Counseling while Black: A critical inquiry exploring the experiences of Black Master’s level counselors in non-academic, predominantly White, mental health settings

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Counseling While Black: A Critical Inquiry Exploring the Experiences of Black Master’s Level Counselors in Non-Academic, Predominantly White, Mental Health Settings

A Dissertation
submitted by

Brandon Jones

In partial fulfillment of the requirements
for the degree of

Doctor of Philosophy

LESLEY UNIVERSITY
September 15, 2020
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Dissertation Final Approval Form

Division of Counseling and Psychology

Lesley University

This dissertation, titled:

________________________________________________________________________

as submitted for final approval by Brandon Jones
under the direction of the chair of the dissertation committee listed below. It was
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Thank you for generously sharing your experiences and trusting me with your stories. I hope this project is just the beginning of our collective journey to transform our field into an equitable place for everyone.

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I have done my best to carry you with me and do justice to your legacies. Thank you for loving me in the flesh while you were on this side of glory.

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To my sisters:

Bre and Brit, ya’ll know that I take being your older brother seriously. I have worked hard to be someone on which you can rely, someone of whom you can be proud. Thank you for always having my back and for unabashedly cheering me on. I am who I am, in large part, because I know that you two are watching; and I’ve been able to do what I have done, in large part, because I know you are always behind me.

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Dedication

To my daughters, with all my love.
Abstract

As the counseling profession has evolved to embrace multiculturalism, scant research has focused on examining how Black counselors in predominantly White settings navigate the social injustices of white supremacy and patriarchy. This dissertation project is a critical, dialogue-based study of Black, Master's level counselors' race and gender-related challenges in predominantly White, non-academic, mental health settings. It offers two primary contributions to existing empirical literature: a meta-theoretical understanding and a critical qualitative inquiry based on a methodological integration.

The meta-theoretical understanding offered in this dissertation is grounded in a theoretical reconstruction of Critical Race Theory (Bell, 1980; Crenshaw, 1989; Delgado, 1984; Freeman, 1978), Glass Barriers Theory (Wingfield, 2009), and the concept of dueling consciousness (Kendi, 2019).

The three research questions that guided this empirical investigation were: 1. What are the experiences of being a self-identified Black, Master’s level counselor in a predominantly White, non-academic, mental health setting? 2. What challenges and barriers related to race and gender, if any, are associated with the experiences of being a self-identified Black, Master’s level counseling in a predominantly White, non-academic, mental health setting? 3. How do self-identified Black, Master’s level counselors in predominantly White, non-academic, mental health settings respond to, cope with, and overcome the challenges and barriers related to race and gender in the workplace? Data were generated using semi-structured interviews and analyzed using an integration of...

Three main themes emerged: visibility problems resulting from participants’ membership to a group in the numerical minority; dueling consciousness, which manifested as participants vacillated between actively rejecting and adopting racist-sexist standards; and role encapsulation, the experience of being limited by the roles assigned to them without their consent, which was only experienced by female participants. This study presents an overarching interactive framework that demonstrates how participants’ meaning-making and engagement with White colleagues is driven by their desire to be treated as fully human within an often dehumanizing context.
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Chapter 1: Introduction

In the 1995 version of the ACA Code of Ethics, the American Counseling Association (1995) first codified a commitment to multiculturalism through its mandate that counselors respect and understand cultural differences. Nearly twenty years later, the American Counseling Association (2014) broadened this mandate by calling for a commitment to diversification within the counseling faculty and student ranks. While recruiting and retaining diverse students and faculty seem likely to be essential endeavors in creating a counseling profession that reflects the full range of identities, values, and experiences of the clients it serves, these foci do not and cannot directly affect other institutional and structural forces that impact the professional lives of counselors.

Nourishing and retaining a diverse body of postgraduate, practicing counselors is critical to the sustainable realization of a pluralistic, multicultural counseling profession. Data from the National Center for Education Statistics (2016) indicate that the percentage of Black students enrolled in predominantly White institutions rose from 9% in 1976 to 12% in 2016. Although the American Counseling Association does not provide public data about practicing counselors, one might expect that if it is successful in its aim to diversify its students, then more students of color, including Black students, will ultimately transition into counseling roles, many of which being in predominantly White practice settings. Indeed, data from Bureau of Labor Statistics (2015, 2020) demonstrate an increase in Black counselors in the United States over the last several years. Since the
American Counseling Association broadened its commitment to multiculturalism, the national percentage of Master’s level counselors that identify as Black had grown from 18.7% in 2014 to 21.2% in 2019, the most current year for which data are available.

Despite the increase in the number of Black Master’s level counselors entering the counseling profession over the last few decades, there is a dearth of literature centered on their experiences. The relatively scant research exploring the experiences of Black people doing counseling work has focused primarily on students and educators in counselor training programs (Bradley, 2005; Bradley & Holcomb-McCoy, 2004; Constantine, Smith, Redington, & Owens, 2008; Haskins et al., 2013; Holcomb-McCoy & Bradley, 2004; Salazar, Herring, Cameron, & Nihlen, 2004). The few studies that have explored Black Master’s level counselors in non-academic contexts provided key contributions about Black counselors’ job satisfaction and the experiences of Black doctoral-level counselors working with Black counselors. These studies, however, offer limited insight into the complexities of working as a Black Master’s level counselor. While Jones, Hohenshil, and Burge (2009), for example, addressed an important gap by investigating the job satisfaction of Black counselors in non-academic settings, their quantitative approach excluded the rich contextual information needed to deeply understand how Black counselors experienced their roles within their respective organizations.

Contrastingly, the qualitative research inclusive of Black Master’s level counselors working in non-academic settings has done well to center inquiries around Black Master’s level counselors’ voices and experiences, but the explored phenomena have
been limited to working with Black clients (Goode-Cross, 2011a; Goode-Cross & Grim, 2016).

**Personal Interest and Positionality: This Research Matters**

Why does the limited inclusion of Black Master’s level counselors in the literature matter? Perhaps more aptly, why should the counseling profession care about the experiences of Black Master’s level counselors at all? While I understand that answering these questions serves the important function of contextualizing the problem for readers and offers a rationale for their sustained interest in this study, I answer them somewhat grudgingly. My reluctance is born from my experience as a Black, cisgender, male, Master’s level counselor having spent most of my career working in predominantly White, non-academic mental health settings. I have been one of two or three Black Master’s level counselors on large clinical teams in each of the community mental health settings where I have worked. I have never worked with a Black supervisor or clinical director. I have been mistaken for custodial, security, or non-clinical support staff on several occasions. Even as I seek positions of professional leadership enabled by a doctorate, I know I am less likely to be surrounded by colleagues who look like me. Given this context, arguing for research on the population to which I belong feels like having to argue that our experiences are as valuable the those already explored in the literature.

Just as the prevalence of Black people killed by police and the apparent indifference of society, generally, and the criminal justice system, specifically, makes it
important to declare “Black Lives Matter\(^1\);” the apparent indifference toward the experiences of Black Master’s level counselors evokes a similar urge in me to declare that this research matters.

**Research Purpose**

This dissertation project is an act of resistance against a knowledge system that has omitted Black Master’s level counselors from the academic literature. The purpose of this qualitative study is to explore how self-identified Black, Master’s level counselors experience challenges related to race and gender, if any, in non-academic, mental health settings with predominantly White colleagues. While knowledge generated from this inquiry is intended to address the dearth of literature centered on the experiences of Black Master’s level counselors in the academic literature, its purpose is also to critique and contribute to the dismantling of the structures that reinforce these challenges faced by Black, Master’s level counselors.

**Research Questions**

The research questions of this study are as follows: 1. What are the experiences of being a self-identified Black, Master’s level counselor in a predominantly White, non-academic, mental health setting? 2. What challenges and barriers related to race and gender, if any, are associated with the experiences of being a self-identified Black, Master’s level counseling in a predominantly White, non-academic, mental health setting?

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\(^1\) “Black Lives Matter” is a rallying cry coined by the Black Lives Matter Global Network, a chapter-based and member-led organization seeking to end violence inflicted on Black communities by state-sanctioned entities. (Black Lives Matter Global Network, n.d.)
setting? 3. How do self-identified Black, Master’s level counselors in predominantly White, non-academic, mental health settings respond to, cope with, and overcome the challenges and barriers related to race and gender in the workplace?

**Theoretical Framework**

The theoretical framework of this dissertation project features a synthesis of Critical Race Theory (CRT), Glass Barriers Theory (GBT), and dueling consciousness. CRT evolved from critical legal scholarship of the 1970s and 1980s in response to the erosion of Black civil rights gained during the 1960s (Delgado & Stefancic, 2012). CRT has been applied in a transdisciplinary fashion in education, law, history, psychology, and political science to critique and dismantle structural forms of white supremacy that systematically disadvantage people of color, especially groups marginalized by other oppressive forces, such as patriarchy. Throughout this dissertation, white supremacy refers to a global system of dominance centered and built on white racism (Mills, 2015).

Glass Barriers Theory is an intersectional reconstruction of Kanter’s (1977a, 1977b) theory of Tokenism and Williams’ (1992) Glass Escalator Theory. Whereas Kanter posited that members of a numerical minority experienced challenges due to the proportional rarity of their group compared to a dominant group within an organization, Williams (1992) found that token status actually helped men in female-dominated professions. Specifically, she found that male tokens benefited from privileges of patriarchy, such as being preferentially hired related to female counterparts, being perceived as different from their female colleagues in a positive way, and being informally welcomed and mentored by managers who tended to be male. Wingfield
(2009) reconstructed both theories from an intersectional perspective and found that race and gender interact to disadvantage Black workers relative to their white colleagues.

Du Bois’ (1903) popularized the notion of double consciousness, the sense of twoness that results from Black peoples’ awareness that they are constantly being judged by White people against White cultural standards, a benchmark they can never fully meet, while trying to assert their inherent equality as a racial group. Kendi (2019), critiquing Du Bois, suggested that Black consciousness might often be better described as dueling consciousness, where Black people vacillate between actively resisting racist measurement and adopting racist benchmarks as their own. So, while CRT and GBT offer a useful frame for analyzing how participants are impacted by the power structures and group dynamics within their predominantly White settings, analyzing participants’ experiences of dueling consciousness offers a rich, intrapersonal-level exploration that complements these structural-level analyses.

**Definition of Terms**

**African American:** According to the U.S. Census Bureau (2019), the terms “Black or African American” refer to a person having origins in any of the Black racial groups of America. While the terms “Black” and “African American” are used interchangeably in the literature and by some many people of African descent, this study uses “Black” to honor the ethnic diversity of people who racially identify as Black; and to acknowledge the global persistence of anti-Black white supremacy (Mills, 2015).

**Antiracist:** A person, idea, action, or policy that asserts that racial groups are inherently equal; action that reduces inequity between racial groups (Kendi, 2019).
**Assimilationist:** A person, idea, action or policy that asserts that a racial group is inferior to another, and supports actions designed to develop the perceived inferior racial group (Kendi, 2019).

**Black:** See African American. As suggested by Agyemang, Bruijnzeels, and Bhopal (2005), the term “Black” is used to underscore the central focus on white supremacy within this dissertation project.

**Dueling Consciousness:** rhythmic movement between endorsing racist and antiracist ideas about racial groups (Kendi, 2019).

**Gender:** The use of “gender” in this study is inclusive of: gender identity, a person’s internal sense of being a woman/female, a man/male, two-spirit, non-conforming, non-binary, or without gender; gender expression, a person’s external display of gender through behavior, speech, and dress; and gender roles, societal norms that shape the ways in which behavior is considered acceptable, typical, or desirable for a person based on their perceived sex (National LGBT Health Education Center, 2016).

**Master’s level Counselor:** Mental health professionals who have completed a terminal Master’s degree in counseling psychology, clinical mental health counseling, marriage and family therapy, or social work with a clinical focus.

**Non-academic Mental Health Setting:** Clinical settings such as outpatient clinics, residential facilities, acute treatment facilities, or community-based mental health centers that are not operated by educational institutions.
**Patriarchy:** A global system of dominance that allocates structural and social power according to implicit and explicit prizing of cisgender men and narrow definitions of masculinity (hooks, 2004).

**Predominantly White Setting:** A setting where participants work as part of a clinical team where the majority of Master’s level co-workers appear to identify as White.

**Racist:** A person, idea, action, or policy that asserts that a racial group is inferior to another inherently and/or as the result of learned behavior (Kendi, 2019).

**White Supremacy:** While white supremacy includes overt acts of racism, such as racially-motivated violence and racial discrimination, this study uses the term to mean a global system of dominance centered and built on white racism (Mills, 2015).

### Summary of Research Design

This dissertation project is a dialogue-based exploration of Black, Master’s level counselors’ race and gender-related challenges in predominantly White, non-academic, mental health settings. The methodology that guided methods of data generation, analysis, and presentation of knowledge claims was an integration of Gilligan, Spencer, Weinberg, and Bertsch’s (2003) Listening Guide, a voice-centered relational approach, and Carspecken’s (1996) Critical Qualitative Methodology.

I used a purposive sampling strategy to recruit participants for this project. Ultimately, I interviewed nine participants. Interviews were audio-recorded and transcribed, and they ranged from 100 minutes to 120 minutes in length. My methodology integrated the Listening Guide (Gilligan, Spencer, Weinberg, & Bertsch,
a voice-centered method of data analysis and critical qualitative methodology (Carspecken, 1996). I chose the Listening Guide because its relational orientation, intersubjective perspective, and attention to the interplay of voices are all congruent with my epistemological stance of this study (Gilligan, 2015; Gilliegan et al., 2003). Additionally, since little extant literature on the Listening Guide offers specific guidance about how to engage in structural analyses (Woodcock, 2016), I integrated meaning field and validity horizon analyses, critical qualitative methodological approaches (Carspeckin, 1996), during each round of listening in order to reconstruct participants’ meanings and investigate how white supremacy and patriarchy structurally influenced their meanings.

**Summary of Findings**

In Chapter 4, I described that three major themes emerged from my inquiry and served as a conceptual frame across participants’ narratives. Two overarching themes applied to irrespective of gender, they are problems related to visibility and dueling consciousness. Visibility problems manifested as hypervisibility or invisibility, and were the result of participants’ membership to a group in the numerical minority. Dueling consciousness manifested as participants vacillating between actively rejecting the racist and sexist standards by which they were being evaluated by their White colleagues and consciously or unconsciously assimilating to these racist and sexist expectations in order to avoid professional challenges and/or maintain relational connections in the workplace. A third theme, role encapsulation – the experience of being limited by the roles assigned to them without their consent by their White colleagues and supervisors – emerged
exclusively for the women who participated in this project. Whereas I foregrounded the ways white supremacy and patriarchy manifested specifically in participants’ individual narratives in Chapter 4, in Chapter 5, I rooted my discussion in the structural domain and asserted that participants’ meaning-making and engagement with White colleagues in their settings could be organized into an overarching interactive framework propelled by their desire to be treated as fully human in a context in which they are constantly objectified and subordinated.

**Practical Implications and Social Justice Aims**

Since this study explored the experiences of Black, Master’s level counselors in clinical roles in predominantly White, non-academic settings, there are several potential practical implications and research contributions. Challenges of Black therapists highlighted in this research may inform employers and governing entities, such as the American Counseling Association, about possible recruitment and retention strategies for Black, Master’s level counselors. This research may also catalyze scholars to engage in further inquiry the builds on the knowledge claims made in this study. Similarly, to the extent that consuming research inspires research, the current study may galvanize scholars to pursue areas of inquiry around other silenced or unheard voices, particularly in clinical settings. Participants described that they appreciated the opportunity to tell their stories and looked forward to having their stories heard by others, validating the importance of cultivating counternarratives from those alienated by oppressive systems.

I interpret the lack of research about Black, Master’s level counselors in predominantly White settings as both a function of the larger systemic marginalization of
the Black experience in America and perpetuation of it. Completion of this study, I hope, is one subversive step and critique of this system. Additionally, the goals of this study may, and I hope will, have the effect of joining and amplifying subjugated voices in other branches of academic and applied research. I also hope that this research inspires calls for the inclusion of people harmed by oppressive forces other than White supremacy and patriarchy in the receipt and provision of professional helping services.

**Overview of Dissertation**

Regarding the layout of the dissertation, this chapter offers a general introduction to orient readers to the purpose and development of this project. In Chapter 2, I provide: an outline of the critical theoretical frames of this project, Critical Race Theory (CRT) and Glass Barriers Theory (GBT); a metatheoretical reconstruction of the CRT and GBT with Kendi’s (2019) notion of dueling consciousness; and conclude with a review of the relevant literature. In Chapter 3, I outline: the guiding epistemological framework of this inquiry; a statement of my positionality within the research; methods of data generation; methods of data analysis; participant sampling strategies; validity and ethical considerations; and limitations. In Chapter 4, I share participants narratives and discuss the major themes that emerged from each participant’s narrative. I also discuss how each participant spoke uniquely about these themes. Finally, in Chapter 5, I make and support the claim that participants’ meaning-making and engagement with White colleagues in their settings can be organized into an overarching interactive framework highlighting their struggle to resist their oppressive context while moving toward deeper connection.
with their colleagues. Then I offer a methodological reflection; and close with a discussion of implications and recommendations.
Chapter 2: Literature Review

This section provides an outline of the critical theoretical frames of this dissertation project using Critical Race Theory and Adia Harvey Wingfield’s (2009) Glass Barriers Theory followed by an introduction to Black consciousness, and a review of the relevant literature. Taken together, CRT and Glass Barriers Theory offer an explanation for how structural and group interactional forces reciprocally reinforce an equilibrium of white supremacy and patriarchy that disadvantages Black people in predominantly White settings. While direct accounts of Black counselors’ experiences in non-academic, predominantly White mental health settings are mostly missing from the literature, this chapter synthesizes existing research on Black professionals' experiences in closely related settings. Such settings include counselor educators in predominantly White, academic institutions, counselors-in-training in predominantly White, academic institutions, and Black professionals in predominantly white settings.

Critical Race Theory

Critical race theory (CRT) can be used as a theoretical framework to inform qualitative research methodology (Solórzano & Yasso, 2002). To fully articulate the congruence between CRT and this dissertation study, it is important to understand the historical context in which CRT developed and the problems it was designed to deconstruct, critique, and solve. In this section, after briefly contextualizing CRT in history, I outline several seminal works that have informed what are commonly accepted as basic tenets of CRT that have unique applicability to this dissertation project (Bell, 1980; Crenshaw, 1989; Delgado, 1984; Freeman, 1978). Finally, I conclude this section
by connecting the tenets of CRT to my research purpose and questions. The main argument that I hope to make is that CRT is a congruent, effective tool to analyze challenges related to race and gender, and that it is well-suited for my exploration of Black Master’s level counselors’ experiences.

**Historical context of CRT and seminal works.** The CRT movement has its genealogical roots in the critical legal studies (CLS) of the 1970s. During this time, legal scholars from across the country saw the progress of the 1960s civil rights reforms stymied and, in some instances, reversed due to widespread “colorblind” application of the law (Delgado & Stefancic, 2012). Several then collaborated together in order to come up with new theories and strategies to combat the erosion of civil rights gained. The product of their labor where numerous works of legal scholarship that would spread beyond their legal application and contribute to the foundations of CRT. Certainly, there is more legal scholarship than I can adequately cover in this literature review. In this subsection, I will focus on four works that coincide with four CRT tenets that are especially relevant for my study: interest convergence (Bell, 1980); intersectionality (Crenshaw, 1989); counterstorytelling (Delgado, 1984), and critique of liberalism and colorblindness (Freeman, 1978).

**Interest convergence.** Derrick Bell (1980) contested the notion that the *Brown v. Board of Education* decision was gained primarily on moral grounds. *Brown v. Board of Education* was a landmark decision in which the Supreme Court unanimously held that segregation of public education based solely on race violated the Equal Protection Clause of the Fourteenth Amendment (Delgado & Stefancic, 2012). Despite the unanimity of the
Court and Based on the fact that the National Association for the Advancement of Colored People (NAACP) had been fighting school segregation for years prior to the 1954 decision, mostly unsuccessfully, Bell reasoned that neither legal reasoning nor morality could explain the sudden shift in opinion on racial segregation in public education. Instead, he hypothesized that the shift was primarily informed by the United States’ concern over domestic and global economic interests threatened by continued segregation.

By 1954, the United States was actively engaged in or recovering from several military entanglements while simultaneously attempting to maximize its influence on the global stage (Delgado & Stefancic, 2012). The second World War had ended less than a decade earlier and the Korean War ended less than a year prior. In both conflicts, Black service members fought on behalf of the United States, sometimes in desegregated units. The United States and its allies were also engaged in the Cold War against the Soviet Union and its allies during the same period. Delgado and Stefancic (2012) noted that the Cold War was:

A titanic struggle with the forces of international communism for the loyalties of uncommitted emerging nations, most of which were black, brown, or Asian. It would ill serve the U.S. interest if the world press continued to carry stories of lynchings, Klan violence, and racist sheriffs. It was time for the United States to soften its stance toward domestic minorities. (p. 23)

Bell (1980) argued that for this brief moment in time, the interests of Black citizens and the elite White people with institutional power partially converged. While his stance was
ridiculed contemporaneously, his argument was later supported by the work of Mary Dudziak, a legal historian, who analyzed previously classified documents to discover that United States Department of Justice was responding to a bevy of secret memos when it first intervened for desegregation. These secret memos articulated the United States’ interest in improving its reputation in the eyes of countries deemed open to communism (Delgado & Stefancic, 2012). Bell’s (1980) argument that structural change toward racial equity comes when it converges with the interests of members of a dominant group had become a foundational tenet in CRT.

**Critique of colorblindness.** Alan Freeman (1978) opened his critique of antidiscrimination law with the following satirical, epigraphic dialogue:

THE LAW: "Black Americans, rejoice! Racial discrimination has now become illegal."

BLACK AMERICANS: "Great, we who have no jobs want them. We who have lousy jobs want better ones. We whose kids go to black schools want to choose integrated schools if we think that would be better for our kids, or want enough money to make our own schools work. We want political power roughly proportionate to our population. And many of us want houses in the suburbs."

THE LAW: "You can't have any of those things. You can't assert your claim against society in general, but only against a named discriminator, and you've got to show that you are an individual victim of that discrimination and that you were intentionally discriminated against. And be sure to demonstrate how
that discrimination caused your problem, for any remedy must be coextensive with the violation. Be careful your claim does not impinge on some other cherished American value, like local autonomy of the suburbs, or previously distributed vested rights, or selection on the basis of merit. Most important, do not demand any remedy involving racial balance or proportionality; to recognize such claims would be racist.” (pp. 1049-1050)

Each of the qualifications needed to remedy allegations of discrimination noted by Freeman corresponded with actual Supreme Court decisions over a 25-year period that effectively eroded antidiscrimination protection for Black Americans. Freeman argued that this dissonance inherent to simultaneously outlawing discrimination while affirming its consequences was driven by a pattern of implicit perception-taking in the application of antidiscrimination law.

Freeman (1978) asserted that racial discrimination can be approached from either the perspective of the person affected by the discrimination or from its perpetrator. From the victim’s perspective, racial discrimination is understood to be the problems associated with membership to a race-based, marginalized group. These include the subsequent material conditions of life – such as lack of income, lack of employment, lack of housing, lack of health, and lack of safety – as well as the psychological, emotional, and spiritual problems related to the consciousness of being chronically marginalized. This perspective asserts that the problems of racial discrimination can only be solved by directly and affirmatively addressing the conditions that caused them.
Alternatively, the perpetrator perspective views racial discrimination as an action or series of deliberate, race-based actions taken by the perpetrator and inflicted on the victim (Freeman, 1978). From this stance, remediation entails punishing perpetrators who act in intentional and demonstrably racist ways. Freeman described that antidiscrimination laws were fundamentally embedded from the latter perspective. Further, because the perpetrator perspective “views racial discrimination not as a social phenomenon, but merely as the misguided conduct of particular actors,” (p. 1054) it doubly undermines its own efficacy by prohibiting any race-specific interpretation of law while taking an indifferent stance toward the conditions that caused racial discrimination in the first place. The perpetrator perspective presupposes that constitutional law is based on neutral principles best applied from colorblind perspective (Delgado & Stefancic, 2012). To be clear, while aspirations of equity for all are admirable, this ideal becomes perverted when it disallows accounting for difference created by inequity in order to help those affected by racial, or any, discrimination.

**Counterstorytelling.** Richard Delgado (1984) opened his article published in the *University of Pennsylvania Law Review* with an illustrative story about his transition from his early career as a tenure-seeking professor who avoided engaging in civil rights scholarship to a tenured professor focused on civil rights. After aggregating the most cited scholarly works on the subject, he created a pictorial representation of the literature by listing each of the authors and drawing connecting lines to other authors they cited. The end result was a web of White scholars citing other White scholars on civil rights and the conditions of Black Americans. He argued that this practice was essentially a form of
imperial scholarship that led to several problems, including factual ignorance or naiveté of the lived experiences about those whom White scholars wrote; a lack of empathy and shared values with those about whom they intended to help; and diffuse or misguided passion on the subject area. Counterstorytelling, or the telling of stories of people whose experiences are often untold from their perspective, functions to deconstruct the distorted stories, myths, and misconceptions shaped by imperial scholarship (Delgado & Stefancic, 2012).

**Intersectionality.** Kimberlé Crenshaw’s (1989) Black feminist critique of the single-axis frameworks used by critical legal scholars to approach race and gender discrimination saved the movement from undermining its own efficacy. By parsing several legal cases in her article for *The University of Chicago Legal Forum*, she argued that Black women were theoretically erased by contemporary feminist and antiracist analyses because these approaches presupposed that, *but for* racial discrimination or *but for* gender discrimination, people would have equal opportunity to access societal privileges. This often lead to the experiences of Black women being ignored by frameworks that could not account for the complexity of their experiences, or intentionally sacrificed by proponents of single-axis approaches for fear that their experiences would divert attention away from white feminist and male antiracist goals. Crenshaw elegantly described the problem with this presupposition in the following analogy:

Imagine a basement which contains all people who are disadvantaged on the basis of race, sex, class, sexual preference, age and/or physical ability. These people are
stacked-feet standing on shoulders—with those on the bottom being disadvantaged by the full array of factors, up to the very top, where the heads of all those disadvantaged by a singular factor brush up against the ceiling. Their ceiling is actually the floor above which only those who are not disadvantaged in any way reside. In efforts to correct some aspects of domination, those above the ceiling admit from the basement only those who can say that "but for" the ceiling, they too would be in the upper room. A hatch is developed through which those placed immediately below can crawl. Yet this hatch is generally available only to those who - due to the singularity of their burden and their otherwise privileged position relative to those below - are in the position to crawl through. Those who are multiply-burdened are generally left below unless they can somehow pull themselves into the groups that are permitted to squeeze through the hatch. (pp. 151 – 152)

Crenshaw’s analogy highlights the tendency to exclude those whose experience fall outside of the narrowly defined parameters of single-axis discrimination frameworks. The embracing of dominant conceptualizations discrimination subsequently marginalizes Black women within the movements to which they belong and renders the dismantling of white supremacy and patriarchy even more difficult.

In summary, this subsection introduced four basic tenets of CRT that are particularly applicable to this dissertation through the seminal legal works that informed them. Interest convergence refers to the notion that the civil rights triumphs, such as the desegregation of public education, have occurred when doing so aligns with the interests
of those in power, such as the push to expand imperialist capitalism in the 1950s; rather than by a shift in morality (Bell, 1980; Delgado & Stefancic, 2012). The critique of colorblindness challenges the usefulness of colorblind applications of systems. It posits that because colorblindness centers on the perpetrators of discrimination, it fails to substantively or sustainable remedy the conditions created by inequity due to its detachment from and indifference toward the actual experiences of those affected by discrimination (Delgado & Stefancic, 2012; Freeman, 1978). Counterstorytelling centers on the untold stories of people often ignored as a way of combating the factual ignorance or naiveté of the lived experiences about those whom White scholars often wrote (Delgado, 1984; Delgado & Stefancic, 2012). Lastly, intersectionality asserts that single-axis frameworks are insufficient to address issues related to discrimination because oppressive forces (e.g., white supremacy), interlock with other oppressive forces (e.g., patriarchy) to disproportionally harm those who belong to multiple marginalized groups (e.g., Black women) (Crenshaw, 1989; Delgado & Stefancic, 2012).

**From CLS to CRT: Applications and Relevance.** CRT has been adopted by various disciplines, including education, psychology, history, and political science to highlight and extinguish the effects of racism (Delgado & Stefancic, 2012; Ladson-Billings, 2003; Solórzano & Yosso, 2002). More recently, Natoya Haskins and Anneliese Singh (2015) applied a critical race theoretical framework to offer suggested changes to counselor Educator pedagogy. Specifically, they contested the idea that counselor education programs prepare their students equitably and challenged counselor educators to reassess colorblind assumptions of their pedagogical practices that maintain
and promote the hegemony inherent in traditional models of counselor education. I argue that a similar application of CRT is warranted to deconstruct and critique the predominantly White systems in which many Black counselors work. To this end, I will recast each of the CRT tenets as a call to action based on the implicit questions embedded within them.

Interest convergence is marked by the dovetailing of interest in a particular form of structural change by groups with relative structural power and those without it, despite having disparate motivations for the change (Bell, 1980; Delgado & Stefancic, 2012). Applying it compels critical researchers to deconstruct policy and proposed policy changes to reveal the interests served by them. It also calls critical researchers to critiques policy and policy changes that privilege the desires of structurally empowered groups over the interests of the structurally disempowered. Colorblindness is marked by the detachment and disinterest in the perspective of those affected by race and gender-based discrimination while simultaneously reducing race and gender-based discrimination to demonstrably harmful interpersonal actions motivated by racial or gendered animus. Committing to critiquing colorblindness requires critical researchers to foreground the ways policies exacerbate racial and gender inequity by focusing on structural power instead of reducing structural violence to interpersonal level interactions. A commitment to counterstorytelling compels critical researchers to privilege the stories, perspectives, and voices of people affected by marginalization, especially in discussions about subjects that directly impact their lives. Finally, maintaining an intersectional stance requires critical researchers to reject single-axis of analyses of oppression in favor of a more
inclusive approach that highlights the ways oppressive forces compound to disadvantage multiply marginalized groups.

**Glass Barriers: An Intersectional Reconstruction of Tokenism**

While CRT is a useful tool to guide critical researchers’ analyses and critiques of the structural forces that shape institutions and society, it is also important to consider the interpersonal and group dynamic mechanisms that shape human experiences and the ways these mechanisms interact with structural and institutional forces. I begin this section by outlining the theory of Tokenism and its intersectional reconstructions, the Glass Escalator and Glass Barrier theories. I then conclude this section by using a reconstructive approach to highlight Glass Barrier Theory’s congruence with CRT and synthesizing the theories into a framework used to explain how I plan to use each to understand and critique the empirical literature that follows it.

**Tokenism: Perceptual Tendencies and Skewed Groups**

Rosabeth Moss Kanter (1977a, 1977b) investigated the workplace experiences of women working within a large industrial supply corporation as the setting for her work on how a group’s construction affects its function. She contextualized her research by highlighting it as a needed expansion of the work of German sociologist Georg Simmel, who had argued that the numerical size of a group affects the quality of group interaction. Kanter noted, however, that Simmel’s work almost exclusively focused on how the absolute size of a group affected its interactions. While this added an important epistemological contribution in its critique of the usefulness of positivistic and postpositivistic methods of inquiry on the social realm, it failed to examine how the
numerical relationship among subgroups within the larger group affect group interaction. Kanter reasoned that this failure led to inaccurate explanations of observed subgroup interactions. This failure also served as the impetus for her research. In contrast to the prevailing assumption that innate cultural attributes governed subgroup interactions, Kanter argued that numerical proportion among subgroups better explained the observed interactions, particularly when subgroups endorse different cultural identities and statuses.

**Group types and typological ratios.** Kanter (1977) asserted that there are four group types based on the numerical proportion of subgroups within a larger group: uniform, skewed, tilted, and balanced. Uniform groups are homogeneous in the sense that their members share the same demographic characteristic, such as nationality, race, or sex. These groups can be classified as having a “typological ratio” of 100:0 to reflect this homogeny (p 966). Skewed groups, the next group type, have a typological ratio that ranges from 99:1 to 85:15. Members of the numerical majority in skewed groups, termed “dominants,” assert substantial control over the entire group and its culture. Kanter named the members of the numerical minority, “tokens,” because they are often treated as symbolic representations of the categories of which they belong. The third group type, tilted, has a typological ratio from 84:16 to 65:35. This group type is also comprised of dominants and tokens, but the size of the token subgroup is large enough for its members to form coalitions that can impact the culture of the larger group. Additionally, dominants begin to experience tokens as individuals and not just symbols of a larger group. Finally, at typological ratios between 64:36 and 50:50, Kanter theorized that
groups become balanced. In this state, the culture and group interaction reflect the balance of its members. Members often continue to organize themselves into subgroups, but these groups may not be based on demographic characteristics such as nationality, race, or sex. Kanter suggested that the outcomes for members in a balanced group are likely to depend on factors other than these demographic variables.

Kanter (1977) chose to focus on skewed groups in her research because this group type was increasingly experienced by vast numbers of women in workplaces that had been typically comprised of men historically. In addition to the growth of women in these contexts, previous literature focused on general cultural traditions, division of labor, and the psychology of men and women in the workplace. Kanter aptly noted that conclusions about the interaction of sex, gender, and behavior in the workplace of the time were likely confounded by the structural and situational variables of the contexts in which the agents operated. For example, women with high-status positions in their workplaces were almost always tokens, and women dominants almost always had lower status positions in previous research. Kanter’s research aimed to elucidate how the structure of a group influences interactions between men and women in the hopes of uncovering generalized principles governing group interaction between members of skewed groups.

**Kanter’s perceptual tendencies.** Kanter (1977) investigated the experiences of sales and distribution employees at a large industrial cooperation. The cooperation was chosen because specifically because it had begun hiring women in its sales and distribution departments in the two years prior to the research. Further, the Kanter chose
to focus on a firm in the sales industry for two reasons. First, the industry has a reputation that successful salespeople require strong interpersonal skills rather than technical expertise. Second, because salespeople have to manage relationships with coworkers and customers, women interact as tokens within two groups. Kanter interviewed 16 women and approximately 40 men. She also observed group-based sales training and informal gatherings among participants outside of sales training. Since sales training groups were held across the country, women were typically one of 10 to 12 workers, rendering these groups skewed based on gender.

Based on her interviews, Kanter (1977) concluded that the structure of skewed groups were associated with dominants holding a number of stereotyped perceptions of the tokens. These perceptions mediated token-dominant relational interactions. Further, tokens experienced these perception-based relational interactions as pressures imposed on them by dominants. These impositions led to a host of typical responses by tokens. Specifically, the “proportional rarity” experienced by the tokens in Kanter’s investigation was associated with three perceptual tendencies: visibility, polarization, and assimilation (p. 971).

**Visibility.** Visibility refers to the phenomena where tokens experienced higher visibility than dominants when considered on an individual basis. Kanter (1977) argued that a person’s visibility within a group is inversely related to the number of individuals in the group of the same social type because each individual becomes less surprising, notable, or unique as the number of similar people in the group grows. Kanter found that higher visibility led to tokens experiencing performance pressures that dominant did not
experience. These performance pressures included: public performance, extension of consequences, attention to token’s discrepant characteristics, and fear of retaliation.

*Public performance.* Tokens in Kanter’s (1977) study reported that they did not have to go out of their way to be noticed by dominants, including sales managers, in the training groups. This meant that they could not maintain anonymity, at least to the same extent that their male peers could. Tokens complained that they felt “over-observed” as information about their mistakes and relationships could not be kept private.

*Extension of consequences.* Dominants view members in the numerical minority of skewed groups as symbols of the larger social group to which they belong. Kanter (1977) observed that dominants often measured tokens’ performance in two ways simultaneously: how, as women, they performed in their work role; and how, as workers, they performed in their gender role. Further, tokens described that their individual performances were seen by dominants as reflections of women working in the sales industry, generally. Tokens described experiencing this extension of the impact of their performance as burdensome.

*Attention to token’s discrepant characteristics.* The symbolic representation associated with tokenism also meant certain characteristics related to gender routinely overshadowed important aspects of tokens’ performance. Tokens described, for example, that they did not have to work hard to have their appearance noticed; however, they did have to add extra effort to have their technical skills and achievements noticed by
dominants. Additionally, Kanter (1977) observed that dominants tended to forget tokens’ achievements and technical skills while remembering aspects of their appearance.

_Fear of retaliation._ The tokens in Kanter’s (1977) study endorsed the performance pressure of trying not to make dominants look bad. When tokens performed well enough to overcome the attentional barriers ordinarily overshadowing their performance, it also carried the potential to “show up” dominants (p. 974). These situations were difficult to avoid or ignore due tokens’ visibility, as was the subsequent public humiliation for dominants. This created a paradox. In some cases, tokens had to perform better than dominants to be seen as competent or rewarded for their achievements. In other situations, tokens had to hide or minimize their successes for fear of being seen negatively or punished for superior performance.

_Responses to visibility._ Kanter (1977) found that tokens’ responded to performance pressures in two ways. The is first related to overachievement. Several tokens committed to working harder than dominants and actively publicized their achievements. Tokens who used this strategy faced the most retaliation. Dominants viewed them as overly ambitious and often predicted that they would soon be rebuked for their aggressive strategies. The second strategy involved minimizing visibility. Some tokens dressed in ways intended to minimize physical differences with dominants. Other tokens took steps to avoid interacting with dominants altogether. For example, some worked from home whenever possible, avoided speaking in meetings, and avoided work-related social gatherings.
**Polarization.** Kanter (1977) observed a phenomenon where dominants tended to be blind to the cultural and social bonds that unite them until in the presence of tokens. As this awareness illuminated the similarities among dominants and differences from the tokens, Kanter argued it also initiated a cascade of responses she defined as polarization. First, dominants experienced this new awareness as an unwelcomed portent of change. Threatened with this prospect, dominants subsequently exaggerated the commonalities among dominants and differences from tokens. This, despite not having been aware of them previously, led dominants to heighten boundaries in several typical ways. These heightened boundaries included: exaggeration of dominants’ culture; tokens being treated as reminders of difference; inhibition and isolation; and isolation.

*Exaggeration of dominants’ culture.* Dominants enhanced group solidarity and affirmed shared values by overidentifying with the specific values shared in contrast to the tokens. Kanter (1977) described that tokens’ presence then triggered and became the audience for exaggerated displays highlighting the difference between the subgroups. Whereas tokens in tilted groups command a large enough share of the membership ratio to ally and undermine dominants’ culture, tokens in skewed groups served to underline or highlight dominants’ culture. Kanter observed that these displays included storytelling, role-plays, and humor overtly at the expense of tokens.

*Tokens as reminders of difference.* Kanter (1977) observed tokens’ presence as interrupting the typical interaction flow among dominants. The subsequent efforts dominants took to underline and exaggerate differences between themselves and tokens effectively reminded tokens of their outsider status. Dominants prefaced their actions
with preemptive apologies or by asking questions about the appropriateness of the inevitable behavior. Tokens’ responses to these questions often affirmed the beliefs of the dominants for two reasons. First, tokens rarely felt comfortable preventing dominants from engaging in behavior typical to dominants because of the sheer number of dominants. Tokens risked further alienation and retrenching their outsider status by doing so. Second, since tokens were aware of their status as interrupting the typical interaction flow among dominants, they believed that dominants would be acting unnaturally if they responded in ways that displayed objection. This, too, reinforced that tokens’ positions within the group were closer to audience members than full participants.

*Inhibition and isolation.* Kanter (1977) observed that there were some activities, particularly those perceived by dominants to be potentially embarrassing or damaging, in which dominants did not want tokens to witness or participate. Dominants moved these activities out of public spheres and into exclusive spaces, which tokens had more difficulty accessing. Dominants ascribed their selective inhibition around tokens to fears of not knowing if tokens might use potentially damaging information. Tokens were aware of being excluded by dominants and experienced it as a type of informal quarantine.

*Loyalty testing.* While Kanter (1977) observed that tokens were forced to the periphery of group interactions, she also noticed that they were often simultaneously expected to demonstrate their loyalty to dominants. Tokens who demonstrated loyalty were included in more activities with dominants, those who did not demonstrate loyalty
experienced further isolation. Tokens demonstrated loyalty in two ways. First, they could fail to reject or participate in prejudicial conversations about the token’s larger social group. Tokens for failed to reject prejudicial statements described that they thought it was easier to appear to agree than to disagree and start an argument. Tokens who participated in these conversations endorsed beliefs that they were exceptions to the stereotypes mentioned by dominants. Tokens could also demonstrate loyalty by laughing when they or their social category were the subjects of humor for dominants. Objecting or even failing to laugh were seen by dominants as signs that they were overly sensitive and without senses of humor.

**Responses to polarization.** The typological ratio of skewed groups and its associated polarization forced the tokens of Kanter’s (1977) to choose between two responses related to their engagement with dominants’ culture: accept isolation or attempt to become an insider. Tokens who accepted the isolation resulting from heightened boundaries experienced exclusion from private gatherings where networking, political activity, and socializing took place. Tokens who attempted to become insiders tended to define themselves as exceptions and occasionally took on gatekeeping roles to maintain dominants’ values.

**Assimilation.** Kanter (1977) described that the third perceptual tendency, assimilation, leads to role entrapment, or the distortion of the characteristics of tokens to fit preconceived stereotypes about tokens’ larger social category. These assumptions and misattributed characteristics forced tokens into assuming caricatured roles within the groups through status leveling and stereotyped role induction. Kanter suggested that
status leveling hinges on the fact that tokens were statistical rarities because dominants rarely, if ever, encountered women in sales. She argued dominants made assumptions about tokens’ roles within the company based on probabilistic reasoning about the typical roles held by people from tokens’ social category. In Kanter’s study, tokens were often mistaken for secretaries in the office by dominants; on the road in the field, they were mistaken for romantic partners; and in dinner meetings, they were often mistaken for romantic partners by customers. Even when mistaken impressions were corrected, Kanter observed that dominants continued to assign tokens tasks outside of their traditional role. Further, even when assigned job functions congruent with their job role, dominants continued to treat tokens in stereotyped ways. Kanter observed that role entrapment led tokens to employ several conservative responses. Since correcting incorrect assumptions required time, energy, and were often awkward, tokens tended to prefer established relationships over forming new connections with coworkers. Kanter also found that tokens often found it easier to accept their stereotyped role, even if it limited the range of ways they could positively showcase their abilities, because it offered certainty and comfort.

Modifying Tokenism: The Glass Escalator

Kanter’s (1977) theory of tokenism would predict that members of the numerical minority in skewed groups experience discrimination due to behaviors informed by typical perceptual tendencies of members from the numerical majority. Numerous researchers have found that women experience discrimination in other traditionally male-dominated professions such as coal-mining, financial services, firefighting,

Williams (1992) cited the legacy of sex segregation in the U.S. labor market and the fact that men are less likely to enter female-dominated occupations than women who try to enter predominantly male occupations as reasons to question the generalizability of tokenism. Williams examined this theory in the context of four historically female-dominated professions: teaching, nursing, social work, and librarians. After interviewing 23 women and 76 men, she concluded that the negative outcomes experienced by the tokens in Kanter’s (1977) study were dissimilar to the men, who were the tokens in their respective settings, in Williams’s (1992) study. Instead of having to cope with performance pressures related to increased visibility, boundary heightening due to polarization, and role entrapment due to assimilation, the men in Williams’s inquiry benefited from privileges associated with their broader societal position and experienced a “glass escalator” that accelerated their career growth within their settings despite being in the numeric minority.

**Discrimination in hiring.** Whereas women in male-dominated professions experienced bias toward hiring women, the women in Williams’s (1992) study reported that their settings actually preferred hiring men. The men also endorsed that this
preference. They added that they experienced the visibility of their token status as a positive way to stand out from their peers. Further, in the most “female-identified specialties” within the four professions, some men described being forced into administrative positions, often of higher status and compensation, that were thought to be more appropriate for men (p. 256). Williams described that men were effectively “kicked upstairs” in their settings (p. 256). The effect of being “kicked upstairs” was the opposite of the experiences found by researchers of women in male-dominated professions.

**Working environment.** Whereas researchers found women tokens in male-dominated occupations felt excluded from accessing social networks and informal leadership by their men counterparts. Williams (1992) found that men tokens in female-dominated professions are more likely to be included in formal and informal mentoring by peers and supervisors alike. Due to the overrepresentation of men in administrative roles, men tokens were more likely to be supervised by men than women in men-dominated professions. Men tokens described that the formation of special relationships benefited them and led to their career advancement.

**Discrimination from outsiders.** Men and women tokens encounter gender-related discrimination; however, the form and impact of the discrimination vary. Williams (1992) found that, unlike women tokens, men experienced negative effects of discrimination and prejudice originating from outside the workplace. Specifically, Men tokens described having to navigate assumptions about being gay, feminine, passive, and predatory. Williams argued that these stereotypes might prevent some men from joining
these professions for fear of diminished social status while simultaneously reinforcing the pressures that advance the careers men who do decide to enter these professions.

**Modifying the Glass Escalator: Glass Barriers**

Williams’s (1992) glass escalator theory asserted that gender biases privileged men in female-dominated occupations by pushing them into positions of higher authority in these settings. An important drawback to her study was the racial homogenization of participants. This was problematic for two reasons. First, men of color are not just present, but often overrepresented in many professions typically dominated by women historically (Duffy, 2007). Omitting the experiences of men of color likely omits the experiences of a large segment of the workforce. Second, focusing on the experiences of White men fails to explore the ways gender and race interact in ways that create different experiences for men of color. Wingfield (2009) reexamined Williams’s (1992) glass escalator theory from an intersectional perspective.

Wingfield (2009) used semi-structured interviews to collect data from 17 men nurses who self-identified as Black. She found that the Black men she studied did not experience the same ascension on the glass escalator as their White men counterparts. She cited four challenges, which she termed “glass barriers,” experienced by her participants: “awkward or unfriendly interactions with colleagues, poor relationships with supervisors, perceptions that they are not suited for nursing, and an unwillingness to disassociate from ‘feminized’ aspects of nursing” (p. 15). Since the glass escalator postulates that men advance in “women’s” professions because they are often welcomed
warmingly and pushed into leadership roles that make it easier to advance, having positive interpersonal interactions becomes a key factor mediating advancement. The men in Wingfield’s study described having frequent cold or unpleasant interactions with their White women peers. This effectively served as an occupational impediment. The participants also described experiencing tense or outright discriminatory bias from their supervisors, which meant they often did not receive credit for their positive work. These experiences stand in stark contrast with the experiences of White men in William’s (1992) study and point to the ways gender and race interact, preventing the Black men from accessing the male privilege their White counterparts enjoyed.

Wingfield noted that men of all races are often not expected by the patients they serve to be nurses. For White male nurses, though, this often leads to patients assuming they are a doctor or some other higher status position. The participants in this study described that they were not assumed to have higher status positions. Instead, patients often mistook them for custodial staff or other service workers. Wingfield theorized that the final barrier, an unwillingness to distance oneself from “feminized” aspects of nursing, prevented Black male nurses from experiencing the same privileges White men nurses because it kept them from seeking higher status positions within nursing that are perceived to be more masculine. Indeed, many participants wholeheartedly embraced some of the perceived feminine aspects of nursing. Many endorsed beliefs that their roles served a vital social justice function. Wingfield concluded that this meant they were less likely than their White men counterparts to actively seek positions that involved less patient care.
From Tokenism to Glass Barriers: An Intersectional Reconstruction

Kanter’s (1977a, 1977b) theory of Tokenism posits that when individuals of one social group comprise less than 15 percent of an organization, they become prone to experiencing adverse career effects due to interactional patterns with members of the dominant group caused by three perceptual tendencies: heightened visibility, or having their mistakes observed and the significance of these mistakes amplified; isolation resulting from social boundary heightening by members of the dominant group leading tokens’ exclusion from formal and informal networks; and role encapsulation stemming from the distortion of the characteristics of tokens to fit societal stereotypes effectively limiting the roles suitable for tokens in the minds of dominants. While much of the literature has been consistent with Kanter’s theory when studying the experiences of women in professions dominated by men (Hewstone et al. 2006; Shore et al., 2011; Steffens, Viladot, & Scheifele, 2019), the universality of her theory is undermined by critiques from two directions.

Christine Williams (1992) noted that while women in male-dominated professions were disadvantaged by increased visibility, boundary heightening, and role entrapment, men in professions dominated by women in professions often benefited from the same perceptual tendencies in the form of career advancement, called the “Glass Escalator.”. Modifying Williams’ theory, Adia Harvey Wingfield (2009), used an intersectional stance to reconstruct the theory further. In her “Glass Barriers” theory, she posited that race mediates the benefits of the “Glass Escalator,” thereby preventing Black men
working in professions dominated by women from accessing the same patriarchal privileges as their White counterparts.

**Synthesizing CRT and Glass Barriers**

In addition to describing distinct processes affecting Black professionals’ experiences in predominantly White and female settings, I assert that CRT and Glass Barriers Theory can be used in concert to explain the ways structural and group interactional forces bidirectionally reinforce an equilibrium of white supremacy and patriarchy. In the first direction, the fact that power is structurally allocated to actors within a system according to the terms of white supremacy and patriarchy, as CRT posits, means that the organization and interaction of actors within a system are necessarily mediated by values of white supremacy and patriarchy, as Glass Barriers Theory posits. In the other direction, as Glass Barriers Theory suggests, the fact that actors empowered by white supremacy and patriarchy tend to benefit from career acceleration means that they also accumulate additional structural power, as CRT postulates. In other words, group dynamics mediated by white supremacy and patriarchy lead to further entrenchment of structural white supremacy and patriarchy. Taken together, the structure of a system influences how actors within a system relate to one another. As White members of an institution are allocated institutional and social power through white supremacy and patriarchy, they may leverage that power to create policies and establish social norms that reinforce the institutional hierarchy, which reinforces white supremacy and patriarchy. In this project, I assert that the white supremacist and patriarchal contexts in which participants’ work not only affect how they are treated by their White
colleagues, but they affect how they experience themselves, too. In the following section, I introduce Du Bois’ (1903) idea of “double consciousness” and Kendi’s (2019) idea of “dueling consciousness” as conceptualizations that explain how white supremacy shapes the consciousness of Black people in the United States.

**Black Consciousness**

Institutions are structured by white supremacy and patriarchy because they exist within societies structured by white supremacy and patriarchy (Mills, 2015). Since societies socialize people, the structural forces that shape our societies influence our understanding of ourselves. For this reason, in addition to analyzing the structure and group dynamics influencing Black participants and their White colleagues, this project also explores participants’ consciousness of being Black as a way of understanding their experiences within their predominantly White contexts. To this end, this section introduces W.E.B. Du Bois’ (1903) concept of “double consciousness” and Ibram X. Kendi’s (2019) modification, “dueling consciousness” as a way of foregrounding the challenges created by to white supremacist and patriarchal structural forces from participants’ perspectives.

**Double Consciousness**

In his manuscript, *The Souls of Black Folk*, first published nearly 120 years ago, W.E.B. Du Bois (1903) popularized the concept “double consciousness” to explain the quandary of being Black in the early 20th century:
It is a peculiar sensation, this double-consciousness, this sense of always looking at one's self through the eyes of others, of measuring one's soul by the tape of a world that looks on in amused contempt and pity. One ever feels his twoness,—an American, a Negro; two souls, two thoughts, two unreconciled strivings; two warring ideals in one dark body, whose dogged strength alone keeps it from being torn asunder. (p. 3)

As historian Ibram X. Kendi (2016) noted in *Stamped from the Beginning: The Definitive History of Racist Ideas in America*, Du Bois boldly asserted the humanity of Black people at a time in American history when academic and public discourse centered around whether Black people were soulless beasts. Du Bois argued that double consciousness is both an awareness of that Black folks are perceived as inferior by America, specifically White Americans, and a striving toward becoming an “American.” For Du Bois, this created a double bind whereby Black people learned that their prosperity depended upon becoming American, yet to be American was to be White. Further, the consequence of failing to become American, of becoming White, reinforced their status on the lowest rung of the social hierarchy. Being denigrated for failing to become what they could never be, Du Bois argued, created such confusion and disillusionment that it impaired the ambitions and progress of Black people as a racial group (Du Bois, 1903). To better understand Du Bois’ concern regarding the progress of Black people post-emancipation, it is necessary to review the historical context in which *The Souls of Black Folks* was situated.
In the late 1890’s, former slavers and landowners in the South worried that racial progress would raise the cost of the labor as Black people sought to achieve higher social and economic status with their newly acquired freedom. Organizers of The Cotton States and International Exposition, a fair designed to showcase the industry of the American South to the world, invited Booker T. Washington, a former slave and the principal of Tuskegee Normal and Industrial Institute, to offer the keynote address (Kendi, 2016; Washington, 1895). In a speech which would later be known as the “Atlanta Compromise,” Washington assuaged the predominantly White crowd by advocating for Black people to invest their energy in learning trades rather than pushing for social equality:

It is at the bottom of life we must begin, and not at the top…The wisest among my race understand that the agitation of questions of social equality is the extremest folly, and that progress in the enjoyment of all the privileges that will come to us must be the result of severe and constant struggle rather than of artificial forcing. No race that has anything to contribute to the markets of the world is long in any degree ostracized. (Washington, 1895)

Of course, Washington’s conclusion that Black people would earn the respect of the world through participation in the workforce was ahistorical even during his time. Black people’s contribution to world markets through their slave labor had not prevented them from being ostracized then, nor does it now. Nevertheless, in 1901, President Theodore Roosevelt – newly sworn-in following the assassination of President William McKinley – invited Washington to speak at the White House as a distinguished guest (Scheiner,
1962). While Roosevelt was largely castigated by the southern press, Washington grew in popularity among the Black public (Kendi, 2016). Recognizing Washington’s influence, Du Bois would go on to spend considerable energy critiquing him, including dedicating a full chapter to the task in *The Souls of Black Folks*.

Du Bois’ phenomenological representation of the challenges of being in Black in America continues to resonate today. Additionally, the sincerity of his assertion that Black people are neither destined to social, political, and economic inferiority nor should they be contented with their status are indisputable. At the same, however, a deeper inspection of his articulation of double consciousness reveals his own ambivalence on the subject of racial equality. Du Bois (1903) demonstrated his ambivalence as he proclaimed that the future of prosperity in the South hinged on:

> The Negro [realizing] more deeply than he does at present the need of uplifting the masses of his people, [and] for the white people to realize more vividly than they have yet done the deadening and disastrous effect of a color-prejudice that classes Phillis Wheatley\(^2\) and Sam Hose\(^3\) in the same despised class. (p. 188)

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\(^2\) Phillis Wheatley was the first Black woman to author a book of poetry. She was emancipated from slavery following the publication of her book (Gates, 2010).

\(^3\) Sam Hose was a Black laborer who was lynched in 1899 after being accused of murdering his employer and repeatedly raping his employer’s wife. Two subsequent investigations, one of which by Ida B. Wells, into the lynching and alleged crime would later reveal that Sam Hose killed his employer in self-defense and never entered into his employer’s home (Litwack, 1999). It is unclear if Du Bois was aware of the conclusions of these investigations at the time of his writing *The Souls of Black Folks*. 
If Du Bois believed that Black people were inherently equal to White people, why would Black folks need to focus on “uplifting the masses of his people”?

**Dueling Consciousness**

Kendi (2016), in *Stamped from the Beginning: The Definitive History of Racist Ideas in America*, argued that proponents of Black people focusing on uplifting their own en masse reasoned that White people could be persuaded to abandon their racist ideas about Black people if they saw Black people uplifting themselves from their inferior behavior, a strategy he termed “uplift suasion.” The problems with uplift suasion are manifold: it places the burden of dismantling racism squarely on the backs of Black people; it compels Black people to meet the behavioral standard of White people; and it is inherently unsustainable because individuals can never represent an entire racial group because racial groups are comprised of people with a variety of abilities, aptitudes, interests, flaws, skills, and gifts. Kendi (2019) contended that Du Bois’ notion of double consciousness is more accurately described as “dueling consciousness”:

The duel within Black consciousness usually seems to be between antiracist and assimilationist ideas. Du Bois believed in both the antiracist concept of racial relativity, of every racial group looking at itself with its own eyes, and the assimilationist concept of racial standards, of “looking at one’s self through the eyes” of another racial group—in his case, White people (p. 29).

In other words oftentimes, like Du Bois himself, Black people are not only aware that they are being measured by the tape of White people, they alternate between actively
resisting racist measurement and adopting racist benchmarks as their own. Active resistance of racist ideas – antiracism – relies on people endorsing ideas, actions, and policies that assert the inherent equality among racial groups (Kendi, 2019). Racist people, ideas, actions, and policies, then, assert that one racial group is inferior to another inherently and/or as the result of learned behavior (Kendi, 2019). This dissertation explores a particular type of racist idea, assimilationist ideas. Assimilationist people, ideas, actions, or policies assert that a racial group is inferior to another, and support actions designed to develop the perceived inferior racial group (Kendi, 2019). In the following section, I will outline how the concept of dueling consciousness complements the theoretical usefulness of Critical Race Theory (CRT) and Glass Barrier Theory (GBT).

**Integrating CRT, GBT, and Dueling Consciousness.**

As I outlined earlier in this Chapter, Critical Race Theory (CRT) posits that White members of an institution are allocated institutional and social power through white supremacy and patriarchy to the disadvantage of Black members within an institution. Glass Barriers Theory (GBT) posits that White members of an institution may reinforce white supremacy and patriarchy by leveraging their institutional power to create policies and establish social norms that maintain the racist-sexist hierarchy of the workplace. Black professionals must navigate these racist-sexist contexts; and to the extent that racist-sexist policies and norms are enforced or expressed through interactions between Black professionals and their White colleagues, successful navigation of these racist-
sexist contexts requires Black professionals to understand themselves, and what is expected of them, through the eyes of their White colleagues.

For Black professionals, it is the white supremacist and patriarchal context manifest through the evaluations expressed toward Black professionals by their White colleagues that Du Bois (1903) symbolized as the “tape of the world” by which Black people are often measured. At the same time, there is a difference between being aware that one is being measured against white supremacist and patriarchal standards, and adopting those standards as a benchmark for oneself. As Kendi (2019) noted, Black people may oscillate rejecting the racist-sexist standards they perceive and striving to assimilate toward them. So, while CRT and GBT offer a useful frame for analyzing how participants are impacted by the power structures and group dynamics within their predominantly White settings, analyzing participants’ experiences of dueling consciousness offers a rich, intrapersonal-level exploration that complements these higher-level analyses.

**Black Professionals in Predominantly White Settings**

For Black professionals, generally, and Black counselors, specifically, understanding how white supremacy and patriarchy function in the workplace is a prerequisite for dismantling them. The current and subsequent sections elucidate general problems experienced by Black professionals, the experiences of Black counselors in non-academic settings, and the experiences of Black counselor educators and trainees in academic settings to contextualize this dissertation project.
Microaggressions

Black professionals in predominantly white spaces often deal with challenges related to their proportional rarity compared to White colleagues (Deitch et al., 2003; Landrine & Klonoff, 1996; Wingfield 2009; Wingfield, 2010). Several scholars (e.g., Deitch et al., 2003) cite an increased prevalence of racial discrimination, particularly in the form of microaggressions and exclusion from social networks (Wong, Derthick, David, Saw, & Okazaki, 2014). Microaggressions, a concept first introduced in the 1970s by Black psychiatrist Charles Pierce, are the “commonplace verbal or behavioral indignities, whether intentional or unintentional, which communicate hostile, derogatory, or negative racial slights and insults”, such as unintentional comments that demean a person’s racial identity, verbal comments that invalidate the experienced reality of people of color, or comments intended to demean people of color (Sue et al., p. 278, 2007; Sue, 2010). Microaggressions may be particularly injurious because their subtlety makes it difficult for targets of microaggressions to prove objectively, or even recognize at times, that they have been insulted. This ambiguity leaves targets of microaggressions vulnerable to perpetrators’ denial of racism and the possibility of being accused of harming the perpetrator through defamation (Sue, 2010). Microaggression can be expressed: verbally, through the use of words; nonverbally, through behavior, such as people of color being subjected to extra surveillance in a store or when a White person crosses the street to avoid walking past a person of color; and environmentally, through media that fail to represent people of color in as wide a range of roles as White people and policies that endorse colorblind principles.
Sue (2010) organizes microaggressions into three general categories: microassaults, microinsults, and microinvalidations. Microassaults are conscious, deliberate verbal, nonverbal, and environmental expressions meant to attack a member of a marginalized group. Examples of microassaults include the use of slurs, racist monuments, and gender-based discrimination. Microinsults, comparatively, tend to be more covert. They are marked by interpersonal or environmental messages that convey stereotypes about people with a marginalized identity. Frequently, microinsults are expressed without the perpetrator being aware of the implicit insulting messages being sent to the target. Examples of microinsults include: people of color being asked where they are really from, implying they do not belong. Microinvalidations are expressions or environmental cues that exclude or negate the experiences of people from marginalized groups, such as stating that affirmative action is reverse racism.

The cognitive, emotional, physiological, and behavioral impacts of microaggressions and other forms of racial discrimination are well-documented (Deitch et al., 2003; Landrine & Klonoff, 1996; Mays, Coleman, & Jackson, 1996; Norman & Tang, 2016; Roberts, 2016). Deitch et al. (2003) link the cumulative effect token status of Black workers in predominantly white settings with diminished perceived physical well-being. Indeed, some data have elucidated an association between racial discrimination and shortened leukocyte telomere length, an indicator believed to be associated with physiologic deterioration and aging-related diseases (Chae et al., 2016).

While there is a dearth of literature exploring specific experiences of Black counselors in non-academic settings, research on Black counselor trainees, and Black
counselor educators suggest that themes of isolation, alienation, and marginalization are likely present for Black Master’s level counselors (Bradley, 2005; Bradley & Holcomb-McCoy, 2004; Byars-Winston, 2010; Constantine et al., 2008; Durodoye, 1999; Holcomb-McCoy & Addison-Bradley, 2004; Gomez, Khurshid, Freitag, & Lachuk, 2011; Goode-Cross, 2011a; Goode-Cross, 2011b; Negga, Applewhite, & Livingston, 2007; Salazar et al., 2004; Williams, 1992; Wingfield, 2009). For this reason, CRT and Glass Barriers Theory offer a critical framework to analyze the extant literature related to Black Counselors in the service of deconstructing and eliminating the racism inherent in the systems in which Black counselors practice. CRT is useful for analyzing the ways white supremacy and patriarchy construct the predominantly white, predominantly female spaces in which counseling education and practice occur. Glass Barriers Theory also focuses on the intersectional impact of white supremacy and patriarchy, but from a group interaction perspective. Additionally, CRT and Glass Barriers Theory work in concert to describe how structural and group interaction forces reciprocally reinforce norms of white supremacy and patriarchy. In reviewing the literature about Black counselor trainees, Black counselor educators, and Black tokens in professions dominated by women, I hope to use a critical approach make the points that: the lack of research centered on the experiences of Black counselor is fundamentally incongruent with the counseling profession’s commitment to multiculturalism; and the gap, itself, is a product of the counseling professions struggle to divest from white supremacist and patriarchal values.
Black Counselors in Non-Academic Settings

The extant literature that has highlighted Black counselors in non-academic settings has typically focused on the clinical impact of same-race and differently-raced therapeutic dyads and have failed to describe the racialized context in which the dyads were situated (Coleman, Wampold, & Casali, 1995; Goode-Cross, 2011; Goode-Cross & Grim, 2016; Maramba & Nagayama-Hall, 2002; Raja, 2016). Given the justified legacy of cultural mistrust among Blacks toward educational, political, judicial, and medical research institutions, explorations of the same-race counselor-client dyads when both are members of a racial minority provide much-needed contributions to a historically maltreated demographic (Avery, 2009; Corbie-Smith, Thomas, Williams, & Moody-Ayers, 1999; Jacobs, Rolle, Ferrans, Whitaker, & Wamecke, 2006; Phelps et al., 2001). Literature that primarily focuses on the experiences of Black counselors in noneducational settings, though, are exceedingly scant. This section analyzes the only study found that centers on the experiences of Black counselors.

Although, inclusive of counselors with doctoral training and those in educational settings, Jones, Hohenshil, and Burge (2009) offered the only overview of Black counselors’ job satisfaction found in this search. Jones et al. investigated the overall level of job satisfaction, the most important aspects of job satisfaction, and relevant demographic variables that contributed to the job satisfaction of 182 Black counselors. Of those responding, nearly 80% (n=144) were women and 38 were men.
The researchers used a modified version of the Minnesota Satisfaction Questionnaire (MSQ) to gather information about overall job satisfaction and satisfaction related to 20 different facets of work. All MSQ job facet scores were averaged and ranked. Demographic details were analyzed using a stepwise regression method to establish the relationship between demographic variables and job satisfaction. Jones et al. found that 88.6% of participants indicated that they were either satisfied or very satisfied with their careers, 31.6% indicated that racism affected their job satisfaction, and 15.3% indicated that sexism affected their job satisfaction. Additionally, through multiple regression, Jones et al. found those who stated that sexism affected their job were not satisfied with their jobs. This suggested that the interaction of racism and sexism was especially pernicious for those surveyed. Further, since African American women were eight times more likely than African American men (n=24, n=3) to find sexism affecting their job satisfaction, this burden disproportionately fell on African American women. This finding is consistent with the existing literature on intersectionality, which indicates that multiply marginalized groups, such as African American women, are additionally disadvantaged compared to White women and Black men due to the intersecting harm created by a white supremacist and patriarchally constructed society (Bradley & Holcomb-McCoy, 2004; Crenshaw, 1989; Wingfield, 2009).
Black Counselor Educators and Counselor-Trainees in Predominantly White Settings

While the counselor educator role differs in some ways from the role of counselor-practitioners, it is important to broaden the occupational settings investigated to glean knowledge of the experiences that may be transferrable to my setting. The literature detailing the experiences of Black counselor educators navigating predominantly White institutions provided useful information about the challenges of working and existing in higher educational settings that share a commitment to the values of professional counseling, including barriers to tenure and promotion, hostile racial climates, and sexism, (Bradley, 2005; Bradley & Holcomb-McCoy, 2004; Constantine et al., 2008; Durodoye, 1999; Holcomb-McCoy & Addison-Bradley, 2004; Salazar, Herring, Cameron, & Nihlen, 2004). Bradley and Holcomb-McCoy (2004) offered a cogent overview of the experiences and challenges of Black counselor educators in predominantly white institutions. They created the Counselor Education Faculty Survey questionnaire and surveyed 41 Black participants (n=41) with a similar distribution of men (n=22, 53.6%) and women (n=19, 46.3%).

Participants endorsed challenges to tenure and promotion related to overt racism, unequal treatment, and frequent invalidation by the administration of their institutions (Bradley & Holcomb-McCoy, 2004). In terms of stressors, they found statistically significant differences between male and female African American counselor educators’ perceived stress related to the promotion and tenure process with women reporting more stress. Similarly, they found differences in perceived sexism from colleagues and
students with women endorsing experiences of sexism more strongly. Themes related to a lack of mentorship or collegial support were present but were not statistically different between genders.

While qualitative research would have provided a richer understanding of the barriers the participants faced, and although the role-related demands of counselor educators differ from those of counselor-practitioners, the findings do not provide evidence suggesting Black counselor-practitioners are unlikely to experience barriers and challenges related to race and gender (Bradley & Holcomb-McCoy, 2004). For example, desired career advancement in the form of tenure and promotion for counselor-educators in Bradley and Holcomb-McCoy’s study may be analogous to desires for promotion to supervisor in community-based mental health settings. Similarly, while counselor educators interact with department chairpersons and deans, counselor-practitioners often interact with supervisors and clinical directors. Additionally, from a CRT and Glass Barriers stance, since these analogous relational interactions are shaped by the policies and predominantly White composition of their institutions, Black counselors in nonacademic settings are susceptible to challenges similar to Black counselor-educators because power is often delegated according to white supremacist and patriarchal values on both structural and interpersonal levels (Bell, 1980; Crenshaw, 1989; Delgado, 1974; Freeman, 1978; Wingfield, 2009).

David Goode-Cross’s (2011b) exploration of the experiences of Black counseling educators, who were also practicing counselors, supervising Black psychotherapist trainees in college counseling centers, spanned several contextual layers not ordinarily
covered in the literature. In terms of the racial demographics of the setting, Goode-Cross interviewed 12 Black participants, 11 of whom worked in predominantly White institutions. Although college campus settings likely differ from community-based settings, this study adds an important contribution because it centered on Black counselors interacting with other Black counselors. In one sense, this is a type of “second person” perspective of the experiences of practicing Black clinicians in a predominantly white clinical setting.

Goode-Cross (2011b) analyzed the interviews phenomenologically, and themes emerged related to relational differences in same-race dyads and differences in intervening in same-race dyads compared to other supervisory relationships. Relational differences varied by interpersonal and supervisory styles; however, all participants described feeling differently connected to their supervisees. The participants were clear about wanting all of their supervisees to do well, and at the same time, most characterized the boundaries of their role as supervisors to be wider than with other supervisees. Many described experiencing a sense of responsibility to impart knowledge of what it is like to excel as a Black counselor in a predominantly White institution, knowing that their supervisees were unlikely to learn these lessons from other supervisors. Intervention differences included more frequent and explicit discussions of race and gender at organizational and clinical levels of interactions. Supervision around organizational levels of interactions, harkening back to participants’ sense of responsibility, focused on how to navigate predominantly White spaces. Supervision around clinical levels of interactions included: issues of transference and countertransference working with Black
clients; issues of countertransference and transference working with White clients; and ways of helping supervisees develop strategies for working with clients in ways that felt authentic.

The clinical issues noted by Goode-Cross (2011b), in particular, add a layer of information not present elsewhere in the literature. So few articles include Black counselors as key agents in research, and the overwhelming majority of those that do are in the service of understanding the experience of the client. Due to the nature of the supervisor-counselor relationship, these findings suggest important themes that Black counselors may endorse in predominantly white community-based settings. Despite this relevance, this study also highlights an important gap. Of the 12 participants, all were doctoral-level counselors-in-training. The differences between doctoral and master-level training likely reflect work-role differences between groups. Further, Goode-Cross does not specify where the participants’ supervisees were in their training during the study. It is possible that some had already completed their master’s or master’s equivalency, but it is also possible that supervisees could have been completing the equivalent of pre-master’s practica or internships. Although there is variation, post-graduate Master’s level counselors are at a fundamentally different place along the career trajectory. A student identity, for example, is likely to be associated with different internal and external role expectations than an employee identity related to pay, workload, time spent engaging in clinical work.
Chapter Summary

This chapter began by outlining the theoretical frameworks of this dissertation project Critical Race Theory (CRT) and Glass Barriers Theory. CRT evolved from critical legal scholarship of the 1970s and 1980s in the recession of civil rights gained during the 1960s (Delgado & Stefancic, 2012). CRT has been applied in a transdisciplinary fashion to critique and dismantle structural forms white supremacy that systematically disadvantage people of color, especially groups marginalized by other oppressive forces, such as patriarchy. Glass Barriers Theory is an intersectional reconstruction of Kanter’s (1977a, 1977b) theory of Tokenism and Williams’ (1992) Glass Escalator Theory. Whereas Kanter posited that members of a numerical minority experienced challenges due to the proportional rarity of their group compared to a dominant group within an organization, Williams (1992) found that token actual helps men in female-dominated professions. Wingfield (2009) reconstructed both findings from an intersectional perspective and found race and gender work interact to disadvantage Black workers relative to their white colleagues. These frameworks are congruent with this dissertation project and provide theoretical guidance since this project focuses on Black Master’s level counselors in predominantly white nonacademic settings.

This chapter then included a summary of the challenges experienced by Black professionals in predominantly white work settings generally, followed by an outline of the scant of research about the experiences of Black Master’s level counselors. Literature related to Black counselor educators and counselor-trainees was then reviewed to highlight potential analogous experiences for Black Master’s level counselors. Overall,
Black counselor educators and counselor-trainees experienced challenges related to isolation, alienation, and marginalization (Bradley, 2005; Bradley & Holcomb-McCoy, 2004; Byars-Winston, 2010; Constantine et al., 2008; Durodoye, 1999; Holcomb-McCoy & Addison-Bradley, 2004; Gomez, Khurshid, Freitag, & Lachuk, 2011; Goode-Cross, 2011a; Goode-Cross, 2011b; Negga, Applewhite, & Livingston, 2007; Salazar et al., 2004; Williams, 1992; Wingfield, 2009).
Chapter 3: Methodology and Research Design

This dissertation project is a qualitative, dialogue-based study of Black, Master’s level counselors’ race and gender-related challenges, if any, in predominantly White, non-academic, mental health settings. While knowledge generated from this inquiry is intended to fill a void in the academic literature, its purpose is also to critique and contribute to the dismantling of the structures within the counseling profession that reinforce these challenges. The methodology that guided methods of data generation, analysis, and presentation of knowledge claims was an integration of Gilligan, Spencer, Weinberg, and Bertsch’s (2003) Listening Guide, a voice-centered relational approach, and Carspecken’s (1996) Critical Qualitative Methodology. This Listening Guide (Gilligan et al., 2003) was chosen because its relational orientation, intersubjective perspective, and attention to the interplay of voices within participants are congruent with the critical epistemological stance of this study. Since little extant literature on the offers specific guidance about how to engage in structural analyses using the Listening Guide (Woodcock, 2016), I integrated meaning field and validity horizon analyses, critical qualitative methodological approaches (Carspecken, 1996), during each round of listening in order to reconstruct participants’ meanings and investigate how white supremacy and patriarchy structurally influenced their meanings.

This chapter outlines: the guiding epistemological framework of this inquiry; a statement of my positionality within the research; methods of data generation; methods of data analysis; participant selection criteria; participant sampling strategies; validity; ethical considerations; limitations; and practical implications and social justice aims.
Epistemological Framework

This study asserts that because Black counselors’ experiences are fundamentally mediated by hierarchies of social dominance, knowledge claims about Black counselors’ experiences cannot be valid without theories, epistemology, and methodology that critically examine power relations. This section describes the critical epistemological stance embedded within this study and connects it to the critical theory outlined in the previous chapter. This section concludes by connecting my epistemological stance to the critical methods used to generate data in the subsequent section.

Since this research sought to explore Black counselors' experiences in predominantly White settings and how their experiences are shaped by race and gender, it is marked by a critical epistemological stance. Kincheloe and McLaren (1994) explain basic epistemological assumptions of the critical research tradition:

- All thought is fundamentally mediated by power relations that are socially and historically constituted;
- facts can never be isolated from the domain of values or removed from some form of ideological inscription;
- language is central to the formation of subjectivity;
- certain groups in society are privileged over others;
- oppression has many faces and that focusing on one at the expense of others often elides the interconnections among them; and
- mainstream research practices are generally implicated in the reproduction of systems of class, race, and gender oppression. (p. 129)

These assumptions thread Critical Race Theory (CRT) to the methodological choices outlined in the current chapter. Kincheloe and McLaren assert that critical researchers
presume that the lived experiences of research participants can only be understood within the context of their social locations; which, in turn, are mediated by hierarchies of social dominance that systematically grant power to members of certain groups at the expense of oppressing members of others. This concept directly relates to the first tenant of CRT; that, throughout history, American society has been fundamentally organized by white supremacy and that Black people have been chronically, systematically, and structurally disadvantaged by it (Haskins & Singh, 2015). While white supremacy includes overt acts of racism, such as racially-motivated violence and racial discrimination, this study uses the term to mean a global system of dominance centered and built on white racism (Mills, 2015).

Kincheloe and McLaren’s (1994) assumption regarding the centrality of language in subjectivity relates to CRT’s third tenet, which endorses counterstorytelling as praxis (Haskins & Singh, 2015). Praxis is the intentional engagement in reflection-informed activity and active reflection aimed at transforming the cultural forces that shape and limit those within it (Freire, 2000). Kincheloe and McLaren’s (1994) assumption that mainstream research practices often reproduce oppressive forces aligns with CRT’s critiques of colorblindness, interest convergence, and Whiteness as property (see Chapter 2 for an in-depth analysis of these tenets). In other words, mainstream research has historically colluded with White supremacy by neglecting the experiences of Black participants or only doing so when the benefit of highlighting their experiences converges with White interests. This, in effect, mediates what is considered legitimate knowledge.
and grants the privileges associated with legitimacy according to a White-centered perspective, which reinforces Whiteness as the norm.

Not only are data inseparable from the social, cultural, political, and historical context in which they are generated, a critical stance obligates researchers to take special care to ensure that methodological choices illuminate and critique oppressive structures. This study used a voice-centered relational (VCR) methodological approach to achieve this aim (Gilligan, Weinberg, & Bertsch, 2003). VCR is congruent with a critical stance because it is characterized by the epistemological assumptions that knowledge is generated relationally through the recursive interactions of the researcher, participants, and the broader sociocultural context, and by carefully attending to the complex interplay of voices within and between participants.

**Reflexivity and Positionality**

As a Black, cisgender, male, Master’s level counselor having spent most of my career working in predominantly White, non-academic mental health settings, I imagine that my positionality was both a strength and a potential to impede connecting with and understanding the experiences of the participants. I believe having phenotypic, educational, and employment-setting similarities with participants was an important starting point for me in this inquiry. My experiential knowledge of the structures of non-academic, predominantly White mental health settings served as an essential reference point integral to the design and purpose of this study. At the same time, I also recognize that it was vital that I continuously examine my own positionality to disentangle my experiences from those of the participants. Knowing researchers’ verbal and nonverbal
responses can signal affiliation or detachment from participants in interviews, I worked hard to avoid unwittingly indicating that I understood the experiences of participants when my responses were actually acknowledging that some aspects of their experiences sounded familiar to me (van den Berg, Wetherell, & Houtkoop-Steenstra, 2004). I am aware that my role as a researcher pursuing a doctorate comes with the unique power to make academic knowledge claims and that this power can be misused or even abused for personal and professional gain. Too often in psychology, the benefits of research have been inequitably hoarded by researchers and institutions, while the harms are disproportionately inflicted on the marginalized (Teo, 2010; Tuck 2009).

**Sampling Strategy**

I used a purposive sampling strategy with the intention of recruiting 6 to 10 participants that met the inclusion criteria of the study. I recruited participants by outreaching Facebook groups for Black counselors, LinkedIn groups for Black counselors, and American Counselor Association listservs using a recruitment flyer (see Appendix A), initial email (see Appendix B), and demographic questionnaire (see Appendix C). Twenty-two people expressed interest in participating in this project, with 15 people satisfying inclusion criteria requirements. All 15 people who met inclusion criteria were invited to participate in an informational interview with 12 people responding. Of the 12 people who responded to my invitation to participate in an informational interview, 10 accepted the invitation. I then scheduled an informational interview to review informed consent (see Appendix D) and answer any questions the 10
participants had. Scheduling conflicts prevented one participant from participating, and I ultimately interviewed nine participants (see Table 3.1).

**Participant Selection Criteria**

To be included in my study, participants met several criteria:

1. They needed to self-identify as Black or African American.\(^4\)
2. They needed to have completed a terminal Master’s degree in counseling psychology, clinical mental health counseling, marriage and family therapy, or social work with a clinical focus.
3. They needed to be working as a counselor in a clinical role in a non-academic setting, such as an outpatient clinic, residential facility, acute treatment facility, or a community-based mental health center at the time of the interview.
4. They needed to work as part of a clinical team where the majority of Master’s level co-workers appear to identify as White.

**Data Generation**

The Voice-Centered Relational Approach (VCR) of this study called for me to dialogically generate data with participants through careful attention to the interplay of interpersonal and intrapersonal voices. (Gilligan, Spencer, Weinberg, & Bertsch, 2003). This made VCR a relational endeavor. For this reason, VCR demands inquiry methods

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\(^4\)While the terms “Black” and “African American” have distinct etymologies (see Martin, 1991), usage of the terms are influenced by temporal, cultural, geographic, and political factors. I included both terms for two primary reasons: to honor the ethnic diversity of people who racially identify as Black; and to acknowledge the global persistence of anti-Black white supremacy (Mills, 2015).
that explicitly attend to the relationship between researcher, participants, and the
generated data. Additionally, it assumes that each participants’ voice distinctly reflects
their histories, social-political locations, the ways they have been shaped by broader
social structure. For these reasons, VCR is also congruent with a critical epistemological
stance.

Table 3.1
Participant Information

<table>
<thead>
<tr>
<th>Participant</th>
<th>Gender</th>
<th>Age</th>
<th>Cultural background</th>
<th>Country of birth</th>
<th>Education</th>
<th>Years of professional practice</th>
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<tr>
<td>Elise</td>
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<td>United States</td>
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<tr>
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<td>United States</td>
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</tr>
<tr>
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<td>Nigeria</td>
<td>Mental Health Counseling</td>
<td>11</td>
</tr>
<tr>
<td>Savannah</td>
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<td>&lt;1</td>
</tr>
<tr>
<td>Tully</td>
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<td>5</td>
</tr>
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<td>3</td>
</tr>
</tbody>
</table>

*Note.* Demographic categories were self-reported by participants
I used a demographic questionnaire and semi-structured in-depth interviews (see Appendix E) to understand the participants’ experiences. These methods are congruent with my epistemological position that experiences can only be understood within the social, cultural, political, and historical context. Understanding participants’ experiences, then, can only happen dialogically and centered from the participants’ perspectives. Interviews ranged from 100 minutes to 120 minutes in length. Interviews were audio-recorded and transcribed.

I initially intended this project to include a discussion group because discussion groups have an explicit foundation in dialogue and relationality. Similarly, the intended movement toward critical action would have been congruent with the critical epistemological framework of this project. Unfortunately, scheduling difficulties proved too challenging to overcome and I had to eliminate the discussion group as part of this project.

**Data Analysis**

I used the Listening Guide, a voice-centered method of data analysis, because its relational focus, analysis of power, integrated reflexivity, and focus on participants’ voices are all congruent with my epistemological stance explicated previously (Gilligan, 2015; Gilligan, Spencer, Weinberg, & Bertsch, 2003). The Listening Guide was developed by Gilligan et al. in response to their dissatisfaction with data analysis methods of the time. Since common methods of data analysis did not allow for multiple coding of the same textual data, they insufficiently articulated the complexities of participants’ experiences. The Listening Guide involves several sequential readings or listenings of the
text. The first listening is separated into two steps. During the first step, I identified the stories and the cultural, social, and relational frames that impacted the participants. During the second step of the first listening, I dialogued with the transcript by making known my response as a listener to the emergent themes through journaling. Since the Listening Guide does not specify how to engage in the first listening, I generated meaning fields, bounded ranges of possible meanings, to generate low-level inferences about what participants’ may have intended to communicate in my attempt at initial meaning reconstruction (Carspecken, 1996).

During the second listening, I listened for the first-person voice, and, using this voice, I constructed “I poems” from the transcript. I poems helped me hear the unarticulated knowledge expressed through different rhythms and cadences of the participants’ first-person voices, and how they spoke about themselves, their colleagues, and their respective contexts. During the third listening, I listened for contrapuntal voices, or the interplay between the voices heard. This listening assumes that the voices do not speak in a binary fashion; but rather, may be consonant, dissonant, or completely independent from each other. After I completed each of the listenings, I used reflective journaling to synthesize what I learned about each participant’s experiences related to my research questions while citing textual evidence. As part of my journaling, I analyzed participants’ meaning fields to identify participants’ various knowledge claims since contrapuntal voices, by definition, assume that people make claims about what they think to be true with varying degrees of awareness and directness when they communicate.
Validity

Validity, from a critical perspective, rests on how well knowledge claims are rooted in a dialogue-based process of truth-seeking and especially recognized by participants and those likely to be impacted by the research and phenomenon studied (Carspecken, 1996; Li, unpublished manuscript). Carspecken (1996) describes three types of knowledge claims influenced by Habermas’ Theory of Communicative Action: objective claims, characterized by the principle of multiple access; subjective claims, characterized by the notion of privileged access; and normative-evaluative claims, marked by position-taking. These knowledge claims require different corresponding validity strategies.

Objective knowledge claims are associated with declarations about what occurred (Carspecken, 1996). For objective knowledge claims to be valid, they must be accessible to multiple observers. The plot-based record I created as I engaged in the first readings of each interview in my study (Gilligan, 2015; Gilligan, Spencer, Weinberg, & Bertsch, 2003) serves as one document of objective knowledge claims about what occurred during the interviews. A strength of the Listening Guide as a method of data analysis is that the protocol sets that expectation that researchers explicitly engage in reflexive practices throughout the iterative readings. This explicit engagement allows others the opportunity to gauge the veracity of claims made. In addition to journaling as directed in the first reading, I also engaged in self-reflective journaling throughout the study to contemplate what emerged for me, specifically, as Black, male counselor doing this research. I shared my reflections with a peer consultant to review my use of inferential language and
perceived biases. Additionally, specifically because I do not have any Black female counselors on my committee, I worked with a Black female counselor as a peer consultant during the data generation analysis part of this study.

Subjective knowledge claims are associated with declarations about the inner worlds of researchers and participants. These worlds are considered privileged because they cannot be observed by the other, they must be known and expressed by the actor in order to be understood by the other. For validity strategies in the subjective realm, I paid special attention to the relational dynamics of the individual interview. Since valid subjective knowledge claims depend on congruence between participants’ expressions of their inner worlds and their understandings of this privileged information, I took several measures to encourage honest and accurate expressions by participants. These included: using a semi-structured interview protocol to help avoid leading questions, using my clinical skills to co-establish rapport and safety with participants, integrating participants’ language in follow-up questions; and regularly checking in around understanding with participants.

Valid subjective knowledge claims are honest and accurate descriptions by participants about their experiences. Normative-evaluative knowledge claims are associated with declarations about the world and what ought to be. Valid normative-evaluative claims are achieved when the power relations between the researcher and participants are as equalized as possible, the researcher understands the norms and positionality of the participants, and the articulation of these norms and positionality are recognized by participants’ in a nonleading way. For validity strategies in the normative-
evaluative realm, I invited each participant to view my journaling from sequential readings and I poems as a way of member checking. While each participant acknowledged receipt of my invitation, only one participant, Tully, offered direct feedback about my representations. After reviewing a draft of his narrative, he shared that he recognized himself in my description of him and the account of our conversation except for one clarification. I had originally described one of his emergent voices as “a voice of rejection.” He suggested that his voice might be better described as a “voice of longing.” I agreed and replaced my original description with his.

**Ethical Considerations**

In-depth interviewing carried the potential to stir up powerful experiences for the participants. In addition to informed consent and clearly defined research aims, I emphasized the voluntary nature of participation, withdrawal without penalty, and provided a list of support resources. Since Black counselors in predominantly white settings are often highly visible, I strove to carefully balance thick descriptions with protecting participants’ privacy. One concern I had, for example, was that my description of Tully’s physical and emotional presence might reveal his identity. He reviewed my description and consented to it as written.

I am also aware of the potential for paternalism to masquerade as the ethical responsibility of non-malfeasance and, in effect, collude with the status quo. Since this study explicitly seeks to illuminate and undermine racist and sexist structures, I believed that there was the possibility that participants may have wanted to use the knowledge they have helped produce for their own emancipatory purposes. To this end, the relational
boundaries between myself and participants required collaborative negotiation. Several participants wanted to debrief after the interview to discuss navigating structural hurdles in the mental health profession beyond the scope of my project. Much like the scientist-practitioner-advocate model (Mallinckrodt, Miles, Levy, 2014) asserts the imperative for an integration of research, practice, and advocacy to address the social injustices at the root of suffering, I believe that a critical epistemological stance compelled me, as a researcher, to be open to the ways the researcher-participant relationship can be a holding space to imagine liberation from oppressive structures beyond the intentions of a research project.

**Limitations**

All study designs have limitations. All of my participants worked in the Greater New England area. While I never intended to make generalizable claims based on this project, I appreciate that white supremacy and patriarchy may shape professional counseling spaces in the Northeast in ways that are distinct from other geographic areas. This means there is some chance that my project does not uncover all the ways that white supremacy and patriarchy affect Black counselors’ experiences. Simultaneously, since structure necessarily transcends specific context, this project offers a meaningful contribution to the existing literature in its structural critique and cannot be reduced to simple thematic analysis. Another limitation of this study is that it was not as dialogic as it could have been due to practical limitations. While the non-democratic decision-making inherent to this study made it a more sustainable endeavor for me as a researcher, it is not entirely congruent with my critical epistemological stance. Without the
constraints imposed by time and the financial resources associated with doctoral study, I would have initiated this study from a participatory action framework.

Summary

In this chapter, I described the methodological theory underpinning the methods of inquiry and design of this study. I began with a brief reiteration of the study’s purpose. I then provided a description of critical epistemology and highlighted its congruence with the theoretical orientation of this study and its methodology. I followed by sketching my positionality within this research endeavor before outlining participant selection criteria and purposive sampling procedures. Then, I described that I used semi-structured interviews to generate data that I then analyzed using the Listening Guide. Next, I reviewed the connection between knowledge claims and validity before describing the strategies I took to enhance three major types of validity claims. Finally, I outlined the ethical considerations and limitations associated with this project and its design. In the following chapter, I focus on the application of this methodology as I present findings of participants’ experiences as Black counselors working in predominantly White settings.
Chapter 4: Navigating Racial and Gender Pressures

Does that mean I walk in fear all the time? No.
I know who I am
I know I'm more than the stereotype
I know that.

– Warren, participant

Using transcripts created from semi-structured interviews, I tracked emergent themes based on my research questions found in each of the participant’s narratives of being a Black counselor in a predominantly White setting. These transcripts were then analyzed as described in the methodology and research design chapter, using the Listening Guide (Gilligan et al., 2003), a voice-centered, relational approach. This methodology helped me to attend to the content and process of participants’ experiences. Through their narratives, I explore how they understand the racialized and gendered challenges of their workplaces, how their challenges affected how they related to themselves and others, and how they survived and resisted within their respective settings.

In this chapter, I present findings of the participants’ experiences as Black counselors working in predominantly White settings. While I am aware I have fallen short, I have worked hard to present participants’ experiences and the interview context in which they shared their experiences with me holistically in order to resist the flattening tendency inherent to any articulation of findings. Each section begins with a description of the interview setting and my initial impressions of the participants. Then, I describe each participant’s inspiration for being a professional counselor, their clinical roles, and their clinical settings. Following my presentation of background and context, I discuss the
major themes that emerged from each participant’s narrative and how they each spoke to uniquely about these themes. Overall, I cover three major themes that (see Table XI) emerged from my inquiry and serve as a conceptual frame across participants’ narratives. Two overarching themes applied to participants irrespective of gender, they are: problems related to visibility, and dueling consciousness. A third theme, role encapsulation, emerged exclusively for the women who participated in this project. For this reason, narratives in this chapter are grouped by gender to allow the reader to easily assess my claim that the intersection of white supremacy and patriarchy differentially impacted participants.

**Overview of Overarching Themes**

This section provides an overview of the two overarching themes used to frame participants’ narratives. While each participant experienced multiple themes, not all participants experienced each theme.

**Visibility.** Each participant (n = 9) described having to manage experiences related to the visibility problems, hypervisibility or invisibility, associated with their membership to a group in the numerical minority. Female participants generally experienced visibility as mostly challenging. They shared experiences of: their competence and intentions being scrutinized; having less leeway during misunderstandings with colleagues; and having firmer expectations from supervisors around documentation expectations. For male participants, visibility was often experienced as a challenge, but sometimes as a positive opportunity to demonstrate excellence among White colleagues. Challenges experienced by male participants
included: having their competence and intentions scrutinized by white colleagues and perceiving resentment from female clinicians around preferential treatment. Reflective the intersection of white supremacy and patriarchy, opportunities experiences by male participants included: praise from white colleagues following strong performance and being seen as exemplary and being allowed to exercise entrepreneurial or leadership ideas.

**Dueling consciousness.** Most participants (n = 8) also shared stories that included a kind of “dueling consciousness” (Kendi, 2019), or rhythmic vacillation between: being aware of how they are being perceived in stereotyped ways by their white colleagues; active rejection of these tropes and the racial and gendered expectations they imply; and at other times, consciously or unconsciously, adopting a stereotyped trope fully or partially in an effort to avoid professional challenges and/or maintain relational connections in the workplace.

**Overview of Intersectional Theme**

This section provides an overview of an intersectional theme that emerged for most of the women who participated in this project.

**Role encapsulation.** Several female participants (n = 4) reported experiences where they felt limited by the roles assigned to them without their consent by their White colleagues and supervisors. Examples of these roles include: Black cultural informant or expert, nurturer, and antiracist advocate. Participants described that the labor associated with these roles was problematic because it was unacknowledged, uncompensated, and/or
it impaired their ability to focus on more preferred professional tasks. Role encapsulation was usually paired with problems related to dueling consciousness \((n = 3)\), because the rigid roles meant that female participants often had to strategize ways of resisting them while maintaining their dignity, without triggering a backlash from their White colleagues and supervisors. One male participant, Martin, also reported being seen as a cultural expert by his colleagues. He described that this was a role he intentionally cultivated, and he did not report experiencing it as limiting.

**Notation of Contrapuntal Voices**

As described in Chapter 3, I analyzed the data using the Listening Guide, a voice-centered method that focuses on relational contexts, power, researcher, participants’ voices, and researcher reflexivity. In order to support my claims, I have integrated textual evidence – such as direct quotations and I poems – and provided examples of the contrapuntal voices I heard throughout my analysis. Listening to contrapuntal voices means listening to the interplay of the voices heard within a participant. These voices can be in consonance, dissonance, or completely independent. To illustrate the interplay of voices in text, I have used **boldface**, *italicized*, and *underlined* type to highlight participants’ contrapuntal voices. Text with *multiple visual emphases* indicates that I heard more than one voice speaking at a time. Since the voices heard vary within and between participants, I describe the voices and how they will be visually emphasized each time before highlighting them in textual evidence.
Table 4.1

Participants’ job titles, therapeutic modalities, and narrative themes

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Modality</th>
<th>Themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bridgette</td>
<td>Outpatient Clinician</td>
<td>Individual Therapy</td>
<td>Visibility, Role Encapsulation</td>
</tr>
<tr>
<td>Elise</td>
<td>Outpatient Clinician</td>
<td>Individual Therapy</td>
<td>Visibility, Dueling Consciousness</td>
</tr>
<tr>
<td>John</td>
<td>Outpatient Clinician</td>
<td>Individual Therapy</td>
<td>Visibility, Dueling Consciousness</td>
</tr>
<tr>
<td>Martin</td>
<td>Outpatient Clinician</td>
<td>Individual Therapy, Group Therapy</td>
<td>Visibility, Dueling Consciousness</td>
</tr>
<tr>
<td>Sarah</td>
<td>Supervisor, Outpatient Clinician</td>
<td>Individual Therapy, Individual Supervision, Group Supervision</td>
<td>Visibility, Dueling Consciousness, Role Encapsulation</td>
</tr>
<tr>
<td>Savannah</td>
<td>In-Home Clinician</td>
<td>Family Therapy</td>
<td>Visibility, Dueling Consciousness, Role Encapsulation</td>
</tr>
<tr>
<td>Tully</td>
<td>Outpatient Clinician</td>
<td>Individual Therapy, Psychoeducational Group</td>
<td>Visibility, Dueling Consciousness</td>
</tr>
<tr>
<td>Vanessa</td>
<td>Outpatient Clinician</td>
<td>Individual Therapy</td>
<td>Visibility, Dueling Consciousness, Role Encapsulation</td>
</tr>
<tr>
<td>Warren</td>
<td>Outpatient Clinician</td>
<td>Individual Therapy, Relationship Therapy, Family Therapy</td>
<td>Visibility, Dueling Consciousness</td>
</tr>
</tbody>
</table>
Narratives of Female Participants

Bridgette’s Story

“Bridgette” and I met in my office for our interview on an early afternoon in mid-October. The office was buzzing with the sounds of ocean waves and energetic primary school-aged youth greeting their therapists. When I met Bridgette in the waiting room, she was chatting with a young boy, sitting with whom I presumed to be his parent or guardian. As she told the boy goodbye, she mentioned that it was her turn to talk and that he should not be nervous. He waved and smiled. Inside of my office, she mentioned that she often enjoys sitting in the waiting room at her clinic when she has the time. She described it as an opportunity to add an additional positive experience for clients and families who are often desperately in need for meaningful connection. I was moved by her warmth and how she framed the importance of small encounters within a larger context of connection and wellness. Together, we explored her experience of being a Black counselor in a similar way. She would often tell a story, then connect it to a bigger, systemic observation or wondering. Her narrative was marked by themes of visibility and role encapsulation.

**Inspiration: Family - “I Inherited this.”** Bridgette described that she “inherited” her passion for counseling from her family. She reminisced about how she came from a long line of helpers.

It’s funny. I’m not sure when I knew for sure that I would be a clinician, but I always assumed I would be in a helping profession. My dad is a teacher, my mom is a nurse. I have an aunt who is also a social worker, though she isn’t clinical. We
grew up in a church full of other Black professionals who helped people, too.

Doctors, attorneys – though I guess that’s not really considered a helping professional per se. Anyway, it was always about the village. How can we help each other? So in a way, I inherited this.

Bridgette contextualized her sense of self and avocation within a sense of community and connection. Listening to her recognition of herself as part of a larger whole in her inspiration story, I also recognized this sense in how she connected with the boy in the waiting room before the interview.

**Clinical role and setting.** Bridgette worked as an outpatient therapist for a private, nonprofit, mental health clinic in an urban city in eastern Massachusetts. She worked primarily with school-aged youth and their families. She described that she was the only African American counselor and one of 3 women of color on a clinical team comprised of 25 counselors, 3 supervisors, and one clinical director. Each of her White colleagues was a woman, except for one male counselor. Importantly, she self-identified as African American. She explained that while she also identifies as Black, she prefers to use African American when she speaks of herself because it connotes a more specific cultural heritage than the transnational term.

**Themes: Visibility and role encapsulation.** Bridgette’s narrative included challenges related to visibility and role encapsulation. As a naturally soft-spoken person, she shared stories of feeling like her professional and social identities were largely invisible to her peers, except when she was perceived as a caretaker. While she takes
pride in caring for others, she also described how being stuck in this role has hindered her in the workplace.

**Visibility.** Bridgette shared that she believed her demeanor made her feel invisible at times, difficult to be seen and heard by her clinical team. While this is not always a problem, she described that she believes it has affected her career trajectory.

I’m pretty even, like never too high or low. As you can imagine, this is a great trait for a counselor. My clients usually remark on this. I’m also good at reading other people and seeing the big picture. I think these things make me a good teammate. So yeah, I feel like I am a real asset, but I’m definitely underappreciated. It’s like, because I am not a squeaky wheel, I get taken for granted. For example, my client surveys are excellent. So are my performance reviews. I’m independently licensed. People like me. You’d think they’d be dying to make me a supervisor. We really need one. I said I wanted to apply. The look on my supervisor’s face – she was so confused. She told me that I did not seem interested in leadership. What does that even mean? Is my excellence not enough? Anyway, I took it to heart and decided I needed to assert myself. But then I was talking to a colleague and I learned that she had been approached about the position. She said it was totally a surprise. That she had been caught off guard by it and that she wasn’t sure she wanted it. I was dumbfounded and disappointed.

An I-poem of this anecdote highlights how Bridgette’s sense of invisibility is marked by the interplay of a self-affirming voice, one where she owns her worth, and a voice of
disappointment, where she realizes her supervisor does not. Here, her voice of disappointment punctuates her self-affirmation.

I’m pretty even

I’m also good at reading other people

And seeing the big picture

I think these things make me a good teammate

I feel like I am a real asset

But

I’m definitely underappreciated

I am not a squeaky wheel

I get taken for granted

I’m independently licensed

I said I wanted to apply

Is my excellence not enough?

I took it to heart

I needed to assert myself

But then I was talking to a colleague

I learned that she had been approached
I was dumbfounded and disappointed

The interplay of her voices of self-affirmation and disappointment was present in her reflection of her social relationships at her work, too. In this social context, the voices of self-affirmation and disappointment sound like a yearning for connection.

Thankfully, I was raised to see myself for who I am and what I have to offer. I mean that sincerely. I don’t need people to tell me value and I know it’s independent of external validation. That’s a good thing because I definitely don’t get that from my peers or sups [supervisors]. It’s odd though, actually. Other colleagues fawn over each other and praise the most routine things. I don’t knock them for it, I think it is a way to connect. You know? To show that they care about each other. Like, why don’t they feel moved to be that way with me? I don’t need it, but I want it. It’s like I’m on an island without a way to get off.

While Bridgette often felt isolated and “on an island,” she also described she was consistently noticed by her colleagues for her nurturing.

I don’t even know how it started really. I mean, I definitely offer a good ear and I’m not put off by venting, but I never invited it either. Somewhere along the line, people started thinking that I was good at taking care of people. That’s not a bad thing to be known for in a vacuum. Some of it is probably age, I’m older than a lot of the clinicians – but everyone started calling me “Momma B.” I think it’s said with endearment. So, it’s kind of a nice thing. But it’s also a weird racial thing. Like, why “Momma?” Like is this a mammy thing?
Her welcoming of connection and feeling appreciated by her colleagues sets the stage for a reflection on the tension between moving toward relationship at the cost of potentially reinforcing racialized and gendered role expectations.

*Role encapsulation.* Bridgette’s ambivalence toward the moniker “Momma B” and her wondering if it was an invocation of the “Mammy” trope, underscores the ways in which she believed she had been conscripted into specific racialized and gendered roles in her workplace. She spoke about this dynamic with *voices of realization* and of being stuck.

It’s funny how things happen. [long pause] *It’s as if I became the workplace mom through some kind of natural force. Or did I become the Black help? [laughs] Damn. I just described white supremacy and patriarchy, didn’t I? [laughs] Well, it’s like, what can you do? I know I am not those things, but I think they think that I am.* I can’t make them see me differently.

She continued to reflect on the consequences of being stuck in the role of “Momma B” in the workplace. With *voices of feeling unburdened* working with people of color and *burdened* by the racist expectation that she does, Bridgette described that it has affected the kinds of clients she has been assigned.

So, yeah. Like I get assigned all of the cases where the clients really need a “mothering figure,” to quote my supervisor. I’m what she calls “a natural fit” for them. The “them” [with emphasis], by the way, are invariably people of color. I like working with people of color, and it doesn’t feel like a burden. *But feeling*
like I am carrying the load - like it’s exclusively my duty, does feel like a burden. I wonder what would happen if I left.

She also reflected on feeling stuck with a voice of feeling objectified. She described how this objectification prevented her from developing full and “reciprocal” relationships with her peers.

When you get introduced as “Momma B” to new clinicians. It really sets the tone for your relationship unfolds. It cues them into how they ought to relate to me, so things feel like a self-fulfilling prophecy. I am who I am, you know. It’s not like I am going to stop being warm. And it’s not like I’ve ever sought this out. But, when they come to me looking for their nurturing, comforting mother, it’s hard to break out of it. It just keeps going. And it means things stay pretty asymmetrical. Like I don’t feel used in a traumatized way, but I definitely feel used. Like it’s not reciprocal.

Conclusion

Overall, Bridgette described challenges related to visibility and role encapsulation. In terms of visibility, she described feeling a sense of feeling invisible; she endorsed believing that her even-keeled disposition made it easy for her colleagues and supervisor to ignore and devalue her contributions. She described that invisibility affected her professional and social relationships. Professionally, she described its impact with a voice of self-affirmation – one where she is secure in her abilities, performance, and value – and also with a voice of disappointment – the emotional reaction paired with the
realization that her supervisor clearly did not see her value. Voices of self-affirmation and
disappointment were also present as she reflected on the impact of invisibility on her
social connections in the workplace, too. The social context differed from the
professional context, though, in that these voices amounted to a yearning for connection.
She did not need her colleagues to recognize her intrinsic value in order to recognize it
for herself; but nevertheless, she longed for it and grew lonely without it. So, when
Bridgette’s nurturing was recognized, in spite of how it was distorted by race and gender,
she experienced this recognition as much desired connection.

Perhaps this desire for connection explains her ambivalence about being
encapsulated in the role of “Momma B.” She recognized, with voices of realization and
of being stuck, that she was assigned a role based on the racial-gendered stereotype of
“Mammy.” She further reflected that her feeling stuck felt burdensome in the sense that
she felt alone in the responsibility to care for clients of color, and that being seen as a
mothering figure by colleagues made for asymmetrical relationships where she cared for
others more than received care from others. Although Bridgette did not explicitly explore
what it would mean for her to eschew the “Momma B” role while staying in her
workplace, she implicitly knew that doing so risked the one stable, albeit asymmetrical,
way of maintaining connection to her colleagues. Importantly, Bridgette’s desire for
connection can be understood as humanizing striving to resist the tendency to use
dehumanizing distortions imposed upon her.
Elise’s Story

Elise and I met in my office for our interview on a Thursday morning in early November. It was quiet because we were the only two in the office. Since the thermostat was set to its overnight setting, it was still quite chilly. Elise said she was not bothered by the temperature, but nevertheless, she accepted my offer of tea and sat on the couch with her jacket on. I sat across from her in an armchair, grateful for the warmth of my teacup. Even with her coat on, Elise did not take up much space on the couch. I wondered if she was also taking in my presence as much as I was hers because she commented on how a person of my size probably needs to be conscious of how I take up space in the therapeutic setting. She alluded to using her physical presence in her work, too, and pointed to my recorder, signaling that she was ready to begin officially. Over the course of the interview, Elise shared stories centered on how she understands her own visibility in her workplace and how an awareness of this dynamic affects how she relates to others in differing ways.

**Inspiration: “I’m a teacher at heart.”** Elise described that, in a general sense, her experiences with students when she worked as a teacher inspired her to become a counselor.

I taught science in public schools right out of college. I did that for a number of years, and I loved it. I took pride in my work and in my students, especially the ones labeled as “behavioral.” I learned that that was a kind of code. For the person saying it, it meant, “I don’t understand this student. I don’t know why he or she is acting this way.” So that’s always where I would start. I would get to know the
young person – how they see the world. I’d learn about their classroom experiences, about home, about friends. Whatever. I’d build trust with them. Then I’d help them to understand the game – because it’s a big game really. You have to know how to play. While I was doing that, I would reach out to their other teachers. When teachers understand their students, they aren’t so frustrated by them. Teachers need to feel like they have a grasp on things. It usually worked out. I learned these skills were more valuable outside of the classroom. So I became a social worker. But I’m a teacher a heart.

**Clinical role and setting.** Elise’s motivation to connect with misunderstood people, help them understand their respective contexts, and to support the adults in their contexts in creating inclusive spaces became primary foci for her clinical work. She described that she works as the only Black outpatient clinician on a team of 25 clinicians for a large, private nonprofit in central Massachusetts. She described that there are four other women clinicians of color and two White male clinicians, with the rest of the clinicians being White women. She described that she counsels adults diagnosed with Severe and Persistent Mental Illness (SPMI), a specific designation used in her agency, in the service of helping them maintain employment.

I work with the SPMI population. They often act in ways that are hard to understand for your ordinary, untrained employer to understand. I help my clients understand themselves and their work settings. Some jobs aren’t conducive to someone verbally responding to internal stimulation [hallucinations]. For others, it might be workable. I help clients figure things like that out and learn skills to
manage their responses if they want. And on the backside, I help employers understand SPMI better. A lot of my work is helping them figure out how to make the workplace inclusive for everyone. Some of it is helping them decode a particular presentation, too. All of it is in the service of helping my clients maintain stable, fulfilling work relationships.

**Themes: Visibility, Dueling Consciousness**

*Visibility.* With voices of **pride** and **resolution**, both separately and concurrently, Elise described experiencing her status as the only Black woman in her workplace as an opportunity to capitalize on hypervisibility, which for her meant a tendency to be scrutinized. Pride, here, relates to Elise’s experience of dignity and gratification with her own efforts to prepare.

I take it as fact that I will be under the microscope. That’s how it works. I’m not mistrustful of my fair-skinned colleagues, but I expect that they have been socialized to be mistrustful of me. I’m not fatalistic about it, but I think it’s true. Rather than be bitter about it, I **use it to my advantage**. You want to aggressively question me in a clinical meeting? **Because I expect it, I’ve already run through the interrogation in my mind**. By **being prepared**, their skepticism becomes a stage where I **can perform my excellence**.

I was struck by how foregrounded Elise’s self-efficacy in her clinical ability and her commitment to preparation in the anecdote was, perhaps reflecting my own

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5 Bolded and underlined text denotes voices of pride and resolution occurring in consonance.
categorization of reflexive skepticism by peers as challenging. I shared my unexpected realization with her, and she offered further insight into her understanding of the intersectional nature of visibility.

[Researcher]: Mhm. [pause] I guess I’m noticing my own reaction. The thing you think of as an opportunity could also be thought of as a challenge by some. I wonder about how you came to embrace it like that.

[Elise]: mhm mhm. Yes. [pause] I can see what you are saying. I wouldn’t advocate this approach for everyone, but it works for me. I’ve got an analytical mind. I like to debate. I like data. That definitely influences my orientation. I can’t say I go into clinical meetings or supervision hoping to joust. But I don’t dread it either. I think it also helps that I don’t read as particularly threatening – I’m petite, I’m going gray, I’m inviting – so I don’t think my retorts read as a threat to the hierarchy. If I looked younger, maybe, or sounded angrier, or scowled, or if I was physically bigger – things might be different.

In her response, Elise offered her personal theory that her physical and emotional presentation collectively contribute to her being perceived as non-threatening to her colleagues. In so doing, she acknowledged the ways race and gender shape perceptions of threat.

Dueling consciousness. Elise’s awareness about what “[reads] as a threat to the hierarchy” speaks to how she views herself from her own vantage point and from the perspective of her White colleagues. This awareness, in turn, influences the ways she
engages relationally with work. With voices of self-assuredness and competitiveness, Elise seems to relish engaging in critical dialogue.

You mentioned epistemology earlier. I think about that at work, too, sometimes when they come at me – *I’m open to being wrong, that happens a bunch, but I work hard to understand where my assumptions come from.* You know, “what I do know and how do I know it’s true?” *That’s part of what science is all about.* So sometimes when they come at me, I can tell they don’t do that work regularly. At least, not when it comes to challenging me about system-level things. The challenge comes with this air of indignation about it almost. So when I support my argument while simultaneously eviscerating their assumptions – and when I highlight that they, in fact, have a position in all of this with coolness [laughs and smiles] It’s delicious.

To my ear, Elise’s voice of self-assuredness dialogued directly with a voice of assimilation. That is to say, part of Elise’s self-assuredness and her relishing educating her colleagues seemed related to her willingness to beat her colleagues at their own game. To win, though, required some attachment to a particular set of racialized and gendered rules of engagement.

[Researcher]: Coolness?

[Elise]: Absolutely. *Adeptly. They will never see me sweat. They will never see me lose my cool. They can’t write off my points by calling me angry.* That’s not to say I don’t ever feel angry, but I take that as a cue to do some digging.
What’s making me angry here? Then, **once I figure it out, I package it in a way they’ll hear**.

Adapting each excerpt to an I/They-poem structure, the dialogue of the voices of self-assuredness and assimilation stands out as a strategy for survival with power and dignity. That is to say, confident in her own skills, knowledgeable of how to communicate in ways that her White colleagues will respect, and able to translate her experience into expressions that will be accepted and heard, Elise is able to use her voice to affect change while also prompting mutual respect from her colleagues.

I think about that

when they come at me.

They will never see me
The will never see me

They can’t write off my points

That’s not to say I don’t ever feel angry

I take that as a cue

I figure it out

I package it

in a way they’ll hear

Conclusion

Overall, Elise’s narrative was marked by themes of hypervisibility and dueling consciousness. Elise described that she understood hypervisibility to be the heightened sense of being scrutinized that Black people routinely experience in predominantly White settings. Anticipating this scrutiny, she endorsed a stance of preparation. In so doing, with voices of pride and resolution, she conceptualized heightened scrutiny as opportunities to demonstrate excellence. For this strategy to work, Elise needed to have a deep understanding of how the race and gender norms that shape how she is perceived by her colleagues. She used this information to guide her engagement strategy. While she opted to act congruently with racialized and gendered communication norms that view expressions of anger by Black people and women as illegitimate, she did so in the service of ensuring that her professional counterclaims could be heard while simultaneously asserting her professional legitimacy.
Sarah’s Story

Sarah and I met in my office for our interview on a Tuesday morning in mid-November. While we were the only two in the office at the time, I expected other therapists might soon be arriving for their sessions, so I preemptively set the sound machine. Sarah chose to sit on the couch and I sat on the nearby armchair. During our pre-interview conversation, I noticed that she was judicious with her words and I wondered if I needed to take steps to help her feel more comfortable. After reviewing the informed consent, I learned that she was worried about the impact of sharing her story. I empathized, and I was grateful that she shared her concern. I shared the ways I would anonymize her identity and safeguard the raw data. She seemed visibly relieved, and we proceeded with the interview. Themes of visibility, role encapsulation, and dueling consciousness stood out in Sarah’s story.

Inspiration: “I want to help and have a good life.” Sarah described that she viewed the counseling profession as a way for her to make a life for her and her family that offered financial stability while also allowing her to help others.

Of course, I enjoy helping others. But, I was also attracted to the kind of life I could build as a counselor. I mean, while agency jobs don’t pay much right away. I saw that people who move up the ranks could make a bit more, and with independent licensure, there are more opportunities to be entrepreneurial, too. So I guess I want to help and have a good life for my family.
Clinical role and setting. Sarah was a clinical supervisor for a trauma-specific counseling program at a large, private, nonprofit multiservice agency in eastern Massachusetts. She also supervised outpatient and in-home clinicians at the same agency. There are four other supervisors, all of whom Sarah identified as White women, and they collectively share the responsibility of supervising 25 clinicians. She shared that three of those clinicians were women of color, two of whom being Black. She described that most of the other clinicians were White women, except for two White men.

Themes: Visibility, Role encapsulation, Dueling consciousness

Visibility. As the only Black supervisor, Sarah described that she often wondered whether she was truly valued for her contributions as a clinician and supervisor.

So even in our supervisory group, I am the only, I guess, [pause] Black supervisor and it's been said to me directly and indirectly like "We need you in this group," like "we need you as a supervisor in this program." And so when that was said, I'm like, "Hmm." Is this like a token thing, you know, like “Oh, we have our one-black-person-here need met” or is it more like, you know, you value my contributions, my clinical perspective those kind of things. So and it's, I think, it's been said jokingly but - you know behind the joke there's always some truth in it – that, you know, I help with the diversity numbers.

Even though she is assigned a Black racial identity by her colleagues and her workplace, she is ambivalent about the usefulness of the term in providing information about her cultural identity and skeptical about why she is valued. I think this is evidenced in
Sarah’s pause before describing herself as “Black”. It marks her hesitancy in using the term for herself, and perhaps also resistance to being raced. With a voice of reluctance, she carefully described how she has come to accept an African American label, despite her primary identification as Nigerian.

So I identify as female, cisgender female. [Pause] I also identify as Nigerian, and [pause] secondary African-American. So [soft laughter], I feel like I’ve had to recognize that I’m not, I’m not only Nigerian. So on paperwork, you know, I check an African-American box. But that idea was new for me when I first came. I didn’t really know what that identity was. But now [long pause] I feel like now I have adopted that identity, but I still haven’t let go of the identity I was born into. So I feel like, if I could say I’m Nigerian, African American, that wouldn’t be my ideal, you know, identity. Nigerian first [long pause] and African American or Black secondary.

So, when her colleagues foreground her race over her national and cultural identities or joke about her helping the diversity numbers for supervisors of color, Sarah wrestles with the complexity of racial categorization generally, and the paradox of a being seen without being recognized, specifically.

**Role encapsulation.** Sarah shared her experience feeling assigned to play the role of Black cultural expert. I believe this anecdote can be understood as her response to being seen without being recognized by her colleagues.
And then when diversity conversations come up I just want to hide under a rock [soft laughter] because the focus becomes on "Oh you answer this. You be the one to teach us or educate us on this." It’s almost always about African American clients or families. And so, I started saying like, "I'm not your diversity trainer. You guys need to actually get somebody that, you know, can train all of us to be more aware and more sensitive." Like, there are people for whom that’s their profession. And that's something that that they can pay for. I say, “You can hire people for this so that we all can get trained, to improve our awareness and skills.”

Had Sarah’s colleagues accurately recognized her and the limits of her cultural expertise, they would have known that, in many ways, she feels like an outsider to what she considers Black culture.

It’s actually hard for me because there are a lot of differences between my culture and what I observe of African American or Black culture, you know. Like, there are different norms. And I find that I’m having to figure out what I can say around African American people because there is a different sensitivity. It is hard because I’m [pause], I’m Black, I’m expected to see things the same way I think. Or understand them the same way. It’s has been hard adjusting at times.

When her Sarah’s colleagues assign her the role of Black cultural expert, not only do they misrecognize her, they unintentionally put her in a position for which she is ill-equipped. This makes Sarah’s response, “I’m not your diversity trainer,” an especially important resistance strategy to role encapsulation.
I realized I have to say it. We have so many meetings that if I didn’t say anything, [pause] I would always be put in that role. For one thing, I don’t feel like a Black or African American expert, you know. I want to stay within my scope. I actually want to learn, too. But if I just said “I don’t know” and left it at that, then the focus is on why I don’t know. I don’t want that kind of attention. So when I say it, I’m kind of putting it back on them. I try to, you know, make light of it a little, but I want them to invest in it if they care about it so much.

An I poem highlights Sarah’s resistance to the role encapsulation spoken through her voices of knowing and self-determination.

I realized I have to say it

If I didn’t say anything,

I would always be put in that role

I don’t feel like a Black or African American expert

I want to stay within my scope

I actually want to learn, too

if I just said “I don’t know”

I don’t want that kind of attention

6 Bolded and underlined text denotes voices of knowing and self-determination occurring in consonance.
when I say it, I’m kind of putting it back on them

I try to, you know, make light of it a little

I want them to invest in it

Supervisors were not the only clinicians to assign Sarah to a role. She found that non-supervising clinicians also cast her to play the part of expert and advocate. Sarah thoughtfully deconstructed the similarities and differences of this kind of role encapsulation. While role encapsulation had been experienced exclusively burdensome when assigned the role by her colleagues, she described that it could feel like meaningful, torch-bearing work, too.

It’s really interesting, though, because I get it from both ways. Clinicians put me in that role in a way, too. [pause]. There are parts of it that feel similar. Like, you know, for example, they often assume I know their experiences or that I have had similar experiences because I’m Black. It’s hard to explain, they just expect that I know right away. So that feels similar. Sometimes they are more sure that I will get it than I am. But then they tell their stories, like the ones related to our work, you know. Then I’m like “Okay, so yes. I’ve experienced this or that. Or maybe something similar.” It feels different when it’s from clinicians, though, too, because I see it as my job to advocate for them. I mean, as much as being a diversity trainer isn’t my job, I think it is my job to advocate when they come to me for support. And I think it also feels different because I know it makes a big difference for them. Like even when it just stays between us. Sometimes they tell
me how important it was to know they could talk about it with someone without worrying about how they were going to say it, or anything.

Listening to the I-They rhythm of Sarah’s reflection, Sarah implicitly described how she grew to appreciate her role as advocate and torchbearer dialogically.

I get it from both ways

Clinicians [they] put me in that role

they often assume

they just expect

they are more sure

But then they tell their stories

Then I’m like “Okay, so yes. I’ve experienced this…”

I see it as my job to advocate when they come

I mean

I think

And I think

I know

Sometimes they tell me how important it was

they could talk about it with someone without worrying
While Sarah felt cast into the role of cultural insider based on the assumptions of the clinicians who sought her out for support, her openness to being in relationship with them and listening to their stories led her to discover shared experiences she had previously doubted. Also, but maintaining a relational stance of openness, she valued her sense of duty to be an advocate, even amidst some trepidation (e.g., I mean/ I think/ And I think) before, ultimately, allowing herself to accept her clinicians’ subjective experience of being supported as affirmation for her role as an advocate.

**Dueling consciousness.** Like other participants, Sarah’s awareness of how she was seen by her colleagues informed how she differentially expressed her cultural identity depending on her context.

So, we have these supervisor meetings all the time and we are encouraged to bring our lunch. So, you know, I’d bring my lunch. I’d bring Nigerian food sometimes and they’d be like, “Oh, what that? Is it spicy?” This or that. I think it was well-meaning slash ignorant, you know. I was careful about what I’d bring, you know? Since I’d know they’d ask questions, I’d only bring food that’s, you know, acceptable. Not too strong of a smell, or having obvious ingredients that, you know, stand out. So when they ask, I know it’s not because of the smell or how it looks, it’s just because it’s my food. They don’t have the same curiosity about some else’s sandwich or pasta, you know? I just stopped bringing my lunch after a while. You know, just your generic snack instead. Baby carrots. Crackers. I’d just eat my lunch by myself later.
An I poem of this anecdote shows how Sarah uses her knowledge of how she is perceived by her White colleagues and how she expects them to react their perception of her and her food to guide her decision about how to be in their presence.

I’d bring my lunch
I’d bring Nigerian food sometimes and
they’d be like, “Oh, what that? Is it spicy?”
I think it was well-meaning slash ignorant
I was careful about what I’d bring
I’d know they’d ask questions
I’d only bring food that’s, you know, acceptable
I know it’s not because of the smell or how it looks
I just stopped bringing my lunch
I’d just eat my lunch by myself later.

The first line, “I’d bring my lunch,” and the penultimate line, “I just stopped bringing my lunch” powerfully highlight how Sarah would rather avoid microaggressive exoticization, however well-intentioned, than eat her lunch publicly. Sarah further reflected on this notion:

Sometimes, you know, I feel sort of ambivalent about it. So a part of me feels, I think, sometimes I give their opinion too much weight. But at the same time, it’s
really annoying. I don’t think they noticed that I stopped eating my lunch with them. I don’t know if they noticed or cared. [Pause] Like, in a way, you know, I could see how that is giving them a pass. I just want to be able to be who I am without thinking about how my other, my White coworkers are going to respond.

An I-poem of this excerpt highlights Sarah’s voice of ambivalence as she enacts a survival strategy that avoids situations that are likely to lead to racialized hypervisibility, such as eating lunch.

I feel sort of ambivalent

I think, sometimes

I give their opinion too much weight

I don’t think they noticed

I don’t know if they noticed or cared

I could see how that is giving them a pass

I just want to be able to be who I am

Even though Sarah references her ambivalence within the context of her lunch choices – to be her authentic self, or not – she also seems to experience ambivalence more generally. On one level, Sarah shares that her striving “to be who [she is]” comes at the expense of being subjected to the exoticizing gaze of her colleagues. She was clearly annoyed and tired of being put in that position. One another level, considering Sarah vocally resisted being thrust into the role of cultural expert in a different circumstance,
perhaps her thought that avoiding their gaze might be “giving them a pass” speaks to an implicit expectation that she overtly resist racist power. In other words, Sarah seems to be wrestling with the following question related to dueling consciousness: Does antiracist action necessitate overt resistance to the power of the exoticizing gaze?

Conclusion

Overall, Sarah described challenges related to visibility, role encapsulation, and dueling consciousness. She shared that experienced her race was hypervisible by her colleagues, as they recognized her contribution to the agency’s “diversity numbers.” Simultaneously, she experienced her colleagues misrecognizing her cultural identity to the extent that she often felt unseen. This racial hypervisibility paired with cultural invisibility meant that Sarah constantly felt burdened professionally and socially with the assignment of being asked to be a cultural representative for her colleagues. From being asked to be a cultural expert to be exoticized, Sarah lamented having to constantly resist being encapsulated in the minds of her White colleagues. Despite also being cast into a role of cultural insider by clinicians of color, she grew to appreciate the role as she began to realize familiar experiences in them and recognize the positive impact she had on their ability to navigate their predominantly White workplace.

Visibility problems and role encapsulation meant that Sarah often had to decide how to respond to racialized role expectations. Her anecdote about lunch highlighted that this extended social interactions with her colleagues. Although Sarah framed herself as “[giving] [her coworkers’] opinion too much weight” with a tone that could be interpreted as regretful, her use of the word “give” also implies a recognition of her own
agency – an acknowledgement that she can choose how much to consider their opinions in her decision-making. Taken altogether, Sarah has shared a robust strategy of her survival and resistance. First, Sarah chose to continue bringing Nigerian lunch. Instead of choosing a lunch that resembled her peers’, she simply chose a generic snack. This was a kind of performative assimilation. By doing this, she was able to stay connected to her peers by participating in their lunch ritual, while also avoiding the challenges associated with hypervisibility. Once the ritual finished, Sarah was able to end her assimilative performance and enjoy her lunch in peace. Sarah’s ambivalence about her performance can then, perhaps, be understood as a critical reflection of her own agency in the midst of oppressive structures; an awareness that prioritizing her own sense of peace in her workplace may mean that she must deprioritize overtly resisting her colleagues’ racist gaze.

**Savannah’s Story**

Savannah and I met in my office for our interview on a late afternoon in early September. The sounds of ocean waves washing ashore and doors closing to the rhythm of the therapy hour served as the backdrop to our conversation. Savannah sat on the two-person sofa and I sat in the nearby armchair, each of us sipping tea. My initial impression of her was that she was warm, gentle, self-reflective, and considerate. Perhaps she noticed me lean in more closely just after beginning because she encouraged me to pause and doublecheck that I could hear her clearly on the audio recording. I appreciated her concern, and I took a moment to make sure I could hear her voice. I could, and we moved forward with the interview. Savannah began by describing what drew her to the
counseling profession and her clinical role, then she shared stories she thought were emblematic of her experience as a Black woman in her work setting. The following subsections summarize the themes I heard in Savannah’s narrative.

**Inspiration: Cultural impact.** Savannah described that she was inspired to be a counselor to meet a need she observed in her family, which she partially attributed to her belief that West Indian culture dampens the importance of mental health.

I think for me, being from Jamaica, so being West Indian, I feel like mental health isn't really a big thing. And I felt like there were times in my past, and then, like, my other relatives that I felt like counseling would have helped SO MUCH. And I think that really drew me to becoming a counselor because there's such a need for it in the community.

Additionally, she valued the importance of racial representation, and, based on her personal observation of more people of West Indian descent embracing counseling, she surmised that increasing numbers of Black counselors will be positively impactful.

And I mean I'm happy to say that like there are more people getting, seeking, counseling now than they were when I was younger. And I feel like being in a position to even like help or seeing another black face doing the actual counseling - I felt like I would be able to make an impact.

**Clinical role and setting.** At the time of the interview, Savannah worked as an In-Home Therapist – a home-based family therapist – for youths aged 2 – 22 and their families. She was employed by a private, nonprofit mental health agency based in an
urban municipality in eastern Massachusetts. She described that she worked on a team of approximately 25 other clinicians, most of whom, save for another Black woman, two Latinx women, and a White man, she identified as White women.

Themes: Hypervisibility, Role Encapsulation, and Dueling Consciousness

Savannah’s narrative was marked by themes of hypervisibility, role encapsulation, and a dueling consciousness. She told a story about being assigned the role of Black representative, and how her navigation of the “Angry Black Girl” stereotype shaped how she felt seen and treated by her colleagues and supervisors. This, in turn, influenced her approach to developing interracial and intraracial professional relationships.

Visibility. Savannah used a story about her participation in a discussion group at her workplace to illustrate how she felt singled out by a White supervisor based on her status as one of two Black clinicians. She described that the purpose of the group was to dialogue around state-sanctioned violence by police in the US against Black people. She believed the hope was that the discussion would improve clinicians’ cultural competence.

So I think what they tried to do with that is they bring different topics that will help the clinicians there be more competent about what's going on in the world, as well as with possible clients that they may have.

First, they watched a film, then clinical supervisors facilitated the discussion. Savannah recalled one of several uncomfortable moments and her internal response.
Savannah’s experience of horror at being associated with American slavery in her workplace by a clinical supervisor, and the concomitant implicit assumptions, highlights the ways others’ preconceptions impact how she is framed and understood relationally in the workplace.

In addition to the emotional impact of being racialized, Savannah described that it impacted her in job-related ways, too. Savannah shared that it feels like she was judged more harshly by her supervisor than other new clinicians struggling with similar problems who are White. She described that she was hoping for support from her White supervisor around managing the copious amount of clinical documentation she must
complete, but ultimately she felt opening up about her difficulties may hurt her in the long run.

Supervision is a place where we are supposed to be able to be vulnerable about our struggles, but sometimes I wonder if that is going to hurt me. Everyone struggles with managing all of the paperwork, like everyone. The new clinicians talk about it. Anyway, I was falling behind and my supervisor talked to me about strategies for being more disciplined about how I spend my time at work. And while she wasn’t, like threatening about it, she mentioned that a “performance plan” could be helpful. Those go in your HR file. I don’t know why she thought that’d be helpful, I didn’t ask – I just got out of the conversation as soon as I could.

Then, she juxtaposed her experience with her supervisor with the experience of her White colleague who shared the same supervisor.

Later on, I was talking to this other clinician who has the same supervisor – she is White – who is also struggling and the supervisor asked her what she needed and they made a plan for her to work from home. I thought to myself, “Dag. It must be nice to get asked, ‘What do you need?’” That whole approach seems different than what I experienced. Would I get that if I were White?

Visibility challenges, for Savannah, include being involuntarily tagged with others’ racialized associations with blackness in America for the speakers’ purposes. This impacted her emotionally, such as feeling horrified when this occurred in a group setting.
It also impacted Savannah professionally. Feeling that her vulnerability was met with coldness, she withdrew in the supervisory setting. Then, observing how she was treated differently than her White peer with a similar struggle, she felt resentful ("It must be nice to get asked, ‘What do you need?’") as she wondered about the privileges she could not access due to her blackness ("Would I get that if I were White?"). Navigating these visibility challenges has been a challenge for Savannah, but she described individual, professional-relational, and social-relational strategies that have helped her resist amidst these challenges.

I’ve had to learn how to survive with my sanity. First and foremost, I try and take a step back. I tell myself, “[Savannah], girl, this ain’t about you. Your value is independent of their evaluation.” That helps me keep my perspective, sometimes. It’s hard and it doesn’t always work, but it’s better than the alternative. Thankfully, I’ve also found a couple colleagues who are down [raises fist in solidarity]. They don’t always see things on their own, but when I point it out they seem to get it enough. They want to know how they can support me in a sisterly way, like, not a patronizing way—and I appreciate it. But my girls are most important—there are a bunch of us from college who stay in touch. We are a squad of Black and brown women who get it. That really helps. I don’t have to explain every detail for them to get the heart of the matter. They keep me going.

**Role encapsulation.** One of the consequences of visibility challenges for Savannah was that it forced her into the position of deciding whether to accept or decline the opportunity to act as a cultural informant. In other words, Savannah experienced her
clinical supervisor’s invocation of American slavery as cast her into the role of legitimizing or challenging her claim without consent.

I feel really uncomfortable being put in that position. It’s a lose-lose situation. If I don’t say anything and just let it pass, it feels like I’m cosigning it. If I say something, then I risk being seen as the Angry Black Girl at worst or I become the Black expert at best. I’m still pretty new to this role. I have enough to be trying to figure out. I don’t want to be stuck like that.

An I poem of this excerpt highlights Savannah’s voices of resentment and being stuck between two undesired roles.

I feel really uncomfortable

If I don’t say anything

I’m cosigning it

If I say something

I risk being seen as the Angry Black Girl

or I become the Black expert

I’m still pretty new

I have enough to be trying to figure out

I don’t want to be stuck like that.
Here, in addition to general disdain for feeling stuck, she speaks about the stakes of her circumstances, “I’m still pretty new / I have enough to be trying to figure out.” Savannah is acknowledging that there is an opportunity cost to dealing with role encapsulation. Not only must she consider the consequences of acting congruently or incongruently with racialized and gendered role expectations, but time spent navigating this challenge is time that could be spent learning the other facets of her professional role.

**Dueling consciousness.** Feeling stuck, Savannah described that she has had to try different strategies to navigate visibility problems and role encapsulation.

It feels like I’m flailing sometimes [laughs]. Like I’m being reactive, and I guess I am, to an extent, but I’m also trying to figure out what works. Like that in the film, another clinician also made a comment about the main character and how he might have lived if he followed the police’s orders. I mean, excuse my French, it was honestly bullshit. Black and brown people die whether by police whether they cooperate or resist, whether they are armed or unarmed. So I let him know I thought he was ignorant. He still doesn’t look me in the eye. I overheard him say I was “feisty” [using air quotes]. So I’m the Angry Black Girl to him, I’m sure.

In another situation, Savannah described that two White colleagues assumed she would have information about specific African cultural practices simply because she is Black.

Two other older clinicians came up to me after clinical meeting and were saying how they were impressed with me – which I thought was really nice – but then they started asking me my opinion about their Black clients. Like I don’t know if
they coordinated it, or anything [laughs]. But they both wanted to know if something was a “cultural practice.” I don’t remember the details anymore, but I’m pretty sure both clients were from Western Africa [laughs]. So I said I’d have to get back to them after I googled it [laughs]. I’ve avoided small talk with them since.

Conclusion

Overall, Savannah’s narrative was marked by challenges related to visibility, role encapsulation, and dueling consciousness. Savannah shared an anecdote where she believed a clinical supervisor inserted her into an example referencing American slavery, despite her Jamaican heritage, because she is Black. All at once, her race was hypervisible while the nuances of her national, cultural heritage were erased. Additionally, she wondered if her race made it difficult for her clinical supervisor to attend to her developmental needs as a clinician with empathy, especially in contrast to the ways her White colleague with the same supervisor was treated. Savannah was also frequently assigned the role of cultural informant by her colleagues without them seeming to realize the heterogeneity of the cultures that make up groups of Black people. In each of Savannah’s stories, the nuisance of addressing racist ideas or racialized and gendered stereotypes is exacerbated by the fact that she is also adjusting to a new work setting. In a profession that relies on mentorship and learning from the experience of more seasoned professionals, barriers to social connection equate to barriers to professional development.
Vanessa’s Story

Vanessa and I met in my office for the interview on a Saturday afternoon in late September. There was no one in the office, so it was quiet enough to hear the clock’s hum. Most participants stopped near the door upon entering my suite, waiting for me to walk over and introduce myself. Vanessa did not wait. She came bounding into the waiting room, grinning from ear to ear. She firmly clapsed by outstretched hand with both of hers and earnestly told me that she had been looking forward to our interview for weeks. Then she proceeded to lead me into my own office. She chose to sit in one of the armchairs, and I sat on the couch. She accepted my offering of fruit and pastries, and I sipped tea. I noticed myself feeling drawn in by her energetic, caring demeanor. I was also struck by how well-prepared she had seemed. After I had made some introductory remarks about informed consent and what she could expect throughout the interview, she mentioned that she had prepared her own set of points she hoped to cover. Over the course of the interview, Vanessa would share struggles with visibility, role encapsulation, and dueling consciousness.

Inspiration: Her own experience with a counselor. Vanessa described that she was inspired to become a counselor based on her own experiences growing up. She was raised in a single-parent household by her mother, who periodically left the home without notice, and without prearranging childcare. School became a nourishing oasis for her.

It was really hard for me growing up. My mom wasn't always home. She would leave in the middle of the night and sometimes stay out for days. So I had to fend for myself a lot. Don't get me wrong, I had family who was helpful and supportive
- you know they would make sure I was safe and had food - but it was still on me a lot. So school became a really important place. I got to be a kid at there. Learn. Get fed. Be taken care of.

More specifically, Vanessa recalled a school counselor who played a pivotal role in supporting her.

There was as one therapist at school; she was really helpful. She would sometimes check on me on the weekends. I don't think I would have made it without her. You know, I'm actually really grateful for my mom, too. She was private and she didn't want me airing her business. But she actually let [the school therapist] help me fill out an application for this boarding school - and get a scholarship to go, too. And I think about that. Right. I think about how important this one person was in my life and how, you know, how many people don't have the luxury of having someone like that be around.

Vanessa then described how she conceptualized her ideal role as being a similar figure for the clients she works with, especially Black women.

So, yeah, I want to help people manage their mental health problems. But more than that, I want to make sure that I can be a bridge for them - to help them get to where they want to go, to be well. I mean, just think about it. There are so many structural obstacles for black women to overcome. There are the gendered ones and the racial ones. So, you know, I just want my face to be seen. I think that really matters. I may or may not have a similar background to my black female
clients, but I think when they see me, they say, “oh, one of us can make it.” Sometimes that’s all you need to start. All you need is a little bit of hope. Just knowing that it's possible for another sis to make it.

Clinical role and setting. Vanessa described that she worked as an outpatient clinician for a medium-sized, private nonprofit, mental health agency in central Massachusetts. She worked for this company since graduating from her Master’s program three years prior. Although she worked with folks across the lifespan, she primarily counseled women who temporarily lived in group-based, transitional housing for women in early recovery from problematic substance use. She did this work as part of a clinical team of twelve total clinicians, one supervisor, and one clinical director. She described that she was the only Black woman and person of color on the clinical team.

Themes: Visibility, Role Encapsulation, and Dueling Consciousness

Visibility. Vanessa shared two stories to illustrate how being the only Black counselor on her team led to problems related to visibility. The first was about hypervisibility, the amplification and projection of negative evaluations about her. The second was related to invisibility, the muting of the positive contributions of her ideas by some White colleagues, and the misattribution of her ideas by other White colleagues.

The story of hypervisibility was set during a clinical meeting with the entire clinical team. The clinicians learned that they would be expected to complete more clinical documentation. Vanessa described her thought process as she decided how to respond.
We were at this staff meeting and the program director was talking about some new changes that would require us to spend more time doing paperwork. Essentially, no one was happy about it. You could feel the energy in the room. So, you know, people [pauses] they're asking questions about the changes. You know, trying to get a sense of why they were happening. So I waited and I heard other people. I let them all talk first. Then, I shot my shot. I asked if we were going to get compensated for the extra work that we were going to be doing. I thought to myself, you know, "Closed mouths, don't get fed."

After shooting “her shot,” that is, taking a risk to ask for what she wanted, Vanessa described that her question was not well-received by the clinical director.

Well, I guess that touched on a nerve or something, because the clinical director curtly responded that we wouldn't get paid, that it was just the expectation that we do this. So I left it alone. After the meeting, she asked me to stay behind while everyone else left. Then she just starts lecturing me. She comes at me about how my comment was unprofessional, about how I needed to be more of a team player. How we all are under budgetary constraints and that it was selfish of me to ask for more money.

Annoyed, Vanessa then plainly unpacked the ways her question and intentions were distorted by the clinical director, given the full context of the conversation.

Here's the thing, though. Other people were actively complaining. I didn't even complain. I simply asked a question. You know, I didn't say this to her, but all
these other White women are out here exhaling deeply and rolling their eyes and
doing things that I would think are actually disrespectful. But I'm the one who
gets pulled aside, who gets seen as [makes air quotes] "unprofessional."

Being labeled as unprofessional because she did not meet a standard of decorum that was
clearly different from her White colleagues was not the only way Vanessa’s visibility was
impacted by being the only Black woman in her workplace. She described that she also
felt invisible at times as the only Black woman, that her positive contributions often went
unnoticed and misattributed to her White colleagues who readily claimed them for
themselves.

We were talking about this client and people kept talking about how oppositional
the client was and how resistant to treatment [the client] was. It was all a little
quick to me. I thought there might be a rapport issue – that maybe [the client]
might be responding to unspoken, probably unintentional messages from the
clinician. You know, that she was turning the therapist off – like, that happens,
you know? So I said so – and crickets. Nothing. It was like I was talking into the
void. I figured folks disagreed. But, then, like a few minutes later, another
clinician suggested that it might be helpful to focus on the [using air quotes]
“therapeutic alliance.” Don’t you know other folks ate that up. They told her that
she had “good insight.” I thought, “Damn. I said the same damn thing.” But that’s
how it goes.

Looking at each of Vanessa’s anecdotes as an I-poem, her invisibility stands out as she
speaks with voices of knowing the truth and invalidation.
I didn't even complain

I simply asked a question

I didn't say this to her, but

But I'm the one who gets pulled aside

I thought

So I said so

I was talking into the void

I figured

I thought,

"Damn. I said the same damn thing."

When Vanessa acknowledged the actions she did not do (e.g., I didn’t even complain), she also acknowledged the inherent double standard of how she was expected to share her dissenting opinion compared to her White colleagues. She felt invalidated by how she was seen and responded to by her supervisor (e.g., But I’m the one that gets pulled aside). Similarly, when she spoke about the actions she did do (e.g., I thought/ So I said so), she felt invalidate by the ways her colleagues failed to see her. Both circumstances highlight that, for Vanessa, the consequences of being seen and heard oscillate between objectification and erasure.
Role Encapsulation. Vanessa described that she believed it to be her responsibility to address racism in the myriad ways it arises in her workplace because she views the collective commitment to antiracism by her colleagues as ambivalent at best.

It’s on me, you know? I look around and I’d say that they are well-meaning, but there isn’t much conviction. Everyone would say that racism is bad and that it should be avoided, but no one else regularly brings up issues of race. I’m not saying everything is about race all the time. But we should be always be wondering, you know? And I just don’t hear people asking about it. So I take it on. Like, okay so we are saying this Black kiddo is defiant. But it’s only at school. And we’ve been to their school. We know how under-resourced they are. We know how classes are racially segregated with the White kids being more likely to be in honors classes. We know these things to be true. So might this defiant kiddo be resisting the way he or she is mistreated in school?

While Vanessa described willingly taking on this role and its responsibility, she also wondered about the consequences of her approach.

So yeah, I’ll stand up every time. I think it’s my duty. But I also wonder if that enables their abdication of group responsibility in some way. Since it’s relatively more important to me than them, I’m the one who initiates these conversations. Then it gets discussed. But they also learn that I’ll do the work of bringing it up. It’s probably uncomfortable for them or maybe they don’t know how, so they don’t initiate as often if they do at all. But I can’t wait for them to get comfortable – so then it’s on me. And the cycle continues.
In addition to her awareness of the ways that the cycle of avoidance of a collective antiracist commitment is maintained by their group dynamics, Vanessa described that the pattern had impacted her professional development in unexpected ways.

Now that I think about it, there is a real cost to me professionally. Issues about race default to me. It’s like I become a specialized consultant. In a way, I feel valued that people come to me. But, like, it does take up a lot of time. Every time I make time for peer consultations, I have to push paperwork aside or other time to develop other projects and programs. It’s not like I get paid for it. There is no special title. It’s just kind of expected. Other clinicians have time to develop and pilot mini-programs, those are résumé builders. I don’t really have as much time for that.

*Dueling consciousness.* Vanessa described that hypervisibility, invisibility, and role encapsulation deeply impacted how she related to herself and others in the workplace. Aware of the “Angry Black Woman” stereotype, she alternated between active rejection of the politics of respectability, strategic leveraging of the power to invoke fear in her colleagues, and tacit alignment with the expectations of the politics of respectability for the sake of relational connection.

Vanessa’s active rejection of the decorum that white supremacy demands was marked by a voice of resistance. I heard it in the content of her message and in her tone.

*[Laughs]* I can’t even sometimes. Like for real. I don’t know why these White women think it’s my duty to protect their feelings at all times at the expense of
my own personhood. I mean, I do get why – but fuck that. Why would I subscribe to a value system that don’t look out for me? If I don’t take care of myself, no one will. It’s not like they go out of their way to look out for me. We have this saying at work. If you don’t document it, then it didn’t happen. Well, it’s the same thing with racist shit. If I don’t speak up, if I don’t document it, then they’ll NEVER see it and it’s like it didn’t happen for them. Yeah, I’m fucking angry a lot of the time. I need to be.

An I-poem of this excerpt amplifies the strength of Vanessa’s resistant voice.

I can’t even sometimes

I don’t know why these White women think it’s my duty

I mean,

I do get why

– but fuck that

Why would I subscribe to a value system that don’t look out for me?

If I don’t take care of myself, no one will

If I don’t speak up,

if I don’t document it, then they’ll NEVER see it

Yeah, I’m fucking angry

I need to be
Vanessa, using a **voice of power**, also strategically leveraged the “Angry Black Woman” trope as an act of resistance against white supremacy for her professional benefit and for the benefit of her clients. Vanessa wagered that her colleagues would view the prospect confronting her so personally threatening that they would be too be afraid to challenge her request in the moment, allowing her to secure needed resources for her clients.

I remember it was the end of the fiscal year and we were trying to figure out how to use a small sum of money. It was a “use it or lose it” kind of situation. We were trying to figure out the best way for it to be divvied up. I really wanted that money to go to [the name of transitional housing program], the sober house. Lots of those women don’t have interview clothes, so I saw an opportunity. **So, I spoke up about it. I was good, too. I knew that if I could get a commitment in the moment, they’d never backtrack. So I made my case forcefully. I just knew they’d be too afraid to confront me on it.** I was right. I got the money and took pictures of the women in their nice new clothes. It was actually new-to them clothes. Anyway, I got a little bit of good press for it.

At other times, Vanessa deferred to the decorum that white supremacy demands in order to maintain relationships in the workplace with a voice of longing.

If I’m being honest, though. Sometimes I pull back a bit. I think about the very best way to articulate my point so that I’m eloquent but non-threatening. At the end of the day, people don’t want to feel like they are walking on eggshells, and if I can just be a bit softer, maybe people will want to be closer to me. It’s hard being on an island. I’m tired. Low-key a little sad. I watch them enjoy each other.
They actually like being around each other. I can tell they don’t feel the same way about me.

I think an I-poem of this except foregrounds the emotional intensity of Vanessa’s voice of longing.

If I’m being honest

Sometimes I pull back

I think about the very best way

so that I’m eloquent but nonthreatening

if I can just be a bit softer,

maybe people will want to be closer to me

I’m tired

Low-key a little sad

I watch them enjoy each other

I can tell they don’t feel the same way about me

**Conclusion**

Overall, Vanessa’s narrative included her experiences navigating problems related to visibility, role encapsulation, and how she chooses to perform or resist race-gender tropes depending on her aims. In terms of visibility, she experienced hypervisibility and invisibility. Hypervisibility was associated with the ways her White supervisor projected
and amplified negative evaluations about her when she expressed a dissenting opinion. Vanessa spoke of invisibility when she shared how her ideas were ignored, then co-opted by her White colleagues during a clinical meeting.

In terms of role encapsulation, Vanessa reflected on the ways the group dynamics of her clinical team reinforce a cycle of avoiding the development of collective antiracist commitment. In other words, she believed that her colleagues’ failure to engage in antiracist practice independently was reinforced by her active commitment to initiate antiracist dialogue. This pattern, in turn, meant that she became locked in a cycle of antiracist labor. While she valued this labor and believed that her colleagues did, too, it also meant that she missed out on spending her time engaging in other activities for professional development.

Finally, situations involving problems related to visibility and role encapsulation both invite Vanessa to make choices about how to respond. She shared that she thoughtfully considers the implications of the “Angry Black Woman” trope in her setting. She spoke of resisting the trope, highlighting the importance of her anger when it is directed at white supremacy. She also spoke of strategically subverting the trope in the service of supporting her clients. Despite her adroit navigation of the trope in professional terms, she lamented the difficulty she has had maintaining fulfilling social connections with her colleagues.
Narratives of Male Participants

John’s Story

John and I met by video for our interview on an early afternoon in December. I sat in my office on the couch, and John sat in his home. While the audio was clear throughout, the internet connection intermittently froze my video transmission, so John periodically cued me to refresh my web browser. He was patient, and if the interruptions bothered him, he did not let it show. In fact, he had an easy way about him, generally. Throughout the interview, he regularly spoke about challenging clinical and professional situations as if he never doubted that they would end with a positive resolution. Conversation between us felt effortless, not in the sense that we had known each other, but more like we were familiar with one another - the way that one might hear about another from a common friend who thought they would get along well. Over the course of the interview, John shared stories about his work as an outpatient clinician. His narrative was marked by themes of visibility around being the only Black male clinician in his workplace and navigating the double-edged consequences of racial stereotypes and male privilege.

Inspiration: “If I can do it, so can they.” John described that he found his way to counseling adolescents after a career in criminal justice. He saw working with at-risk youth as a way to change the trajectory of their lives and help them avoid a life entangled with the justice system.

It’s corrections, you know, and they're a little bit older and they've already made their choices. So they're already kind of in the system itself. So when I got an
opportunity to work with at-risk kids in the community doing intensive in-home services, I figured, you know, all right I have a great background in Department of Youth Services. And so I can kind of do this and it’s a way to help keep young kids - especially young African-American males - out of the system itself. So I try to look at myself as being a huge advocate for them. You know, and really trying to teach them and try to get them to understand that I came from the same streets they did. I grew up in the same areas. You know, same level of poverty. And so, if I can do it, so can they. I can, I came out of it, you know. So can they. You know, the things that they see that I have, you know - if I drive a nice car, you know, I let them know all the time an education paid for that, you know.

Clinical role and setting. John worked as a therapist in two capacities, as an outpatient therapist for a community-based mental health agency and as a clinician for youth in the care of juvenile justice system in eastern Massachusetts. He described that he was the only African American male clinician in both settings, with most of his colleagues being White women, except for two female Latinx clinicians in the outpatient setting.

Themes: Visibility, Dueling Consciousness

Visibility. John described that being the only Black male clinician in his settings came both advantages and disadvantages. He recounted that being a man who enjoys connecting with other men who enjoyed “trash talking,” and has endeared him to his superiors while alienating him from his female colleagues.
It was a little tricky because it's - as a Black male coming in there - our profession is a predominately white female industry. A lot of white female clinicians are there. And so it was one of those things where being a male had its advantages and disadvantages, especially being a black male. I think that I got, [pause] I think that [pause] my female co-workers more or less felt like I had this, this guy-type privilege, a male privilege. And so it was one of those things where my program director was a male. Some of the big wigs were males. I got along really well with them. You know, and a lot of it, honestly, is just that, you know, I can kind of be a jerk sometimes, you know, and so one of my big wig bosses he's a jerk. So, you know, he'll come down, we'll talk trash to each other. You know my program director, you know, will kind of make fun of each other and stuff like that - do pranks. And so I think that it - there was a lot of animosity there because it's that - I guess I had male privilege, I should say. You know, and being an African American male, you know, I think that just added to the threat.

With a voice of feeling isolated, John described that his White colleagues’ lack of interest in trying to connect with him amplified his experience of marginalization and invisibility.

A lot of White female clinicians, I would meet some of them – and – I've been around a lot of women, you know. They come in the office and because it's a shared office space [trails off] and literally, imagine being in a shared office space and you have White clinicians walking in. And you're the only male. And you're a Black male. And not one of them is even saying hello to you.
Not one of them is even greeting you, you know. And they're having conversations around you. And it's just like, “Alright, well cool. I guess I'll get up and I'll go.”

I was struck by John’s sense of isolation. While some might evaluate one’s sense of connectedness in terms of one’s proximity to or connectedness with men in power, it was clear to me that John primarily defined his sense of connectedness by the disconnection he experienced from his White female colleagues. Later in the interview, John further reflected on how he felt compelled to critically examine and act upon the meaning and methods of rejection that accompanied his isolation from his colleagues.

**Dueling consciousness.** John described that the ways race and gender impacted how his colleagues approached relating to him were so apparent that even his clients noticed. In the excerpt below, John recalled an incident where several of his clients voiced outrage upon observing him being excluded by his colleagues. This context matters because, as is often the case in milieu-based clinical settings, mental health professionals are expected to teach and model expected social behavior.

So even [my clients] would be like, you know, they would call out the person and be like, “Yo, how you walking in the office and say ‘hi’ to them, but you don't say to [John]? That’s rude.” At first, I was like, “Okay, relax” because I want them to talk respectfully. When it kept happening, though you know, they would be “Well, no because when we come inside here, your rules are that we greet everybody whether we want to or not and if you're setting that rule for us then, you know, they should follow that rule too. If it’s about respect, then everyone
should be doing it, even them.” So now I’m like damn. They were right. And it’s like, what should I do. Other clinicians started complaining and whatnot because they were vocal about it.

John’s reputation for vocally endorsing the value of mutual respect and inclusivity was clearly apparent to his clients. In a way, because he cultivated a culture of where mutual respect is valued in the milieu, his students were able to recognize that they, John, and his colleagues were playing by racialized and gendered rules of relational engagement that expected mandatory acknowledgement of others and politeness for them and John, who were largely people of color, while permitting blatant exclusion for others, the White clinicians. With a voice of pain, John reckoned with this realization.

And I just became the bad guy in their eyes, you know. It was bad. I started to think, you know. As sad as it is for me, maybe I should leave, you know. I think it’s the best thing for my mental status. Honestly, it got to a point where I just don’t want to be there anymore, it sucks. You know, when I’m there I really try not to do anything with them, the clinical department. You know, I spend all eight hours a day on the unit with clients and staff. I think it’s so toxic.

An I-poem of this excerpt underscores John’s voice of pain in realizing that he needs separation from his workplace.

I just became the bad guy in their eyes

I started to think

I should leave
I think it’s the best thing for my mental status

I just don’t want to be there anymore, it sucks

I really try not to do anything with them

I spend all eight hours a day on the unit

I think it’s so toxic

Conclusion

Visibility and dueling consciousness mark John’s narrative. He recognized that relating ways congruent with gender norms meant his presence was seen and enjoyed by the men in power of his workplace in a way that most of his colleagues were not. He experienced this as a force that pulled him away from his peers in a way that they resented. Simultaneously, he described that he felt his race-gender status as an African American man, specifically being seen as a threat, informed his colleagues’ apparent lack of desire for connection. In other words, he experienced his colleagues pushing him away, too.

John’s awareness of the racialized and gendered norms impacting his colleagues’ ways of relating with him, amplified by his clients’ public naming of this reality, informed the stakes of his response. Failing to publicly respond to this reality would undermine the very values he hoped to cultivate in the milieu. Acknowledging this reality and resisting his colleagues’ ways of relating risked even more conflict and disconnection. Within the context of this double-bind, John’s desire to leave his
workplace can be understood as recognition of the centrality of mutuality in changing oppressive structures. That is to say, to the extent that transformation of dehumanizing structures necessitates people actively long for liberation, collectively struggle against the status quo, and collaboratively imagine new possibilities, John’s desire to leave his workplace represents doubt in his colleagues’ solidarity, and by extension, the likelihood of the transformation coming to fruition at all. After all, how he expects his colleagues to view him as an equal and essential partner when they routinely subordinate him.

**Martin’s Story**

Martin and I met in my office for our interview on a mid-morning in late October. We were the only two in the office, so I did not turn on any of the sound machines. Martin chose the two-person sofa for his seat, and I sat in the nearby armchair. To begin, he sat on the edge of the cushion with his elbows resting on his legs and his chin rested on his clasped hands. He looked pensive, or at least that he anticipated doing some deep reflection. He confirmed my hunch when, during my introductory remarks, I mentioned that I may pause to collect my thoughts throughout the interview process. He replied with a wry smile and acknowledged that he often does the same. Overall, I was struck by how much of myself I thought I saw in him at the outset. I think I connected with what I perceived to be an appetite for self-reflection and dialogue. Overall, his narrative was marked by themes of visibility and dueling consciousness.

**Inspiration: “It just came naturally.”** Martin shared that an encounter with a friend in high school first sparked the idea that he could have a professional life being a counselor.
I was sitting with a friend of mine – we both lived in the same apartment complex, she's adopted, I think she was adopted at that point – and we were sitting in my living room and talking. And just like, she was talking about something related to her experience in the whole process, and I asked her some questions or shared my perspective or whatever, and she's like, “Oh you're right. Me and my counselor were talking and he said the exact same thing.” So you know, I just the thinking. I’m a good listener, and you know, I have a good intellect, and I have no training but I seem to think like this professional. And that’s kind of when it started for me. I knew I could do this work.

Clinical role and setting. Martin worked as an outpatient therapist with a primary focus on youth and family therapy and a secondary focus on working with older adults adjust to major life transitions. He does this work for a large nonprofit, mental health clinic in central Massachusetts. He described that he worked as one of two Black clinicians on a clinical team comprised of approximately 25 clinicians, with about 20 working full time. Martin described that there is one other Black male clinician who recently joined the clinic and no other clinicians of color.

Themes: Visibility, Dueling Consciousness

Visibility. Martin described that he understood his Blackness to be an ever-present identity that mediated his interaction with colleagues and clients within and outside of his agency.
It comes up a lot. Whether it is my supervisors who struggle with whether to assign me yet another case with a Black family, or my co-workers who tip-toe around certain topics, or when a client fires me as an expression of agency in reaction to my presence as a signal that he, at least in some important ways, [pause] holds less individual social power than me, or my counterpart in another setting literally standing mouth agape when she realized I am Black – yes, it’s always around.

With a voice of knowing, Martin described his personal theory for the ways his race and gender make him simultaneously hypervisible and invisible.

The reality is that we live in a very racially segregated place, [pause] even when people of different races live side by side, it’s rare to have social lives that are integrated. So when people are consuming, intentionally or not, these racist ideas about how some people are or how they act, [pause] they can be really hard to [pause] shake. You know, they have to be convinced they are wrong because the default is that they, these ideas are accurate. So here is how that plays out. We have an idea about who has authority about psychology, and it’s not a person who looks like me – it’s not Black men. That mismatch, so to speak, plus the [pause] the [pause] stereotypes of Black men – all of that means it takes longer for my ideas to be seen as legitimate, compared to my White counterpart because we are primed that way. I’m hard to “see,” [in air quotes] which is kind of ironic. Then eventually they get to know me, and I surpass their expectations often enough that I stand out, perhaps more than I should, as “exceptional” [in air quotes]. But when
I leave and go to an offsite meeting with people who don’t know me, I’m back to being hard to see.

With voices of self-assuredness and self-reflection, Martin described his detached, analytic approach to understanding how race and gender impact him in the workplace.

I am pretty comfortable with who I am, and I think of myself as a social psychologist at heart. I think both of these things help me deal with the race and how it plays out on a day to day basis. The first because I am generally confident in who I am, and I am confident in my ability to articulate myself in a way that can be understood by most people. And for the second, I think my social psychology perspective means I don’t take things as personally. I remember that what’s happening affects me, but it’s not about me.

His approach underscores the importance of detachment, the sense of Buddhist non-attachment, and analysis as survival strategies throughout his career. An I-poem focusing exclusively on the subject and verb of each I statement illustrates, the interplay of Martin’s voices of self-assuredness and self-reflection show how they mutually inform each other to support his sustainable engagement with this work.

I am

I think

I think

I am
I am

I think

I don’t

I remember

**Dueling consciousness.** Aware of the ways race and gender regularly impact how he is perceived in his role in the workplace, Martin used this awareness to inform how he related to his colleagues. Martin relished the opportunity to subvert stereotypes as he deepened connections with his peers.

It’s funny in a way. I’m conscious of some of the stereotypes of Black men. It’s usually a safe assumption that my colleagues are, too. So I’ve learned that there is a certain kind of vulnerability in that for them. I’ve noticed with White liberals, especially, there is a kind of commitment to [pause] to seeing beyond race, a post-racial ideal that they subscribe to. So [pause] when there are these moments when race is clearly relevant, I have sensed a lot of [pause] discomfort among White people. I don’t mean this to sound crass, but I see that as an opportunity. I can enter into that space, name that vulnerability and maybe offer some reassuring words while helping them see things – cultural differences – as different rather than inferior. If I do that well with genuine curiosity and gentleness, I can debunk a stereotype and connect more deeply with them. That’s good for everyone.

Martin’s strategy to manage the vulnerability of his White female colleagues seems to work for him because of his capacity and willingness to handle their discomfort
delicately. Additionally, he seems to acknowledge that since it is an intentional strategy designed to maintain closeness, it could be misinterpreted as opportunistic or, perhaps, exploitative, so he must monitor himself and strive for authenticity.

An I poem of this excerpt highlights Martin speaking to the delicacy of his strategy with voices of conscientiousness and knowing.

**I’m conscious**

I’ve learned

I’ve noticed

I have sensed

**I don’t mean this**

I see that

I can enter

**If I do that**

**I can debunk**

and **(I can) connect**

Martin described that, while mostly effective, this strategy for proactively managing racialized and gendered visibility also has its limits.

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7 Bolded and underlined text denotes voices of conscientiousness and knowing occurring in consonance
So, this strategy usually works well, but it requires a lot of focus and energy. To do it well, I have to understand the situation and how my White colleagues might be understanding it. Sometimes that is impossible. Other times, frankly, I [pause] I just don’t feel like doing it for whatever reason. I try to trust that I’ve built up enough equity in our relationships that I can be honest and share that I am not up for certain conversations. Sometimes I just push through. They are good about not explicitly expecting me to fill the token role like a lot of Black people have to fill. At the same time, I’ve invested, so-to-speak, in this particular identity, I realized. So I put some pressure on myself.

When I asked about what he thought would happen if divested from this identity, Martin shared his fear that he would be less valued by his peers.

That’s a heavy question. [Pause] Right? [Pause] There is a little fear, I guess. For a lot of my life, actually all of my life as a student, I’ve been able to use my intellect to navigate predominantly White spaces and thrive while genuinely connecting with people. That can be hard for Black people in these spaces. [Pause] Hard as in exhausting. I talk about it with friends and family sometimes. So if I just stopped [pause] I guess I’m afraid I’d lose my advantage. So many difficult conversations would end prematurely before they could experience me and think, “Oh he’s not so bad.”
Conclusion

Martin’s narrative was marked by themes of visibility and dueling consciousness. He had a well-formed personal theory about the ways race is constantly shaping how he is perceived in his roles as clinician and colleague. In particular, he noted that he often starts from a place of being invisible – a place where his legitimacy is not recognized. Then, with persistence and patience, he described that he eventually disproves racial and gendered stereotypes about his legitimacy enough times, such that he becomes hypervisible in his perceived exceptionality. In addition to thoughtfully laying bare his personal theory, he also reflected on its importance in surviving this workplace by acknowledging that his capacity for intellectualization helps him resist identifying with the stereotypes imposed upon him and allows for him to maintain enough emotional space to willingly cultivate connection with his colleagues. At the same time, he acknowledged the cost and challenges associated with this relational strategy. First, he described that it takes much emotional energy to tend to his colleagues’ emotional fragility. Second, he endorsed that, despite his efforts to resist identifying with stereotypes, he has noticed himself attached to the relational stability, and that is associated with tending to his colleagues’ vulnerability. In other words, he values the connection and fears the disconnection possible if his colleagues are unable to tolerate their discomfort of him acting in ways that do not soothe their feelings of vulnerability.

Tully’s Story

I met with Tully on a Tuesday morning in January. There were a few other therapists in the office suite that morning, so the sound of ocean waves emitting from the
noise machines served as the backdrop to our interview. Tully was a 62-year-old, self-identified “Afro-Caribbean,” cisgender man with a booming presence. He was not quite my height, but he was not much shorter than me either\(^8\). He chose to sit on the couch, which he virtually filled up, and I sat in the nearby armchair. Each of us sipped tea throughout. More impressive than his physical presence was the depth and richness of his voice. I found him captivating. I felt drawn into his world nearly instantaneously. In a way that was different from other participants, Tully to use humor actively as part of his storytelling. There were several moments where he would pause, look at me, and start laughing. It was as if he was experiencing his stories as an outside observer, feeling genuinely shocked or aghast as they unfolded.

**Inspiration: “Why am I here, if not to make life better for the next generation.”**

Tully described that his previous business failings helped him to reconsider his calling and the ways he understood his responsibility to use his “gifts.”

When I was a boy, my grandfather told me, “You’re one of the few, not one of the many.” My ego took that to mean at an early age, for a while, that I was better than. But then I was humbled by society. I had business talent without practice or training. So, I burned really hot for a while in the business world. I was bicoastal. Then I failed. I was an Icarus. At rock bottom, I realized something. [My grandfather] meant one of the few in my gifts. My grandfather knew that I was

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\(^8\) Wearing shoes, I stand about 6’7” tall.
given a lot of gifts. Then I realized it was now my responsibility to find out what those gifts were and to utilize them to the best of my ability.

This realization led him to contextualize his work as a counselor in terms of a generative commitment he inherited from his ancestors.

Now I come from a place where it's not about me. And I don't think I even do it for me. I don't think that's the drive. I think I do it for guys like you. You know because that's again my ancestors, my grandparents. If people say that what we do is we want a better life for the next generation - well even if I'm not a parent, I see how the world treats people that look like me. And, why am I here, if not to make life better for the next generation. Especially for the people that look like me.

**Clinical role and setting.** Tully's described his official title as “outpatient clinician.” He worked for an outpatient clinic within a multi-faceted human services agency in Eastern Massachusetts. He described that he is the only full-time Black male clinician. He was unaware of any part-time Black clinicians of any gender, but he shared that he could not confirm this because some part-time clinicians work evening hours. He shared that there all of the other full-time clinicians were White women, although he knew of a few part-time Latinx clinicians who identified as people of color.

In his official role, he worked with a caseload of approximately 20 clients who held co-occurring diagnoses of mostly thought and substance use disorders. He described that most of his clients were at some phase of active recovery in their lives with both their mental illness and substance use problems. He also shared that he worked with these
folks because they were interesting and the most likely to be avoided by other clinicians. In addition to his official capacity, he described that he had a role he created for himself. Tully created and managed several driver alcohol education programs for people cited with their driving under the influence offenses.

**Themes: Visibility, Dueling consciousness**

*Visibility.* Tully focused on the development of the driver alcohol education programs to highlight how he believes he has been impacted by the intersection of racialized and gendered perceptions of him by the administrative personnel in his workplace:

Something I learned a long time ago, based on my experience in the business world, is that there isn’t anyone who is going to make a place for people like you and me unless they look like you and me. There is something about being a Black man, both of those identities together, that elicits a [pause] – I think it elicits an inherent skepticism in our abilities. You know? [pause] They can see our degrees and experience, but it’s like “How did you really get here?” And, “I’m not sure if I can trust you, so I’ll keep you at a distance until I figure you out.”

Tully’s described that he believed inherent skepticism served as a modulator of his visibility in predictable ways.

So, along the way, I learned where to find the opportunity within the challenge. Because they doubt me, they’ll give me enough rope to hang myself as long as it does not put them at risk. They expect me to fail, and they are looking for it.
That’s not ideal, but it does afford time and flexibility when I succeed. That’s how I got started with my driver alcohol education program. They did not take me seriously at first because the program didn’t exist and I don’t think they could imagine I had the skills to bring it fruition. So I started small and had some success. They didn’t praise me for my success, I think that’s the skepticism. But they didn’t stop me either. I think they assumed it would fizzle out.

In this excerpt, Tully offered his personal theory inherent skepticism means that is the default belief by many systems, such as the one he works in, that Black men will fail when they endeavor to create novel opportunities. Further, he argued that the belief that he was destined to fail would compel the system to overlook small success in exchange for providing him with more time to confirm it because it was implicitly assumed that he was pre-ordained to fail. He continued by describing that this pattern would continue until his success could no longer be invisible.

[Laughs] After a while, when you do enough surprising things. They can’t ignore you anymore, so you have to be prepared for the scrutiny. So when [the driver alcohol education] program took off, you know. I could see it a mile away. Since it was generating revenue, actual revenue, the director started getting questions from her higher-ups about what was going on. Of course, she had no idea. But I was ready.

Tully explained that he would create his own agenda for his meetings with the clinic director. I have omitted the excerpt of Tully telling this story in his own words because of
its length, so I have included the anecdote as an I-poem to demonstrate his voices of self-determination and preparation as he resists the challenges of inherent skepticism.

*I knew it was my meeting*  
I don't know if she thought it was her meeting

*I knew it was my meeting*  
I wanted her to know

*I was prepared for my meeting*  
I've always been prepared for my meetings

*I didn't hear from her for a few months*  
I know she was getting ready to go to a meeting

*I would get prepared*  
I'd have an agenda

*I'd tell her what was going on*  
I went from two to three to four to five groups

*I'm just managing it*  
I'm recruiting staff

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9 Bolded and underlined type denotes voices of self-determination and preparation occurring in consonance.
I walk around here

I go “I'm just a clinician”

I smile

I say, “just a clinician.”

Tully’s repetition that he’s “just a clinician” is a facetious play on words that references how he used being underestimated to his advantage. He shared that he used the phrase to downplay the scale of his ambition in order to defend against untimely scrutiny.

Dueling consciousness. Tully wrestled with how to make meaning of the ways race and gender have impacted how he existed within his work-setting. First, he reflected on the ways his gender likely afforded him some leeway when the executive leadership team heard about his success.

As much as I don’t think I’ve gotten all of the credit I deserve, I know that it could be worse. You know, it is not lost on me that at any time they could have pulled the plug. They could have decided that the experiment went on long enough, or that I ought to be focusing my energy on my core job title and functions. Part of that probably comes with being a man, perhaps a man of a certain age.

In addition to the male privilege about which Tully referred, he also implicitly referred to the patriarchal expectations that often shape how people think about the intersection of
work roles and gender roles. If Tully were a woman, would his entrepreneurial ambition be seen as too incongruent with the nurturing expectations often implicit in help-centered work roles often filled by women? This seems reasonable to wonder. Tully shared that this recognition informed part of his mentorship strategy as he recruited female clinicians.

I tried to be mindful of this when I recruited female clinicians. I realized that I, that we had to be thinking of ways they would explain their interest to their supervisors, you know. We really had to focus on guaranteeing that it would not affect their individual clinical work. It seems silly to me since my groups are more profitable than individual counseling, but you know, it was the reality. It’s also why I targeted part-time clinicians, too.

As deftly Tully navigated the problems related to visibility in a racialized and gendered landscape of professional expectations, he was aware of how challenging he found it navigating the visibility associated with the racialized and gendered social landscape.

I guess Ralph Ellison said it best, I'm still an invisible man. And I want to be visible. I’m still invisible. I'm a 340- pound black man that can walk around and not be seen half the time. [Pause] The other half of the time, I’m treated like a threat. I have these degrees, you know, in business and clinical social work, and I still get treated like I am a homeless, panhandler. [Pause] Or that I am a sexual predator, I mean at my job.
Tully’s imagery highlights how marginalized and unrecognized he felt at work. It also alludes to a stereotypical racist trope, “the Black Brute.” Even though he does not adopt these images as actual reflections of himself, they still serve as important reference points against which he feels he must compare himself. In essence, he must compare himself to these racist reference points because white supremacist power looms as an ever-present threat to his safety. He described that as an older, large, Black, cisgender, masculine man, he often worried about how his attempts to foster a deeper connection with his comparatively smaller, younger, White female colleagues might be misinterpreted.

I know how I look, and how society programs White women to think about people who look like me. I can’t afford to ignore this fact. And you know, I have to be careful. I say to myself, “Okay, don’t talk about too much. If you compliment her, make sure it’s clear that it’s about her ideas. Don’t stare. Smile, but just so. You don’t want to make her think you are flirting with her.” The reality is I love people, especially smart people. I’m warm naturally. They keep me at a distance, anyway, but I wonder, “I am really that bad? Would it be that bad to get to know me?” And at the same time, I know that women have good reason to be vigilant against objectification—it can be ever-present. I’m fortunate that this is not my reality. So I don’t blame them. But it’s hard to see how it changes. I feel the loneliest at work when all of the clinicians are there. That’s hard. It’s when my alienation is most apparent.
An I-poem of this excerpt, marked by the interplay of Tully’s voices of vigilance, understanding, and longing, highlights how his yearning for connection is complex, a struggle against being objectified as he resists objectifying his colleagues.

I know how I look,

And [I know] how society program White women

**I have to be careful**

I say to myself,

“Okay, don’t talk about too much.

If you compliment her, make sure it’s clear that it’s about her ideas.

Don’t stare. Smile, but just so.

You don’t want to make her think you are flirting with her.”

*I love people*

*I’m warm naturally.*

*I wonder,*

“I am really that bad?

Would be it be that bad to get to know me?”

I know that women have good reason to be vigilant

I’m fortunate
I don’t blame them

*I feel the loneliest at work when all of the clinicians are there*

**Conclusion**

Overall, Tully’s narrative highlights his well-developed personal theory about the ways race and gender impact him professionally and socially in the workplace. From a professional standpoint, he reflected on the entrepreneurial leeway he was permitted in his workplace. He postulated that he was allowed to imitate his driver educator program, despite the administration at his workplace doubting the viability of his idea or of his capacity to bring it to fruition, because it was viewed as a low-risk endeavor. Based on his experience in the business world, Tully conceptualized their doubts as “inherent skepticism,” informed by racist assumptions about Black people. He then argued that eventually administrators would want to know details about his program, and that would compel his direct supervisor to ask him questions. This could be used as an opportunity to frame his endeavor and his success in the terms that best suited him. At the same time, he theorized that he was permitted to expand his program without it being officially sanctioned or supported by the agency, partly because it generated revenue and partly because of male privilege. That is to say, he believed his gender meant that he did not have to contend with the gendered stereotypes that often penalize ambitious women.

**Warren’s Story**

Warren and I met on a November evening in my office. It was quiet since we were the only two in the office suite. Warren was a 28-year-old, Kenyan, cisgender man
with an infectious smile and an inviting demeanor. He greeted me with a wide grin, shook my hand, and pulled me close to him with a warm embrace. He shared that it was an honor to be chatting with me, and I believed he genuinely felt that way. I offered him tea and cookies, but he declined both. When I thanked him for meeting with me so late in the evening on a workday and asked if he had dinner, he shared that he planned on eating after the interview and reiterated that he felt honored to do so. I offered him tea and cookies again. Perhaps he sensed the insistence I tried to hide in my voice because he obliged. Then we began the interview. His narrative of being a Black clinician was marked by themes of visibility and dueling consciousness.

**Inspiration: “I just want to help.”** Warren shared that his journey to the counseling profession was inspired by his deep desire to help people who are often overlooked in society.

I just want to help, man. You know, society has all of these ideas about who we are and if we are not careful those ideas can define us. I’m grateful that I had my family, you know. That helped me to know who I was so that I didn’t have to let others’ opinions of Black males define me. That’s really important. So you know, I feel really blessed. I’ve had some modicum of success so far, but it’s because I’ve always had support. I hope I can pay it forward. That’s why I do the work I do.

**Clinical role and setting.** Warren worked as an outpatient therapist with a primary focus on couples’ and family therapy and a secondary focus on helping young adults adjust to major life transitions for a large nonprofit, mental health clinic in “the
woods” in central Massachusetts. He described that he works as one of two Black clinicians on a clinical team comprised of more than 25 clinicians, with approximately 20 working full time. Warren mentioned that he knew of one other Black male clinician, but that he did not know of other clinicians of color.

Themes: Visibility and Dueling Consciousness

_Visibility_. Warren described that he had the recurring experiences of witnessing the surprise on the faces of White nonclinical colleagues and other professionals who had not expected to be collaborating with a Black clinician. He recounted this experience with voices of humor and graciousness, the latter seeming to be a way of giving others the benefit of the doubt.

I feel like even recently I walked into a treatment meeting – and I don't think some people noticed this but like, I think people's eyes, like opened up a little bit when they look at me, they be like "this is the therapist, like what?!" You know what I mean [laughing]? They don't know it and so I don't fault them; however, it's – I don't know. **Maybe, maybe I'm that handsome. Like it just throws them off like that** [laughing] So I mean, I feel like I get that sense often.

Intentional or not, Warren’s anecdote highlighted how he felt his race made him the object of other’s attention. He also described, with voices of skepticism and resistance, that he believed that his race was often a major focus in supervision. Sometimes this was because it was driven by an explicit clinical interaction, and other times it was triggered
by his supervisors’ curiosity. Regardless of how his race was mentioned, he noted that it seemed to be framed as an inhibitor of the therapeutic process.

I mean there's.. there's been moments in which I've sat in supervision and, you know, we've talked about it. Like how, you know, therapist-patient relationships, you know, how, I mean, what affects those things. I mean, my race comes up, you know what I mean? So sometimes patients really do get like, "Wow, didn't see this coming." And we talk about it. Then I talk about it in supervision. And It’s about how I am going to “work with it.” How I am going to not let it “get in the way.” [Laughs] There was this one time I was talking about this couple I was working with and [my supervisor] was like “How do you think you present in the room?” Like, “You’ve got to be aware of what your presence in the room.” I mean, I get it. She is not wrong. But [higher pitched and laughing] in a wayyy I’m like what are you scratching at lady? So I was probably more direct than she would like. I was like, “You mean as a Black man? Like how does being a young Black man affect [who is] talking about sex affect their relational dynamic?” I gave her the business, professionally, of course [laughs] She tried to backpedal but also didn’t. It was like she was hypersexualizing me.

An I poem of this anecdote frames the dialogue between the voices of skepticism and resistance more clearly. It is as if Warren’s skepticism about the impact of being racialized builds until its anti-Black rhetoric can no longer be denied, then his voice of resistance emerges assertively and directly.

I mean there's.. there's been moments
I've sat in supervisions and, you know

how, I mean, what affects those things

I mean, my race comes up,

Then I talk about it in supervision

And It’s about how I am going to “work with it.”

How I am going to not let it “get in the way.”

[Laughs]

I was talking about this couple

I mean, I get it

in a wayyy I’m like what are you scratching at lady?

I was probably more direct than she would like.

I was like, “You mean as a Black man?

Like how does being a young Black man affect talking about sex affect their

relational dynamic?”

I gave her the business.

professionally, of course

[Laughs]
Warren’s use of humor stands out in each of his anecdotes. His laughter and quips coincided with the moments he reflected on what his White counterparts and supervisor might be thinking about him (e.g., “this is the therapist, like what?!”, “maybe I’m that handsome,” “what are you scratching at lady?”). While I cannot know for sure, it seems plausible that he could have been using humor as a vehicle to both verbalize and dampen the pain of racial objectification. Not only might this render pain more bearable, it could also make it easier to critique his counterparts and supervisors while preserving the possibility for future connection with them.

**Dueling consciousness.** Warren’s visibility challenges, particularly with his supervisor, were directly connected to his sensitivity about the roles White women have historically played in the racist hypersexualization and fear of Black men. He shared how working with predominantly White women amplifies this concern and prompts him to be cautious with his professional relationships with them:

> And I’m just thinking about it this is really messed up that I thought about this but I just did, man. And I think about Emmett Till. This man got killed because he supposedly whistled toward a White female. You know what I mean? That’s just one story. We know multiple stories. So I’m cautious. I don’t want to put myself in a position to where my career hinges on my word versus a White woman.

Warren’s caution was followed with a voice of self-affirmation, one where he affirms his own goodness as if rebutting the way white supremacy attempts to deny it.
And we also know this pervasive narrative about Black men in society, in community, so [long pause] Does that mean I walk in fear all the time? No. Um I know who I am. I know I'm more than the stereotype. I know that. And not just, not to say that...[pause] I don't know what I am trying to say with that. Really I know that I'm more than a stereotype, so like, you know whatever you choose to think of me in your mind, you know, keep that in there [motions away from body]. You know, I know that I'm not a scary person. I know I'm not hurtful. I know, I'm, I'm good. You know, I don't know. I feel like [pause] White women are scary, man.

An I-poem of this excerpt highlights how he sincerely and intentionally sought to affirm his own goodness despite his ambivalence, spoken with voices of knowing and not knowing.

Does that mean I walk in fear all the time? No.

I know who I am

I know I'm more than the stereotype

I know that.

I don't know what I am trying to say with that.

I know that I'm more than a stereotype

I know that I'm not a scary person.

I know I'm not hurtful.
I know,

I'm, I'm good.

You know, I don't know.

I feel like

White women are scary, man.

Warren also described that since he emigrated from Kenya as boy, he has had to navigate the differences between his culture, Northeast African American culture and the ways White people often failed to appreciate their respective cultural distinctions. Feeling out of place, he shared that he learned to codeswitch as a way of developing relationships in various contexts. In the following excerpt, Warren described how this has continued to impact how he relates to others in his professional setting, too.

I can better gel now because I'm much better at codeswitching now, you know. And even at work you, you'd be surprised. I mean the way that I'm talking to you right now and how I talk to somebody else that that's in my office. Completely different, two different people. But I feel like, I feel like I had to learn that in order to, like, you know - being that I’m different - you know, actually blend in. And not be a stereotype. I’m just softer at work. You know, I grew up in this predominantly White community when I moved here. I had to figure it out.

While Warren uses codeswitching as a way to connect and communicate with his colleagues, he described that some of his colleagues also engage in a kind of
performative communication based on cultural norms they assign to him. Warren commented on how this sometimes felt like a form of minstrelsy and the ways this minstrelsy impacted him.

[Warren]: White people will try codeswitching, too. Or, it’s kind of like verbal blackface when they see me. There was one time, I think it was, I think it was [another clinician] who was "like whatup, yo" And he said it in a like, a way, very much like he was clearly trying to be, like thug about it. I’m like, [Modulates voice] “What are you doing?!?” [Laughs]

[Researcher]: [Laughs]

[W]: You feel me? [Laughs] Like it made me feel so uncomfortable, like, listen “I'm the one trying to figure things out and not seem so scary. And you're trying to bring this part out of me?” [Laughs] I'm like, “You cannot hang! Stop it! Cut it out, [other clinician]. [Laughs]”

I included my laughter for two reasons. First, I believe it prompted Warren to address me directly (e.g., You feel me?), presumably because he sensed that I recognized the awkwardness of the interaction. Secondly, I think it was another example that demonstrated the importance of laughter and humor as a relational survival strategy for Warren. While I cannot be certain, I believe joining him in laughter encouraged him to continue sharing his discomfort with the encounter.

**Conclusion**
Overall, Warren shared his challenges related to visibility and the ways these challenges amplified his sensitivity to the historical objectification of Black men and his sense of feeling alienated within Black culture. He described that he repeatedly felt as though colleagues and other collaborating professionals seemed taken aback to learn that he was Black when meeting him for the first time in treatment meetings. Similarly, he shared that he felt as though his supervisor implicitly colluded with racialized and gendered stereotypes of the hypersexual Black male when processing the stimulus value of his race in his therapeutic work. Warren’s perception that he was being objectified through racist hypersexualization dovetailed with his awareness of how hypersexualization has been dangerous for Black men historically. This sensitivity may have also been amplified by the context in which he learned about what it means to be Black in America. Emigrating from Kenya to a predominantly White community, his initiation into being Black in America included navigating and avoiding racial stereotypes. To this end, codeswitching became an important way for him to sustain relational connections. Warren described that he continued to codeswitch at work, in part because he continued to struggle with the stereotype threat associated with being perceived as threatening.

**Chapter Conclusion**

In this chapter, I presented findings of participants’ experiences as Black counselors working in predominantly White settings. I covered three major themes (see Table 4.1) that emerged and serve as a conceptual frame across participants’ narratives. Two overarching themes applied irrespective of gender; they are: problems related to
visibility, and dueling consciousness. Visibility problems manifested as hypervisibility or
invisibility and were the result of participants’ membership to a group in the numerical
minority. Dueling consciousness manifested as participants vacillating between actively
rejecting the racist and sexist standards by which they were evaluated by their White
colleagues and consciously or unconsciously assimilating to these racist and sexist
expectations to avoid professional challenges and/or maintain relational connections in
the workplace. A third theme, role encapsulation, emerged exclusively for the women
who participated in this project. Role encapsulation manifested as participants expressed
feeling limited by the roles assigned to them without their consent by their White
colleagues and supervisors. Whereas I foregrounded the ways white supremacy and
patriarchy manifested specifically in each participants’ individual narrative in Chapter 4,
in the following chapter I root my discussion in the structural domain and assert that
participants’ meaning-making and engagement with White colleagues in their settings
can be organized into an overarching interactive framework propelled by their desire to
be treated as fully human in a context in which they are constantly objectified and
subordinated by their colleagues.
Chapter 5: Discussion, Recommendations, Limitations, and Future Directions

In Chapter 1, I described that the purpose of this project was to explore how self-identified Black Master’s level counselors experienced challenges related to race and gender, if any, in non-academic, mental health settings with predominantly White colleagues. While my hope is that the knowledge generated in dialogue with participants will meaningfully address the dearth of empirical research centered on the experiences of Black Master’s level counselors in the academic literature, I have also striven to root this project in a Freirean notion of praxis (Freire, 1968). That is to say, in listening carefully to participants’ voices, this project intentionally seeks to critique and contribute to the dismantling of structures that create and reinforce the challenges faced by the participants in this study, and by Black Master’s level counselors broadly.

At the core of this project are participants’ narratives of their interactions with their White colleagues. For this reason, my analysis focuses on participants’ understandings of the communicative action between themselves and their colleagues. The possible meanings of communicative actions have validity horizons structured by the intersubjective assumptions of the actors involved (Carspecken, 1996). Intersubjective assumptions are a bounded range of assumptions derived from how people may experience the totality of human communication, including the acts that come before spoken language, relative to their first-person, second-person, or third-person position. An actor’s position can be said to give them a particular perspective of an action relative to that position. In other words, the range of possible meanings or experiences an actor may have about an act are not inherent to the act, but rather these meanings or
experiences are fundamentally connected to their perspectives, a function of their positions relative to the act. Importantly, actors’ perspectives and positions are not exclusively observations of an objective reality, subjective constructions of reality, nor the collision of multiple subjective experiences; but rather, actors’ perspectives and positions are contingent upon the systems and social structures that shape the positions from which actors seek to communicate. Simply put, since social structures necessarily inform all communicative action, one cannot understand communicative action without also analyzing these social structures. To this end, since the professional counseling spaces have been constructed by white supremacy and patriarchy, I assert that participants’ experiences cannot be understood without analyzing white supremacist and patriarchal norms that have shaped and continue to shape our society.

In this chapter, I make the claim that participants’ meaning-making and engagement with White colleagues in their settings can be organized into an overarching interactive framework (see Figure 5.1) propelled by their desire to be treated as fully human in a context in which they are constantly objectified and subordinated by their colleagues. This framework has three phases and is anchored by three main premises. The initial phase is based on the premise that participants commonly experienced microaggressions expressed by their White colleagues; and that these microaggressions implicitly or explicitly communicated normative expectations about how participants ought to act in the workplace, particularly in relation to their White colleagues. The second phase, called the processing phase, is based on the premise that participants deconstructed the microaggressions from their own standpoint and from the standpoint of
their colleagues in order to understand the implicit meanings imbedded within the microaggressions. Finally, in the third phase, the response phase, participants acted congruently or incongruently with the expectations embedded within the microaggressions as they attempted to maximize agency and relational connection. Overall, this framework represents my attempt to contextualize participants’ local experiences with their White colleagues, as explored in Chapter 4, within a broader dialectical\textsuperscript{10} striving toward relationship and against the dehumanization of white supremacy and patriarchy.

In this chapter, I unpack the triphasic organizational framework while referring to the findings from Chapter 4 and conversing with the literature and theories outlined in Chapter 2. Then I provide a brief summary, engage in methodological reflection, discuss implications, offer recommendations, and discuss limitations.

**Incident Phase: Participants Experienced Microaggressions**

The initial phase of my overarching framework involves an interaction between participants’ and their colleagues. This interaction occurs within the context of the shared workplace setting, which, itself, is constructed and maintained by the practices of the actors within it. Further, the practices of the actors also occur in a particular temporal space influenced by history, geography, politics, and culture – each of which being shaped by white supremacy and patriarchy.

\textsuperscript{10} Dialectic, the root of dialectical, refers to an integration of opposing forces through dynamic – often cyclical - movement between the forces (See Reschner, 2007, for review). For participants in this project, I assert that they act motivated desires that are often in tension with one another: to be in relationship with their White colleagues and also to be treated as fully human.
White Supremacist, Patriarchal Context

Each participant endorsed an awareness of a status quo, a tendency for their workplace to maintain a relatively stable equilibrium. As I mentioned in chapter 2,

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11 The use of the term,“racist,” in Figure 5.1 refers to Kendi’s (2019) notion of assimilationist racism, where one tacitly or explicitly endorses: a hierarchal view of race and culture; and the belief that some Black people may transcend their cultural inferiority by assimilating to the cultural norms imposed by white supremacy.
Critical Race Theory (CRT) and Glass Barriers Theory (GBT) can be used in concert to explain how structural and group interactional forces bidirectionally reinforce an equilibrium based on white supremacist and patriarchal norms within participants’ settings.

From a structural perspective, CRT posits that institutional power is allocated to actors within a setting according to the terms of white supremacy and other intersecting systems of domination, such as patriarchy. Looking across participants’ narratives, all participants were supervised by White clinicians in programs led by White administrators. This may be an obvious point, but it is important. If white supremacy allocates power in ways that maintain and reproduce white supremacist power, then what do we make of the ubiquity of White supervisors and administrators across participant narratives? CRT suggests colorblind policies likely created conditions that advantaged White mental health counselors seeking career advancement relative to Black mental health counselors (Freeman, 1978).

From a group interactional perspective, GBT posits that the social power of Whiteness to establish behavioral norms materially disadvantages Black workers in predominantly White settings (Wingfield, 2009). Participants shared experiences bumping up the invisible barriers of white supremacy and patriarchy as they recounted narratives of White coworkers evaluating them against microaggressive behavioral expectations. Examples of these microaggressions are illustrated later in the following subsection.
I reference the structural manifestations of white supremacy and the group interactional manifestations of white supremacy and patriarchy here because I consider them to be foundational forces contributing to a recognizable status quo; a status quo where participants regularly received messages embedded within microaggressions about how they were expected to act in relation to their White colleagues. Sue et al. (2019), define microaggressions, a concept first introduced in the 1970s by Black psychiatrist Charles Pierce, as “the everyday slights, insults, putdowns, invalidations, and offensive behaviors that people of color experience in daily interactions with generally well-intentioned White Americans who may be unaware that they have engaged in racially demeaning ways toward target groups” (p. 129). The prefix “micro” is meant to describe the ordinariness in which people experience microaggressions in their daily interactions, not the intensity of the distress they cause. Indeed, as described in Chapter 2, the deleterious cognitive, emotional, physiological, and behavioral effects of microaggressions on wellbeing are well-documented (Deitch et al., 2003; Landrine & Klonoff, 1996; Mays, Coleman, & Jackson, 1996; Norman & Tang, 2016; Roberts, 2016). Part of the insidiousness of microaggressions is that they can be communicated in several ways, even by those who are well-intended. They may be communicated by verbal interpersonal interaction, nonverbal interpersonal interaction, social media, traditional media, educational curricula, and other offensive symbols (Sue et al., 2019).

Rationale for Using the Term “Microaggression”

The following subsection highlights the primary ways microaggressions were experienced by participants in this project. First, though, it is important to acknowledge
criticisms around the term “microaggressions” and justify my use of it in light of these criticisms. Kendi (2019) agreed with Sue et al. (2019) about the harm of being constantly exposed to racist ideas and actions; however, Kendi argued that the term “microaggression” euphemistically dampens the impact caused by “racist abuse,” his preferred term. Indeed, the aforementioned negative effects of microaggressions, or racist abuse, are consistent with the known effects of emotional abuse (Gavin, 2011; Li, Carracher, & Bird, 2020). While I agree with this critique, I have chosen to describe participants’ experiences as microaggressions rather than racist abuse, or some other term, because the themes of the racist expectations experienced by participants and the related attributional ambiguity of intention are consistent with the existing literature on microaggressions. This allows me to engage in a dialogue with the extant literature on microaggressions from an intentionally critical epistemological frame.

Types of Microaggressions Experienced

The microaggressions experienced by participants in this project can be categorized into four main categories: second-class status, assumption of cultural expertise, anti-Black tropes, and ascription of incompetence (See Table 5.1). This section details the ways in which participants experienced these microaggressions.

Second-class status microaggressions. In second-class status microaggressions, participants described being denied the privileges associated with membership to the predominantly White group (Sue, 2010). John, for example, recounted the pain he felt as
the White women he worked with routinely excluded him from social conversations and ignored him as they greeted each other upon entering their shared office space. Tully shared feeling alternately invisible and feared by his White female colleagues. Vanessa poignantly longed to be embraced as she lamented her White colleagues actually enjoying one another’s company.

**Assumption of cultural expertise.** In assumption of cultural expertise microaggressions, participants were assigned Black clients or asked to consult on matters related to Black clients because they, too, are Black. Bridgette and Martin, for example, each shared accounts about being assigned to work with Black clients without any indication that having a clinician with the same race was an important factor for the clients whom they were assigned. While Sarah was not being assigned new clients in her role as supervisor, she was also conscripted into the role of cultural consultant during “diversity conversations” – which typically centered on African American clients – despite her own struggle being a cultural outsider a Nigerian immigrant. When perpetrators express cultural expertise microaggressions, they essentialize race; that is, they tacitly express their belief that race conveys valid cultural information about the person subjected to the microaggression. The fallaciousness and inherent racism of this assumption are explored later in this subsection.

**Anti-Black tropes.** Bridgette, Savannah, Tully, Vanessa, and Warren each described experiencing microaggressions in the form of anti-Black tropes.
Table 5.1

*Microaggression Types Experienced by Participant*

<table>
<thead>
<tr>
<th>Participant</th>
<th>Second-Class Citizen</th>
<th>Assumption of Cultural Expertise</th>
<th>Anti-Black Trope</th>
<th>Ascription of Intelligence Competence</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Mammy</td>
<td>Coon</td>
<td>Buck</td>
</tr>
<tr>
<td>Bridgette</td>
<td></td>
<td>x</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Elise</td>
<td></td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>John</td>
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<td></td>
</tr>
<tr>
<td>Martin</td>
<td></td>
<td>x</td>
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<tr>
<td>Sarah</td>
<td></td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Savannah</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Tully</td>
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<td>x</td>
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<tr>
<td>Warren</td>
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<td></td>
<td>x</td>
</tr>
<tr>
<td>Vanessa</td>
<td></td>
<td>x</td>
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</tr>
</tbody>
</table>

*Note.* The number of types of microaggressions experienced by participants (n = 17) is greater than the total number of participants (n = 9) because participants often experienced more than one type of microaggression.
In the American context, anti-Black tropes originated during the peak of the transatlantic slave trade and have been perpetuated by racist laws, policies, and media since (Collins, 2000; Tyree, 2011). Anti-black tropes convey the racist idea that Black people can be grouped according to a constellation of innate characteristics that persist within Black people as a whole. Inevitably, these characteristics portrayed Black people as inferior to White people as a whole, thereby justifying the systems and structures that exploited and subordinated them. In the following paragraphs, I illustrate how participants’ accounts of their experiences with their colleagues mirror historical anti-Black tropes.

Bridgette recalled how she was often expected to serve a mothering or a nurturing role to clients and clinicians alike. With a self-described “even” temperament and impeccable professional record, the moniker imposed upon her by her White colleagues, “Momma B,” resembles the anti-Black “Mammy” trope whereby Black female domestic servants were conceptualized as steadfast, loyal, and innately servile subjects naturally-suited to care for White women and their homes (Collins, 2000). The Mammy trope not only justifies the white supremacist and patriarchal economy that relies upon the emotional labor of Black women, it also exploits Black women by framing their contributions as the natural consequence of their presence rather than the product of actual labor derived from their well-developed interpersonal skills. Like farmers who expect their cows to produce milk, this racist-sexist alchemy explains how Bridgette’s mentorship of her colleagues is expected yet simultaneously unacknowledged as unpaid supervision.
Savannah described being treated harshly while struggling to adjust to the demands of her clinical role. When she mentioned having difficulty managing the volume of clinical documentation as a novice clinician in supervision, she recalled her supervisor suggested that she needed to develop more discipline and implied that a formal performance plan might be helpful. Savannah’s sense that her supervisors’ suggestion seemed punitive was exacerbated by learning that her White colleague who was experiencing similar difficulty had been offered more work flexibility, not increased oversight. The idea that some, often young, Black people need strict oversight from their White overseers to civilize them from their lazy and unreliable natural state in order to be productive members of society has roots in the racist “Coon” trope. In his seminal work on anti-Black imagery in the media, Donlad Bogle (1994) described that the Coon caricatures in minstrel shows were seen as drags on productive society and “good for nothing more than eating watermelons, stealing chickens, shooting crap, or butchering the English language” (p. 5).

In addition to being treated as a second-class worker, Tully wrestled with what it meant for his colleagues’ to continually ignore him and avoid forming relationships with him. As a self-described “a 340- pound Black man,” Tully found it implausible that he could go unnoticed at work. Experiencing his colleagues’ discomfort around him confirmed his hypothesis. Ultimately, he reasoned that his colleagues, mostly White women, must be actively avoiding him. By extension, he also reasoned that he must seem worthy of being avoided from their perspective. The idea that Black men are inherently dangerous is a pervasive racist notion. Reinforced by the “Brute” trope in 20th-century
media, actors who were often White wearing blackface makeup, portrayed innately destructive, animalistic humans with insatiable appetites for violence (Bogle, 1994). Similarly, Warren shared his account of his supervisor asking for his thoughts about how his sexuality, conveyed through his “presence,” might be impacting his therapeutic work. The idea that his presumed virility as a heterosexual Black man would necessarily be a foregrounded factor impacting the therapeutic relationship with the couples with whom he worked is congruent with the racist, anti-Black trope of the “Buck.” Like Brutes, Bucks were depicted as innately animalistic; however, their violence was driven by hypersexuality and hypermasculinity.

Vanessa recalled being perceived as hostile and unprofessional by her supervisor when she had the audacity to ask if the extra labor asked of her clinical team would be compensated. Historically, the “Angry Black Woman,” “Sapphire,” or “Matriarch” trope framed working-class Black women as hypercritical, insubordinate, and rude figures that selfishly prioritized their own desires over the collective good (Collins, 2000). When Vanessa’s supervisor categorized her critique as an unprofessional, hostile rant, she used a white supremacist and patriarchal trope to invalidate Vanessa’s legitimate critique and bolster a system seeking to exploit the labor of its workers.

Ascription of Intelligence and Competence. In ascription of intelligence and competence microaggressions, participants described that their ability and capability were routinely underestimated, unseen, invalidated, and/or scrutinized by their White colleagues and other associates. Bridgette, for example, reflected on how, despite her record of excellence, she was told that she “[she] did not seem interested in leadership.”
Elise reflected on having her clinical opinion constantly scrutinized. Martin and Warren each shared accounts of White counterparts appearing visibly surprised to learn that they are Black upon entering treatment meetings. Tully described experiencing what he called “inherent skepticism” from his colleagues about his credentials, experience, and qualifications. Vanessa described the impact of how her positive contributions and her ideas were often overlooked or muted by some White colleagues and then misattributed to others. In each instance, participants’ were denied the benefit of assumed competence.

**Summary of Microaggressions Experienced.** In this section, I asserted that participants experienced four types of microaggressions: second-class status, assumption of cultural expertise, anti-Black tropes, and ascription of incompetence. John, Tully, and Vanessa each described experiencing second-class status microaggressions in which they were denied the privilege of forming mutual and fulfilling relationships with their colleagues by being systematically ignored.

Bridgette, Martin, and Sarah each described experiencing ascription of cultural expertise microaggressions where they were assigned to work with Black clients or asked to consult on cases involving Black clients because they were assumed to have specialized knowledge about Black clients’ cultures. These assumptions occurred without any real evidence that the participants had specific expertise about clients’ cultural backgrounds or circumstances.

Bridgette, Savannah, Tully, Vanessa, and Warren each described experiencing anti-Black tropes. Anti-Black tropes are stereotypes based on the racist idea that Black people can be grouped according to a constellation of innate, inferior characteristics that
persist within Black people as a whole. Bridgette was constrained by the Mammy trope that alienated her from her labor by casting her interpersonal skills as innate caretaking characteristics. Savannah was constrained by a Coon trope that framed her normative difficulty adjusting to her new roles as an indication of her innate laziness and need for discipline. Tully and Warren were objectified by the Brute and Buck tropes that frame Black men as inherently violent and/or hypersexual. Vanessa was constrained by an Angry Black Woman trope that miscategorized her legitimate question about whether she and her peers would be compensated for their labor as a hostile, unprofessional, and selfish attempt to undermine the collective mission.

Finally, Bridgette, Elise, Martin, Warren, Tully, and Vanessa each described that they experienced ascription of intelligence and competence microaggressions where their ability and capability were routinely underestimated, unseen, invalidated, and/or scrutinized by their White colleagues and other associates. In the following section, I outline how participants holistically analyzed these microaggressions to make meaning of them.

**Processing Phase – Analysis of Microaggressions**

In this section, I outline the process by which participants seemed to make meaning of microaggressions expressed by their White colleagues. In so doing, I operate from the assumption that since participants, like all humans, are immersed in language, meaning is constituted *between* people in culturally bound ways through iterative, and often implicit, perspective-taking. My task, then, is to make explicit how participants understand a particular kind of communicative interaction with their White colleagues,
being microaggressed upon. Any particular verbal or nonverbal communicative action carries a range of possible meanings. Carspecken (1996) defines this range of possible meanings as a “meaning field.” Although researchers have the task of bringing to the foreground meanings that are often backgrounded to the individuals engaged in communicative action, individuals are “generally cognizant of a range of possible intended meanings for each act, a range of possible interpretations that others in the setting may make of the act,” and have an awareness of that others will have a range of possible meanings for their actions, too (Carspecken, 1996, p. 95). I applied this concept when summarizing the plot during the first listening of interviews. I used meaning fields to denote bounded ranges of possible meanings for statements within participants’ narratives in order to generate low-level inferences that made the range of possible intentions of participants more explicit.

In talking about their experiences, I believe participants shared their interpretive processes for analyzing microaggressive communication. Participants implicitly asked questions to understand the meaning of the microaggression, such as: *Was that statement, action, or request motivated by racist and/or sexist ideas? What was their intention? How do they expect me to respond?* Participants also implicitly asked themselves questions to come up with a range of expected outcomes based on their potential responses: *Should I respond? If I respond, do I respond to their intentions or to their impact? Both? What happens between us if I respond only to what I think their intended message is? What happens within me if I only respond to their intention? What about if I focus on impact?*
What happens if I respond in the way that they expect? What if I respond differently than they expect?

Messages within Microaggressions

While it may seem obvious that both participants and their colleagues knew that communicative action implied the intention to communicate, the meaning of the communication is inherently complex. Each microaggression contains symbols that have a bounded meaning field, a range of possible references and meanings. Importantly, the process of discerning meaning is holistic. More than simply perceiving that their White colleagues were communicating with them, participants recognized their colleagues’ communicative action in a culturally typified way. That is to say, they searched for meaning temporally by processing contemporaneous contextual information and referenced it against historical information to better understand the nature of their interaction with their White colleagues. Such historical information could include previous interactions with their same colleagues, interactions with other colleagues who seem similar, past interactions under similar circumstances in different settings, and vicariously through experiences of Black peers in the same setting or different settings. Participants also analyzed their culturally typified interaction in a paradigmatic manner, as they interpreted tone of voice, facial expression, posture, and other nonverbal clues in order to better understand the microaggression and the cultural prescriptions that defined the acceptable range of possible actions they were being asked to perform, implicitly or explicitly.
Second-class status. In the second-class status microaggressions experienced by John, Tully, and Vanessa, social exclusion was the primary form of communicative action that transmitted and maintained white supremacist power. As framed earlier in this chapter, and more extensively in Chapter 2, while white supremacy includes overt acts of racism, such as racially-motivated violence and racial discrimination, this study primarily uses the term to mean a global system of dominance centered and built on white racism (Mills, 2015). White supremacist power, then, refers to the ability of people to maintain and reproduce systems of white racial dominance through norms, behaviors, and policies.

My definition of white supremacist power is functionally equivalent to Kendi’s (2019) notion of racist power, whereby racist policymakers use racist policies to perpetuate racial inequity. I prefer the term white supremacist power over racist power because the former clearly captures the type of racist power this project critiques.

Racist intention is harmful because it often leads to racist actions. Racist actions; however, can and do cause harm irrespective of actors’ intentions. Just as the perpetrator perspective of antidiscrimination law (see Chapter 2 for a brief review) perpetuates white supremacy by ignoring the conditions that cause racist harm in favor of an approach that limits remediation of racist harm to situations in which one can demonstrate a perpetrator’s racist intent; focusing on the intention of those who express microaggressions will surely elude justice. Instead, the impact and subsequent remediation of second-class microaggressions must be analyzed and remedied from the perspectives of those who are harmed directly by them. In this project, the social exclusion that John, Tully, and Vanessa faced overtly amplified the existence of an in-
group comprised of their White colleagues and an outsider-other position inhabited by them. This meant that the excluded participants knew that they were being excluded. Regardless of the conscious intent – and indeed, neither John, Tully, nor Vanessa opined about the intention of their colleagues’ exclusion – second-class status served as a conspicuous signal of the racial hierarchy at work, a system of domination that told them they could physically inhabit the shared space, but that they should not expect to experience the authentic recognition of their humanity or connectedness that their White peers enjoyed.

Assumption of cultural expertise microaggressions. With assumption of cultural expertise microaggressions, the White colleagues of Bridgette, Martin, and Sarah endorsed several backgrounded objective assertions that signified attachment to white supremacy. First, for Bridgette, Martin, and Sarah’s colleagues to make such requests based on race alone, acknowledging the heterogeneity of Blackness in some way, they must assume that the content of their request objectively exists. In other words, for them to wonder if their clients’ actions represent Black cultural practices, then a broader category of Black culture must exist in their minds. There is also the problem of assessing culture by observing physical characteristics. Taken to its logical conclusion, if a person observes phenotypic characteristics, and they believe these phenotypic characteristics alone convey useful cultural information, then they must also believe that culture is heritable. Of course, like all racist ideas, this is false. There is no one Black culture, but many Black cultures and cultural practices. Of course, it is also possible that their colleagues spoke imprecisely despite their recognition of the heterogeneity of Black
cultures. Even in this instance, participants’ colleagues assert a backgrounded claim that participants must possess the cultural expertise they sought. Both claims rely on an even more backgrounded normative claim.

When Bridgette, Martin, and Sarah’s White colleagues asked them to be cultural experts, they were not making an informed decision based on valid available data. Instead, they used a racist idea to justify the white supremacist expectation that assigns race work to Black people while simultaneously absolving White people from seeing the heterogeneity within and between Black cultures, let alone reckoning with the possibility that what they perceive as a biologically-based cultural difference might actually be behaviors influenced by the white supremacy. In other words, not only does this coerce the racialized other into racial labor, it releases White people from legitimately reckoning with the ways they have perpetuated white supremacist racial hierarchy. After all, if white supremacist power makes it such that working with Black people requires cultural expertise that can only be acquired by being Black, then it frames race work as inherently Black work and frees White people from contributing without guilt. Bridgette aptly captured this dynamic in her reflection: “I like working with people of color and it doesn’t feel like a burden. But feeling like I am carrying the load – like it’s exclusively my duty, does feel like a burden.”

Anti-Black Tropes. Since detailing an exhaustive history of anti-Black tropes throughout American history is beyond the scope of this project, I cannot fully contextualize each of the racist tropes referenced by Bridgette, Savannah, Tully, Vanessa and Warren within a broader social-historical perspective. Even if I could, though, any
similarities between participants’ experiences and their historical correlates are secondary to the impact of participants’ being reminded of how they are often perceived as a threat to the social order constructed by white supremacy and patriarchy.

The Mammy, Brute, Buck, and Angry Black Woman tropes are not mythical Black caricatures that stand alone and interact with no one, each trope has a particular stereotyped relationship to White women – a fact that seems especially salient considering the predominance of White women in professional counseling. The Mammy dutifully serves and parents White women in the household with contentment. The Brute and Buck’s innate savagery threatens the physical safety of White women, so he must be tamed or destroyed. The Angry Black Woman’s sharp tongue is useful when criticizing the lazy or abhorrent behavior of Black people, particularly Black men; however, the Angry Black Woman’s hypersensitivity, argumentativeness, and impertinence make her a threat to the femininity norms some White women seek to reinforce in order to maintain their status within white supremacy and patriarchy. The Coon trope does not have a particular relationship to White women; however, Coons’ innate laziness makes them poor workers and a threat to the financial bottom line of white supremacy unless their idleness is strictly managed with discipline.

Ascription of Intelligence and Competence. With ascription of incompetence microaggressions, the primary communicative action that maintained white supremacy for Bridgette, Elise, Martin, Tully, Warren, and Vanessa was the surprise at, scrutiny, or misattribution of their success. Returning to Bridgette, who was told that “[she] did not seem interested in leadership,” Elise who had her clinical opinion constantly scrutinized,
Martin and Warren rendering their counterparts slack-jawed to learn that they are Black, Tully who had to battle “inherent skepticism” from his colleagues about competence, and Vanessa whose ideas were often overlooked, muted, and misattributed by her White colleagues, we can see that the foreground of ascription of incompetence microaggressions is marked by messages that the sender believes the target to be intellectually inferior. Simultaneously insulting and invalidating, this indignity also reinforces the racial hierarchy that places White people in the position of conferring and authenticating legitimacy.

**Response Phase: Responding to Microaggressions**

After processing microaggressions, participants responded. At an action level, they could either respond in ways that were congruent with the expectations imposed on them by white supremacy, or they could act in ways that were incongruent with those expectations. The motivation driving participants’ responses are not so simply framed, however. Acting congruently could include overtly endorsing the messages embedded within the microaggressions, but it also included the more common response of being silent. In both situations, failing to openly challenge or resist white supremacy risked reinforcing the status quo. While it is possible that a person may internalize white supremacist and patriarchal ideas so deeply that they neither see microaggressions as racist and sexist nor the ways personally-mediated racism and sexism are perpetuated by racist and sexist systems, participants in this project seemed to have a sense that their actions could reinforce a status quo that subordinated them. Acting incongruently with microaggressive expectations certainly resisted white supremacist and patriarchal
domination, but doing so also risked the pain of alienation from their colleagues. This was the double-blind of responding to microaggressions for participants.

**The Double-bind**

Although each of the participants in this project responded incongruently with the microaggressive expectations they experienced, it is important to consider why one might not respond to microaggressions at all. One reason could be that the target simply does not know how to respond. Another could be that even though one knows how to respond, the moment in which microaggressions are expressed passes by too quickly to respond. I believe Critical Race Theory (CRT) offers insight into yet another reason. As Freeman (1978) articulated in his critique of colorblindness, the perpetrator perspective – a perspective that places the onus on the victim to prove that a specific perpetrator engaged in an action or series of deliberate, race-based actions against the victim in order to be remediated – dominates the white supremacist conceptualizations of discrimination and justice that pervade many institutions and the minds of those that inhabit them. This threshold is too high to be helpful in addressing microaggressions.

Exclusive focus on racist intention places the site of transformation primarily within White minds, a location of privileged access under the control of White people. Even if objective access to the mind of someone who expresses a microaggression were possible, the racist impact of microaggressions would persist since microaggressions are often transmitted by people who actually do not intend to act in racist ways. Without being able to prove deliberate race-based action in a context that holds deliberateness as an essential condition to legitimate claims and allow for remediation, targets of
microaggressions must decide if the benefits of alleging racist and/or sexist action outweigh the potential conflicts associated with removing the veil of invisibility that maintains white supremacy and patriarchy, such as retribution and further social marginalization. Choosing to act incongruently with microaggressive expectations raised the specter of interpersonal conflict between participants and their colleagues. Since these conflicts occurred within the same white supremacist and patriarchal contexts as the initial incidents, participants’ had to reckon with knowing their colleagues may grade their conflict style against white supremacist and patriarchal benchmarks, too.

**Response to White Fragility**

Some participants explicitly expressed conscious awareness of the stakes of initiating a dialogue with their White colleagues regarding their racist actions. Others referenced the threat of backlash from their colleagues more implicitly. Robin DiAngelo (2018) coined the term white fragility as a phenomenological conceptualization of this white backlash. In the following passage, she speaks directly to her imagined White audience:

> Given how seldom we experience racial discomfort in a society we dominate, we haven’t had to build our racial stamina. Socialized into a deeply internalized sense of superiority that we either are unaware of or can never admit to ourselves, we become highly fragile in conversations about race. We consider a challenge to our racial worldviews as a challenge to our very identities as good, moral people. Thus, we perceive any attempt to connect us to the system of racism as an unsettling and unfair moral offense. (pp. 1-2)
DiAngelo’s reference to the paradox of some White people having internalized white supremacy so deeply while simultaneously denying this reality mirrors the behavioral manifestation of aversive racism (Dovidio & Gaertner, 2004). People who act in aversive racist ways are simultaneously averse to members of ethnic and racial minorities due to socialization within a white supremacist context and averse to seeing themselves as racially prejudiced, often due to neoliberal acculturation, which prizes racial equality (Dovidio & Gaertner, 2004).

Anti-Black aversive racism is driven by negative evaluations about Black people, cultures, and behaviors which manifests as persistent avoidance of or discomfort with interactions with Black people (Dovidio & Gaertner, 2004). Anti-Black aversive racism is also driven by a need to maintain a racial egalitarian image, which manifests as public eschewal of overt racism. These dual aversions render addressing microaggressions a risky endeavor because naming the racism expressed by aversive racists undermines their egalitarian self-image, triggering psychological distress. With evidence that politically liberal White people are more likely to display aversive racism than politically conservative White people, the ubiquity of participants navigating aversive racism, and the white fragility it evokes, seems fitting considering this study took place in one of the most politically liberal geographic regions in the United States (Nail, Harton, & Decker, 2003).

Since remaining silent on microaggressions and other racist actions is the only certain way to avoid disrupting their White colleagues’ racial worldviews, participants who dared to respond to microaggressions wrestled with how to navigate the sequelae of
white fragility, the psychological distress aversive racists experience when their self-image is challenged. For some participants, this meant searching for ways to voice their opinions in a way that could not be perceived as angry. Elise recounted how she avoided white fragility in order to ensure that her colleagues could not “write off [her] points by calling me angry… and [she] packaged [her responses] in a way they [would] hear.” Savannah described navigating white fragility as a “lose-lose situation” where silence “[lets] it pass …and [saying something risks her] being seen as the Angry Black Girl.

Failing to practice respectability politics – speaking in anything but a calm tone, speaking too directly, waiting too long, assuming malevolent intentions, failing to acknowledge good intentions, or any other behaviors that violate the white supremacist demand of obsequiousness from Black people – threatened reactionary retribution from their White colleagues (Dickens, Womack, & Dimes, 2019). Vanessa, for example, resisted respectability politics because she believed that “if [she did not] speak up, if [she didn’t] document [racism], then they [would] NEVER see it and it [would be] like it didn’t happen for them. As a consequence, Vanessa acknowledged her resistance relegated her to “an island” of social exile within her workplace. While her consequences were primarily social, participants are wise to be aware of the possibility of retribution for shirking respectability politics since they have always included the possibility of economic or physical violence (Obasogie, & Newman, 2016). Warren, for example, vividly captured the fear of provoking white fragility when, after invoking the lynching of Emmet Till, he reflected that he “[did not] want to put [himself] in a position to where [his] career hinges on [his] word versus a White woman.” The power that white
supremacist systems assign to White people need not be rooted in logic or reason. Feeling offended or disrespected is enough to justify wielding the white power in such a way that punishes those who challenge its authority. In this way, such participants’ fear acts as a visceral understanding of racial power dynamics in white supremacist systems.

**Dueling Consciousness**

The internal struggle participants experienced about whether or not conform to the unspoken, white supremacist and patriarchal rules of addressing racism with their White colleagues mirrors Kendi’s (2019) framing of the duel between assimilationist and antiracist ideas for Black people within his conceptualization of dueling consciousness. He framed assimilation thusly:

The Black body is instructed to become an American body. The American body is the White body. The Black body strives to assimilate into the American body. The American body rejects the Black body. The Black body separates from the American body. The Black body is instructed to assimilate into the American body – and history and consciousness duel anew (p. 33).

Kendi’s reference to bodies is both literal and figurative. American history is filled with examples of the systematic rejection of Black bodies; however, “bodies” also symbolize norms, cultures, and ways of being. That is to say, when the Black body is instructed to become an American Body – to become a White body – it is instructed to act, speak, think, live, and love in the same ways as a White body – an American Body. This speaks to the expectation of assimilation. When participants committed to antiracist action, they
wrestled with whether they ought to conform to the white supremacist rules of engagement, but they also reckoned with whether conformity represented, or could be misconstrued as, a desire to assimilate to white supremacy.

Kendi (2019) argued that “assimilationist ideas are racist ideas” because they endorse a racial hierarchy that positions one racial group’s norms as the benchmark against which others are measured (p. 29). While I agree with this premise, I think Kendi’s dichotomous framing of dueling consciousness obscures two important facts. First, white supremacist norms may demand that Black people deferentially communicate with White people and operationalize this deference as respectability politics. Despite white supremacy’s long history of imperially claiming people, resources, and culture as its own property, however, no one culture can lay exclusive rights to a particular style of communication. It is possible to communicate in a style that white supremacy condones without actually subscribing to its authority or seeking validation from it. Elise, for example, acknowledged that she modulated her anger in order for her message to be better received by her White colleagues. Does this mean she was assimilating? While modulating one’s anger is condoned by white supremacy, she neither denied her anger nor intended to maintain the status quo. In fact, she framed the ascription of intelligence and competence microaggressions she experienced as opportunities to challenge her colleagues’ ideas. Rather than assimilation, I interpret her actions as choreographed, subversive resistance. Instead of directly addressing or avoiding her colleagues’ racist doubting of her ability, she allowed herself to be scrutinized publicly in exchange for the
opportunity to hold their attention; and because she was so adept at communicating in a way that they would hear, she used the opportunity to gain influence.

Second, while Kendi hoped his work would aid those in the “struggle to be fully human,” (p. 11) the assimilationist-antiracist binary central to dueling consciousness does not capture the importance of authentic connection within the struggle of being fully human. In *Pedagogy of the Oppressed*, Freire (2000) wrote that “dehumanization, which marks not only those whose humanity has been stolen, but also (though in a different way) those who have stolen it, is a distortion of the vocation of becoming more fully human” (p. 39). White supremacy is dehumanizing because it subordinates, but is also dehumanizing because it alienates people from each other. In resisting dehumanization, then, those who are oppressed not only liberate – humanize – themselves, they liberate their oppressors, too.

**Humanizing through Connection.**

Participants’ struggle to be recognized as fully human was both an antiracist endeavor and a journey toward connection:

Other colleagues fawn over each other and praise the most routine things. I don’t knock them for it, I think it is a way to connect. You know? To show that they care about each other. Like, why don’t they feel moved to be that way with me? I don’t need it, but I want it. It’s like I’m on an island without a way to get off. – Bridgette
And not one of them is even saying hello to you. Not one of them is even greeting you, you know. And they're having conversations around you. And it's just like, “Alright, well cool. I guess I'll get up and I'll go.” – John

I’ve been able to use my intellect to navigate predominantly White spaces and thrive while genuinely connecting with people. – Martin

They keep me at a distance, anyway, but I wonder, “I am really that bad? Would be it be that bad to get to know me?” – Tully

It’s hard being on an island. I’m tired. Low-key a little sad. I watch them enjoy each other. They actually like being around each other. I can tell they don’t feel the same way about me. – Vanessa

I can better gel now because I'm much better at codeswitching now, you know. – Warren

In each of the excerpts above, a yearning to be close or closer to their colleagues emanates. Metaphors of being deserted on an island, exiled, and made invisible from Bridgette, John, Tully, Vanessa, and Warren speak to the pain of isolation. While disconnection and its concomitant pain are often unavoidable costs of antiracist struggle in predominantly White contexts, perhaps this disconnection is neither total nor absolute.

If we can conceptualize participants’ struggle to be more fully human in their workplaces as a dialectic, that is an integration of opposing forces, between antiracist striving and a journey toward connection, then their attempts to move nearer to their colleagues – even when that movement appears considerate of white fragility – can be
understood as humanizing action. Participants’ continuing to acknowledge their own yearning for connection and to mourn its absence, demonstrate resistance within contexts that constantly seek to degrade them as subordinate, unfeeling objects. Further, for participants to long for connection with their White colleagues is to imagine a future where their colleagues are capable of authentic, reciprocal connection. This authentic, reciprocal connection cannot be blind to the realities of white supremacy, patriarchy, or other systems of domination. Instead, I believe it relies on people: acknowledging these systems of domination; understanding the ways these systems allocate power differentially; and committing to use whatever power one has to transform these systems because humanity suffers as a whole under them, albeit unequally. To the extent that they are able to imagine this future without succumbing to the objectifying tendency of oppression, this imagining, too, is humanizing.

**On the Intersection of White Supremacy and Patriarchy.**

Looking across participant narratives, it is clear that each participant experienced racist microaggressions (see Table 5.1). This is consistent with Critical Race Theory (CRT) and Glass Barriers Theory (GBT) because, as I discussed in Chapter 2, CRT and GBT suggest that Black people will be exposed to anti-Black racism within white supremacist contexts. What about the intersection of white supremacy and patriarchy? Looking again at some of the microaggressions that participants experienced, such as the Mammy and Angry Black Woman tropes, they are so clearly gendered that it is more accurate to describe participants’ exposure to them as racist-sexist, rather than racist or sexist alone. At the same time, the omnipresent effect of patriarchy deems it necessary to
intentionally analyze Black female participants’ experiences with microaggressions specifically, even those without explicitly gendered meanings.

As I outlined in Chapter 4, only female participants (Bridgette, Sarah, Savannah, and Vanessa) endorsed role encapsulation – feeling limited by the roles assigned to them without their consent by their White colleagues and supervisors – despite every participant being exposed to racist and/or racist-sexist microaggressions. This is fundamentally congruent with CRT and GBT because each asserts that racism and sexism intersect in ways that result in amplified harm to Black women. For the Black female participants in this project, this meant that despite similar exposure to racist microaggressions compared to the male participants, they reported that they were limited by roles involving nurturing (Bridgette as “Momma B”), cultural consulting (Sarah), and racework (Vanessa) or by having developmental needs being met with callousness (Savannah). In other words, while all participants endured microaggressions in their workplaces, female participants exclusively described bearing the extra burden of having racist-sexist ideas constrain their career opportunities.

**Summary of Discussion**

In this project, I explored the experiences of self-identified Black Master’s level counselors who work in non-academic, mental health settings with predominantly White colleagues. More specifically, I wanted to explore their challenges related to race and gender and how they navigated these challenges. After analyzing data generated through 9 individual interviews with participants, I organized their experiences into a triphasic, overarching interactive framework capturing their challenges related to race and gender.
In the incident phase, participants were challenged as they were targeted by microaggressions expressed by their White colleagues. These microaggressions fell into four categories: second-class status, assumption of cultural expertise, anti-Black tropes, and ascription of intelligence and competence. In the processing phase, participants analyzed the symbolic action embedded within the microaggressions, temporal information, and paradigmatic information for meaning as they prepared to respond. In the response phase, participants actively responded to the microaggressions. Responding was challenging because participants were in a double-bind. Failing to address microaggressions risked reinforcing the white supremacist and patriarchal status quo. Addressing microaggressions threatened to trigger white fragility, which, given the way white supremacy and patriarchy allocate social and institutional power, could have profound negative effects for participants. For four of the five Black female participants in this project, no matter how they responded to microaggressions, they were cast into rigid roles that materially impaired their ability to do their jobs as they would prefer.

To navigate these challenges, participants carefully considered how their approach to addressing the microaggressions could be experienced by their White colleagues. In one sense, this approach mirrors Kendi’s (2019) notion of the dueling consciousness many Black people experience, a duel between the antiracist urge to resist conforming to white supremacist norms and the assimilationist urge to observe respectability politics in exchange for legitimacy through white supremacy. Duelling consciousness alone, however, does not capture the deep yearning for authentic connection participants endorsed. If connection is central to the human experience, and I
believe it is, then participants’ longing for mutually-affirming relationships with their colleagues reflects a relational strategy that seeks liberation by resisting dehumanization for themselves and their colleagues.

**Methodological Reflection**

After integrating learnings from participant narratives with the theoretical reconstruction from Chapter 2, I now turn to reflect on the methodological process of this project. I will first reflect on how I became oriented to research, then I will focus on the insights I have gleaned throughout the research journey.

**On Becoming.** My daughter was born one week into my doctoral program, so I became a parent at about the same time that I became a researcher. Perhaps more precisely, I became and was becoming a researcher at the same time that I became and was becoming a parent. This idea that I am someplace real at any given moment, while simultaneously moving toward some new place that will be just as real – yet completely unknowable until I get there – has marked my journey as a researcher and a parent. While I had maps (my dissertation proposal, my own upbringing) that prepared me, both journeys have reminded me of the futility of trying to know with any certainty where any of the infinite paths before me will lead. As a result, both journeys have prompted me to get clear on my values (to help make our world a just world), to deeply consider my epistemological stance (critical), and to decide to whom I am committed (those who need, long, and fight for justice). I will share a few specific insights from my research journey.
Moving Toward. During the planning phase of this project, I anticipated that I would need to learn to quiet my physiology in order to be present enough to truly connect with participants. In practice, though, I learned that what I had been conceptualizing as anxious hyperarousal stemming from a lack of confidence in my research interview skills, was actually part of a holistic processing of my relational encounter with participants. Following my embodied ways of knowing did not move me away from participants, it helped me to move toward deeper connection with them. A moment with Sarah captures this process. When she was describing her racial, ethnic, and cultural background early in our interview, I noticed my own tension. It was the kind of discomfort one might feel when they notice someone pulling away emotionally when they would rather stay connected. I eventually decided that I was getting the sense that she was feeling ambivalent about talking about race; that perhaps she wanted to be honest with me, but also felt vulnerable doing so. I reflected openly on my own experience, and she, in turn, shared her desire to avoid offending me with opinions of American constructions of race. Listening to myself helped us move toward each other.

Methodological Integration. Upon reflection, I have realized that I did more methodological integration than I had initially intended during the design phase of this project. In Chapter 3, I described that used the Listening Guide, a voice-centered relational methodological approach because it epistemologically assumes that knowledge is generated relationally, through the recursive interactions of the researcher, participants, and the broader sociocultural context and by carefully attending to the complex interplay of voices within and between participants. In particular, I was drawn to the way the
protocol of the Listening Guide foregrounded the complexity of participants through careful, iterative listening to their voices. Indeed, I found listening to participants’ first-person voices through the constructed I poems and listening to contrapuntal voices as deeply respectful methods that honored the depth and breadth of their experiences.

At the same time, organically, I found myself seeking to more deeply understand how participants’ experiences related to the structural context within which they were situated. This was most apparent to me in reviewing my reflection journals as I wondered about the ways power dynamics and social norms influenced how participants experienced their relationships with their colleagues, or even how I came to understand the possible meanings intended by participants during our interviews. Since little extant literature on the Listening Guide offers specific guidance about how to engage in structural analyses (Woodcock, 2016), with encouragement from my dissertation chair, I integrated critical qualitative methodological approaches (Carspecken, 1996). For example, since summarizing the plot during the first listening of interviews can be understood as an initial reconstruction of participants’ meaning, I used meaning fields to denote bounded ranges of possible meanings for statements within participants’ narratives. My goal was to generate low-level inferences that made the range of possible intentions of participants more explicit.

Additionally, as I listened for contrapuntal voices, I analyzed participants’ meaning fields to identify participants’ objective, subjective, identity, and normative claims (see Chapter 3 for a review of knowledge claims). This made sense to me because
contrapuntal voices, by definition, assume that people express multiple knowledge claims with varying degrees of implicitness when they communicate. Perhaps a metaphor better captures how I synthesized the Listening Guide with a critical qualitative methodological approach. If the Listening Guide served as an itinerary, a guide that directed me toward important methodological landmarks, then the critical qualitative methodological approach served as an adaptive navigation system to help me move toward critically-informed, hermeneutic understanding.

**Limitations**

As I described in Chapter 3, since Black counselors’ experiences are fundamentally mediated by hierarchies of social dominance, knowledge claims about Black counselors’ experiences cannot be valid without theories, epistemology, and methodology that critically examine power relations. Minkler and Wallerstein (2003) summarizing Habermas, described that “truth results from an emancipatory process that emerges as people strive toward conscious and reflexive emancipation, speaking, reasoning, and coordinating action together, unconstrained and uncoerced” (p. 229). One limitation of this study is that a participatory action design would have better integrated critical intention with “[coordinated] action together, unconstrained and uncoerced” with participants (p. 229). At the same time, the limits of my life as a doctoral candidate made it unrealistic for me to engage in a truly participatory manner, specifically sharing ownership of this research project with co-researchers.
While I strove to root my claims dialogically, another limitation of this study is that I did not truly dialogue with participants following our interviews together, apart from Tully, who participated in member-checking. Integrating participants’ direct thoughts about my findings and discussion would have robustly enhanced the validity of this project. Nevertheless, I took several other steps to enhance validity (See Chapter 3 for a detailed review), including: creating a plot-based record of my initial readings of interview transcripts using the Listening Guide; self-reflective journaling; peer debriefing; developing and using a semi-structured interview protocol; prioritizing rapport with participants; sharing journal excerpts and I poems with participants; and integrating Tully’s feedback.

While I hope that this study provides helpful information for counselors and researchers, a limitation of this project, specifically, and exploring people and their relationships to broader oppressive systems, broadly, is that it is impossible to attend to everything that is relevant. When one focuses on the details of an object in the foreground, details in the background necessarily go out of focus. While I mentioned imperialism in reconceptualizing dueling consciousness and referenced capitalism in my discussion of Bridgette and Vanessa being alienated from their labor, my primary foci were on white supremacy and patriarchy. Since professional counseling is an industry, future empirical studies would do well to analyze the intersection of white supremacy, globalism, and capitalism in a more foregrounded way.
Implications

This section explicitly discusses how the findings of this project fit within the existing literature. Since, as I discussed in Chapter 2, scant empirical literature has centered on the experiences of Black counselors in non-academic settings, I will first contextualize the findings of this project within the literature focused on Black professionals in predominantly White settings, before narrowing the scope of my review to connect this project to the sole study centered on the experiences of Black counselors.

Consistent with the literature on Black professionals in predominantly White, non-mental health settings (see Deitch et al., 2003; Sue et al., 2007; Sue et al., 2008), the participants in this study described experiencing microaggressions and marginalization in their predominantly White settings. This suggests that the professional counseling field’s commitment to multiculturalism did not inoculate them from the ills of white supremacy and patriarchy. Additionally, three out of the four types of microaggressions endorsed by participants in this study – second-class status, assumption of cultural expertise, and ascription of incompetence – closely mirror the findings of Sue et al. (2008), where Black participants endorsed experiencing assumption of intellectual inferiority, second class citizenship, and the assumed universality of the Black American experience microaggressions. While Sue et al. did not categorize any of their participants’ experiences as anti-Black tropes, the authors did describe participants’ citing that they experienced assumed superiority of White cultural values/communication styles and
assumed criminality microaggressions – which share similarities with the Angry Black Woman stereotype and Buck/Brute stereotypes, respectively.

The findings of this project were also consistent with the findings of Jones, Hohenshil, and Burge (2009), who offered the only empirical study primarily focused on the experiences of Black counselors’ in the United States. Jones et al. investigated the overall level of job satisfaction, the most important aspects of job satisfaction, and relevant demographic variables that contributed to the job satisfaction of 182 Black counselors using a modified version of the Minnesota Satisfaction Questionnaire (MSQ). Notably, the researchers found that the Black women surveyed were eight times more likely (n = 24) than men (n = 3) surveyed to describe that sexism affected their job satisfaction. This suggested that the interaction of racism and sexism was especially pernicious for women surveyed. This parallels the findings of this project, where only female participants cited sexism as impairing their ability to do their jobs as they would prefer. Further, in highlighting the possible function of role encapsulation in limiting Black female counselors’ careers, the qualitative design of this project deepens the findings offered in Jones et al.’s survey design.

Clinical Recommendations

While this project was not designed to draw conclusions about the entire population of Black Master’s level counselors in predominantly White settings, the experiences of the participants in this project were consistent with extant literature detailing the racism Black professionals experienced in other predominantly White, non-
mental health and counseling-adjacent settings. If the professional counseling field hopes to recruit and retain Black counselors, then a concerted effort will be needed at several levels to resist the dehumanizing forces of white supremacy and patriarchy.

On an individual level, this project highlighted the cumulative deleterious impact that microaggressions from same-level, White peers had on participants. Not only did participants have to withstand the indignity of repeated racial insults and invalidations, but they also had to tend to white fragility. To combat this, White counselors might consider committing to thinking and acting differently when approached about their racist behavior, no matter how unintentional or well-intentioned the behavior. Practicing a stance of openness, recognizing the ubiquity of white supremacist socialization, investing tangible and intangible resources in antiracist education, detaching from the racist myth of “not racist,” and committing to antiracist work – even in spaces with only White people are places to start.

On an institutional level, participants described working in organizational cultures that were fertile grounds for replicating racial hierarchy. Combatting this requires organizations commit to equity through racial representation at every level, recruitment practices, promotion practices, and retention practices. Certainly, this is only sustainable in a supportive, welcoming setting devoid of microaggressions. To this end, institutions can commit to educating employees at every level about white supremacy and antiracism while also putting in place mechanisms for global accountability. Since oppressive systems are dynamic forces, it would also be important for there to be a fully funded and
empowered institutional mechanism for evaluating policies and procedures and enacting antiracist reform when necessary.

On a professional level, the American Counseling Association can amend its Code of Ethics to explicitly include an antiracist ethical mandate for counselors in every professional relationship, including peer-to-peer relationships. Accreditors and regulatory bodies could mandate continuing education on antiracism as part of agency reaccreditation and license renewal. We can vote for political candidates that endorse antiracist policies.

**Conclusion**

Together nine participants and I journeyed on a quest to understand their experiences as Black counselors in predominantly White settings. I am grateful for their openness, vulnerability, and the trust they placed in me to steward and share their stories. I am also grateful for the insights that led to theoretical and methodological integrations described in this project. I hope future researchers find them helpful. I have been inspired by participants’ perseverance in the face of ever-present dehumanizing forces and their profound wisdom about themselves, their colleagues, and the contexts in which they worked. I have revisited their narratives in my mind for strength and comfort, particularly in moments where I have found myself wary as a Black counselor in predominantly White spaces. As I approach the conclusion of this project, it feels as if the end is pointing back to the place where I started. I look forward to walking on, and I am energized by the opportunity to share and apply the insights I have learned in the service
of building a counseling profession that resists rather than perpetuating systems of
domination.
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Appendix A: Recruitment Flyer

Black, Master's Level Counselor?

- work in a non-academic, mental health setting?
- willing to be interviewed about your experience?
- want to connect with other Black counselors?

For more information about participating in a research study, please contact:

Researcher
Brandon Jones, MA
Counseling and Psychology
Lesley University
BJones6@lesley.edu
Appendix B: Recruitment Email

Hello, I’m Brandon Jones,

I am a doctoral student in the Counseling and Psychology program at Lesley University doing research on Black counselors’ experiences in predominantly White mental health settings.

This study will be focusing on the experiences of Black counselors’, and how race and gender shape their experiences. The purpose of this study to add the often-unheard voices of Black counselors to the scholarly body of research literature. Another intention of this study is to contribute to efforts that undermine systems that reinforce barriers related to race and gender.

To be included in this study, participants will need to meet several criteria:

1. They need to self-identify as Black or African American;
2. They need to have completed a terminal Master’s degree in counseling psychology, clinical mental health counseling, marriage and family therapy, or social work with a clinical focus;
3. They need to be currently working as a counselor in a non-academic setting, such as an outpatient clinic, residential facility, acute treatment facility, or a community-based mental health center in Massachusetts; and
4. They need to work as part of a clinical team where the majority of Master’s level co-workers appear to identify as White.
Participants will be asked to participate in one individual interview session and one discussion group session. The individual session will be based on participants’ stories. Individual interviews are expected to last 90 to 120 minutes (1.5 – 2 hours). The discussion group will be approximately 120 minutes (2 hours). It will be an opportunity for participants to share their experiences, discuss emergent themes, and offer feedback with others. The goal is to foster connections and identify similarities and differences among participants. Interviews and the discussion group will be audio recorded. I am happy to answer any questions you may have about this study. If you have any questions or are interested in participating, please contact me bjones6@lesley.edu.
Appendix C: Demographic Questionnaire

Hi there,

Thank you for your interest in participating in my dissertation project exploring the experiences of Black Counselors in predominantly White settings. Completing this questionnaire gives me a sense of if you might be a good fit for my study. I estimate it will take less than 5 minutes to complete - please be sure to click "submit" at the end. If you have any questions, feel free to email me at bjoness6@lesley.edu.

Warm regards,

Brandon

Brandon Jones, LMHC

(he/him/his)

Ph.D. Candidate, Counseling and Psychology, Lesley University

Demographic Questionnaire

1. Email address:

2. Do you identify as Black and/or African American? (Yes / No)

3. Are you currently working as a Masters level counselor? (Yes / No)

4. Is your work as a counselor in an academic setting? (Yes / No)

5. Thinking about your work setting, do you consider most of your Masters level colleagues to be White? (Yes / No)

6. What is your name?
7. What is your gender identity?
8. By what pronouns do you want to be referred?
9. What is your age?
10. How do you describe your ethnicity?
11. Where is your work setting located? City/Town, State
Appendix D: Informed Consent

Informed Consent Form

The Experience of Black Counselors in Clinical Roles

Thank you for agreeing to participate in this inquiry about the experiences of Black counselor-practitioners. Brandon Jones, a doctoral student at Lesley University, will conduct an in-depth interview as part of his dissertation requirements. Peiwei Li, Ph.D., the dissertation chair will supervise the study, which Lesley University's Institutional Review Board (IRB) has approved.

Your participation will entail an interview, which will last approximately 90-120 minutes. You may be asked to participate in a follow-up interview to discuss your responses further and clarify findings. The length of the follow-up interview will vary; however, it is estimated to last 15-45 minutes. If you are interested and able, your participation can also include a group interview expected to last 120 minutes (2 hours) after an individual interview. All interviews will be audio recorded. The results of this research will be published in Brandon Jones’ dissertation. Direct quotations from your interview may be used to clarify research conclusions. By signing this consent form, you give the researcher permission to use statements you make during the interview.

By being interviewed, you may develop insight about the experiences of Black counselor-practitioners, contribute to the knowledge of these experiences, and have an opportunity to discuss these experiences with other Black counselor-practitioners. You may also ascribe benefit to contributing to the academic literature in a way that directly
impacts your field of interest. There is minimal risk anticipated from your participation; however, you may experience distress associated with discussing challenges you have experienced. I have a list of support resources should such distress occur.

You can stop the interview at any time. You may also withdraw consent to use your data either during or after participation without negative consequences.

The information will be kept strictly confidential. The informed consent form will be kept separate from the interview data. All electronic devices used to collect interviewer data are encrypted and passcode protected. Interview data will be labeled with an alphanumeric code, and your name and other identifying information will be changed in the write-up of the research results to protect your identity.

If you have any questions about this study or your involvement, please ask the researcher before signing this form. Additionally, please contact my supervisor and principal investigator with any questions or concerns.

There is a Standing Committee for Human Subjects in Research at Lesley University to which complaints or problems concerning any research project may, and should, be reported if they arise. Contact the Committee Chairperson at irb@lesley.edu.

Please sign this form indicating that you have read, understood, and agree to participate in the research.

Name of participant (please print)

_______________________________________________

Signature _______________________________ Date ___________________
Contact Information

Researcher | Supervisor
------------|-------------
Brandon Jones | Peiwei Li, Ph.D.
29 Everett St. Cambridge, MA 02138 | 29 Everett St, Cambridge, MA 02138
Bjones6@lesley.edu | Pli3@lesley.edu
(508) 925-0057 | 617-349-8987
Appendix E: Semi-Structured Interview Protocol

Counseling While Black: Black Counselors’ Experiences in Predominantly White Mental Health Settings.

Date:

Time:

Opening

Hello, I’m Brandon Jones,

I am a doctoral student in Counseling and Psychology program at Lesley University doing research on Black counselors’ experiences in predominantly White mental health settings.

This study will be focusing on the experiences of Black counselors, and how race and gender shape these experiences. The purpose of this study to add the often unheard voices of Black counselors to the scholarly body of research literature. Another intention of this study is to contribute to efforts that undermine systems that reinforce barriers related to race and gender.

We will have one interview session. The session will be based on your story. You can expect the interview to last 90 to 120 minutes (1.5 – 2 hours). I will ask you several questions during this time; and occasionally, I will ask you follow-up questions to make sure I have understood your response. Will you be able to speak with me for the next 120 minutes (2 hours)?
A. If no, then offer to reschedule

i. If accepted, reschedule

ii. If declined, graciously thank participant, affirm their choice, and end

B. If yes, proceed below

I will be taking some notes while you speak to ensure. I may pause for periods of time to finish what I am writing. I will let you know if that is the case. Are you okay with me taking notes during the interview?

A. If no, then graciously thank participant, affirm their choice, and end.

B. If yes, proceed below

I will be audio recording the interview. Are you okay with me audio recording the interview?

A. If no, graciously thank participant, affirm their choice, and end.

B. If yes, proceed below

Okay. Are you ready to begin?

Interview Questions

1. Domain 1: Landscape Questions related to being a counselor

a. Lead-off Question

i. Question: “You’ve been a _______(counselor type) for ____ (duration). Could you tell me when this journey started for you? Perhaps you could tell me about the first time you
realized you wanted to do this profession, or another moment that stands out to you around clearly knowing you wanted to enter this profession?

ii. Covert Categories

1. *Initial identification*
   a. *When, how and why*
   b. *Important influence*
   c. *Context*
   d. *Experience*

2. *Knowledge and View of Profession*
   a. *Training*
   b. *Development over time*
   c. *Area of specialty*
   d. *Role of profession in society*

3. *Identity*
   a. *Identity as a counselor*
      i. *Way of being*
      ii. *Way of understanding*
      iii. *Way of intervening*
      iv. *Role of systems*
      v. *Role of power/privilege/oppression*
   b. *Values*
   b. *Potential follow-up questions*
i. What were some of the reasons that made you interested in your profession?

ii. What was your first encounter with the profession?

iii. How did you first learn about your profession?

iv. How was your experience in graduate school for your professional training?

v. What are some important influences in your life related to your profession?

vi. What have been some important relationships that have shaped your how you do the work of a counselor?

vii. How do you view your profession?

viii. What made your profession attractive to you?

ix. How do your personal values influence how you do the work of a counselor?

x. What role do you think counselors ought to play in society?

xi. What role do counselors play in individual change?

xii. What role do counselors play in systemic change?

xiii. Please tell me about a satisfying experience as you’ve had a counselor.

2. Domain 2: Challenges related to being a Black _____ (gender identity) Counselor

a. Lead-off question

i. Question: “I am interested in your experience as a Black ____ (gender identity) counselor at ______(setting). Could you tell me about a time you felt very aware of your racial and gender identity at ____ (setting) or with your colleagues?”

ii. Covert categories
1. Challenges and Strategies

Challenges and Strategies

<table>
<thead>
<tr>
<th>Type</th>
<th>Level of Interaction</th>
</tr>
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<tbody>
<tr>
<td>Race-Related</td>
<td></td>
</tr>
<tr>
<td>Salient</td>
<td>Institutional</td>
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<tr>
<td>Not Salient</td>
<td>Not Salient</td>
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<tr>
<td>Gender-Related</td>
<td>Structural</td>
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b. Possible Follow-up questions

i. What are the power structures that affect your work as a Black _____ (gender identity) counselor?

ii. Are there power structures within your work environment?

iii. Are there power structures outside of your work environment?

iv. How do these power structures affect your work?

v. Tell me about what the term empowerment means to you.

vi. Tell me about a time you felt empowered.

vii. Tell me about what the term oppression means to you.

viii. Tell me about a time you felt oppressed at work.

ix. Tell me about what the notion of white supremacy means to you.
x. How does white supremacy affect you, show up, or neither, at work?

xi. Tell me about what the term patriarchy means to you.

xii. How does patriarchy affect you, show up, or neither at work?

xiii. Tell me about what the term intersectionality means to you.

xiv. How do intersectional forces affect you, show up, or neither at work?

xv. What barriers do you see to the process of empowerment?

xvi. What supports do you see to the process of empowerment?

xvii. Imagine the ideal work setting in which you felt empowered. Please tell me how you envision this work environment.

xviii. What efforts have you already made to create a more empowering work environment?

xix. How successful were those efforts?

xx. What are the steps you could take to create an ideal work environment in which you feel empowered?

xxi. How can this research, or I as a researcher, help create this change?
Appendix F: Curriculum Vitae

Brandon C. Jones, MA, LMHC

bjones6@lesley.edu

Education

Lesley University, Cambridge, MA


Lesley University, Cambridge, MA

MA, Clinical Mental Health Counseling: Trauma Studies Specialization, May 2014.

Amherst College, Amherst, MA

BA, Psychology, May 2008

Teaching Experience

Regis College, Weston, MA

CP660: Counseling Practicum I (Masters-level, online)

Instructor, Summer 2020

Full responsibility for all aspects of course including design, preparation, instruction, and assessment.

Co-instructor, Summer 2019
Full responsibility (with co-instructor) for all aspects of course including design, preparation, instruction, and assessment.

**CP646: Counseling Families** (Masters-level, online)

Instructor, Summer 2020

Full responsibility for all aspects of course including design, preparation, instruction, and assessment.

**CP605: Theories of Counseling II** (Masters-level, hybrid)

*Instructor*, Spring 2020

Full responsibility for all aspects of course including design, preparation, instruction, and assessment.

**CP604: Theories of Counseling I** (Masters-level, hybrid)

*Instructor* - Fall 2019

Full responsibility for all aspects of course including design, preparation, instruction, and assessment.

**CP661: Counseling Practicum II** (Masters-level, online)

*Co-instructor*, Summer 2019

Full responsibility (with co-instructor) for all aspects of course including design, preparation, instruction, and assessment.

**Conference Presentations**

Doctoral Candidates.” Symposium at Conference of the Society for Qualitative Inquiry in Psychology. June 8-9. Cambridge, MA [Accepted]


Invited Lecturer / Speaker

Jones, B. (2019). “Journeys with qualitative research and critical epistemology.” Invited by Peiwei Li, Lesley University, Cambridge, MA.


Professional Clinical Experience

Jones Counseling and Consultation

Owner and Clinician, August 2018 - present
• Individual and family psychotherapy with a focus on serving adolescents, emerging adults, and families coping with traumatic experiences.

• Independent consultant to local secondary schools with a focus on increasing antiracist practice.

Counseling Center at Regis College, Weston, MA

Staff Counselor, September 2019 - present

• Provide short-term, trauma-informed therapy to diverse students develops short-term

• Provide consultation to faculty, staff and students in order to address student high risk behaviors and student/community holistic health concerns

• Provide psycho-educational and holistic health outreach programs to students, faculty and staff

Wayside Youth and Family Support Network, Framingham, MA

Residential and Day Services Clinician, October 2015 - March 2019

• Provided individual, trauma-informed therapy to adolescents (ages 12-19) meeting acute and residential levels-of-care.

• Provided family therapy to clients and their families meeting acute and residential levels-of-care.

• Facilitated group therapy for adolescents meeting acute and residential levels-of-care.

• Facilitated multidisciplinary treatment team meetings

• Co-supervised interns.
South Middlesex Opportunity Council, Framingham, MA

*Outpatient Clinician*, May 2014 - July 2016

- Provided individual, trauma-informed outpatient therapy to adults aged 18 and older.
- Facilitated group therapy for homeless, young adult men aged 18-22 in early recovery from substance use.


*Clinician II*, May 2014 - October 2015

- Provided individual, trauma-informed outpatient therapy to children aged 22 and younger.
- Provided in-home therapy to children (aged 21 and younger) and their families.
- Collaboratively create and implement individualized action plans.

**Professional Affiliation**

Massachusetts Mental Health Counselors Association

American Counseling Association

Association for Assessment and Research in Counseling

Association for Lesbian, Gay, Bisexual and Transgender Issues in Counseling

Association for Multicultural Counseling and Development

American Psychological Association

Division of Quantitative and Qualitative Methods

The Society for Qualitative Inquiry in Psychology