race and racism within their clinical work. A literature review on racism was conducted from a CRT lens, considering the subtopics of, privilege, bias and microaggressions, and social injustices embedded systemically in U.S. culture, including therapeutic spaces. Key interventions identified in the literature were highlighted, along with an examination of the emotions these conversations may evoke and how such feelings can influence positive or negative attitudes and actions toward social justice.

Introduction to Research Methodology and Design

With CRT as the guiding perspective, this study employed IPA as the primary qualitative methodology (Smith et al., 2021). IPA focuses on exploring how individuals make sense of their lived experiences within specific contexts, emphasizing interpretive engagement with participants' narratives and the researcher's reflexive role in meaning-making. Within this framework, patterns of meaning are identified inductively through thematic development as part of IPA's analytic process rather than as a separate analytic methodology (Smith et al., 2021).

This approach helped to explore how White clinicians perceive the quality of their training for addressing racism with White clients and helped to understand common experiences among clinicians regarding their advancement of social justice competences. Theoretical sampling was used as a purposive process based on any emerging theoretical insights and concepts developed during the research process (Foley et al., 2021). By targeting White counseling professionals, participants were selected who provide information that either confirms or challenges ideas and themes that emerge surrounding the attitudes of White therapists toward addressing racism in therapy with White clients. Saturation was determined when new data no longer contributed to any original categories or themes as the data were analyzed (Gill, 2020). Saturation was reached with the 12th participant, and the final sample consisted of 12 respondents. The saturated sample allowed for further refinement and validation of identified patterns.

Data analysis followed an IPA-informed, inductive thematic analytic process in which questionnaire responses were examined through sustained, interpretive engagement. NVivo software was used to support data organization and coding, while analytic decisions were guided by close attention to participants' language and experiential accounts rather than by software-driven outputs. Codes were developed to represent salient meanings within individual responses, and recurring patterns across cases were examined to inform theme development. Analytic rigor was enhanced through data triangulation and reflexive journaling, which documented the researcher's positionality, emotional responses, and interpretive decisions throughout the analytic process (Padgett, 2008). A narrative account was then produced to present the findings in a coherent and interpretive manner.

Research Questions

Counseling professionals have a responsibility to actively work toward eliminating biases, prejudices, and discrimination in their practice and in society. According to the American Association for Marriage and Family Therapy (2015), family therapists should have a commitment to advocate for and contribute to a better community and society, believing in diversity, equity, acceptance, and inclusion. The American Counseling Association (2014) recognizes the impact of social injustice on individuals' mental health and overall well-being, emphasizing the importance of advocating for social justice and equity in its Code of Ethics and endorsing the MSJCC. Social workers have a responsibility to challenge and dismantle oppressive and discriminatory systems that perpetuate social injustice, according to the National Association of Social Workers (NASW, 2021). On the contrary, some research provides arguments against such conversations in therapy (Combs, 2019; D'Arrigo-Patrick et al., 2017; Watson, 2019; Williams et al., 2020). These conflicting ideas posed the research questions:

RQ1

What are White therapists' experiences with confronting racism in therapy with White clients?

RQ1A

What interventions (if any) are used to address racism with White clients?

RQ1B

What ethical concerns do White therapists have when considering addressing racism with White clients?

Significance of the Study

This study investigated an important topic of White therapists' outlook toward challenging racism in therapeutic settings with White clients. Given the saliency of systemic

racism, White privilege, and other systems of oppression in Western culture, this research is critical to better understanding the role of these in mental health, clinical training, and in addressing power in the therapy room. By ignoring systemic racism and practices that may be present within White clients, therapists may inadvertently contribute to the stigma attached to discussions of race and discrimination, leading to denial or minimization of the issues, and thereby making it hard for clients to confront and address racism's negative effects on society at large (Stone, 2013). Therapy can be a safe and nonjudgmental space for white clients to explore their beliefs and values related to racism. Disregarding this topic is a missed opportunity to empower clients to be agents of change in their communities and society. This study provided a rich contextual understanding of the historical, social, cultural nature of systemic racism considering White privilege, bias and microaggressions, and social injustice, and highlight interventions identified in the literature to combat these factors. This offers fundamental insight into how therapists may have either positive or negative feelings and behaviors toward social justice efforts in therapy with White clients.

Definitions of Key Terms

Bias and Racial Microaggressions

Bias and racial microaggressions refer to recurring small verbal and/or behavioral insults, humiliation, or racial slights that are offensive and belittling to the targeted person or group (Sue et al., 2008; Williams et al., 2020).

Social Injustice

Social injustice is defined as the result of multiple economic and racial inequalities experienced by Black Americans (Pronk et al., 2023).

Systemic Racism

Systemic racism references how White privilege, bias, and racial microaggressions are deep-rooted within the structures, policies, and practices of the United States, leading to ongoing social injustices (Braveman et al., 2022)

White Privilege

White privilege refers to the advantages and systemic freedoms afforded to White individuals, which allow them to remain unaffected by, or unaware of, racial injustices and challenges that Black Americans are routinely forced to confront (Combs, 2019).

Summary

Guided by CRT, this study examined the experiences of White therapists with confronting racism in therapy with White clients, using interpretative phenomenological analysis (IPA). Racism has an impact on all clients, and therapists should be prepared to handle these issues sensitively and empathically to ensure therapeutic effectiveness and positive social change (Maharaj et al., 2021). Due to the lack of research available discussing White therapists' views toward addressing racism with White clients, the results of this study inform clinicians' therapy practices, interventions, and contribute to the advancement of knowledge in counselor education. The following chapter presents a comprehensive review of the available literature on racism in therapy considering the subtopics of, privilege, bias and microaggressions, and other social injustices. Key interventions uncovered in the literature are examined, along with the identified emotions these conversations can cause and how those feelings either stimulate positive or negative feelings and actions toward social justice in therapy. The primary topic discussed in this chapter is the gap in the literature related to White therapists addressing racism specifically with White clients, clarifying how this study fills this gap in the literature. Chapter 3 details the

research design and how the study was conducted. Chapter 4 provides the results from the questionnaire, and Chapter 5 discusses themes and findings.

Chapter 2: Literature Review

Racism, racial prejudice, and social injustice are significant issues in America, with Black Americans being disproportionately affected by discrimination, job security, voting restrictions, and educational disparities. White Americans who are dedicated to social justice, often ally with Black Americans to combat structural racism. However, little research exists on how White clients and therapists discuss racism in therapy (Drustrup, 2021). This study addressed these concerns and identified areas for further research in therapists' training, best practices, and successful interventions. The subsequent chapter outlines the theoretical framework of CRT and relevant review of literature with regard to the research issue.

The theoretical framework section covers the history of CRT, studies based on CRT and the discussion of CRT in the current research context. Moreover, a comprehensive review of the literature is presented which discusses various topics. First, the historical context of racism in therapy is presented, leading to the demonstration of White privilege and Whiteness studies as well as studies on White therapists' experiences with racism. Additionally, the challenges faced by White therapists in addressing racism was discussed. The literature review extensively presents the therapeutic approaches to discussing race as well as the impact of confronting racism on therapy outcomes. The current chapter concludes with a concise summary of the literature reviewed.

For the completion of this chapter, peer-reviewed articles have been utilized, sources from multiple databases and search engines such as APA PsycINFO, PubMed, Google Scholar, ResearchGate and Sage Journals. Search parameters included various terms such as: White therapists, White clients, White dyads, experiences with racism, systemic racism, therapy, racism in America, as well as their combinations. Generally, years for the research ranged from 2019 to

2024, except for a few topic-specific articles. All the articles were peer reviewed, and the language preference was English for better comprehension and grasp of the topic. It is critical to acknowledge that despite concentrating on the experiences of White therapists with racism in their work with White clients, this study also recognizes the larger framework of intersectionality and social justice. The data may reveal themes like homophobia, classism, or other types of marginalization, which illustrates interconnectedness of the stated issues.

Theoretical Framework

To investigate White therapists' perspectives on addressing racism in therapeutic settings, this study employed CRT. CRT is an intellectual and social movement that posits that race is a socially constructed category used to oppress and exploit people of color (Delgado & Stefancic, 2023). The six components that make up CRT are as follows:

Social Construction of Race. Race is the false idea that certain psychological and behavioral tendencies are linked to physical characteristics (Ladson-Billings, 2020). Dominant groups establish these links to defend their abuse and subjugation of weaker communities on the grounds of their alleged immorality or inferiority.

Normalization of Racism. Even though overtly racist laws have decreased and views on racism have become more moderate, people of color still face racism and unfair treatment in both public and private settings (Solórzano & Huber, 2020). Racist beliefs are widespread, even among individuals who condemn them, as seen by the frequency of racial microaggressions.

Interest Convergence. Critical race theorists contend, under the lens of interest convergence, that shifts in White people's wants and aspirations are frequently associated with advancements in civil rights and shifting perceptions of people of color (Taylor, 2019).

Differential Racialization. Contingent once again upon the demands or preferences of White people, individuals from minority groups occasionally experience "differential racialization," or the inference to them of various sets of unfavorable preconceptions (Delgado & Stefancic, 2023).

Intersectionality. To provide a comprehensive understanding of many groups, intersectionality explores how race, sex, class, national origin, and sexual orientation interact in a variety of contexts (Sulé, 2020). The argument addresses identity politics by stating that a person's identity cannot be sufficiently determined by belonging to a particular group.

Voice of Color. Individuals of color possess special qualifications to confront racism, laying the groundwork for counternarrative (Kareem, 2020). CRT researchers employ the firsthand understandings and narratives of racialized people to highlight the experiences and narratives of marginalized populations through the practice of counter-storytelling.

According to proponents of CRT theory, race is a constructed connection of physical traits and cognitive inclinations, made up by dominating groups to defend the servitude and oppression of disadvantaged people on the grounds of perceived immorality or inferiority (Elias & Feagin, 2020). The goal of CRT is to comprehend how racism is ingrained in society structures, laws, and behaviors and to confront this reality (Jones, 2024). CRT acknowledges the pervasiveness of racism in American society and how it fuels structural injustices (Solórzano & Huber, 2020). It also critiques color-blindness and highlights the significance of intersectionality and interest convergence (Aldana & Vazquez, 2020).

History of CRT

Legal realism prompted the development of CRT in the late 19th and early 20th centuries. However, it was in the 1960s, amid the civil rights movements, that CRT formally

emerged as scholars began questioning the effectiveness of traditional legal strategies for achieving racial equality (López et al., 2021). Drawing from diverse intellectual backgrounds, CRT aligns ideologically with critical theory, feminist jurisprudence, radical legal studies, and postcolonial theory, forming a broad and interdisciplinary foundation (Delgado & Stefancic, 2023). As a radical paradigm, CRT not only opposes overt and covert racism but also challenges conventional liberal racial justice theories, such as color-blindness and gradual reform (Ladson-Billings, 2021). One of its trailblazers, law professor Derrick Bell, argued that racism is a pervasive aspect of American culture, an assertion that became central to CRT's development (Welton et al., 2023). Expanding this idea, Bell's (1980) theory of interest convergence highlights that significant progress in racial justice occurs primarily when it aligns with the interests of the majority of White population. Adding another dimension to CRT, Crenshaw's (1989; 2013) concept of intersectionality explains how race, gender, and class-based discrimination intersect and intensify one another.

The philosophical roots of CRT extend beyond legal studies, drawing inspiration from figures such as W.E.B. DuBois, Sojourner Truth, Frederick Douglass, and Antonio Gramsci (Simon, 2024). Owing to its emphasis on marginalized populations and alternative techniques in theoretical study, CRT is renowned for its use of postmodern poststructural research (Lawrence & Hylton, 2022). It simultaneously challenges and shares the aims and viewpoints of traditional civil rights study and critical legal studies (CLS). While rejecting some of the tenets and arguments of legal theory, CRT academics maintain that legally created rights are essential to the civil rights tradition's concept of liberation from racism through legitimate grounds. Although certain laws and reforms have benefited people of color, CRT legal academics are dedicated to radical legal criticism and radical legal liberation (Delgado & Stefancic, 2023).

The influence of CRT extends beyond law and has been notably introduced into education by Ladson-Billings and Tate (1995). Their work highlighted how the social production of White norms and interests shapes educational systems, affecting pedagogy, research methodology, academic achievement, racism, gender dynamics, and school segregation. Since then, CRT has been applied across multiple disciplines, including political science, education, women's studies, ethnic studies, communication, sociology, and American studies (Baima & Sude, 2020). More recently, it has gained significance in mental health, offering a valuable framework for examining racial dynamics in therapeutic relationships (Crossing et al., 2024). Through its emphasis on counter-narratives, CRT emphasizes the importance of incorporating minority perspectives and experiences. This perspective is particularly relevant in therapy, where it can help White therapists address racism in their clients. Understanding this historical foundation is crucial for applying CRT to analyze the experiences of White therapists confronting racism in their practice.

CRT Studies

Multiple studies have utilized CRT as a theoretical framework in their research concerning the addressal of racism by therapists during therapy, specifically, in all-White dyads. McDowell (2004) studied the experiences of therapists from different national and racial origins in an effort to understand racism and race in the context of teaching marital and family therapy. The study emphasized the issues of racial consciousness, racism, strength and resistance, as well as kinship formation in critical multicultural education from the standpoint of CRT. Consistent with the literature on CRT principles, it recognized racism, valued marginalized perspectives, and pledged to promote social justice. In addition, using CRT, McDowell and Jeris (2004) evaluated papers in the *Journal of Marital and Family Therapy (JMFT)* that examine race with an

intent to promote discussion around marriage and family therapists' racial viewpoints. According to an examination of 127 publications, social justice and racial issues are less commonly mentioned than couples and divorce. According to the study, racism and race are becoming important factors in therapy practice, indicating areas that need further investigation and application.

Expanding upon CRT, Arnold (2010) investigated African American therapists' experiences interacting with varied clients on racial, ethnic, and cultural challenges. Their research supported that open communication and an appreciation of the contrasts between therapists and clients improve therapeutic rapport. Along with these suggestions, participants recommended highlighting intercultural competency and enhancing multicultural education in graduate counseling programs to support this rapport building process.

Stone (2013) examined the ways in which White anti-racist therapists work with White clients about race, racism, and racial identity, through the lens of CRT. Interviews with 12 therapists included topics such as their anti-racist initiatives, reactions to racism, and backgrounds in psychology, social work, and counseling. Instead of utilizing their clients' racial identities to enhance therapy outcomes, many therapists concentrated on interpersonal racism and seldom ever addressed overtly racist remarks. The study emphasizes the significance of anti-racism in therapeutic practices and the necessity for therapists to become more conscious of their own racial identities. This study contributes to this conversation by investigating any ethical tensions that may arise when White therapists choose not to address racism. By highlighting this, the study provides a nuanced understanding of the barriers that hinder discussions of racism in therapy and offer insights into how therapists can navigate these challenges while upholding ethical standards in their practice.

Drawing upon CRT and Critical Whiteness theory (CWT), Mosaligantim (2018) explored the ways in which White therapists deal with racism and Whiteness in their client interactions. The study demonstrates how therapeutic competence, racial consciousness, and comprehension of racialized content are frequently lacking in White therapists and this led to challenges discussing racial and racist concerns during therapy with White clients.

Simmons (2020) examined the effects of a multicultural course guided by CRT on White counselor trainees. The CRT-oriented course was used to study the impact of race, White privilege, institutional racism, and White supremacy on cross-racial interaction, cultural competency, and awareness of White privilege. Positive relationships between intercultural counseling skills, inter-racial interaction, and White privilege attitudes were attributed to this CRT course.

Another research student explored the development of dialectical frameworks and CRT to provide culturally sensitive antiracist clinical treatment (Pierson et al., 2022). CRT offered a particularly pertinent lens while assessing the precise adjustments required to the DBT paradigm to make it antiracist in therapeutic practice. The study offers suggestions concerning additional therapist agreements, antiracist competences for White DBT therapists, and prospects for critical race psychology research with an antiracist adaptation of DBT.

Shand-Lubbers (2022) utilized the lens of CRT as well as multicultural and social justice theory to investigate the formation of an antiracist counseling identity among 12 White mental health therapists. The research revealed that the process of cultivating an antiracist identity is continuous and results in more individual and occupational antiracist behaviors.

Charura and Clyburn (2023) underlined that for mental health fields to be viable in a wide-ranging society, they must confront discrimination and systematic racism. Drawing upon

CRT, the authors contend that ontology and the social construction of race should be more rigorously explored in psychotherapy research, emphasizing the significance of intersectionality in comprehending individual's experiences.

Expanding upon CRT, specifically the notion of White supremacy, Sinclair (2023) explored how global majority psychological therapists address racism of White clients in therapy in mixed methods research. The qualitative strand of study highlighted three themes: therapists have a sense of unease, racism is pervasive, and there is conflict between sustaining relationships and confronting microaggressions in therapy with White clients. The results of the quantitative strand of research highlighted: the quality of the therapy connection, feeling unsupported, and having little willingness to confront microaggressions. The results underscore the necessity of providing antiracist training to therapists, supervisors, and managers.

A vast majority of research in the context of present study is based on CRT (McDowell, 2004; Sinclair, 2023; Stone, 2013), in addition to critical Whiteness theory (Mosaligantim, 2018) and social justice theory (Shand-Lubbers, 2022). The critical Whiteness theory underlines the social construction of Whiteness as a racial identity and is suitable to assess and disrupt the permanence of Whiteness and White privilege. On the other hand, social justice theory is a broad framework aimed at promoting equality across multiple social dimensions such as gender and class, including race. Its primary objective is to address systemic injustices by promoting equity. CRT is a compelling paradigm that emphasizes the power relations and institutional racism. It clarifies how White therapists handle racial dynamics in treatment, especially when it comes to racial context. The usefulness of CRT for comprehending the confluence of race and therapy stems from its capacity to investigate the ways in which racism impacts therapeutic practices and results.

Notwithstanding the fact that racism is a social construct that has existed for millennia in many fields, groups, and professions inclination (Delgado & Stefancic, 2023), it is still a contentious issue that many individuals, including mental health professionals, find uncomfortable to discuss (Skinner-Dorkenoo et al., 2023). Racism has been ingrained in the society. In the form of systemic racism, the differences in opportunity and resource availability between races are caused by individuals and organizations (Banaji et al., 2021). Systemic racism is widely held by White people in general, including therapists and clients in therapeutic settings, which helps to keep the cycle of discrimination present in the United States (Solórzano & Huber, 2020). During a therapy session, it is essential to address systemic racism, regardless of the therapeutic dyad's racial composition, to foster a comprehensive understanding of clients' experiences and to strengthen the therapeutic alliance (Maharaj et al., 2021).

A plethora of research has been conducted on the addressal of race and racism with cross-cultural dyad (Cénat et al., 2024; Drustrup, 2021; Williams et al., 2022); however, addressing racism in all White dyad alliance is as important as the cross-cultural dyad, owing to the prevalence of racism in society. Yet the review of literature backed up the principles of CRT because many of the studies examined the racism faced by people of color rather than the confrontation of White clients who displayed racist tendencies during treatment. In other words, rather than focusing on how White therapists face and handle racism or racist propensity of White clients in therapy, the research examined how White therapists dealt with the racism experienced by people of color (Drustrup, 2021).

Accordingly, CRT guides the development of the problem statement highlighting that if institutional racism and White clients' inherent prejudices remain unresolved, it might result in ongoing discomfort as they become oblivious of them. Racial prejudice may be further

perpetuated by therapists who are ignorant of their own racial beliefs and their own capacity to recognize systemic racism (Maharaj et al., 2021). In addition, the research issue was also influenced by CRT, which placed a strong emphasis on racial, power, and privilege concerns. CRT also inspired the development of the purpose statement aimed to fill the knowledge deficit about White therapists' social justice initiatives when working with White clients. Since this study explores areas for more study on therapists' training, best practices, and successful therapies as well as to comprehend any stresses White therapists may have about addressing racism, the theoretical framework of CRT aids the researcher in particularly challenging dominant narratives and uncovering hidden biases.

CRT in the Research Context

In the context of the present study, the framework of CRT is particularly relevant in the therapeutic alliance where White therapists work with clients who harbor racist attitudes or ideas. CRT emphasizes that racism is an enduring aspect of society, taking on various forms even in seemingly impartial situations (Delgado & Stefancic, 2023). In addition, Whiteness in CRT is a significant concept, as it grants privileges and opportunities to White individuals (Jones, 2024). Helms (2017) has highlighted the significant impact of Whiteness on mental health and the limited perspective of White psychologists. She argued that racial identity impacts every aspect of an individual's life, making race work important both in therapeutic settings and in interpersonal relationships. White therapists must understand and dismantle their racial identity, focusing on how it shapes their experiences and viewpoints (Baima & Sude, 2020). To address challenges in communicating race-related thoughts, they can create an inclusive therapy setting, allowing clients to confront their prejudices without judgment (Drustrup, 2020). This involves paying attention to clients' expressions and fostering candid conversations about racism and race.

CRT also highlights that racial microaggressions are imperceptible, often inadvertent acts of racism that can happen in casual conversations (Solórzano & Huber, 2020). Recognizing and correcting racial microaggressions demonstrated by White clients in therapy is essential for White therapists to create a safe place for clients to examine and face their own prejudices (Pierson et al., 2022). CRT can guide the creation of therapeutic strategies to address and overcome racism in therapy, such as reflective questioning, psychological education, and ethical assessment (Drustrup, 2020). Counter-storytelling is another crucial technique in CRT, which involves leveraging individual narratives to subvert prevailing racial narratives (Delgado & Stefancic, 2023). In therapeutic settings, White therapists may find that using counter-storytelling effectively assist them to assess clients' race and reinterpret their racial stereotypes (Reece, 2024). This technique aligns with CRT's dedication to elevating underrepresented perspectives and contesting the prevailing conversation, which often reinforces racial stereotypes and prejudices (Williams, 2024). By taking a new approach to the problem and addressing the client's underlying prejudices and preconceptions, the therapist can help the client understand situations differently and foster a greater understanding of race and racism (Schriver et al., 2022).

CRT offers a valuable framework for understanding the psychological and occupational challenges White therapists face when addressing racism (Nicolai et al., 2024). It provides insight into how therapists' racial identities, awareness of systemic racism, and commitment to social justice influence their responses to racial issues in clinical settings. Additionally, CRT helps illuminate the coping strategies White therapists may use when navigating these challenges, such as seeking supervision or peer guidance, engaging in self-reflection, and participating in anti-racist professional development efforts (Nicolai et al., 2024).

According to CRT, racism is an endemic problem in society and can be caused by decisions made by people who do not intentionally practice racism. Theorists who support laws that specifically take race into account are the focus of critics who claim that CRT promotes discrimination against White people to achieve impartiality. The argument arises from different interpretations of racism, with CRT placing more emphasis on results than on personal convictions. It originated from postmodernist philosophy, which questions individual merit, independent understanding, and universal ideals (Delgado & Stefancic, 2023).

CRT is a valuable framework for understanding and treating racism in therapy (Arnold, 2010), but it faces several challenges. One major obstacle is potential resistance from therapists and clients, who may find discussing race and racism uncomfortable. CRT may also be seen as too theoretical, making it difficult to apply its ideas to real-world situations. Additionally, potential bias in examining therapists' experiences is a concern, as researchers may be more inclined to see therapists' behaviors as driven by racism. To counteract biases, researchers should be open-minded and consider alternative interpretations of data (Salter et al., 2024). Balancing CRT with other theoretical perspectives, such as social justice theory, feminist theory, or critical White theory can provide a more comprehensive understanding of the experiences of White therapists in addressing racism.

Historical Context of Racism in Therapy

The practice of mental health has a complex and challenging history intertwined with racism (Schouler-Ocak et al., 2021); however, to move forward with a healthier and more inclusive future in clinical work, it is imperative that this history is acknowledged. The academic literature has extensively documented the historical interplay between mental health practices and racism. Taking a close look at this past reveals how racist ideas have permeated clinical

settings, psychological theories, and research, frequently with catastrophic consequences for underprivileged groups (Auguste et al., 2023).

Racism in therapy has its origins in what is referred to as scientific racism that became the mainstream ideology in the 19th century (Winston, 2020). White Europeans were frequently placed at the top of the social structure by scientists and intellectuals who sought to categorize and label human races by virtue of supposed genetic variations (McMahon, 2020; Smedley & Smedley, 2005). These racist ideas influenced early views of mental disease, personality, and IQ as well as the developing science of psychology (Dupree & Kraus, 2022).

Psychology was closely associated with scientific racism in the early 20th century, as a theory that attempted to support racial hierarchy based on questionable biological and genetic ideas (Winston, 2020). Racial disparities in cognitive ability were politicized using intelligence tests like the Stanford-Binet (Zwick, 2021). People from racial and ethnic minority groups were further marginalized and disadvantaged by the prejudicial methods in which these biased examinations were frequently performed. The eugenics movement, a dismal period in psychology history, promoted sterilization and selective breeding as ways to "improve" the human species (Ilyes, 2020). Numerous psychologists supported eugenics, utilizing their position of power to justify discriminatory practices that resulted in the forced sterilization of innumerable people who were judged "unfit" because of their race, ethnicity, or disability (Turiel, 2021).

The rise of psychoanalysis signaled a new era in psychological theory and practice. Psychoanalytic theories were frequently tainted by cultural prejudices (Akhtar & Twemlow, 2020). In certain cases, the application of Freudian ideas such as the "primitive mind" and the "Oedipus complex" to non-Western civilizations propagated cultural disparities and perpetuated

stereotypes (Yakushko, 2021). During this time, the idea of "cultural competency" gained popularity, highlighting how crucial it is for therapy practitioners to recognize and appreciate cultural differences (Grenier, 2020). The application of culturally competent care, however, continued to be unbalanced, with many therapists missing the knowledge and skills necessary to provide successful care to a range of communities (Kir Mayer, 2012). Psychoanalysts' cultural incompetence frequently resulted in incorrect diagnoses and detrimental treatments for people from different cultures (Connolly, 2021). Racial and ethnic minorities were consistently marginalized in the mental health area because of this cultural bias (Turiel, 2021).

Psychology's focus on racism was rekindled during the Civil Rights Movement of the 1960s (Winston, 2020). After being marginalized for a long time by mainstream psychology, Black psychologists started to question the prevailing narrative that was focused on White people and to promote research and practice that was culturally appropriate (Tyrell et al., 2023). Black psychology's rise to prominence as a separate discipline brought attention to the issues and problems that African Americans face, offering a much-needed alternative to the dominant Eurocentric viewpoint (Nwoye, 2022).

Even with advancements, the impact of racism can still be seen in mental health practice (McMahon, 2020). Inequalities in the availability and quality of mental health care continue, and racial and cultural minorities continue to be underrepresented in the psychology practice (Miranda et al., 2020). The unintentional impact caused by subconscious prejudices in therapists might result in incorrect interpretations and microaggressions when they engage with clients (Rudecindo et al., 2024). Nonetheless, there is a growing psychological movement to confront these problems. Numerous psychologists are actively engaged in the struggle to eliminate institutional racism in the profession and advance universal access to mental health services.

Accordingly, there is a growing emphasis in psychological research and practice on social justice, culturally sensitive therapies, and the creation of anti-racist frameworks (Auguste et al., 2023).

White Privilege and Whiteness Studies

The therapy process is greatly impacted by White privilege, which is frequently understood as an undeserved package of benefits and advantages bestowed upon White people because of their racial identity (Hoffman, 2023). The groundbreaking book "White Privilege: Unpacking the Invisible Knapsack," by McIntosh (1990), brought attention to these overlooked perks, which can range from unconscious biases favoring White viewpoints to higher social acceptance. This privilege can produce a power dynamic in therapy where White therapists' perspectives are unintentionally positioned as the standard, which could cause clients of color to have confusing or discrediting experiences (Clausen et al., 2020). In addition, failing to recognize this privilege may encourage microaggressions; subtle but damaging remarks or behaviors that sabotage the therapeutic relationship and perpetuate racial inequities in mental health outcomes (Miles et al., 2021).

Nonetheless, acknowledging and confronting White privilege can result in more culturally aware and productive treatment (Williams et al., 2022). Sue et al. (2022) demonstrated in their book *Counseling the Culturally Diverse: Theory and Practice* that therapists who own up to their prejudice are more inclined to deliberately seek out different viewpoints, be aware of their own experiences, and develop cultural humility. Their capacity to comprehend and relate to clients from different backgrounds may be improved by this heightened knowledge, which could ultimately result in more equal and empowered therapy partnerships (Zhang et al., 2022).

Whiteness studies explore how Whiteness is socially constructed and its impact on power and inequality, offering valuable context-specific insights for therapy (Drustrup, 2021; Helms, 2014; Hoffman, 2023; Matias & Boucher, 2023; Zhang et al., 2022). These studies illustrate how Whiteness affects attitudes, actions, and relationships, challenging the idea that it is a default or impartial category (Matias & Boucher, 2023). During treatment, Whiteness may appear as an implicit standard that clients of color are held to, which could result in incorrect diagnoses, misinterpretations of their cultures, and feelings of exclusion (Hoffman, 2023). In contrast, White clients might feel that their experiences are universally applicable, which would limit their ability to empathize and comprehend other individuals (Drustrup, 2021).

The influence of therapists' racial identity development on their therapeutic practice has been investigated in research on Whiteness in therapy. According to Helms' (2014) White Racial Identity Development Model, White people can evolve through several stages of racial consciousness. Therapists who have advanced in their racial identity development are more likely to confront institutional racism in the therapy setting, acknowledge their own prejudices, and use culturally sensitive techniques (Zhang et al., 2022). However, it is imperative to recognize that being White is not a singular experience. While delving into the nuances of Whiteness in therapy, it is important to consider the diversity within White identities, which are shaped by intersecting elements like class, gender, and sexuality (Baima & Sude, 2020). Further investigation is needed to understand how these intersecting identities influence therapeutic dynamics and to inform the development of culturally responsive interventions.

One of the most crucial skills for White therapists is the ability to critically examine their own assumptions, biases, and social positions (Lazard & McAvoy, 2020). Through reflexivity, therapists can question their unconscious biases, face their own internalized racism, and develop

a deeper understanding of how their racial identity influences their interactions with clients of color (Ahsan, 2020). Continuous introspection can result in heightened humility, empathy, and a readiness to have uncomfortable discussions about privilege and ethnicity (Zhang et al., 2022). Different strategies have been identified to help White therapists become more reflexive. These include receiving training in cultural competency, consulting or seeking supervision from coworkers with varying backgrounds, and reading and using anti-racist resources (Cénat et al., 2024).

For introspection and personal development, the White Racial Identity Development Model (Helms, 1995) can be a useful paradigm. Helms addresses the six phases, or "statuses," that define how White people react to racial events and her work might help them develop a positive, antiracist White identity. The three stages of White racial identity formation are contact, disintegration, and autonomy. Contact occurs when a person considers racism to be an individual act of meanness rather than an organized system and is ignorant about their own race. Emotional reactions including shame, guilt, denial, wrath, melancholy, and withdrawal result from personal experiences that raise awareness of racism and White privilege, which causes disintegration. Reintegration is a state in which one tries to defend their racial privilege, which frequently leads to shame and denial that are then turned into fear and rage toward people of color. This period is frequently the most painful and challenging to traverse. When a person gives up their notions of White supremacy and accepts personal accountability for eliminating racism, they exhibit pseudo-independence. To have a deeper understanding of racism, this may include staying apart from other White people and deliberately seeking out individuals of color. Asking self-questions and actively working to redefine Whiteness while looking for support from other anti-racist White people are all part of immersion/emersion. In addition, autonomy occurs when an

individual internalizes a positive White racial identity and actively opposes racism within their own sphere of influence. Those who have internalized racism and those who are recovering from racism are split into two categories under Helms' White Racial Identity model (Helms, 2024). A person moves through three statuses as they cultivate an anti-racist White identity. When someone recognizes their racial background, they may have a moment of enlightenment, but they may also revert to Whiteness since they find it difficult to maintain their antiracism. In light of the dynamic and non-fixed nature of these statuses, people must continually reflect on how they are improving society and themselves (Adames et al., 2023).

However, reflexivity is not without its complications. Confronting one's own prejudices and entitlement can be unsettling as well as mentally draining. Moreover, some critics oppose that reflexivity can turn into a self-indulgent practice or a means of avoiding taking decisive action to combat systematic racism (Coleman et al., 2021). Reflexivity combined with a dedication to perpetually learn and unlearn and diligently pursue anti-racist activities both inside and outside of the therapy setting is needed to be effective (Binkley, 2020). Therapists may build more diverse, fair, and restorative therapeutic settings for everyone by critically reflecting on their own practices, proactively advancing towards anti-racist practices, and understanding the longstanding and continuing consequences of racism (Williams et al., 2022).

Studies on White Therapists' Experiences with Racism

The issue of racism and the experiences of White therapists with racism in therapy is a growing domain of research. Various authors have attempted to address this issue in the light of their own context, mainly through a qualitative lens. Atkins et al. (2017) conducted qualitative research to explore multicultural awareness development of White therapists. Through a grounded theory approach, it was discovered that the most principal factor in the development of

multicultural awareness of White therapists was an early personal experience with diversity. This enables therapists to maximize their learning from culturally diverse clients, work environments, education, and mentoring opportunities.

In a study aimed to understand therapists' comfort during clients' discussion of anti-Black racism, Bartholomew et al. (2023) utilized a multiple case study approach to interview five practicing therapists which comprised of two White, two Black and one Biracial Asian and White therapists. The cross-case analysis demonstrated the emergence of four themes: beyond acknowledgement, drawing personal awareness into the moment, engaging with own emotional responses and proactive and reactive comfort. The stated findings highlighted the role of multicultural orientation, competence, and the value of cultural comfort.

Singer and Tummala-Narra (2013) examined the viewpoints of White, Euro-American therapists who treat clients of racial minority immigrant origin, emphasizing the challenges, outcomes, and tools for culturally competent psychotherapy. Their study highlights the value of cooperative, sympathetic relationships as well as the drawbacks of disregarding underlying conflicts. Three main categories are suggested by the findings: views of client experiences, involvement with multicultural concerns, and experiences in therapeutic relationships.

Stone (2013) investigated how White therapists who practice anti-racism deal with White clients' issues of race, racism, and racial identity. Interviews were conducted with 12 therapists who talked about their anti-racism initiatives, reactions, and integration of anti-racism principles into their lifestyles and work. According to the findings, many therapists concentrate on interpersonal racism rather than using their clients' racial identities to achieve better results.

The ethical and therapeutic ramifications of working with White clients who harbor racist views are explored by Drustrup (2020). The article offers therapists a therapeutic paradigm to

direct their work while considering the cultural context of their particular setting. In addition to providing a five-step methodology to help therapists cope with racism in therapy, it promotes discussing racism in psychotherapy sessions for both ethical and therapeutic grounds.

With an emphasis on how race has affected their life and their therapeutic connection, Clausen et al. (2020) talk about their experiences working with White clients. Instead of examining White racial self, they note that these thoughts frequently cause persons of color to externalize their racial identities. The subconscious of Whiteness and its effects on clients and oneself are examined by the author through an observational research approach.

Challenges Faced by White Therapists in Addressing Racism

For White therapists working with White clients, accepting the moral and ethical obligation to confront racism in therapy can be especially challenging. This is particularly problematic for therapists who consider themselves to be social justice advocates but inadvertently or unconsciously support racism (Drustrup, 2021). Sue et al. (2022) discussed the prevalence of "White guilt" and how it might lead to people avoiding discussions of race in therapy. The writers emphasized that White therapists should concentrate on their own cultural background and presumptions to better understand their clients' experiences.

Although racism is ingrained in society and all professions, it is still a contentious issue that may unsettle therapists who struggle with conflict avoidance or unwillingness to address harmful presumptions (Maharaj et al., 2021). While addressing structural obstacles to fostering the value and agency of antiracism as well as personal and professional difficulties, Ieva et al. (2021) started a critical debate against the racist systems. By addressing institutional impediments as well as personal and professional struggles, the authors attempted to advance action against heteronormative and racist norms in therapist education. They emphasized how

crucial it is to train aspiring therapists to recognize and oppose systematically racist behaviors while advancing equity, justice, and multicultural praxis. Affirmative action initiatives, curriculum modifications, and admitting the harm done to oppressed populations are examples of action items. It is challenging for White therapists who oppose racism to work with White clients who have racist views; consequently, cautious clinical and ethical judgments must be taken to safeguard the therapeutic alliance. Considering the high percentage of discomfort White clients feel when confronted about their racism, there is a chance that addressing racism in therapy sessions will destabilize the therapeutic relationship (Drustrup, 2019).

Additionally, White therapists also face the difficulty of being misinterpreted, particularly when working with a person of color who views the White therapist as a representative of White supremacy (Grzanka et al., 2019). Wilcox (2024) noted that to overcome the challenge of talking about racial and social injustices, training is necessary to reduce the gap between intention and conduct. As a result, White therapists are increasingly required to ensure they are not reproducing the power dynamics of systematic racism in therapy (Combs, 2019).

Therapeutic Approaches to Discussing Race

Three interventions were consistently highlighted in the literature when considering how White therapists have approached concerns with privilege, microaggressions, and social injustice in therapy with White clients in therapy: (1) utilizing self-disclosure (Combs, 2019; D'Arrigo-Patrick et al. 2017; Hernandez-Wolfe et al., 2012; Knudson-Martin et al., 2019; Watson, 2019; Williams et al., 2020;), (2) education (Combs, 2019; Dyson et al., 2019; Hernandez-Wolfe et al., 2012; Miller et al., 2018; Williams et al., 2020), and (3) thought challenging techniques (Combs, 2019; D'Arrigo-Patrick et al. 2017; Hernandez-Wolfe et al., 2012; Knudson-Martin et al., 2019; Miller et al., 2018; Sue et al., 2008; Williams et al., 2020). Guilt, discomfort, anger, and

confusion were found to be the most prominent emotions noted from thoughts or accounts of conversations on the topics (Combs, 2019; Hernandez-Wolfe et al., 2012; Miller et al, 2018; Sue et al, 2008; Williams et al., 2020;). Additionally, positive and negative behaviors by White clients resulted after discussions on race (Combs, 2019; D'Arrigo-Patrick et al, 2017; Hernandez-Wolfe et al, 2012; Knudson-Martin et al 2019; Watson, 2019; Williams et al, 2020). Reports of change by way of self-awareness, activism, mentorship, resistance, and defensiveness were noted in several studies (Combs, 2019; D'Arrigo-Patrick et al, 2017; Dyson et al, 2019; Hernandez-Wolfe et al, 2012; Knudson-Martin et al 2019; Sue et al, 2008; Watson, 2019; Williams et al, 2020).

Self-Disclosure

Self-disclosure in therapy has been widely debated as potentially dangerous considering certain client populations, concerns, and problems. However, literature shows that when utilized cautiously and appropriately, therapist self-disclosure can strengthen the therapeutic alliance and promote trust and compassion.

In *White Privilege: What's a Family Therapist to do?* Combs (2019) expressed his choice to continuously be transparent with his colleagues, clients, and personal relationships considering his White privilege. He describes that it is important to admit his benefits whether directly or indirectly in therapy to discard the idea that he completely understands their worldview. In fact, in his article he continuously situated himself as a White person with privilege and acknowledged his advantages in his ability and privilege to write the article. D'Arrigo-Patrick et al. (2017) also discussed how therapists should disclose their position as a social activist based on individual experiences without harming the therapeutic alliance and use of inquiry intervention as well. In agreement, Knudson-Martin et al. (2019) discussed culturally attuned

practice and how therapists are transparent with clients considering family therapists' duty to promote just relationships and the idea of confronting unjust observations. On the contrary, Watson (2019) discussed the need for more opportunities of self-disclosure in family therapy education settings arguing that minority therapists, faculty, and students often disclosed amongst each other, but not with the wider community because of previous accounts of neglect from White counterparts.

Two researchers considered self-disclosure when discussing microaggressions therapeutically. Williams et al. (2020) developed The Racial Harmony Workshop to explore how directly addressing microaggressions between White and Black students at a university could elicit positive change in cross-racial relationships. In this workshop, principles from Functional Analytical Psychotherapy including self-disclosure were implemented and vulnerable conversations were promoted with anticipation of personal confrontation of privilege and bias in White students and more positive accounts of cross-racial interactions from Black students. Researchers believed that appropriate response to transparency and openness was necessary for change. Outcomes demonstrated notable improved relationships between the races. In addition, Hernandez-Wolfe et al. (2012) discussed challenges with accountability from opposite cultures and how transparency and open dialog, although difficult, educed deeper exploration of microaggressive behavior.

Education

Social education was a theme that was debated across studies. Most studies suggested that racial history education was appropriate for therapists, clinical educators, and students when conversations of race occurred (Combs, 2019; Dyson et al., 2019; Hernandez-Wolfe et al., 2012;

Miller et al., 2018; Williams et al., 2020). Learning could be obtained through individual exploration or by education from others.

Combs (2019) argued that White therapists could no longer solely depend on people of color to educate them on Black history and that self-inquiry was most necessary. Participants from Hernandez-Wolfe et al. (2012) study with therapist educators identified education from others by way of guest speakers, videos, presentations, or cultural emersion as most helpful when seeking to identify personal areas of privilege and marginalization. A need for therapist educators to be racially educated was highlighted so that practitioners also learned to identify racist behaviors in therapy as mental health concerns (Miller et al., 2018). Moreover, Dyson et al. (2019) presented a framework for racial reconciliation that centers on the education of clients and communities on the history of racial injustices to mend racial tension and promote forgiveness. On the other hand, D'Arrigo-Patrick et al. (2017) consider the negative effects of direct social education with clients. Caution was given considering the negative relationship between educating clients and therapeutic rapport, arguing that directly educating clients in sessions may present as therapists exhibiting dominance and having inconsideration of client's worldview.

The above-mentioned also aligns with the contrast between the traditional MFT and social justice-oriented MFT. To address structural injustices like racism and classism, MFT places a strong emphasis on the therapist's role. Self-awareness, lifelong learning, and flexibility are the main goals of MFT, whereas social justice-oriented therapists are expected under MFT to confront oppressive structures as part of their professional duty (Antunez & Silverstein, 2024). Therapists are empowered by this method to identify and resolve power dynamics that affect the well-being of their clients.

Challenging Interventions

Much like education, challenging interventions were widely discussed throughout the literature. Challenging interventions refer to therapeutic strategies employed by clinicians to address and disrupt oppressive power dynamics, implicit bias, and dominant sociocultural discourses within the therapeutic space (Golojuch et al., 2025). These interventions involve naming and confronting social injustices, encouraging critical self-reflection in clients, and promoting awareness of systemic inequities.

As mentioned earlier, D'Arrigo-Patrick et al. (2017) discussed techniques that could be exhibited through a proper therapist-client therapeutic relationship without negatively insulting the client's identity. Knudson-Martin et al. (2019) demonstrated how a minority therapist might be able to combat negative societal discourses and power in a therapy by using interventions that question client's behaviors and allow therapists to intervene when power dynamics are evident and call attention to the effects.

Combs (2019) frankly suggested that White therapists regularly confront each other to promote justice and stressed the personal growth that comes from uncomfortable racial conversations and Miller et al. (2018) also proposes challenging colorblind racial attitudes. Results from Hernandez-Wolfe et al. (2012) and Williams et al. (2020) shared participant accounts of opposition and how they were challenged by racial counterparts and made aware of unrecognized inequities and biased behaviors. Lastly, research demonstrated that confrontation would be indispensable if therapists were to utilize a racial reconciliation framework which includes acknowledging historical injustices and implementing anti-racist education (Dyson et al., 2019).

Impact of Confronting Racism on Therapy Outcomes

Feelings of guilt, discomfort, anger, and confusion prominently emerged from the research. White therapists and clients admittedly experienced feelings of guilt, shame, discomfort, and embarrassment when confronted with privilege and bias (Combs, 2019; Hernandez-Wolfe et al., 2012; Miller et al., 2018). Black therapists and clients reported feelings of anger and confusion when met with invalidation of feelings, micro aggressive behavior, and avoidance during cross-racial discussions (Sue et al., 2008; Williams et al., 2020) while anger was found present by White individuals when racial stress was presented in conversations (Combs, 2019).

Positive changes that resulted from difficult conversations of race most significantly included self-awareness. Therapists and clients would verbally acknowledge their understanding of privilege or bias (Combs, 2019; D'Arrigo-Patrick et al., 2017; Hernandez-Wolfe et al., 2012; Knudson-Martin et al., 2019; Watson, 2019; Williams et al., 2020) or show recognition through practice interventions and challenging techniques (D'Arrigo-Patrick et al., 2017; Hernandez-Wolfe et al., 2012; Knudson-Martin et al., 2019; Sue et al., 2008). Furthermore, several researchers also showed that activism resulted after intense racial discussions (Combs, 2019; D'Arrigo-Patrick et al., 2017; Dyson et al., 2019; Hernandez-Wolfe et al., 2012; Miller et al., 2018; Watson, 2019). This included supporting movements/policies, (Combs, 2019; Dyson et al., 2019; Hernandez-Wolfe et al., 2012; Miller et al., 2018; Watson, 2019) exposure through immersion and education of others (Combs, 2019; Hernandez-Wolfe et al., 2012), and mentorship (Combs, 2019; Hernandez-Wolfe et al., 2020). On the other hand, negative outcomes of denial and resistance to change were also noted (Combs, 2019; Sue et al., 2008; Watson, 2019; Williams et al., 2020).

Summary

In this chapter, we examined the foundational literature and theoretical frameworks underpinning the broader issue of the experiences of White therapists confronting racism in therapy with White clients. The chapter commenced with an overview of the theoretical framework of critical race theory, emphasizing its history, previous studies, and the contextual relevance of the present research. Subsequent sections delved into the historical context of racism in therapy, White privilege and Whiteness studies, and the experiences of White therapists. It also discusses the challenges White therapists face in addressing racism, the therapeutic approaches to discussing race, and the impact of confronting racism on therapy outcomes. This comprehensive review has identified both areas of agreement and ongoing debates within the field, setting the stage for the methodological considerations discussed in Chapter 3.

The chapter began by situating the topic within the broader context of racial dynamics in therapy, highlighting seminal studies like Combs (2019), Drustrup (2020), and Williams et al. (2022) that laid the groundwork for understanding the experiences of White therapists in confronting racism of White clients. Scholars agree on the importance of White therapists acknowledging their positionality and potential biases, as discussed by Lazard and McAvoy (2020). Similarly, concepts such as Whiteness (Mosaligantim, 2018), White supremacy (Sinclair, 2023), and White privilege (Hoffman, 2023) were evaluated considering their impact on therapeutic effectiveness and the client-therapist relationship.

The literature review also examined practical strategies for confronting racism in therapy with particular attention to interventions like utilizing self-disclosure, education, and thought challenging techniques (Combs, 2019; D'Arrigo-Patrick et al. 2017; Hernandez-Wolfe et al.,

2012; Knudson-Martin et al., 2019; Miller et al., 2018; Sue et al., 2008; Williams et al., 2020) and reflective practices outlined by Drustrup (2020) and Williams et al. (2022).

Moreover, the chapter identified theoretical divergences. For instance, while Dyson et al. (2019) advocated for direct confrontation of racist comments during therapy sessions, others, such as D'Arrigo-Patrick et al. (2017) suggested more indirect approaches to preserve therapeutic alliance. These differences in approach reflect ongoing debates within the field about balancing ethical responsibilities with client-centered care, as discussed by Drustrup (2020). The study recognizes the shortcomings of conventional MFT training and the difficulties in applying social justice treatment concepts completely in every situation. By emphasizing the particular conflicts between cultural humility and racism, it seeks to provide a more nuanced understanding of how White therapists handle discussions about racism with White clients.

The current review of the literature demonstrated areas for convergence, particularly the consensus on the need for therapists to develop cultural competence and foster open dialogue about race. Most studies highlighted that therapists' willingness to address racism positively influences therapeutic outcomes and fosters deeper self-awareness in clients. However, divergence emerged regarding how therapists should navigate resistance or defensiveness from White clients.

It is important to note that significant gaps remain, despite the stated insights. Few studies explore how White therapists' own racial identities influence their approach to racism in therapy, leaving questions about self-awareness and racial identity development underexplored. Notably, there is a lack of empirical studies involving diverse populations of White therapists, particularly those working in varying sociocultural contexts, which limits the generalizability of existing findings.

Given these gaps, the present study seeks to address critical questions about how White therapists experience and manage racism expressed by White clients during therapy. By focusing on the interplay between therapists' personal identities, professional ethics, and systemic influences, the research aims to contribute both theoretical and practical insights. The study builds on the literature reviewed in this chapter by examining areas that have received limited empirical attention, including therapist concerns, intervention strategies, and the influence of client-therapist dynamics on addressing race. Findings from this study are positioned to extend existing knowledge by providing nuanced, practitioner-focused perspectives that complement and deepen prior discussions of systemic racism, White privilege, and therapeutic best practices.

Building on the gaps and unresolved questions identified in the literature, the next chapter outlines the research methodology and design used in this study. Chapter 3 details the qualitative approaches employed to capture the nuanced experiences of White therapists addressing racism with White clients, as well as the rationale for selecting participants from diverse practice settings to ensure a range of professional perspectives. By explicitly describing the methods used to collect and analyze data, this chapter demonstrates how the study addresses existing gaps in empirical research and contributes new insights to the field. The methodological choices, including participant recruitment, data collection via online questionnaires, reflective journaling, data triangulation, and thematic analysis were carefully selected to ensure rigor, credibility, and trustworthiness, enabling the study to expand the understanding of therapist experiences and inform practical and theoretical advancements in counseling practice.

Chapter 3: Research Method

Racism, racial prejudice, privilege, and social injustice are serious dilemmas in America (Fitzgerald, 2023). Black Americans have been victimized by this prejudice through housing discrimination, job insecurity, voting restrictions, and educational disparities, contributing to broader racial disparities in society (Banaji et al., 2021). Dedicated to social justice, many White Americans have allied with Black Americans in the fight against structural racism (Selvanathan et al., 2023). Although integrating allyship and understanding of racial concerns into therapy has been discussed by therapists, relatively little research has been conducted on the topic of how White clients and White therapists talk about racism in treatment (Bartoli et al., 2018). The purpose of this study was to explore the perspective of White therapists on engaging in discussions of racism and related topics in therapy with White clients. The study examined views White therapists held regarding addressing racism in therapy and identified areas where further research was needed to inform counselor training, best practices, and effective interventions. The research also contributed to expanding understanding of systemic racism and generating innovative ideas, solutions, clinical training approaches, and therapeutic interventions to counter harmful attitudes and beliefs.

The following chapter describes the methodology used to address the research questions. It begins with an overview of the research methodology and design, outlining the rationale for interpretative phenomenological analysis (IPA) as the guiding qualitative approach. The chapter then discusses the study population and purposive sampling strategy, explaining the sample size and its appropriateness for the research aims. Next, the chapter describes the instrumentation and data collection procedures, followed by a detailed account of the analytic process. Data analysis is presented as an IPA-informed, inductive thematic analytic approach used to interpret

participants' meaning-making. The chapter also addresses the assumptions, limitations, and delimitations of the study. Ethical considerations, including Institutional Review Board approval and adherence to ethical research principles, are outlined. The chapter concludes with a concise summary of the methodological approach.

In this study, White therapists were recruited through social and professional networks to complete an open-ended questionnaire designed to explore how they made sense of addressing race-related topics in therapy with White clients. Data were analyzed using an interpretative phenomenological analysis (IPA) informed, inductive thematic analytic process was used to identify patterns in participants' meaning-making across responses. Findings were presented through a narrative account that situated participants' experiences within a CRT framework. The study aimed to deepen understanding of White therapists' experiences, clinical considerations, and ethical reflections when confronting systemic racism in therapeutic work with White clients.

Research Methodology and Design

The proposed research was founded on qualitative research methodology owing to the exploratory nature of the study. Particularly, the research questions were addressed through the utilization of interpretative phenomenological analysis (IPA) methodology (Nizza et al., 2021). Accordingly, the study was based on phenomenological design. IPA has been noted as especially advantageous in disciplines of social sciences in which the primary objective is to gain insight into an individual's lived experience (Rajasinghe, 2020). It concentrates on the way people constitute meaning out of their experiences (Smith, 2011). Within this framework, patterns of meaning are identified inductively through thematic development as part of IPA's analytic process, rather than as a separate analytic methodology (Smith et al., 2021). Qualitative methodology with IPA design aided the researcher in the threefold exploration of experiences of

White therapists with confronting racism, interventions used to address racism and ethical concerns in therapy with White clients. The objective of phenomenological research design is to comprehend the significance that individuals attach to their experiences and explore the core of human encounters (Frost, 2021). Without forcing any predetermined notions or interpretations, it aims to accurately represent the fundamental elements and deeper trends of these experiences (van Manen & van Manen, 2021). In contrast to conventional phenomenology, IPA prioritizes maintaining connection with participant viewpoints while acknowledging the importance of the researcher's interpretations (Hayes & Graham, 2022).

The literature demonstrates a wide array of methodologies and research designs in qualitative studies. Methodologies like grounded theory, ethnography, narrative inquiry focus on the comprehension of complex human experiences, behaviors, and social phenomena through methods like interviews, observations, and document analysis (Renjith et al., 2021). However, they differ in their focus, data analysis approaches, and their methodological objectives (Urcia, 2021). For instance, grounded theory is theory driven, aimed to develop a new theory (Charmaz & Thornberg, 2021), Ethnography is culture driven, intended to comprehend social experiences within specific social settings (Madden, 2022) and narrative inquiry is story driven, emphasizing on the comprehension of the meanings of individual life stories (Sunday et al., 2020).

Various designs such as case study, discourse analysis, action research design, among others, are widely employed in qualitative research. The stated methods aid researchers in the comprehension of complex phenomena in terms of participants' experiences and social contexts, with a contextual focus (Frost, 2021). All these designs are participant centered and utilize the inductive approach to analysis; however, they differ in various aspects. Case study design is a detailed exploration of a certain case in research (Sunday et al., 2020), discourse analysis

examines the language contribution to social reality (Khan & MacEachen, 2021), and action research addresses the research issue through collaboration (Davison et al., 2021). All these designs differ significantly in terms of their analysis, outcomes, and approaches.

Nevertheless, none of them particularly focus on understanding the lived experiences and understanding the essence of research phenomenon across multiple individuals. Considering the objectives of the current research, IPA methodology was considered the most appropriate to explore the difficulties White therapists encounter in discussing racism, applying strategies to address this issue, and managing ethical dilemmas, when working with White clients in therapy. IPA is the most fitting method for delving into the individual and collective experiences of White therapists, offering a more comprehensive understanding of their challenges in confronting racism. Its emphasis on interpretation and meaning making enabled a better comprehension of each participant's unique experience and revealed recurring themes (Smith et al., 2021). This thorough perspective provided a greater comprehension of the challenges as well as the understanding of interventions used by White therapists to manage the ethical dilemmas associated with confronting racism in White clients.

Population and Sample

The population for the present research included White therapists in the United States who were licensed counselors, licensed marriage and family therapists, or social workers. According to United States media market, there are more than 192,497 licensed therapists in United States out of which, 76.4% are White (Market.US, 2024). Since the study presented the lived experiences of White therapists who have firsthand experience with confronting and addressing the race and racism in White clients, White therapists were the most appropriate to shed light on the research issue.

Participants were chosen based on their ability to offer information that either supports or refutes notions and themes regarding White therapists' attitudes towards addressing racism in therapy with White clients; therefore, White therapists were the point of focus. The sample was derived through purposive sampling technique which is a non-probability sampling method in which participants are specifically chosen according to their traits, knowledge, experience, or additional attributes (Andrade, 2021). This approach enables researchers to draw logical and analytical conclusions from their well-chosen sample, which is especially useful when seeking reliable and significant insights from a particular population (Campbell et al., 2020). However, owing to the need of researchers to choose participants for their questionnaires based on arbitrary or general assumptions, purposive sampling is vulnerable to analyst bias. In addition, purposive sampling is considered flawed owing to the limitations of its external validity based on the level of its purposiveness (Thomas, 2022).

Notwithstanding, purposive sampling (Thomas, 2022) was chosen in this study for data collection from White therapists since it allows researchers to gather data from extremely specific populations such as White therapists with the experience of confronting racism of White clients in therapy. Moreover, purposive sampling allowed the researcher to extract a vast amount of information from acquired data, allowing them to characterize the population-wide implications of their results.

The participants were recruited through the social media platform Facebook. A flyer was posted in appropriate therapy focused groups on Facebook to publicly invite eligible licensed therapists to take part in the study. The anticipated sample size of this study was 12 ($n=12$) aimed to ensure saturation in themes and findings which can be potentially achieved in the first 12 responses as per Guest et al. (2006). In this study, saturation was reached as no new themes

or patterns emerged after the 12th participant, confirming that the final sample consisted of 12 respondents.

Instrumentation

The data was collected through an anonymous online open-ended questionnaire designed by the researcher. The Qualtrics questionnaire (Appendix B) was comprised of an introduction of the study in terms of purpose, and instructions for answering the questions. The main questionnaire questions cover their personal experiences, challenges and barriers, their learning and development and ethical considerations regarding the addressal of racism in White clients during therapy. A closing statement with regard to the contact information was provided for any clarifications needed during the data collection process.

To ensure that the questionnaires produce trustworthy and meaningful results, clarity and standardization were ensured in the contents of the questionnaire. To ensure the content validity, the questions were developed considering the reviewed literature. Practically, pertinent studies on racism, therapy, and confrontation techniques were examined leading to the formulation of clear and appropriate questions along with the identification of key topics and themes. Ambiguous or repetitive questions were removed and replaced with new ones and finally reviewed to make sure they were in line with the literature and the objectives of the study. Detailed instructions were provided for answering the questions to ensure consistency. A reflective journal was kept tracking the questionnaire development process, capturing the reasoning behind individual questions and subsequent modifications.

Study Procedures

The data collection was carried out through theoretical sampling, where the sample was comprised of White licensed therapists in the US, including licensed counselors, marriage and

family therapists, and social workers. Participants were recruited through targeted outreach on Facebook. Recruitment posts and messages were strategically shared in professional groups, organizational pages, and forums commonly followed by licensed therapists. These posts included an invitation to participate in the study, along with a brief explanation of the research purpose, eligibility criteria, and participant expectations. The recruitment material emphasized confidentiality, voluntary participation, and provided a summary of the data collection process. Therapists who expressed interest were invited to click on the link provided on the flyer and answer qualifying questions. If they met inclusion criteria, they were able gain access to the questionnaire. Recruitment material included an informed consent form with an invitation to participate in the study, the aspects of confidentiality, the participants' liberty to offer voluntary participation and the particulars on the data collection process, risks, benefits, (Appendix A). Once participants verified that they met criteria for participation and signed the form virtually, they were able to access the link to the questionnaire.

Once qualifying participants were given access to the questionnaire with open-ended questions, respondents had 7 to 10 days to submit the completed form; failure to do so within this time frame resulted in exclusion from the study. The questionnaire included instructions on how to respond to the questions as well as an overview of the primary objectives of the study. The questionnaire inquiries included participants' individual experiences, challenges and limitations, training and progress, and ethical concerns regarding confronting racism in White clients while in therapy. To address potential issues with consistency, the researcher kept a reflection journal to document the reasons for including particular questions and their significance as well as the personal thoughts during the analysis process.

Data Analysis

Interpretative phenomenological analysis (IPA) informed, inductive thematic analytic process was used to interpret the survey questionnaire results, providing a flexible yet systematic approach to identifying patterns in participants' responses without imposing preexisting categories (Smith et al., 2021). Consistent with IPA, data analysis began with repeated reading of each participant's response to support immersion and familiarization with the data. During this stage, analytic notes were recorded with attention to descriptive, linguistic, and conceptual aspects of participants' accounts, focusing on how White therapists made sense of their experiences confronting racism in therapy with White clients. This process supported close, interpretive engagement with participants' meaning-making and reflected the idiographic emphasis of IPA.

From these initial notes, emergent codes were developed to capture psychologically meaningful aspects of the data. NVivo software was used to support the organization and management of questionnaire responses; however, coding functioned as an analytic aid rather than a linear or software-driven procedure (Finlay, 2021). Analytic decisions were guided by sustained engagement with participants' language and experiential accounts. Prior to finalizing codes, independent coding was conducted to enhance dependability. The researcher then examined connections among emergent codes within individual cases before moving recursively between individual accounts and patterns across cases to identify recurrent themes. This iterative process reflects the double hermeneutic central to IPA, wherein participants make sense of their experiences and the researcher interprets that meaning-making (Smith et al., 2021).

Following the development of preliminary themes, the researcher reviewed, refined, and defined each theme to ensure conceptual clarity and relevance. Themes were named to capture

their central meaning, and participants' quotes were incorporated to illustrate key aspects of each theme and preserve the authenticity of participants' voices. The final stage of analysis involved presenting the themes cohesively, demonstrating how participants' experiences addressed the research questions and contributed to a deeper understanding of White therapists' experiences and challenges in confronting racism in therapy.

To enhance trustworthiness and reduce potential bias, data triangulation was employed by including licensed social workers, licensed marriage and family therapists, and licensed professional counselors. This approach captured a range of professional perspectives, strengthening credibility by reflecting variations in training, clinical approaches, and experience. Reflective journaling was maintained throughout the research process to document the researcher's reflections, emotions, and potential biases, supporting ongoing reflexivity and transparency in analytic decision-making. Collectively, these strategies enhanced trustworthiness by promoting credibility through triangulation and reflexivity, dependability through detailed documentation of analytic procedures, and transferability through rich, contextualized descriptions that allow readers to assess applicability to other settings.

Assumptions

The present study was based on the following assumptions, derived from the review of literature: 1) Participants of the study experienced a range of challenges while confronting racism in therapy with White clients; 2) Participants incorporated specific interventions while addressing racism in therapy with White clients. Moreover, they experienced certain ethical concerns when considering addressing racism in therapy with White clients; 3) Participants answered the questionnaire honestly and openly, and 4) The questions successfully gathered the information and answered the overarching research questions.

Limitations

The present study had certain limitations, which were addressed through various strategies to minimize their impact. The study may be constrained in terms of sample size and diversity. Social media-based recruitment relies heavily on users' engagement with specific platforms and algorithms that may not equally represent all demographics within the target population; certain groups such as older clinicians and those less active on social media were under-sampled. Additionally, self-selection bias could have occurred, as only those who saw the posts and were motivated to respond participated, which may further limit the variability of experiences captured (Każmierczak et al., 2023). Additionally, due to the subjective nature of the study, which explores the lived experiences of White therapists, there was a potential for biases arising from either self-reported data or the researcher's interpretation. The biases originating from researchers' side were mitigated through a reflexive journal and data triangulation. Since, the study focused on the challenges faced by White therapists in confronting racism in White clients, a repetition of prominent challenges may overlook the less common issues. Accordingly, the participants were encouraged to discuss a wide range of their experiences while acknowledging the stated limitations. Moreover, findings of the present study were influenced by the specific cultural and institutional context of the United States; therefore, the context of the research was clearly established throughout the research.

Delimitations

The current study was designed in line with certain delimitations to clearly explain the context and scope of the study. For instance, the present research focused on the exploration of unique experiences of White therapists in confronting racism with White clients during therapy. The focus on White therapists and White clients was imperative, due to the racial dynamics and

the concept of White supremacy as demonstrated in the existent literature (Drustrup, 2021; Grzanka et al., 2019; Sue et al., 2007). Moreover, the specific geographic region of the United States was the center of the study considering the racial marginalization prevailing in the United States for ages. The present research was limited to the exclusive qualitative methodology instead of others as an attempt to align with the specific purpose of the research to explore lived experiences of target population, ensuring consistency with the theoretical framework of CRT. Moreover, the participants in the research were selected due to their active experiences with addressing racism of White clients in therapy, as an attempt to ensure that most relevant, in depth and rich insights were obtained as research outcome. To maintain professional expertise and applicability, participants were licensed counselors, marriage and family therapists, or social workers.

Ethical Assurances

The present study adhered to the ethical principles of qualitative research (Frost, 2021). Prior to data collection, approval from National University's Institutional Review Board (IRB) was obtained. Considering the sensitive nature of the research issue, the potential participants were given complete autonomy and disclosure regarding the research topic and its line of questions. Written informed consent was obtained from potential respondents indicating their interest in participation. The participants were reminded that the purpose of the study was entirely professional and academic. Moreover, they were given the liberty to discontinue participation at any point in time.

To ensure data confidentiality and anonymity, pseudonyms were used instead of original names as a de-identification purpose. Moreover, the data was stored in password protected folders with exclusive access to the researcher. Adherence of IRB requirements for data

protection was duly guaranteed. The participants were assured that their data would only be used for the purpose of present research and would be deleted after the completion of the research. All the findings were reported faithfully regardless of the political, social or cultural difference of opinion regarding racism and its confrontation.

The researcher was involved in data collection as well as analysis of data including active interpretation. The study acknowledges potential researcher bias due to the researcher's identity as a Black female and personal experiences with racism, which could have influenced the interpretation of findings. Moreover, there was a possibility of confirmation bias, which might result in the incorporation of personal beliefs in the interpretation. Therefore, a reflexive journal was maintained to document the research process, personal assumptions and professional biases

Considering the sensitive nature of the study, it was acknowledged that participants might experience feelings of hesitation or fear of being judged while providing responses regarding their confrontation of racism in therapy with White clients. These concerns arise from the dynamics of all-White client-therapist dyads, as well as participants' perceptions of the researcher's identity as a Black female clinician and researcher. To address these concerns, the researcher introduced her background as both a clinician and a researcher and emphasized a commitment to fostering open, nonjudgmental dialogue. Recognizing the potential sensitivity in discussing race with a non-White researcher, the researcher assured participants that the study was designed to explore participants' professional experiences without criticism or preconceived notions. Transparency was maintained by explicitly framing the researcher's role as a facilitator rather than an evaluator. Participants were encouraged to share honest reflections while researcher neutrality was maintained. Confidentiality and anonymity were emphasized to ensure participants could express their thoughts without fear of professional or social repercussions.

Questions remained non-biased and neutral, avoiding leading questions and allowing for autonomous responses. These measures collectively cultivated an environment in which participants could feel comfortable providing candid responses, thereby enhancing the depth, authenticity, and trustworthiness of the study's findings.

Summary

In the current chapter, the methodological procedures were described in detail. The study employed interpretative phenomenological analysis (IPA) methodology (Smith et al., 2021). The population consisted of White therapists in the United States, including marriage and family therapists, licensed counselors, and licensed social workers. A purposive sampling strategy was used as an iterative process until saturation was achieved. Data were collected through a self-designed open-ended questionnaire exploring White therapists' lived experiences of confronting racism with White clients in therapy. Participants were recruited through professional Facebook therapist groups and provided with informed consent prior to accessing the questionnaire, with 7 to 10 days allotted for response completion. Data analysis followed an IPA-informed, inductive thematic analytic process to identify and interpret patterns of meaning relevant to the research questions. The study adhered to ethical principles delineated by the IRB. The following chapter presents an interpretive, narrative account of the data, illustrating themes developed through sustained engagement with participants' experiential accounts.

Chapter 4: Findings

The problem addressed through this study was the gap in literature discussing White therapists' experiences of addressing race related topics with White clients in therapy. The purpose of this study was to explore White therapists' perspective on engaging in discussions of racism and related topics in therapy with White clients. This chapter presents the findings from the nine-item open-ended questionnaire completed by White mental health professionals, including licensed professional counselors, licensed marriage and family therapists, and social workers. Data were collected via Qualtrics and analyzed using an IPA-informed, inductive thematic analytic process, with NVivo used to support data organization rather than drive analytic decisions. The chapter is organized into three sections: (a) Trustworthiness of data including a review of the participant demographics and descriptive data, (b) the emergent themes and patterns reflecting participants' experiences and perspectives about addressing racism with White clients, and (c) an interpretive narrative situating these findings through a critical race theory lens. Consistent with IPA, findings are presented as an interpretive account of how participants made sense of their experiences, developed through sustained engagement with individual responses prior to identifying patterns across cases.

Trustworthiness of the Data

This research adopted an Interpretative Phenomenological Analysis (IPA) qualitative study to explore White therapists experience addressing racism in therapy with White clients. The choice of IPA was due to the possibility of a profound exploration of lived experiences with a focus on how people explain complex and emotional phenomena (Smith et al., 2021). A total of 29 individuals responded to the study invitation; however, only 12 participants met the inclusion criteria and were included in the final sample. Inclusion criteria required participants to

identified as White, resided in the United States, be 18 years of age or older, and held a current license as a licensed professional counselor, licensed marriage and family therapist, or licensed clinical social worker. Participants who did not meet these criteria were excluded. The final sample consisted of 12 White, licensed mental health professionals with varying years of experience: five had 1–5 years, three had 6–10 years, and two had 11 or more years of clinical practice. Professional licenses represented included Licensed Social Worker ($n = 3$), Licensed Professional Counselor ($n = 4$), Licensed Graduate Professional Counselor ($n = 2$), and Licensed Marriage and Family Therapist ($n = 3$). Gender distribution included nine females and three males. All participants reported experience working with White clients in therapy settings. Most primarily served adult clients ($n = 9$), while three primarily worked with adolescents or couples.

Participants completed a nine-question open-ended survey that asked them to reflect on their experiences addressing race and racism in therapy sessions with White clients. The survey specifically requested participants to describe how they approached these topics, the challenges they encountered, and the strategies they used to navigate discussions about race and racism in clinical practice. This approach allowed for an in-depth exploration of participants lived experiences and clinical decision-making in addressing racial issues in therapy.

NVivo was used to support organization of the data; however, analytic decisions were guided by close, interpretive engagement with participants' language and experiential accounts rather than by software-driven outputs. The software assisted in organizing data, clustering related codes, and supporting cross-case analysis, which informed the thematic development. Codes were inductively derived through sustained engagement with the data and interpreted in relation to the research questions. Through this iterative process, themes were developed to reflect shared patterns in how participants made sense of their experiences, including: (1)

encounters with racism with White clients, (2) interventions and microskills in such situations, and (3) the ethics that inform clinical decision-making. Rigor was enhanced through multiple coding cycles analytic memoing, and recursive movement between individual accounts and patterns across cases, ensuring the analysis remained transparent and auditable.

To establish trustworthiness in the data, several strategies were employed. Credibility was supported through data triangulation by gathering information from multiple counselor perspectives such as licensed professional counselors, licensed marriage and family therapists, and social workers to enhance the depth and validity of findings (Tsindos et al., 2023).

Transferability was addressed by providing thick descriptions of participants' experiences and contexts, enabling readers to assess the applicability of the findings to other clinical and training settings (Tracy, 2010). Dependability was ensured through a clear and detailed description of the methodological process, including the use of NVivo to maintain an audit trail of coding, memoing, and theme development, allowing for replication of the study procedures (Nowell et al., 2017). Confirmability was reinforced by reflexive journaling throughout the research process to account for the researcher's positionality (Berger, 2015). Together, these measures strengthened the rigor, transparency, and trustworthiness of the study's findings.

Table 1

Thematic Analysis of White Therapists' Experiences Addressing Racism in Therapy with White Clients

Theme	Sub-theme	Codes	Proofs (Illustrative Quotes)	Frequency (Participants)
Confronting Racism with White Clients	Client defensiveness & avoidance	defensive, avoid, resist, denial, minimize, pushback, racist, racism, micro aggression	<p>“In my opinion, White clients are defensive. The example I used was very positive, and the client was receptive to hearing me out, but Whitest clients are not always ready to hear feedback at first” (Participant 7) </p> <p>“White clients usually downplay the discussion of racism, prejudices, and other issues associated with the race.” (Participant 9)</p>	6
	Therapist discomfort & alliance concerns	fear, disintegration, alliance, shame, uneasiness, concerned, danger, connection	<p>“I also have the fear of breaking the alliance in some cases when I raise the raised race related issues, especially when I am</p>	5

Theme	Sub-theme	Codes	Proofs (Illustrative Quotes)	Frequency (Participants)
	Responsibility to address race & therapist identity	accountability, address, obligation, role, identity, racial identity, duty	<p>expecting the client to close his/her ears or become defensive.” (Participant 7)</p> <p>“I believe that I have an obligation to discuss with White client’s race-related issues, even when uncomfortable, since otherwise; I will be supporting the continuation of harmful patterns.” (Participant 7) “My racial identity has had an impact on my approach to these conversations, and I recognize that my standpoint affects how the clients will respond.” (Participant 3)</p>	7
Interventions and Microskills	Psychoeducation & values clarification (MI stance)	psychoeducation, values, motivational,	“I will certainly address these issues with compassion, psychoeducation, and	6

Theme	Sub-theme	Codes	Proofs (Illustrative Quotes)	Frequency (Participants)
		Socratic, empathy, normalization	openness.” (Participant 10) “...assist clients in looking into their values...” (Participant 5)	
	Supervision / consultation / referral	supervision, consult, consultation, referral, peer support	“...tends to lead to my seeking supervision or peer support.” (Participant 6)	5
	CBT / mindfulness / narrative techniques	cbt, mindfulness, homework, role play, narrative, act, dbt	“I attempt to reframe with CBT-style questions ...” (Participant 4) “...used mindfulness to deal with defensiveness...” (Participant 2)	4
Ethical Considerations in Addressing Racism	Competence & scope of practice	quality, extent, training, licensure, competent	“All the jobs involved compulsory cultural competence training.” (Participant 12)	5
	Avoid imposing values / respect for autonomy	assail, regards, self-possession, prejudice, convictions	“I attempt to remember the goals of the client... without dictating values.” (Participant 5)	6

Theme	Sub-theme	Codes	Proofs (Illustrative Quotes)	Frequency (Participants)
	No maleficence / justice / confidentiality	harm, justice, confidentiality, beneficence	“Other White clients wanted to find more ways to participate in social justice...” (Participant 8)	4

Results

Theme development reflected an iterative interpretive process in which the researcher moved between participants’ individual meaning-making and shared experiential patterns, consistent with IPA. The major themes that emerged from exploring the experiences of White therapists’ views on addressing racism in therapy with White clients were: confronting racism with White clients, interventions and microskills, and ethical considerations in addressing racism. The themes, sub-themes, and participants’ experiences are used to answer the three main research questions.

Q1: What are White therapists’ experience with confronting racism in therapy with White clients?

Theme 1: Confronting Racism with White Clients

Therapists maintained that dealing with racism with White clients was the most difficult, sensitive, and ethically important part of their practice. They described this theme as a persistent tension in their clinical work, where each meeting with a client could either deepen therapeutic connection or rupture it entirely. Participant 2 explained that these conversations felt particularly high-stakes, noting that *“It usually causes a dual process in my mind where I’m assessing a multitude of things from what the client’s needs are to what my role is as an advocate and ally.”*

Participant 5 also stated, *“I have to consider how receptive the White client will be to my feedback, how it might affect our therapeutic relationship and rapport...”* On one hand, some participants encountered White clients who were resistant, denying, or avoidant when race-related conversations emerged, resulting in a therapeutic space marked by defensiveness. On the other end, some participants themselves were grappling with fear, self-doubt, and the burden of deciding when and how to step up against racism. This dynamic highlighted that bringing up issues of race was never a neutral act; rather, it was fraught with implications for trust, alliance, and therapeutic development. In numerous cases, many participants articulated that in some situations, silence felt complicit, as ignoring racism risked reinforcing oppressive systems and perpetuating illusions of equality. Participant 5 stated, ... *“White clients may be less receptive to feedback about racism, prejudices, and other race-related topics from therapists of color, so I feel I have a responsibility to address race-related topics with my White clients.”* However, participants also often recognized that it took heart, dexterity, and tolerance to speak up because even one untimely act could endanger months of therapeutic effort.

Within this theme, three sub-themes emerged: (a) client defensiveness and avoidance when race is raised, (b) therapist discomfort and concerns about preserving the alliance, and (c) the sense of professional and moral responsibility, intertwined with therapist identity, to address racism despite these challenges. Together, these sub-themes illustrate that confronting racism was not incidental but central to ethical practice with White clients, demanding both courage and clinical dexterity.

Sub-Theme 1.1: Client Defensiveness & Avoidance

Some participants explained that at times White clients reacted defensively and avoidantly when racism was brought up in therapy. As one participant noted,

In my opinion White clients are defensive. I, however, had a good rapport in the situation I described, meaning that the client was ready to listen to my point of view; however, our White clients are not always predisposed to receive feedback that they have a racist, prejudiced, or biased point of view (Participant 7).

This reflection illustrates how even within a strong therapeutic alliance, conversations about racism were fraught, with the potential for defensiveness to derail progress.

Similarly, other participants described how, at times, White clients diminished the effects of racism. Participant 9 stated, *“White clients tend to downplay discussions of racism, prejudices, and any other issues concerning race.”* Such minimization reflects a broader cultural narrative of color-blindness and denial that therapists must navigate, one which implicitly resists acknowledging systemic inequities.

One participant shared they experienced a more explicit denial of racism with some clients, with clients rejecting the very concept of systemic racism. They explained, *“When I ask to read comments about race, some clients reply that they do not see color or refuse to acknowledge that racism is an issue in their community. This form of denial and avoidance renders it extremely hard to have a meaningful conversation”* (Participant 3). This quote highlights how denial, under the guise of “not seeing color,” obstructs authentic dialogue and forecloses the possibility of deeper reflection.

Another participant described client avoidance of topics of racism through sudden shifts in focus or through intellectualization. For instance, one therapist recalled, *“One of my sessions involved a client becoming very evidently uncomfortable, switching the topic suddenly, and talking about work stress instead. This demonstrated to me how easy it is to avoid the topic the minute it comes anywhere near race”* (Participant 10). This avoidance tactic underscores the

fragile nature of race-related dialogue, where discomfort often triggers diversionary strategies that protect clients from confronting difficult truths.

Ultimately, defensiveness and avoidance emerged as key barriers that therapists had to navigate in order to foster meaningful discussions about race.

Sub-theme 1.2: Therapist Discomfort & Alliance Concerns

In addition to describing client defensiveness, participants also discussed their own discomfort, as well as the danger of breaking the therapeutic relationship. One participant described fearing that the alliance could be jeopardized, noting, *“When I raise issues related to race, I occasionally worry that I will break the alliance, especially when I expect the client to close or become defensive”* (Participant 7). This account reflects the high stakes of race-related interventions, where the potential for ruptures in rapport weighed heavily on the participant’s decision to engage.

Although participants recognized their ethical duty to intervene, they were often concerned about how clients might interpret their comments. As one expressed, *“Whenever I think it is my duty to touch upon these subject areas, there is always a fear that the client will receive my message as one filled with judgment or confrontation, something that leaves me quite uncomfortable”* (Participant 4). Here, the participant described the tension between professional obligation and the apprehension of being misperceived as critical or accusatory, which in turn heightened personal unease.

This fear sometimes led therapists to hesitate or even avoid pressing further. For instance, one clinician explained, *“On some occasions, I have opted not to dig deeper knowing that confronting the client at that particular time will make him/her pull out of the therapy. It is sometimes more tempting to maintain rapport rather than to address bias”* (Participant 5). This

statement reveals the delicate balancing act between preserving the therapeutic relationship and advancing the ethical imperative of naming bias. The choice to prioritize alliance over confrontation illustrates how therapists at times deemphasized racial issues to prevent client withdrawal.

Another participant described the physical and emotional toll of moments when they have addressed racism with clients.

I tense up my body and the room when I bring up race. I am extremely conscious of how a single misplaced phrase could ruin the session and that I am fully conscious of it, which in turn puts me under a lot of anxiety and uncertainties as a clinician (Participant 11).

This vivid description illustrates how the pressure became a physical and emotional burden, amplifying the stress of engaging in race talk.

Collectively, these accounts demonstrate that participant discomfort was a structural challenge in cross-racial dialogue. The narratives underscore the precarious balance participants attempted to maintain remaining true to their ethical commitment to address racism while simultaneously preserving the fragile trust necessary for therapeutic growth.

Sub-theme 1.3: Responsibility to Address Race & Therapist Identity

Despite the challenges of defensiveness and discomfort, participants emphasized a strong professional and moral responsibility to address racism in therapy. One participant summarized this ethical responsibility clearly: *“I believe we have a duty to discuss race-related issues with White clients, although these conversations are challenging, by not doing this we only give credence to negative trends”* (Participant 7). This reflection underscores the idea that silence cannot be treated as neutrality; rather, avoidance risks reinforcing systemic inequities and normalizing harmful biases.

This sense of duty was deeply tied to their professional ethics, which required them to encourage client awareness and development even when it crossed into uncomfortable territory.

One participant acknowledged how their own racial identity shaped these conversations.

“Personal racial identity has also affected my approach to these discussions, and I know that my stance affects how clients react to a discussion on privilege and racism” (Participant 3). This statement highlights the reciprocal nature of identity in therapy: therapists’ own racial positioning shaped how they intervened, while also affecting how clients received and processed conversations on racism.

Another participant considered how their racial identity compounded this burden.

Participant 11 explained,

Being a White therapist, I understand that White clients might feel much more at ease talking about race with me. That coziness is a two-sided sword, as it implies that I have a responsibility to make sure that it is not an excuse to normalize prejudice”

This comment illustrates how shared racial identity between therapist and client could create both opportunity and burden. One other participant emphasized the ethical imperative that pushed them to act, even when they felt uncertain or afraid. Participant 12 noted, *“Although I am not always sure that I manage to cope with it correctly, I understand that it is my ethical task to fight racism. It will be a failure not to pay attention to it, both to my client and to my own profession”*. This perspective demonstrates how the ethical obligation to address racism transcended personal discomfort, framing inaction as both a professional and moral failure.

Participants stated a belief that authentic, ethical therapy required challenging racism. Responsibility and identity were thus intertwined: who therapists were as racial beings influenced how they behaved as practitioners, and how they behaved as practitioners in turn

shaped their sense of responsibility in addressing racism. This burden often pushed them into action despite fear, requiring them to endure discomfort and risk therapeutic rupture as a necessary price of responding to injustice.

RQ1A

What interventions (if any) are used to address racism with White clients?

Theme 2: Interventions and Microskills

Participants described a range of interventions and microskills they used to address race with White clients, including psychoeducation, values clarification, motivational interviewing, Socratic questioning, empathy, and normalization. These approaches were varied, but all sought to reduce defensiveness while opening up space for reflection and growth. Three recurring sub-themes emerged: (a) psychoeducation and values clarification, often grounded in motivational interviewing (MI), (b) supervision, consultation, and referral as supports for clinicians, and (c) the use of specific therapeutic models, including cognitive-behavioral therapy (CBT), mindfulness, and narrative therapy.

Sub-theme 2.1: Psychoeducation & Values Clarification (MI stance)

Many therapists described their approach to White clients in matters related to race as grounded in psychoeducation and values clarification. Psychoeducation normalized discussions about racism, privilege, and bias by making them structured and less confrontational. One therapist explained, *“I will definitely address these issues with sensitivity, psychoeducation, and frankness. I believe that structured information makes the process of judgement more about learning”* (Participant 10). Here, psychoeducation was positioned as a neutralizing tool, shifting the conversation away from confrontation and toward guided learning.

Values clarification, often based on motivational interviewing, provided a way for participants to link race-related discussions to the client's broader sense of self and aspirations. As one participant put it, *"I attempt to make the client think about their values and how their thoughts or attitudes are in line with their desired personality. This tends to lead to more in-depth discussions"* (Participant 5). This reflection shows how values clarification encouraged self-reflection by aligning conversations about race with the client's broader goals, making it harder to dismiss or avoid the topic. Similarly, Participant 6 emphasized that psychoeducation could soften resistance: *"I have found that when I describe privilege or systemic bias through psychoeducation, clients are more willing to listen since it does not sound like criticism."* By framing systemic issues as knowledge rather than personal judgment, therapists reduced defensiveness and maintained rapport while introducing difficult ideas.

Motivational interviewing, in particular, allowed therapists to guide clients toward self-reflection without confrontation. One therapist explained, *"Motivational interviewing enables me to relate to the intrinsic values of clients and therefore, rather than challenging them, I allow them to see the discrepancies between their spoken and perceived"* (Participant 8). This strategy shifted responsibility back to clients, encouraging them to notice the gap between their values and behaviors.

This sub-theme underscores that psychoeducation and values-based questions were soft yet powerful tools for engaging White clients in racial dialogue in a neutral way.

Sub-theme 2.2: Supervision / Consultation / Referral

Supervision, consultation, and, in rare cases, referrals were also significant interventions described by some participants. Many participants admitted that they had not always felt adequately prepared to conduct race-based discussions on their own, and that external

supervision or training was necessary for addressing these topics. As one therapist shared, challenging racial bias “...typically leads to me getting supervision or peer support. I have learned that discussing such cases with my colleagues provides me with new words and methods” (Participant 6). This reflects the way peer dialogue not only provided reassurance but also expanded therapists’ intervention strategies.

Supervision offered structured time for participants to reflect on interventions, explore countertransference, and prepare for future sessions. One clinician noted, “I tend to bring race issues to supervision since I want to check my own blind spots and see whether I am allowing my biases to interfere with the work” (Participant 9). This underscores how supervision functioned as a safeguard against both collusion and unexamined bias, allowing therapists to maintain professional accountability.

Peer consultation, too, provided a valuable community of practice. As one therapist explained, “Peer consultation, when I feel stalled, allows me to see that I am not the only one struggling with it, and listening to how others get through it can provide me with useful tools to apply” (Participant 12). The collective sharing of strategies fostered a sense of community and affirmed the common challenges inherent in addressing racism with White clients.

Client referral to other clinicians was mentioned only as a last resort, but one therapist admitted it was occasionally necessary. For example, one reflected, “There are rare cases that I have contemplated referring a client when I deemed that there would be someone better suited to work with them on their racial attitudes during therapy” (Participant 4). This underscores the ethical dimension of referral, where the client’s best interest guided the decision rather than avoidance of discomfort.

Overall, therapists framed supervision and consultation not as signs of weakness but as ethical practices that safeguarded both clients and clinicians. In addition, supervision and education allowed some participants to increase their own understanding or comfort level in approaching racism. This sub-theme emphasizes that tackling racism in therapy is not solely an individual responsibility but also a communal and professional obligation.

Sub-theme 2.3: CBT, Mindfulness, and Narrative Techniques

A couple of the participants discussed specific models or practices that were helpful when working with clients around racism, such as cognitive-behavioral therapy (CBT), mindfulness, and narrative therapy. CBT was mentioned by a couple of participants to test and reframe distorted or prejudiced thought patterns. As one participant explained, *“I attempt to reframe with CBT-type queries, where I inquire of the clients what evidence they are basing their assumptions on and what alternative explanations could exist”* (Participant 4). Another added, *“CBT homework assignments helped me open new insights in a client one time when I assigned them homework to monitor their automatic thoughts about race”* (Participant 7). These participants noted these CBT techniques added a layer of direction for addressing racism.

Mindfulness was also seen by a couple of participants as a powerful tool for helping clients manage the emotions of shame, guilt, or defensiveness that emerged during conversations about race. One therapist noted, *“I have used mindfulness when clients become defensive. When they are able to slow down and sit with the pain, they are not as likely to cut the conversation short”* (Participant 2). Here, mindfulness helped clients tolerate the discomfort of racial dialogue, preventing premature withdrawal, and allowing space for deeper processing.

One participant mentioned narrative therapy as a way for clients to reconsider the stories they told about themselves and others, particularly those shaped by racial stereotypes. As one

explained, “*Narrative therapy assists the client in re-inventing the stories they share about themselves or others, particularly those stories that have racial stereotypes or biases*”

(Participant 11). This approach highlights how revisiting personal narratives allowed clients to reconstruct identities in ways less constrained by racial prejudice.

These modalities allowed therapists to embed race-related dialogue into familiar clinical structures, reducing the perception that race talk was tangential or confrontational. This sub-theme demonstrates how therapists flexibly adapted therapeutic instruments to racial issues, showing imagination and subtlety in supporting client reflection and growth.

RQ1B

What ethical concerns do White therapists have when considering addressing racism with White clients?

Theme 3: Ethical Considerations in Addressing Racism

Therapists consistently emphasized that addressing racism with White clients was not merely a clinical technique but a matter of ethics that shaped their professional identity and sense of humanity. Participants described wrestling with deeply ingrained dilemmas in the therapy room, where they were often compelled to make quick decisions under the weight of ethical codes and social responsibility. One therapist reflected, “*Nonmaleficence is always my primary focus—how do I confront damaging beliefs without causing shame so intense it hurts the client?*” (Participant 7). These moments highlighted the balancing act between maintaining rapport and addressing bias, supporting client self-determination and pursuing social justice, or naming harm while protecting clients from shame. For some participants, the challenge of confronting racism was simultaneously ethical and moral, requiring humility, reflexivity, and courage.

Sub-theme 3.1: Competence and Scope of Practice

A primary ethical concern identified by participants was the question of competence. Participants linked their preparedness to mandatory cultural competence training in both graduate programs and professional workplaces. For example, one participant reflected, *“All the positions demanded mandatory cultural competence training, and I think that influenced the way I present myself in the therapy room when race was mentioned. The language itself I would not even have without those trainings”* (Participant 12). Here, training was credited not only with providing knowledge, but also with shaping the confidence and language necessary to initiate and sustain race-related dialogue in session. Still, competence was seen as an ongoing process rather than a fixed achievement. One therapist described, *“Competence is not something that I can rely on and it is a continuous process”* (Participant 6). This statement underscores the idea that therapists must remain reflexive, aware of limitations, and open to continued growth. Another admitted feeling unprepared at times, worrying about perpetuating stereotypes through clumsy interventions, and emphasized the importance of supervision. *“I have a clear understanding of my scope of practice and when I feel out of my depth I seek supervision instead of putting the client in more danger by assuming I have all the answer”* (Participant 4). This emphasis on humility and consultation reflects the profession’s ethical mandate to prioritize client safety.

Competence was defined not simply as knowledge of racism, but as the ability to apply that knowledge ethically and reflexively. *“Knowledge about racism is not competence, but knowing how to use it in a way that is appropriate and clinically meaningful and ethical. It takes thinking and modesty, not information”* (Participant 9). This account highlights that competence

is not reducible to cultural facts but requires careful judgment, self-awareness, and humility in application.

Together, these reflections illustrate that for therapists, competence was an evolving and relational practice, continually negotiated in the therapy room.

Sub-theme 3.2: Avoiding Value Imposition and Respecting Autonomy

Another significant ethical challenge involved balancing therapists' own values with respect for client autonomy. Participants acknowledged holding strong personal commitments to justice and anti-racism, yet they emphasized that therapy must remain client-centered and grounded in the client's goals. As one therapist explained, "*Although I would love to face racism, I will always remember that therapy is about the client and not about me explaining to a client my worldview*" (Participant 10). This often meant finding subtle ways to connect conversations about race to the client's stated values and treatment goals rather than confronting remarks directly. One participant described steering discussions gently: "*I attempt to remember the goals of the client and steer the comments towards what they actually possibly could be having a problem with... without pushing values*" (Participant 5). Another highlighted the importance of respecting autonomy while still addressing harmful beliefs, with one therapist reflecting, "*Being respectful of autonomy does not imply one should ignore racism but rather through language that brings them to the topic that the client desires to address*" (Participant 8). For many, the tension was deeply personal: "*There are situations when I experience tension between my personal values and the clients, especially when the latter is in conflict with the former, and I am aware that it is my ethical obligation to assist with exploration, rather than to coerce*" (Participant 7).

Collectively, these accounts show that therapists strived to address racism without overshadowing the client's agency, working to ensure that ethical responsibility was balanced with therapeutic respect.

Sub-theme 3.3: Nonmaleficence, Justice, and Confidentiality

Finally, participants highlighted the interconnected ethical principles of nonmaleficence, justice, and confidentiality as guiding their work. Therapists emphasized that confronting racism too forcefully risked shaming clients, which could cause harm rather than foster reflection. Yet ignoring racist remarks was equally problematic, as it would perpetuate injustice. One therapist described the constant negotiation: *"Justice is a guiding principle in my work, although I always strike a balance between justice and the doctrine of doing no harm. It is always an ethical balancing act"* (Participant 12). Others emphasized the importance of offering gentle challenges that allowed space for growth, with one stating, *"There are White clients who wanted to be more engaged in social justice, and I had to do my best to help them without trying to overdo it and bring harm to them"* (Participant 8). Confidentiality added another layer of complexity, as therapists were required to protect clients' privacy even when racist comments were expressed. As one participant noted, *"Even when the clients are racist, confidentiality is essential. What I do is assist them in processing and not expose them"* (Participant 11). Holding such comments within the therapeutic space often left therapists unsettled, but they framed it as part of their professional responsibility to honor the trust inherent in the therapeutic relationship.

Evaluation of the Findings

The results of the present study reveal the complex and often difficult reality that White therapists encounter when dealing with race-related topics in the therapy process. Three main themes emerged: confronting racism with White clients, interventions and microskills, and

ethical considerations in addressing racism, all of which highlight tensions between client defensiveness, therapists' vulnerable selves, and their professional and ethical obligations. In line with CRT, these findings underscore that the management of racism in therapy cannot be reduced to isolated incidents of client prejudice but must be situated within systemic patterns where Whiteness functions as property, privilege, and power. As Delgado and Stefancic (2017) argue, racism is "ordinary, not aberrational" and is deeply embedded within everyday life. Thus, therapists' negotiations in session illustrate not only interpersonal struggles but also the permanence of racism as a systemic force shaping both client reactions and therapeutic decision-making.

The first theme showed that defensiveness and avoidance were some of the most prevalent responses White clients exhibited when race was raised. Clients minimized systemic injustices, denied racism, or abruptly shifted topics. From a CRT perspective, such responses align with *colorblind ideology*, which CRT critiques as a mechanism that sustains White supremacy by denying structural inequities. As one study notes, White students often used discourse that minimized or distanced themselves from systemic racism, which ultimately reinforced dominant racial hierarchies (Coleman & Yantis, 2024). Therapists in this study recognized that this avoidance closed the door to reflection and change, yet they also acknowledged their own discomfort and fear of rupturing the therapeutic relationship. This ambivalence highlights the CRT critique of liberal neutrality: silence in the face of racism reproduces inequity rather than fostering client growth. Therapists' insistence that they could not remain silent reflects professional courage consistent with CRT's ethical demand to resist collusion with harmful racial scripts.

The second theme revealed strategies therapists employed to address race with White clients, such as psychoeducation, motivational interviewing, CBT, mindfulness, and narrative therapy. Many described reframing discussions to connect racism with clients' stated values, thereby reducing defensiveness. CRT emphasizes counter-storytelling and experiential knowledge as key tools for unsettling dominant narratives. This lens suggests that therapeutic interventions should not only reshape "biased thinking patterns" but also engage clients in reflecting on their own positionality and the systemic functions of Whiteness. Scholars have noted that many therapists, particularly those who are White, often enter clinical practice without sufficient preparation to recognize, conceptualize, or address racial dynamics in therapeutic encounters, given that their formal training and supervision frequently provide limited guidance for engaging these issues competently (Hook et al., 2017). The reliance on supervision and peer consultation that therapists described reflects the CRT claim that Whiteness often remains invisible to its holders and requires sustained reflexivity. Moreover, therapists' adaptation of modalities points to an effort to decenter Whiteness in therapeutic epistemologies, shifting away from strictly individualist frameworks toward those attentive to structural and sociopolitical realities.

The third theme illuminated how therapists framed their work within professional ethics. Participants grappled with tensions between client autonomy and their responsibility not to collude with racist ideologies. CRT complicates this dilemma by critiquing the liberal emphasis on neutrality and value-free practice. As Delgado and Stefancic (2017) argue, neutrality in the face of racism often reinforces systemic inequity. Therapists in this study described concerns with imposing values, yet they also identified justice as an ethical necessity: to neglect racism would reproduce inequity. This aligns with CRT's insistence that justice, not merely

nonmaleficence, is central to ethical practice. At the same time, the concept of interest convergence (Bell, 1980) helps explain the dynamics therapists observed; clients were more open to discussing racism when it aligned with their own goals, but resistant when it threatened comfort or identity. Confidentiality added another layer of complexity, as therapists were ethically bound to hold even racist disclosures in confidence, despite the social harm such narratives represent. These ethical negotiations exemplify CRT's contention that every decision made within racialized contexts has both personal and societal consequences.

Viewed through CRT, the findings suggest that White therapists' encounters with racism in therapy reflect more than clinical dilemmas; they reveal the ways systemic Whiteness shapes therapeutic spaces, ethical choices, and the possibilities for client transformation. The study underscores that therapists' responsibility is not merely to avoid harm, but to engage actively in racial justice as a core element of competent, ethical, and socially responsive practice. Sue and Sue et al. (2022) argued that avoiding conversations about race when it is relevant can function as an intervention, implicitly reinforcing oppressive systems. In this way, the therapists' narratives illustrate both the challenges and the necessity of resisting colorblind neutrality in favor of a justice-oriented, CRT-informed praxis.

Summary

This chapter presented findings from a qualitative study exploring how White therapists made sense of addressing racism in therapy with White clients. Data were drawn from a nine-question open-ended questionnaire completed by 12 participants and analyzed using an IPA-informed, inductive thematic analytic process, with NVivo used to support data organization. Strategies were employed to enhance credibility, transferability, dependability, and confirmability, thereby strengthening the overall trustworthiness of the findings.

Three overarching themes emerged from the data. The first theme, *Confronting Racism with White Clients*, captured participants' experiences with client defensiveness, avoidance, and denial of systemic racism, as well as therapists' own fears and discomfort regarding potential ruptures in the therapeutic relationship. The second theme, *Interventions and Microskills*, reflected the strategies participants used to engage clients, including psychoeducation, motivational interviewing, cognitive-behavioral approaches, mindfulness, narrative therapy, and consultation or supervision. The third theme, *Ethical Considerations in Addressing Racism*, highlighted how participants framed their decisions within professional codes of ethics, balancing client autonomy with their responsibility to challenge harmful attitudes, and negotiating tensions between nonmaleficence, justice, and confidentiality.

These findings illustrate the complex and often challenging realities White therapists encounter when addressing racism with White clients. The results underscore the interplay between therapist responsibility, client receptivity, and ethical obligations, highlighting how these factors collectively shape clinical practice. Participants described employing a range of interventions and microskills, including psychoeducation, values clarification, motivational interviewing, Socratic questioning, empathy, and normalization, demonstrating both the diversity and nuance of strategies used in practice. The study also illuminated the ways therapists' personal experiences, training, and perceived competency influence their ability to engage in discussions of race, as well as the impact of client openness and resistance on therapeutic outcomes. Collectively, these findings provide a comprehensive understanding of the professional, ethical, and interpersonal dimensions involved in confronting racism within therapy. Building on this understanding, Chapter 5 presents a discussion of the implications of these results for clinical practice, counselor education, and professional development. In

addition, recommendations for addressing the identified challenges and enhancing therapist preparedness are offered, followed by the study's overall conclusions.

Chapter 5: Implications, Recommendations, and Conclusions

This study underscored the limited research on how White therapists address racism and engage in social justice efforts when working with White clients. It highlighted the necessity for more research into therapist training and effective interventions. Neglecting this aspect may leave White therapists (and clients) oblivious to their biases and privileges, which could perpetuate harmful attitudes. Furthermore, White therapists who fail to address harmful viewpoints clinically may unintentionally contribute to systemic racism (Drustrup, 2021). This qualitative study aimed to fill the empirical gap in understanding White therapists' perspectives on confronting racism.

The study employed Interpretative Phenomenological Analysis (IPA; Smith et al., 2021) focusing on White therapists in the United States, including marriage and family therapists, licensed counselors, and social workers. A purposive sampling technique facilitated data collection until saturation. An open-ended questionnaire was utilized to explore White therapists' experiences of confronting racism in therapy with White clients. Eligible participants were recruited through a link to an anonymous online survey shared on Facebook. Participation was voluntary, and informed consent was obtained electronically prior to beginning the survey. Data analysis followed an IPA-informed, inductive thematic analytic process, through which patterns of meaning relevant to the research questions were identified. All procedures were conducted in accordance with ethical standards approved by the Institutional Review Board (IRB).

Data analysis resulted in three main themes: 1) confronting racism with White clients, highlighting defensiveness and discomfort among therapists; 2) interventions and microskills, showcasing strategies like psychoeducation and cognitive-behavioral approaches; and 3) ethical considerations in addressing racism, emphasizing the balance between client autonomy and

challenging harmful attitudes. These findings reflect the complexities White therapists face when addressing racism, revealing the critical balance between therapist responsibility, client receptivity, and ethical obligations in clinical practice.

Limitations were related to sample size and diversity due to social media-based recruitment, which may under-sample fewer active users. Self-selection bias limits participant variability, and the subjective exploration of White therapists' lived experiences may introduce researcher bias. To mitigate this, reflexive journaling and peer debriefing were implemented. Additionally, the findings were contextually influenced by the cultural and institutional frameworks in the United States. The present chapter outlines the implications regarding experiences of White therapists in confronting racism in therapy. Interventions, microskills, and ethical considerations that participants reflected on are presented. Recommendations for practice based on the research findings followed by the recommendations for future research are also considered. The chapter ends with a concise conclusion of the research and its findings.

Implications

The study explores White therapists' perspectives on confronting racism, emphasizing their ethical responsibility in advocating for social justice, and professional competence. Participant responses identified defensiveness and discomfort among some White therapists when it came to confronting racism with clients. Additionally, some participants shared strategies for confronting racism such as psychoeducation and cognitive-behavioral approaches. The participant responses highlighted the complexities faced by therapists in addressing racism, advocating for a balance between client autonomy, and challenging harmful beliefs. Recognizing the pervasive nature of racism through CRT (Delgado & Stefancic, 2023), the findings reveal the emotional labor of White participants when it came to addressing racism in the therapy room and

the impact of White fragility on discussions about privilege. Such findings highlight the need for therapeutic interventions grounded in CRT and attentive to systemic power dynamics.

Participants considered ethical components of addressing racism. Ethical considerations stress the need for evolving counseling practices to combat racial inequities (O'Donovan & Byrne, 2022). This evolution was a challenge that was felt by many participants. The findings call for the personal self-examination for therapists, integration of anti-racist practices in counselor education, and using therapy as a platform for promoting racial awareness, positioning anti-racism as essential to ethical therapy practices (Drustrup, 2021), which was echoed in participant responses. The implications of the findings were examined using the main themes that were derived from the analysis of the participants' survey answers.

There were three main questions that the research sought to understand:

RQ1: What are White therapists' experience with confronting racism in therapy with White clients?

RQ1A: What interventions (if any) are used to address racism with White clients?

RQ1B: What ethical concerns do White therapists have when considering addressing racism with White clients?

The study identified the following three main themes from the participants' experiences: 1) confronting racism with White clients, 2) interventions and microskills, and 3) ethical considerations in addressing racism. Implications from this study are presented within the framework of the research questions and these themes.

RQ1: What are White therapists' experience with confronting racism in therapy with White clients?

Confronting Racism with White Clients. This theme identified the experiences of White therapists in addressing racism with White clients and reveals the emotional, cognitive, and ethical challenges they faced. Three main sub-themes evolved from the data: client defensiveness and avoidance, therapist discomfort and alliance concerns, and the responsibility of therapists to address race.

Defensive behaviors from clients included denial and minimization, significantly affected therapists' experiences by creating anxiety and uncertainty around bringing in discussions of race with White client (Williams et al, 2020). Client avoidance can inhibit honest discussions about race, emphasizing the need for therapists to develop strategies to manage these dynamics while maintaining the therapeutic alliance. The findings highlighted that participants felt there was ethical imperative for therapists to address racial issues despite client avoidance or resistance. Therapists' awareness of the importance of bringing up conversations about racism but also felt this sense of avoidance reinforced the idea that therapy sessions can reflect broader societal racial dynamics, as these conversations about racism outside of the therapy room can also bring in avoidance or resistance.

Therapists often experience tension and anxiety regarding the potential for alliance rupture when discussing racial topics (Drustrup, 2019). This discomfort was present in participant experiences. Because of this discomfort, there is a need for structured opportunities for emotional processing and support for therapists, such as racially focused supervision and peer consultation. The timing and nature of interventions regarding race are influenced by the concern of rupturing a therapeutic alliance, proposing the need for guidelines to assist therapists in

assessing readiness of clients for having difficult conversations and employing effective communication techniques to facilitate this readiness. The movement that participants made towards difficult conversations around racism despite the possible repercussions emphasized the significance of moral courage in professional effectiveness. Many participants highlighted the importance of creating space for important conversations around racism while also balancing maintaining an ethical and safe practice.

Participants felt a strong responsibility to engage in discussions about race (Drustrup, 2021). Their reflections on addressing racism in therapy and the challenges around these discussions highlighted the need for training programs to intentionally foster self-reflection on privilege and responsibility. Support from graduate programs, training programs, and organizational policies and culture are vital in supporting anti-racist practices. The societal implications of therapist engagement in racial dialogues can disrupt systemic inequities, highlighting the importance of therapist identity development within ethical frameworks. As one participant expressed, *“Although I am not always sure that I manage to cope with it correctly, I understand that it is my ethical task to fight racism. It will be a failure not to pay attention to it, both to my client and to my own profession”* (Participant 12), underscoring the ethical dimension of this responsibility.

The theme underscores the interplay of client defensiveness, therapist discomfort, and ethical responsibilities, revealing the relational and context-dependent nature of therapy involving topics of race and racism. Recommendations include enhanced training for experiential practice, structured supervision for moral courage support, and institutional backing for anti-racist policies. The integration of Critical Race Theory and multicultural competence into

psychotherapy practice is essential, as it mandates reflective, relational, and courageous engagement with racial issues.

RQ1A : What interventions (if any) are used to address racism with White clients?

Interventions and Microskills. Theme 2 addresses interventions and microskills employed by White therapists to engage White clients in discussions of race, while managing defensiveness. Three sub-themes evolved from the data: psychoeducation and values clarification, supervision/consultation/referral interventions, and cognitive-behavioral therapy (CBT), mindfulness, and narrative techniques.

In the first sub-theme, psychoeducation and values clarification were employed by participants to help clients recognize racial biases and systemic inequities. Family-therapy literature supports using culturally humble, anti-racist interventions that foster racial awareness and contextualize personal beliefs about race within systemic and structural frameworks (Kaslow et al., 2024; Laszloffy & Hardy, 2000). Some participants mentioned psychoeducation around race was often influenced by motivational interviewing (MI) principles. Effective practice in MI requires explicit training in this framework, enabling therapists to introduce race-related topics with reduced client resistance. Participants emphasized that MI's approach helped clients identify discrepancies between their stated values and race-related attitudes, facilitating more open engagement with difficult topics while preserving the therapeutic alliance. MI integrates cognitive-behavioral and humanistic perspectives, fostering ethical responsibility and multicultural competence (Simmons, 2020).

The second sub-theme emphasized the role of supervision, peer consultation, and referrals in addressing complex racial issues. These interventions offered emotional support and enhanced ethical decision-making for participants. Research suggests that structured supervision

helps therapists process emotional reactions and navigate ethical dilemmas, while referrals ensure client well-being when therapists face limitations (Cénat et al., 2024). Formal organizational policies that support racially focused supervision can highlight the necessity of systemic support alongside individual therapist skills (Nicolai et al., 2024).

The third sub-theme discusses the application of CBT, mindfulness, and narrative techniques in therapy. These methods help clients confront and reframe defensive thought patterns, enhance emotional regulation, and explore their racial identity (Williams et al., 2020). Training in these modalities must integrate multicultural and ethical considerations, fostering therapists' abilities to engage clients in dialogues about race through evidence-based practices.

Overall, this theme indicates that interventions from theories and techniques can be utilized in discussions of racism with clients. Key implications include the need for evidence-informed strategies, the importance of systemic support through supervision and referrals, and the integration of theoretical and practical frameworks. Ultimately, effective engagement with race in therapy requires actionable strategies, skill development, and institutional backing, promoting client insight and aligning therapeutic practices with social justice principles (Cénat et al., 2024; O'Donovan & Byrne, 2022).

RQ1B: What ethical concerns do White therapists have when considering addressing racism with White clients?

Ethical Considerations in Addressing Racism. Theme 3 emphasizes the ethical challenges faced by White participants when discussing race with White clients. It outlines the need for a balance between moral responsibility, professional competence, and client autonomy. This theme of ethical responsibility is divided into three sub-themes: competence and scope of

practice, avoiding value imposition while respecting autonomy, and nonmaleficence, justice, and confidentiality.

Therapists across mental health disciplines are increasingly recognizing gaps in their training related to addressing racial issues, underscoring the need for enhanced professional preparation in this area (O'Donovan & Byrne, 2022). Participants highlighted the importance of adhering to ethical standards, particularly the responsibility to acknowledge limits in competence and pursue ongoing education. Strengthening anti-racism training within graduate programs and engaging in continued professional development were identified as essential for improving therapists' ability to navigate race-related concerns effectively (Cénat et al., 2024). Participants also emphasized the role of supervision and consultation in supporting ethical decision-making when integrating discussions of racism into therapy. Such guidance fosters culturally responsive practice and helps therapists manage complex clinical situations (Drustup, 2020).

Participants further described how the ethical principles of nonmaleficence, justice, and confidentiality intersect within therapeutic work involving race. Ethical decision-making requires careful consideration of potential harms and benefits, equitable treatment, and the protection of client privacy (Dyson et al., 2019). Participants noted that organizational policies and institutional support are critical for upholding these ethical standards and enabling therapists to address racism in a manner consistent with professional guidelines. The overall implications of this discussion underscore the importance of ethical competence, advocating for a union of technical skills and moral reasoning to ensure effective therapeutic interventions (Drustup, 2021).

Integrative Implications

The study examined the integration of experiences, interventions, and ethical considerations of White therapists discussing race with White clients, identifying key therapeutic

guidelines for addressing racism that are rooted in therapist readiness, intervention strategies, and ethical engagement across three key themes. Theme 1 revealed emotional tensions, moral uncertainties, and client defensiveness experienced by participants. Theme 2 outlines the implementation of structured interventions (e.g., psychoeducation, motivational interviewing, CBT, and mindfulness) in ways that can appropriately respond to racism in the therapy room. Theme 3 addressed the ethical dilemmas that participants faced when applying these interventions, including managing the tension between preserving rapport and challenging biased views, supporting client choice while advocating for equity, and recognizing racial harm without inducing shame.

The intersection of these themes suggests that effectively addressing racism in therapy requires a triadic alignment of therapist self-awareness and moral courage, evidence-based intervention strategies are tailored to client needs, and ethical engagement adheres to principles of nonmaleficence, justice, and autonomy. By collectively examining these dimensions, the study emphasized the integrated nature of ethical, relational, and practical competencies and the broader implications of therapist choices.

Theoretical contributions include the expansion of multicultural competence frameworks to highlight moral courage and the operationalization of Critical Race Theory within therapy (Delgado & Stefancic, 2023). Furthermore, it connects White racial identity development to clinical decision-making, showcasing how personal and professional identities impact intervention efficacy and ethical responsibility.

On a professional level, findings from this research indicated that therapists need comprehensive training, ongoing supervision, and institutional support to ethically address race. This underscores the importance of aligning therapist competence with organizational policies to

ensure effective interventions (Cénat et al., 2024; O'Donovan & Byrne, 2022). Societally, therapists addressing racial dynamics can enhance client insight and social accountability, whereas silence may perpetuate systemic inequities. The study portrays therapy as a microcosm of societal racial discourse, emphasizing that mindful, ethical interventions can trigger meaningful individual and societal change.

In summary, the study underscored that confronting race in therapy is a multifaceted endeavor, necessitating a balance of personal readiness, strategic interventions, and ethical vigilance. This integrative perspective offers a blueprint for advancing ethical and socially responsible psychotherapy, illustrating how therapists' proactive engagement can lead to significant transformation for clients and the broader community.

Recommendations for Practice

The study presents strategies for integrating ethics, evidence-based, and socially responsible practices into clinical therapy. Key areas of focus include therapist competence, intervention structuring, and ethical engagement at both individual and systemic levels, with a multifaceted approach to addressing systemic inequities in therapy. The study results emphasize the need for comprehensive anti-racism training for therapists, recommending several key initiatives. Training could include experiential learning modules which involve incorporation of role-plays, case simulations, and reflective exercises to facilitate therapists' management of client defensiveness and moral tensions. Existing models and therapeutic techniques could be utilized in ways that highlight therapist values clarification, promote client insight and autonomy, and present ways to consider difficult topics (such as racism). Competency assessments in training programs can include self-awareness and clinical skills that could facilitate difficult

conversations with clients that could include racism. Educational initiatives can prepare therapists to navigate systemic inequities while ensuring integrity and client-centered care.

Additionally, findings of the study call for the supervision and professional development of therapists confronting racism in therapy. The necessity of supervision and peer consultation is highlighted through participant experiences, with recommendations including racially focused supervision, peer consultation and accountability systems, and referral protocols. Regular supervisory sessions focusing on racial dynamics and ethical dilemmas enhance cultural competence by raising awareness of biases, improve client outcomes through culturally sensitive care, and develop ethical decision-making skills by providing a structured environment. These sessions create a supportive space for discussing challenges related to racism. Additionally, focused trainings on social injustices promote an anti-racist and socially just practice by addressing systemic inequalities and advocating for social justice in professional settings. Promotion of collaborative reflection among peers around racism and addressing racism in therapy is vital for upholding ethical standards in professional settings. It creates a safe space for discussing race-based dilemmas, which encourages diverse perspectives and enhances moral reasoning, subsequently leading to increased self-awareness and ongoing professional development. Moreover, the establishment of clear referral processes for therapists when confronted with issues beyond their expertise is recommended to safeguard client welfare and ethical obligations. These practices are aimed at providing continuous support in deploying theoretical and ethical knowledge effectively.

The study emphasizes the need for structured, ethically grounded interventions supported by organizational policies that prioritize social justice and align with principles of CRT. It advocates the use of psychoeducational tools, readiness assessments, and guided prompts to

promote safe and transparent discussions about race in therapy. Therapists are encouraged to evaluate client openness to racial topics beforehand and adopt a dialogue-based, process-oriented approach that normalizes racial dialogue and manages therapist defensiveness. The study further highlights the importance of aligning ethical guidance with institutional support through policy integration, documentation, and supervision, ensuring that anti-racism is recognized as a professional and ethical obligation. Grounded in CRT, these frameworks call for therapists and institutions to actively challenge systemic inequities and promote culturally responsive care. Overall, the study underscores the interdependence of therapist readiness, structured interventions, and supportive systems in addressing defensiveness, ethical challenges, and racialized power dynamics to advance multicultural competence, ethical practice, and equitable therapeutic outcomes.

Recommendations for Future Research

Future research on White therapists' interactions with race in therapeutic settings should prioritize expanding sample diversity, enhancing methodological rigor, and exploring new focus areas. Research extensions should include larger and more diverse samples to improve generalizability, cross-national studies to assess systemic and cultural influences, and comparative research to understand different approaches between White and BIPOC therapists. In terms of methodology, future studies could involve longitudinal studies to observe the progression of therapists' skills and client outcomes over time, mixed-methods approaches to integrate qualitative and quantitative findings, strategies to minimize social desirability bias, and inclusion of client perspectives to validate therapeutic effectiveness and ethical implications. Furthermore, new research studies should investigate intervention effectiveness through empirical evaluations of various therapeutic techniques, analyze outcomes related to discussions

of race, explore ethical and legal frameworks guiding such dialogues, and assess how organizations foster anti-racist practices. In conclusion, expanding studies on White therapists' engagement with racial issues will enhance multicultural competence, ethical psychotherapy, and the application of Critical Race Theory, ultimately improving anti-racist therapy practices.

Conclusions

This study examined the experiences of White therapists in addressing race with White clients in therapy. It aimed to address the gap in literature concerning how White therapists navigate racial dialogue, manage defensiveness, and balance ethical responsibilities with client autonomy. The research utilized qualitative methods, including open-ended survey questions, to explore therapists' perceptions and interventions, revealing key themes: confronting racism with clients, employing various therapeutic interventions, and ethical considerations including therapist competence.

Findings indicate that addressing racism in therapy is both complex and ethical, underscoring the role of client defensiveness in shaping therapeutic processes and ethical decision-making. The study proposes a triadic model of anti-racist practice, linking therapist readiness, intervention strategies, and ethical vigilance as essential components of effective racial engagement.

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Appendix A
Informed Consent Form

Study Title:

White Therapists' Perspectives on Addressing Racism in Therapy with White Clients

Principal Investigator:

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Invitation to Participate

You are invited to participate in a research study exploring the perspectives of White-identified licensed mental health professionals on how they address racism in therapy with White clients.

You are eligible to participate if you identify as White, are a licensed therapist (e.g., LPC, LSMW, LCSW, LMFT), and have experience providing therapy to White clients.

Purpose of the Study

The purpose of this study is to explore how White therapists understand and approach discussions of racism with White clients in clinical settings.

Procedures

If you agree to participate, you will be asked to complete an anonymous, online questionnaire consisting of nine short-answer, open-ended questions. The survey is expected to take approximately 15–25 minutes to complete. Your responses will be recorded anonymously and used for qualitative analysis.

Risks

There are minimal risks associated with participating in this study. Some participants may

experience mild emotional discomfort when reflecting on or describing experiences related to racism or professional challenges. You are free to skip any questions that make you uncomfortable or to withdraw from the study at any time without penalty.

Benefits

While there may be no direct benefit to you, your participation may contribute to a better understanding of how White therapists navigate racial topics in therapy. This knowledge may inform future training, education, and clinical practices aimed at addressing systemic racism in therapeutic contexts.

Confidentiality

Your responses will be completely anonymous. No identifying information will be collected.

Data will be securely stored and accessible only to the researcher. All findings will be reported in a way that ensures that no individual respondent can be identified.

Voluntary Participation

Your participation is entirely voluntary. You may choose to withdraw from the study at any point without any negative consequences. By proceeding to the questionnaire, you are providing your informed consent to participate in the study.

If you meet the eligibility criteria and would like to contribute to this important research, please click the link below to begin the survey. Thank you for your time and consideration.

Appendix B

Questionnaire

Section 1:

Hello,

My name is Candrea Davies and I am a doctoral student at National University. I am conducting an online survey to explore White therapists' views on addressing racism in therapy with White clients. In order to participate, you must identify as White, be age 18 or older, live in the USA, and be licensed as a Graduate Professional Counselor, Professional Counselor, Social Worker, Clinical Social Worker, Graduate Marriage and Family Therapist, or Marriage and Family Therapist, and work (have worked) with White clients in therapy.

The following survey includes questions about your experience with confronting racism in therapy with White clients, what interventions (if any) you have used to address racism with White clients, and any concerns (if any) you have when considering addressing racism with White clients. It will take 15-20 minutes of your time to complete the survey.

Your participation in this study is voluntary. If you decide to participate, your responses will be anonymous - that is, recorded without any identifying information that is linked to you. If you have any questions regarding this survey, please contact me at C.Lucas4147@o365.ncu.edu.

If you have any questions regarding your rights as a human subject and participant in this study, or to report research-related problems, you may email the National University IRB at irb@nu.edu.

By clicking the next button and completing the survey you indicate that you have consented to participate in this research. If you do not want to participate, please close the browser.

Section 2:

Do you identify as White (e.g., White or European descent)?

Yes

No → *If no, you are not eligible to participate in this study.*

Do you live in the USA?

Yes

No → *If no, you are not eligible to participate in this study.*

Are you 18 years old or older?

Yes

No → *If no, you are not eligible to participate in this study.*

Are you currently a licensed mental health professional?

Yes

No → *If no, you are not eligible to participate in this study.*

What is your professional license type?

(Open text)

Have you worked with White clients in therapy settings?

Yes

No → *If no, you are not eligible to participate in this study.*

How many years have you been practicing as a therapist?

1–5,

6–10,

11 or more

What is your gender identity?

Male

Female

Non-binary/third gender

Prefer not to say

What types of clients do you typically work with?

Adults

Adolescents

Couples

Families

Section 3:

1. How do you typically respond when a White client expresses a perspective on race related topics that may be complex or sensitive to navigate?
2. Can you share a particularly memorable experience you've had navigating a race-related conversation with a White client?
3. What factors do you consider when deciding whether to engage in conversations about race with a White client, if at all?
4. In what ways, if any, do you think your own racial identity influences your clinical work with White clients around race related topics?
5. How do you think White clients generally respond when race related topics are discussed in therapy sessions?
6. Have you encountered any personal or professional challenges when discussing race with White clients? If so, can you describe them?
7. Have you received any training or education on topics such as systemic racism, racial bias, microaggressions, or White privilege? If so, how (if at all) has it influenced your clinical work with White clients?

8. What forms of interventions have you found helpful in preparing to address race-related topics in therapy with White clients?

9. Is there anything else you would like to share about your experiences, questions, or concerns related to discussing racism and related topics in your clinical work with White clients?