Some drawings are accompanied by a reflective phrase. Participants were asked to write in response to a guided meditation discussing response to racism. Phrases were self-identified important phrases for participants to focus on following meditation.

EXAMINING THE EXPERIENCE OF WHITE PRIVILEGE FOR HUMAN SERVICES PROVIDERS USING THE EXPRESSIVE THERAPIES

A DISSERTATION
submitted by

MELANIE K. CARBONNEAU

In partial fulfillment of the requirements for the degree of
Doctor of Philosophy

LESLEY UNIVERSITY
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Dissertation Approval Form

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DISSERTATION APPROVAL FORM

Student Name: Melanie Carbonneau
Dissertation Title: Examining the Experience of White Privilege for Human Services Providers Using the Expressive Therapies

Approvals

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Dissertation Committee Chairperson: Michele Forinash, DA April 14, 2021

Internal Committee Member: Peiwei Li, PhD April 14, 2021

External Committee Member: Sangeeta Swamy, PhD April 14, 2021

Dir. of Ph.D. Program/External Examiner: Kelvin A. Ramirez, PhD April 14, 2021

Final approval and acceptance of this dissertation is contingent upon the candidate's submission of the final copy of the dissertation to the Graduate School of Arts and Social Sciences.

I hereby certify that I have read this dissertation prepared under my direction and recommend that it be accepted as fulfilling the dissertation requirement.

Michele Forinash, DA
Dissertation Director

I hereby accept the recommendation of the Dissertation Committee and its Chairperson.

Sandra Walker, MBA
Dean, Graduate School of Arts and Social Sciences
STATEMENT BY AUTHOR

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SIGNED: Melanie K. Carbonneau
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ABSTRACT

There is significant need for white human services providers to have awareness of their racial identities, privilege, racism, biases and understanding impacts to client care. Yet in the United States, people who are white often demonstrate little awareness of their racial identities due to living in a white supremacist society. When confronted with issues of race, it is common for people who are white to demonstrate difficulties with topics including denial, discomfort, and defensiveness. This research examines the experience of using the expressive arts therapies to explore personal racial identity, personal biases, and issues of racism in the workplace for white human services providers. The research includes five participants who elected to be in a four-week online group facilitated by an Art Therapist. Outcomes of the research discuss the phenomenon of the experiences of participants by including review of artwork produced and conversation had. Findings include discussion of white identity formation, white fragility, assuming ownership of white identity, reflecting on the use of the creative arts in contrast with academic trainings, and perceived comfort with topics as a result of using the creative arts.
CHAPTER 1

Introduction

A Call for Change

Recent social movements and the current political climate in the United States have increased racial tensions across the country with a marked up-tick in hate crimes against communities of color (Hamrick & Byma, 2017). Particularly within the past few years, the longstanding injustices of police brutalities targeted at Black members of society have become increasingly visible through increased media coverage, the Trump administration directly targeting and criminalizing undocumented immigration, and the building of walls between the United States and neighboring countries (DiAngelo, 2018). Due to the Black Lives Matter movement in the United States founded eight years ago, increased attention has been drawn to issues of ongoing racism and the historical, repeated, and generational incidents of violence towards Black participants of society at the hands of police and fellow citizens (Menakem, 2017). In addition, social media outlets have made it increasingly simple to make instances of racism achieve viral status across the country by increasing the visibility of racially charged violent interactions.

Among recent events, in the summer of 2020, a series of protests across the country took place in response to the murder of George Floyd, among other members of the Black community, who have been killed while being unarmed in the community or even in their own homes. In particular, the various events encompassing the Black Lives Matter movement in recent years has increased platforms for Black and Indigenous People of Color (BIPOC) to make more visible perpetual racial injustices in the United States as well as increase education to white participants of society about structural
racism and social injustices against BIPOC, putting the United States at a tipping point for people who are white to understand and assist in addressing these inequities.

The racial tensions becoming more visible in the United States has called, in particular, white participants of society to gain awareness of their role in reinforcing racist norms, which places white people at a higher social privilege and BIPOC at certain societal disadvantages. DiAngelo (2006; 2018) asserted that racism is socialized and developed into our society by reinforcing racist notions from parents to their children between generations. Therefore, racism is human made and the separations created between races by racism is entirely the responsibility of white participants of society to become aware of and to help address. Yet because racism has been reinforced by many generations before this one and it has become deeply engrained in our societal makeup, it is often difficult to detect the ways divide is reinforced and perpetuated on a daily basis (Johnson, 2014). Furthermore, white culture has created means to discourage us (white members of society) from engaging in this type of conversation because to acknowledge racial differences has been engrained for many to be “bad” (DiAngelo, 2006; 2018). It goes without question that racial disparities and issues of privilege impact every person to varying degrees and thus impact the way in which people interact with others.

Hadley (2013) reminded creative arts therapists that the social climate permeates the therapy room because the political is personal. Therapists cannot expect to separate themselves from the social movements that impact the people they work with. Hadley and Norris (2016) expressed that to be competent as a music therapist requires not only knowledge of personally held beliefs and values and how they impact client care, but also the dominant culture which directly impacts clients. Therefore, it is the responsibility of
clinicians to be aware of their personal identities and their own biases which impact their work. Gipson (2015) poignantly added that many of the clients that arts therapists are charged with serving are classified as high risk communities, thus making it virtually impossible to be a therapist without being politically aware. Additionally, clinicians must acknowledge the social and political environments that impact diverse and marginalized populations. In order to begin to combat hate, violence, and injustices that racism produces, it is the clinician’s responsibility to acknowledge that the time is now to address the underlying forces that maintain societal divide.

**Examining my Own Race**

My personal interest in this topic initially began when being asked to be a part of my agency’s Diversity, Equity, and Inclusion (DEI) task force. This experience allowed me the opportunity to be exposed to new ways of thinking, examination of my own whiteness, and many conversations with colleagues from diverse backgrounds. It challenged me to look at my personal views, gaps in awareness, and to question my own engagement and responsibility with questions related to race on an ongoing basis. This task force allowed me opportunities to train the workforce at my agency in beginning conversations around DEI and bias.

Yet in being a part of this task force I began to struggle with myself, my views, and what I realized I did not know. As I began to peel back the layers of what it means to be white and how that manifests around me, I realized the responsibility I have in having difficult conversations, maintaining curiosity, and making way for others.

My work was in a de-centralized agency that runs multiple residential programs across the state of Massachusetts. This agency was largely run by white leaders, while
servicing many youth and families who identify as BIPOC. This disparity made me begin to think of possible impacts on client care, client programming, and the general stance of therapeutic treatment in programs where there are often great differences in race and culture between staff and clients.

Expressive therapists and allied mental health fields are required to take coursework in multicultural counseling prior to graduation from a master’s degree program. Additionally, clinical competency is a necessary component of the code of conduct of all counseling licensing boards (AMTA, 2013). Yet being a part of the DEI committee at my agency, I realized how incompetent I felt speaking on race, including my own. I was mentored by a man of color throughout my tenure at my agency who lead the DEI group and I often spoke to him questioning, “why is it that when we discuss DEI as a task force or in trainings, everybody wants to go right to race? Aren’t we composed of so much more than race?” I also remarked, “I’ve experienced racism towards me too. Isn’t that the same thing?” We had many conversations about why race is important to address for so many, that my experience as a white person were not the same as a person of color and he boldly, and rightly so, challenged me and my perceptions of racism and race on many occasions. When it came to increasing awareness of personal identity and diversity, he suggested we had to start with raising conversations about race before we could move to other areas of identity because of how visible race is.

Following the process of examining my whiteness for the first time through attending trainings, examining literature, and experiencing supervision, I took on the role of co-leading DEI trainings and trained many groups of staff including direct care staff, supervisors, clinicians, and directors. Perhaps unsurprisingly, I found the most difficult
group to train was the clinicians of the agency for the very reason that they felt they had already completed training in this topic while in school and were therefore supposedly proficient. In one particular training, I recall a group of clinicians virtually unable to speak about any biases they had towards or for any group of people. The majority of the room of clinicians in training were coincidentally white females, none of whom identified as BIPOC. I began to feel at this time that there was a serious gap in ongoing training and supervision in the area of DEI and this was particularly alarming to me due to the fact that clinicians play a significant role in client care, diagnoses, and access to services.

Through my experiences as a trainer, difficulties in discussing race and bias was a common experience and I began to consider the possibility of alternative means for exploring these topics through the creative arts therapies.

**Statement of Purpose**

The research topic examined stems from personal experiences as a music therapist and clinical supervisor working in a non-profit setting that primarily provided services to BIPOC while being managed by a primarily white leadership entity. The research topic also reflects personal experiences providing trainings in the human services field on DEI and bias. For this research, the creative arts therapies will be utilized to examine the experience of exploring implicit racial bias, white privilege, power, oppression, racism, and perceived awareness of topics. Expected outcomes of this study are the expansion of research on the cultural responsiveness and training of white clinicians and healthcare professionals utilizing the creative arts as a method of reflection.
Theoretical Stance

The theoretical stance for the research is grounded in several approaches. Critical race theory (CRT) and its byproducts, critical race feminism theory and critical whiteness studies (CWS) permeate the stance of the researcher. These perspectives assert that the client/therapist relationship and the supervisor/supervisee are influenced strongly by power and privilege dynamics and must be viewed within these contexts. Additionally, the therapeutic or supervisory relationship must be viewed through the lens of the current sociopolitical and cultural influences in order to fully understand the stance from which people enter into these relationships (Hadley & Norris, 2013; Sajnani, 2012). These approaches emphasize individual empowerment and qualitative measurements for progress rather than through measurable goals whenever possible.

In accordance with CRT and CSW, the stance of the researcher also acknowledges that race is part of a social hierarchy as well as acknowledges the concept of white privilege as a byproduct of white supremacy in the United States.

**Critical Race Theory and Critical Race Feminism**

CRT draws attention to ongoing issues of racism and inequality in the United States (Reece, 2019). CRT was formed in response to the lack of changes to address racial inequality following the Civil Rights Movement by activists and scholars by emphasizing ongoing issues of systemic racism and how the legal system assists in maintaining systems of power and racial inequality (Freeman, 2011). Critical race theorists have been deliberate in their naming of white supremacy and bringing awareness to how white supremacy has been created and made possible through the use of the law. In turn, CRT notes the unavoidable truth that white supremacy places people
who are white at increased access and advantage compared with BIPOC. CRT has over
time has been applied to the fields of therapy, education, philosophy, and more.

Critical race feminism was a response to the feminist movement which initially
excluded women of color (Sajnani, 2012). In addition to acknowledging the ways in
which race participates in systems of inequality in the United States, critical race
feminism brought gender to the conversation as another identity which creates privilege
and advantage for males in contrast with females. Critical race feminism brought
attention to the need for white women to acknowledge their own racism and honor the
role of women of color in the feminist movement. Critical race feminism, like CRT,
highlights that in the United States, “people are a part of a racial economy; race is always
part of a transaction in everyday social interactions” (p.189).

Though not relevant to this study, it is of note to acknowledge that CRT
encourages and promotes telling stories of BIPOC in order to call issues of racism into
question and increase exposure of concepts though the voice of BIPOC (Christian et al.,
2019).

Intersectionality. CRT was significantly influenced by black women specifically,
who noted the Civil Rights movement’s tendency to focus on men and the feminist
movement to largely focus on white women (Collins & Bilge, 2020; Freeman, 2011). A
significant scholars of CRT, Kimberlé Crenshaw, drew attention to intersectionality, or
the intersecting identities that people possess, such as being Black and female, and that
these intersecting identities create inherent privilege or disadvantage based on social
structures. Through her examination of specific legal cases involving discrimination
lawsuits filed by Black women which were dismissed, Crenshaw drew attention to the
layered identities, and oppression, these women possessed by identification as both Black and female (Cho et al., 2013; Crenshaw, 1991).

Further expansion on the topic of intersectionality was discussed by scholars such as Collins (1998) who noted that overlapping social identities impact each other. Of intersectionality she stated, “As opposed to examining gender, race, class, and nation, as separate systems of oppression, intersectionality explores how these systems mutually construct one another” (p. 63). Thus, it is difficult to disentangle, isolate, and address one identity apart from another.

Yet intersecting identities stretch beyond the United States. Chandra Mohanty (1984) drew attention to women from the third world in contrast with Western women, seeking to emphasize the need for feminist cohesion across borders during feminist movements. Mohanty illustrated that Western women may see women from the third world as in need of their help, as opposed to empowering women across the world to join in the feminist movement as equal participants. The concept of intersectionality drew to the surface the limitations in progress that occurred post- Civil Rights movement, encouraging greater attention to systems of power and oppression.

*Critical Whiteness Studies*

Critical Whiteness Studies seeks to expose the often invisible structures that contribute to ongoing white supremacy and privilege (Applebaum, 2016). By making these systems visible, CWS seeks to dismantle the systems of power which perpetuate white supremacy. CWS additionally notes that “whiteness lies at the center of the problem of racism” and must be addressed in order to fully combat racism (Applebaum, 2016, p.1). CWS seeks to fully confront and acknowledge whiteness including the
systems that benefit white people and maintain a white supremacist society. Additionally, Applebaum asserted that acknowledgement of these systems is vital due to the fact that even being complicit in societal structures favoring whiteness can perpetuate racism. The theoretical stance of the researcher incorporates notions of CWS by acknowledging that systems of white supremacy must be made visible in order to make social change. Lastly, critical whiteness theory emphasizes that the human body experiences and is subject to the effects of political and social difficulties.

**Important Terms and Concepts**

The importance of language when discussing issues of race, racism, privilege, power, and oppression is vital in order to take consideration of minimizing harm to BIPOC communities and create research which contributes positively to cultural responsiveness. Terminology regarding topics covered are ever-evolving. The literature reviewed will expand on some concepts in greater detail, however, terms are briefly defined here to create general understanding of language utilized throughout the research.

- **Culture:** Culture is defined by Whitehead-Pleaux (2019) as “belief, actions, and behaviors. It tells us what is true and what is right, what we are to do, and how we are to behave” (p. 45). Individual culture often affects decision making, ways of representing oneself, and extracting meaning. Cultures are often comprised of shared values and beliefs and are ever evolving. Evidence of cultures are present in language, customs, identities, and knowledge.

- **Race:** The notion of race was initially developed in response to European colonial expansion (Norris and Hadley, 2019). Colonizers identified the colonized as inferior and falsely claimed people who were white as superior. This narrative
created justification for the colonization of indigenous people. Race is qualified as the grouping of people based on their physical qualities that generally reflects a shared ancestry.

- **Ethnicity**: Ethnicity, while related to race and culture, is a distinct notion which includes reference to the “common membership for a shared genetic or specific ancestral connection” (Swamy & Kim, 2019, p. 216). Part of having a distinct ethnicity may include national or cultural tradition and belonging.

- **Racism**: Racism is defined as lack of acknowledging the basic human rights of certain groups of people based on their race, ethnicity, or culture. Common demonstrations of racism towards a particular group includes prejudice and discriminatory action based on the assumption one race is superior to another (Oxford Dictionary, n.d).

- **Bias**: Biases are conscious or unconscious beliefs about various identifying groups. Biases can contain positive assumptions or negative ones and influence social behavior. Personal biases are important to understand due to the tendency for biases to influence behaviors and relationships (Brown, 2017).

- **White privilege**: White privilege is defined as the mechanism which places people who are white at a higher societal advantage over other races. DiAngelo (2011) noted that white privilege is an “unstable racial equilibrium at the level of habitus” (p.58). Privilege, or lack thereof, is possible to possess on multiple individual identifying levels, however, this research will only focus on skin privilege, or white privilege.
• **White fragility:** White fragility is referred to by DiAngelo (2011) as an “insulated environment of racial protection [that] builds white expectations for racial comfort while at the same time lowering the ability to tolerate racial stress” (p.54). White fragility manifests in many ways in response to discussing or confronting issues of race including defensiveness, denial, anger, and assuming the role of a victim.

• **White supremacy:** White supremacy is an ongoing and sometimes invisible structure that places white people at distinct privilege in comparison with other races. Systems of white supremacy seek to keep people who are white in positions of power and privilege (Applebaum, 2016).

• **White ignorance:** White ignorance is the tendency for us (white people) to remain unaware of systems of oppression and the effects of racism in order to preserve their white privilege (Mills, 2015). White ignorance can include denial and distancing from concepts.

**Multiculturalism and Evolving Terminology:** At the time of this research, language related to what has been traditionally termed “multiculturalism” is changing. Therefore, a great deal of research reviewed contains some outdated language. Historically, therapists have been taught about the concept of multiculturalism and multicultural competencies when adhering to their counseling codes of ethics. However, it is important to note that the language of multiculturalism has become an increasingly outdated term (Freeman, 2011). This is due to strong connections of the term multiculturalism to “colonial settlements of cultural assimilation and integration in dominant society” (Norris & Hadley, 2019, p. 102). The term multicultural is often used to suggest that some races are
more “cultural” than others; these races often being BIPOC. Subsequently, the notion of multiculturalism does not necessarily assume every person possesses their own cultural identity, but only people who are not white. Whitehead-Pleaux (2019) noted that the term “multiculturalism acknowledges the dynamics of power and oppression” (p. 44). Additionally, although codes of ethics tend to note necessary competencies for clinicians, hesitation exists in the utilization of the word “competency” due to the assumption that there is a way to achieve complete understanding, whereas “cultural responsibility” is an ongoing process.

Additionally, “cultural responsiveness” is a well-supported term to replace the term multiculturalism because cultural responsiveness includes understanding that each person is a part of their own culture, background, and beliefs. Whitehead-Pleaux (2019) noted cultural responsiveness is “in essence, the ability to respond to and incorporate when appropriate the cultures of people with whom one works” (p. 46). For the purposes of this research, whenever possible, the term “cultural responsiveness” will be utilized with the exception of directly quoting literature or participant report.

**Researcher Bias and Social Context**

Creswell (2013) identified researcher bias as the process of “the researcher comment[ing] on past experiences, biases, prejudices, and orientations that have likely shaped the interpretation and approach to the study” (p.251). I have been trained as a music therapist on the master’s and now doctoral level at Lesley University, impacting my approaches to treatment and perspectives on care. In addition, demographic factors also play a role in my perspectives and interpretations in treatment and research as a white, cisgender, heterosexual, enabled, middle class, female. I have been employed at an
agency in which I provided trainings to various staff on the topics of DEI and bias and my individual experiences providing these trainings have shaped my attitudes about cultural awareness and education. My research was conducted in New England with individuals I have had contact with through my employment and who also service clients in residential and outpatient programming. Additionally, my white identity is an ongoing area of personal reflection and growth and I acknowledge the learning process is perpetual. These factors were considered throughout the research process.

**Summary**

In this section, a call for change was made in order to begin the process of highlighting issues of social injustice, structural racism, and the need for arts therapists to be aware of these dynamics in their personal and professional roles. The purpose of this study was identified to include examination of experiences of using the creative arts therapies to discuss and explore issues of race for human service professionals. The theoretical stance of the researcher was identified as incorporative of CRT and CWS, which acknowledges systems of power which perpetuate racism including white supremacy and privilege. Additionally, recurring and noteworthy terms were defined in order to create common language throughout the research. Lastly, I examined my research bias and social context in order to inform the reader of my personal stance and lens.

In the coming chapters, a review of the literature will be examined which pertains to whiteness studies, the role of implicit bias in multiple fields, clinician competency, white identity development, and the expressive arts therapies approaches to cultural responsibility. Next, the identified method of inquiry is explained including
methodological framework, approach to art interpretation, research questions, data collection, and ethical considerations. The results are then presented in detail including quotes from participants and artwork created during groups.

In the final chapter, a discussion is had regarding major thematic material. In particular, Helms’ Model of White Racial Identity (1999) is used to assess for racial awareness of participants. Themes include the experience of exploring implicit racial bias, the experience of exploring white privilege, the experience of exploring power, oppression, and racism, and increasing awareness of implicit racial bias. Lastly, limitations and future implications for research are suggested.
CHAPTER 2

Literature Review

When discussing issues of racism and racial bias, it is important to note that the dominant culture in the United States is designed to favor white Americans over all other races as the “preferred” race (DiAngelo, 2006; 2018; Menakem, 2017). The dominant culture has done much throughout history to preserve white Americans, specifically white, enabled, middle-upper class, neurotypical, heterosexual, and cisgender males, as being at the highest societal advantage (Liu, 2017). When discussing whiteness and its byproducts, it is of note to examine all relevant terms to this area of study in order to differentiate themes that may arise in the research.

The literature reviewed includes exploration of current research defining white supremacy, white privilege, white ignorance, and white fragility. Additionally, the literature examined includes review of the concepts of discrimination, automatic responses, the Implicit Associations Test, microaggressions, and implicit bias in both the education and medical fields. White clinician competencies related to cultural responsibility are discussed including the formation of white identity development. Finally, the expressive arts therapies are dissected in relation to current culturally responsive practices and competencies in academic training programs. A brief overview of embodied trauma, specific to race, is also reviewed.

Significant Terms in Discussing Whiteness

While dissecting white racial identity, privilege, and biases, common language often found in the literature is defined in the following sections. Current terminology acknowledges historical oppression, ignorance, and resistance in relation to race. As
noted in the initial chapter, language directly addressing white supremacy was first pioneered by critical race theorists who wanted to bring attention to the ways in which racism was upheld by systems and laws following the Civil Rights Movement, despite the United States’ claimed end to segregation and racism (Christian, Seamster & Ray, 2019; Freeman, 2011). What followed was increased attention to the invisible structures which perpetuate the favoring of white people over BIPOC facilitated by white privilege. The results of this favoring not only affected people who are white to maintain their position of power, but Clark and Clark (1950) exhibited that racial preference is internalized also by BIPOC in the United States to favor light skin over dark skin early in life. Researchers such as McIntosh (1989) assisted in drawing attention to the ways in which white people move through their lives with unearned privilege and increased opportunity. Because society has been formed to preserve whiteness as dominant, we people who are white struggle to examine personal privilege related to race. This anxiety, denial, and fear was termed white fragility by Robin DiAngelo (2018) and is a harmful stance which if unaddressed deters us white people from acknowledging systems of ongoing racism against BIPOC. The terms white supremacy, white privilege, white ignorance, and white fragility are expanded on in this section.

**White Supremacy**

White supremacy is defined as “the continual pattern of widespread, everyday practices and policies that are made invisible through normalization and thus are often taken for granted as just what is.” (Applebaum, 2016). These often invisible structures and everyday practices favor people who are white and are designed to keep them in a position of privilege as well as protect them (Christian et al., 2019; Hamrick, 2017;
hooks, 2013). The historical reinforcement of white as “preferred” can be traced back throughout history from as early as European settlers in America, through the enslavement of African Americans, the Civil Rights movement, and post-Civil Rights movements (Menakem, 2017; Norris and Hadley, 2019). Historically, white men have made decisions for the masses and BIPOC were seen as a commodity while white women were viewed as property. Historically, white people have sought to preserve “white purity” and access to privileges has been determined only based on proximity to white men (Liu, 2017, p.351). Although white women have experienced oppression, their proximity to white men has allowed for their increased privilege in contrast with women of color (Accapdi, 2007). They are able to move in and out of the dominant culture due to their own skin privilege, where was women of color are unable to do this due to their intersecting identities (Cho et al., 2013; Crenshaw, 1991; Robbins & Jones, 2016).

Methods to maintain white supremacy have permeated the criminal justice system under the guise of protecting Americans through such initiatives as the War on Drugs initiated by the Reagan administration, mass incarceration, and most recently, immigration (Alexander, 2012). Alexander noted the occurrences of mass incarceration of BIPOC, specifically Black and Brown men, has perpetuated white supremacist and racist cultural norms by creating legalized methods to deny rights to people with a criminal history. White supremacy also has influenced what is determined to be quality neighborhoods and schools for children to grow up in. While the landmark legal case, Brown vs. Board of Education in 1954 seemingly brought an end to racialized segregation in educational settings, separation continued in the form of providing better educational opportunities to predominantly white neighborhoods and fewer resources to
predominantly Black schools and neighborhoods (Bell, 1980). Additionally, Hicken et al. (2018) reported that having a higher level socioeconomic status does not necessarily determine the same degree of positive outcomes in healthcare for Blacks as it does for us white people due to differing barriers to achieving equal care. In even more seemingly minute ways, white supremacy contributes to the hiring of whites more frequently than other races when applicants have the same qualifications as well as hiring people with white sounding names over others despite possessing the same qualifications (Brown, 2017; Menakem, 2017). Additionally, much of the documented history and research regarding BIPOC has been written through the lens of those who are white, and specifically, those who are white males (Mills, 2015). American culture has explicitly and implicitly reinforced white Americans as the preferred race for centuries to the point that many are not consciously aware of its hold on the dominant culture. Despite the supposed elimination of segregation, overt racism, and provision of equal access to all people regardless of race, white supremacy maintains subversive structures of power.

Clark and Clark (1950) conducted a seminal study about this topic specific to the racial identification of Black children and their internalization of whiteness as preferred. Clark and Clark reported findings that children internalize racial differences between white and Black at a young age, as young as three. In their study including 160 participants, Clark and Clark asked school aged children to color common objects such as apples, a mouse, or a girl with an assortment of colors to choose from. If the child was able to demonstrate an understanding of the common color for objects are, they were then asked to draw themselves using the same colors provided. The study was conducted in both northern and southern regions of the United States. Overall, it was observed, that
children tended to color themselves lighter than they actually are. By approximately age 7, it was observed children could draw themselves with greater accuracy to their actual skin tone. While negative attitudes towards being a brown color were observed in both regions, it was observed that children in the south had a higher preference for being brown in comparison with children in the north. Clark and Clark reported they observed children, specifically those in the northern regions, demonstrate emotional conflict while discussing race through making “irrelevant or escape comments” such as drawing a largely unrealistic version of themselves when discussing colors used (p. 349). Clark and Clark recommended that children of color need assistance integrating their racial identity at a young age to reinforce positive identity. This study is an example of how the dominant society has reinforced white as the preferred race for decades and these ideologies are internalized by all people, including BIPOC. Similarly, hooks (2013) noted the effects of white supremacy can be observed by BIPOC often seeing lighter skin as more preferable and beautiful in contrast with darker skin. Norris and Hadley (2019) reflected this notion by observing that ideas about personal race are socialized from early on in childhood development.

Identifying whites as the preferred and most privileged race is the framework for white supremacy. In this definition, it is the acknowledgement that individuals in white bodies, simply by being white, are at an increased advantage and privilege than other groups (DiAngelo, 2018; Menakem, 2017). Furthermore, there are a great deal of efforts, whether conscious or unconscious, that preserve and protect white supremacy with the goal of maintaining whites as having greater privilege than BIPOC (Applebaum, 2016; Hamrick & Byma, 2017; Liebow & Glazer, 2019).
White Privilege

Privilege is defined as an unearned advantage for certain sociocultural identities over others. Privilege in the United States manifests as men possessing greater opportunities than women, embodied individuals over disabled individuals, neurotypical people over neurodiverse, and so on (McIntosh, 1989). Because people are made up of intersecting identities, they may possess privilege associated with certain identities, but lack of privilege with others (Cho et al., 2013; Crenshaw, 1991). For example, a white woman possesses the skin privilege of being white but does not possess gender privilege due to being female. Specific to race, white privilege is built on the notion that those who appear, sound, or identify as white receive increased advantage and opportunity. In America, whites are perceived as more competent, less threatening, and are allotted greater opportunities and access because of this privilege. It is then suggested that the responsibility of us white people is to be able to understand how this increasingly visible system of oppression is at play and that we often unconsciously benefit from our privilege by being white (Adams, 2015).

Ahmed (2007) discussed whiteness as a phenomenon and acknowledged that the United States’ cultural preference for whiteness was established through historical and generational means, however, it has been perpetually reinforced through social and environmental constructs. Ahmed suggested that “whiteness is an orientation that puts certain things within reach” (p. 154), suggesting the idea that those of us who are white are allotted a certain amount of advantages over those who are not white. Yet, those of us who benefit from their being white are often individuals who have not had to confront
their own whiteness and privilege often occurs at an unconscious level (Adams, 2015).

McIntosh (1989) referred to her white privilege as:

An invisible package of unearned assets which I can count on cashing in each
day, but about which I was “meant” to remain oblivious. White privilege is like an
invisible weightless knapsack of special provisions, maps, passports, codebooks,
visas, clothes, tools, and blank checks. (p.10)

Although frequently unconscious, DiAngelo (2006) suggested that white people
do a lot to protect their privilege. Those who are not perceived as white are often the ones
aware of what it is to be white versus not white in social environments. To confront
whiteness also means to acknowledge that there is an invisible system which benefits us
white people (Adams, 2015). Hamrick and Byma (2017) discussed “toxic whiteness” as a
precursor to white fragility due to toxic whiteness being defined as a general lack of
awareness of others as well as lack of willingness to examine the harmful manifestations
of white supremacy.

White privilege does not exist solely with one person or certain people, it is a
systemic issue which needs to be viewed through the lens of the reinforced system
(Applebaum, 2016). Ahmed discussed the idea of “space” when discussing how
whiteness impacts those who are white versus those who are not by suggesting that many
spaces in our society are designed to accommodate a white body, allowing comfort to
those of us who are white. In a culture that reinforces privilege and advantage to those of
us who are white, racism then occurs when people who are not white come into “white
spaces” such as particular neighborhoods, schools, and jobs. Furthermore, Hicken et al.
(2018) emphasized that when BIPOC enter “white spaces” to access equitable care to
those who are white, they may experience interpersonal discrimination from those who share the same culture and racial identity, which may decrease the desire of BIPOC to access equal care.

**White Ignorance**

Because issues of race can be invisible to those who benefit most from being white, us white people run the risk of not examining our own privilege and the ways in which our privilege plays into systems of oppression. Mills (2015) defined this as “white ignorance.” White ignorance is predominantly a cognitive function which involves the denial or distancing from acceptance or exploring issues of discrimination. This may include overall denial of significant historical events in which BIPOC have experienced oppression and racism, or cognitive alterations to history that minimize these experiences. White ignorance can be dangerous due to the fact that it “enables a self-representation in which differential white privilege, and the need to correct for it, does not exist” (p.31). DiAngelo (2006) observed that even what society perceives as good is tied to being white, meaning that the general society perceive white schools as possessing better educational opportunities for children, white neighborhoods as safer, and higher socioeconomic status with whiteness.

**White Fragility**

One important issue to highlight when discussing white supremacy and white privilege is that these are such deep rooted and practiced ideologies that they can be undetected by us white individuals if not made to be consciously aware. White supremacy and privilege are so deeply engrained in our society that, as mentioned previously, white has been reinforced as the “preferred” race in the United States for
centuries. Many people who identify as white may even be surprised, offended, upset, or experience guilt when learning about how their own identity plays into the greater societal whole (Burgess, 2017). In fact, white culture in the United States has made it taboo for us (white people) to discuss issues of race (DiAngelo, 2018; hooks, 2013). Within recent decades, it has become common and acceptable for us white people to say of race, “I don’t see race, I see all people as equal.” Applebaum (2016) refers to these kinds of comments as “white talk” and engaging in these comments perpetuates ignorance and deflects from the need to examine our personal whiteness and how it plays a role on a societal level. She acknowledged that while well-intentioned, color-blindness- or more recently termed- color-evasiveness sidesteps the real issue. As a result, when issues of race arise and white people are asked about their own conscious or unconscious racism, defensiveness often ensues. As hooks (2013) noted, some of us white people may even possess ideas that racism is no longer an issue in this country, or that Blacks have been awarded enough advantages in recent years that there is no longer a problem. This is termed white fragility; the defensiveness of those of us who are white when discussing issues of race. DiAngelo (2018) stated that this is because us white people have been taught that to discuss race is to be racist, and to be racist is “bad.” People are often concerned with being perceived as “good” and therefore we have difficulty exploring issues of racism if we ultimately may be perceived as “bad.”

Expressions of white fragility often create harm to BIPOC when we white people express our defensiveness. Liebow and Glazer (2019) referred to these emotional expressions of white fragility as “emotional white fragility”. When confronted with examination of whiteness, if a white person acts defensively, hurt, confused, etc. while
interacting with BIPOC, the result is often that the focus then transfers from the issue of racism and its byproducts, to comforting the white person. Understandably, this response creates further invalidation of the BIPOC and the result is commonly that the white person continues to avoid the issue at hand. Liebow and Glazer suggested that we white people can learn to become more aware of our emotional white fragility by understanding our reactions and engaging in self-regulation techniques or perspective taking. The management of emotions may then lead to minimizing behaviors of oppression by white people.

Kivlighan et al. (2019) sought to examine how overall comfort, or lack of comfort, in multi-cultural group therapy settings impacted what they termed fragile groups, such as white people. They used the Multicultural Orientation framework to examine cultural comfort in a group therapy multicultural setting due to the importance of acknowledging cultural context in group therapy settings. Kivlighan et al. contended that group leaders using this framework must facilitate groups with “cultural humility, cultural opportunities, and cultural comfort” (p.764). Furthering previous research, the researchers sought to examine how people who are white and REM (racial and ethnic minorities) respond differently to engaging in conversation involving race in racially diverse settings. According to previous research, the researchers assumed that fragile groups, often being white, tend to have triggers to white fragility when discussing issues of race while REM tended to have comfort in discussing these topics and are able to positively benefit from conversations involving race due to feeling a reduced need for concealment. The research examined how people with different racial identities experienced comfort and measured personal progress in therapy.
This data examined 206 participants in 49 interpersonal process groups with a large array of cultural identities. The research measured both cultural comfort and cultural concealment (p.766). After the groups, participants were asked to rate themselves on their overall perceived improvement from the group using the Patient’s Estimate of Improvement (PEI). The research demonstrated that group fragility significantly negatively impacted REM but not white participants according to self-rated scales. Additionally, groups that exhibited high levels of cultural comfort showed reported improvements for REM, but not for white participants. REM participants also rated themselves lower on levels of cultural concealment and improvement compared to white participants who expressed greater levels in these domains when discussing race in the multicultural counseling group setting. The researchers suggested that group facilitators would benefit from understanding that “fragile responses may be detrimental to the experiences and improvement for participants of color” (p.769).

While this study clearly outlined that white fragility contributes to feelings of discomfort and overall validation in group settings, it also demonstrated the privilege that us white people experience in group settings that we do not even think of how cultural comfort could impact treatment of BIPOC in a group setting. This is a manifestation of toxic whiteness and white privilege, that we white people often have a lack of awareness of others as a byproduct of white supremacy (Adams, 2015; Hamrick & Byma, 2017).

**Defining Unconscious/Implicit Bias and Conscious/Explicit Bias**

When discussing issues of racism, the concept of bias is important to include in the conversation as it can often be the driver for acts of racism. Bias is the preference for or aversion towards one group of people over another. Thus, bias often also contains
assumptions held about a group, which can be negative or positive in nature. Assumptions often guide interactions had with various groups and may manifest at a conscious or unconscious level. Many people are aware of the explicit, or conscious, biases they hold about others, but are unaware of the implicit, or unconscious, biases that they act on daily. There are great dangers in being unaware of personal implicit bias, as implicit bias will continue to act on behalf of people, whether they are aware of their biases or not (Brown, 2017).

Alderson (2017) noted some of the approaches that researchers have historically utilized to address implicit biases. Documented approaches include gaining awareness of personal own biases, providing counter-stereotype simulations such as positive associations with Black men if one possesses negative implicit biases towards this group, or “goal control” which focuses on how one wishes the entire society to operate (accepting, nurturing, etc.) (p.650). Alderson advocated that goal control may be able to provide the greatest positive outcome because it engages a person with a sense of control over their own development and addressing their biases. She suggested if people are able to recognize that their biases are not a part of their ultimate personal goal, they may be more readily able to address their biases willingly. However, this notion seems to be potentially problematic as goal control focuses on the self and personal understanding and does not seem to directly address issues of privilege, oppression, and fragility and its impacts on others. This practice seems to possibly allow people with biases to skirt around the issue without affirming the history of oppression and white supremacy in the United States and personal complicity.
Tuck (2008) discussed how unconscious bias not only impacts those who are white to reinforce negative beliefs about BIPOC, but unconscious bias can also impact BIPOC about their own race similar to the observations of Clark and Clark (1950). Tuck suggested that negative stereotypes about BIPOC, among other groups, are reinforced through research which focuses on the disadvantages or barriers for these groups. Tuck proposed that researchers can help shift this narrative by implementing research which focuses on the desires and hopes of these communities which in turn focuses on more positive aspects of these communities. By reframing research to focus on the desires of often marginalized groups, positive narratives can begin to transform societal views of groups, as well as beliefs within groups about themselves.

Implicit bias has been researched in the fields of education, the medical field, the psychology field, and more. Regardless of discipline, it is evident that inattention to biases negatively impacts client care, treatment outcomes, perceived competencies of providers, and academic achievement (Blair et al., 2013; Jacoby-Senghor et al., 2016). The manifestation of biases are often not apparent to people who act on them and can materialize through language used, body language, and non-verbal cues. Sue et al. (2007) were among the first to document the effects of microaggressions, a common and subversive form of racism. Because biases and use of microaggressions can be difficult to detect if a person does not have awareness of their biases, ways of assessing for biases are needed. Harvard University developed the Implicit Associations Test (IAT) to attempt to measure for automatic assumptions due to the difficulties in measuring an unconscious trait. Although a recipient of critique for its reliability, the IAT remains a widely utilized tool among professionals. The following is a review of literature on biases.
Discrimination and Automatic Responses

Each person possesses biases, both positive and negative. Menakem (2017) noted that biases have been engrained in human development throughout centuries of reinforcement and at one point served significant purpose for survival. In particular, he noted that being able to discriminate whether someone was safe or not safe was an adaptive skill refined across centuries in many societies. This skill has been reinforced historically through exposure to war and oppression as a means for survival (Menakem, 2017). Discrimination between what is safe and not safe is also largely influenced by social factors such as the way a person was raised, their community influences, and their families. The activation of bodily response to perceived threats to safety occur whether people become consciously aware of its activation or not (Brown, 2017; Menakem, 2017).

The process of discriminating as a means to assess for safety is often an automatic process that impacts how people physically move into various environments and relationships. When people are comfortable in their environments, their bodies tend to relax and expand in relation to others and spaces they are at ease in. At the other end of the spectrum of feeling unsafe, or even danger, all unnecessary bodily functions are shut down to prepare for self-preservation. Adrenaline begins to coarse through the body, activating stress hormones, or cortisol. This activation creates opportunity for the body to engage in fighting off the threat, running away from the threat, or freezing while the threat is present (Menakem, 2017).

When identifying a personal threat in regards to a person or environment, generalities made about particular groups which note those groups as a threat to oneself
will result in this system being activated. If assumptions are made that a group is dangerous towards one’s own group, the body cannot help but go through an automatic process of self-protection whether that person is indeed a threat or not.

Hadley and Norris (2016) noted that creating affiliation with a group of people has been important historically due to how this factors into creating various cultures who share similar values and beliefs in addition to organization of social structures. Cultural identification plays a significant role in how people engage with the world as a whole, including the personal values they possess (Hook et al., 2017). In fact, the arts have often been used as an expression of cultural pride. When people are exposed to a culture different from their own, feelings of resistance are often stimulated, and negative views of the other culture are elicited. These responses can be unconscious as well as conscious responses. The challenge and responsibility of the individual is to understand when this response is activated. Due to this being an automatic instinct, it performs often without explicit knowledge unless efforts are made to draw it to the surface of awareness (Brown, 2017; Menakem, 2017).

Unconscious bias and discrimination often manifest with a “core affect” response, which is a reflection of the internal emotional state of a person (Lee et al., 2018). Negative affective responses towards outgroup participants are often associated with discriminatory behaviors and these responses are often unconscious responses. However, negative affect may represent negative associations with an outgroup, or sympathy with the group (Lee et al., 2018).

With these concepts in mind, Lee et al. hypothesized that negative affective responses could produce decreases in discriminatory behavior if re-framed as sympathy
associations instead of a fear response. Utilizing three studies, researchers examined fear responses towards Black Americans and considered if the reframing of negative emotions as emotions of sympathy assisted in altering perspective of non-Black Americans.

Using the Affect Misattribution Procedure (AMP), the first study of three consisted of 238 participants that were asked to rate the degree that they perceived their affect as fear or sympathy towards Blacks. Unsurprisingly, this study found increased levels of associated emotions of fear were related to fear of Blacks. The second study utilized 172 participants and asked participants to complete the AMP to measure their negative affect towards people who are Black. Half the participants were informed their emotion response was related to fear and the other half were told it was related to sympathy. Participants were then asked to explain why that would be true for them. Findings for this study found again that conceptualized negative emotions as sympathy reduced fear responses towards Black Americans. However, this did not result in negative affect producing sympathy towards Black Americans. The third study consisted of 140 participants who completed the AMP while skin conductance was measured. Images of faces were exposed to participants 5 seconds at a time for a total of 60 images. Participants then completed a measure of fear towards Black and white faces. Findings demonstrated that negative affect shaped emotions towards outgroup participants. This study found that the way one conceptualized their responses as fear or sympathy dictated the participants emotional experience. These studies exhibited possible implications for re-teaching negative emotions as sympathy responses instead of fear responses and that this change in perspective may decrease negative outgroup responses from white people.
Kernahan and Davis (2007) similarly examined how emotional variables may assist in decreasing implicit racial attitudes. In a study involving 39 white participants engaged in two separate psychology classes, this was examined using pre-test scales addressing racial attitudes and white guilt at the beginning of research. One class was asked how they would respond if a sales associate in a store assisted them as a white person first despite two other Black customers being present prior to them. At post-test, the group exposed to this story demonstrated a change in awareness, ability to label racism, and increased experience of white guilt. This study also demonstrated that emotional attitudes and responses are possible to alter and are not fixed states.

Addressing unconscious bias, however, is not a one-time event. The process of becoming aware of personal biases, racial responses, and whiteness is an ongoing practice (Adams, 2015; Applebaum, 2016; Hamrick & Byma, 2017). Therefore, singular events and trainings rarely demonstrate long term effects in reductions to implicit bias. Devine et al. (2012) attempted to address this area of need and acknowledged that most techniques developed to reduce bias have only been for short periods of time and have utilized sympathy-based techniques. The researchers contended that changes in bias must include awareness as well as a desire to make change to thought and emotional patterns.

In their study, 91 non-Black introduction to psychology students were enrolled in a 12-week study for course credit. A control and intervention group were assigned and the Implicit Associations Test (IAT) for Black/white was administered to participants. The IAT was administered three times throughout the course of the study. Explicit measures were also taken such as understanding the participants racial attitudes, concerns with discrimination, and motivation. The intervention group completed coursework and
learning materials related to race and bias. They also completed a post-test questionnaire and free response questions up to six weeks following the course. The control group only took the tests and were informed of their results. This research exhibited that participants in the intervention group demonstrated a reduction in bias and an increase in concern for racism with results lasting two months, a significant amount of time compared to previous research. Furthermore, this research is demonstrative that simply knowing one has biases is not enough to enact change and that changes in attitudes and beliefs is an ongoing process.

**Implicit Associations Test.** One of the most studied tests to examine and measure implicit biases is the Implicit Associations Test (IAT) developed by Harvard University. The IAT is an online test which measures a person’s automatic responses to a group by asking the participant to associate various words to different types of people as quickly as possible. This is intended to explore unconscious thought about identified groups. This test can be completed regarding race, as well as many other topics (Alderson, 2017). The usefulness of this test is that it makes implicit attitudes explicit, which may assist in drawing attention to behavioral responses (Boysen, 2010; Stepanikova et al., 2011). Implicitly biased attitudes and behaviors may manifest as difficulties in relationships, communication, misunderstanding, changes in smiling, eye contact, blinking, and speech errors and are largely difficult to control. Boysen noted even the strongest advocates for the IAT acknowledge that it is not a reliable tool to make definitive assertions about people, but it may contain useful information.

Stepanikova et al. (2011) studied implicit racial bias as a prosocial behavior and used the IAT to understand some of the manifestations of white people’s biases against
Black people. In their study, they noted a criticism of the IAT was that Black participants tended to exhibit anti-Black attitudes and therefore the IAT demonstrates unreliability (p.1188). However, research has demonstrated that even Black people can internalize negative attitudes about their own race in a white supremacist culture (Clark & Clark, 1950). Ultimately, they noted that the IAT as a whole is a reliable measure for biases. The IAT continues to be a tool which is subject to debate amongst researchers regarding its validity. While some remain in the school of thought that the measure retains usefulness and general accuracy, the IAT is alternatively viewed by others as an unreliable method.

**Microaggressions.** Sue et al. (2007) famously wrote about microaggressions, a form of subversive racism. Sue et al. noted that racism is much less overt than it once was and tends to occur in more subtle manors. A microaggression is termed, “brief and commonplace daily verbal, behavioral, and environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative racial slights and insults to the target person or group.” (p. 273). Microaggressions can manifest in daily life as insults, stereotyping, or invalidations and are often unconscious (Boysen, 2010). Microaggressions can also manifest as non-verbal cues and behaviors (Johnson, 2014). Adams (2015) noted that often white people do not understand that racism is ongoing in our country because it is not necessarily as violent as it was previously. Furthermore, Sue et al. reflected that many white people feel racism is getting better, while BIPOC do not feel this is true. This is due to the alteration in how racism manifests through often subtle microaggressions and therefore is less visible than it once was. Continued microaggressions directed at BIPOC often result in negative impacts to their
mental health. In addition, BIPOC may abstain from speaking out against microaggressions due to the fear will be perceived as angry or argumentative, thus perpetuating system of oppression and derailing helpful change.

*Implicit Bias in Education*

The activation of implicit bias seems to impact society in the United States in various ways and the educational realm is no exception. A study examining the implicit bias of white instructors towards Black students in contrast with white students demonstrated that when white instructors experience implicit bias towards Black students, Black students have poorer performance than their white student counterparts (Jacoby-Senghor et al., 2016). Implicit bias in this study was measured by teacher level of anxiety and quality of instruction. The researchers stated, “When anxiety and poorer lesson quality associated with instructors’ implicit bias causes Black students to perform worse, their relatively poor performance may trigger threats and belonging concerns that further diminish performance” (p. 54). This study illustrated that when an individual feels that they do not belong to a group, this begins the process of decreasing achievement due to increased insecurity. Thus, if inclusive environments are not deliberately created for diverse populations, students may suffer from a lack of perceived belonging. This concept can be generalized to other environments such as the therapy room, the medical office, the workplace, and more.

In research examining cross-race supervision in education, Barker (2011) researched relationships between white supervisors and Black students working on their PhD. Barker explained that when Black students are in predominately white classrooms, they often feel a sense of invisibility and alienation as well as internalized feelings that
they need to work much harder to receive the same recognition as their white peers. Unfortunately, many professors do not have the experience of working with diverse groups and findings have suggested that professors experience increased anxiety when teaching Black students due to fear of offending them. Barker conducted research with 14 matched participants composed of a white supervisor and a Black student at a university in the United States using open ended interviews. Barker’s findings included that many professors demonstrated discomfort with the topic and seemed to lack significant education on the topic. There seemed to be a disconnection between the white supervisor and their Black supervisee on the experience of the Black supervisee in the educational setting and potential struggles. It was suggested through this research that Black students would benefit from having supervision or mentorship from someone of the same or similar race in cases when they may not be able to have a supervisor from a person from the same race.

**Implicit Bias in the Medical Field**

Similarly, implicit bias in the medical field has been shown to affect patient health outcomes in BIPOC patients. In a literature review of 37 studies on implicit racial bias of healthcare providers, Maina et al. (2018) noted that the literature strongly suggests that providers have an affinity towards white patients in contrast with Black patients. Additionally, this literature noted significant disparities in health care services between Black people and white people. In their study, Blair et al. (2013) were able to demonstrate that many practitioners scored moderate levels of implicit racial bias on the Implicit Association Test (IAT) despite reporting they do not feel they possess implicit biases which impact their practice of client care. To this point, the researchers reported,
“The observation that clinicians are unlikely to directly express ethnic/racial bias yet may still deliver care that is influenced by unrecognized bias is consistent with research in social psychology that demonstrates that bias exists on explicit and implicit levels” (p. 44). When citing how this impacts client care, it was reported that when practitioners experience implicit bias with clients, they tend to provide shorter interviews, the rapport and relationship is not as strong, the understanding of various conditions for clients is impacted, and the overall quality of care is impeded.

In this study, a survey was sent to multiple patients of the practitioners’ asking them to rate the degree to which they felt their care was person-centered. A total of 6,129 patients were contacted for initial recruitment and survey questions were completed by 2,908 patients. In total, 210 practitioner participants participated in this study and findings indicated that despite practitioner self-reports of their implicit bias, 43% of practitioners scored for moderate implicit bias towards Blacks and 51% scored for moderate implicit bias towards Latino patients. As a result, “the stronger the clinicians’ implicit preference for whites over Blacks, the lower their Black patients rated them” (p.46-47). Ultimately, this specific study highlighted that the Black population represented in this research felt that their practitioners implicit biases affected the quality of care and client-centered practice provided. This finding was not consistent with Latino patients who did not demonstrate correlation between practitioner bias and client ratings.

One of the most striking features of this study is that many practitioners feel they do not have implicit bias towards or against different racial groups, yet ratings on the IAT show the contrary; that well trained and often well-intentioned practitioners have biases which impact the care of clients. Unsurprisingly, “a wealth of empirical evidence
suggests implicit bias is extremely widespread even among those who reflectively endorse egalitarian ideas” (Del Pinal & Spaulding, 2018). Furthermore, implicit bias has negative impacts to client care, progress, and the therapeutic relationship. This notion is supported by Hicken et al. (2018) who suggested that if health care providers become aware of their implicit bias, more positive impacts to healthcare may occur. Despite literature that acknowledges these disparities, Maina et al. (2018) reported that their review of studies showed very few methods of reducing implicit bias; only two out of a total of 37 reviewed. This sentiment can easily be generalized to the field of mental health. Without knowledge that clinicians possess implicit bias towards various groups, implicit biases will continue to play out their consequences on interactions with others.

The challenge then becomes helping practitioners become aware of their implicit bias and understand how these biases impact caring for clients. Del Pinal and Spaulding (2018) suggested that testing for implicit bias is difficult because “for the most part, people either are unwilling to report or are not consciously aware of implicit processes, and thus you cannot simply ask them about their implicit biases” (p. 97). This sentiment is further confirmed by DiAngelo (2018) who asserted that many of us white people are unwilling to discuss issues of bias due to fear of being perceived in a negative light and lack of societal acceptance of discussing issues of racism.

Burgess (2017) attempted to address the reduction of implicit bias between practitioners and clients through the use of mindfulness techniques. Similar to the findings of Jacoby-Senghor et al. (2016), Burgess acknowledged that implicit bias occurs on two levels: the implicit bias is activated when an individual encounters a social group and the implicit bias of that individual then impacts the social group. This was also
demonstrated in the research of Blair et al. (2013) as just discussed. This unconscious system at play impacts healthcare outcomes for clients served. Working in an environment helping others often increases the “cognitive load” of practitioners, which tends to have negative outcomes including increased implicit bias for practitioners (p. 372).

As an echo to the findings of others, Burgess (2017) expressed, “To date, little progress has been made in identifying and implementing effective strategies to reduce the negative impact of clinician implicit bias on patients” (p. 372-373). Burgess suggested that practicing mindfulness techniques can have positive implications for decreasing implicit bias due to the fact that meditation and mindfulness reduce negative emotions. An important note that Burgess made is that it is not effective to utilize strategies that are seeking to address implicit bias in a one-time treatment format. Rather, attempting to decrease implicit bias in practice requires repeated and regular interventions must be used to produce effectiveness.

These various studies, although examining different fields in healthcare and education, provide clear evidence that when the professional is not aware of their own implicit bias, negative outcomes to clients occurs. Simply having the mentality that one does not possess bias towards any group does not seem to be an acceptable method of warding off bias. It is suggested that the providers’ responsibility is to learn about their own implicit bias, acknowledge it, and work to become increasingly aware of how this manifests daily.
White Clinician Competency

The vast majority of clinicians in the United States are white and speak English as their primary language as reported by the American Psychological Association with an average of 88% of therapists reported being white and only 12% reported as minorities (2016). While therapists reported working mostly with white clients, they also reported treating 38% clients who identify as black, 33% of clients identifying as Hispanic, and 32% of clients identified as mixed race. It is then permissible that many client/therapist relationships are cross-cultural with the therapist often identifying as white.

It has already been well documented in the literature that us white clinicians are in need of increased cultural responsiveness education and training as demonstrated by white clinicians frequently reporting lower levels of competency in in contrast with BIPOC counselors (Johnson, 2015). Johnson, noted that cultural competencies required by licensing boards should include having personal awareness of white identity, knowledge of how this plays into the therapeutic relationship and society as a whole, and appropriate skills to navigate the impacts of personal whiteness in the context of therapy. It is noted that therapists should be aware of and avoid notions of color-evasiveness when exploring personal relationship to race, which is often correlated with lower levels of cultural competency. Johnson elucidated there is an ongoing need for culturally responsive trainings in practicum settings as well as in the classroom.

Hook et al. (2017) noted that in order to become more culturally aware, clinicians must first examine their own cultural identity and reflect on how it intersects with issues of power, privilege, and oppression. White identity is a concept often not explored by many of us people who are white, yet it is a necessary aspect of becoming culturally
responsive. Moon (2016) noted that cross-racial conversations often elicit anxiety for us white people and we often express discomfort discussing race which may be a possible deterrent to examining race, while some white people are unaware of the benefits of their privilege. McIntosh (1989) attempted to draw attention to the often seemingly invisible benefits and privilege us white people receive daily in what she called the “white knapsack.” Yet even with literature which acknowledges the lack of racial identity development for people who are white, Moon noted that there is little literature on white identity development and how people form a white identity. A well-documented and often referenced model is Helms’ Model of White Racial Identity (1999). This model identifies the various stages white people move through in achieving a non-racist white identity.

**White Identity**

While being white is represented in the culture of the United States as the dominant and preferred race, it is not uncommon for us white people to be unaware of our racial identity unless directly confronted with it (Moon, 2016). Moon noted, it is not unusual for people who are white to not identify as having a race or feel they belong to a particular racial group. White people have traditionally not been exposed to conversation regarding race early in life. We often experience dissonance between the negative and positive associations of being white by simultaneously attempting to manage the privilege we experience as well as the fear of being perceived as racist or prejudiced.

A lack of awareness of whiteness contributes to us white people being uncomfortable discussing our whiteness, particularly in cross-racial interactions (Marshburn & Knowles, 2018). In these interactions, people who are white tend to
experience a great deal of anxiety in discussing their race. They may experience negative feelings such as guilt, anxiety, and fear of how they are being perceived. This may lead to what Marshburn and Knowles term “identity suppression” (p.875). Identity suppression happens when we white people feel we need to disconnect from our whiteness in order to be more positively viewed and this response often occurs subconsciously. We may feel as though “there are no good parts” to being white and subsequently suppress the identity (p.886).

Marshburn and Knowles examined how identity suppression and anxiety manifest in cross-racial conversations using 79 white university students. The students were given one of three scenarios to consider during the initial study which included discussing why race is important, not important, or a randomized discussion topic with an undisclosed partner who was revealed to be Black or white after participants were given the topic of conversation. Participants then completed measurement tools to examine their white identity, anti-Black prejudice, identity activation, and attentiveness. Afterwards they were told they would not actually be meeting anyone. Participants were examined for anxiety cues using video recordings and non-verbal cues. This study found that identity suppression occurred in conjunction with anxiety with racially charged exchanges and that this suppression assisted in reducing anxiety for white participants. In a follow-up study, the same model was used with the exception that participants were not given the option to discuss race as important and were informed that they would not be discussing this with anyone. Unsurprisingly, white people exhibited lesser levels of anxiety and identity suppression when being informed they would not be discussing ideas with others and they exhibited increased self-white identity.
According to Moon (2016), white people often fear these cross-racial conversations due to fear, anxiety, perception, and even feeling silenced in their experience. People who are white want to continue to be perceived as “good” and fear these conversations may lead to a negative association with them (DiAngelo, 2018). Moon reflected:

Perhaps due to their unwillingness or inability to discuss their whiteness in mixed race contexts, whites often are not viewed as participants in an overt socialization process that teaches them what it means to be white, including racially appropriate ways of embodying race (p.286).

Moon noted us white people need to be able to have our own framework regarding our race and noted that there is very little research currently on how whites develop their own racial identity in comparison with other races. In her study of 124 white participants using narrative inquiry to discuss the first time they realized they had a race, Moon noted common features of white participants included growing up in only white communities, white schools, and white workplaces, and reporting they often forgot about their race. Some participants expressed feeling they were victims of growing up in a household that reinforced white supremacist notions and some reported being raised with the notion of color-evasiveness. Participants overall expressed a passive tone which Moon found noteworthy because part of well-developed racial understanding is also active racial advocacy and transformation. Moon noted that those who reported greater racial awareness and comfort reported being exposed to the stories of those from other racial backgrounds early in life.
Robbins and Jones (2016) suggested that the dissonance and discomfort white people experience when confronted with issues of race can actually be useful. In their research they examined the racial dissonance of white women by collecting 65 narratives provided to them and analyzing for themes. Themes were categorized into three responses that included anger/denial, engagement with the topic but unsure how to respond, and those who have taken action with their knowledge. It was not uncommon for participants to express not knowing when to act and when to correct another white person’s expression of racism.

McIntosh (1989) noted in her seminal paper on white privilege that white people may possess awareness of the disadvantages their race produces for others, but not necessarily awareness of their own advantages. She suggested, “I think whites are carefully taught not to recognize white privilege” (p.12). McIntosh in turn (2015) outlined a suggested activity for developing white identity awareness. This includes involving a group facilitator and providing educational materials on the “white knapsack” for participants to review and then splitting group members into pairings. The pairings are asked to discuss first their unearned disadvantages followed by their unearned advantages provided by their social identities. Each member is asked to listen only to their partner without providing feedback, respecting the individual truths of each participant. This exercise promotes speaking about personal experiences as opposed to expressing personal opinions, which McIntosh believes is an important aspect of understanding personal privilege and the privilege of others. Lastly, group members are encouraged to discuss only new things they have learned while in the exercise if they wish, which may provide additional clarity for other members of the group on their own
experience. Creating opportunities to discuss personal experiences without interruption, interpretation, or disagreement reportedly produced positive outcomes for people who often feel oppressed and unwelcome to tell their personal stories.

**White Identity Development.** Helms (1999) developed a model which sought to characterize the multiple phases white people move through in exploring their white identity and achieving racial integration. Her model continues to be used in current research to provide context to white racial development. In her progressive model, she explained that there are two distinct phases. The first phase consists of abandoning racism and the second phase includes defining a non-racist white identity. The first phase begins with “contact” meaning the white individual denies there is an issue, may experience color-evasiveness or experience overall resistance to the idea of racism. The second stage is labeled “disintegration.” In this stage, the white person with new information may feel shame, guilt, and disruption to their past ideas about the world regarding race. The final state in phase one is called “re-integration” and includes acknowledgment that white people possess the greatest privilege, but the individual may feel that it is warranted and not problematic. After these concepts are properly combated and managed, the white person can move to understanding their white identity. This begins with “pseudo-independence,” which is the first step in developing a positive white identity. This person does not feel that whites are deserving of the privilege they receive, but they still may rely on BIPOC to educate them and comfort them. White people may still experience difficulty managing anti-racist ideas. The final step is labeled “autonomy” which is having a comprehensive understanding and positive white identity development and anti-racism. This includes the white person taking a role in social justice issues. The final step
involves the individual being able to experience integration of whiteness and understand
privilege as well as its impacts to the greater community (Chao et al., 2015; Helms, 1999;
Linder, 2015). See Table 1.1 below.

**Table 1.1**

*Helms’ Model of White Racial Identity (1999)*

<table>
<thead>
<tr>
<th>Phase</th>
<th>Sub-phase</th>
<th>Notion of Stage</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Phase: Abandoning Racism</td>
<td>Contact</td>
<td>Ignoring that there is an issue, possible color-evasiveness, resistance of the concept of racism.</td>
</tr>
<tr>
<td></td>
<td>Dis-integration</td>
<td>Shame, guilt, dissonance.</td>
</tr>
<tr>
<td></td>
<td>Re-integration</td>
<td>Understanding that white people possesses greater privilege, but feel it may be warranted and not necessarily problematic.</td>
</tr>
<tr>
<td>Second Phase: Non-Racist White Identity</td>
<td>Pseudo-independence</td>
<td>Understand white privilege, but may still seek comforting and explanation from people of color.</td>
</tr>
<tr>
<td></td>
<td>Autonomy</td>
<td>Positive white identity and active role in social justice issues.</td>
</tr>
</tbody>
</table>

Chao et al. (2015) questioned whether empathy could be an indicator of openness to other races and discourse. Using Helms’ model and the White Racial Identity Attitude Scale (WRAIS), also developed by Helms as a tool, the researchers found that when whites scored with high levels of empathy, they also scored high on openness to diversity
and the converse was also true. This study suggested possible implications for addressing racial development and identity formation with white individuals by using empathy. This is also reflective of Moon’s (2016) findings which noted when white people were exposed to the stories of BIPOC, they expressed greater levels of comfort and racial awareness. In addition to these findings, Johnson (2015) surveyed 487 white doctorate level students using the WRAIS and several other assessment tools for clinician competency, knowledge, and skill. The researchers noted that self-perception of multicultural competence by students was related to their desire to be accepted socially, previous training, their age, level of color-evasiveness, and white racial identity development. The WRAIS was especially useful in this study to identify higher levels of cultural responsiveness with higher stages of white racial identity.

Linder (2015) noted that in addition to little existing research on white identity development, there is also little research on us white people understanding our own privilege. Gipson (2015) noted that often people who are white do not know how to move forward with their personal privilege once they confront it. Linder’s research examined the process of how one comes to terms with white privilege and the process of becoming racial justice allies who engage in helpful action and understanding. Linder recruited six white participants who identified as anti-racist feminists and utilized narrative inquiry through a process of three interviews and a final creative response. Using the general framework that Helms (1999) provided, the following multi-level process was noted. Initially all participants expressed wanting to be distant from their whiteness due to some degree of shame as well as anger/defensiveness. Next, participants often moved from their shame to reporting feeling stuck and not knowing how to proceed in a helpful way
due to fears of being perceived as racist. In the last observable phase, participants expressed a desire to make change as well as demonstrated acceptance of their whiteness in a positive light with diminished fears of being “bad.” Linder suggested that full integration, understanding of white privilege, and creation of racial justice allies consists of the individual possessing cognitive awareness of whiteness and racism, emotional engagement with the consequences of racism and privilege in this country, and making behavioral changes.

The Expressive Arts Therapies and Current Practice

The American Music Therapy Association’s professional competencies note that the practicing music therapist must be able to work with diverse populations with the appropriate skills (2013). Additionally, the code of ethics outlines that outstanding practice in the field includes providing high quality care to all clients regardless of their varied identities and acquiring knowledge of diverse cultural groups, pursuing supervision if needed (2019). While cultural responsiveness has long been imperative to the ethical standards of practice for the expressive arts therapies, historically, coursework in educational settings do not necessary correctly reflect best practices (Hamrick & Byma, 2017). Additionally, current research in the field of music therapy minimally discusses cross-cultural therapy and how to skillfully approach these dynamics (Young, 2016).

The field of drama therapy has specifically outlined their guidelines for how to be culturally responsible in practice, supervision, and advocacy (NADTA, 2015). These guidelines seem to be progressive in addressing that the clinician be aware of their own cultural identity and strive to understand the cultural views of those they work with,
avoidance of cultural appropriation, acknowledgment of potential biases, seeking out of appropriate trainings, and practicing culturally humility. Yet the field of NADTA speaks for only a small fraction of the broader field of therapeutic services whose standard of ethics have not yet outlined how to become culturally responsive.

Within the lens of the standing research on biases and how lack of awareness of the self negatively impacts client care, it is evident that expressive arts therapists face both unique benefits and disadvantages by utilizing the expressive arts. While one of the inherent strengths of the expressive therapies is the ability to explore and heal beyond language (Wolf, 2017), these unique facets of the field are stopped short if they do not incorporate arts that are culturally relevant to the client (Hadley & Norris, 2016). The following is a review of the literature within the expressive arts therapies on cultural sustainability, practice, research, and training. In closing, body-oriented approaches to race are discussed.

**The Expressive Arts Therapies and Cultural Sustainability**

To date there is very little research in the field of expressive therapies on the effects of white supremacy on clinician practice (Hamrick & Byma, 2017). Like the field of counseling, a vast majority of clinicians are white females, which can be problematic if clinicians are not aware of the culture of white supremacy in the United States as well as how this manifests for clients in their communities. This is also challenging due to the fact that primarily white, female practitioners produce educational materials and are educators in the field, which is not representative of the array of clients served. Hadley (2013) reported, “there has been little attention to the ideology of whiteness in the creative arts therapies and it is an area much in need of focus, given the predominance of
whiteness in our professions” (p. 377). There is clearly a risk run in clinicians not examining their own white identities and privilege and there can be negative outcomes for clients from different racial backgrounds who feel mis-attunement and misunderstood which has already been noted in the medical and educational fields (Blair et al., 2013; Jacoby-Senghor et al., 2016; Sue et al., 2008)

Hadley (2013) expounded on why it is important for creative arts therapists to be aware of their own attitudes and beliefs in order to be more effective in providing competent services to clients. Hadley noted the importance of acknowledging that the current political climate affects the role of the therapist and client. Thus, when issues of injustice affect clients, this undoubtedly is a silent factor in the therapeutic relationship. This notion can easily be related to issues of unspoken power dynamics in the therapeutic relationship when the therapist identifies as a different race than their client, as an example. Hadley stated, “while it may be easy to understand the importance, the actual process of acknowledging and understanding how these aspects of identify impact our relationships is not easy, given how power works in our culture” (p. 375).

Hamrick and Byma (2017) also asserted that it is the responsibility of white therapists to understand their own whiteness, privilege, its impacts, and create space to hear BIPOC in both conference and research settings. Sue et al. (2007) additionally noted that making space to hear stories of those who have been disempowered allows clinicians to become more aware of the cultural and political climate and impacts to client care. These practices also increase perceived sense of comfort discussing issues of race for us white clinicians (Chao et al. 2015; Moon, 2016).
It is clear that there is compelling evidence for the need of racial awareness and understanding by us white clinicians. Without intentionality, we white clinicians run the risk of inadvertent harm through microaggressions, imbalanced power dynamics, and implicit biases (Bradt, 1997; Hamrick & Byma, 2017). In congruence with the notion that it is the responsibility of white people to examine their whiteness so as not to inflict further harm on BIPOC, us white expressive therapists have a responsibility to prioritize this self-reflective work if we are to remain culturally responsive (DiAngelo, 2018; Hadley & Norris, 2016; Hamrick & Byma, 2017; Sue, 2007). Eyre (2019) noted that reflective work includes in addition to understand the culture of others, the examination of personal culture when working in cross-cultural relationships both in therapy and the supervision of clinicians.

Hadley (2013) noted that there are multiple ways to attempt to combat implicit bias and dominant narratives about clients served. Similar to suggestions from McIntosh (1989) and Gipson (2015), Hadley expressed the importance of white clinicians deliberately coming to terms with their own privilege and how this invisible force plays into their daily lives. Additionally, Hadley stated that the ways to overcome dominant narratives as a clinician working with diverse groups is to create an egalitarian relationship within the therapeutic relationship in which the philosophy is that the client possesses the greatest knowledge about themselves. By remaining curious and respectful of the lived experience of the client, inequalities between the therapist and client may be broken down. Furthermore, Hamrick and Byma (2017) expressed that we white clinicians must acknowledge that we have benefitted from our whiteness in order to understand the effects of white supremacy for clients served.
Hadley and Norris (2016) posited that all therapeutic relationships are cross-cultural due to personal intersectionality and lived experiences. Proficiency in how to navigate cross-cultural therapeutic relationships and cultural identities is declared to be an ongoing process that a competent clinician should regularly visit due to potential negative outcomes of treatment if the clinician lacks cultural sensitivity. At no point do clinicians stop needing to visit their cultural identity, as this is an ongoing process (Hook et al., 2017). In particular, Hadley and Norris suggested that clinicians benefit from proper supervision to reflect on unconscious thoughts, significant music to various cultures, exploration of formative identities and family of origin, and early conditioning. While research acknowledges the need for increased training and supervision to provide cultural responsiveness, there is a gap in the literature specific to how to achieve this competence.

Yet, it is important to note that the therapeutic environment created in the therapeutic relationship with creative arts therapists and their clients differs significantly from relationships created in talk therapy environments. Pavlicevic (2005) examined what happened when the therapist and the client do not share the same primary language and examined how communication can occur with music therapists versus talk therapists. This was achieved by a music therapist and talk therapist co-leading a therapeutic session with a client whose primary language was not English. Both therapists reflected on the sessions through written narrative and then shared them with each other. Results of these narratives emphasized that talk therapy versus therapy with a music therapist highlighted different issues and may illuminate different points of significance. This may be an
advantage of using music therapy with clients whose cultures and language differ from the therapist’s own; because music does not rely on words to create social exchanges.

While relationship building in music may create unexpected positive avenues for connection, Bradt (1997) noted that it is of importance for the music therapist to note the cultural values of their clients including using culturally appropriate music for the client. Bradt noted that BIPOC often do not seek out therapy for fear that the dominant culture will be reinforced and noted the power imbalance in the therapeutic relationship when the client does not have the same primary language. While music creation is often intended to produce connection, cultural difference can create invisible barriers between client and therapist if not noted. Without attention to the individual identity and culture of clients, the therapeutic relationship may also contribute to microaggressions and subsequent harm to clients (Sue et al., 2007).

**Cultural Responsiveness in Expressive Therapies Academic Programs**

There is a need to examine the current academic experiences of expressive arts therapists in training and supervision as these experiences help shape the clinical lens and professional development of clinicians. Hadley and Norris (2016) reflected that beyond the individual barriers to achieving competence, music therapy programs are focused on European, classical music to achieve musical competencies and multi-cultural music training is often not taught by individuals who identify with the culture being explored. Hamrick and Byma (2017) noted that supervision and education for clinicians is often from a Eurocentric perspective and may be the only exposure we white people have to trainings on race in our careers. An additional complication in the field to achieving cultural responsiveness includes that music therapists often come from a position of
privilege due to social identifiers of those who often inhabit the role of music therapists. Furthermore, they concurred that not all educators possess the adequate knowledge to teach multi-culturalism courses for clinicians.

Additionally, even students may experience cultural clashes against America’s western ideologies while in training programs. In Swamy’s (2011) article on culturally-centered music therapy supervision, she noted that it is important for supervisors to acknowledge that American values and methods of interaction do not always align with the culture of others. In fact, inadvertent harm may come from cross-cultural supervisory relationships in which the supervisor is American and the supervisee is an international student due to feelings of anxiety, feeling misunderstood, and difficulties establishing trust (Swamy and Kim, 2019). In this context, Swamy (2011) reported on supervising a music therapy student from Taiwan who struggled with relationship formation at her internship site due to cultural differences between herself and her clients. Swamy suggested that using music as a primary method of communication in supervision assisted with addressing difficulties the student had at the internship site and provided a strength-based approach to the supervisory relationship. This indicated it is possible that using the arts as a medium in supervision may produce positive outcomes for cultural connection and understanding alternative to talking.

Whitehead-Pleaux (2019) discussed what she believed to be aspects of culturally responsive music therapy supervision. Including “examining oneself, exposure to other cultures, and evaluating and modifying one’s supervision practice” (p.46). In congruence with Eyre (2019), Whitehead-Pleaux noted the importance of understanding personal culture and addressing personal biases when engaging in self-examination. Norris and
Hadley (2019) found similar to the literature on white privilege (DiAngelo, 2018), that issues of race are often avoided in supervisory relationships due to overall discomfort and fear. However, supervisors who do discuss race and culture in supervision are viewed from their supervisees are more attentive and responsive. Whitehead-Pleaux encouraged supervision topics include discussing both race and ethnicity. The importance of addressing both is that race and ethnicity contain different connotations and require different types of reflection. When discussing race, it is common to incorporate notions of power, oppression, racism, and bias whereas discussions of ethnicity often produce reflections of values, norms, and traditions.

Norris and Hadley (2019) provided guidance for how to navigate cross-racial and mono-racial supervisory relationships in music therapy. Varied supervisory pairings contain different types of risk. Norris and Hadley noted that white supervisees paired with a supervisor of color may inadvertently produce stress and negative outcomes for supervisors due to supervisees occurrences of microaggressions and high levels of resistance when discussing race. The pairing of a white supervisor with a white supervisee creates a different level of risk and harm if these pairs avoid discussions of race altogether. Lastly, white supervisors with supervisees of color often result in white supervisors not feeling competent or able to provide adequate supervision. Congruent with the findings of Barker (2011), if not properly managed, this may result in color-evasiveness, anxiety, and lack of competency.

Similarly, Gombert (2020) researched music therapy multicultural education and training and in a mixed-method format. As many scholars have already affirmed, it is not uncommon for music therapists to lack comfort and confidence when working with
clients who do not share the same race or language as them. Additionally, she noted that there were expressed differences in comfort between clinicians who held bachelor’s degrees versus master’s or doctoral degrees. This is perhaps indicative of the inherent additional multi-cultural trainings experienced in higher degree programs, and therefore, these individuals have engaged in greater levels of self-reflective processes. Participants, who were also educators, generally expressed feeling the need for increased research and guidance on teaching multicultural competencies to music therapy students, teaching cultural humility, and examination of the Eurocentric and western approach to music therapy programs. Failure to incorporate various school of musical thought and technique into student education may affect potential students drawn to the field of music therapy who may or may not align with the orientation of their university’s cultural view. This is of note in considering that white, female clinicians comprise the vast majority of practicing music therapists in the United States. In fact, the AMTA (2018) found that in their survey of the workforce, approximately 87% identified as female and 88% identified as white. These statistics are significant, as the field does not reflect the varied identities of clients served and if students from an array of backgrounds are not comfortable in the American model of music therapy training, the field will continue to be lacking in diversity.

Awais and Yali (2015) noted similar findings in their examination of Art Therapy master’s educational programs when surveying 34 program directors from various universities. In their study, they found that 7.8% of faculty identified as a person of color, less than 18% of students identified as people of color, and approximately 65% of clients served identified as people of color. These are staggering numbers that reinforce that the
expressive arts therapy field is largely taught through a white lens (Gibson, 2015; Hamrick & Byma, 2017). Awais and Yali recommended that universities do more to increase visibility of the field to potential BIPOC students and re-visit their recruitment strategies with the ultimate goal of encouraging diversity in the field.

**Dance Movement Therapy and Embodied Trauma**

There is importance in noting how the field of Dance Movement Therapy (DMT) approaches issues of embodied racial trauma and racial identity. Allen (2019) suggested that the therapeutic relationship should explore the ways in which the body holds issues of oppression physically for the client. This is due to the fact that bodies respond to the environment and people by constricting and relaxing in response to comfort levels. Through exploration of somatic cues, it is possible for the therapist to unlock previously held tensions and barriers which are necessary for the healing process. In fact, DMT emphasizes the need to explore issues of the body to create healing (Cantrick et al., 2018). This is largely due to the fact that when one experiences a traumatic event, including oppression, people often experience dissociations or separation from the body as a survival skill. Johnson (2014) referred to this as a type of “alienation from the body” (p.84). Some of the clients encountered in the therapeutic setting may identify as part of a marginalized group who experiences continuous oppression and it is imperative that therapists are aware of this and how it impacts healing through the body. Oppression may occur on many levels for individuals and encompass experiences in social spaces, relational experiences, familial experiences, and internalized experiences to name a few. Any experience of oppression is likely to impact how one physically enters the therapeutic space and it is necessary that therapists are aware of historical oppression and
cultural context when engaging with clients (Johnson, 2014). When trauma occurs, language is often impacted which may result in impairments to verbal communication. DMT, like other arts therapies, is able to assist with connecting the body to language and healing occurs when individuals can begin to control their own narratives.

In Allen’s (2019) research, she examined how white privilege manifested in the body through in-person semi-structured interviews lasting approximately two hours. Questions for participants included awareness of personal whiteness, including physical sensations. Her research concluded that often people who are white have not consciously integrated their “whiteness” into their identity due to their race often not being a barrier to their access and a reflection of their privilege. Additionally, when discussing whiteness, participants experienced constriction and tightness reflective of their discomfort in discussing issues of race. Allen’s findings further cemented that the expressive therapies provide opportunity for the mind/body connection which may assist us white clinicians in examining our own levels of comfort and discomfort through bodily cues.

**Implications for Clinicians Examining Their Own White Privilege**

In summation, Hadley (2013) expressed that there is a need in the field to educate creative arts therapists on their own white privilege and how this impacts the therapeutic relationship. This likely would be beneficial not only in the education of clinicians in training, but also should be an ongoing aspect of supervision of therapists in the filed as she noted that this process is continuous and does not have an endpoint. Sue et al. (2007) noted that while it can be an uncomfortable practice to examine issues of race, lack of
awareness is detrimental to client care. They posited that it is the responsibility of clinicians to assist in fixing the systems which perpetuate oppression.

DiAngelo (2018) further suggested that people who are white need to stop relying on BIPOC to educate them. This reinforces narratives that it is the job of BIPOC to care for people who are white, places responsibility on BIPOC as opposed to people who are white, and reinforces white fragility (Alderson, 2017; Hamrick & Byma, 2017). Rather, being a clinician in a predominantly white and female field, DiAngelo’s suggestion would mean that white people in the field of mental health need to find a way to educate themselves and stand up for addressing the systems of oppression and racism which perpetuate white supremacy and further bring harm to BIPOC.

**Summary**

A great deal of research has been done on discussing issues of race, racism, implicit bias, and its negative effects on client care and student success. Yet the ongoing harmful culture of white supremacy in the United States has created negative assumptions for people who are white against BIPOC as well as created negative assumptions for people who identify as BIPOC against themselves (Clark & Clark, 1950). It is evident that as white people, including providers who advocate for equality in treatment, possess biases which influence our interactions with others and negatively impact individual progress (Del Pinal & Spaulding, 2018).

While attempts have been made to uncover personal implicit biases through the use of the IAT, as well as other educational models, one of the most necessary components of developing a culturally responsive outlook is through the development of racial identity (Helms, 1999; Moon, 2016). While whiteness remains an often
uncomfortable topic for us white people to discuss, it is a necessary component of
developing cultural responsiveness, quality client care, and sound clinician supervision
(Whitehead-Pleaux, 2019). In a field largely dominated by white females, expressive
therapy training programs and clinician development continues to require individual
racial identity understanding, reflection, training, and promotion of advocacy.
CHAPTER 3

Method

Methodological Framework

A phenomenological approach was applied to the research conceptualization, implementation, and analysis. In essence, the research sought to examine what happened and what the experience of the participants were from engaging in art-based interventions provided. As Creswell (2013) articulated, phenomenology “describes the common meaning for several individuals of their lived experience of a concept or phenomenon” (p.76). The methodology for this research sought to extract the essence of the experience for participants in this qualitative study.

Research Questions

The purpose of this study was to examine the experience of using the creative arts therapies in group supervision to explore personal white privilege and its manifestations for white health care providers. As outlined in the literature, issues of implicit bias and racial awareness are necessary to continuously explore as a professional serving clients due to the tendency for biases to impact social interactions. Additionally, lack of awareness of implicit bias and personal racial identity affects overall client care and healthcare outcomes. Lastly, issues of experiencing oppression and racism in the clinical setting is worth exploring in regard to how this plays into the therapeutic and supervisory relationship. Research questions include:

1. What is the experience of using creative arts therapies in group supervision to explore issues of implicit racial bias for supervisees by the supervisees?
2. What is the experience of using the creative arts therapies to facilitate exploration of personal white privilege for supervisees?

3. What is the experience of using the creative arts therapies to explore issues of power, oppression, and racism for supervisees?

4. How do the creative arts therapies impact awareness of implicit racial bias for supervisees?

**Researcher Reflexivity**

It is important to note the personal experiences and position of this researcher in regard to the research topic to give context for the lens in which the data will be analyzed. As previously noted, I am a white, enabled, cisgender, heterosexual, middle-class, female. Research was conducted in the Northeastern United States with participants I may have had previous relationships with due to shared professional experiences. The research conducted utilized a qualitative, phenomenological approach. As discussed in the introduction chapter, I am aligned to the components of Critical Race Theory and Critical Whiteness Studies when approaching this research. In this design, issues of systemic racism and power are acknowledged and there is a desire to understand socio-cultural forces impacting racism. The epistemology of the researcher is important to define because it “determines how the researcher communicates with his or her audience, the analyst, and the participants in the work” (Carter and Little, 2007, p.1322).

Foste (2020) noted that white researchers must also be willing to demonstrate self-awareness and critique in regard to how their whiteness affects others. Foste also warned that white researchers should ensure that the white voice does not dominate the research when examining issues of race. Lastly, Foste cautioned that research may make
white people feel like a “good white person” and white researchers must also be wary of falling into this class. Robbins and Jones (2016) enunciated this point by cautioning that white people may wish to collect information in order to be perceived as “good.” These notions were reflected upon throughout the research process as a part of ongoing reflexivity of the researcher.

**Interpretation of Art**

Norris and Hadley (2019) proposed benefits of utilization of visual arts to reflect on racial identity in the supervisory relationship in order to expand self-awareness and reflexivity. Due to the fact that my primary discipline in the creative arts is as a Board Certified Music Therapist, not an art therapist, I would like to include a note about the use of art and from what stance art interpretation will be viewed in the analysis of data. The use of the arts as a means for self-exploration, healing, and expression has been noted for centuries prior to the development of creative arts therapies as a profession (McNiff, 2004). Like the other creative arts therapies, one of the strengths of art therapy lies in the discipline’s ability to express unconscious states through a creative and tangible form. McNiff (2004) stated, “Artworks are also interpretations of experience that reveal or project the consciousness of the artist” (p.76). McNiff advocated for the benefit of allowing the artist to interpret their own work and encouraged for witnesses of the artwork to also express interpretations because even greater knowledge can be achieved through sharing differing viewpoints. McNiff discouraged the use of any method to define with certainty the meaning of a person’s artwork for them.

The stance of the researcher in regard to interpretation of art will reflect the understanding that interpretation of art is subjective and cannot be objectively analyzed
for definitive meaning apart from the creator. In addition, there is noted benefit from hearing the interpretation of art from others to enhance understanding for the creator.

**Data Collection**

Participants were recruited by word of mouth. Connections were made to participants who work in a non-profit setting serving adolescents and adults involved with the Department of Children and Families, Department of Youth Service, the Department of Mental Health, and outpatient therapy services. Participants were invited to engage with the study who identified as professionals in an administrative role at the agency such as a Program Director, Clinical Director, or Department Director. The participants were comprised of four females and one male, all of which identified as white. Two master’s levels clinicians and three administrators from the agency’s corporate office agreed to participate. Example positions included individuals who assist with training staff, hiring staff, and program evaluation. Participants ranged in age from mid-20s to late 40s.

Participants were invited to participate in a four-week group run by a creative arts therapist (not the researcher). Due to COVID-19 concerns, this group was held online through video conferencing. This group sought to explore participants’ level of knowledge of their own racial identity and implicit racial bias working with clients and staff in their individualized programs. It then utilized creative arts therapies approaches to explore issues of implicit racial bias through various interventions and allowed for conversation and processing alone and in the group. Lastly, the final week allowed for participants to discuss any progress in developing competence in the area of understanding personal implicit racial bias and white privilege. Finally, participants were
asked to reflect on the usefulness of creative arts therapy approaches to understanding personal implicit bias, white privilege, and the experience of the group process.

Data were collected through video recordings of each group. Each group ran for approximately one hour. Permission was sought for taking pictures of artwork created during the groups as well as for taking pictures of writing exercises. All data were then transcribed and analyzed for themes. Details of the group can be reviewed in Appendix A.

Data Analysis

Qualitative data analysis was performed using Creswell’s adopted method of Moustakas’ (1994) method for phenomenological analysis. The phenomenon being explored in this case was the experience of exploring personal racial identity and implicit racial bias through the creative arts therapies in a group supervision format. Themes were obtained from repeated “significant statements” (Creswell, 2013, p. 195). Data were first analyzed by individual significance and then grouped into overarching themes among all participants. The data analysis process is outlined below:

1. Researcher examined issues of personal identity, experiences of white privilege, explicit bias, and implicit bias for purpose of setting “aside the researcher’s personal experiences” (p. 193).

2. Once group data from video recordings were collected, lists of “significant statements” were compiled. First significant statements were retrieved from each individual report and then organized into significant statements between all participant reports (horizontalization). Each theme was treated as having equal weight (p. 193).
3. Significant statements were grouped into broader units of meaning (themes).

4. Textural descriptions were written of the experiences of participants with the phenomenon for the purpose of examining “what happened” in the experience of participants (p. 193).

5. Structural descriptions were written of the experiences of participants to consider “how” and in “what context” participants experienced the phenomenon (p. 193).

6. Finally, the “essence” of the phenomenon was documented through combining both textural and structural descriptions in written format (p. 193).

Furthermore, data analysis was performed using triangulation methods. In particular, recordings and observations were paired with member checking to ensure accuracy of themes compiled. Member checking was performed by contacting participants through e-mail with a review of themes the researcher obtained from the data. Participants were asked to review findings and report any disagreement with findings until a mutual understanding was achieved. The researcher also engaged in processing groups with the group facilitator after each group to discuss any themes or significant topics observed by the facilitator.

**Ethical Considerations**

This proposal was submitted to Lesley University’s IRB for approval. Upon approval, each participant was provided with written informed consent to review and sign. Ethical considerations also included the presence of triangulation of findings, sharing results with participants, and clarifying concepts until mutual understanding was achieved. Guishard et al. (2018) suggested ethical considerations should also include
acknowledgement of power dynamics in research relationships, awareness of how people engage with others differently, an understanding that material researched may produce emotional pain for the researcher, and curiosity about how the research may create opportunities for justice for communities studied. Lastly, the researcher engaged in ongoing reflexivity in response to the data and through the research process.

**Validity Considerations**

In order to account for validity of the research, triangulation methods were used in which multiple sources of data were collected through the use of art, speaking, and member checking. Additionally, debriefing processes were utilized by engaging in processing with the group facilitator following each group conducted. Researcher bias was discussed in the first chapter to account for any personally held assumptions or beliefs that may impact or shape the interpretation or approach to the research (Creswell, 2013).

**Contributions to the Field of Creative Arts Therapy**

There is a great need to address racial inequalities as they manifest culturally and in the therapeutic relationship. This need applies to the greater society which in turn emphasizes the need for the field of creative arts therapies to pay attention and lean into the call. It is expected that research in the field of creative arts therapy on implicit racial bias, racial identity, and clinician white privilege will assist in increasing clinical competencies for clinicians, form a path for increased conversation and reflection within the supervisory relationship, and strengthen the therapeutic alliance with clients served.
CHAPTER 4

Results

Throughout the four-week group, a large array of expressive therapies interventions were utilized to explore racial identity, whiteness, privilege, bias, and awareness. Data were analyzed and produced themes which were based on saliency related to the topic and often were repeated throughout the research process. There were four major themes identified, each with subthemes. The identified themes were: Using art to process whiteness, engaging with personal white identity, navigating new concepts in personal experience of being white, and ongoing practice of anti-racism work. Each theme contained additional subthemes. Each theme and corresponding subthemes are detailed in Table 2.1 below.

Table 2.1

Identified Themes

<table>
<thead>
<tr>
<th>Theme</th>
<th>Sub-theme</th>
<th>Sub-theme</th>
</tr>
</thead>
<tbody>
<tr>
<td>Using Art to Process Whiteness</td>
<td>I have a really scary sketch!</td>
<td>Rose-colored glasses.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>The mirror.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Nature and growth.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Swirls and scribbles.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Self in art.</td>
</tr>
<tr>
<td></td>
<td>Wow, I’m really putting a picture to what I’m feeling!</td>
<td>I don’t think it’s something traditionally talked about enough.</td>
</tr>
<tr>
<td></td>
<td>Yes, I feel that way too.</td>
<td>The more we talk about it the more we practice.</td>
</tr>
<tr>
<td>Engaging With Personal White Identity</td>
<td>It’s kind of there if I want to explore it and not if I don’t.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>I would hope that I would show up a little less messier.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>I’ve never appreciated being white.</td>
<td></td>
</tr>
<tr>
<td>Navigating New Concepts in Personal Experience of Being White</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Still chaotic thoughts.
I think it’s more present than we often want to realize it is.
It’s an internal bias. How do you make it external?

Ongoing Practice of Anti-Racism Work
When I become aware, what can I do about that?
I fear being that person with a broken bottle.

All participants attended each group with the exception of Andrea who did not
attend the third group and Frank who did not attend the fourth group. Frank was
agreeable to completing questions from the group and submitting responses through e-
mail to the researcher. Details of each participant can be found in Table 2.2 below.

Table 2.2

Description of Participants

<table>
<thead>
<tr>
<th>Name</th>
<th>Gender</th>
<th>Age Range</th>
<th>Specialty</th>
<th>Group Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Andrea</td>
<td>Female</td>
<td>40-50</td>
<td>Agency Operations</td>
<td>Missed 3rd Group</td>
</tr>
<tr>
<td>Katherine</td>
<td>Female</td>
<td>20-30</td>
<td>Clinician</td>
<td>Completed All</td>
</tr>
<tr>
<td>Faith</td>
<td>Female</td>
<td>30-40</td>
<td>Agency Operations</td>
<td>Completed All</td>
</tr>
<tr>
<td>Frank</td>
<td>Male</td>
<td>40-50</td>
<td>Agency Operations</td>
<td>Missed 4th Group</td>
</tr>
<tr>
<td>Natalie</td>
<td>Female</td>
<td>20-30</td>
<td>Clinician</td>
<td>Completed All</td>
</tr>
</tbody>
</table>

The decision to include only white participants was made in order to attempt to
minimize harm and re-traumatization of BIPOC by allowing people who are white to
engage openly in the process of learning about their own race. The intent of the research
was to put responsibility on people who are white to learn about their own race without
continuing harm by asking BIPOC to care for and explain racism to people who are white
(DiAngelo, 2018). Additional identifying information was not collected, such as sexual
orientation, ability, religion, etc. However, it is acknowledged that personal experiences
of individuals are formulated by all intersecting identities. For the purposes of this
research, only information on race, age, and gender were collected.
Theme One: Using Art to Process Whiteness

The initial theme that emerged from participants was related to the active process of artmaking. Because none of the participants had prior exposure utilizing creative arts therapies and very few were comfortable with the process of artmaking prior to the research group, the topic of creating art was an ongoing conversation amongst participants. Additionally, using art making as a means for expression and engagement in a dialogue was a novel experience for all participants. Reflections of what the experience of making art was like ranged from experiencing discomfort when creating artwork to the crystallization of thoughts provided by utilization of the arts.

Through the art making process, although discomfort was observed and expressed, the arts assisted in providing increased clarity for participants including uncovering personal experiences of whiteness, tensions, and areas of growth. The arts were instrumental in providing both a reflection and voice for each individual’s internal states, which were discussed at length.

“I Have a Really Scary Sketch!”

The process of making art to explore issues was a new concept for all participants and naturally produced discomfort. Additionally, some participants of the group expressed hesitancy with creating and then sharing their artwork with others. Discomfort in making art often came as a surprise to participants and was connected to overall ease, or lack thereof, discussing issues of whiteness and anti-racism. Discomfort creating artwork was found to be a starting point for discussing larger issues of discomfort with group topics.
One participant expressed discomfort by saying, “I already failed the exercise” (Andrea) upon completion of the initial art piece representing racial identity. She went on to say, “I’m scared because everybody worked really, really hard and I have- a really scary sketch!” Andrea acknowledged that creating artwork is not a typical way that she expresses herself and that this was a potential barrier to her figuring out how to represent her own feelings in art. A different participant took note of the difficulty of finding a way to conceptualize topics by creating art and said, “I think this drawing- I felt like it was hard and that’s why I couldn’t come up with a lot” (Katherine).

Personal writing exercises also produced discomfort. One participant noted this by expressing, “[when] you said like writing a poem I was like oh no. I wrote one thing and I was like, no that doesn’t feel good” (Andrea). After further processing on her noted feelings of discomfort with writing, Andrea remarked, “I was almost shocked that I was so uncomfortable with sharing my words like because I already know I’m a terrible drawer so I was prepared for that.” She noted discomfort drawing and writing in response to discussing her racial identity. However, she did not make a personal connection that the reason for her discomfort making art and writing was due to the content. It may be possible that part of the discomfort noted was not only in response to the process of creating, but also to discussing racial identity with others.

Figure 1

*Racial Identity (Andrea)*
One participant observed for herself that creating artwork created discomfort because of historically feeling greater ease when responding to questions verbally or through written word as opposed to through artistic responses. Therefore, the utilization of the arts as a means for communication and expression produced discomfort. Katherine said:

I feel like the, the prompted questions and the things we had to write about I felt really comfortable doing. And the art was just more…not uncomfortable, I guess more just not as familiar to me. And I think looking at my art is all…chaotic and like not one like specific thought I think on each paper, which I think is somewhat reflective of how I feel in the process of understanding my own identity.

In making this comment, this participant took note of artmaking as a less comfortable process for her when self-expressing as opposed to talking or writing. Despite the discomfort, she made the connection that her artwork successfully represented her own personal feelings of “chaos.”
Symbols in Art

There were several recurring symbols in artmaking across groups. The artistic themes noted below were themes often present in multiple groups as well as often present for multiple participants. Some participants verbally expressed identification with the image of a different participant as affirming their own experience. Artistic symbols were also important for participants to represent their thoughts and emotions and assisted in the process of examining the experience of whiteness and its byproducts.

Rose Colored Glasses. Rose colored glasses referred to the notion that wearing them alters what you see through the glasses and usually the glasses produce what one wishes to see instead of the reality. Rose-colored glasses were also referred to as possessing a nicer, yet not accurate, outlook than if one does not possess glasses. For participants, the glasses appeared in several iterations.

Figure 2

Rose-Colored Glasses (Andrea)
One participant spoke most directly about feeling she has rose-colored glasses. She described the rose-colored glasses as representative of her “whiteness and privilege,” which keeps her from facing reality (Andrea). She said, “I have rose colored glasses, right, so they make me feel very good because everything looks pretty when I look through them” (Andrea).

No other participant created an image of rose-colored glasses, but one participant resonated with Andrea’s picture in this group. Natalie reflected:

I think going to Andrea's rose-colored lenses, [in] a setting that we're comfortable with, that things just [familiar to us], it's easy right…you’re put in a situation where you just maybe don't know…then you realize like wow I don't know anything.

Natalie expressed these comments in relation to some of the missteps that could occur when someone attempts to suggest they understand the experience of someone from a different identifying group than their own. In this case, the rose-colored glasses represented lack of awareness and understanding of others. This participant referred to her own rose-colored glasses as representative of unintentional ignorance that may occur as people feel more comfortable in their settings or groups. As a result, when confronted with a situation or person who does not share the same experiences, she reported feeling confronted with the false image her glasses produce which represented comfort and ignorance.

**The Mirror.** The concept of a mirror was prevalent with multiple participants. However, for each participant who created a mirror, the meaning was slightly different. The mirror represented reflection and self-awareness, accurate representation of identity
when looking into the mirror, misrepresentation of identity in the mirror, discomfort with the image produced by the mirror, and out of control feelings.

**Figure 3**

*The Mirrors*

*Note.* Top left picture represented racial identity (Faith). Top right image represented the “ugly mirror” (Andrea). Bottom image was “self-reflection mirror” created by Natalie. Reflective phrase for bottom image was “I know what I know and I know what I don’t know.”

One participant drew a mirror which she identified as representative of “self-
reflection” (Natalie) and shared her reflective phrase in conjunction with her mirror (see Footnote 1). Natalie referred to the mirror in terms of wanting to examine her blind spots and the areas of herself she is not yet familiar with. She noted she felt the process of understanding how to respond to issues of racism requires ongoing growth, reflection, and understanding. For this participant, the mirror represented the important work of ongoing personal growth. For a different participant, the reflection of the mirror was an unpleasant image. Andrea referred to the mirror as an “ugly mirror” because this mirror provides difficult truth. She spoke of the mirror in the context of her biases and the mirror containing the reality of her possessing biases. This participant noted the extreme discomfort she experienced in taking the IAT and acknowledging her personal biases. For Andrea, the mirror is possible to avoid when using “rose-colored glasses,” or white privilege. However, the mirror contains an authentic image and reflection.

For a different participant, the mirror demonstrated an incorrect and incomplete representation of her whiteness. Faith created a mirror reflecting her racial identity and remarked:

In the mirror is just like a plain person. Like nothing interesting or whatever. And I think this was getting at my -not appreciating being white and how I feel it in the heart and in the head. Like attitudes and beliefs that I have to consciously like work through.

For one participant, the drawing represented a disparity between herself in the mirror and herself not in the mirror with the person in the mirror being without detail, but the person outside the mirror having layers or protection and focused details and colors in her heart and head (Faith). The mirror contained an image without details which Faith

¹ Some drawings are accompanied by a reflective phrase participants were asked to write in response to a guided meditation discussing response to racism. Phrases were self-identified important phrases for participants to focus on following meditation.
connected to the absence of appreciating her own whiteness. It is possible this image represented a lack of prior thought of white identity or it could have been representative of how Faith feels she is supposed to present herself as a white person.

Lastly, the mirror represented anxiety and fear of saying the “wrong” thing when discussing issues of race. One participant expressed she “just kind of wanted to back up against a wall and be very quiet,” when reflecting on being “colorless in the mirror” (Andrea). For this participant, the mirror was uncomfortable to experience. Specifically, the mirror made her think of when she has experienced discomfort because, “when you’re not confronted with it or it’s not something in your day-to-day conversations, it’s that very quick, you know intention to, you know protect yourself.” This comment indirectly expressed her experiences with white fragility as she aptly described the desire to want to protect herself when confronted with difficult topics related to race, which she felt the mirror reveals.

**Nature and Growth.** Images of nature and growth were the most represented artistic theme across all groups. Four participants at one time or another drew an image which contained nature elements. Images included vines, flowers, bodies of water, trees, and birds. This theme was often used to represent growing, connection, and elements of one’s history.

**Figure 4**

*Nature Imagery*
Note. Top left image represented implicit bias (Katherine). Top middle image represented racial identity (Katherine). Top right image represented self-reflection mirror (Natalie). Lower left image represented racial identity (Frank) and lower right image was response to racism (Faith). Corresponding reflective phrase for lower right image was, “Open to growth through imperfection.”

One participant utilized a cedar tree to represent his Lebanese cultural ancestry, clovers, and water to represent his family heritage when discussing racial identity. Frank expressed his Lebanese ancestry was a part of his family’s cultural history, but that he personally identified as white. Frank’s utilization of the water also created distance for him between his current life and his distant cultural history.

For several participants, flowers and vines were add-in items to note growth. Katherine utilized flowers as a representation of her personal evolution in the research
process in one image. In another image, Faith drew a lotus flower, “growing through the muck, but instead of growing through the muck I’m growing through my imperfection.” Along with the lotus she drew birds around the lotus flower which she indicated represented, “freedom to be able to be there. To be present and listen.” She described her ability to be present and listen as a result of her willingness to push through the “muck” and discomfort which can be experienced when discussing issues of racism.

Largely, nature was used as a means to contrast growing despite or through difficult and chaotic situations as elucidated by several participants. Words such as “muck,” “imperfection,” “anxiety,” and “discomfort” were used when describing difficulty working through challenging conversations. The process of “blooming” and “growing” was expressed to be the eventual outcome of confronting these difficulties.

**Swirls and Scribbles.** Scribbles, swirls, and circles were prominent images which were used to represent confusion or chaos for several participants. Some of the scribbles created were circular and spiraling and others were more densely drawn lines which virtually blacked out areas of the page.

**Figure 5**

Swirls and Scribbles Imagery
Note. Top left image represented implicit bias (Katherine). Top right image represented implicit bias (Natalie). Middle left image represented racial identity (Katherine). Middle right image represented implicit bias (Faith). Bottom left image represented racial identity (Faith). Bottom right image represented response to racism (Faith) with corresponding reflective phrase, “stay curious.”

One participant used both the blacking out scribbles and spiraling swirls in her drawing responding to racism. She described the swirling line as representative of her desire to “de-center” herself (Katherine). For her, this meant removing focus from herself as a person who is white and placing emphasis on how to educate herself and support people of color when they experience racism. Her grey scribbles represented the grey areas that often exist for her when thinking through how to best position herself as an ally.
Katherine’s drawing noted what she called the “juxtaposition” of needing to focus attention on herself to understand her personal whiteness while trying to remain centered on being present for others. Katherine noted it was difficult for her to figure out how to balance these two elements and considered if this was even possible. This participant drew similar dense lines when discussing implicit bias and the effects of the media on perpetuating biases. She remarked that she was unsure how to represent bias through drawing. Natalie also incorporated swirls into her drawing on implicit biases and verbalized confusion of how to define what implicit biases are and where they come from. For both participants, dense scribbles and lines seemed to coincide with expressing confusion, unfinished thoughts, and difficult concepts.

Faith similarly used swirls to represent confusion. She described her racial identity as a “blobby mess” and reported the “blobby mess” demonstrated her initial confusion when approaching the process of art making and trying to conceptualize her racial identity. In regard to her white identity she reflected, “I don’t know where it is a lot of the time. It can be a lot of different places.” She included a question mark symbol along with her swirls.

**Self in Artwork.** Creating artwork which contained images of the self was most commonly used for participants to express personal contemplation and reflection on topics discussed. Drawings of the self were present for two participants, with one using them most prominently in each of the research groups.

*Figure 6*

*Self in Artwork*
Note. Top left image represented racial identity (Frank). Top right image represented implicit bias (Frank). Lower left image represented racial identity (Faith). Lower right image represented response to racism (Frank) and corresponding reflective phrase, “Everything comes from the infinite. Everything returns to the infinite.”

One participant used an image of himself in each group. This participant’s depiction of himself progressively moved him out of focus in each picture. Beginning with his first image of himself in the center of the page discussing racial identity, the following image presented him with his back turned to protesters, and finally the last image conveyed him as inside a thought bubble in the corner of the page. This participant reported the second image of himself demonstrated difficulty, “grasping everyone else’s point of view effectively” when reflecting on bias. Yet he noted no conscious emotional reactions to examining personal biases reporting he believes he makes regular
assumptions that he “checks” when they arise. Thus, biases were not reported to impact this participant’s day-to-day functioning. Frank’s final image was created in response to discussing issues of racism in the workplace, which he noted clear procedural responses to in the work environment. Yet, he exhibited himself as inside of a thought bubble which will “disappear.” For this participant, there were contrasting elements between his verbal and artistic expressions, which highlighted a disparity in his realities. While he regularly verbally reported no new thoughts and experiences, no feelings arising, and no challenge to concepts, his artwork was often provocative.

“Wow, I’m Really Putting a Picture to What I’m Feeling!”

The utilization of the expressive arts to examine concepts in a novel way throughout research groups was central to the research. Numerous participants reflected on the effectiveness of the artwork to produce clarity, connectedness to the topics, and find novel ways for self-expression. One participant spoke the most to this experience throughout the research process and articulated this most clearly. After creating her artwork on her racial identity, she said, “it was a very interesting process for me doing this. I didn’t know what was going to end up on the paper” (Faith).

Later when creating a different piece of art, Faith remarked:

Wow, I’m like really putting a picture to what I’m feeling. I’m finding a new way to describe these things that I’ve never done before and it’s—I feel like I’m really…for the first time I guess exploring this in a new way.

By using the artwork, this participant reported feeling, “very connected much more so to these topics than in the past just thinking about them.” Faith continued to emphasize the benefits for her of using art to express herself in subsequent exercises.
throughout the research process and noted that the art making had become “a way of expressing myself that I didn’t know was so effective for me.”

The meditative process also provided a clarifying experience. When discussing issues of racism in the workplace utilizing meditative practices, Faith said, “Wasn’t until going through the meditation and seeing the difference [in my body]…I was feeling, that I was able to put some words somewhere.” This participant noted that the process of meditation gave her more information about her bodily response to anxiety and bias and she reflected on how to utilize this tool moving forward. Faith said:

The exercise was a good because if I'm if I'm in a situation or from having those conversations and I'm experiencing that attention, that's just another place where I can use that information to cue into someplace where I'm uncomfortable. That I need to examine, um, and I haven't really been using that opportunity before.

For another participant who did not experience initial ease with creating art, Andrea noted the benefits she experienced using the artwork to self-express:

I mean my artwork is not anything that I would use to express my creativity, but I'm definitely not somebody that can, you know, kind of draw. But I do feel I do feel like it helped me. I don't know it made me feel a little more [able] to express more because [I] didn't have to come up with words.

For both participants, the creative arts were new tools to express one’s feelings. Additionally, Faith noted that the creative arts process provided her with new means for information gathering when reflecting on her personal process. This participant also noted the arts provided a novel means for engaging with topics she had not experienced prior to the research group.
“I Don’t Think it’s Something Traditionally Talked Enough About.” Several of the participants noted how the process of artistic reflection to discuss issues of race and identity was novel in comparison with their academic training histories. In discussing the experience of using the arts, participants felt the arts allowed for self-examination in new and personalized ways. One participant mentioned the usefulness of creating artwork which did not depend on expressive language and connected this process to her experiences in academia. Using artwork as a reflective tool seemed to allow her to examine her identity in new ways. She noted that the specific process of creating art was a different way to explore the topics of white identity, privilege, bias, and racism for her. Natalie noted:

Because it was such a different way about talking about racial identity and bias, I think it brought out new understanding. Like again, it’s not an academic form. It’s more of an expressive art form. So, I think in that sense it, at least for me, it pushed me to think about things differently.

By using the expressive arts, this participant reported she engaged with the topic in a way that was not purely academic, as she had experienced in graduate school. She expressed that she felt educational courses and classes do not “traditionally talk enough about” these topics.

Participants expressed benefitting from the “interactive” nature of the research groups which assisted with developing personalized relationships with topics (Faith). Faith also remarked on her previous experiences of engaging with this type of work through academic and course-based work and felt the weekly groups using the arts assisted in “unlock[ing] a new piece where I can really sit with and engage the different
things that I’m feeling.” Similarly, this participant also expressed her history of racial identity exploration through solely academic exercises. Through the process of creating art, this participant felt she was beginning the process of “owning” her white identity (Faith):

For myself and not have it be something that’s an academic exercise and not have it be something that whether it’s one way or the other what society is telling me to be. But how can I own that and like be myself in the white identity?

For each participant, using the arts to examine topics in the research group reportedly provided new angles, lenses, and information for self-reflection that had not been previously experienced in their histories in academic settings.

“Yes, I Feel That Way Too”

The advantages of exploring these issues in a group format seemed noteworthy to most participants who expressed appreciation for the exchange of ideas and learning new language on the areas discussed.

Four of the participants mentioned some degree of enjoyment of the relationships and engagement shared amongst each other. One participant expressed that her experience of the group was, “let’s explore and talk about where we’re at with our identities and with our racial biases…I’ve really liked this type of setting and this type of group” (Natalie). This noted the appreciation of having an opportunity to share in discussion with others. Natalie felt that the experience for her was a “collective thing that like, we have our own kind of representation of things and through the art forms.” Thus, the exploration of topics was not just reliant on individual process, but also group process
to produce increased self-reflection. This collective experience seemed to create a sense of connectedness and shared learning.

In addition to discussing topics together, participants noted seeing the artwork of the others helped them to “think of something else that I didn’t even want to bring up or know I had internally going on, but it would bring out new understanding for me” (Natalie). One participant added, “sometimes when you’re trying to kind of put to words what you feel, being able to see other people you’re like, ‘yes, I feel that way too’” (Andrea). Andrea described the group space as “safe” and reported feeling a sense of “camaraderie.” Engaging in this process with the participants contributed to feeling “a little more confidence” discussing issues of race and engaging in personal reflective work (Andrea).

Lastly, the structured nature of the group provided opportunity for growth for all participants and it was “very helpful obviously [to] have a small group. I know it was intentionally all white people so…I think it creates a level of safety” (Katherine). Creating a space in which white people were provided an opportunity to discuss issues of race together seemed to assist in providing added comfort to participants.

“**The More We Talk About It, The More We Practice.**” While the experience of being in a group to engage in self-exploration provided safety and connection for participants, it was specifically noted the group was useful to practice having conversations around race, privilege, and identity. Participants indicated that the ability to practice difficult conversations assisted in increased overall ease with discussing the topics and they felt this benefit would carry them into conversations with others in the future. One participant noted her initial fear of not having substantial language regarding
white identity, privilege, bias, and racism when beginning the research group. The process of group conversations assisted this participant in feeling “increased self-awareness” which she attributed to the new experience of engaging with topics through the creative arts (Natalie).

The group space created a “safe space to kind of express and kind of connect” and this contributed to participants expressing increased confidence at the close of the research (Andrea). Confidence stemmed from the group process exposing participants to more language regarding topics, and by having more language, participants experienced increased “comfortability” (Katherine) by “doing it more often,” or discussing topics increasingly (Natalie). Katherine stated, “bouncing off other people’s ideas I think you’ll always grow in that.” By being provided the opportunity to discuss these issues in the group setting, participants expressed viewing the group as an opportunity for “practicing ways that we can make conversations about race and identity and bias a part of our language, a part of our day-to-day interactions” (Natalie).

Part of the ability to grow in comfort and ease with discussing the topics was made possible by spending time in discomfort during the research process. Natalie noted, “It should just be something we talk about and it is uncomfortable at times…the more we talk about it the more we practice that.” A second participant felt she delved deeper into difficult and novel feelings and engaged with those feelings successfully as a product of the research group process. Faith expressed:

I think this process for me help me uncover some layers in my journey that I haven't really toyed with yet, um, which I’ve said it a couple times in different ways…I feel more comfortable kind of getting into like the grimy like nitty gritty
with myself like those places where it is tense. And I do have those places where I want answers, but I don't have it. I feel a little more comfortable kind of going into that unknown and digging a little deeper exploring scary spaces.

Therefore, the benefits of utilizing a group setting to discuss issues of race, identity, privilege, and bias aided in increasing opportunities for language development as well as working through discomfort.

**Theme Two: Engaging with Personal White Identity**

The experience of confronting and exploring one’s personal white identity was central to the research process. Participants were confronted with examining their own racial identity early on in the group process and unsurprisingly some participants reflected on historically not having to examine their white identity. Participants remarked on several occasions that previous history with concepts occurred in academic and training setting, which did not necessarily require their personal reflection. Throughout the research process, the question of how to engage positively with personal white identity, as well as understand how whiteness impacts others was prevalent for participants.

*“It’s Kind of There if I Want to Explore it and Not if I Don’t”*

The most significant theme observed in regard to white identity was the disconnection from one’s own whiteness and racial identity. Disconnection took many forms in the research process with some participants moving in and out of disconnecting to topics, while others remained more firmly planted in connection or disconnection. Disconnection manifested for participants as difficulty connecting personal experiences and thoughts to topics discussed. Some participants noted a struggle with lack of
connection, while others remained disconnected with no expressed desire to manage their disconnection.

Several participants misinterpreted a prompt to draw their racial identity and instead made representations of their ethnic backgrounds. Participants expressed feeling poorly connected to their identities and general confusion with one participant reporting they felt “all over the place” (Natalie). For a different participant, confusion manifested in her artwork as drawing a “plain white person” with little detail (Andrea). Participants noted they “didn’t have much connection” to their cultural histories (Frank) and they did not necessarily feel a desire to make these connections. Three participants made artistic representations of their ethnic identities when discussing their race. Yet, it did not appear to be a conscious decision to exclude racial identity, but rather a lack of connection to their racial identities.

**Figure 7**

*Racial Identity (Natalie)*

Faith acknowledged her disconnection to her white identity and reflected on the complexity of this for her:
With my white identity I feel like it’s very easy. It’s just such a reminder especially recently it is easy to forget about and so I was reflecting on that… I think this was getting at my kind of not appreciating being white.

She described her racial identity as “confusing” and containing many “layers” and historically having “no real need to examine my white identity…It’s kind of there if I want to explore it and not if I don’t.” This participant mused that perhaps her white identity was difficult to reflect on because her experiences with her white identity have only surfaced generally in academic settings or when experiencing “guilt” in regard to her race. Due to not requiring confrontation of personal race on a regular basis in daily living, a product of white privilege, personal white identity was difficult to define for participants.

In discussing personal racial identity, one participant drew a picture of himself with elements of his identity behind him. His art also matched this notion of disconnection by drawing certain elements of his heritage across the ocean because they are “really in the past.” Frank further cemented his disconnect from his racial identity in his poetry from the group writing:

My identity is quite simple, not much of which to speak:

I have hardly any thought about it today, tomorrow, or next week;

Instead I merely contemplate my earthly life and cringe;

As a temporary interruption of a Big Bang Theory binge.

Figure 8

*Racial Identity (Frank)*
As an echo to this, the group facilitator processed after the group with the researcher and she commented that she also noticed many people did not reflect on their white identity and instead reflected on their ethnicity when discussing race. She also noted in a lot of the artwork, participants described themselves as “just a white person” or their artwork contained little personal detail which may mean they have not examined this topic for themselves greatly in the past.

For one participant, both his artwork and expressed comments reflected his disconnection from topics on several occasions. Resistance to self-reflection was noted in this participant’s experience, yet this resistance was not expressed to be a conscious decision. In the experience of this participant, using the group process to examine personal feelings and physical reactions was particularly difficult. When asked his physical responses to creating artwork he stated, “I didn’t feel anything different in my body” and that, “I don’t usually feel when I draw or do any art.” For this participant, it seemed that he did not feel body and emotion-based work assisted in self-development. When asked if he had obtained any new information or experiences through the research process Frank said, “I don’t think that this process increased my comprehension of my racial identity or of implicit bias. I’ve been through an intensive process already and have come to a place of resolved dissonance with these concepts.” This suggested that he felt
the personal work associated with his own white identity already been completed prior to this group and required no further contemplation.

This participant expressed detachment when learning new information about himself, which was not evident for other participants, but was prominent for Frank. After listening to a musical example and asked to imagine what the singer looked like, which was a demonstration of bias, Frank noted that he was incorrect regarding who he imagined the singer to be. He acknowledged this incorrect assumption, but stated:

I didn’t really feel upset or happy that I was incorrect. I just noted that it wasn’t what I thought so. As far as assumptions, I probably make assumptions every day at least once a day. So, you know when you’re interacting with people your brain immediately jumps to what it wants you to think.

When discussing his assumptions, he shared his results of the IAT which showed a moderate automatic preference for Black people comparatively to white, but he reported he did not know why that was. When asked how this plays into his life or shows up for him personally he reported that implicit bias “doesn’t play a huge role in my life.”

This participant created an image which reflected this notion of detachment from the topic of racism in the workplace through his drawing of the Hindu god, Ganesh, with himself as a thought bubble outside of Ganesh. He stated in the drawing he was, “a figment of your imagination so I’m not really here.”

Figure 9

Response to Racism and Meditation (Frank)
Note. Reflective phrase was “everything comes from the infinite. Everything returns to the infinite.”

In the experience of this participant, feelings did not feel like “reliable” information to him because he reported feelings were “reactions” to experience and not truly representative of the experience. This participant articulated why his feelings were important to separate from workplace issues when discussing concepts regarding racism in the workplace settings. Frank stated:

In a work environment, you have to separate your personal subjective feelings and thoughts and maintain as much as you can an objective, an objective approach to that person’s situation regardless of what my personal feelings are towards that person or the person’s group identity they associate with.

This participant’s manifestation of detachment materialized when confronted with his own biases and experiences in the workplace setting by him routinely describing his experiences as “resolved dissonance” and by providing justification for biased responses as a product of “human response.”
“I Would Hope That I Would Show up a Little Less Messier”

Four participants spoke to confronting their personal whiteness and what the experience was like to them individually. Group participants routinely utilized words such as “chaos” and “messy” when discussing engaging with their white identities. Participants spoke about historically not needing to consciously process and consider their whiteness due to their privilege, thus this process produced some discomfort and surprise.

One participant was the most vocal about her experience of feeling “small,” which she mentioned several times in the research process (Andrea). She described difficult emotions arose for her especially when learning about her implicit biases. After taking the IAT, she said she was “disheartened” to learn she had a preference for white people over Black people. She said, “In my role I would hope that I would show up a little less messier” due to her position involving working with staff. She described herself as feeling “super ugly and uncomfortable” in particular when doing the IAT. It seemed common for participants to express feeling negative feelings when examining their own whiteness, which encompassed biases and privilege.

“I’ve Never Appreciated Being White”

Some of the participants discussed the experience of taking ownership of their whiteness or examining their whiteness on a personal level for the first time when engaging in the research group. Some participants mused over how their whiteness manifests in the world around them while others articulated a desire to positively engage with their white identity. It was the general consensus of participants that, “being white means that I’m viewed differently by the mainstream and official system in which we live
and that it can manifest in ways that marginalize and harm other people” (Frank). For participants, it was important to explore how to engage with personal whiteness.

One participant was acutely aware of her whiteness from the beginning of the research process when discussing her racial identity. She discussed what she felt was her responsibility to understand as a part of her own whiteness and how she feels her white identity impacts others around her. She said:

I’m white and I wrote privilege, opportunity, and then it says violence. I think just like-I think a lot about being white and what that means and where that has gotten me and also obviously the harm it brings to society. Obviously specifically with the current climate and historically.

Figure 10

Racial Identity (Katherine)

This participant initially seemed to be unsure how to integrate her personal white identity into her own life and discussed often thinking of what is “most helpful” (Katherine). She reported at times she feels that she gets “hyper aware” of her privilege and she is unsure if this is helpful to others. She expressed understanding that she needed to make space for BIPOC and felt a need to focus less on herself, which she initially described as “un-centering” herself. However, in the final group she acknowledged re-
centering herself and managing the balance of her own white identity with understanding the experiences of BIPOC as a helpful ally. Katherine elaborated:

I’ve just been doing a lot of reflecting on I think privilege on a societal level and like how white supremacy is…that’s how the country was built. I think this group has helped me like re-center my own identity in, in relation to I guess on a societal level.

However, despite attempts to develop balance, this participant questioned whether her role as a white social worker negatively impacted providing treatment for BIPOC in her professional work. She said, “I think social workers are overwhelmingly white females and I think I try to do a lot of reflecting and reading on, on things to be aware of my intentions in this work.” In her role she reported that she was not sure if being white was helpful when working with BIPOC in terms of expressing understanding of their lived experiences and working effectively with their trauma histories. “Every kid who is not white experiences some sort of like racial trauma growing up in this country, so…I try to do a lot of reflecting on just where, where my role is in that.” Throughout the group process Katherine often spoke of the harm and negative impacts that her whiteness has and does create around her.

Yet, white identity was also discussed as having positive attributes for participants and a necessary part of self-development and cultural awareness. Faith took inventory of the positive and negative aspects associated with her white identity. When later reflecting on the research process, Faith reported she had never examined or asserted ownership of her white identity for herself in her ten years of training on racial identity. Faith described
this process as “intimate” to experience with herself. Additionally, she reported that she did not feel she had historically “appreciate[ed] being white.”

**Theme Three: Navigating New Concepts in Personal Experience of Being White**

Much of the content explored in the research groups were concepts that participants reported having little previous exploration with prior to the group process aside from college courses. Many of the participants spoke to confronting these issues for the first time during the research group and they often spoke of general confusion, chaotic thinking, or created chaotic drawings when exploring topics. These experiences often prompted greater self-reflection and discussions of how to engage in future action.

*“Still Chaotic Thoughts”*

The topics of confusion and chaos were prevalent throughout the groups. Chaos was referred to when discussing racial identity as “very chaotic” (Katherine) or “all over the place” (Natalie). The experience of cognitive confusion often coincided with drawing chaotic representations of thoughts in the artwork. Yet the experience of chaos and confusion seemed to be a useful aspect of ultimately achieving growth. By reframing discomfort as an opportunity for growth and development, participants pushed themselves “into discomfort” (Natalie).

The issue of white identity created the greatest amount of confusion for participants, though confusion was observed in multiple groups. One participant drew a question mark when discussing her racial identity and reflected on how she was unsure of her relationship with her racial identity and her own whiteness. In the process of creating art she began her drawing with “as much confusion as I could because that’s how I was feeling.” When the group facilitator processed this image with the participant, she
observed “tension” between the contrasting colors Faith chose. In a closing remark about her observations of racial identity in the research group, Faith reflected that a theme she observed across participants was confusion stating:

Every image that you shared—nothing was straightforward. Nothing was like this is my identity and I can sum it up and it’s nice and clear and this is the picture because I’ve drawn it a million times because I know what it looks like. It was either there was spectrums of different layers or maybe it was plain or whatever. There was nothing special about it, but it was all kind of…hard to define I saw as a theme.

**Figure 11**

*Racial Identity (Faith)*

However, chaos was also observed, by the facilitator, in the overall conceptualization of topics discussed such as understanding what implicit bias is and how to respond to issues of racism in the workplace. The research group process often highlighted moments of confusion for participants as they worked with new topics as was the case for Katherine who reported that she “had a lot of thoughts and I don’t think I have them all together now as I’m saying this out loud.” Another participant also referred to chaotic thoughts when she talked about not knowing how to respond to issues of
racism in the workplace and not having experienced something like that before. She said that she felt she was “pretty stuck and not sure what I would do, what could be done.” Furthermore, she reported feeling that she did not know “what’s best” and that she experienced “self-doubt” and “fear” when reflecting on the actions she could take. She went on to say:

I had a lot of uncertainty and I think a lot of my anxiety came up around I don't wanna mess up I don’t want to offend anyone…I also think it's a situation where there is no clear answer on how to proceed or how to make everyone involved feel heard, understood, valued. So there’s a lot of discomfort. A lot of just like ah what are the answers? (Natalie)

Exploring topics through artwork as opposed to strictly having conversations was unique to the research process. Due to the design, the artwork could represent the internal state of participants, and participants could then engage with the artwork. One participant observed that her artwork was “chaotic and not one specific thought” (Katherine). However, she acknowledged that this chaotic artwork was representative of “the process of understanding my own identity and, and for myself in relation to the world.” The notion of attempting to understand how her identity plays out in the world was recurring for Katherine, and in the final group she reported that she was thinking of “what to do with that, like how to put action towards that and how…in my singular role can I impact that.” She described these thoughts as “still chaotic thoughts.”

**Figure 12**

*Implicit Bias Drawing (Katherine)*
A different participant echoed some of these thoughts in the last group when she reported she continued to experience difficulty putting her thoughts “into words” (Natalie) suggesting she was still working through processing information at the end of the research group.

“I Think it’s More Present Than We Often Want to Realize it is”

White privilege was a topic referred to throughout the course of the groups both directly and indirectly among participants. Some participants discussed not having to think about their whiteness while others continued to make comments which suggested their awareness of privilege or lack thereof. Several participants expressed that their exploration of white identity and privilege was historically through training situations, signifying the privilege in not needing to examine their own race in their daily lives. Three participants all made comments to this effect. Faith expressed her previous experiences with examining her white identity as, “having like no real need to examine my white identity. Um you know, it’s kind of there if I want to explore it and not if I don’t.” Additionally, to this point Katherine contributed, “If you don’t have to think about it or you don’t face that every single day at work, or when you walk outside, or when you are interacting with law enforcement, like that’s what privilege is.” Participants
began to come to terms with “the privilege of not having to examine racial identity”

(Faith).

Some participants acknowledged situations which indicated their own white privilege. One participant said, “I’ve never encountered that” (Natalie) when discussing experiencing racism and because of the privilege of not having experienced it, she said she felt “pretty stuck and not sure what I would do.” In the final group, Natalie directly stated:

I think sometimes it's easy to forget that white privilege exists … it's very real, it affects people. But then there are times, at least for me, it almost, it can take the back burner… [I want] to make it a goal of myself to always remember that it's there… I know what everyone says is it’s this invisible…and I think it’s more present than we often want to realize it is. So just maybe checking ourselves in a way to say OK how in my day-to-day or how in my community is my white privilege or the white privilege of my peers present?

At times white privilege was present in group discussions, but not necessarily named. One participant indirectly spoke to his own privilege as a white man when discussing the hypothetical situation of response to racism in the workplace. When discussing the potential outcomes of this scenario and his hypothetical response, he gave benign responses. He said he has had experiences in which he has had to redirect staff to the appropriate personnel due to his role in the agency. In his position, he said:

In a work environment, you have to separate your personal, subjective feelings and thoughts and maintain as much as you can an objective, an objective approach
to that person’s situation regardless of what my personal feelings are towards that person or the person’s group identity they associate with. (Frank)

This comment puts aside the identity of the individual when discussing approaches to resolving conflicts in the workplace. Frank’s reflective phrase from this group was “everything comes from the infinite, everything returns to the infinite.” He spoke to the notion that all people “come from the same source” and that everyone is “connected, everything is related.” The ability to not consider race of the individual suggested inherent privilege.

“It’s an Internal Bias. How Do You Make it External?”

Participants discussed a range of topics in relation to bias including trying to understand their origins and how they might become more aware of how biases play out in their day-to-day life. The process of experiencing and understanding biases manifested largely on a spectrum for participants which ranged from denial that biases impact behavior, not understanding personal biases, negative perception of having biases, surprise when coming to terms with biases, and desire for ongoing attention to personal biases.

One participant’s experiences with confronting bias did not suggest personal reflection on the topic. Frank continuously made comments which justified his biases and responses which included knowing everyone has assumptions and that this is a natural response of the brain. In Frank’s response to examining his biases, Frank created artwork with protesters in it and his back turned to the protesters. When discussing this image, he said:
Even if they’re a crowd of other people seem to be expressing feeling, it doesn’t necessarily mean everyone in that group has the same intensity of feeling. It doesn’t mean they all have the same exact feeling or even experience, but something is going on and that’s I think where implicit bias comes in.

In the final processing, Frank stated that “implicit racial bias doesn’t effect the way I interact with people because when a bias is triggered, I check it.”

**Figure 13**

*Implicit Bias Drawing (Frank)*

Some participants reflected on exploring implicit biases and reported struggling with the topic of making an artistic representation of implicit bias because of not being aware of what personal biases were. One participant remarked, “I kept catching myself thinking in circles about biases. I think like a very complex topic of understanding where they come from for yourself, so I think this drawing, I felt like it was hard” (Katherine). Another participant also struggled with drawing her implicit biases and ultimately remarked her drawing was “not so much connected to me” (Natalie). Her artwork reflected what she imagined the general process of bias formation is between people. She did not connect to her personal experiences of having bias but rather spoke about them in general terms.
Speaking of biases in general terms seemed to be a natural part of the progression of considering biases for participants. Because biases were difficult to conceptualize, one participant reflected on trying to understand how biases are formed culturally and “drew like I just wrote history of music, and a TV, and um like a news channel, and just like the spectrum of skin color.” She drew these items because she reported that she believes the media plays a big role into “what is portrayed to the world about specific races and how that informs like our perception.” She also remarked on her thoughts on how history is conveyed or taught based on the lens it is communicated through, which historically is through white males. She circled back several times to trying to reflect on “where they come from or what might have impacted them?”

Discovering personal biases by taking the IAT produced some feelings of discomfort, “disgust” (Andrea) and, “surprise” (Faith) for some participants. In response to the implicit bias exercise Faith expressed:

I went into it very confident that you weren’t going to trick me. And um it’s just a good reminder that like you know, that’s how the brain works and um I’m not
necessarily going to succeed in stopping that from happening, but how can I be more aware of that and when I’m becoming aware, what can I do about that?

Through continued confrontation of biases through discussion, the IAT, and creative artwork, one participant remarked that the exercises helped her “appreciate biases or assumptions” more than she had previously and to “not to take biases for granted” (Faith). In her drawing, Faith reflected on her biases and drew her “neural process.” Her drawing included commentary that when she interacts with people who look like her, she feels a straight connection is made in her brain. She linked her drawing also to the results of her IAT which demonstrated a slight preference for white people. She stated:

There’s an automatic assumption and if I’m confronted with somebody who doesn’t look or sound like me, in order to connect to that person…I’ll have to kind of go through all these loop holes…I know I’ll be fighting the biases, or I’ll be fighting something in order to get there. It’s not as automatic so I don’t know…sometimes to kind of that fight that I have to put up against the biases if I’m conscious of them.

**Figure 15**

*Implicit Bias Drawing (Faith)*
Through the process of confronting personal biases and acknowledging internal processes, some participants saw the opportunity to pursue continued personal growth. Andrea remarked despite initial frustration confronting biases she felt:

In a better position to always question it, um even just you saying, ok it’s an internal bias, how do you make it external gives me hope that there are, you know, we can flip a script that it’s not just something that, you know continues the same.

In the final group, Katherine noted that these exercises “drew attention more towards where I need to grow more. I think specifically the implicit bias, just the idea of it and like where they come from and, and how to become more aware or combat them.” Katherine discussed moving forward after the group into her professional and personal life to try to make more connections between what “white identity means in both those realms and how important I think it is to explore things like implicit bias in both.”

**Theme Four: Ongoing Practice of Anti-Racism Work**

All of the female participants discussed in the final group that they would like to know how to move forward after the four-week research group. They discussed wanting to take information learned into their lives and keep the concepts explored a part of their everyday life.

*“When I Become Aware, What Can I do About That?”*

The research group experience prompted reflection for participants on how they can move ahead in their personal and professional lives with information gained during the groups. Participants reportedly felt increased confidence and comfort in discussing topics related to race, specifically due to “increased self-awareness” (Natalie). One
participant remarked, “any time you dip your toes in the water and don’t feel bad about it afterwards, I feel like there’s growth” (Andrea).

Increased self-awareness was expressed by participants to be made possible by conversations aimed at discussing race, which created opportunities for growth because “everyone kind of grows in their own way or has like something they can take away from the group” (Natalie). Additionally, the use of the expressive arts “pushed me to think about things differently” and were “such a different way talking about racial identity and bias” than traditional means of learning (Natalie).

One participant noted that awareness created opportunity for personal accountability. When discussing racial identity, Katherine said, “those are important pieces of what I’ve been trying to do lately in terms of being more aware about my whiteness and keeping myself accountable.” In part, accountability was expressed to be wanting to continue learning as a regular part of day-to-day life and “not make it like a one-hour group on Thursdays where we’re talking about this” (Katherine). Another participant considered their own biases and remarked “how can I be more aware of that and when I become aware, what can I do about that?” (Faith)

Self-awareness was also made possible by increased body awareness. The research group design promoted increased attention to bodily responses during the meditation and mindfulness practice which for one participant brought about, “awareness towards being aware of those things. I don’t think it’s something I’ve really thought about, you know, after I’ve been anxious or whatever I could tell you, but actually having to think and sit through it” (Katherine). Body awareness proved a useful tool to connect to scenarios throughout the research group. Faith said:
I’ve done a lot of like managing my own anxiety and my own mental health by seeing how it fits in my body and um the exercise was good because if I’m, if I’m in a situation or from having those conversations, and I’m experiencing that attention, that’s just another place where I can use that information to cue into some place where I’m uncomfortable that I need to examine and I haven’t really been using that opportunity before.

Through the process of gaining more awareness, one participant expressed feeling she could “show up” for conversations involving race, bias, privilege, and racism moving forward to a greater degree (Faith). She reported previous to the group research process she felt between 50%-60% of her was “showing up” and upon completion of the groups she felt much more able to engage because of her willingness to explore these issues “for myself.” At the conclusion of the group process, Faith reported:

> I feel like this process helped unlock kind of a new piece where I can really sit with and engage the different things that I’m feeling in the different biases and the different societal norms that have been put on us in a new way in a much more kind of interactive way I genuinely enjoyed.

“Fear Being That Person with a Broken Bottle”

One of the aspects most discussed in the last group was about wanting to move forward and be someone who takes action in their communities in a way which is helpful as opposed to unhelpful. Participants discussed that the research group had helped develop a “gut check,” but asked, “what do I do next?” (Andrea) Natalie expressed that she wanted conversations of race and bias to be ongoing and without the connection of a training or education required for her to contemplate these issues. She reported that she
felt she could “always learn more about it.” Upon the group’s closure she said, “I vow to myself to be open to learning and exploring new things or things that make me uncomfortable.”

But it was of significance for participants to find ways to be helpful to their communities and ensure they did not make the mistake of trying to “help without being helpful” (Andrea). Andrea expanded on this by saying:

It’s embarrassing when you see like a bunch of white kids like breaking bottles and running into buildings and stuff. Like you know that like, that you know what are we doing here, right? You know it’s the same thing. I don’t, I don’t want to be that person, like you know breaking a bottle and lead the charge or somebody that is just looking for me to stand next to them, right?

Another participant resonated with this idea of helping in a way which is actually helpful to those around her and the desire to take action in her own life in terms of assuming responsibility for her growth. Faith remarked, “I want to find a place where the rubber is going to meet the road and then how do I move forward with action?” She added to this thought that she believed her experience of the group created greater:

Comfort in examining these things for myself and to have less anxiety and less kind of fear being that person with a broken bottle, like charging in and not being helpful and being a little more grounded and centered so that I can provide some help.

In her closing remarks Faith expressed that she was left wondering “what is the
rest of the book?” She reported that if the group were to continue on to the next step, that the next logical place for self-exploration would be to “strive to understand my white identity with grace, humility, and leadership.”

**Concluding Remarks**

This research group provided an opportunity for participants to consider their white identity, privilege, biases, and racism using the expressive arts. While the artmaking process as a reflective tool was novel for many, participants as a whole expressed enjoyment of the artistic process to examine themselves from various angles in a forum that was not academic. The art provided new personal, reflective information, which often was at the subconscious level, for participants to examine and share with each other. Participants demonstrated varied degrees of understanding their white identity ranging from expressing resistance and disgust to discussing integrating their whiteness into their identity and daily life. It was made evident through the final group that participants were generally left wanting to know how to move forward with helpful action and self-awareness.

Each participant demonstrated a different type and level of engagement with the groups and some exhibited little personal progress, while others noted a great benefit from the process of creating art in response to topics. However, despite the experience of some resistance observed by participants, the data successfully captures the authentic and common experiences of white people coming to terms with their own whiteness, which ranged from denial, shame, dissonance, understanding, and finally positive white identity.
CHAPTER 5
Discussion

The research results reflect the experience of participants exploring issues related to race, whiteness, privilege, and bias with the creatives arts therapies as the vehicle for reflection. In the data, significant themes were elicited from the research and included:

1. Using art to process whiteness including: Discomfort experienced while making art, significant artistic symbols, the experience of artwork expressing internal thoughts, and the benefits of sharing artwork in the group.

2. Engaging with personal white identity including: Acknowledgment of the privilege of historically not needing to understand racial identity, experiencing “messy” feelings in response to racial identity work, and positive white identity.

3. Navigating new concepts in personal experience of being white including: Chaotic feelings and thoughts produced by the reflective process, understanding white privilege, and contemplating how to make implicit biases explicit.

4. Ongoing practice of anti-racism work including: How to take helpful action in the community to engage in impacting social justice issues.

These themes can be further condensed into a summary of findings which are discussed here at length. The discussion pairs the findings of this research with relation to the current literature. Lastly a review of limitations of the study as well as future implications for research are discussed.
Research Questions and Results

This study was designed to examine the individual experience of participants using the creative arts therapies in a group setting to explore issues of race, whiteness, privilege, and bias. This study also sought to understand if participants experienced increased awareness in regard to understanding their personal implicit biases through the use of the creative arts therapies. The following research questions were outlined as the guide for the research:

1. What is the experience of using creative arts therapies in group supervision to explore issues of implicit racial bias?
2. What is the experience of using the creative arts therapies to facilitate exploration of personal white privilege?
3. What is the experience of using the creative arts therapies to explore issues of power, oppression, and racism?
4. How do the creative arts therapies impact awareness of implicit racial bias for supervisees?

The results from the research provided insight into these questions through the lens of creative arts therapies, a tool that has been minimally explored in the literature thus far. However, results were consistent with a review of the literature on the experience of whiteness, exposure to racism, privilege, and bias. These data show promising implications for future research in a topic growing in visibility dramatically.

The Experience of Exploring Implicit Racial Bias

Addressing issues of implicit racial bias was by far the most difficult topic for participants to explore. This was partially due to participants not fully understanding
what their biases were but also it was observed that integrating unconscious thought into conscious awareness was difficult.

**Surprise and Disgust.** The majority of participants expressed a degree of surprise at various points in the group with confronting their own biases through the use of creative arts experiences and through the use of the IAT. It is common for practitioners to score differently than they thought they would, as observed by Blair (2013). Some of the reactions from the IAT in this group included expressions of disgust and guilt when confronting personal biases. Burgess (2017) suggested that us white people may experience surprise, guilt, disgust, etc. as we come to understand the impacts of our identity on the greater society. Helms’ Model of White Racial Identity classifies these types of reactions as reflective of the “dis-integration” stage related to abandoning racism (1999). In this phase, people who are white often experience shame and guilt in response to learning about their racial identity. One participant in particular expressed regular shame-based responses related to her increased knowledge of personal implicit biases. This participant also made frequent comments of not being “good enough” at creating art or writing and demonstrated anxiety in response to the creative process. While some people who are white feel able to explore these challenging emotions, others may not because of how they may be perceived by others and the taboo nature of discussing race among white Americans (hooks, 2013). It is possible for these negative emotions to also be tied to concerns that they are perceived a as “bad white person,” which often is an initial barrier for us white people to confront personal whiteness and characteristic of white fragility as DiAngelo explained (2006; 2018). However, as Robbins and Jones (2016) observed, it is possible that the experience of guilt can be a useful tool to initiate
change. Through engagement with the group process, many participants were able to
confront these uncomfortable emotions through different creative avenues and were able
to discuss through the group process their experiences.

**Color-Evasiveness.** While the majority of participants expressed some degree of
personal reflection and increased self-awareness through the group process, one
participant expressed resistance to the idea that implicit bias played a role in their life in a
significant manner. They also spoke to notions such as all people coming from the same
place and racism in the workplace having clear cut procedures that do not require
emotional responses. These types of responses are characteristic of the “contact” phase,
or initial phase of white identity development (Helms, 1999). In this phase, color-
evasiveness is common as well as general resistance to concepts of racism. In the creative
arts process, this participant not only made escapist comments, but also reported making
determinations about his artwork prior to groups therefore not actively engaging in the
group process as it unfolded. This participant also drew himself as progressively out of
focus in his images, from initially the center of the page to eventually as a thought
bubble.

This participant also identified as a white male, which is the identifying group that
has most predominantly benefitted from white supremacy in the United States. Therefore,
it is possible he experienced greater difficulties examining personal privilege and biases
due to not explicitly identifying with a marginalized group, in contrast with female
participants. Because people are made of intersecting identities which include dimensions
of privilege and disadvantage, it is possible that female participants exhibited greater
openness to concepts due to experiencing a lack of gender privilege (McIntosh, 1989).
Aside from experiencing privilege associated with various identities, it is not uncommon for people who are white to also grow up in households which have endorsed color-evasiveness (Moon, 2016). However, while well intentioned, color-evasiveness perpetuates harmful discourse on race. For the male participant, he consistently demonstrated white ignorance, which is dangerous due to the lack of perceived need to address issues of white privilege and supremacy (Mills, 2015).

Applebaum (2016) referred to color-evasiveness as a form of “white talk” and that white talk may be used to deflect from the issue of racism and fosters ignorance. DiAngelo’s (2018) definition of white fragility also encompasses the idea of color-evasiveness and includes similar comments such as “I don’t see color” or “we are all the same.” Johnson (2015) noted that those who adopt color-evasiveness as a way of dealing with race, often have lower levels of cultural competency. The male participant in this study demonstrated reflections consistent with white fragility including the deflection of issues of race and bias on a consistent basis, which is a dangerous, and common, tool for people who are white to navigate and deflect issues with their own race’s societal position. To not confront the reality of biases and the impact of the societal whole is an additional form of harm because it prevents important dialogue around this topic, which in turn perpetuates the invalidation and mistreatment of BIPOC.

Similarly, several participants did not adhere to directions to reflect on their race and instead drew a representation of their ethnicity. Because there can often be greater comfort in discussing ethnicity in contrast with race, participants demonstrated color-evasiveness. Participants reflected on cultural values and norms as opposed to engage in reflection on racial identity and its byproducts. This is in congruence with Norris and
Hadley (2019) who noted discussions of ethnicity, while valuable, often produce conversation about personal values, norms, and traditions and may not always include race-based discussion. Whereas discussions of race directly produced conversation of racism, oppression, privilege, and bias.

**Transformative Action.** In the final group, the four female participants expressed a desire to do ongoing work raising their awareness of their own implicit biases including trying to understand the media, the lens of history, music, and personal reactions. Adams (2015) noted that many white people have grown up not needing to confront their biases or acknowledge their race due to their white privilege. Therefore, the process of developing cultural competence as a white person includes confrontation of our personal whiteness and systems of white supremacy.

Participants expressed a desire to continue to work on this area for personal development and integrate awareness into their daily life at work and socially. All participants seemed to understand that their brains make automatic connections without their knowledge. This finding is consistent with research on unconscious bias which affirms that our assumptions dictate our thoughts and actions without our knowledge (Brown, 2017). Participants expressed a desire to make conscious what they have realized is unconscious through continuous reflective processing after the group. This continuous process of reflection and self-assessment is necessary to achieve cultural responsibility (Adams, 2015; Applebaum, 2016; Burgess, 2017; Hadley & Norris, 2016; Hook et al., 2017).

As participants spoke of their own desire to become more aware, they discussed taking thoughtful action, which was discussed as the final step of “autonomy” in
developing a positive white identity defined by Helms (1999) and a necessary aspect of being a culturally competent clinician because clients are inherently impacted by the political environment (Hadley, 2013). Helms’ autonomy stage includes having a positive white identity, which one participant often discussed as wanting to understand whiteness for herself. For her, she felt that the artwork produced a new way to engage with personal whiteness experiences that felt intimate. The autonomy stage also includes taking an active role in social justice issues, which all female participants expressed a desire to do. Yet it should be noted due to the brevity of the group in comparison with the lifelong process of understanding racial identity and anti-racism work, it is unlikely participants achieved autonomy by the conclusion of the group. It is more likely that participants were able to move in and out of stages in the process of continued development.

**The Experience of Exploring White Privilege**

White privilege was a force that all participants acknowledged as present in their lives, but often not examined on a regular basis. Participants discussed that their whiteness is not always visible to them and they have not always needed to explore it, a byproduct of their own privilege. This is consistent with Menakem (2017) who noted that by simply being white, people are favored and privileged more than other races in the United States.

**New Concepts.** For multiple participants, confronting privilege as a white person in the United States was somewhat novel and seldom personally explored (Adams, 2015). Participants were able to note their little history of understanding their whiteness and minimal experiences of racism. It was expressed on several occasions that participants’ only experiences discussing issues of race had been in academic or training settings and
not in settings that manifest in their daily living. Despite having exposure to topics of whiteness and racism, participants expressed feeling that they did not have enough training or experience with the topic, specifically participants who were clinicians. Gipson (2015) stated that people who are white that confront their privilege, commonly are unsure how to move into helpful action. Therefore, it is possible that while participants had previous trainings, they expressed difficulty identifying their next step in understanding their white identity after the training concluded. Helms (1999) referred to the ability to understand white privilege, but still needing assistance from BIPOC contains essential aspects in forming a non-racist white identity, but classified this “pseudo-independence” due to the inability in this stage to take transformative action independent of BIPOC. Unsurprisingly, Johnson (2015) documented that white clinicians reported lower levels of cultural competency in comparison with BIPOC. While participants did not explicitly note feeling the need for BIPOC to guide them or explain concepts to them, they frequently expressed being unsure of how to move forward beyond the group. Participants who discussed the desire to move forward with positive social action utilized nature and growth themes in their artwork, often reporting they were growing through muck or adversity on their way to achieving autonomy.

One participant reflected several times on the possible benefit or disadvantage of being a white clinician who serves primarily the BIPOC population. The research seemed to suggest two important responses to this question. Hadley (2013) and DiAngelo (2018) noted that health care providers must take personal responsibility for understanding how their race impacts others in the United States. It is the responsibility of us white people to seek the information as opposed to relying on BIPOC to educate us. Additionally, Hadley
asserted that it is the responsibility of us white clinicians to be aware of how the larger community and political climate affects clients seen in session. Similarly, DiAngelo noted that it is necessary for white people to take a role in educating others and should not rely on BIPOC do this. This participant expressed “pseudo-independence” from Helms’ (1999) stages by often making comments which removed herself from being in a position to make impactful change due to her race.

It seems from the literature that it is possible for white clinicians to complete successful therapeutic work with clients who do not share the same racial identity as long as they remain committed to their own awareness of biases, cultural differences, and pursue supervision (AMTA, 2019). Helms (1999) would classify these qualities as a necessary component of having a non-racist white identity made possible through “autonomy.” However, there are also noted benefits to same race pairings as described in the literature on education and supervision by Barker (2011) who recommended BIPOC receive same race mentorship in cases they cannot receive same race supervision. By pairing supervisees and supervisors of the same race together in the example of PhD students, greater levels of trust and overall achievement can be possible. Specifically, when Black students are paired with white supervisors, there can be internalized feelings of alienation, invisibility, and anxiety produced in the relationship. While the therapeutic relationship differs from the academic relationship, these sentiments can be transferred over to the therapeutic relationship. This could include damage to the client when white clinicians do not have personal awareness or education as well as positive benefit from same race pairings due to BIPOC feeling a greater sense of ease and racial understanding with participants of their own community.
Plain White Person. A significant concept that emerged while discussing white privilege along with understanding personal whiteness was the notion of being a “plain white person,” or a person with no detail or “nothing special.” While participants were discussing their biases, they were also confronted with what it means to be white. Their reflections often deferred to responses that contained little forethought due to their own privilege. Due to the experience of receiving skin privilege by being white, participants had not given significant thought to their own racial identity and often had not been confronted with their own whiteness (Ahmed, 2007). Because whiteness has been reinforced by the tenants of white supremacy as the “norm,” it is not uncommon for us white people to have little experience considering our whiteness.

Moon (2016) noted that white people often do not identify with a specific race and may not identify as even having a race. It is also common for people who are white to engage in “identity suppression,” identified by Marshburn and Knowles (2018), if they feel their whiteness may be perceived as “bad” in the social context they are in. Identity suppression may also occur due to white fragility (DiAngelo, 2018). Additionally, Allen (2019) asserted in her research that people who are white often have not integrated their whiteness into their identity due to lack of barriers which make reflection necessary. She elaborated that people who are white often exhibit tension and restriction of the body when discussing their whiteness, demonstrating their limited reflection on their racial identity. The current research seemed to demonstrate not only body responses, but also that the arts may reflect the limited reflection people may have in regard to their race by details present in visual art. Participants tended to exhibit themselves as non-descript in the initial two groups. Being unaware of personal skin color or qualities associated with
skin color correlates to not “seeing color” or color-evasiveness, most likely
unconsciously. The representation of self as “plain” or without detail exhibits qualities
consistent with Helms’ “contact” phase which includes generally not being aware of the
issue of racism (1999).

**Owning White Identity.** In tandem with examining the “plain white person” one
participant discussed the desire to “own” their white identity for themselves. They
expressed that they felt the media and others have defined what it means to be white and
have assigned attributes to people who are white and that she wanted to create her own
definition and appreciation of her whiteness. It seems relevant that in order for us white
people to understand the impacts of our whiteness, we must also be able to confront and
engage with it. Moon (2016) explained that white people are unsure of how to embody
their own race and are in need of their own framework in the development of their white
identity. Whiteness must become personalized in order to motivate reflection and change.

This participant exhibited qualities of the “autonomy” stage of Helms’ model by
expressing a desire to have a personal and positive white identity (1999). Helms’ model
details that the final stage of development includes the white person having a positive
white identity combined with taking a role of advocacy.

**Protection.** When confronting their whiteness, participants were able to consider
that their whiteness has afforded them privilege, resulting in invisible protection. One
participant drew physical protections around their body as representative of privilege they
have experienced. Another participant described “rose colored glasses” as their protection
of privilege. Participants reflected on this protection as allowing them to see what they
want to see and because of this protection, participants expressed not feeling they needed
to confront their whiteness. Because possessing whiteness puts people at societally increased advantages, it is not uncommon for us white people to not want to confront our whiteness as our whiteness ultimately protects our privilege as described by Mills (2007). DiAngelo (2006) additionally noted that people who are white do a great deal to protect their privilege. This may manifest as the development of white ignorance, which Mills noted includes being prone to minimizing and denying privilege (2015).

In the experience of this group, by reflecting on this protection, group participants were able to discuss a desire to examine their privilege more closely as well as reflect on and appreciate the privilege they have received. Being unaware of unearned privilege is representative of Helms’ “contact” phase which includes ignoring the issue of racism and even possible resistance. Privilege was represented by one participant as a protective barrier around the self, as an example of how the art reflected concepts.

**The Experience of Exploring Power, Oppression, and Racism**

In the group process, the topics of power and oppression were indirectly discussed and not fully examined. When mentioned, they were connected to attempts to understand implicit racial bias. Some participants discussed trying to understand the influence of bias, specifically through the context of how history is told, how news is reported, how the media impacts society, and music. This is congruent with Menakem (2017) and DiAngelo (2018) who asserted that white Americans have gone to great lengths to preserve white as preferred. This is also reflective of the notion that racism is socialized and reinforced generationally to preserve whiteness both consciously and unconsciously (DiAngelo, 2006; 2018).
**De-centering vs. Centering.** Racism was discussed often with an emphasis on the use of mindfulness techniques to confront bodily responses to addressing racism. The use of mindfulness techniques and body awareness were examined due to the benefit of accessing bodily cues in response to assessing for biases. Brown (2017) and Menakem (2017) both discussed that bodies respond to the perception of threat whether one is aware of its reaction or not. Allen (2019) examined the ways in which white privilege can manifest in the body of white people and concluded that people who are white often experience bodily restriction and tension when discussing race.

One of the participants of the group specifically struggled with integrating themselves into the issue of racism due to concerns that she would be focusing her attention on herself as opposed to the person who is experiencing racism. She repeatedly used the word “de-centering” to express that she did not want to examine her own responses as she felt it invalidated the experience of BIPOC. This participant exhibited the ability to engage with a non-racist white identity, in congruence with Helms’ model (1999). However, she exhibited qualities of “pseudo-independence” by expressing she did not feel she should examine her personal responses for fear it would invalidate the experience of BIPOC. This participant struggled to discuss personal biases and instead, in her artwork, drew mechanisms society uses to perpetuate biases including the media, music, and TV. She reported being unable to draw a personal reflection on this topic. This mentality perpetuates reliance on BIPOC to be responsible for education and broaching difficult conversations with people who are white and discourages having difficult conversations altogether. This is consistent with Allen’s (2019) observation that whiteness is difficult for white people to integrate into their bodies and disconnection is
common among white people when discussing issues of race. Moon (2016) also reflected that we white people often struggle to manage the positive and negative aspects of being white and white people may internalize there is no positive part of being white. Lack of willingness to engage in personal reflection is characteristic of white fragility. In this case, using the rationale of not examining whiteness in order to not detract from the experience of BIPOC is a method of avoiding confronting possible negative feelings associated with reflection about whiteness (DiAngelo, 2018).

However, Johnson (2015) expressed the benefits of integrating all aspects of one’s white identity due to this producing greater levels of cultural responsiveness. Other participants commented on the perceived benefit of using mindfulness techniques to increase their ability to be present and calm when discussing racism as well as provide cues when they experienced discomfort. Prior to the utilization of mindfulness techniques, when discussing a scenario of racism, participants expressed tension and anxiety. Using a lovingkindness meditation assisted with connection to the body as well as increased self-acceptance. Burgess (2017) utilized similar techniques in attempts to decrease implicit bias and noted that mindfulness techniques assisted in minimizing “cognitive load” of practitioners. Using this research as a basis, it seems plausible that the use of mindfulness techniques was useful to participants because they assisted with mind/body connection as well as decreased stress levels which produced grounded thinking and response.

**Anxiety and Action.** Discussing racism produced anxiety for many of the participants. In part this was due to participants reporting they had not experienced racism before as well as not knowing how to respond “correctly.” Being unsure of
appropriate responses of how to manage issues of racism seemed to produce increased anxiety due to participants reporting they did not feel they had adequate language to express themselves around this issue and they desired responding in a helpful manner. There seemed to be a gap in knowledge and exposure to racism as a product of being white.

The majority of participants additionally expressed a desire to help in a way which truly provides assistance to BIPOC instead of making attempts to assist as an ally that are not helpful. Participants expressed feeling they needed more language around the topic as well as the ability to practice difficult conversations in a safe setting. Linder (2015) noted that it is common for people who are white to be unsure of how to take helpful action because they fear wrong action may be perceived as racist or prejudiced. In situations where white people have reported having well integrated identity and awareness, Robbins and Jones (2016) noted white people continue to struggle with when and how to react to observations of racism in their daily lives. These findings are consistent with Helms’ model (1999), which would suggest people who express a positive understanding of racial identity and willingness to assist in anti-racism work, but are unsure how to act, most closely exhibit qualities of “pseudo-independence.” The final stage of Helms’ model is “autonomy” which requires that people who are white to not require assistance from BIPOC to engage in social justice work.

Marshburn and Knowles (2018) observed that we white people are also often uncomfortable and anxious discussing race, particularly in cross-racial interactions for fear of being perceived as “bad,” also demonstrative of white fragility (DiAngelo, 2018). As previously noted, Marshburn and Knowles observed anxiety often results in us white
people engaging in identity suppression when we fear being perceived negatively and this may decrease willingness to explore topics. The group process seemed to benefit the majority of participants in feeling increased comfort with exploring issues of racism in a safe environment. Participants reflected on previous experiences discussing topics in an academic setting and that the process of utilizing the creative arts assisted with personalizing their identity and experience with topics.

**Increasing Awareness of Implicit Racial Bias**

The creative arts were a driving force throughout the research process to engage participants with their own racial identity, privilege, and biases. The creative arts were used specifically as an instrument to access the body and held beliefs as well as unconscious thought and expression. The question of how the creative arts therapies impacted awareness of implicit racial bias was reliant on participants engaging with their unconscious thoughts to make them conscious.

**Challenging Academic Experiences.** Participants largely reflected on their past experiences receiving education regarding biases in formalized trainings, such as in the classroom setting and on the job trainings. In these past experiences, participants reported not feeling connected to the material, feelings of guilt, and some participants made comments of feeling that society has defined for them how they should view themselves as people who are white.

There are a number of noted areas of need with current training programs and supervision practices. Specifically, Johnson (2015) suggested attention to high quality cultural competency trainings in educational and practicum settings. However, Hadley (2013) detailed that white women are the primary educators in academic settings, which
is not reflective of the array of clients served. Additionally, Hadley and Norris (2016) wrote specific to the field of music therapy, that white, American clinicians often teach multicultural courses from western training and perspectives.

Many participants in this study expressed that the creative arts process was uniquely engaging because it provided a way to express and engage with these important topics in a personalized way. Several participants remarked on not needing to engage with their whiteness or biases significantly in their lifetime up until participating in this research, which is commonly experienced among white individuals (Moon, 2016). Participants described the creative arts process as assisting with examining their identities and biases through different angles and lenses when shared in the group setting. One participant reported that she “surprised” herself in her artwork and other participants often gained increased awareness and language of their individual process by hearing from their peers.

For this group of participants, it was observed that participants who expressed a higher degree of value for intellectual understanding in contrast with participants who expressed value in emotional understanding, demonstrated generally lower levels of development on Helms’ Model of White Racial Identity (1999), often finding themselves in either the initial “contact” phase or “pseudo-independence” due to not feeling competent or able to make effective change. However, participants who immersed themselves in the art making process expressed qualities consistent with the “autonomy” phase, including integrating a positive white identity and connection to social justice issues. Therefore, it is reasonable that people who have attended academic courses do not
necessarily report feeling culturally competent or racially aware due to academic courses requiring cognitive, rather than emotional engagement.

**Making the Unconscious Conscious.** The art-making process also held some of the general confusion and anxieties that participants examined regarding their biases. Several participants expressed not fully understanding their biases or not knowing how to get in touch with those biases. Their artwork was a means to explore these biases and bookmark where they found themselves in the process. As Gruber and Oepen (2018) observed, art is strongly tied with emotion, thus allowing the artmaking process to invite emotional and cognitive reflection. One participant in particular who expressed “disgust” with their implicit biases in the second group was able to process some of her negative feelings with the assistance of the arts and report she had come to a place of hope that she could become more aware of her biases and respond accordingly. Wolf (2017) noted that using art to assess and monitor progress in therapy has long been used as a method to access unconscious thought. He suggested that artwork contains multiple layers of meaning that are able to be explored with the support of the therapist. However, accessing layers of the unconscious through artmaking seemed useful in the group context as well.

One participant expressed no information gained from the creative arts experience in examining bias and expressed that they are already aware of biases and they are able to self-correct these biases as they happen. However, although this participant expressed having gained no new information, he drew the most controversial and provoking images in the group including an image of himself with his back to protesters with his hand on his chin when reflecting on implicit bias. This participant also drew the Hindu god
Ganesha with himself as a thought bubble outside of the god when discussing racism. Although not explicitly discussed in the group, Ganesha is a god who is often worshipped before engaging in major events and his name means “Lord of the people.” He is often portrayed with sweets in his hand and the vehicle of a rat which represents his ability to overcome any obstacle. Ganesha is also the god of intellectuals (Doniger, 2020). This participant’s artwork seemed to represent thought and intellect frequently, but did not reflect emotional experiences due to the perception that emotions were not viewed as reliable information. This participant experienced a disconnection between their consciousness and unconscious thought and in turn, demonstrated a disconnect between emotional and intellectual thought and the use of the artwork was able to highlight dissonance in response to concepts. Anti-racism work and culturally responsive work requires room for self-reflection, understanding, managing of emotional reactions, and ongoing practice in addition to understanding concepts. This participant was not able to incorporate all elements necessary to achieve a non-racist white identity during the research process (Helms, 1999; Linder, 2015).

**Language and Comfort.** One of the most prevalent needs of the participants in closing was the need for language and conversation regarding topics related to bias and race due to a limited history of examining these topics. Participants expressed appreciation for the group process in being a safe space to discuss concepts and share thoughts. In learning and developing language around race and bias, participants expressed feeling a greater sense of comfort when discussing topics in the future in their spheres of influence. Moon (2016) noted that the more exposure to narratives of BIPOC that we white people experience, the more we often report comfort with topics. Sue et al.
(2007) encouraged the regular practice of making space to hear stories of from varied backgrounds in order to increase exposure, understanding, and ultimately comfort engaging with issues of race.

One participant described this as feeling able to “show up” for conversations that she did not previously feel present for. She reported that the creative arts process fostered increased ownership, engagement, and comfort with these issues.

**Limitations**

The limitations of this research are noteworthy in summarizing the findings as well as discussing future implications for research and application. One of the most unique limitations of this research was that due to COVID-19, this research was conducted in an online setting due to the inability to have participants in the same physical space. While the original intention of this research was to conduct research in a shared physical space, the use of online platforms were utilized instead. At the time of this research, a surge in the use of telehealth services was observed with a form of communication and service that previously had been used on a limited basis. It is unclear how exactly the online element impacted the group in a positive or negative manner, if at all. However, it clearly changed dynamics amongst the participants. Using an online forum to discuss such sensitive information could have potentially been useful for participants to feel increased safety in their space, or conversely, there could have been negative impacts to the findings based on limitations on non-verbal communication that is more apparent when talking in person. The analysis of video recordings of all participants on one screen limited the ability to examine non-verbal information from
participants. Participants did not indicate in either direction if they felt negatively or positively impacted by this dynamic.

This research is limited in the inclusion of participants only from Massachusetts, identifying a small cohort of individuals in a specific location as opposed to a more diverse group. As Clark and Clark (1950) noted, differences in geographical location can impact internalized thoughts about various identities as well as personal understanding of identity and its qualities, positive and negative. The group was comprised of four females and one male. The data would be more comprehensive with more varied gender identity. There is great value in conducting research with white females, as they largely comprise therapeutic fields. However, the field is in great need of expansion and increasing visibility to other gender identities in promotion of being culturally responsive. Lastly, results are not able to be generalized or transferred to all people who identify as white due to intersecting identities.

Additionally, another possible limitation is that all participants had prior relationships due to working together in the same agency. While this could have promoted a sense of trust among participants, it also may have made participants less apt to share information due to fear of perception by co-workers following the group process.

This research was formulated intentionally to include only people who identified as white in order to increase overall comfort discussing topics in regard to reducing identity suppression among participants with a shared identity (Marshburn & Knowles, 2018). Additionally, the intention to have all white participants sought to minimize any re-traumatization BIPOC participants may have experienced being engaged in these topics with white participants. As the process of self-reflection and anti-racism is
ongoing, participants engaged minimally comparatively in the lifetime work that is
necessary to engage with to be culturally responsive.

Lastly while some themes extracted from the data were expressed by multiple
participants, there were other themes that were voiced by only one participant. A greater
level of saturation would be optimal through conducting the research with more
individuals in order to create robust data results.

**Implications for Future Research**

The research conducted demonstrated useful mechanisms for exploring issues of
racial identity, privilege, and bias. The benefits of utilizing the creative arts therapies to
examine these important issues lie in the very essence of the arts to express what words
cannot.

It would be of benefit for future research to replicate this research with a larger
and more diverse group (age and gender identity) in order to examine for thematic
material and obtain saturation on topics that had limited contribution from participants. It
would also be of interest to note differences in experience based on geographical
location, including internalized notions of whiteness as well as overall comfort in
confronting these topics.

This research was conducted with health care providers who all obtained a
master’s degree and were in a higher level of management in their individual settings.
Several of these participants were clinicians within their first two years of practice post
masters. This research would be of interest to conduct with health care providers and
clinicians of varied levels of experience and education.
Lastly, these creative arts approaches would show up vastly different if conducted with BIPOC in discussing racial identity, and experiences of racism, privilege, and bias. This research would likely provide important information about how these concepts manifest in the unconscious, in a similar process to the participants of this group.

**Summary**

This research demonstrated the experience of participants using the creative arts therapies to engage in conversation about race, bias, and privilege in a personalized and meaningful way. It is of significance that the vast majority of people who identify as white in the United States have not had to engage with their racial identity and its effects in any setting but formal ones, if at all. As mentioned previously, this is a manifestation of the effects of white supremacy in this country and part of the cycle which reinforces white ignorance and fragility.

While it is evident that there are many people in the United States who actively engage in acts of racism and separation, this research demonstrated that there are people who are white who want to engage in personal work, but are unsure of how to take necessary steps to navigate the process. This is in part because discussing whiteness as a white person has not been normalized and is often considered taboo. Discussing whiteness can also contribute to feelings of discomfort, shame, and perceived loss of privilege. Yet, there are people who would like to have more information, but do not know how to take action.

This study supported that for these participants it was important to them as white people to take responsibility for educating themselves, in particular as health care providers, without the reliance on BIPOC for this study. This research demonstrated that
these spaces need to be created in order for people who are white to be exposed to and engaged with their own race, privilege, and biases in a personalized way. While there is a clear benefit for engaging white health care providers in academic courses regarding multiculturalism and systems of oppression, strictly educational settings contribute to internalization that these issues are academic issues and not personal issues. Therefore, when the class comes to an end, so does the need for examination. It is clear that ongoing education and supervision is needed for white clinicians and health care providers to maintain an open dialogue and understanding of issues directly impacting clients served.

Issues of racism, while longstanding in the United States, are becoming more discussed among white people, requiring the need for self-examination. The identification and need for white people to respond to their privilege and role in systemic racism may produce defensiveness for some. One participant expressed feeling “backed up against the wall” and this feeling contributed to her being unsure how to be a helpful ally to BIPOC. People who are white need to be able to navigate all aspects of their racial identity, including the value as well as the negative consequences. It is important, as demonstrated in this research, that people who are white are able to examine themselves from every angle which includes ownership and appreciation of their own racial identity, understanding of how their whiteness plays out in the world, understanding of their own biases, and responsibility for action.

The use of the creative arts in promoting self-examination and reflection as white health care providers demonstrates the unique benefits of the creative arts to access what is seen and what is not seen in the human experience. Because racism and biases are
engrained and often unconscious processes, the arts are useful tools to extract information due to their manifestation in the body and unconscious.
Appendix A

Group Process Outline
Group 1: Exploring personal racial identity

1. Review of informed consent for participation in research study, ability to opt out of study at any time, and emphasize the ability to access resources to discuss any bothersome topics that may arise through the experience.

2. Participants will be engaged in a check in. This check in will include asking participants to reflect on their overall mood and alertness in an effort to gain greater skills with identifying their baseline and when they become triggered.

3. The facilitator will invite participants to make a visual representation of their own racial identity using an array of arts supplies (will make available clay, canvas, paper, paints, string, markers, crayons, etc.)

4. Participants will be asked to look at what they have created and as they look at their artwork, they will be asked to notice how their body is responding to their artwork.
   a. Does your body feel open or closed? Where do you feel this in your body?
   b. Do you feel any physical sensations? What do you feel and where?
   c. Do you feel happiness, fear, sadness, anger? Which emotions arise and where?
   d. Are your instincts to share the artwork or to keep it private?

5. Using thoughts and body awareness identified in guiding questions, participants will be asked to create a poem in response to their artwork.

6. Participants will then be invited to discuss as a group the experience of creating artwork, identifying bodily response and poems created.
   a. Would you like to share any part of your artwork, poem, or both?
b. Do the materials you used to create the art have any significance for you?

c. Can you identify meaningful parts of your racial identity?

   i. Were you aware of these meaningful parts for you before creating or were you made aware through the process of creating?

d. Did your poem reveal any information to you about your identity?

e. What did you notice about the response your body had to your racial identity? Is this a comfortable topic for you or not? How do you know?

f. Do you think about your racial identity often or not? Why?

7. Participants will be invited to engage in a brief grounding activity as closure to the group.

8. Participants will be asked to complete the IAT prior to the next meeting. Artwork and poem will be asked to remain in the group space for future use.

**Group 2: Exploring implicit racial bias**

1. Participants will be asked to engage in a check in with the facilitator

2. Participants will be invited to listen to three pieces of music spanning approximately five minutes each. During the experience they will be asked to write down the various identities of the people singing.

   a. What is their race? Age? Body type? What is their background? Do you feel connected to this person or not?

   b. Participants will be asked to write a small paragraph on who they imagine this person to be including all qualities mentioned previously
c. The identity of the musician will be revealed, and participants will be asked to discuss their implicit bias further through the following guiding questions:

i. Why do you think you made assumptions about what qualities this person had?

ii. What experiences have you had that have reinforced these beliefs?

iii. If you were incorrect, how do you feel knowing that your assumptions were likely incorrect? Do you feel relieved? Concerned? Frustrated? What response you have to knowing you were correct?

iv. How often do you think you make incorrect assumptions about others based on what you hear or see?

3. The group leader will summarize that this represents implicit bias. Forces that are working without our knowledge and that make decisions about people for us unless we are aware. The facilitator will provide education to participants about biological and social rationale for having bias and assure this is a natural and automatic response.

4. Participants will then be asked to take out the results of their IAT and contemplating the results of the IAT and the opening activity, participants will be asked to complete a second art piece representing their own implicit racial bias. They will then be asked to contemplate the following questions after completion of the exercise:

a. Does your body feel open or closed? Where do you feel this in your body?
b. Do you feel any physical sensations? What do you feel and where?

c. Do you feel happiness, fear, sadness, anger? Which emotions arise and where?

d. Are your instincts to share the artwork or to keep it private?

e. Participants will be asked to name this piece of art to give it closure for the moment

5. Participants will then be invited to discuss as a group the experience of creating artwork and identifying bodily response

   a. How did it feel to create a piece of artwork that represents your own implicit racial bias?

   b. What did you notice in your body as you created the artwork?

   c. How does your body feel now while you share your artwork?

   d. Do you have any new realizations through this exercise?

6. Participants will be invited to engage in a brief grounding activity as closure to the group.

7. Artwork and writing will be collected and remain at the group site.

**Group 3: Mindfulness and body awareness practice exploration**

1. Participants will be asked to engage in a check in with the facilitator

2. Participants will be asked to reflect on the results of their IAT signifying if they had a slight, moderate, or strong preference for light or dark skin. If they scored with no preference, they will be asked to do the following exercise contemplating a person from a group they do not identify with.
a. Considering the preference that each person has, they will be asked to reflect on the group that is different from them or they do not identify with.

b. Participants will be asked to attempt to visualize a client or co-worker they work with that identifies with the group they do identify with and whom they do not have a “preference for” based on the IAT. Participants will be encouraged to not choose someone they have a close relationship with, but someone they have had little contact with instead.

c. They will be asked to contemplate the bodily sensations that accompany thinking of that person and intentionally take note of those feelings and thoughts that pass through their mind when visualizing that person.

d. The facilitator will then take the participants through a loving kindness meditation focused on that individual.

e. Participants will then be asked to take note of any changes to bodily sensations, breathing patterns, and feelings about that person at the end of the exercise.

3. Participants will be asked to respond to what this meditation was like through a free writing exercise. Participants will be given 15 minutes to engage in free association about their experience with the meditation.

4. After writing the free association, participants will be asked to review their writing exercises for major points that stick out to them including phrases and word. Using one of those phrases or words, participants will be asked to create a
final piece of artwork reflecting that word or phrase. They will reflect on the same guiding questions

a. Does your body feel open or closed? Where do you feel this in your body?
b. Do you feel any physical sensations? What do you feel and where?
c. Do you feel happiness, fear, sadness, anger? Which emotions arise and where?
d. Are your instincts to share the artwork or to keep it private?

5. Participants will then be invited to discuss as a group the experience of creating artwork and identifying bodily response,

a. How did it feel to create a piece of artwork that represents your word?
b. What did you notice in your body as you created the artwork?
c. How does your body feel now while you share your artwork?
d. Do you have any new realizations through this exercise?

6. Participants will be invited to engage in a brief grounding activity as closure to the group. This grounding activity will address self-care for managing difficult emotions that may have arisen during the topic of this group.

**Group 4: Wrapping up and summarizing experience**

1. The final group will be used as a closure group to reflect on all of the materials discussed throughout the group process

2. Participants will be asked to engage in a check in with the facilitator

3. Participants will be invited to collect their three art items and place them in front of them for the discussion of their process

4. Participants will be asked to consider the following guiding questions:
a. Did I evolve through this process in my understanding of implicit racial bias?
   i. Is this reflected at all in my artwork I created?

b. What is my understanding of my own racial identity and how this impacts others?

c. What is my understanding of how implicit racial bias affects the ways I interact with clients and staff in the workplace?
   i. Did creating artwork, writing, or mindfulness techniques increase my understanding?

d. Do I have a better understanding of my body’s response to issues or race and implicit racial bias?

e. Are there lessons I will take with me into the workplace with clients and staff?

f. Is there more I wish I knew that wasn’t covered?

g. How did the group help or not help my own process?

h. What is my comfort level with this topic upon completion of this group?
APPENDIX B

Internal Review Board Approval
DATE: 07/14/2020

To: Melanie Carbonneau

From: Robyn Cruz and Ulas Kaplan, Co-Chairs, Lesley IRB

RE: **IRB Number: 19/20-044**

The application for the research project, “Examining the Experience of White Privilege for Human Services Providers Using the Expressive Therapies” provides a detailed description of the recruitment of participants, the method of the proposed research, the protection of participants' identities and the confidentiality of the data collected. The consent form is sufficient to ensure voluntary participation in the study and contains the appropriate contact information for the researcher and the IRB.

This application is approved for one calendar year from the date of approval.

You may conduct this project.

**Date of approval of application: 07/10/2020**

Investigators shall immediately suspend an inquiry if they observe an adverse change in the health or behavior of a subject that may be attributable to the research. They shall promptly report the circumstances to the IRB. They shall not resume the use of human subjects without the approval of the IRB.
APPENDIX C

Initial Email and Informed Consent Forms
**An Invitation for Research Participation!** Examining the Experience of White Privilege for Human Services Providers Using the Expressive Therapies

Hello Colleagues!

I am inviting you to participate in my PhD research study exploring learning about your own white privilege and implicit racial bias and how this impacts your work with clients and co-workers. The research is designed in a group supervision format including up to 8 participants to commit to weekly online groups for 4 weeks. Groups are expected to last between 1 hour and 1 and ½ hours weekly. Group topics will discuss personal racial identity, implicit racial bias, mindfulness and body awareness and reflection. Each group will be run online and conducted by an expressive arts therapist. Groups will be recorded for data collection purposes. The research will examine what the experience is of participants when they use the creative arts therapies to discuss topics. Participation is voluntary, confidential, and participants will not be compensated for their time.

Requirements for participants are that you serve currently in a management role at your program (Program Director, Clinical Director, Assistant Program Director, Clinician), you identify as white, and that you work in a non-profit agency that serves youth involved with DCF, DMH and/or DYS.

Please reach out directly to me with any questions regarding participation.
Informed Consent

You are invited to participate in the research project titled “Examining the Experience of White Privilege for Human Services Providers Using the Expressive Therapies”. The intent of this research study is to examine the experience of using the creative arts therapies in group supervision to explore issues of white privilege and implicit racial bias for supervisees.

Your participation will entail weekly online groups lasting approximately 1 hour to 1 ½ hours each. During these groups, you will be asked to participate in art making, writing, mindfulness techniques and group conversation. The groups will discuss personal racial identity, implicit racial bias, mindfulness techniques and processing as a group. You will also be asked to complete Harvard’s Implicit Associations Test (IAT) online. Each group will be conducted online and will be recorded.

In addition

- You are free to choose not to participate in the research and to discontinue your participation in the research at any time without facing negative consequences.
- Identifying details will be kept confidential by the researcher. Data collected will be coded with a pseudonym, the participant’s identity will never be revealed by the researcher, and only the researcher will have access to the data collected.
- Any and all of your questions will be answered at any time and you are free to consult with anyone (i.e., friend, family) about your decision to participate in the research and/or to discontinue your participation.
- Participation in this research poses some risk as you will be encouraged to examine topics such as white privilege that may make you uncomfortable.
- If any problem in connection to the research arises, you can contact the researcher Melanie Carbonneau by phone at (585)-733-5057 and by email at mcarbonn@lesley.edu or Lesley University sponsoring faculty, Michele Forinash by email at michele.forinash@lesley.edu
- The researcher may present the outcomes of this study for academic purposes (i.e., articles, teaching, conference presentations, supervision etc.)

I am 18 years of age or older. The nature and purpose of this research have been satisfactorily explained to me and I agree to become a participant in the study as described above. I understand that I am free to discontinue participation at any time if I so choose, and that the investigator will gladly answer any questions that arise during the course of the research.

<table>
<thead>
<tr>
<th>Participant’s signature</th>
<th>Date</th>
<th>Researcher’s signature</th>
<th>Date</th>
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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
CONSENT TO USE AND/OR DISPLAY ART

CONSENT BETWEEN: _____________________ and _______________________________.

Melanie Carbonneau  Artist/Participant’s Name

I, ______________________________, agree to allow ________________________________.

Artist/participant’s name  Melanie Carbonneau

to use and/or display and/or photograph my artwork, for the following purpose(s):

☐ Reproduction and/or inclusion within the research currently being completed by the expressive arts therapy doctoral student.

☐ Reproduction and/or presentation at a professional conference.

☐ Reproduction, presentation, and/or inclusion within academic assignments including but not limited to a doctoral work, currently being completed by the expressive arts therapy doctoral student.

It is my understanding that neither my name, nor any identifying information will be revealed in any presentation or display of my artwork, unless waived below.

☐ I DO  ☐ I DO NOT wish to remain anonymous.

This consent to use or display my artwork may be revoked by me at any time by informing the researcher. I also understand I’ll receive a copy of this consent form for my personal records.

Signed _____________________________________________ Date _____________________

I agree to keep your artwork safe, whether an original or reproduction, to the best of my ability and to notify you immediately of any loss or damage while your art is in my possession. I agree to return your artwork immediately if you decide to withdraw your consent at any time. I agree to safeguard your confidentiality.

Signed _______________________________________________ Date ___________________

Researcher’s Signature

MELANIE CARBONNEAU, phone: (585)733-5057 or email mcarbonn@lesley.edu
REFERENCES


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