Clinical implications of privilege awareness raising for couple and family therapists: A phenomenological qualitative design

by

James Gavin Bridges

B.S., Brigham Young University-Idaho, 2015
M.S., Kansas State University, 2017

AN ABSTRACT OF A DISSERTATION

submitted in partial fulfillment of the requirements for the degree

DOCTOR OF PHILOSOPHY

School of Family Studies and Human Services
College of Health and Sciences

KANSAS STATE UNIVERSITY
Manhattan, Kansas

2020

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Over three decades have passed since Peggy McIntosh (1988) gave the invitation to unpack the invisible knapsack of privilege. Examples of this unpacking are usually identity specific (i.e, often focusing on race or gender), but have yet to address the process of privilege awareness broadly as it relates to any identity with social status. This study broadens the scope of privilege awareness to include any identity that holds power in society and addresses a gap in the literature on how this process influences the clinical work of couple and family therapists (CFTs). This study explores the privilege awareness experiences of CFTs and the influence of these experiences on their current clinical work. CFTs were asked to complete timelines of privilege awareness experiences and participate in a semi-structured interview. The following themes were common facilitators in the privilege awareness process among therapists: relationships with family and friends, proximity to diverse populations, the influence of oppression on their privilege awareness, and being in a CFT graduate program with faculty intending to increase social awareness through readings, assignments, and mentorship. CFTs identified common themes by which these experiences influenced their clinical work: self-of-the-therapist, socio-cultural attunement, and changes in policy and procedural changes.

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Acknowledgements

I would like to acknowledge the ongoing guidance and support from my major professor, Amber Vennum. I would also like to acknowledge the contributions of my coding team, Paige McAllister, Brooke Balderson, Loren Taylor, and Laura Lyddon.

Dedication

I would like to dedicate this work to all the individuals who influenced me in my own social consciousness raising. My clients, supervisees, students, family, and friends have you to thank.

Chapter 1 - Introduction

Privilege—or the increased access to unearned resources needed to flourish, which is granted to certain groups or social identities based on historical social narratives of superiority (Black & Stone, 2005)—has generally resulted in white, able-bodied, mid- to upper-class, heterosexual, male presenting, colonizing identities having the greatest access to resources (Case et al., 2012). Those benefiting from privilege have reported an exaggerated sense of superiority and possessiveness, often leading to feelings of justification in oppressing others and maintaining the status quo (Black & Stone, 2005). Oppressed groups, or those with little to no social privilege, have reported mistrusting society and lacking access to basic societal resources such as equal access to quality health care (National Center for Health Statistics, 2015), fair housing opportunities (Glantz & Martinez, 2018), and equal treatment by law enforcement (Fryer, 2019).

It has been over three decades since the invitation was explicitly given to unpack the invisible knapsack of privilege (McIntosh, 1988). McIntosh observed that while students in her classes could acknowledge the disadvantages of certain groups (i.e., women and people of color), they (i.e., often men and white individuals) were less likely to acknowledge the advantages they gained because of the disadvantages of others. McIntosh's invitation was predominantly focused on white racial privilege awareness and included heterosexual and male privilege as well. Privilege awareness is the process of identifying and acknowledging the unearned advantages one possesses based on social identities that have typically been considered superior in society (Black & Stone, 2005) and may particularly important for therapists. For example, when therapists are unaware of their own experiences with, and privileged access to resources and power, they are more likely to avoid conversations about identity differences between them and their clients, less likely to consider the impact of discrimination on clients' presenting problems,

and more likely to see clients through unconscious stereotypes (Case, 2015). Conversely, clinicians who engage in this process may be more likely to understand the experiences of oppression faced by clients and develop cultural empathy (Davis, 2014).

Accordingly, clinically trained scholars have developed frameworks to help clinicians identify, and consider clinical implications of their own privilege, mostly associated with racial identities (Case, 2015; Combs, 2019) and sexual orientation (McGeorge & Carlson, 2011; Mohr, 2002; Walls et al., 2009). With few exceptions (Chan et al., 2018; McGeorge et al., 2006), though, little has been done to consider the many identities therapists hold which are privileged in society past race, gender, and sexual orientation (i.e., class, education, citizenship status, able/disable bodied, age, religious affiliation, relationship status, family make-up). Single identity development models portray inaccurate representations of individuals and erase the more nuanced and complicated experiences people have with overlapping oppressed identities (Crenshaw 1989, 1991; Reynolds & Pope,1991). The developers of the model of multiple dimensions of identity (Jones & Abes, 2013) expanded the multidimensional identity model (Reynolds & Pope, 1991) to consider the complexities of any, and all, identities held by an individual, as well as considering how the environment influenced identity development. For therapists in need of frameworks that guide identity development, single identity models may neglect important ways that many identities experienced at the same time determine unique therapist and client experiences likely not addressed by these single identity models.

Although scholars in other fields have significantly contributed to our understanding of pieces of the privilege awareness process (Case, 2013; Chan et al., 2018), particularly with regards to racial awareness (Haskins & Singh, 2015; Hays et al., 2004; Walls et al., 2009), how the clinical role changes as awareness of multiple privileged identities increases is still unknown

for the field of CFT. Accordingly, the present study used phenomenological methodology to explore CFTs' perceptions of how privilege awareness raising experiences of any of their privileged identities throughout their life changed their perspectives and influenced their clinical work.

Chapter 2 - Privilege Awareness in Social Science, Education, and Therapy

Conceptualizing Privilege & Oppression

The invitations given to clinicians, educators, and other social scientists to consider unearned privileges in research and intervention are decades old. In 1935, W. E. B. Du Bois (1935/2007) conceptualized the racial social privilege white individuals held as a type of psychological and social wage they were provided over African American individuals. Additionally, McIntosh's (1988) encouragement to unpack the invisible knapsack was one of the first examples of how privilege plays out in the daily lives of those who are white, heterosexual, or whose gender expression is male. By including a list of statements intended to showcase racial and gendered privilege, she demonstrated concrete ways that oppression and privilege are imbedded in many aspects of daily living. For example, one statement read "I can be sure that if I need legal or medical help, my race will not work against me" (McIntosh, 1988, p. 5).

It is important to note here that privilege and oppression are not reflective of specific social identities themselves, but of the power given or taken from certain groups because of the meaning and historical significance cultures have ascribed to specific social identities. This access to resources (or lack thereof) differs based on time, culture, and context. For instance, Cohen (1997) highlighted how heterosexuality is typically seen as privileged, until class, gender, and race are added and the heterosexuality of poor women of color on government assistance (i.e., derogatorily referred to as welfare queens) becomes an oppressed identity. Because time, culture, and context shift, privilege and oppression are best understood within the context of access to resources and social identity—perhaps in that order (Black & Stone, 2005).

Understanding the process of oppression also inherently involves understanding the processes used to reinforce social norms in each dominant group, and how these processes have detrimental effects on the development of those experiencing the privilege. Howard-Hamilton and Hinton (2011) highlight social, physical, emotional, moral, and psychological ways in which members of the dominant group are affected by oppression. Socially, individuals of dominant groups are expected to conform to rigid rules and expectations, such as the expectation to not intervene when macroaggressions are committed by other individuals of the dominant group (Goodman, 2001). Psychologically, members of the dominant group can then develop unhealthy coping mechanisms such as denying reality, justifying structural inequality, and projecting their own fears or anxieties onto others (Goodman, 2001). As prejudice and stereotypes toward minority groups are shared within dominant groups, a greater gap between minority and dominant groups is created, resulting in superficial relationships in which dominant groups are cut off from necessary information about their own privilege and minority group oppression (Goodman, 2001). These findings seem to suggest that becoming aware of, deconstructing, and dismantling privilege is a necessary step towards addressing oppression in society.

Developing Privilege Awareness

Commonly, members of the dominant group are less likely to consider their identity as holding distinct cultural norms and expectations (DiAngelo, 2018). For example, because my whiteness or heterosexuality is displayed by most media in society, I am socialized with an assumption that my identities are the default way of being. The identity models discussed below invite members of dominant groups to increase their awareness of their identity and consider what aspects of their culture may help or hinder access to resources for minority groups in society.

Current Privilege Awareness Raising Approaches

Many of the formal efforts to increase awareness of, and dismantle, privilege have occurred within the fields of education and counseling using identity development models adapted to dominant group identities. For example, according to Helms' (1990, 1995) White Identity Development model (which was also adapted into the heterosexual identity development model; Worthington et al., 2002), a white individual moves through two main phases: 1) abandonment of racism, and 2) defining a nonracist white identity. Through these phases white individuals move from having little to no knowledge of racism to awareness of the social and political structures of race, resulting in a desire to confront their own racism (Helms, 1995). Rowe et al.'s (1994) White Racial Consciousness (WRC) model critiqued Helms' model for not focusing enough on how white individuals saw their own white identity. The WRC highlighted individuals' reactions to racial consciousness, or the lack thereof. Unachieved white racial consciousness included avoidant, dependent and dissonant reactions to one's own white identity and concern for racial or ethnic minorities. Achieved white racial consciousness included dominative, conflictive, reactive, and integrative reactions to their own white racial identity and concern for racial or ethnic minorities (Rowe et al., 1994). The authors of the WRC explain the model does not reflect a linear developmental process, but instead "movement between the statuses and types of White racial consciousness…as…a variable consequence of life experiences" (Rowe et al., 1994, p. 142). The emphasis on the role of experiences in the process suggests the importance of using research methods (e.g., a phenomenological approach) that focus on personal experiences to understand the privilege awareness process.

A significant portion of the literature on privilege awareness in clinical settings has centered on racial awareness (Case, 2015; Haskins & Singh, 2015; Hays & Chang, 2003; Hays et

al., 2004; McDowell et al., 2003; Walls et al., 2009) with some attention to sexual orientation (McGeorge & Carlson, 2011). Recently, Combs (2019) invited white family therapists to confront their own racism by first acknowledging their own racial identity as distinct, consisting of cultural norms and expectations. This invitation relies on more recent conceptualizations of racism as something that is socialized, and exists, within all of us (DiAngelo, 2018). DiAngelo (2018) and Combs (2019) argue, it is only once this acknowledgement occurs can individuals begin the deeper work of effective anti-racist action. Case (2015) argues that when clinicians have not properly addressed their own racial privilege, they may avoid topics of racism in therapy, direct the therapeutic conversation away from race in order to avoid any feelings of guilt, or neglect the influence of discrimination on client well-being. Combs (2019) further asserts that systemically-oriented clinicians (such as CFTs) are in the unique position "to expand our individual and collective efforts to end structural racism, promote healing and minimize the residual effects of oppression on those most marginalized in our society" (p. 72). Additionally, McGeorge and Carlson (2011) provide a thorough framework to guide clinicians in deconstructing their own heterosexual identity and its subsequent privileges. This is done through a series of reflective activities beginning with an exploration of heteronormative assumptions and moving towards clinicians considering how this self-work can influence their clinical identity in the communities in which they serve.

Reactions to Privilege Awareness Raising in Educational Settings

One of the settings privilege awareness raising most often takes place is within classrooms, with results revealing differing student reactions based on the current privileges they hold. For example, in a study on the effect of white privilege awareness raising in an undergraduate classroom, researchers found that students of color reported awareness of white

privilege by what they observed white individuals had access to in society that they did not (Boatright-Horowitz et al., 2012). On the other hand, most of the white students reported levels of discomfort in class as white privilege was taught (Boatright-Horowitz, et al., 2012). Similarly, Wise and Case (2013) found that white students experienced guilt, shame, denial, and avoidance of privilege awareness raising efforts in educational settings. Additionally, in clinical training programs, Walls and colleagues (2009) found that heterosexual privilege awareness efforts resulted in several reactions from trainees. For example, students reported initial fear and anxiety that their performance as an ally would not be adequate enough, concern about how allyship would influence their current relationships, feelings of shame and anger as awareness increased, and new ally behaviors that emerged as the course progressed (Walls et al., 2009).

Changing Beliefs and Behavior Through Privilege Awareness

If attitudes and beliefs shape action, people who receive privilege awareness content may be more likely to reduce perpetuating discriminatory actions or beliefs in society. For example, after incorporating material and experiential activities on heterosexual privilege, heteronormativity, and homophobia, heterosexual students have reported increased awareness of their privileges, how homophobia leads to pressure to conform to heteronormative standards, increased empathy for sexual minorities (Nunn & Bolt, 2015), and increased support for same-sex marriage (Case & Stewart, 2009). Similarly, Case (2007) found that including course content on male privilege in a Diversity and Women's Studies course significantly increased students' own awareness of male privilege (Case, 2007).

Better understanding the processes that result in increased privilege awareness and subsequent changes in attitudes and behaviors have important implications for the reduction of discrimination in society. Based on the literature exploring privilege awareness for helping

professionals (Case, 2007a; Case, 2007b; Case, 2015; Chan et al., 2018; Combs, 2019; Davis, 2014; McGeorge & Carlson, 2011), clinicians who are more aware of the privilege they hold may be more likely to assess the impacts of marginalization for minority clients, monitor their own language for macroaggressions, and adapt treatment to fit the needs of individuals and families who have had basic life resources structurally and historically withheld. Accordingly, privilege awareness in clinicians may lead to more positive client outcomes, especially for clients who hold marginalized social identities, providing greater cause for the continued exploration of what facilitates privilege awareness to improve clinical training.

Multidimensional Identity Frameworks and Clinical Competency

As has been established, literature on privilege awareness raising has focused heavily on race, and to a lesser extent, sexual orientation and gender. This makes sense, considering the historic and current impact that racism, white supremacy, and colorism have on the lived experiences of people of color in society (Burke, 2008; Hunter, 2007; Walsdorf et al., 2020), but there are many identities that hold privilege in society. When literature and practical applications of privilege awareness do not explicitly address identities of privilege more broadly, this may perpetuate the unchecked access and power that these under-acknowledged privileges hold. A more inclusive view of privileged identities invites CFTs to confront areas of privilege that may be more invisible and interrupting progress in the therapeutic relationship covertly.

In order to address any privileged identity a therapist may hold; more expansive models of identity are needed. The model of multiple dimensions of identity allows for a more expansive view because it not only broadens which privileged identities may be assessed, but also how different identities interact in different contexts across time (Jones & McEwen, 2000). This aspect of the model considered the influence of contextual factors like family background,

sociocultural conditions, current experiences, and life planning or career decisions on a person's identity development. Jones and McEwen (2000) argued that identities do not exist in a vacuum, and therefore are subject to shift or become more or less salient at different times and contexts.

The critique of focusing on one identity at a time is not new. Crenshaw (1989, 1991) coined the term intersectionality, which was based on her analysis of women of color and considered the ways in which socially marginalized identities overlapped to create a different, more intense, experience of oppression. Chan et al. (2018) suggested a framework utilizing intersectionality to aid clinical trainees as they increased their awareness of privilege and oppression in themselves and in their clients. The use of intersectionality in therapist development and practice is essential, however, intersectionality specifically focuses on the overlapping of disadvantaged identities and the experience of privilege awareness is a focus on power and status. Because of this, a broader, more expansive framework of identity (i.e., model of multiple dimensions of identity; Jones & McEwen, 2000) may be more appropriate to consider any and all possible areas of privilege.

The links between therapists' privilege awareness and improved therapeutic outcomes—especially for marginalized client populations—echo the associations made between multicultural competencies and client outcomes (Davis et al., 2018; Tao et al., 2015). Tao et al. (2015) discovered that the "associations between client-rated [therapist multicultural competence] and therapy outcomes were consistent with other correlational estimates cited in the literature…such as working alliance, empathy, genuineness, goal census and collaboration, and alliance–rupture repair" (p. 344). This link is a crucial one, and not only because it is likely addressing how the therapeutic process effects client well-being, but because it also speaks to the importance of clinicians providing therapeutic treatment that is sensitive to the dynamics of

power, oppression, marginalization, and privilege in society. Specific to the field of Marriage and Family Therapy (MFT), The Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) states that it is a foundational competency when training clinicians that they can understand and apply…

> …knowledge of diversity, power, privilege and oppression as these relate to race, age, gender, ethnicity, sexual orientation, gender identity, socioeconomic status, disability, health status, religious, spiritual and/or beliefs, nation of origin or other relevant social categories throughout the curriculum. It includes practice with diverse, international, multicultural, marginalized, and/or underserved communities, including developing competencies in working with sexual and gender minorities and their families as well as anti-racist practices (COAMFTE, 2017, p. 30).

Though privilege awareness as a process is not explicitly mentioned in this excerpt, the research highlighted previously suggests that privilege awareness raising is critical for therapists to meet these standards. Unfortunately, how therapists arrive at levels of cultural competence (i.e., privilege awareness) that could result in a positive enough effect on the therapeutic process needs clarification in order to increase the effectiveness of therapy with diverse populations.

Sensitivity to privilege awareness raising could be more emphasized as a component of the work needed to develop multicultural competencies. To facilitate this work, McGeorge and Carlson (2010) focused on addressing privilege and oppression awareness in clinical training by using a broad social justice mentoring model that highlighted self-of-the-therapist work related to the larger social structures a clinician is embedded within (e.g., class, sexual orientation, gender identity and expression, and race). Student therapists reported that exploring their own positionality and privileges helped them (a) address important multi-cultural topics with clients,

(b) acknowledge their own identities and subsequent privileges in the therapeutic process, and (c) extend their professional role beyond the therapy room and into their community (McGeorge & Carlson, 2010). This study highlights the importance of privilege awareness raising in the development of ethically guided and culturally competent clinicians. It is one of the only studies to consider the influence that social identity awareness (for both privileged and oppressed identities) has on the clinical work of CFTs. However, this was not central to the study. Subsequently, the present study further addresses the gap of inquiry needed to better understand CFTs' experiences of privilege awareness, and how these experiences influence the clinical role and approach.

Chapter 3 - Present Study

Given the literature addressing the potential negative consequences of unaddressed privilege, the positive client outcomes when clinicians do acknowledge their own privilege, and the need for a broader perspective which considers multiple identities of privilege, the purpose of this study is to better understand how CFTs become aware of the privileges associated with diverse aspects of their identity, and how these experiences influence how they think about, and carry out, their clinical work. Better understanding the influence of privilege awareness on clinical development can contribute to the field of CFT in several ways. First, the findings may increase our understanding of how therapists' awareness of multiple interacting privileged and oppressed identities can influence the therapeutic process towards a greater sensitivity to clients' socio-cultural context. Second, results may suggest ways therapists' privilege awareness may influence therapeutic outcomes, which may inform future research in this area. Third, findings may also provide foundational information for theoretical development of privilege awareness of multiple identities for clinicians to better enable training programs and clinical supervisors to conceptualize how to help clinicians in training meet competency requirements.

A model that considers multiple dimensions of identity may demonstrate the need to consider privilege awareness broadly, including privileged identities that have often been neglected in literature to date. Moreover, because participants in this study will be focusing on awareness of privileged identities versus the overlap of socially disadvantaged identities, the current study avoids the use of intersectionality to not misrepresent the original work of Crenshaw, which intentionally centered the experiences of women of color. Instead, the model of multiple dimensions of identity (Jones & Abes, 2013; Jones & McEwen, 2000) provides a more appropriate framework for discussing privilege awareness broadly because it gives room for

participants to describe their privilege awareness experiences in the context of any dominant identity they might hold. The model of multiple dimensions of identity guided the interview questions of this study, specifically in the way that privilege experiences are asked about, and not associated with any specific identity.

Specifically, this project used a phenomenological approach, and conducted semi-structured interviews with CFTs to explore the following research questions: (a) what experiences result in privilege awareness raising for therapists, and (b) how do these experiences and awareness processes influence the clinical work of therapists?

Chapter 4 - Method

Philosophical Paradigm

This study was guided by two main paradigms, constructivist and critical (Ponterotto, 2005). A constructivist paradigm assumes reality is subjective, and in research, uncovered through reflection by participants as they interact with the researcher and the methods. An important goal of this paradigm is to understand phenomena from the accounts of individuals who experience it first-hand (Schwandt, 2000). For this study, the use of in-depth, semi-structured qualitative interviews provided a space for participant reflection to occur, related to their firsthand experiences of privilege awareness raising.

A critical paradigm structures inquiry around challenging the status quo, and thus, is sensitive to reality that is historically, socially, and culturally constructed (Kincheloe & McLaren, 2000). Inquiry utilizing critical paradigm also acknowledges, and even is motivated by values of the researcher related to social change (Ponterotto, 2005). For this study, my own personal experiences and values related to social change directly influenced the conceptualization and execution of this study. Also, the focus of inquiry, namely privilege awareness raising for CFTs, directly challenges the status quo of dominant narratives related to structures like patriarchy, sexism, homophobia, transphobia, cisnormativity, colonial-settler paradigms, capitalism, and xenophobia. It does this by engaging CFTs in reflective dialogue about how they invest or divest from these privileged societal structures, and how this reflective awareness influences their clinical role.

Positionality

Because the philosophical framework of this study is grounded in an interpretive-critical paradigm using phenomenology, it is important that my coders and I (James Bridges) position

ourselves socially and culturally to demonstrate how our own lenses, paradigms, and social positions influence the study from conceptualization to conclusion (Rowe, 2014). As a researcher clinician who holds many dominant social identities of privilege (white, able-bodied, male presenting, from colonial-settler ancestry, English as first language, US born citizen, formally educated), I (James Bridges) take great personal interest and commitment in how the therapeutic process is influenced by the awareness of such privileged identities. As my awareness of my privileges has grown, I have noticed my own personal and professional values, priorities, and behaviors change. Because I can never escape the ongoing cultural and structural advantages that my privileged identities grant me, I value ongoing reflection of how these identities influence the lens through which I understand and research therapeutic processes.

Specifically, my ongoing reflexivity for this study was tracked by way of memoing (Corbin & Strauss, 2008) and addressed the following reflections: (a) my reactions to the participant in interviews, (b) how my identities interacted with the identities of the therapists who participated, (c) how my positionalities influenced the interpretation of the data, and (d) reflections on the participant identities, the data, and conclusions of the study and how I benefit from the outcomes. These points of reflexivity helped me highlight the connectedness of my own social positions to the final product of this study (Nagar & Geiger, 2007). As this memoing took place I was further sensitized after each interview to these reflections, which informed how I interacted with participants and informed the intentionality of the interview questions and dialogue.

I (Paige McAllister) was interested in this research project because my own training in couple and family therapy has been one long privilege awareness experience as a White, straight, cisgender, able-bodied woman. Some of this awareness has come from the innately human

nature of my study and work as a student therapist and researcher. Other moments of increased awareness were prompted by those in my personal and professional circles (students, faculty, researchers, etc.) who felt passionately about cultural humility in clinical work and in human interactions in general.

I (Brooke Balderson) am a master's student within the Couple and Family Therapy program at Kansas State University. I was interested to participate in this research because of my own privilege. I'm a White, almost middle-aged, cisgender, heterosexual woman married with two young children. My awareness of some of my privilege developed at a young age due to my immediate family members non-privileged sexual identities. Participating in this research allowed me to view privilege awareness from other clinicians' perspectives and provided me additional insight into my own development, which is paramount to providing quality clinical care to my clients.

I (Laura Lyddon) am a master's/Phd student in the Couple and Family Therapy Program at Kansas State University. I am also a LMSW and LMAC and practice therapy within private practice (under supervision for my clinical license). I was interested in this research because I work primarily with populations that are underserved and oppressed, and it is important to recognize how my privilege as a white educated cisgender female affects my work, and how other clinicians' privilege awareness has evolved and affected their work as well. It has been helpful to recognize the importance of self-awareness, asking the hard questions, as well as understanding how privilege awareness evolves and grows in different ways for clinicians. Most importantly, I gained greater insight into how this affects our clinical work with clients.

I (Loren Taylor) am a doctoral student in the Couple and Family Therapy program at Kansas State University. I identify as a young, black, cisgender, heterosexual male. As a

therapist, I think power and privilege are important to ourselves and our clients. Our own self-awareness plays a great role in that. I was interested in what privilege awareness looks like for other therapists. Through this process, I was able to hear the voices of other clinicians and how they have made sense of it. In turn, this has prompted me to explore these themes deeper within myself.

Participants

The target population for this study was CFTs who were aware of experiences that had resulted in increased privilege awareness and how this awareness had influenced their clinical work. Inclusion criteria for this study were that participants were 18 years old or older, have completed their master's degree in marriage/couple and family therapy, and be a currently practicing therapist. The theories guiding the research questions (Jones & McEwen, 2000) recognized that everyone possesses multiple identities, consisting of both marginalized and privileged identities. Accordingly, there was no inclusion criteria regarding participants' social identity related to race, ethnicity, sex, gender identity or expression, sexual orientation, class, able/disable bodied, citizenship, nationality, etc.

A total of 12 participants were interviewed. Previous reviews of qualitative sample sizes in phenomenological studies (Creswell, 1998; Morse, 1994) identify that sample sizes between 10 and 15 participants are adequate for reaching saturation. Participants' ages ranged between 26 and 48 years old. Seven participants identified as heterosexual, three as bisexual, and two as queer. Seven participants identified as female, four as male, and one as non-binary. Ten of the twelve participants identified as White while two identified as Black or African American. All had graduated from master's marriage/couple and family therapy programs, of whom four had completed doctoral degrees, and the median length of time providing therapy to clients was 5.5

years. For all demographic questions, participants had the option to select “other” and use their own language for how they identified. Participant pseudonyms and demographics are in Table 4.1.

Table 4.1 CFT Participants, Pronouns, and Racial Identity (N = 12)

Participant Name*	Pronouns	Race	Years seeing clients
Carrie	She/her/hers	White	4
Ashley	She/her/hers	White	8
Bob	He/his/him	White	5
Jerica	She/her/hers	Black or African American	4
Tonya	She/her/hers	White	5
Justin	He/his/him	White	23
Seth	He/his/they/them	White	7
Lindsey	She/her/hers	White	7
Hayley	She/her/hers	White	3
Emily	They/their/them	White	6
Gertrude	She/her/hers	Black or African American	4 ½
Paul	He/his/him	White	6

**Note: Some participants chose pseudonyms and others did not. The researcher does not distinguish which names are pseudonyms and which are not.*

Procedure

Prior to the larger sample recruitment, a pilot study (n = 3) was conducted to revise the interview guide, provide insight to additional questions or processes to address, and establish initial themes for the larger sample of interviews (Kim, 2011). Data from the pilot interviews was included in the overall sample data for analysis.

To recruit participants (for the pilot and overall sample), emails were sent to the listservs of several national organizations to which therapists belong, Facebook messages were posted to local therapist groups, and word of mouth was used. Because the concept of privilege carries a range of connotation, drafts of the recruitment announcement were sent to CFT colleagues for feedback on word usage. The following statement for recruitment was determined based on the feedback collected:

> I am conducting a research study on social identity awareness. I am specifically interested in awareness of social identities that are considered privileged or hold more status in society (including but not limited to white, male, heterosexual, mid- upper-class, etc.). I plan to interview clinicians to understand how this awareness has increased over time and how it has influenced their clinical work.

It was expected that the language used in the recruitment announcement would attract those who already valued social identity awareness as an important aspect of their professional identities.

Data was collected in two steps. First, CFTs interested in participating clicked on an anonymous Qualtrics survey link where they provided consent to participate and completed a survey on their demographic information (see Appendix A). To ensure confidentiality, the Qualtrics survey included a place where participants could choose their own pseudonym. Once this was completed, participants were asked to complete a timeline of privilege awareness

experiences from as far back in time as they wished to the present day (see Appendix B for timeline instructions; Kolar et al., 2015). The timeline could include: (a) events, (b) settings, and (c) media which have resulted in privilege awareness. Participants were also asked to make a list of relationships that had played a significant role in their privilege awareness process. These timeline considerations were based on the previous theoretical work that addressed the important role of the environment and context on identity (Jones & McEwen, 2000).

Second, after participants completed the demographic information and the timeline, I scheduled an interview which was conducted in person, by phone, or via ZOOM video conferencing. Mean interview length was 48 minutes (range of 34 - 67 minutes). Participants were instructed to bring their timelines to the interview. The semi-structured interview expounded upon the timeline, addressing the two main research questions: (a) the participant's privilege awareness process; and (b) the influence of the participant's privilege awareness on their role as a CFT.

A phenomenological approach informed the construction of the semi-structured interview guide and the format of the interview dialogue itself (Bevan, 2014). Phenomenological interviewing guided the question formatting, which highlighted the lived and felt experiences of participants related to privilege awareness raising (Bevan, 2014). The sensitive nature of privilege awareness and the strong emotions that can accompany this process required a flexible and relaxed conversational format. Additionally, the interpretivist paradigm informed the interview dialogue and its emphasis on the ways in which language, interaction, and cultural messages shaped reality for participants (Ponterotto, 2005). This encouraged the practice of constantly checking for understanding within the interview, making sure that any words or

phrases used by participants were accurately represented in the analysis, and their meanings were not assumed or inferred (Fontana, 2003).

The three pilot study interviews were used to determine the level of depth addressed with the first interview guide (see Appendix C for the first draft of the interview guide). Because of the semi-structured nature of the interviews (Moustakas, 1994), some questions took longer to answer than others. The guide did not change substantially after the pilot interviews. Main changes to the interview guide included adding the following questions: (a) what does privilege awareness mean to you, and (b) how do you feel about your privileged identities now. All interviews were recorded with a recording device or through ZOOMs recording function with a safety encryption function. These audio files were then de-identified and sent to rev.com for transcription. All research subjects were compensated with the options of $20 cash or an equivalent amount through gift card.

Analysis

After audio recordings were transcribed using rev.com, data were analyzed and interpreted using a phenomenological thematic analysis (Finlay, 2011). For this study, the phenomenon was privilege awareness raising and how this awareness influenced the clinical role of CFTs. Phenomenology, a method of inquiry often traced back to Husserl's transcendental phenomenology (Husserl, 1965), emphasizes the subjective way we experience reality. Phenomenological inquiry is more interested in the experience of phenomena than the phenomena themselves (Moustakas, 1994). Thematic analysis, simply put, discovers and reports important themes within the data (Braun & Clarke, 2006). The current study followed the steps of thematic analysis outlined by Braun and Clarke (2006), which include: 1) getting familiar with the data, 2) establishing an initial coding scheme, 3) identifying themes, 4) reviewing themes,

and 5) labeling and defining main themes. See Table 4.2 for the activities undertaken as part of each of these steps for this study.

Table 4.2 Steps and Activities for Thematic Analysis

Steps of Analysis	Specific Activities
1. Getting familiar with the data	• listening to audio recordings of the interviews • reading over transcriptions while audio was playing • correcting errors in transcriptions while listening to audio • recording notes about the interview and while listening to audio
2. Establishing initial coding scheme	• developing codes with initial ideas, notes, and observations from step one • establishing codes from interesting, novel, or familiar concepts • identifying common codes across data
3. Identifying themes	• grouping codes to find consistent themes • collapsing codes where appropriate • going over data multiple times with members of coding team
4. Reviewing themes	• refining selected themes • establishing coherency in the relationship between themes and the larger research questions • establish distinctive characteristics between themes
5. Labeling and defining main themes	• refining theme labels and definitions • establish the essence of what each theme conveys

Getting Familiar with the Data

In order to immerse myself in the data collection process, I used a journal to record memos, which Corbin and Strauss (2008) referred to as "reflections of analytic thought" (p. 120). These memos recorded my initial thoughts during and immediately after an interview was conducted. Prior to any data interpretation and coding, I listened to each of the interviews to make sure there were no transcription errors. In order to establish a level of reliability within the analysis between coders (inter-rater reliability), I recruited a team of volunteer graduate students from the CFT program at Kansas State University to be cross-coders (Elliott, 2018). Drawing from a pool of graduate students had several advantages. It was more likely that CFT graduate students were already in the habit of reflecting on their own cognitive and emotional processes, as this metacognitive work is a large component of the clinical development encouraged in supervisory settings. Cross-coders also provided statements of positionality, outlining the ways in which their own identities and values influenced their coding process.

Establishing Initial Coding Scheme

Due to there being little to guide the initial formation of codes for this study on clinical implications of privilege awareness, fore-understanding of the phenomenon derived from personal experience and related literature (Smith, Flower & Larkin, 2009) helped guide the initial formation of codes. Fore-understanding is defined as any existing knowledge or experience of the phenomenon held by the researcher (Smith, Flower & Larkin, 2009). The acknowledgement, and intentional use of, fore-understanding rests on the assumption that the conceptualization and interpretation of the researcher is always guided by previous experience, knowledge, and interaction with others (Heidegger, 1962; Smith, Flower & Larkin, 2009). This contrasts Husserl's phenomenological methodology, arguing that knowledge the researcher holds

about the phenomenon should be set aside, or bracketed, to not bias the process of inquiry (Finlay, 2011).

Based on my own fore-understandings from literature cited above and personal experience, I expected participants would identify feelings like shame, guilt and defensiveness. I also expected participants would describe value changes, increased desires to address oppression in society, and increased activity to address privilege and/or oppression in themselves and in their communities. These fore-understandings were used as tentative codes for the initial pilot study interviews and were adapted over time.

The researcher determined that the level by which codes would be identified would be semantic. In other words, codes were identified based on only what was said by participants (i.e., "surface meanings of the data"; Braun & Clarke, 2006, p. 84), and not by inference of the coders going beyond what was said by participants. Additionally, a realist epistemological paradigm guided the interpretation of this study, focusing the analysis and interpretations on how the participants report their experiences and the reality by which they experience the phenomenon (Braun & Clarke, 2006). In other words, the coders and myself approached the data and formation of codes in a way that would as directly as possible reflect the participants' description of their experience of privilege awareness raising.

For the three pilot interview transcripts, coders were responsible for developing their own coding scheme as they read through their assigned transcripts. The following codes resulted from the first consensus meeting. For the research question asking about privilege awareness experiences the initial codes included: (a) feelings from experiences, (b) learning or growth experiences in general and in clinical work, (c) relationships that influenced privilege awareness, (d) proximity to diverse populations, (e) people intending to increase awareness, (f) privileges

that were easier to see, (g) privileges that were more difficult to see, (h) acknowledgment of the process as constantly evolving, and (i) acknowledgement of the process by evaluating the past. The initial codes addressing the second research question on how privilege awareness influenced clinical work included: (a) changes in theoretical orientation, (b) self-monitoring behaviors, (c) not pathologizing or problematizing, (d) clinical stance with clients, (e) comfort with identities or presenting problems, (f) changes in language, and (g) context of client is considered more. Using the initial three pilot interview transcriptions, we established an initial code book.

Identifying, Reviewing, Labeling and Defining Themes

With this initial codebook, all interview transcripts (including the pilot interview transcripts) were analyzed by cross-coders and myself. Every transcript was coded at least twice. Coders of that transcript then met and went over the transcript line by line to determine interpretation differences, overlap, and new emerging codes. When differences were identified, the team would discuss how each coder arrived at the interpretation, which then led to either consensus on one interpretation or new codes (McAlister et al., 2017). Overtime, new codes were added to the initial codebook which included: (a) privileged identities of the participants, (b) influence of oppression on privilege awareness, and (c) changes to policy and procedures of clinical practice. The consensus between coders and the collapsing of codes into other related codes eventually formed the main themes within the data (Creswell, 2015).

Due to lack of literature in privilege awareness and its influence on clinical work, an inductive method of reaching saturation was also used (Saunders, et al., 2017). In other words, because there were no pre-determined codes or themes (i.e., a priori) that existed in the literature on this specific topic, reaching saturation relied on the extent to which new theoretical themes or insights were collected and repeated throughout the interview process.

Consistent with phenomenological and interpretivist methods, member checking provided another level of validation. This allowed for another way to best represent the participants' experiences (Birt et al., 2016). Once main themes emerged, summaries of these interpretations, along with transcript examples were provided to participants. They then had the opportunity to comment and provide feedback on the interpretations and themes established (Birt et al., 2016). When feedback was given, adjustments were then made to the interpretations and themes as needed.

Reflexivity Process

As outlined above, memoing provided a real-time method of tracking my process of reflexivity as data was collected. There were common themes that emerged from these memos. I observed myself in the first couple interviews wanting to give language to participants to help them explain their own experience. I observed that my own knowledge of the literature would mentally attempt to fill in what I thought my participants were experiencing. This mental process would often have to be checked by self-monitoring why I offered language when I did. Another theme I saw emerge during the pilot study interviews was a feeling of anxiety or unease when participants shared experiences or influences in their privilege awareness process that I did not expect. When this would happen, I had to remind myself of the methodological approach, which centers the participant's interpretation of the phenomena of focus.

Another common theme or observation in memoing was the ways my identities interacted with the identities of my participants. For example, I noticed feeling anxious when interviewing a male participant who was held a significant academic role in the field of CFT. There was a part of me that felt uncomfortable when asking this participant to describe privileged identities that were more difficult for them to acknowledge. I also observed myself wondering more about the

influence of marginalization on privilege awareness when participants did not identify as white. The first interview I had with a participant of color included the most explicit description of how their more marginalized identities acted as a catalyst to their privilege awareness. Once this occurred, asking about the influence of marginalization on their own privilege awareness became a routine question in the interview process. Related to my participants of color, I was the most sensitive to the fact that the experiences of racial and gender minority participants were being used for my own professional advancement. It brought the importance of member checking to light in a unique way—pushing me to carefully consider how I am representing and interpreting the experiences of my participants.

The last memoing theme was the observation I made about the influence my own personality and social skills had on the interview process. I noticed for some participants, that they became increasingly more open about their privilege awareness experiences throughout the duration of the interview. This observation led to a more intentional awareness of how I presented myself in interviews.

Chapter 5 - Results

The data reported here are separated into two sections, representing the two main research questions; the experiences of privilege awareness for CFTs, and how these experiences influenced their clinical role. The twelve CFT participants discussed experiences of privilege awareness from the position of many different identities, demonstrating the utility of a model of multiple dimensions of identity (Jones & Abes, 2013; Jones & McEwen, 2000). For example, identities mentioned by participants included being white, coming from colonial ancestry, holding US citizenship, learning English as their first language, having English as a first language and learning other languages, identifying or previously identifying with Judeo-Christian religious groups, being heterosexual, identifying as male, being cisgender, mid-upper class, having access to higher education, coming from generations of family members with access to education, being able-bodied, and being a therapist. That a set of consistent codes and emerging themes came from the privilege awareness experiences of a diverse body of identities indicated a common process.

This process of privilege awareness is demonstrated below in a temporal order, though individuals may experience aspects of each theme at different times, not at all, or all at once (see Figure 1). A temporal ordering was determined during steps 3-5 in the thematic analysis process. Participants' narratives of privilege awareness frequently began with some experience or stimulus, which was then followed by some cognitive or affective reaction, which was then incorporated into beliefs and behavior regarding their professional role.

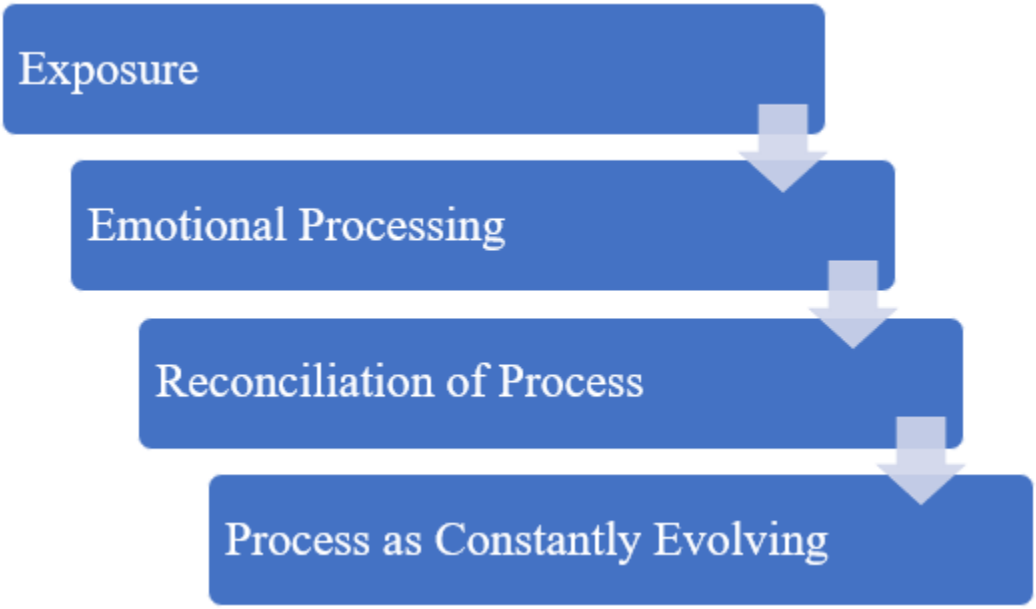

Figure 5.1 Temporal Ordering of Privilege Awareness Themes

R1: The Privilege Awareness Process

Five themes represent the privilege awareness process described by participants: social relationships, exposure, emotional processing, reconciliation of the privilege awareness process, and privilege awareness process as constantly evolving. The privilege awareness process initiated with some form of exposure, either to diverse populations or to different cultural experiences. Participants talked about exposure in connection with the emotional experiences they had that occurred during and/or after this exposure. Participants then discussed forms of reconciliation of their growing privilege awareness. This included evaluations of past actions, and acknowledgement of privileges that were easier or more difficult to identify and address. And for participants with more visible marginalized identities, reconciliation of the influence of their oppression on their privilege awareness raising was an important part of this larger theme. Lastly, participants also described their own privilege awareness as something they continue to participate in. Throughout all the experiences described by participants, their social relationships were the dominating context in which this privilege awareness processes occurred. Therefore, the theme of *social relationships* is discussed first to provide an overview of the way this theme influenced each part of the privilege awareness process for all the CFTs interviewed.

Social Relationships

Many participants discussed that when relationships were built on qualities like trust, warmth, and transparency, they were able to more readily confront their own privileged identities and subsequent blind spots. Literature on privilege awareness seems to imply that this process relies on social interaction but does not make this explicit. This finding adds needed clarity to the ways in which relationships act as catalysts to this process.

Family and Friends. For example, some white participants shared their experience of

having close friendships with racial minorities who frequently experienced discrimination. This exposure to experiences of oppression that stood in stark contrast to the lack of race-based discrimination they experienced led to deeper reflection of white privilege. Paul, a white, heterosexual man shared that:

> …in grad school, having a black roommate, I mean, pick a day and I was exposed to something that was disturbingly eye opening…Like it felt like it was a constant barrage. So the amount of guilt that I felt for not having been aware of this stuff at age 26. The amount of frustration that I felt towards larger systems that this person that I'm, again, very close to… This person that I'm so close to, that I respect so much, is being treated so poorly or is given so few opportunities or has had to scrape by in order to get what they do have. And just anger, like a lot of anger towards larger institutions coupled with immense feelings of guilt for not having been more aware and for not knowing what to do.

Similarly, the close and intimate nature of familial relationships provided some participants with opportunities to learn more from individuals who they trusted and looked up to. For example, when family members shared their own awareness and sensitivity to social issues, some participants were more likely to consider reflection about their own identities. Hayley, a white, bisexual women, talked about the relationship with her brother as an important part of her own self-awareness:

> …he talked a lot about immigrants and some of the things that are going on with that…about feminism. So he's kind of opened my eyes in some ways. I think I've had quite a few friends in my master's program, and now in the PhD program, who have educated me and helped me think about things a little bit differently as well.

Emily, a white, queer identified individual shared how as a specific friendship grew stronger over time, their friend could directly challenge them on mistakes related to cultural sensitivity:

> One of my best friends that I've known since middle school is an Indian American woman. And so she's my oldest friend. And just thinking back to things that I would say... I would say things that were really not okay. And obviously now, we have a different type of friendship than we did back then. … So now she can just be like, "Emily, that's fucked up. Don't say that and this is why that's fucked up." And I actually try to understand people's experiences now versus when I was in middle school.

In the context of close intimate relationships, participants seemed more willing and able to self-confront ways their privileged identities organized their world and experiences.

Professional Relationships. In other cases, participants' professional helping role as therapists created an obligation to maintain and build a professional working relationship, especially when clients directly challenged their competency or expressed concern about the process of therapy. For example, Bob, in his clinical work, had an experience where his own white identity was forcibly made more visible when a client of a different racial background challenged him on his ability to help:

> And this one older African American woman looked at me and she goes, "I know that you're here to help, but are you trying to be like a white Jesus and come in and save all of us?" And I was like, "I don't think so. Maybe a little bit, maybe a bit." So that was a real wrench in the whole thinking of why I'm coming here specifically to that court house, but I had to kind of filter it through a lot of different things. But I was also trying to provide a free service, help them with their case. But it did open my eyes to be like, what are my intentions for doing this type of work?

Participants also seemed to identify when individuals in their sphere of influence were intentionally trying to increase their privilege awareness. These experiences were common in graduate programs or in clinical training settings. In educational settings, relationships with instructors, supervisors, and mentors provided pressure from respected authority figures to encourage deeper confrontation than may have otherwise occurred in other settings. For example, Seth, a white man shared the following:

> The faculty member who taught [a course on] poverty…who I'm still kind of tight with, I remember at the end of the semester writing him a thank you note for changing the way that I thought about class and inequality. Then once I started my clinical training program, my to be thesis advisor…she also taught me in the first year [a course] on gender, ethnicity and Family Therapy…but it's how to be a woke family therapist I guess [laughing].

Additionally, Jerica, an African American woman described the ways faculty in her graduate training program intentionally exposed her and other students to readings and assignments designed to increase awareness: "I would say, it was self-confrontation…put on me by my professors. … I remember there was this reading, in our diversity class, which was one of the most painful growing experiences ever."

Exposure

Across all participants, the privilege awareness process was influenced by some form of exposure to new ideas, beliefs, or experiences that differed from their own. It is important to note that these experiences did not always necessarily lead to a greater awareness of privilege at the time. Some did, but the majority could be more accurately described as experiences of cultural dissonance that introduced participants to information indicating that other people experienced

the world differently than they did, and this difference was in part due to their identities. A good example of this was when one participant, seeing his neighbor's house vandalized because he was gay, considered safety as a resource that some people have, and others don't. Participants did identify these culturally dissonant experiences as essential for their own privilege awareness, and they were organized into the following subcategories: (1) exposure to diverse experiences; (2) exposure to other; and (3) educational exposure.

Exposure to Diverse Experiences. This subcategory included experiences such as exposure to forms of media, like podcasts, shows, documentaries, and publicized court cases. It also included visits to cultural sites and events. For example, Hayley shares her own reactions to a scene in the popular Canadian teen drama, Degrassi, "I just remember watching that episode … this scene where a Latino gay man was walking home and got jumped just because he was gay, and very violent and it just kind of was an awareness that I didn't have before." Other forms of media, like podcasts, gave participants diverse experiences and knowledge. Carrie shares how important one podcast series has been in her own awareness…

> *Pod Save the People*, was really a big one as well. Cause I still think about like they talk about this episode of the role of slavery and how it impacted the accumulation of generational wealth and learning about red lining and all of these things that I just wasn't taught about. And I think that's also where some of the anger came, and being like, why don't I know these things? Why aren't we learning about this?

Exposure to Other. This subcategory of exposure was described when participants were in close proximity to populations that identified differently than they did regarding social and cultural identities. This form of exposure occurred during church mission trips, study abroad programs, and moving to a different city or neighborhood, among other settings. For example,

Ashley describes an experience of working abroad in a Central American country. She retrospectively considered the exposure to various forms of oppression experienced by a certain group of people who were commonly discriminated against in that area.

> We would interview students from all over [the country] … For the school, the women would come, and they could go to school and live for free in exchange for working two hours a day on the coffee farm. … But I found that in that interview process, we really favor applicants who weren't from [a certain area of the country] … The reason was because … their Spanish wasn't as good because Spanish was not their first language. It might've been their third. I remember being personally offended that the applicants from [this area] would say that they couldn't understand me. I did this really entitled, "My Spanish is fantastic. How can it be that you don't understand me" and not recognizing that … Spanish is not their first language. Maybe it's their third, and they're listening to this person who speaks it with an accent.

Jerica, an African American woman shared how her own awareness of colorism grew at a very young age after being made fun of for having lighter skin.

> I was probably much younger, realizing skin color, even within the black community, was an area of privilege and oppression. I would say then, I definitely felt it was super confusing. I felt othered. I felt very embarrassed. And I would have people with darker skin, making fun of me or pointing out that I have lighter skin and so I was upset. I was really... I don't even know if angry is right, I think I was more sad. And now when I think about it, I still feel those things. I still think it was really mean, and it still makes me feel bad, but also I think that I was ignorant to the fact that having lighter skin does mean, in some ways, more opportunities for me.

Educational and Professional Exposure to Diversity. This subcategory was important for most of the participants as many of the experiences of exposure occurred within educational or professional settings throughout their lives. They described these exposure experiences taking place in settings like elementary school classes, middle-school, high school, during courses in higher education, and experiences in clinical work or training. For example, Bob, a white man shared an experience he had in elementary school…

> …we learned about the sit-ins, the boycotts, the civil rights movement took place a large part in Birmingham, Alabama, Montgomery, Alabama. And thinking one, you see and hear, watch these videos of MLK and all these other members, Fred Shuttlesworth, Fred Gray, all of these people. And as a fourth grader, you're like, they don't look anything like me.

Seth, a white man shared an experience he had in a university class where the instructor brought in a guest to discuss a specific social issue.

> We were doing a section on homelessness and the services provided to homeless individuals, and there was a homeless advocate who came to speak to our class from the nearby metropolitan center. I remember tearing up in class as did several students, like the friends who I was with in that class. Just hearing of his lived experience and hearing as a person who experiences homelessness, what sorts of things his community likes and doesn't like about people passing them by who are not homeless.

Emotional Processing

As participants described exposure experiences, they did so in connection with intense emotional responses. Emotional reactions to privilege awareness experiences were described in a variety of ways. Common feelings included shame, guilt, confusion, anger, and sadness. Carrie,

in describing her first exposure to large scale massacres that took place in US history shared the following emotional reactions:

> Yeah, so I think that first feeling was yeah, shame, because I couldn't imagine anyone doing that, especially that child version of me, why would you ever hurt someone like that. They emphatically tell you, you should share as children and why weren't we sharing? And so then it really fostered, I think in me, this idea that I was really curious. … I don't know that it made me angry, I think it made me curious, and I don't think I got angry until I was an adult.

Gertrude, an African American woman, described how she felt when she didn't see her friend, who was Muslim, come back to school after the terrorist attacks by Al Qaeda in the US on 9/11/2001. She remembers the following:

> [I was] sobbing, and my mom was crying, because she was at my house for sleepovers, birthdays…And so to know that this person who…was one of my best friends, was being seen as a terrorist, not because of anything she did or her family did but because of her religion, … was insane to me.

Paul describes an emotionally conflicting experience of being in a space where he was the racial minority. "I can remember going to an all-black church in Charleston and us being the only white family and just kind of feeling like ... I felt unsafe and I didn't know why, because I had never been in the situation where I was a minority." As was identified earlier, the emotional reactions and processing that took place for these participants were often in the contexts of their personal and professional relationships. For example, Jerica, in describing her experience as an African American with lighter skin, shared her own emotional reactions to this in the context of others in her community:

> …embarrassed and confused, it also makes me feel like there's maybe a sense of guilt there. Even though right, I don't have the control over what I look like, there's still a sense of guilt that I may be perceived as smarter, more worthy, more attractive, better for some reason. Because... you know than someone who has darker skin. Like that makes me, it does make me feel bad. Like that's a shitty thing. And I didn't pick this, but they didn't pick that either.

Hayley, a white woman, expressed strong feelings as she attempted to reconcile the privileges that have granted her greater access, sharing that "it's gross that society is this way. When I talk about guilt, it's like what makes me so special where I've been born into this family or born as a white person…?"

Reconciliation of the Privilege Awareness Process

Participants spent a lot of time in interviews discussing how new ideas associated with their privilege awareness raising were incorporated into their identity. This reconciling of their past and present self was an important part of better understanding why awareness didn't exist earlier in life, or before important experiences of exposure. Thus, evaluating the past was a subcategory under the reconciliation process. Additionally, for participants with more visible marginalized identities, awareness of their own oppression acted as an important catalyst to their own privileged identity awareness. Subsequently, the influence of oppression was another subcategory for reconciling the process of privilege awareness.

Evaluating the Past. It was common for participants to look back on their past and engage in a sort of commentary on previous levels of awareness, culturally insensitive actions, or periods of ignorance and dissonance. Paul describes how his own cultural upbringing in a racially homogenous conservative religion influenced his own awareness process:

> I think just larger sociocultural barriers of living in a very homogenous place. That being a barrier to understanding differences, understanding privilege. I think religious upbringing in the [religious organization omitted] church created a massive barrier ... It's very indoctrinated that we are all children of God. … So … I am meant to believe that we are all on the same playing field here and I think that that's an unintentional barrier. I mean, I don't think the church is like acting maliciously by any means, but it definitely creates this feeling of, doesn't matter where you come from, who you are, we're all children of God.

Another participant shared an experience she had working outside of the US, participating in hiring procedures that were discriminatory towards a certain group of people who came from a poorer part of the country.

> Ashley: When I look back on it, I have a lot of shame about that decision and feeling so strongly in that and probably mostly the inability to question myself in the moment. I guess I have shame about my lack of feelings in the times as they happened. In a very sort of entitled way, I thought I was right. I didn't question it.

Associated with strong, often negative feelings, all the participants engaged in evaluations of the past. Some participants found ways to self-sooth, reminding themselves of the importance of self-compassion, others were still unsure of what to do with the mistakes of their past.

Participants also evaluated their past awareness by considering which privileged identities were easier or more difficult to acknowledge. This was due to several factors. Some participants with more visible privileged identities described that the exposure to experiences of racial discrimination provided clear examples of the privileges they held, making it easier to

acknowledge. For example, Carrie explained why it was easy to see her own racial privilege as a white woman:

> The Walgreens down the street from us is not a great Walgreens, but it is the most convenient place to get prescriptions and so, have multiple times seeing people be stopped for having large bags in there, to be searched, usually people of color, and I go in with my large bag all the time to go get my prescriptions and nobody bothers me cause I am a nicely put together white lady who doesn't look like she's there to steal. And I think about that every time I go in there with my large bag I'm like, yeah, nobody's going to bother me because of the way I look.

Because the sample specifically required those who had completed their master's degrees in CFT, education was a privilege that came up often. Gertrude shares one of the easier privileges to acknowledge "is my education. …for sure…getting a PhD, even having a master's degree, even how I said "even having," that's a huge thing that most people don't have." A few participants described that awareness of educational privilege was easier to acknowledge when they considered friends and family who had not attained similar levels of education.

Other participants described privileged identities that were more difficult to identify. Participants often connected their difficulty with lack of exposure to marginalized populations, or diverse cultural experiences, and with growing up, or remaining in, a more homogenous community of other privileged identity groups. For example, Lindsey describes her own difficulty in acknowledging racial white privilege because of a lack of proximity to racially diverse spaces:

> So I've lived in places without a whole lot of racial and ethnic diversity, but I've gravitated towards LGBTQ spaces. Even when I was working and not in academics, I

> was still around more people of sexual orientation, gender identity… But racial identity, that's the one that I think I still struggle with more than the others. Being aware of my white privilege is harder, day to day, to notice and then just accept it and sit in it and not feel really icky compared to gender and sexual orientation.

One participant talked about his own difficulty in acknowledging privilege based on historical context of his time in graduate school. Justin described being in a training program when certain systems of privilege were not discussed as much as they are now: "I remember … during my undergrad or Master's programs being very aware of and talking about … religion or socioeconomic status or race/ethnicity, but [we] never really talked about gender."

Some evaluations of the past included participants reflecting on the influence of their upbringing their privilege awareness process. For example, Ashley describes how her upbringing in a white, mid-western, working class family influenced her own awareness of class, class privilege, and reactions to legislation around student loan forgiveness. What Ashley describes is a wrestle between the financial sacrifice her parents went through to help her through college and the possibility that students in debt may have the opportunity to be financially forgiven. She shares the following reactions to this issue:

> I've been very privileged to go to school and to be in graduate programs where I get assistantship, worked one to three jobs at about 30 hours per week, my parents also loaned me … the extra money that I needed for my undergrad. … I have a lot of guilt about that. … that is an area that I've definitely struggled with in terms of just kind of owning my privilege, being okay that I was privileged and I got this help from my parents and other people didn't, and I can't blame them for that, and I don't want their lives to be harder because they didn't have that privilege that I did.

It appeared that evaluations of the past were important for participants reconciling who they were and how they acted with how privilege awareness was now incorporated into different ways of being. It is possible that the ability to look back on past mistakes was an important aspect of owning privilege, and then with more ownership comes a greater ability to dismantle or use privilege for just purposes.

Influence of Oppression. Some participants who held marginalized identities found that the influence of oppression played a unique role in their privilege awareness process. For example, Seth describes the dynamic way his privileges and marginalizations interacted:

> I never thought twice, let alone once about the notion of privilege or the consequential experiences of oppression, because I never was really aware of, or experienced that sort of duality. So coming out as queer and experiencing the process of coming out and the subsequent experiences of othering and oppression sort of made me live it and become aware of what that dichotomy is.

A couple participants who described the ways some marginalized identities could be hidden or differentially experienced based on other privileged identities. For example, Hayley explained that she doesn't "have to worry about walking on the street and being attacked because of my sexual identity. But…being bisexual … I can hide under that identity sometimes and appear straight." Moreover, other participants described how one marginalized identity interacted with another privileged identity.

> Carrie: Gender was probably harder … acknowledging that I held privilege within intersectionality was hard. Like as a white woman I was privileged, was really hard to acknowledge because I really wanted to be like, "no, like men, they have more privilege." So having to sit and own feminism hasn't always treated women of color right has been

something I had to wrestle with.

Jerica: Yeah. Because, not that it feels good, but it's nice to have people to lament with, and get to be angry at the same group of people. But being pointed out the areas where I do have privilege, while, in some ways it's nice, I don't want to be oppressed in all areas of my life. It kind of feels shitty. I think about the fact that I grew up not knowing that... I knew people didn't go to college after high school, but to me that was not represented as a choice that would be acceptable for me.

One participant, a black woman obtaining her PhD, explained how the historical context of racial and gender inequality informed the way she acknowledged her privileged access to education. Gertrude shares that "coming from a marginalized racial background, that having an education is like … a big "fuck you" to people who want to assume things about me. And so I lean into that privilege a lot."

The influence of oppression on the privilege awareness process may be uncovering the similar way social consciousness raising occurs for individuals who hold both privileged and oppressed identities. Like exposure experiences that invited many participants with privileged identities into cultural dissonance, it is possible that experiences of oppression, in a similar way, invite individuals into a unique form of cultural dissonance based on oppressive systems.

Privilege Awareness Process as Constantly Evolving

A repeated belief from participants was the idea that the privilege awareness process was ongoing. Most of them used language that seemed to indicate their growing privilege awareness was constant and would continue to evolve for the rest of their lives. Seth shares his growing conviction of leveraging his privilege for good:

With the privilege I have, I can leverage it … for doing the good work, I call it. …

> I think it's the conviction around that [that] certainly has evolved over time. But there's this simultaneous need to accept the fact that you can't really change your privilege, some of them really, as I mentioned. And so talking about radical acceptance even … Depending on what one's professional trajectory is, whether it's in clinical work, in teaching, in the research that someone does, like all of those different avenues to leverage one's privilege, because inherently if you're sitting in a graduate school class room, you have certain privileges that you can't really change. So what do you do with that? I think that's a good question to ask oneself.

In consideration of the challenging nature of this self-work, a few participants spoke to the importance of admitting fault, recognizing that no clinician is perfect. For example, Gertrude shared the following about her own accountability and ownership related to privilege awareness:

> I also think that I don't opt out of conversations because I feel uncomfortable. I start every therapy relationship saying I'm going to mess up because I'm a person, but I promise you I'll learn. And what that looks like, I don't even begin to hold the space that I know everything. I actually reject the term social justice expert because I don't think you can ever be the expert unless you know everyone in the world and that's not possible.

The emphasis participants placed on privilege awareness as a constantly evolving process seemed consistent with the field's paradigm switch from cultural competence to cultural humility. Participants made sure to express in interviews that they were not finished growing in their awareness of their privilege. For example, Bob describes how his own process of privilege awareness in multiple professional roles are ongoing and constantly evolving in the following way:

> I say it's an evolving process even still where [I'm] being confronted with it pretty

> regularly …, How do I ask these questions from the get go? How do I do my own research? How do I continue learning and experiencing? How do I go to conferences? … So even now as a professor, students ask these crazy questions that are great, but [when] I don't know … I can't just pull something out of my butt. I've got to go actually find the information. And so, it's kind of that same mindset of privilege … there are things that I don't have to think … it's going to come up in the context of clinical work and I need to know how to go about understanding and finding that information, and that my own blind spots don't keep someone from feeling as if they can talk to me about whatever's really going on.

Some even expressed deep concern that this type of development would be seen by some as a competence that could be completed. For example, Ashley shares it is likely that "there are so many things that I don't even know about yet that I have privilege in" and that "we sometimes privilege ourselves for talking about these topics. We're more enlightened, and that's a real danger."

R2: Influence of Privilege Awareness on the Clinical Role

All participants reported adjusting their clinical identities because of privilege awareness in several common ways. All adjustments emphasized a growing attunement to the cultural context of themselves, their clients, the therapeutic relationship, and their role as clinicians in society. Accordingly, the main themes are represented in Table 5.3 below.

Table 5.3 Themes of Privilege Awareness Influence on Clinical Work

INTRAPERSONAL-CULTURAL ATTUNEMENT • Self monitoring	INTERPERSONAL-CULTURAL ATTUNEMENT • Clinical stance of therapists • Changes in language • More comfort with identities and presenting problems
SOCIO-CULTURAL THEORETICAL ATTUNEMENT • Theory • Not pathologizing • Context of client is more considered	SYSTEMIC ATTUNEMENT TO POLICIES AND PROCEDURES • Changes in policies and procedures

Intrapersonal Cultural Attunement

Intrapersonal cultural attunement was demonstrated by all participants in some form of self-monitoring behavior within clinical role of CFTs. Influenced by their privilege awareness process, participants kept themselves accountable to considerations of power, privilege, and oppression as it impacted the lives of their clients. For example, Seth described how he monitors the power differential in the room.

> My attempt is, and I've seen it work successfully…to dilute any explicit power differential or hierarchy within the therapy room. I mean there's always going to be an inherent power difference between client and therapist, but I do my best effort to dilute that experience as much as possible. … Even though I'm this white male in the seat of power in the therapy room assumedly, I try to shift that as much as possible.

Lindsey exclaims that "You have to figure out your own shit so it doesn't come up in the present when you're with people who are really vulnerable in the moment." She shares why, as the therapist, she needs to work out her own issues in order to provide culturally attuned care:

> …if I keep carrying it around and then every time I have a client who's talking about a microaggression, that I've done, then that shame and guilt is going to come up in the room and then I'm going to start going into my own tailspin in the session. I just don't want to carry that around. It's not helpful.

Other participants talked about emotional experiences from their own privilege awareness, and how these feelings fuel the ways they self-monitor in their clinical role.

> Ashley: I think we all have guilt of having things that other people have. ... I don't think guilt is a super great motivator, unless we do something with it. But I do try to... I'm not going to come to therapy wearing wildly fancy clothes, or I try to not do things that

would suggest the income that I actually do have, but it's actually much more than my clients.

Hayley: I think I almost feel more stressed out working with people who are a different race or different ethnicity [than] me because I'm afraid they're going to see, oh, there's this white girl, she has her own ideas about things, and she's not going to be aware of what I've gone through or what my culture looks like or those things. So I think I'd try to explain that, "I don't know your experience, but I try my best to be educated." … So I think it's been an awareness of seeking supervision, looking into articles…instead of treating therapy as one size fits all, I need to be aware of other things and other backgrounds that are different from mine.

Like Hayley, Bob also shared that his own clinical competence depends on him recognizing that his "visible identities do mean something to a lot of people." Self-monitoring was an important cognitive process for therapists as their privilege awareness grew and influenced their clinical work.

Interpersonal Cultural Attunement

This theme emerged as participants identified ways their interactions with clients changed as a result of privilege awareness. It included changes in their own therapeutic stance and the language used with clients. As such, therapists described common shifts in their stance and language that indicated they wanted to make the therapeutic space as safe as they could for clients. Describing what his treatment of trauma in therapy would be like had he not engaged in privilege awareness, Paul shares…

I think it would have a very narrow, unempathetic, academic understanding of trauma. … Washing out structural inequality, washing out power dynamics, washing out

> opportunities, washing out coping skills that have developed because of lack of opportunity. Like all of that would just be lost. … but that it would be ... Feel so much more cut and dry if I hadn't had privilege awareness experiences.

Again, many participants discussed that their growing awareness influenced how they were in the room, describing themselves with clients as warm, safe, gentle, client-focused, collaborative, curious, transparent, and intentional. Bob shared how his transparency was used in his clinical work.

> Oftentimes too, race would come up. So…I'd be working with a Hispanic male or an African American male … But it's like, I feel like it had to be said, 'What is it like sitting across from a white guy in this context. You're not going to hurt my feelings, but there are things I'm missing and not getting based off of what I may be blind to because of my race.'

An increased level of transparency was a common shift and reflected that clinicians wanted to make the implicit reality of power, oppression, and privilege more visible to their clients, possibly with the goal of establishing a more trusting therapeutic relationship. In describing her client-centered approach and her tentativeness, Lindsey shares…

> So I don't say, "I know how you feel," or, "I know what you're feeling." I might catch myself doing it, but I say, "I can relate to what you're saying in a way," but I try really hard not to say, "I know what you're feeling," or, "I feel the same way," because I don't know that. … And especially with intersectionality. I don't know all of my clients' identities and I can work with them for years and still not know all of their identities, so I cannot presume to feel the same way they do.

Like Lindsey's consideration of the language used in clinical work, other participants

also described changes in their language with clients. For example, Carrie and Ashley shared that growing awareness of cisgender and heterosexual privilege influenced their use of the word *partner* in clinical work, as opposed to *wife, husband,* or *spouse*.

Socio-Cultural Theoretical Attunement

This theme represents changes in the theoretical and conceptual frameworks of CFTs as a result of privilege awareness. Some participants shared changes in theoretical orientation, many described a growing sensitivity to the cultural context of their client's lives, and a few shared how their own competence increased overtime with certain presenting issues or client populations. Emily describes how their own theoretical orientation and conceptualization of change was informed by their privilege awareness:

> …narrative therapy says there are systems in place that are shitty and are set up to beat you down. So we are going to see what those systems are and figuring out how you can thrive despite those systems and in the context in which you are living. So as opposed to being like, "Yeah, like this bootstraps sort of American dream. You can do everything." It's like, "Hey, no, this shit is real. And we're not going to pretend that it's not. We're going to honor your experience, and we're also going to figure out how you can fight those internalized messages so that you can engage in a story of your life that is more in line with your values as opposed to something else."

A few participants explained that increased privilege awareness led to more theoretical flexibility. Others described their growing awareness resulting in a theoretical orientation that was explicitly grounded in systemic thinking. Carrie shared that without privilege awareness her theoretical orientation would "be less systemic because it wouldn't be accounting for the holism that was occurring and what may account for structural and institutional racism and bias and

discrimination that people were experiencing."

This sensitivity to the cultural context Carrie describes above was identified by all the participants when they considered the influence of their privilege awareness on their clinical role.

> Gertrude: When things happen in the community, when things happen with politics and especially #metoo movement and the Harvey Weinstein [case], there was no way me as a social justice scholar could walk into a room with a woman, man, person, who's been sexually assaulted… anything like that and not check in with them about that.
>
> Tonya: [It] was the day after Trump got elected, and I had 9:00 session with them [a lesbian couple with kids] in the morning. And I remember wanting to cry in my car driving, because I just thought, how does that feel for them? And yeah, it was tough. … And then…I brought it up in the session. … I remember thinking, this is going to be tough, but I have to bring this up. I have to ask them what's going on for them. And then we talked about it the full session and it was so much about their experiences as lesbians and just what their fears were for the future and things like that.

Some participants connected their privilege awareness process to becoming more sensitive to the cultural contexts of certain presenting issues. This made sense, considering that culturally dissonant experiences and privilege awareness participants described were directly connected to structures of power and oppression. This awareness likely increased empathy for others effected by larger systems of structural inequality, namely their clients.

> Paul: Privilege awareness has attuned me to, and focused my clinical work, on trauma, because I think that marginalized groups or under-privileged groups experience trauma at a much higher rate and if I can start to assess for what could be identified as traumatic experiences, that's going to increase my capacity to understand how privilege might be

blinding me to some of their experiences.

Other participants attributed their growing comfort with clinical competencies through the exposure they had to research being done by faculty and peers in training programs. Carrie shared that having the experience of being in a program where research is presented by and for gender minority folks has offered her many opportunities to inform her clinical work with trans folks in therapy.

Systemic Attunement to Policies and Procedures

Though only a couple of participants associated their privilege awareness with procedural changes in their clinical practice, it was worth mentioning as a separate theme. The idea that identity awareness can influence larger systemic changes, such as increasing access to more prospective clients, demonstrates the importance of this form of clinical development. For example, a few participants shared that they provided sliding scale rates and pro bono work in order to reach a more economically diverse clientele. One participant described their own awareness sensitizing them to representation in their disclosure statement paperwork.

> Lindsey: And so my first draft was something like "I will promise to do my best to educate myself about my clients and see my clients as surviving in a complex world, and advocate for them regardless of their age, ability, sex, gender, sexual orientation and religion." And so, over time I've expanded that and I put it in my disclosure statement. And then at the end of the statement, I ask my client, "Is there any identity that I missed?"

Chapter 6 - Discussion

The purpose of this study was to explore privilege awareness experiences for CFTs, and how these experiences influenced their clinical role. The study utilized a model of multiple dimensions of identity (Jones & Abes, 2013), which allowed for a broad exploration into any privileged identity held by participants and how these identities were navigated in specific experiences and contexts. Though more empirical inquiry is needed in this area, the repeated occurrence of codes and themes for this study indicated a level of theoretical saturation needed to make clinical and training recommendations.

RQ1: The Privilege Awareness Process

The process of privilege awareness outlined in the results seemed to suggest a temporal ordering. This process closely mirrored frameworks outlined in learning theories such as behaviorism and cognitivism (Bates, 2019). Theoretical assumptions of behaviorism emphasize the reaction or response that occurs following a stimulus. Similarly, participants discussed a response, either cognitively or behaviorally following an experience of exposure (Bates, 2019). Theoretical assumptions of cognitivism add the importance of internal events, like remembering (Bates, 2019). Similarly, participants discussed the important role their internal experiences (i.e., affective experience and evaluating the past) played in how they learned through exposure experiences. The significant and meaningful influence of the privilege awareness process on the clinical role of participants reflected similar processes found in transformative learning theory (Mezirow, 1997). Transformative learning theory includes processes involved with critical thinking towards feelings, values, paradigms, and purposes; reflective thought; metacognition; and self-directed learning (Mezirow, 1997). Participants in this study demonstrated that their privilege awareness process was and continues to be reflective in nature, involving a critical

approach to one's own behaviors and beliefs, which is ongoing and self-motivated.

The Role of Relationships

An important finding, not discussed thoroughly enough in privilege awareness literature, was the role that relationships played in the process. CFTs consistently discussed how close relationships with friends, family, peers, instructors, faculty advisors, and supervisors were essential as they self-confronted their own blind spots related to their privilege. The idea that the quality of a relationship influences personal growth and development has been addressed in literature. Supervisees in clinical training have reported they are more likely to be vulnerable and take risks when their supervisors demonstrate a safe and supportive environment (Ancis & Marshall, 2010; Tohidian & Quek, 2017). Relational safety is another way this concept has been discussed (Hernández & McDowell, 2010; Hernández & Rankin IV, 2008), describing it as "necessary to raise critical consciousness about self in society, including self in relationship in therapy and supervision" (Hernández & McDowell, 2010, p. 29). The emphasis placed on safe and supportive environments when engaging individuals in privilege awareness makes sense, especially considering the strong emotional reactions that can occur during this process.

Exposure and Emotional Processing

In general, CFTs described experiences of exposure to new ideas, beliefs, or populations as important catalysts for their own privilege awareness. In other words, the exposure to identities or cultural experiences that differed from their own was not what they considered to be privilege awareness per se. However, these experiences seemed to introduce the idea that identity was associated with the access different populations had to needed resources. Literature on the emotional reactions of privilege awareness identifies that the process is commonly a negative experience, initially (Boatright-Horowitz, et al., 2012; Walls et al., 2009; Wise & Case, 2013).

Consistent with literature, participants demonstrated negative emotional reactions like shame, guilt, confusion, anger, and sadness as a result of growing awareness. This finding is important for CFTs wondering if intense emotional reactions are normal when they start to confront privileges they hold and benefit from.

Reconciliation and Constantly Evolving Process

The cognitive act of evaluating the past was common among all participants. This cognitive process closely mirrored the process of *critical reflection*, which is defined as a process of meaning making that allows us to use what we have learned to better inform our decision making and our actions (Ash & Clayton, 2009). As demonstrated by the participants in this study, critical reflection has been considered a necessary process to avoiding the reinforcement of stereotypes or using simple solutions to very complicated issues (Ash & Clayton, 2009). This critically reflective process has been discussed in prior literature, leading individuals holding privilege towards insights that it is identifying with privileged cultures that limit a more multicultural paradigm of the world (Johnson, 2006).

It was important for participants to organize previous experiences, mistakes, periods of ignorance, or microaggressions they committed with an understanding that sensitivity to power and privilege was, and is, an ongoing process. This theme relates closely with the concept of cultural humility, defined as an ongoing, life-long practice of not only learning about other cultures, but constantly critiquing one's own beliefs, biases, and values (Tervalon & Murray-Garcia, 1998).

For participants with more visible marginalized identities, the role of oppression seemed to act as an important catalyst to privilege awareness. This finding has not been discussed yet in privilege awareness literature. However, the interconnectedness of privileged and oppressed

identities has (Case, 2013; Hernández & McDowell, 2010; McGeorge & Carlson, 2010). Hernández and McDowell (2010) proposed a critical postcolonial lens that, as they say, "goes beyond a multicultural perspective … to offer a framework anchored in the analysis of hierarchies of power, privilege, and oppression that create intersectionalities of life experience…" (p. 30). Participants in this study who held a combination of privileged and oppressed identities described privilege awareness experiences in complicated ways. This offered a needed demonstration of how identities with various degrees of power interact with one another, and how this interaction inevitably sensitized CFTs to their positionality in their clinical role regarding privilege.

Many of the participants talked about their own awareness as continuous, and some addressed the role of self-compassion. This stance of self-compassion has also been previously considered in clinical work. Nissen-Lie and colleagues (2017) explained when "a person is treated predominantly with love, care and tolerance, an internalized way of treating oneself with care and nurture would result—which in turn creates a tolerant and warm approach to other people" (p. 50). CFTs can contextualize their own socialization in privileged cultures and self-confront ways this may negatively influence their personal and professional life. But the challenging nature of this process suggests they do so with self-compassion, which may result in providing more culturally sensitive and competent care.

RQ2: Influence of Privilege Awareness on Clinical Role

Participants described several ways their privilege awareness influenced their clinical role. Interpersonal considerations and changes in therapeutic relating was likely related to a growing sensitivity clinicians experience about their own identities. Reflected by cognitive theories of learning, which emphasize the association with internal processes and behavior

(Bates, 2019), this form of intrapersonal attunement seemed to be an important predictor of interpersonal changes in clinical work.

Intra- and Interpersonal Cultural Attunement

Most participants described ways they monitored themselves intrapersonally in their clinical role, and often from day-to-day. These self-monitoring mechanisms were ways that CFTs in this study kept themselves accountable to their own values associated with privilege awareness and sensitivity to power differentials with clients. In other literature, clinicians have also described this as "incorporating self-reflection on how I use my position of privilege" (McGeorge & Carlson, 2010, p. 52).

CFTs shared significant changes in how they used themselves in the therapy room or interacted with their clients. Many participants shared how their own stance and pace in therapy was influenced by increased awareness. Participants made connections between greater sensitivity to power and the need to provide a safe space for clients. This was demonstrated with qualities like collaboration, warmth, and curiosity. These qualities, which were being associated with increases in privilege awareness, are also important components of the therapeutic alliance (Bordin, 1979). This is an important point to make for clinical process research—considering it contributes to the question of what helps therapists develop and maintain the qualities associated with the therapeutic bond.

Perhaps therapists grew to recognize the important of cultural meanings made about their own identities within the context of privilege and oppression, thus enhancing their attunement to how clients may perceive and experience them. Moreover, this sensitivity to privilege and power also influenced the language used in therapy by some of the CFTs in this study. These findings suggest the importance of assuming all people hold privileged and marginalized identities. In

other words, given identities can be visible or invisible, it may be best to shift language that reflects inclusivity regardless of who we see, and assumptions clinicians may automatically make based on appearances. The importance of language has been more explicitly discussed in LGBTQ+ affirming therapy literature. Demonstrated by some of the participants, McGeorge and Carlson (2011) suggested the use of the term *partner* when asking clients about their committed relationships.

Socio-Cultural Attunement and Systemic Practice

The privilege awareness process also influenced how CFTs described their theoretical orientation and how they conceptualized issues with greater socio-cultural attunement. This result reflects the COAMFTE (2017) accreditation standards outline the foundational competency when clinicians can understand and apply "knowledge of diversity, power, privilege and oppression" (p. 30) into their clinical work. In other words, theory of change and conceptualization of issues seemed to increasingly consider social structures of inequality as privilege awareness increased. Though participants discussed changes in which theoretical models they used, the theoretical changes in this study refer to considerations of power as it relates to the ways CFTs conceptualized clients' issues. These findings did not indicate that any one model of therapy was better equipped to address issues of power, privilege and oppression over others. Commonly, participants described their systemic lens expanding to take in larger systems of power, privilege, and oppression that influence them personally and influence the lives of their clients.

Combs (2019) also invites the CFT to acquire this expansive view, which takes in all systems of power in clients' lives (including the system of power between the CFT and their client), suggesting a unique role CFTs can have as systemic thinkers in political advocacy. Some

participants' own privilege awareness had ripple effects, influencing the way they structured their own practice. This suggests that privilege awareness may encourage CFTs to think more broadly about the influence they could have in removing larger societal barriers clients face in accessing care.

The direct connection CFT participants made between their own privilege awareness and changes in their theoretical approach seemed to demonstrate an increasing level of multicultural competency, outlined in the COAMFTE accreditation standards (COAMFTE, 2017: Standard IV: Curriculum, FCA 3: Diverse, Multicultural and/or Underserved Communities). In other words, CFTs with privileged identities should strongly consider the important, perhaps essential role, that privilege awareness plays in developing multicultural competencies in their clinical work.

Theoretical Implications

This study specifically focused on the awareness raising process for CFTs holding privileged identities. Other literature considers frameworks of social consciousness raising for clinicians, involving broader intersectional theories that incorporate interconnected identities of privilege and marginalization (Hernández & McDowell, 2010, Chan, Cor & Band, 2018; McGeorge, Carlson, Erickson, & Guttormson, 2006). The focus of privilege awareness raising was not to indicate the work of broader frameworks of social consciousness raising is not important. Nor was it implying the work of consciousness raising and empowerment regarding marginalized identities is not important.

However, what seems clear is the process of privilege awareness is different than the process of marginalized identity awareness (Case, 2013; Case et al., 2012). The unique emotional reactions, the self-confrontation needed to acknowledge and address the holding of

power, the dismantling or relinquishing of power, and the ways this process informs the therapist role seems unique. Hernandez and McDowell (2010) reiterate the unique differences of clinicians coming from positions of power verses positions of oppression.

> "…by not questioning the culture of dominant groups, it continues to reinforce the power of those who define the marginal groups and how to counsel them. Those in privileged social locations train and work with those in oppressed social locations in addition to their own groups, whereas those in oppressed social locations have to address the challenges of working outside of their own group with other oppressed groups and with the dominant group (p. 30).

To be clear, frameworks that complicate clinical implications of therapists with both privileged and marginalized identities are important. These frameworks account for the complexity by which power and status (or lack thereof) operate when marginalized and privileged identities are held by the same person. *And*, the need to consider the unique process of confronting one's own investment and gain with privileged identities also has important implications for clinical practice.

Implications for Training Programs

As demonstrated in this study, the privilege awareness process influences the clinical role of CFTs, and specifically seems to inform a systemic and multicultural orientation. This indicates the important role privilege awareness can play as clinicians meet COMFTE standards of multicultural competence. Considering there is no literature in the CFT field outlining the process of privilege awareness, these findings indicate a unique contribution to the CFT field. There seems to be consistency in how individuals grow in privilege awareness, regardless of the identity, and that this growing awareness can be facilitated within the context of supportive

relationships. Moreover, findings from this study seem to confirm previous literature that experiences, and critical reflection of privilege awareness play a significantly meaningful role in multicultural competency development.

Based on these findings and implications, a few key points should be considered by faculty in training programs and supervisors working with CFTs. Faculty can consider these recommendations under formal and informal learning strategies (McGivney, 1999). For formal learning environments, the likelihood that exposure and privilege awareness result in intense and often negative emotions, should inform how material, assignments, and activities are delivered and facilitated. Students beginning clinical training programs are likely coming into class with various levels of privilege, privilege awareness, and various levels of exposure to culturally dissonant experiences. Because of this, it is important to focus on the language, concepts, theories, and established theories of privilege and social consciousness. This phase may also include providing students with experiences of exposure in class or the community. Discussing concepts objectively may prove to be a safer entry point for students new to privilege awareness. As relationships and trust builds, instructors and supervisors can begin to discuss what these experiences of exposure mean to students and their identities of privilege

Also, faculty and supervisors might have greater success facilitating the privilege awareness process if they establish an environment of relational safety (Hernández & McDowell, 2010). Based on feedback from participants in this study, faculty and supervisors achieved this environment in the following ways: using transparency and disclosing aspects of their own privilege awareness experiences, including areas that still require growth and past mistakes; avoiding language or tones that were explicitly shame inducing (i.e., avoiding characterizing individuals with privilege identities as inherently bad, ignorant, ill-intended); addressing

microaggressions in class promptly, respectfully, and following up later in a more private setting; and prepping students for any challenges or different perspectives beforehand.

For informal learning strategies, training programs can consider how transparent they communicate the importance that students challenge their own investment in cultures of privilege. Programs can model the awareness of power by going through their own privilege awareness process as an organization, and do so on display for students to see and engage in. Training programs are replete with dynamics involving power, those with less power and those with more. Programs faculty can explicitly address the ways they navigate the multiple relationships and roles they take on with students, they can facilitate the ways power can be navigated between students at different levels of clinical development, and they can democratically include the voices of students in the development and growth of the program. When faculty initiate these conversations and changes, and do so in the explicit context of power and privilege, they intentionally provide teachable moments to students who are developing their own awareness of power and its influence on their clinical role.

Considering some programs may emphasize sensitivity to structures of power, privilege and oppression more than others, this study may provide more evidence to prioritize this form of growth and development throughout the curriculum, and not only in a culture and diversity course. If we see the privilege awareness process as a form of learning, we can consider resistance to this process as an indicator that barriers in the learning environment may exist. Considering this, it is important faculty are aware of any program barriers getting in the way of students accessing the privilege awareness process for their own clinical growth.

Limitations

It is highly likely that a larger more diverse sample could have led to greater depth in the

privilege awareness process, specifically adding needed complication to the influence of marginalized identities on the privilege awareness process. Having more therapists who had been practicing longer may have also added important nuance in how this process continues over time. Another sample limitation is that this study's recruitment strategy included participants whose experiences lead to privilege awareness. Therefore, we still do not know what happens and why when similar experiences do not lead to privilege awareness. Additionally, because of the specified focus here on privilege awareness, the unique processes of awareness and empowerment for those with marginalized identities was not explored here. This work is still needed in the field of CFT. Intersectional-based frameworks do exist which attempt to address social consciousness raising broadly for helping professionals. However, because awareness of privilege is different than awareness of oppression, the decision was made to consider these processes as distinct.

Lastly, it is important to acknowledge the social positioning of the argument by which this entire body of research is built on. I argue the importance of privilege awareness in a country that grants me the freedom to do so publicly. My critique of power held by certain social identity groups, though legal and even encouraged in many academic spaces in the US, could be considered dangerous, illegal, or even life threatening in other countries. Because of this context, students and clinicians from other countries (whether located in the US or abroad) may not ever feel safe enough to move through the privilege awareness process, perhaps based on how their country of origin sees or perpetuates forms of marginalization (i.e., anti-LGB, sexist, or transphobic laws and policies, or dominant nationalist groups based on ethnicity, race, or religion). This hesitance may have nothing to do with a student's or clinician's personal values. Considering this context, I encourage clinicians, supervisors, and faculty to hold this privilege of

speech in awareness and incorporate it accordingly. This is important as our programs continue to benefit from the ever-increasing globalization of our field.

Future Directions

Privilege has been studied in many ways and by diverse fields. The process of privilege awareness for CFTs is still understudied. Future studies should consider ways to attract samples of clinicians or clinicians in training programs who either resist or avoid privilege awareness raising or who have recently experienced privilege awareness for the first time in their professional development. Additionally, further inquiry is needed to inform supervisors and faculty of ways to facilitate this in the supervisory relationship, and within a formal classroom setting. From this study, a couple questions arose that will need to be empirically considered in future studies. First, no consistent themes emerged as to why some privileged identities or cultures of privilege were more difficult to acknowledge than others. This may be important for supervisors and faculty as they work with clinical trainees to identify why and when challenges in multicultural competency development occurs. Another more significant future direction will be to consider the influence of CFT privilege awareness on client outcomes.

Chapter 7 - Conclusion

This study explored the privilege awareness experiences and how this awareness influenced the clinical role of CFTs. Participants demonstrated that exposure to new ideas, beliefs, experiences and people that differed from their ow worldview or access to resources, introduced the idea that identity mattered. Many CFTs reported strong emotional reactions as they reflected on previous levels of awareness. Self-compassion and relational safety were important factors that helped participants confront their own privileges. Experiencing oppression also acted as a catalyst to privilege awareness for some. Privilege awareness influenced the clinical role by how CFTs defined their stance with clients, demonstrating collaboration, warmth, and curiosity. Privilege awareness also influenced CFTs to consider a culturally broader view of their clients' experiences, which allowed some participants to move away from pathologizing certain problems, which were more related to structural inequality. Findings indicate that clinicians, supervisors, and faculty of CFT training programs can strongly consider the important role that privilege awareness plays in developing multicultural competencies in their clinical work. Future directions can consider the influence privilege awareness of clinicians has on client outcomes.

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Appendix A - Consent form and Demographic Survey

Informed Consent

PROJECT TITLE: Clinical Implications of Privilege Awareness Raising for Therapists
PRINCIPAL INVESTIGATOR & CO-INVESTIGATOR: Amber Vennum & James G. Bridges
CONTACT INFO FOR QUESTIONS/CONCERNS: jamesgb@ksu.edu
IRB CHAIR CONTACT INFO *(Questions/Concerns)*: Rick Scheidt, Chair, Committee on Research Involving Human Subjects, rscheidt@ksu.edu, 203 Fairchild Hall, Kansas State University, Manhattan, KS 66506, (785) 532-3224; Cheryl Doerr, Associate Vice President for Research Compliance, 203 Fairchild Hall, Kansas State University, Manhattan, KS 66506, (785) 532-3224. *****PLEASE COMPLETE SURVEY AND FOLLOW UP SURVEY LINK WITHIN 3-4 BUSINESS DAYS OF ACCESSING FIRST LINK.*****
PURPOSE OF THE RESEARCH: The overall purpose of this research project is to explore the experiences couple and family therapists have with their own privilege awareness, and to also explore how this privilege awareness influences their clinical work. Privilege awareness raising refers to a growing social consciousness of one's own identities that hold more status based on current structures of power in society. Typically, privileged identities refer to (but not limited to) identifying and presenting as male, being white, educated, christian, mid to upper class, married to other-sex partner, heterosexual, and able-bodied.
PROCEDURES: After agreeing to participate, you will access the Qualtrics link in the recruitment email, read and answer consent form agreement question, and complete questions asking about demographic information. You will also leave contact information, which I will use to send you another Qualtrics link which will direct you to complete a timeline of experiences along with a list of important relationships related to your privilege awareness process. You will also access the compensation pdf form in the recruitment email, read and fill it out, and upload it in the same Qualtrics survey link used for the time-line. There will be a table for you to select best days and times for the qualitative interview. The researcher will then contact you to determine an interview date and time which may last from 60-90 minutes (face-to-face or online through ZOOM). This interview will explore and expound upon the timeline you created.
PARTICIPATION CRITERIA: (1) 18 years or older, (2) speak and read English, (3) **have completed master's degree in marriage/couple and family therapy**, and (4) be a currently practicing therapist.
RISKS OR DISCOMFORTS ANTICIPATED: There are no foreseeable risks from participation in this study. Research does indicate that privilege awareness raising has been associated with feelings of guilt, anger, shame, or sadness. As such, you are allowed to withdraw at any time from the study if you experience distress and no longer wish to continue. If you are in need of resources to reduce stress feel free to utilize the following link: https://www.webmd.com/balance/stress-management/stress-relief-breathing-techniques#1.
BENEFITS ANTICIPATED: All subjects who complete the timeline and interview will be compensated for their time with a $20 amazon gift card. Because the funding for this incentive comes from the university's accounting offices, a form including social security information will also be required of participants. This form can be found in the recruitment email and should be uploaded through the second Qualtrics survey link and not through email to further protect

privacy. Participating in this study will directly contribute to the growth of the couple and family therapy field by furthering the growth and development of family therapists and their multi-cultural competency. Subjects will also likely grow in their own self-awareness with regards to the ways in which their own privilege awareness process has influenced their clinical work. **EXTENT OF CONFIDENTIALITY:** To protect your confidentiality, participants will have the option to choose their own pseudonym, which will be used on transcripts and in any publication resulting in this study. If you do not choose your own pseudonym located in the second survey link, the researcher will assign you one. The use of pseudonyms ensure that your identity is not connected to any of the data or published materials. Demographic data and audio recorded files of interviews will be stored on a password protected computer only accessible by me (James Bridges), which is located in an office that is locked every day in a building on Kansas State University's campus, which is also locked every day. The de-identified information collected as part of this research could be used for future research studies or distributed to other investigators for future research studies without additional informed consent.

Terms of participation: *Terms of participation: I understand this project is research, and that my participation is voluntary, and that data may be used for further research without additional consent. I also understand that if I decide to participate in this study, I may withdraw my consent at any time, and stop participating at any time without explanation, penalty, or loss of benefits, or academic standing to which I may otherwise be entitled. I verify that by checking the box below indicates that I have read and understand this consent form, and willingly agree to participate in this study under the terms described.*

- ○ Yes (1)
- ○ No (2)

Highest Degree Obtained
(One of the criteria of participation is having completed a masters degree in Marriage/Couple and Family Therapy)

- ○ Less than High School Diploma/GED (1)
- ○ High School Diploma/GED (2)
- ○ Bachelors (3)
- ○ Masters (4)

○ Doctoral (5)

Please answer the following demographic questions.

<u>*PLEASE COMPLETE SURVEY AND FOLLOW UP SURVEY LINK WITHIN 3-4 BUSINESS DAYS OF ACCESSING FIRST LINK.***</u>**

Age: please answer numerically (i.e. 25)
_____

Gender Identity

○ Male (1)

○ Female (2)

○ Other (please specify) (3) _____

○ Prefer not to disclose (4)

Pronoun Use

☐ She/her/hers (1)

☐ He/him/his (2)

☐ They/Theirs (3)

☐ Ze/Zir/Zirs (4)

☐ Other (5) _____

☐ Prefer not to disclose (6)

Sexual Orientation

○ Heterosexual (1)

○ Bisexual (2)

○ Lesbian (3)

○ Gay (4)

○ Pansexual (5)

○ Other (please specify) (6) _____

○ Prefer not to disclose (7)

Are you of Hispanic, Latino, or of Spanish origin?

○ Yes (1)

○ No (2)

○ Prefer not to disclose (3)

How would you describe yourself?

○ American Indian or Alaska Native (1)

○ Asian (2)

○ Black or African American (3)

○ Native Hawaiian or Other Pacific Islander (4)

○ White (5)

○ Multiracial (6)

○ Other (please specify) (7) _____

○ Prefer not to disclose (8)

Length of time providing therapy to clients (including your master's training)
Example: 5 years, 10 months
_____

Current professional role

☐ Mental Health Provider in private/group practice (1)

☐ Mental Health Provider in community mental health (2)

☐ Faculty at university/college (specify type of program, i.e. Couple & Family Therapy) (3) _____

☐ PhD student/candidate (specify type of program, i.e. Couple & Family Therapy) (4) _____

☐ Other (please specify) (5) _____

Please include up-to-date contact information below. Choose a form of communication that will be the most convenient for you. I (Jimmy Bridges) will use this to **email or text** the next Qualtrics link which will include the following: timeline instructions, timeline upload box, compensation form, compensation form upload box, and preferred interview days and times you can fill out. Thank you!

*****PLEASE COMPLETE SURVEY AND FOLLOW UP SURVEY LINK WITHIN 3-4 BUSINESS DAYS OF ACCESSING FIRST LINK.*****

PLEASE DOUBLE CHECK THAT YOUR CONTACT INFO IS CORRECT

○ Email (1) _____

○ Cell Number (for text) (2) _____

Below you will indicate when are the best times to participate in an interview that could last between 60 and 90 minutes. **First indicate the time zone you will be located during the interview**.

Appendix B - Timeline Instructions

Before your interview you are expected to create a timeline of experiences that have resulted in privilege awareness raising. Try to organize your timeline in a chronological format as best as you can. It can begin as early as you want and end at the present day. The timeline can include the following experiences: (1) events (e.g., accepted into graduate school, family member who came out, Kavanagh hearing, etc.), settings (i.e., school, work, church, community organizations or clubs, etc.), and media (i.e., books, TV, movies, music, etc.). For your timeline, you can be as creative as you want in how you structure it. You can represent your timeline with a list, graph, or table or whatever way makes more sense to you. Identify at least 5-10 experiences. In addition to the timeline please list relationships that have played important roles in your own privilege awareness raising (i.e., college peer in program who identifies with the LGBTQ community).

After completing these timelines make sure to email me (Jimmy Bridges: jamesgb@ksu.edu) prior to the interview date determined. Please remember to have your timeline with you during the interview. The researcher will use the timeline as a chronological guide to structure the topics discussed in the interview. Your timeline will also allow you to follow along with and answer questions in greater depth regarding each of the main experiences you have recorded.

Appendix C - Interview Guide

This interview guide is expected to provide main talking points for the semi-structured qualitative interviews. Follow-up questions are likely to vary depending on participant response and how you structure your timeline. It is possible that this will adjust throughout the interview process. Please note that at any time you are free to not answer questions asked by the researcher.

- For each of the experiences (or relationships) indicated on the timeline participants will be asked the following questions,
    - What thoughts, feelings, and reactions did you have following this privilege awareness experience?
    - Which experiences were intentionally sought after, and which occurred randomly or unintentionally?
- How has the privilege awareness process felt over time and with each privileged identity?
    - What emotions came up when awareness began initially? Have these emotions changed over time? How?
    - How would you describe initial experiences of privilege awareness?
    - When, if at all during these experiences, have you noticed feelings of defensiveness, shame, or guilt?
- What were some of the main influences in your life that led to initial experiences of greater privilege awareness?
    - What privileges would you say have been easier to acknowledge and dismantle and which have been more difficult?
- What has helped and hindered your own privilege awareness process over time?

    - For example, support from family and friends, social pressure, mentorship, continual opportunities to be exposed to experiences of minority groups, Literature, Media, Etc.
- What do you think would be different in your therapeutic approach, or your client's outcomes in therapy when you compare you current level of awareness to previous time periods on your timeline?
- How have these experiences influenced your clinical work across time?
    - For example, how do they influence the following elements of therapy?...
        - Clinical stance and pacing with clients
        - Theoretical orientation
        - Prioritizing certain contextual details over others
        - More or less comfortable with certain presenting issues or client identities
        - Degree of self-disclosure or use of self

Additional Questions in Assessing Broader Influences of Privilege Awareness

- Thinking more broadly, how would describe the influence of privilege awareness on the following aspects of your life? Are there aspects that are more relevant to your increased awareness? And how have these changed? For example…
    - Personal values, paradigm of the world, identity, the language you use
    - Community involvement, Relationships with friends and family, Social circles, friend circles
    - Political involvement, Religious/spiritual activity, changes, transitions