2015-12-09

Exploring Black/White Biracial Female Therapists’ Perceptions and Meaning-making in the Context of Providing Therapy

Anna W. Scarbriel

University of Miami, anna.scarbriel@gmail.com

Follow this and additional works at: http://scholarlyrepository.miami.edu/oa_dissertations

Recommended Citation


This Open access is brought to you for free and open access by the Electronic Theses and Dissertations at Scholarly Repository. It has been accepted for inclusion in Open Access Dissertations by an authorized administrator of Scholarly Repository. For more information, please contact repository.library@miami.edu.
EXPLORING BLACK/WHITE BIRACIAL FEMALE THERAPISTS’ PERCEPTIONS AND MEANING-MAKING IN THE CONTEXT OF PROVIDING THERAPY

By

Anna Wheatley Scarbriel

A DISSERTATION

Submitted to the Faculty of the University of Miami in partial fulfillment of the requirements for the degree of Doctor of Philosophy

Coral Gables, Florida

December 2015
UNIVERSITY OF MIAMI

A dissertation submitted in partial fulfillment of the requirements for the degree of Doctor of Philosophy

EXPLORING BLACK/WHITE BIRACIAL FEMALE THERAPISTS’ PERCEPTIONS AND MEANING-MAKING IN THE CONTEXT OF PROVIDING THERAPY

Anna Wheatley Scarbriel

Approved:

______________________                    ______________________
MarieGuerda Nicolas, Ph.D.                    Debbiesiu Lee, Ph.D.
Associate Professor of Educational and Educational and Psychological
Psychological Studies Studies

______________________                    ______________________
Dina Birman, Ph.D.                  Anabel Bejarano, Ph.D.
Director, Community Well-Being Ph.D. Director, Master’s Programs in
Ph.D. Program Counseling
Associate Professor of Educational Clinical Assistant Professor
and Psychological Studies Educational and Psychological
Studies

______________________                    ______________________
Analesa Clarke, Ph.D.                   Dean of the Graduate School
Licensed Psychologist
Individuals born to parents from two or more different racial groups are one of the fastest growing population groups in the United States, with Black/White biracials making up the largest proportion therein. This diversification has permeated the field of psychology and counseling, and people of mixed race will increasingly be clients, colleagues, supervisors, and supervisees. It is imperative that the field of counseling and psychology turn attention not only to serving/treating mixed race clients, but also to providing training and supervision to mixed race professionals. In particular, much work remains to better understand the significance and impact of a mixed race identity status as a helping professional. Given the absence of relevant research, we do not know how Black/White biracial therapists address their own racial/ethnic background within the therapeutic context. Such training is especially relevant in the societal context of the United States, in which race continues to hold significant implications for one’s way of being in the world as well as one’s interpersonal interactions. This study explores the experiences of Black/White biracial therapists in engaging in conversations about race (particularly their own) within a therapeutic context. In light of the use of disclosure as a concept in the literature pertaining to the multiracial experiences, therapist self-disclosure was used as an anchoring concept to explore this topic that has yet to be addressed in the literature.
ACKNOWLEDGMENTS

My friends and family have been my lifeline during this 5-year journey. In particular, I would like to thank my mother, Dawn, for being my first, most consistent, and most enthusiastic cheerleader. I can’t even count the many “I don’t think I can do this” calls that you walked me through, always reassuring me and helping me to find the silver lining or lesson to be learned. To my brothers and sisters, younger and older, thank you for the examples you set and the encouragement you provided along the way. To my father, Maurice, thank you for being my first “grammar police” and fostering a sense of commitment and dedication to any task at hand. My husband, Jayson, you caught me just before I slipped into graduate school oblivion and reminded me of the things that really matter. Thank you for letting me cry, making me laugh, and making this all worth it.

Thank you to my Committee members for their thoughtful and supportive feedback and opportunities for growth. A special thank you to my dissertation chair and advisor, Guerda Nicolas; you saw something special in me and took a chance, and for that I am immensely grateful. Thank you for pushing me to excel and to be a leader, and for having my back throughout this process. Thank you also to my UM Counseling Psychology colleagues, especially fellow members of the CRECER Research team that have been instrumental in getting me to this point – Noris, Billie, and Lauren – having your ears and eyes made a big difference along the way.

Finally, I would like to extend sincere gratitude to the participants in my study. The concept for this study came out of personal experiences and I hope I have captured yours fairly and meaningfully. I hope this dissertation is just the beginning for the field.
## TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Chapter</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LIST OF TABLES</strong></td>
<td>vii</td>
</tr>
<tr>
<td><strong>Chapter</strong></td>
<td></td>
</tr>
<tr>
<td>1 <strong>INTRODUCTION</strong></td>
<td>1</td>
</tr>
<tr>
<td>Significant Constructs and Conceptualization</td>
<td>2</td>
</tr>
<tr>
<td>Race, Ethnicity, and Culture in Psychotherapy</td>
<td>4</td>
</tr>
<tr>
<td>Therapists and Clients as Racial Beings</td>
<td>5</td>
</tr>
<tr>
<td>Disclosure in Therapeutic Relationships</td>
<td>8</td>
</tr>
<tr>
<td>Therapist Self-Disclosure: Background and Definitions</td>
<td>8</td>
</tr>
<tr>
<td>Dimensions of Therapist Self-Disclosure</td>
<td>10</td>
</tr>
<tr>
<td>Proposed Guidelines for Therapist Self-Disclosure</td>
<td>12</td>
</tr>
<tr>
<td>Significance of Therapist Disclosure in Psychotherapy</td>
<td>13</td>
</tr>
<tr>
<td>Disclosure and Race</td>
<td>14</td>
</tr>
<tr>
<td>Racial Disclosure and Black/White Biracials</td>
<td>15</td>
</tr>
<tr>
<td>Statement of the Problem</td>
<td>16</td>
</tr>
<tr>
<td>Research Aims and Objectives</td>
<td>18</td>
</tr>
<tr>
<td>Summary</td>
<td>19</td>
</tr>
<tr>
<td>2 <strong>LITERATURE REVIEW</strong></td>
<td>20</td>
</tr>
<tr>
<td>Culturally-informed Therapy</td>
<td>20</td>
</tr>
<tr>
<td>Multicultural Competence and the Role of the Therapist</td>
<td>21</td>
</tr>
<tr>
<td>Therapist Location of Self</td>
<td>24</td>
</tr>
<tr>
<td>Historical Overview of Therapist Self-Disclosure</td>
<td>25</td>
</tr>
<tr>
<td>Theoretical Perspectives on Therapist Self-Disclosure</td>
<td>25</td>
</tr>
<tr>
<td>Therapist Use of Self-Disclosure</td>
<td>30</td>
</tr>
<tr>
<td>Factors Associated with Therapist Self-Disclosure</td>
<td>30</td>
</tr>
<tr>
<td>Implications of Therapist Self-Disclosure</td>
<td>34</td>
</tr>
<tr>
<td>Client Perceptions of Therapist Self-Disclosure</td>
<td>35</td>
</tr>
<tr>
<td>Acknowledging Race/Ethnicity within the Therapeutic Relationship</td>
<td>37</td>
</tr>
<tr>
<td>Client Perceptions of Discussions about Race/Ethnicity</td>
<td>39</td>
</tr>
<tr>
<td>Implications of Therapist Self-Disclosure in Cross-cultural Therapy</td>
<td>41</td>
</tr>
<tr>
<td>Client Perceptions/Preferences</td>
<td>43</td>
</tr>
<tr>
<td>Therapist Perspectives: A Gap in the Literature</td>
<td>45</td>
</tr>
<tr>
<td>Therapist Social Identities</td>
<td>47</td>
</tr>
<tr>
<td>Race and Therapists of Color</td>
<td>48</td>
</tr>
<tr>
<td>Biracial Therapists as Racial Beings</td>
<td>50</td>
</tr>
<tr>
<td>Biracial Identity</td>
<td>50</td>
</tr>
<tr>
<td>Interpersonal Implications of Mixed Race</td>
<td>52</td>
</tr>
<tr>
<td>Biracial Identity as Disclosure</td>
<td>54</td>
</tr>
<tr>
<td>Summary</td>
<td>56</td>
</tr>
</tbody>
</table>
3 METHODS .................................................................................................................. 57

Overview of Research Approach ............................................................................ 57
Specific Research Approach ................................................................................... 58
   Interpretative Phenomenological Analysis .......................................................... 58
   Researcher Stance ................................................................................................ 59
   Methods of Data Collection and Analysis .......................................................... 61
Research Design ....................................................................................................... 62
   Design ..................................................................................................................... 62
   Participants ............................................................................................................. 63
   Instruments and Procedures ............................................................................... 64
Data Analysis ........................................................................................................... 66
   Initial Review ......................................................................................................... 67
   Emerging Themes ................................................................................................. 67
   Superordinate Themes ........................................................................................ 67
   Final Themes of Focus ........................................................................................ 68
   Interpretation .......................................................................................................... 68

4 RESULTS ................................................................................................................... 69

Overview of Results ................................................................................................. 70
Perceptions and Meaning-making as Biracial Individuals ...................................... 71
   Complexity of Biracial Identity and Self-identification ....................................... 71
   Aspects of Biracial Experience, Unique or Representative .................................. 76
   Summary ............................................................................................................... 82
Perceptions and Meaning-making as Biracial Therapists ....................................... 83
   Professional Strengths Associated with Being Biracial ..................................... 84
   Professional Challenges Associated with Being Biracial ................................... 87
   Summary ............................................................................................................... 97
Perceptions and Meaning-making Regarding Self-identifying Experiences ........... 98
   Obligatory Self-identifying Experiences with Clients ......................................... 98
   Instrumental Self-identifying Experiences with Clients .................................... 105
   Summary ............................................................................................................... 115
Contextual Factors in Personal and Professional Experiences & Perceptions........ 116
   Geographic Factors Impacting Clientele, Perceptions, Self-identification .......... 117
   Societal Factors Surrounding Biraciality and Race-related Lived Experience ...... 117
   Perspectives on Role, Impact, Significance of Race in Therapy ......................... 123
   Chapter Summary ............................................................................................... 127

5 DISCUSSION .............................................................................................................. 129

   Fluidity and Complexity of Biracial Identity ......................................................... 129
   Cognitive Flexibility and Complexity .................................................................. 130
   Social Interaction and the Role of Others ............................................................ 131
   Racial Identity and Self-Disclosure ...................................................................... 132
LIST OF TABLES

Table 1  Social Constructivism and Associated Philosophical Beliefs........  168
Table 2  Participant Demographics............................................................  169
Table 3  Superordinate Themes and Subthemes.........................................  170
Table 4  Subthemes and Illustrative Participant Quotations .......................  171
Chapter 1: Introduction

Mixed-race individuals—those whose parents are from two or more different racial groups—are one of the fastest growing racial/ethnic categories in the United States, increasing by approximately one-third between 2000 (the first time this group could select more than one race on the U.S. Census) and 2010 (Humes, Jones, & Ramirez, 2011). In fact, according to the Pew Research Center, the demographic group of multiracial individuals is growing at a rate three times as fast as the population as a whole (2015). This diversification has permeated the professional field of psychology and counseling, and people of mixed race will increasingly be our clients, colleagues, supervisors, and supervisees. In 2000, a total of 24 associates, members, and fellows of the American Psychological Association identified as Multiracial/multi-ethnic1 (APA Center for Workforce Studies, 2000). In 2013, that number was a striking increase to 477 individuals (APA Center for Workforce Studies, 2014). Thus, it is imperative that the field of counseling and psychology turn attention not only to serving/treating mixed race clients, but also to providing training and supervision to mixed race professionals. Since the 1990s, a burgeoning branch of literature has addressed issues of relevance for mixed race individuals, focusing largely on racial identity and well-being. With the exception of segments within articles focused on other issues or populations, however, mixed race professionals themselves have not received attention in the literature.

Just as individuals are influenced by the impact of race on how they come to understand their world and their way of being in it, race also has the potential (and is likely) to influence therapists (Yi, 1998). As the therapeutic role of the client-therapist

---

1 The multiracial/multiethnic category includes anyone who selected two or more races/ethnicities as well as anyone who specifically indicated being biracial or multiracial (K. Stamm, personal communication, April 11, 2014)
relationship has gained prominence, the personhood of the therapist has received increased attention. Rather than a blank slate or a reflecting mirror, therapists are increasingly seen as a member of the therapeutic dyad, with implications for the relationship. This study seeks to shed light on the experiences of biracial therapists of Black/White mixed heritage specifically. Multiracial individuals reporting membership in both White and Black race categories represent the largest percentage—20.4%—of the 9.1 million individuals counted by the U.S. Census. Despite this “majority within minority” status, Black-White biracial individuals have been noted to face particular identity challenges due to their mixed heritage of two socially and culturally distal racial groups with a history of racial tension (Root, 1992). Given the pervasive significance of race/ethnicity within U.S. society, it is important to understand the clinical experiences of Black/White biracial therapists as related to their mixed race status.

**Significant Constructs and Conceptualization**

Given the complexity and controversy surrounding race and related factors, it is important to clarify and explicate the terms and concepts that will be used throughout. Historically, the term *race* has been used to describe genetic and biological differences associated with racial heritage specific to a group (Smedley & Smedley, 2005; Burrow, Tubman, & Montgomery, 2006; Helms, 2007). Practically speaking, race refers to a characterization of a group of people believed to share physical characteristics such as skin color, facial features, and other hereditary traits. Although a minority of social scientists believe that so-called races are distinguished by intellectual capabilities, personality and temperament traits, and physical skills, consensus has largely shifted both academically and socially to better understand the concept of race as a social construct.
rather than biological fact (e.g., Smedley & Smedley, 2005). For example, Helms (1994) identified three different ways of conceptualizing race or racial factors: (a) nominal classification, meaning demographic categories; (b) cultural referent, which pertains to the customs, traditions, and values hypothetically related to group affiliations; and (c) socio-relational delineations, implying shared sociopolitical experiences (p. 164). Based on any of the small sampling of perspectives listed, individuals are inarguably socialized in a society as a member of a racial (or ethnic) group, with psychological, educational, and political consequences associated with significant scholarly interest.

For the purposes of the current study, it is relevant to distinguish race from ethnicity — although the two are often situated together and both subject to various interpretations. The term *ethnicity* (derived from the a Greek word *ethnikos*, which means a people or a nation) is defined as a demographic variable based on national origin and cultural characteristics including a shared pattern of rules of social interaction, values, social customs, behavioral roles, perceptions, ancestry, and language usage (Helms, 2007; Quintana & McKown, 2008). Ethnicity shares some similarity with race in that it relates to assigned categorization based upon elements of one’s background; however, it is associated with a component more specific to membership than to one’s racial heritage, as defined by socially-transmitted definitions of race (Phinney & Ong, 2007).

The study of ethnicity and race is a uniquely challenging endeavor with competing conceptualizations and measurements that are influenced by ideology, political climate, and adherence to old paradigms as much as by advances in science (Cokley, 2007). In particular, American conceptions of race have longstanding roots in
classification and transmission of meaning according to principles and values instilled with hierarchy, domination-subordination, and separation. This is particularly evident in that the ways in which race is defined in the United States are generally centered around dichotomy—one is characterized as either Black or White based on social constructs.

Because biracial individuals are defined by parentage from individuals of two different racial groups (regardless of ethnic status), race is the most relevant construct for the current study. Indeed race is a group membership noted to be the cause of particular struggle for people, compared to other group membership (Carter et al., 2005). Controversy surrounding biological versus social meaning notwithstanding, race continues to serve very real functions in American society and holds significant implications with respect to the biracial population, which by its very existence shines light on the somewhat arbitrary nature of racial categorizations. It should be noted that the current study is exclusive interested in the population of Black/White biracial individuals. At the same time, this is only a very small subset of the widely diverse and complex group of biracial and multiracial individuals across the globe.

**Race, Ethnicity, and Culture in Psychotherapy**

It is clear from a variety of fields and perspectives that race and ethnicity continue to hold significant implications for one’s way of being in the world as well as one’s interpersonal interactions. Throughout the 1990s, likely associated with the increased client and provider diversification, the field of psychology saw renewed emphasis on the place of race in psychotherapy, particularly as it related to cross-racial dyads and how these interactions should best be conceptualized. Yet, much work remains to better
understanding the ways in which race/ethnicity/culture and other identity statuses interact in the therapy room, and inform the therapeutic relationship.

**Therapists and Clients as Racial Beings**

An individual’s attitudes and feelings regarding race are considered one aspect of their ongoing construction of experience, which will depend on their experiential organization and psychological makeup (Stolorow et al., 1987). Thus, any number of possible meanings can be attributed to the patient’s or therapist’s race. For some, race may not be salient or significant, while others may consider it to be a central lens through which experiences are understood and processed. Wang (2005) asserts that one’s racial identity status has an impact on how they interpret and internalize racial and environmental information, thus contributing to their racial worldview.

Helms and Cook (1999) make a specific recognition of the important interplay between client and therapist with respect to race and related concept. Specifically, these authors make the link with racial socialization, noting that the therapist’s and client’s reactions to each other are potentially influenced by psychological qualities stemming from racial socialization (e.g., attitudes, values, beliefs, and perceptual processes). Lijtmaer (2013) takes a similar stance, noting that clinicians’ subjectivities are both personal, and cultural—shaping one’s developmental and social histories, sense of self and other, and cognitive and emotional styles. In addition, personal aspects of the patient-analyst dyad are proposed to be more obvious in cross-cultural and cross-linguistic dyads. Helms and Cook place significant value in recognition of race and culture (and socialization therein) as integral psychological aspects of each individual. Thus, each person—whether therapist or client—has been socialized to view oneself and
others in particular ways vis a vis race. In the context of therapy, these “socialized racial perceptions” may arise explicitly, or they may be veiled through professional techniques (in the case of the therapist), by various forms of resistance (in the case of clients), or by racial stereotyping in the case of both participants (Helms & Cook, 1999, p. 8).

Race and related factors may differ in salience across groups, however. For example, Yi (1998) observed that in her clinical experience race appears to be more important and salient to racial minority individuals (clients and therapists) than to Whites. This perception is supported by findings such as that of Meyer and Zane (2013), who examined the importance of culturally related elements involving race and ethnicity and whether these elements were related to client satisfaction and treatment outcomes. Findings based on a sample of 102 outpatient clients indicated that ethnic minority clients generally perceived issues regarding race and ethnicity as being more important than did White clients. In fact, among those for whom these elements were considered important, when they were not included in care, it resulted in less satisfaction with treatment.

Although research suggests that client appraisals around racial similarity/difference in the therapy relationship may significantly impact the therapeutic process, little is known about clients’ actual experiences and meaning-making of race in the therapeutic relationship (Chang & Yoon, 2011). Even less is known about therapists’ racial/ethnic/cultural meaning-making. For many in the helping professions, a general recognition of the importance of race and ethnicity does not translate to or ensure a clear sense of whether, when, and how to incorporate these issues into clinical work (Cardemil & Battle, 2003). This uncertainty may also be impacted by the therapist’s racial/ethnic identity and level of self-awareness pertaining to these types of issues. In addition,
conversations about race/ethnicity may bring client-therapist similarities and differences into the forefront, highlighting the personhood of the therapist, which has historically been regarded as something to be kept out of therapeutic work. As such, conversations about race/ethnicity/culture may bring up questions of therapist self-disclosure and the role of the therapist’s personhood in such conversations.

Unfortunately, many training programs do not engage students in ways of attending to racial and cultural dynamics with their clients (Helms & Cook, 1999). Such shortcomings may have substantial clinical consequences. For example, within the context of what may be perceived as therapists avoiding, downplaying, or minimizing such discussions of race and culture, “cultural paranoia” (Ridley, 1984) may be more likely, with limited self-disclosure and premature termination exhibited by highly mistrustful clients (Terrarrel & Terrell, 1984). Day-Vines and colleagues (2007) call for added emphasis of racial considerations within the counseling process because of the difficulty of addressing racial concerns relative to other aspects of one’s identity affiliations, such as gender, class, sexual orientation, or religiosity. With the increasing diversification of the United States population, racial, ethnic and other cultural (in addition to socioeconomic status, sexual orientation, religion, age, and gender) differences will continue to be the norm in psychotherapy relationships. Therefore, to ensure quality training and treatment, it is essential to understand the impacts of such differences, including whether and how they should be addressed within the therapeutic context.
Disclosure in Therapeutic Relationships

In friendships and romantic relationships, the sharing of personal information, generally known as disclosure, is an important means of increasing and maintaining intimacy. Client’s self-disclosure, generally defined as the sharing of personal information, is an essential aspect of the therapeutic relationship. Self-disclosure has further been described as a client’s obligation and the bedrock of psychotherapy, an essential element for the progression of treatment and client growth (Leudar, Antaki, & Barnes, 2006). On the other hand, therapist self-disclosure (TSD) is more complicated, and has been the subject of long-standing debate in psychotherapy and counseling, with mixed perspectives and recommendations (Gelso & Palma, 2011; Gibson, 2012; Henretty & Levitt, 2010; Hill & Knox, 2001). In fact, the decision of whether or not to disclose during the course of treatment relationships with clients may present a dilemma (Bottrill, Pistrang, Barker, & Worrell, 2010). This situation highlights one important difference between the helping professions (e.g., psychotherapy, social work, counseling) and many others—the personhood of the provider is generally recommended to be kept out of, or distal to, the client-provider relationship.

Therapist Self-Disclosure: Background and Definitions

Although specific definitions vary from source to source, therapist self-disclosure (TSD) is generally defined as verbal statements through which therapists intentionally communicate information about themselves (Hill & Knox, 2002). The information revealed by therapists to clients in the context of treatment can broadly be characterized as self-disclosing or self-involving (Danish, D’Augelli, & Brock, 1976). Self-disclosure is generally defined as the sharing of factual, otherwise unknown, information about
oneself (Hill & Knox, 2001). On the other hand, self-involving statements refer to those reflecting the therapist’s thoughts and feelings about the client during the therapeutic encounter. Disclosures can also be verbal or nonverbal, implicit (observable) or explicit (stated), intentional or accidental. Referencing professional intuition, Leudar and colleagues (2006) suggest that what the therapist himself or herself considers self-disclosure is what matters. These authors suggest that TSD is “the voluntary provision of personal information qualitatively different from the kind of technical or professional personal information relevant to the interaction” (Leudar et al., p. 28).

Despite the lack of consensus on the use of TSD, over 90% of practitioners report at least occasional disclosure of some form of information about themselves to clients (Henretty & Levitt, 2010). Many therapists have been trained to avoid disclosure, however, or to use it extremely sparingly. Thus, TSD is one of the rarest techniques, making up, on average, an estimated 3.5% of therapist interventions (Hill & Knox, 2002). Moreover, ambiguous ethical guidelines (Domenici, 2006), contradictory research and theoretical conceptualizations, and inadequate training (Beutler, Crago, & Arizmendi, 1986), may cause therapists to experience doubt and discomfort about the appropriateness and impact of self-disclosing (Henretty & Levitt, 2010; Hill & Knox, 2002; Knox & Hill, 2003).

The use of TSD may cause particular doubt when related to personal information. Unlike the disclosure of thoughts and feelings, which are situational and transitory, disclosure of personal data tends to reflect enduring aspects of the therapist’s self, which once known cannot be unknown (Lijtmaer, 2013). Moreover, personal aspects of the therapist’s background and identity (e.g., sexual orientation, religious affiliation,
racial/ethnic background) are more likely than non-personal aspects (such as educational and training background) to elicit interpretation and reaction on the part of the client.

The degree of intimacy of TSD warrants special attention, with indications that an appropriate balance must be met with respect to ensuring that self-disclosures do indeed contain some degree of intimacy, while not being inappropriate or too personal (Knox & Hill, 2003). TSD may need to meet a certain threshold to foster clients’ sense of therapists as more real and more human, and indicate their trusting clients with information about them. Results across studies suggest that clients exposed to TSD self-disclosed more than clients exposed to no TSD, especially when TSD occurred infrequently and was of low to moderate intimacy (Henretty & Levitt 2010).

**Dimensions of Therapist Self-Disclosure**

The greatest degree of empirical attention has focused on three dimensions of TSD: (1) self-disclosure of intratherapy experience (e.g., thoughts and/or feelings for the client or for therapy) versus extratherapy experience (e.g., occurrences in the counselor’s personal life), (2) self-disclosure of positive versus negative content valence, and (3) self-disclosure of information that reveals similarity versus dissimilarity to the client (Henretty et al., 2014). In addition, the nature of intention is becoming increasingly relevant, as TSD can be deliberate, unavoidable, or accidental (Zur, Williams, Lehavot, & Knapp, 2009). Although intentional TSD is among the most widely studied phenomena, the Internet has substantially affected the nature of self-disclosure and transparency in that clients have unprecedented access to therapist personal information (Zur et al., 2009). Unavoidable TSD may also surround significant life events that may be obvious and preclude any intentional disclosure per se, such as marriage (i.e., addition of a
wedding ring on one’s hand), divorce (i.e., removal of wedding band), pregnancy, grave illness, and relocation.

Deliberate, or intentional, TSD can be further specified as factual or self-involving (Farber, 2006; Knox et al., 1997). The former includes facts or information about the therapist, and may be further specified in terms of aspects such as degree of “personalness,” amount of information shared, length of time spent in discussion, emotional valence (i.e., positive or negative), temporal nature (i.e., past or present), and so forth. Self-involving disclosures, on the other hand, indicate the therapist’s experiential or feeling responses to the client. This form of TSD is often referred to as immediacy or countertransference disclosures (Farber, 2006). A further level of specification characterizes such self-involving statements as responses to the client’s immediate statements, general responses to the client, and expressions of the therapist’s reactions that are different from the client’s experience.

In terms of clinical suitability, TSD may be characterized as appropriate, benign, or inappropriate (Zur et al., 2009). TSD that is clinically-informed, deliberate, and in the interest of the client is deemed to be appropriate and ethical. Benign self-disclosures may be thought of a “everyday disclosures” and cover a wide range (including deliberate, nondeliberate or avoidable, and unavoidable), such as an accent, age range, posted diplomas, skin color, mannerisms, office décor, and such. Although considered everyday aspects of human relationships, these nevertheless may have clinical significance to take into account. Finally, inappropriate or unethical disclosures are those undertaken for the primary benefit of the clinician rather than the client. Regarding clinical effectiveness, self-disclosures are considered effective when given to serve the client and the therapy,
whereas ineffective and/or inappropriate self-disclosures may in fact function in opposition to those goals (Hill & Knox, 2002).

**Proposed Guidelines for Therapists Self Disclosure**

Despite emerging clinical guidelines (e.g., Henretty & Levitt, 2010; Knox & Hill, 2001), the nature of disclosure remains complex, highlighting the need for further guidance and continued reflection on this issue (Farber, 2006; Knox & Hill, 2003). Many contemporary therapists have received little to no formal training on the nature of therapist self-disclosure, perhaps due to difference in type of program and/or value ascribed to the subject (Henretty & Levitt, 2010). To ensure appropriate and effective use of TSD, it is recommended that training programs acknowledge associated merits and risks, as well as facilitate trainees’ education and reflective processes with respect to “the who, what, why, when, and how of appropriate self-disclosure” (Henretty & Levitt, 2010, p. 71). More generally, suggestions for therapist reflection center around evaluating possible effects on the client, benefits of the disclosure, and therapeutic relevance.

With the increased recognition of the importance of the therapeutic relationship across theoretical perspectives, practice guidelines have received further attention (Gibson, 2012). As with most clinical interventions, however, it is virtually impossible to develop rules that could guide therapists in every situation (Bottrill et al., 2010; Farber, 2006). Thus, the existing guidelines tend towards general recommendations with limited applicability across diverse situations (such as the disclosure of one’s racial/ethnic background). Because opportunities and calls for therapist disclosure (from clients or otherwise) often present themselves unexpectedly within sessions, it may be impossible to fully engage in the self-reflection that is generally advisable. Some authors suggest
that therapists establish a general way of dealing with disclosure situations, thinking in advance about the potential effects and consequences of self-disclosures (Bottrill et al., 2010). Thus, in actuality, such guidelines are often framed as suggestions and best practices, and hold limited utility without the ability of the clinician to consider context and circumstances on a case by case basis. The importance of training and guidance may be even more important for beginner and early-career therapists, affected by uncertainty and vulnerability in intervention decision-making.

**Significance of Therapist Disclosure in Psychotherapy**

In the context of seeking to better understand psychotherapy processes and effectiveness, “common factors” research addresses variables found across most therapies (regardless of orientation), such as empathy, alliance, and expectancy (Wampold & Budge, 2012). Many common factors—such as the alliance, empathy, therapist positive regard, and therapist genuineness—have been found to be significant predictors of outcome (Norcross, 2011). In particular, common factors research supports the importance of the therapeutic relationship/alliance as among the most stable predictors of therapeutic outcome (Messer & Wampold 2002; Gibson 2012). Indeed, the therapeutic relationship is one of four main characteristics of healing that transcend culture (Frank & Frank, 1991). When described as a “real relationship,” qualities of genuineness and realistic perceptions signify the importance of authenticity, openness, and honesty (Gelso & Carter, 1994, p. 297).

Disclosure has been noted as playing an important role in the maintenance and repair of the therapeutic alliance, and having an overall positive impact on immediate therapy process (Bottrill et al., 2010; Farber, 2006; Hill & Knox, 2002). On the other
hand, nondisclosure can be associated with detrimental effects on the therapeutic alliance (Hanson, 2005). The significance of disclosure in the therapeutic relationship may be especially relevant for cross-cultural dyads.

**Disclosure and Race**

Given that racial differences between client and therapist can sometimes contribute to relationship barriers, TSD has been proposed as particularly useful in cross-cultural dyads in the following ways: addressing cultural mistrust among clients; exhibiting cultural competence; and illustrating therapist expertness (Constantine & Kwan, 2003; Helms & Cook, 1999). In addition, the therapist’s level of comfort and confidence with respect to the discussion of racial/ethnic differences is likely to facilitate the client to also consider these issues and participate in a meaningful dialogue (Watts-Jones, 2010).

Addressing racial and cultural issues in clinical practice, African American psychoanalyst Kimberlyn Leary holds that “Race and ethnicity—particularly when they are observable features of the analyst’s self—represent a kind of self-disclosure…the fact that race is written on my face shapes the clinical dialogue to follow” (Leary, 1997, p. 165-166). She further suggests that race holds a particular status in the “climate of the racial divide,” which one could argue may not be terribly different today than it was at the time of publication. Moreover, she argues that absence of acknowledgment of race is not in fact neutral:

Clinical silence about race may be perceived—and with some justification—as a commentary on the analyst’s effort to stay out of the fray, to opt out of the tension that comes with open talk about race. Ambiguity of this sort can close off the clinical encounter in ways that are at odds with what we ideally wish to offer our patients. (Leary, 1997, p. 167)
Clients of color in particular are purported to feel safety in discussing race-based inequality issues “when therapists attend to themselves as racial beings and to the dyad as an interaction that could potentially mimic their frustrations about such inequalities” (Constantine & Kwan, 2003, p. 583). Examples of such attendance as racial beings may include some self-identification on the part of the therapist (i.e., “as a White therapist,” “as a Black therapist) that would inherently require a more personal self-disclosure of the part of a mixed-race therapist.

**Racial Disclosure and Black/White Biracials**

Where Leary (1997) refers to a clinician’s “blackness” or “whiteness” it is understood as apparent and interpretable to the common observer. An individual’s “mixedness,” on the other hand, may not be as (accurately) observable. These issues are of particular relevance for Black/White biracial therapists, whose phenotypic appearance is likely to range in ways associated with varying observer beliefs regarding their racial/ethnic background (Brunsma & Rockquemore, 2001). In considering the meaning of “mixedness” it is also relevant to note the particular history of American race relations between Blacks and Whites, and regard for Black and White interracial couples (and their children).

The Black/White biracial category holds particular distinction due to the historical context of the proliferation of this mixed race category during slavery, and ongoing social and cultural distance between Blacks and Whites in the United States (Rockquemore & Laszloffy, 2003; Root, 1992). Furthermore, research indicates that this racial combination is deemed problematic by society, the product of unions that some continue to view as “wrong” (Gillem & Thompson, 2004; O’Donoghue, 2004; Rockquemore &
Laszloffy, 2003). Indeed, as Mizock and Harkins (2012) assert, “the Black-White dichotomy remains a critical area of racial tension in America” (p. 19). Thus, it is not entirely surprising that a recent nationally televised commercial portraying an interracial (Black-White) couple and their young daughter was met with both backlash (such that comments on the YouTube video had to be disabled) and support (Goyette, 2013).

This potential for polarization depending on the audience suggests that Black/White biracial therapists may feel unsure in sharing their background with clients and/or may receive different responses from different clients. In not revealing their specific identity, Black/White biracial therapists may also have to deal with clients unknowingly making offensive statements about one of their racial membership groups. Thus, the issue of biracial therapist disclosure presents a unique challenge to the current disclosure literature.

**Statement of the Problem**

Approaches to self-identification discussed in the literature are likely to require a more personal self-disclosure on the part of a mixed-race therapist, whose appearance may not as clearly identify them with a specific racial group. In addition, there is no guidance specific to the type of self-identification or self-disclosure that would be inherent in having the kinds of race-relevant conversations indicated by proponents of multicultural competence concerning issues of diversity in psychotherapy. Although research suggests that client appraisals around racial similarity/difference in the therapy relationship may significantly impact the therapeutic process, little is known about therapists’ perspectives and processes regarding conversations about race/ethnicity (particularly their own) and their use of self-disclosure in the therapeutic context.
Moreover, therapists may be affected by their perceptions of how society responds to certain social identities, potentially in ways that constrain their use of self in therapy. For example, research conducted by Sanchez and Bonam (2009) suggests that individuals claiming a biracial identity may experience bias from others, and may be more vulnerable to that bias because of the personal nature of racial disclosure. Although these authors use the term *self-disclosure* to describe the process of making one’s mixed race background known, it is unclear whether therapists would also perceive the process of self-identifying as a disclosure, particularly because disclosure is a therapy-relevant construct on its own.

Given the absence of relevant research, we do not know how Black/White biracial therapists address their own racial/ethnic background within the therapeutic context. Without training and supervision on the issue, counselors may lack insight regarding the significance of and approaches to exploring these issues—ultimately leading to missed opportunities to help clients (Day-Vines et al., 2007). It is important, then, to lay the foundation for a branch of literature elucidating issues of relevance for multiracial therapists, their supervisors, and others responsible for their training and development. This study proposes to explore the experiences of U.S.-based Black/White biracial therapists in engaging in conversations about race (particularly their own) within a therapeutic context.
Research Aims and Objectives

The proposed exploratory study seeks to understand the inner world and lived experiences of Black/White biracial therapists – within both a personal and professional context – and to elucidate the nature of race-related interactions with their clients. Ultimately, the study is concerned with the experiences of Black/White biracial therapists in meaning-making about their own racial background, discussing their race with their clients, and connections with the concept of therapist self-disclosure.

Aim 1. To explore and understand Black/White biracial therapists’ perceptions and meaning-making about themselves as biracial individuals.

Objective 1: To explore Black/White biracial therapists’ self-identification as biracial individuals.

Objective 2: To explore Black/White biracial therapists’ developmental process and meaning-making regarding their self-identification as biracial.

Aim 2. To explore and understand Black/White biracial therapists’ perceptions and meaning-making about themselves as biracial therapists.

Objective 3: To explore biracial therapists’ training and supervision experiences, specific to race and/or ethnicity.

Objective 4: To explore Black-White biracial therapists’ perceptions regarding the significance/impact of their biracial background in the context of providing therapy.

Aim 3. To explore and understand Black/White biracial therapists’ perceptions and meaning-making regarding self-identifying experiences with clients.

Objective 5: To explore the occurrence or non-occurrence of Black-White therapists engaging in self-identifying dialogue with clients.

Objective 6: To explore the decision making processes and factors associated with Black-White biracial therapists’ self-identifying dialogue with clients.

Objective 7: To explore Black-White biracial therapists’ perceptions of self-identifying dialogue with clients (e.g., definition/terminology, meaning, and impact).

Objective 8: To explore Black-White biracial therapists’ training related to self-disclosure, and perceptions of self-disclosure as a concept relevant to their experience.
Summary

This study represents an opportunity to gain insight to a growing (but unstudied) demographic of mental health professionals, contributing to the literature on training and developing sound Black/White biracial clinicians. Ensuring cultural competence has been described not just as a professional imperative, but as an ethical and moral responsibility (McDowell et al., 2003). Awareness, knowledge, and skills associated with cultural competence are becoming increasingly essential to working competently within and across varying racial, ethnic, and cultural groups, given demographic shifts in the United States (Cardemil & Battle, 2003; Constantine, 2001; Day-Vines, Patton, & Baytops, 2003; Sue & Sue, 2003).
Chapter 2: Literature Review

The proposed study aims to explore the experiences and perceptions of Black/White biracial therapists surrounding conversations related to race with clients in treatment. Specifically, therapist self-disclosure (TSD) will be used as an anchoring concept by which to explore therapists’ location of self within such conversations. The literature pertaining to TSD is diverse in definitions, variables considered, and methodologies. These complexities and inconsistencies complicate research design, interpretation of findings, theory development, and implications for practice (Knox & Hill, 2003). Existing research and other writing on TSD tends to fall into three categories: (1) conceptual papers or literature reviews; (2) qualitative studies; and (3) quantitative studies of primarily analogue experimental design (i.e., simulated scenarios with research participants as clients). In supporting this study, the following literature review intends to illuminate the ways in which race/ethnicity are currently addressed in research and theory pertaining to therapeutic process, multicultural frameworks, and therapist-client dyads. This selective review of the literature will emphasize some nuances of: (1) culturally-informed counseling; (2) an historical overview of TSD, including theoretical perspectives; (3) Therapist use of self-disclosure; (4) implications of TSD; (5) the role of race/ethnicity in therapy and its relation to TSD; (6) acknowledging race/ethnicity within the therapeutic relationship; (7) implications of TSD in cross-cultural therapy; (8) therapist social identities; and (9) constructs and findings of particular relevance to biracial therapists.

Culturally-informed Therapy

Theorists emphasizing the imperative to meet the treatment needs of racially and ethnically diverse clients encourage greater responsiveness in cross-cultural counseling
(e.g., Arredondo, 1999; Sue & Sue, 2003). One specific strategy suggested is for counselors to actively acknowledge and address racial/ethnic differences (Arredondo, 1999; Cardemil & Battle, 2003; Harley, Jolivette, McCormick, & Tice, 2002). Recently, Day-Vines et al. (2007) described this intervention as broaching. These open conversations about race and ethnicity are considered a means for therapists to more fully incorporate diversity issues into their work, promote an environment of trust and understanding, strengthen the therapeutic alliance, and reduce premature termination and underutilization of services (Cardemil & Battle, 2003; Cheung & Snowden, 1990; Sue, 1988).

Researchers suggest that therapists in cross-cultural dyads should at least inquire about the client’s comfort in working with someone of a different background (Helms & Cook, 1999). Exploring aspects of clients’ racial preferences and expectations early enough offers the therapist and client adequate time and attention to process the implications therein. Theorists and researchers are increasingly pointing to the importance of incorporating racial/ethnic/cultural factors to provide culturally sensitive care. Multicultural frameworks, in particular, regard the recognition of race as an integral part of the day-to-day reality of clients of color (Pope-Davis, Coleman, Liu, & Toporek, 2003; Sue, Arredondo, & McDavis, 1992).

**Multicultural Competence and the Role of the Therapist**

Sue, Arredondo, and McDavis’ Multicultural Counseling Competency Model (1992) is one of the longest standing multicultural counseling approaches, offering standards for culturally aware and effective practice (Arredondo et al., 1996). The model is divided into three broad categories of competencies: (a) the counselor’s awareness of
her or his own assumptions, values, and biases; (b) understanding the worldview of culturally diverse clients; and (c) development of appropriate interventions for use with these clients. Arredondo and colleagues’ (1996) operationalization of this list with 31 competencies and 119 explanatory statements has received the most research attention as well as the endorsement of the American Counseling Association (ACA), the Association for Counselor Education and Supervision (ACES), and two divisions (17 & 45) of the American Psychological Association (Arredondo et al., 1996; D. W.; D. W. Sue, Bernier, et al., 1982; D. W. Sue, Carter, et al., 1998). Of relevance to the current issue, Multicultural Counseling Competence III.C.7 reflects the responsibility of counselors to acknowledge cultural factors in the counseling relationship (D. W. Sue et al., 1992).

Day-Vines and colleagues (2007) expanded upon multicultural competency and offer one of the few resources specific to providing guidance on how to engage in conversations about racial/ethnic and cultural factors. The authors coined the term “broaching” to refer to “the counselor’s ability to consider the relationship of racial and cultural factors to the client’s presenting problem, especially because these issues might otherwise remain unexamined during the counseling process” (Day-Vines et al., 2007, p. 401). Broaching is proposed to support an environment of “emotional safety within which the counseling relationship can transition from a level of superficiality toward a measure of intimacy that is crucial to embracing difference” (p. 401). Broaching is further described as an invitation of sorts, encouraging the counselor’s openness and genuine commitment to facilitating the client’s exploration of issues of diversity.

Day-Vines and colleagues (2007) identify the counselor as being responsible for initiating race-related dialogues. If not, as discussed above, these dialogues might never
be discussed, reinforcing the taboo nature of race within our racially charged society. The authors propose broaching as a tool designed to meet multicultural counseling competencies (2007), but also identify that broaching is not singularly sufficient to demonstrate cultural competence. The authors posit that failing to address cultural factors may hinder the counseling relationship and outcomes, and may even violate the counselor’s ethical responsibility of providing culturally appropriate counseling interventions.

To engage in broaching with a client, one may point out the racial/ethnic background difference, and explore the client’s feelings about the dyad working together. It may also be indicated to recognize the possibility that, or ways in which, race may contribute to the client’s presenting problem. This openness should also continue throughout treatment, as a commitment to foster warmth, empathy, positive regard, sincerity, and genuineness in the relationship. As can be the case with other clinical material, the therapeutic relationship provides a holding space for discussion about issues that may be discouraged or limited in other contexts (e.g., such loaded topics as race and ethnicity) that may be off-limits elsewhere. In therapy sessions, this discussion fosters intimacy and forges a therapeutic alliance that can enhance counseling outcomes.

By not taking responsibility for engaging in conversations related to race and ethnicity, Cardemil and Battle (2003) suggest that it risks the possibility that clients will not bring these issues up on their own (e.g., they may be uncomfortable with the topic, or may be unsure of the therapist’s reactions and perspectives). In failing to acknowledge differences, therapists may give the impression of their own discomfort discussing such topics or determination that these topics are unimportant (Cardemil & Battle, 2003). The
authors recommend that therapists take a more proactive stance and initiate such
discussions early in therapy, thereby facilitating opportunities to explore the possible
relevance of these issues. Similarly, they recommend that therapists examine their own
racial/ethnic identity and differences that might exist between themselves and clients.

**Therapist Location of Self**

Watts-Jones (2010) describes a process by which therapists initiate discussion of
similarities and differences in their key identities (e.g., race/ethnicity, gender, class,
sexual orientation, and religion) and their potential influences on the therapy process.
Engaging in this *location of self*, explicating the intersection of identities, signals to
oneself and client(s) that these identities are meaningful, embedded in the work, and
potentially relevant for continued attention. Within the field of psychotherapy in general,
such counselor openness with personal identities parallels shifts toward increased
recognition (primarily spurred by professionals of marginalized groups) of the role of
various such identities in work with clients (Watts-Jones, 2010). The author provides the
following example of her own process of location of self:

> Before going forward with therapy, I also like to share a bit about myself. I do this because I believe that my training is only one of the lenses that helps me to understand and work with problems and families... I like to think about how my personal identities might be helpful or a limitation in our work together, and get your thoughts about this. I think it’s important to be able to talk about this now and throughout therapy. (p. 411-412)

Watts-Jones (2010) further offers a detailed identity description—“bear[ing] the initial
vulnerability in this conversation and not the client” (p. 412)—identifying herself with
respect to her racial/ethnic background, socioeconomic status, parenting status, sexual
identity, marital status, and spiritual practice. While location of self begins with the
therapist engaging in sharing of personal (likely otherwise unknown) information, this
type of disclosure is not often discussed or included within the standard definitions or descriptions of the concept of therapist self-disclosure.

**Historical Overview of Therapist Self-Disclosure**

The use of self-disclosure in clinical work is a subject that has been highly debated and reevaluated over the years, with differences of opinion regarding its appropriateness and merits as an intervention. Indirect references to the topic are often traced back to Freud’s (1958/1912) proposals of the ideal therapist’s stance as a blank slate and mirror. From this perspective, therapeutic progress could be slowed or derailed by analysts becoming too “real”, and demonstrating themselves as distinct beings with their own thoughts and feelings. It was not until decades later, however, that Sidney Jourard (1958, 1971), a humanist psychologist, was credited with originating the term self-disclosure and was among the first to devote considerable attention to research on the topic. Over the years, there has been some convergence with respect to general principles regarding the use of therapist self-disclosure (TSD); however, it remains an intervention characterized by wide-ranging definitions/categorizations (Zur, 2009); competing theoretical viewpoints (Farber, 2006); unclear ethical implications (Peterson, 2002); conceptual, operational, and methodological shortcomings in research (Gibson, 2012); and inadequate practical guidelines (Henretty & Levitt, 2010).

**Theoretical Perspectives on Therapist Self-disclosure**

The information shared by therapists spans a range of dimensions, and has been a topic of increased attention coinciding with the emphasis on therapeutic alliance and related factors as invaluable for treatment outcomes. Therapist self-disclosure has been discussed, evaluated, and debated within nearly every major practice tradition,
particularly as it pertains to what constitutes appropriate versus inappropriate uses (Farber, 2006). In recent decades, a general shift has elevated the status of the therapeutic relationship/alliance across all major theoretical traditions (Gibson, 2012); however, the theoretical understanding and use of TSD remains a divergent topic across the core theoretical traditions (Zur, 2007).

**Traditional psychodynamic.** Traditional psychoanalysis was among the first schools to specifically address the issue of TSD. In general, these values support “adherence to idealization of analytic anonymity” (Sugarman, 2012, p. 629). Scholars point to Freud’s view of the ideal “blank screen” therapist posture in illustrating the traditional theoretical position regarding disclosure on the part of the therapist. Freud advised that the therapist should show nothing of themselves to clients, considering self-disclosure to be a violation of therapist neutrality and anonymity (Bottrill et al., 2010). Only by remaining anonymous and neutral can patients project transference distortions for the purpose of interpretation (Henretty & Levitt, 2010). In fact, some describe a historical context in which nearly all therapist self-revelations were viewed as unhelpful countertransference and possibly even symptomatic of a psychotherapist’s own unresolved conflicts (Gelso & Palma, 2011, Farber, 2006).

**Contemporary psychodynamic.** The emergence of contemporary psychodynamic perspectives, such as intersubjective-relational, has seen a general shift away from the strict positions discussed above and an emphasis on the relational and intersubjective aspects of the analytic process and relationship (Bottrill et al., 2010; Gibson, 2012; Meissner, 2002). The “real” and “transferential” therapist-client relationship, became a central element of practice, with disclosure increasingly seen as
an inevitable aspect (Gibson, 2012). This increased flexibility allows for greater transparency and disclosure between therapist and client, recognizing that it can be beneficial and even essential to therapeutic work (DiPesa, 2013; Knox & Hill, 2003). Relational theorists, for example, recommend thoughtful use of self-disclosure within therapy, advocating for the active dyadic interaction of two open and authentic individuals (DiPesa, 2013). Included within this ‘active participation’ are the therapist’s own subjectivity, personal thoughts, countertransference, interpretations, and emotions. These contributions are proposed to facilitate strong therapeutic bonds, demystify the therapeutic process, and increase access to otherwise elusive client information. In sum, the focus has shifted from prohibition of any disclosure to discussion instead of what may be usefully revealed to patients (Knox & Hill, 2003). These developments notwithstanding, psychodynamic therapists continue to be more conservative than other practitioners in their use of TSD (Henretty & Levitt 2010).

**Humanistic.** Beginning with Carl Rogers’s client-centered model, humanistic theories, have emphasized genuine connection and empathic understanding as the foundation of the healing relationship (Farber, 2006; Henretty & Levitt, 2010). Use of TSD is cautiously encouraged, provided that it serves the relational connection and the client’s well-being. Proponents of client-centered models argue for facilitation of a “real” therapist-client relationship, whereby therapy-relevant TSD cultivates trust, perceived similarity, credibility, and empathic understanding (Farber, 2006; Gelso & Palma, 2011). Cautiously modeling openness, strength, vulnerability, and the sharing of intense feelings, the therapist invites the client to follow their lead.
Behavioral, Cognitive, and Cognitive-behavioral. Behavioral, cognitive, and cognitive-behavioral orientations also view TSD as a potentially beneficial intervention. Such statements may enhance the therapeutic bond, foster client change, and model client disclosure (Knox & Hill, 2003). More specifically, by challenging clients’ presumptions and erroneous thoughts about themselves and others, judicious use of TSD may provide clients with feedback on the interpersonal impact they make on others, normalize their struggles, and model effective coping techniques (Bottrill et al., 2010; Knox & Hill, 2003).

Feminist. Feminist theorists place high value on therapist self-disclosure, and advocate critical examination of the use of power in the therapeutic relationship, seeking to facilitate greater equity and collaboration (Gibson, 2012; Knox & Hill, 2003). Particular emphasis is given to the role of disclosure in reducing power imbalances, fostering solidarity between therapist and client, nurturing client liberation, and acknowledging the real relationship between client and therapist (Bottrill et al, 2010; Knox & Hill, 2003; Mahalik, VanOrmer, & Simi, 2000). This approach has also highlighted potential harms of the strict policies of non-disclosure espoused by early/traditional approaches (Gibson, 2012). From an ethical perspective, feminist theorists recommend therapist disclosure (e.g., of political and social views) to allow clients to make informed choices when selecting a therapist (Mahalik et al., 2000).

Multicultural. Conscious that mental health treatment often occurs within a biased social and historical context, therapists who adhere to a multicultural orientation are among the strongest supporters of TSD (Gibson, 2012; Knox & Hill, 2003). From this perspective, self-disclosure is regarded as a natural part of relationship building, with
an eye towards benefit to the client and possible effects on the therapeutic relationship. Therapist openness may be especially important when working with clients from different sociocultural backgrounds and non-traditional lifestyles. In particular, working with clients culturally different from oneself may in fact necessitate the use of disclosure to prove one’s trustworthiness (Helms & Cook, 1999; Sue & Sue, 1999). Helms and Cook (1999) suggest that TSD may play a role in breaking down stereotypic images held by people from other socioracial groups other than one’s own. In revealing aspects of oneself that will make him or her more human in the client’s eyes, TSD helps to dispel the client’s possible fantasies about the ways in which the therapist may intend them harm.

Other. Practitioners of other approaches may be more likely to engage in disclosure with clients more frequently. Existential therapists see disclosure playing a role in the development of an authentic, transparent, and equal relationship (Bottrill et al., 2010). Social psychologists (among others) propose that is it impossible to avoid any communication of information about ourselves, and further argue that we may not even be aware of exactly what and when we are disclosing (Farber, 2006). Narrative theories promote new goals of transparency and collaboration with clients (Roberts, 2005). In doing so, therapists share with clients the origins of their ideas, which may come from their own life experiences, conceptual models, or from their professional experiences (White, 1995).

In summary, much of the shift in the perceptions of TSD has coalesced with the increased concern for the therapeutic alliance and the ways in which the client-therapist relationship may be impacted by the therapist’s use of self in the room. Along those
lines, humanistic, feminist, and multicultural therapists have been particularly supportive, and even encouraging, of the use of TSD. In particular, therapist identity elements, such as racial/ethnic background and feminist values have come to the forefront among recommended clinical conversations.

**Therapist Use of Self-disclosure**

Very few studies have addressed the question of prevalence and frequency of TSD among practicing therapists. In general, the empirical literature suggests that therapist self-disclosure is used widely, but sparingly (Bottrill et al., 2010; Farber, 2006; Hill & Knox, 2002). Available (albeit outdated) data suggest that TSD is both one of the rarest techniques, comprising an estimated average of 3.5% of therapist interventions (Hill & Knox, 2002), and one of the most prevalent, with over 90% of therapists reporting that they have self-disclosed in therapy (Edwards & Murdock, 1994; Mathews, 1989; Pope, Tabachnick, & Keith-Spiegel, 1987). In their review of the literature defining TSD broadly as revealing personal information, Hill and Knox (2001) found that TSD occurs infrequently, is used more often by humanistic-experiential than psychoanalytic therapists, is most often about professional background than about personal details, is used for many different reasons, is used cautiously by therapists, and is helpful in the immediate process of therapy.

**Factors Associated with Therapist Self-Disclosure**

Hill & Knox (2002) outline a range of reasons given by therapists for their use of disclosure: to provide information, enhance perceived therapist-client similarity, model behavior, suggest clients different ways to think and act, strengthen the therapy alliance, normalize and validate client experiences, or fulfill clients’ desires for disclosure.
Conversely, therapists report often choosing *not* to disclose if the following were likely: meeting the therapists’ needs; shifting the focus from client to therapist; disrupting clients’ flow of material; burden, confuse, over-stimulate, or intrude on clients; blur the therapy boundaries; or contaminate the transference (Hill & Knox, 2002). Ethical issues are often highlighted as an area of concern regarding TSD, especially with respect to more personal, intimate disclosures. Peterson (2002) proposes that ethicality depends on factors such as content of the disclosure, rationale for the disclosure, aspects of the client to whom the disclosure is made (e.g., personality traits), and the broader context or circumstances of the disclosure. Within this larger context, a variety of other factors are associated with therapists’ use or avoidance of self-disclosure.

**Therapist theoretical orientation.** As discussed above, theoretical underpinnings across various schools of psychotherapy indicated varying perspectives on the use of self-disclosure on the part of the therapist. A review of studies—many from the 1980s and 1990s (due to dearth of research on this subject)—found mixed results; however, it appears that if there is a difference among therapists from various theoretical orientations, therapists from psychoanalytic and psychodynamic theories may disclose less (Henretty & Levitt, 2010). Still, the difference may not be as large as theorized.

**Therapeutic setting.** A therapist’s insertion or use of self may also vary as a result of the context and professional setting of their practice (Gibson, 2012). Watts-Jones (2010), for example, shares her experience of incorporating disclosure routinely in her private practice, while struggling more to do so in agency clinical work. In a school-based clinic setting, working with adolescents, Watts-Jones also used location of self selectively.
**Course/stage of treatment.** The stage of therapeutic relationship and course of treatment may also influence use and type of TSD (Gibson, 2012). At the outset of treatment, many therapists report disclosure of standard biographical information, such as professional training background, previous experience, and some demographic information, such as parental status (Henretty & Levitt, 2010; Knox & Hill, 2003). The importance of TSD for cross-cultural dyads will be discussed more fully later, but for now it is important to note that TSD may be especially impactful for clients of color, who may have had prior experiences with discrimination or poor treatment and are likely to need more information from the therapist to trust and engage in the relationship (Knox & Hill, 2003; Sue & Sue, 1999).

As therapy progresses, therapists report more use of self-disclosure as a means to overcome an impasse or rupture in the alliance. The therapist’s emotional and immediate experiences may be particularly relevant in such instances (e.g., Sparks 2009; Rabinor 2009; Roberts, 2005). The end of treatment may also see an increase in TSD, particularly related to the therapeutic relationship (Henretty & Levitt, 2010). The client’s response to information about the therapist can also change over the course of treatment, such that clients generally have higher levels of interest in and tolerance for information about their therapist at the end of a therapeutic process. It is suggested that TSD may be particularly effective at termination, helping to make the therapist more real and human to the client (Knox & Hill).

**Clinical experience.** Results across studies are inconsistent with respect to the relationship between TSD and therapist level of experience. Henretty and colleagues (2010) reviewed six studies (survey and experimental) and found mixed results. For
example, Simone and colleagues (1998) found that compared to high-experience therapists, those in low- and middle-experience groups were more likely to cite rapport-building as a reason to self-disclose. On the other hand, these less experienced therapists were more likely to report they would avoid self-disclosure in order to prevent clients from questioning their mental health (i.e., if they revealed things that would make them appear vulnerable and inexperienced). A qualitative examination of beginning therapists (2\textsuperscript{nd} and 3\textsuperscript{rd} placements) in Great Britain found themes of uncertainty and anxiety regarding their use of disclosure, such as: feeling caught off guard or put on the spot when faced with direct personal client inquiries; the need to protect their privacy; fear of therapy sessions getting derailed by personal inquiries; discomfort with not answering a direct question; a feeling that disclosure was taboo or frowned upon; and concern doing something wrong or clinically inappropriate by disclosing Bottrill and colleagues (2010).

**Therapist “generation”**. Somewhat similar to therapist experience is therapist generation, or broader social context. There is some evidence that younger generations of therapists are disclosing less often, perhaps related to the current socio-legal context (Zur, 2007). This may also be related to experience level, however.

**Client presentation/diagnosis**. TSD may also be influenced by client diagnosis or type of disorder, with therapists disclosing least to clients diagnosed with personality disorders (Mathews, 1989) or having weak ego-strength (Simone et al., 1998). On the other hand, therapists have been found to self-disclose more to clients with lower levels of pre-therapy symptomatology (Kelly & Rodriguez, 2007).

**Client-Therapist Similarity/Dissimilarity**. Several surveys of therapists have found that intentions to increase perceived similarity between themselves and their clients
were one of most often-cited motivations for their self-disclosure (Edwards & Murdock, 1994; Geller & Farber, 1997; Simon, 1990). Sharing similarity has been noted as particularly relevant for clients with marginalized social statuses/identities. For example, some authors (e.g., Kooden, 1991; Perlman, 1991) have added that there are additional ethical reasons (beneficence) for disclosing sexual orientation, such as serving as positive role models, and validating client’s identity and providing acceptance. On the other hand, TSD has been recommended in situations of client-therapist dissimilarity, as a means to consciously facilitate meaningful discussion. In fact, although much of the current writing on TSD presumes that it will be used to highlight similarity between the therapist and the client rather than difference, this may not be the case (Gibson, 2012). One of the areas in which this is especially relevant is differences in race/ethnicity.

In summary, there is general agreement that TSD is an important technique with the potential of multiple client benefits if clinically relevant and used appropriately (Barnett, 2011); however, TSD continues to be controversial in the practice literature (Gibson, 2012). As outlined above, many factors can influence therapists’ use of self-disclosure in a therapeutic setting.

**Implications of Therapist Self-Disclosure**

As is the case with many aspects of the therapeutic field, it is difficult to standardize TSD—indeed, by its very nature self-disclosure is different for each therapist with his or her unique assemblage of possible disclosures in the context of each therapeutic dyad (Gibson, 2012). This is just one reason that research on the implications or impact of TSD is a challenge with respect to establishing measurement of outcomes that would allow for evaluating its effects (Henretty & Levitt, 2010; Knox & Hill, 2003).
Unfortunately, relatively little empirical attention has been given to therapists’ experiences of using disclosure (Bottrill et al., 2010). However, as is the case with many verbal interactions, clients and therapists may have different understandings of information revealed by therapist about him or herself (Gibson, 2012). In fact, research indicates that therapists are less consistent in their ratings of the helpfulness of TSD than clients are (Roberts 2005; Knox and Hill, 2003). Therapists in a study conducted by Hill and colleagues (1988) rated disclosure incidents as less helpful than their clients. The authors speculate that therapists may feel threatened and vulnerable in sharing part of themselves with clients or experience discomfort if the disclosure creates a shift in power dynamics.

Examinations of TSD based on clients and pseudo-clients overwhelmingly dominate the literature on the subject. Four broad grouping of measurement types have received the most empirical attention—(a) clients’/participants’ perceptions, (b) clients’/participants’ disclosure, (c) clients’/participants’ allegiance to counselor/therapy, and (d) therapeutic outcome (Henretty et al., 2014). The impact of TSD has most often been assessed via clients’/participants’ perceptions of the counselor (through ratings on counselor variable scales). For the purposes of this review, focus is given to general perceptions of TSD, rather than clinical outcomes.

**Client Perceptions of Therapist Self-Disclosure**

The vast majority of disclosure research on client perceptions (and in general) has utilized an analogue methodology, with therapy simulations involving nonclinical populations, such as undergraduate students (Bottrill et al., 2010). These studies have shown mixed results, although reviews suggest that moderate therapist disclosure (in
terms of both frequency and intimacy) may lead to favorable client perceptions of
therapists (Hill & Knox, 2002; Watkins, 1990). One comprehensive review of published
quantitative studies (many from the 1980s and 1990s) exploring verbal therapist self-
disclosure suggested that: (a) self-disclosure (vs. nondisclosure) had a positive effect on
clients; (b) clients had a stronger liking for, or attraction to, self-disclosing therapists; (c)
self-disclosing therapists were perceived as warmer; (d) clients had a more positive
response to self-involving therapist disclosures (i.e., thoughts and feelings about the
client) than to self-disclosing therapist self-disclosures (i.e., therapists’ extratherapy
experiences); and (e) clients in turn self-disclosed more to therapists that self-disclosed
(Henretty & Levitt, 2010).

A recent meta-analysis reviewed 53 experimental studies examining counselor
self-disclosure (CSD; the term used by these authors) vs. nondisclosure (Henretty,
Currier, Berman, & Levitt, 2014). Overall, results indicate that clients/participants had
favorable perceptions of disclosing counselors and rated themselves more likely to
disclose to counselors who had self-disclosed. Specifically, compared with
nondisclosure, favorable impacts on clients/participants were found to be associated with
CSD that (a) revealed similarity between client and counselor; (b) was of negative
content valence; or (c) was related to intra- or, especially, extratherapy experiences.
Henretty and colleagues identified significant moderators of the impact of CSD on
clients, including researcher bias (for or against CSD), type of “session” (e.g., written
transcript, interview, real session), timing of CSD (whether before or after client self-
disclosure), verb tense of extratherapy CSD, experimental setting, type of control group,
and the number of CSDs in the experiment. The authors noted that CSD may be
beneficial for building rapport, strengthening alliance, and eliciting client disclosure, with CSD of similarity (with the client) being especially beneficial (Henretty et al., 2014).

In summary, qualitative studies of client experience suggest a complex picture with an array of impacts reported even from single instances of disclosure (Audet & Everall, 2003; Bottrill et al., 2010; Hanson, 2005). TSD appears to have potential for a number of positive implications for client outcomes, such as increasing client perceptions of therapist helpfulness, raising client insight, impacting client perception of therapists as more real and human (improving relationship and helping clients feel reassured and normal), and increasing likability (Burkard et al., 2006). Henretty and Levitt (2010) note, however, that many researchers fail to consider situational and contextual variables that may moderate and/or mediate the link between TSD and various measures of therapeutic process and outcome, such as positive versus negative information disclosure, disclosure of similarity versus dissimilarity, temporal relationship to client disclosure, volunteered versus questioned disclosure, and expectations and preferences of the client (Collins & Miller, 1994; Henretty & Levitt, 2010).

Acknowledging Race/Ethnicity within the Therapeutic Relationship

Within the dynamic interactive process of psychotherapy, client and therapist influence each other (Helms, 1984; Stiles, Honos-Webb, & Surko, 1998). In cross-cultural therapeutic encounters, this mutual influence may be of particular importance (Maxie, Arnold, & Stephenson, 2006). For example, clients of color may require their therapists to demonstrate their sensitivity to and skills in working with cultural and racial issues in therapy (Helms & Cook, 1999; Sue & Sue, 2003). Acknowledgement of cultural factors during the counseling process is indicated to enhance provider credibility,
client satisfaction, authenticity of the therapeutic relationship, depth of client disclosure, and return visits/sessions (Helms & Cook, 1999; Sue & Sundberg, 1996). Although “color blind” counseling has been framed as a way of appearing bias free, Patton and Day-Vines (2005) point out that ignoring the significance of race may actually “serve as a shield for concealing hidden biases.” For example, neglecting to consider issues of race and other socially-sensitive statuses may prevent recognition of impacts of racism and other discriminatory experiences faced by members of disenfranchised groups. Helms and Cook (1999) in fact propose that ignoring the racial or cultural dynamics within the therapy relationship is akin to providing inadequate therapy.

Helms and Cook (1999) assert that therapist and client attribute a racial classification to one another, and subsequently may consciously or unconsciously “understand” and interact with each other based on previous points of reference or experiences with members of the “other’s” socioracial group. Helms and Cook (1999) note that our country’s history of racial relations necessitates that therapists be aware of and prepared for “the rage that clients of different racial backgrounds may hold toward therapists as symbols of the country’s racial dynamics” (p. 149). The authors further assert that a client’s preconceived notions concerning members of the therapist’s racial group may have very real implications and effects on the client’s initial impressions and levels of trust. Nonetheless, therapists are recommended not to take racialized challenges personally, but to be prepared to explore their clients’ expectations, to accept clients at their level of racial identity development, and to be comfortable sharing their own racial identity development as necessary (Helms & Cook, 1999).
Client Perceptions of Discussions about Race/Ethnicity

Examining the impact of therapists’ cultural content orientation (i.e., a stance with respect to degree of focus on cultural issues in relationship to clients’ problems), Thompson, Worthington, and Atkinson (1994) studied Black female undergraduate students’ perceptions when assigned to Black or White female counselors whose verbal statements illustrated either a cultural or a universal content orientation. Results indicated that content orientation of counselors had a significant relationship with client depth of disclosure and willingness to self-refer. Specifically, participants revealed more intimately and reported greater willingness to return again when exposed to the cultural content orientation as opposed to the universal.

Zhang and Burkard (2008) surveyed 51 clients (12 African Americans, 2 Asian Americans, 30 White Americans, 2 Hispanics, 1 Native American, and 4 who self-identified as other—i.e., biracial or multiracial) of a university counseling center and two community mental health agencies to examine the effects of counselor discussion of racial and ethnic differences. Findings showed that clients of color rated White counselors who discussed the dyad’s differences as being more credible and as having stronger working alliances, as compared to those counselors who did not discuss such differences. Clients of color also reported a more positive and stronger working alliance with White counselors who discussed their racial and ethnic differences in comparison with counselors who did not discuss these differences.

Finding that these clients also rated the working alliance as significantly stronger, the authors suggest that clients of color may perceive counselors who recognize and address racial and ethnic differences as more sensitive to the racial, ethnic, and cultural
nuances of their lives, thus positively impacting their trust and positive feelings toward the relationship. These findings support theoretical assertions suggesting that such discussions positively impact the perceptions of clients of color that counselors who openly address these issues value cultural understanding as a component of the relationship (Day-Vines et al., 2007; Sue & Sue, 2003). On the other hand, no significant differences in counselor credibility and working alliance ratings were found when comparing counselors of color who discussed the racial and ethnic differences between themselves and their White clients, and those counselors of color who did not discuss these differences. Based on these findings, the authors suggest that White clients may place less emphasis or importance on discussions of client and counselor racial and ethnic differences than clients of color.

As part of a larger consensual qualitative research (CQR; Hill, Thompson, & Williams, 1997) study of psychotherapy process and outcome in cross-racial therapy dyads, Chang and Yoon (2011) examined minority clients’ (five Asian Americans, nine African Americans, five Hispanic Americans, and four multiracial/multiethnic individuals ranging in age from 19 to 55) appraisals and racial constructions in the therapy context. Participants were asked about the effects of race on the therapy relationship, including the perceived advantages and disadvantages of the cross-racial experience and to imagine what their experiences might have been like if they had been matched with a therapist based on racial/ethnic background. Participant responses were classified broadly into three categories: perceptions of mismatch as a barrier, as a facilitator, or as having minimal impact. Responses indicate a complicated picture of the potential impact of racial/ethnic differences, with various aspects of the same relationship
being categorized across the three domains. For example, 19 of the 23 participants identified aspects of mismatch as a significant barrier to the therapy relationship, while seven noted some aspects of the mismatch that were helpful in facilitating a positive relationship, and 16 indicated some ways in which the difference had only a minimal impact on the therapy relationship.

Owen, Tao, Leach, and Rodolfa (2011) conducted a retrospective study examining the association between clients’ (N=176) perceptions of their psychotherapists’ multicultural orientation (MCO) and their psychological functioning, working alliance, and real relationship scores (i.e., client-therapist connection categorized by realism and genuineness). Findings indicated that clients’ perceptions of their psychotherapists’ MCO were positively related to each of the three variables of interest. Clients’ ratings of the working alliance were also found to mediate the relationship between clients’ perceptions of their psychotherapists’ MCO and their own psychological functioning. The authors suggest that clients’ perceptions of their psychotherapists as being more oriented toward cultural issues may also have influenced them to see the therapist as more credible, fostering a sense of comfort in the therapeutic process. In turn, clients’ strong alliance facilitated improvement in psychological well-being. While research has addressed the effects of cultural differences on psychotherapy, little attention has been given to therapist-client dialogue with respect to their differences (Maxie et al., 2006).

**Implications of Therapist Self-Disclosure in Cross-cultural Therapy**

Therapist openness has been noted to be particularly important for ethnically diverse clients, and race-related disclosures with culturally dissimilar therapists are more
likely to occur when the therapist self-discloses (Helms & Cook, 1999; Thompson, Worthington, & Atkinson, 1994). For example, clients of color—especially those working with therapists of majority racial background—may feel it essential for their therapists to acknowledge and discuss racial and cultural similarities and differences and be willing to self-disclose their own experiences through this process (LaRoche & Maxie, 2003; Thompson et al., 1994). TSD may thereby serve to demonstrate the counselor’s culturally sensitivity, thus increasing their credibility and gaining trust (Burkard et al., 2006; Helms & Cook, 1999; Sue & Sue, 2003). In such contexts, TSD can also be used to express validation of client frustration with oppression and racism and to model disclosure (Berg & Wright-Buckley, 1988; Constantine & Kwan, 2003). For those clients of cultural backgrounds that are less familiar with psychotherapeutic processes, or that stigmatize help-seeking behavior, TSD as modeling may also facilitate a productive working alliance.

Burkard and colleagues (2006) examined use of self-disclosure in cross-cultural counseling encounters among a sample of 11 European American licensed mental health practitioners (9 psychologists, 2 professional counselors; 5 men and 6 women). The participants, who ranged in age from 33 to 53 years and had been in practice for 1.5–29 years, identified their theoretical orientations as eclectic (n=4), cognitive (n=2), feminist/gestalt (n=1), narrative (n=1), relational-cultural (n=1), solution focused (n=1), and family systems (n=1). Therapists reported seeing between eight and 30 clients per week, with 5% to 50% of their clients being of a different race. The authors employed CQR to explore participants’ experiences with specific self-disclosure events, including aspects such as the quality of the therapeutic relationship, what was happening in therapy
prior to the TSD, reasons for the self-disclosure, the content of the self-disclosure, and effect of the self-disclosure. Participants indicated that they typically used TSD in response to client discussion of coping with racism or oppression (i.e., acknowledging the role of racism and oppression in clients’ lives). Less frequently reported was the use of TSD in the context of the therapist’s concerns about the therapeutic relationship or when the therapist sensed that their clients perceived them as complicit in racism. When racial issues were actively being discussed in therapy, therapists typically self-disclosed to enhance and preserve the psychotherapy relationship. In general, therapists perceived that the TSD had a positive, improving effect on the psychotherapy relationship, reporting that it led clients to feel understood and allowed them to progress to other issues in therapy or in their lives. Finally, participants reported minimal or no training (during their graduate program) in the use of self-disclosure in cross-cultural counseling.

**Client Perceptions/Preferences**

Research addressing client preferences and perceptions of TSD has almost exclusively focused on cross-racial therapy encounters of White therapists and clients of color (Watts-Jones, 2010). Studies of perceptions of culturally diverse clients or pseudo clients suggest that the impact of TSD may vary across cultural groups, with the main trend being that TSD may be particularly important when working with Black clients (Gibson, 2012; Henretty & Levitt, 2010).

Wetzel and Wright-Buckley (1988) explored the reciprocity effect of self-disclosure (i.e., sharing of information by Person A to Person B results in B’s self-disclosure to A) in interracial counseling dyads to examine the impact of White therapists’ disclosure on Black clients’ self-disclosure. Among the sample of 33 Black
women interviewed by a female therapist (who exhibited either high or low levels of self-disclosure), a reciprocity effect was observed for dyads including Black therapists, while a reciprocity breakdown was evident for White therapist dyads. Thus, for Black clients with White therapists, higher therapist disclosure did not lead to greater client disclosure, whereas a reciprocal effect was noted for White clients with Black therapists.

On the other hand, two studies including Mexican American participants suggest that clients of this background may prefer/expect low levels of TSD, while one study suggests no significant association. Comparing Mexican and European American clients, Cherbosque (1987a) found that Mexicans, in comparison to European Americans, expected less TSD. In a follow-up study, Cherbosque (1987b) found that Mexicans rated European American counselors higher on expertness and trustworthiness when the counselors provided a summary rather than a self-disclosure. Mexican clients were also found to be more willing to self-disclose when their counselors did not disclose, compared to when counselors did self-disclose. On the other hand, Borrego, Chavez, and Titley’s (1982) study of Mexican American and European American undergraduate students responses to recorded counseling interviews found that counselor self-disclosure had little impact on participant self-disclosure, regardless of ethnicity.

Cashwell (2003) studied 444 undergraduate students (African American, White, and “Other”) in a public university, asking them to complete the Counselor Disclosure Scale (CDS), which specifically identified their hypothetically assigned counselor as either Caucasian or African American. In general, African American respondents indicated a stronger preference for self-disclosure (regardless of counselor race/ethnicity) on four of the six CDS subscales (Personal Feelings, Sexual Issues, Professional Issues,
and Success/Failure. Cashwell found some support for the hypothesis that African American participants would indicate a stronger preference for counselor disclosure when informed of assignment to a White counselor than if they were assigned to an African American counselor, although this preference was evidenced for only two of the six CDS subscales (Interpersonal Relationships and Success/Failure). Results also indicated that White respondents reported a stronger preference for self-disclosure when asked to imagine seeing an African American counselor.

Examining interviews of an initial clinical session, Lokken and Twohey (2004) found that American Indian client interviewees rated their European American counselors higher when they self-disclosed. In particular, when the counselor used self-disclosure, participants reported feeling more comfortable and more connected. They also reported that TSD indicated counselor credibility, influenced their decision making on how much to discuss with the counselor, and ultimately built trust.

**Therapist Perspectives: A Gap in the Literature**

Surprisingly few empirical studies have examined client and counselor discussions of racial and ethnic differences and effects on the counseling process (Zhang & Burkard, 2008). Existing research, albeit dated, indicates differences in therapists’ views of the utility, appropriateness, and therapeutic implications of whether and when to discuss ethnic and racial differences (Gopaul-McNeil & Brice-baker, 1998). For example, based on a survey of 689 APA-licensed psychologists (93.3% self-described as White), Maxie and colleagues (2006) explored the degree to which therapists discuss ethnic and racial differences with clients, with a focus on the ways in which these discussions relate to therapist characteristics, theoretical orientation, training, and
experience with diverse clients. A large majority of therapists (85%) reported engaging clients in discussions about cultural differences; however, such discussions were reported in less than half of cross-ethnic/racial therapy cases (43%), and therapists and clients were nearly equally likely to initiate. (The authors note that several therapists reported intentionally waiting for clients to raise the issue, or reported difficulty determining whether discussions were therapist or client initiated.)

Further narrative analysis was conducted based on results obtained from the optional open-ended question asking respondents to describe approaches used in the past in addressing cultural difference with clients (completed by 36% of the sample). Narrative analysis identified 14 thematic categories, which were grouped under the headings of approaches to, reasons for, and influences on addressing differences. Responses indicate that therapists approach these issues in a variety of ways. With respect to how they engaged in these conversations, some therapists reported a direct approach and others an indirect approach. Respondents also differed in the timing of their discussion, with some incorporating into a first session and others later in the course of therapy. Motivations for engaging in these conversations included responding to the client’s initiation of the topic, awareness of special significance to certain clients (i.e., biracial clients), apparent language differences, and belief in fostering treatment effectiveness. Therapists were influenced by a variety of factors in whether to engage in such conversations, based both on personal experiences (e.g., being in an interracial relationship) and professional experiences (e.g., difficult previous conversations). Training and theoretical orientation were also referenced as influencing factors.
In seeking to understand successful aspects of addressing race/ethnicity, Fuertes and colleagues (2002) studied a sample of nine European American therapists working with African American clients, focusing on the first 12 sessions of their work. Each of the therapists reported addressing racial issues within the first two sessions, directly discussing their racial differences and assessing the client’s comfort in therapy. Participants indicated their perception that this was a major component of successfully engaging clients and facilitating the therapeutic relationship.

Knox and colleagues (2003) found that European American therapists addressed race with clients of color less frequently than did African American therapists and also reported feeling uncomfortable doing so. More often than European American therapists, African American therapists reported addressing race because they perceived client discomfort. When race was addressed, it was perceived as having a positive effect on therapy by both African American and European American therapists.

In summary, both the theoretical literature and empirical studies—with clients, pseudo-clients, or therapists, and most often in cross-racial dyads—generally indicate benefits of TSD and positive impacts of fostering candid discussion about racial/ethnic differences. The bulk of existing research has focused solely on client perceptions of the effect of TSD, however (Burkard et al., 2006). Thus, little is known about therapists’ perspectives and processes regarding conversations about race/ethnicity (particularly their own) and their use of race-related self-disclosure in the therapeutic context.

**Therapist Social Identities**

Increasing attention is being paid to the identities and self-concept of therapists vis a vis their social identities. Therapists may be affected by their perceptions of how
society responds to social identities, such as constraining their use of self in therapy (Roberts, 2005). For example, therapist sexual orientation/identity is one area that has received noteworthy research and literature attention (e.g., Fish, 2008; Jeffrey & Tweed, 2014). The therapist’s racial/ethnic background is an area ripe for deeper exploration.

**Race and Therapists of Color**

Constantine and Kwan (2003) emphasize the need for therapists to attend to themselves as racial beings. Although Helms and Cook (1999) assert that therapists should discuss clients’ racial and ethnic background during the initial sessions, they note that the therapist’s background generally does not become an overt issue unless it differs from that of the client (although this may depend somewhat upon the client’s level of racial identity development). The therapist of color and White client dyad involves unique parameters and dynamics that can affect the process and outcome of psychotherapy, including the attribution of otherness, the colored screen projection (as opposed to the “blank screen”), and power reversal (Comas-Diaz & Jacobsen, 1995). As an identity-defining process, “otherness” mediates the relationship between self and other, entailing a dichotomous classification where difference is defined in oppositional terms, going so far as to be associated with attribution of the “other-as-the-enemy” and frequently involving fear of differentness (Comas-Diaz & Jacobsen, 1995). Comas-Diaz and Jacobsen outlined a variety of ethnocultural, transferential, and countertransferential reactions prevalent in inter- and intra-ethnoracial dyads. The countertransference elements include: (1) anger and resentment; (2) need to prove competence; (3) avoidance; (4) impotence; (5) guilt; (6) good enough; and (7) fear.
Unfortunately, few studies and limited literature address the lived experience of therapists of color (e.g., Fuertes & Gelso, 2000; Rastogi & Wieling, 2005). Moreover, most training programs emphasize multicultural counseling or diversity counseling from the White therapist’s perspective, focusing on training student therapists to conduct therapy with individuals from diverse racial and ethnic backgrounds (Pedersen, 1988; Smith et al., 2006; Sue & Sue, 2002). Meanwhile, little attention has been paid to preparing therapists of color, including exploring their own experiences in conducting therapy, whether with clients of color or majority (i.e., White) clients (Ali et al., 2005).

One particular issue addressed in the small body of literature addressing experiences of therapists of color is that of racism/discrimination, in both personal and professional arenas (e.g., Laungani, 2004; Rastogi & Wieling, 2005; Tinsley-Jones, 2001). These experiences and associated feelings include believing that one’s individuality is disregarded and feeling viewed as representatives of one’s racial/ethnic group. Moreover, studies suggest that therapists often feel ill-equipped to address cultural differences and racism in therapy (Knox, Burkard, Johnson, Suzuki, & Ponterotto, 2003). Indeed, addressing cultural differences is identified as one of the taboos that some therapists may avoid addressing in therapy (Pope, Sonne, & Greene, 2006).

Roberts (2005) shares the example of a Latina therapist who speaks with a slight accent and was often asked by clients where she was from: “When I tell them I am from Colombia, I often get such a negative reaction…that mostly now I just say I am from Latin America…other Latino/a therapists at my agency criticize me because they say I’m not proud of my heritage” (p. 54). This therapist reports that she avoids drawing on and
using aspects of her social identity in order to keep the focus on treatment but also to avoid drifting to discussion that may elicit misconceptions clients may have.

McDowell and colleagues (2003) share another example of a biracial Latina-White family therapist in training who struggled similarly regarding her racial/ethnic identity:

Being able to pass as White had given me ‘White privilege.’ I had a choice to make: keep my pseudo-White privilege or acknowledge my Mexican ethnicity and face the negative assumptions that some clients made about Mexicans. I must admit, it was a difficult decision, because all I wanted to do when I was in the therapy room was to do therapy, not to address negative racial stereotypes. (p. 183)

In this case, however, the therapist wanted to integrate her ethnic and racial identity into her therapist identity, and disclose her background to clients when she felt it to be appropriate and potentially a resource. These examples highlight issues of particular relevance for biracial therapists.

**Biracial Therapists as Racial Beings**

**Biracial Identity**

The emerging and quickly expanding literature on identity has been in a pivotal phase of integrating empirical research and previous theory (Rockquemore, Brunsma, & Delgado, 2009). Modern multiracial models account for multiple understandings of identity and race as a fluid construct (Brunsma & Rockquemore, 2001; Harris & Sims, 2002; Shih & Sanchez, 2005). Biracial people are noted to have several identity options and may vary their self-categorizations in different contexts (Rockquemore et al., 2009). For example, Harris & Sims (2002) found that 12.4% of their sample of multiracial youth reported expressing/endorsing different racial identities across contexts.
Aligning with this reality, the most recent focus of multiracial identity theory has been an ecological approach, which acknowledges the impact of the contextual factors on the individual (Rockquemore, Brunsma, & Delgado, 2009). For multiracial individuals, the process for identifying racially is complex and often based on both conscious and unconscious factors (Herman, 2004; Hitlin, Brown & Elder, 2006). Root (2003) associated the experience of self-identifying with one race to feeling cognitive dissonance. Yet, despite the fact that multiracial people face unique race-related challenges, they do not necessarily experience greater psychological distress than monoracial individuals. In fact, life experiences common to multiracial individuals may contribute to the (self-perception of) development of a number of psychological strengths (Shih & Sanchez, 2005), including cross-cultural comfort and competence (e.g., Bonam & Shih, 2009); an ability to “fit in” across multiple cultural social contexts (Miville et al., 2005; Shih & Sanchez, 2005); valuing and accepting human differences and worldviews, and experiencing empathy for people from different cultures (Miville et al., 2005; Shih & Sanchez, 2005; Suyemoto, 2004). Individuals of mixed-race also tend to describe understanding the role of racism in distancing racial groups from each other, as well as the importance of building relationships across racial and cultural groups (Roberts-Clarke, Roberts, & Morokoff, 2004). In particular, some multiracial individuals reflect that their exposure to two (or more) different cultural and racial groups fosters a capacity to discern cultural cues and respond in appropriate ways, making them able to more easily adapt to different cultural contexts (Suyemoto, 2004).
Interpersonal Implications of Mixed Race

Being a person of mixed-race also has implications for how you are perceived by others. Johnston and Nadal (2010) were among the first to outline categories of multiracial microaggressions, which are everyday denigrating messages multiracial people receive about their identity. These messages are conveyed indirectly through experiences where multiracial people have their identity questioned or assumed: (1) inclusion or exclusion based on multiracial identity, (2) exoticization or objectification, (3) assumption of monoracial identity or mistaken for another group identity, (4) denial of multiracial identity, and (5) pathologizing of identity and experiences. Indeed, Robinson-Wood (2013) asserts that many people of color resist others’ multiracial identity claims, specifically among Black/White mixed race individuals. In addition, multiracial individuals may also experience microaggressions within their own family, a common theme across multiracial people and unique to this population (Nadal et al., 2013).

Among people of color, the tendency for biracial Black/White individuals to have lighter skin holds implications for potential elevated social status for these biracial individuals, and can function as a social divider among people of color (Helms & Cook, 1999; Robinson-Wood, 2013). Helms and Cook (1999) specifically link skin color to the therapeutic relationship, asserting that skin color associations may relate to a person’s sense of feeling threatened, either as therapist or client. A recent research study further suggests that mixed-race individuals may be differentially regarded based on context. Rodeheffer, Hill, and Lord (2012) found that White undergraduate students cued to economic scarcity categorized fewer biracial individuals as belonging to their in-group.
This effect was not observed among those cued to abundance, or cued neutrally. On the other hand, Rockquemore’s (2002) in-depth interviews with Black-White biracial participants identified a primary theme of hostile interactions with monoracial African Americans.

**Racial identity.** Racial identity describes the nature (e.g., degree and quality) of identification that individuals hold toward others of a shared common racial designation or heritage (Helms, 1990). Helms and Cook (1999) propose an important place of racial identity for therapists, with potential implications for deciding whether and how to address the issue of race in therapy. A relationship between racial identity and quality of therapeutic alliance has also been proposed. Specifically, Holcomb-McCoy (2008) asserts that racial identity creates the psychological meaning attributed to race and racial group, which in turn determines the client and counselor’s interactions with each other. A client and a therapist from different ethnic groups may have difficulty relating to each other, for example (Holcomb-McCoy, 2008). Furthermore, even clients and counselors from the same cultural group may hold distinct perceptions and attitudes about their own racial group or others (Day-Vines et al., 2007).

Day-Vines and colleagues (2007) also support the role of racial identity, arguing that a counselor’s broaching behavior likely parallels their own level of racial identity functioning in ways that may impact on the counselor–client relationship. For example, counselors who display low levels of broaching behavior and low levels of racial identity functioning may neglect or refuse to acknowledge the significance of race in a client’s life. On the other hand, a counselor with advanced levels of broaching and heightened racial identity functioning are likely to accommodate a range of social and cultural
experiences and foster trusting and open relationships with their clients. Clients are also likely to react to broaching in ways consistent with their own racial identity status; those with low levels of racial identity functioning may reject broaching invitations/attempts because they are likely to possess low salience attitudes about race, deeming it unimportant or irrelevant (Day-Vines, 2007).

**Biracial Identity as Disclosure**

For those of multiracial/biracial background, racial identity—in terms of both development and expression—is also likely to be influenced by their interactions with and responses from others. Brunsma and Rockquemore (2001) found that other people’s interpretation of biracial people’s appearance places parameters on their own racial self-understandings and ways in which they define themselves. Watts-Jones (2010) asserts that some aspects of therapists’ identities are easier to share than others, especially as relative to clients’ identities, often related to a sense of “vulnerability of the therapist sharing a subjugated identity that is not overt with clients who are privileged in that identity” (p. 415). This is similar to the concept of “passing,” which, although primarily associated with Black-White mixed individuals, is not restricted to this group.

McDowell and colleagues (2003) describe experiences reported by a Mexican American therapist who found herself hesitating to say her maiden name to White clients. “I carried this into the therapy room and [with my married last name] it was now easier for me to ‘pass’ as a White person ... [I realized that] I did not want clients to know I was Mexican American, because it meant having to deal with assumptions that I was ‘less than’.” On the other hand, Thomas (2008) shares the conscious decision made by an American Indian and White biracial therapist to disclose her (“non-obvious”) identity to
her non-Caucasian clients because of her desire for them to have a sense of her awareness of racial issues and diversity. Thus, racial background and identity can be a factor lingering under the surface as well as something that sparks conscious reflection and decision making.

The term disclosure is in fact a concept explicitly discussed in the multiracial literature. Sanchez and Bonam (2009) found that individuals claiming a biracial identity may experience bias from others, and may be more vulnerable to that bias because of the personal nature of racial disclosure. Unfortunately, little research has sought to examine racial identities in relation to therapists’ use of self-disclosure (Roberts, 2005).

Inherently, self-identification on the part of the therapist (i.e., “as a White therapist,” or “as a Black therapist”) requires a more personal self-disclosure of the part of a mixed-race therapist, whose appearance may not as clearly identify them with a specific racial group.

These issues are of particular relevance for Black/White mixed therapists, whose phenotypic appearance is likely to range in ways associated with varying observer beliefs regarding their racial/ethnic background (racial/ethnic variation among other therapists not withstanding). Rather than asking the client directly about their impressions of the therapist’s background, however, Helms and Cook (1999) suggest that the therapist tie race and culture into the presenting problems while sharing aspects of their own racial experiences (e.g., “my family conformed to the typical White middle-class value system…” (Helms & Cook, 1999, p. 164). The authors hold that these sorts of exchanges encourage a more genuine and trusting relationship will develop as the client recognizes
the therapist’s ability to accept and appreciate racial and cultural similarities and differences.

**Summary**

This selective review of the literature has emphasized issues of race in research and theory pertaining to therapeutic process, multicultural frameworks, and therapist-client dyads. It is clear from this review that race has important implications for the therapeutic relationship; however, the bulk of research has emphasized client factors and experiences therein. Given the potential role of the therapist in addressing racial factors in the therapeutic dynamic, it is also important to consider the therapist’s own social identities and location of self. Such a consideration is particular relevant for Black/White biracial therapists; however, this population is virtually untouched in research or conceptual literature. Thus, it is unclear whether and how biracial therapists engage in conversations about their own race with clients. In conjecturing regarding the experiences of biracial therapists, the concept of therapist self-disclosure has been used to frame the location of self within the therapeutic context. It remains unknown, however, whether this concept aligns with biracial therapists’ own perceptions and experiences regarding the significance and discussion of their own race with clients.
Chapter 3: Methods

The current study is an original investigation of the clinical experiences of self-disclosure among Black/White biracial therapists. This exploratory study specifically sought to shed light on biracial therapists’ perceptions of the significance of their racial background and their decision-making processes regarding discussing this with their clients. The following sections describe the researcher’s investigatory orientation, participants, measures, research design, procedures, and approach to analysis.

Overview of Research Approach

Qualitative research has been noted as particularly well-suited for research on biracial and multiethnic populations as a result of its facilitation of entering others’ subjective worlds through interviews and rich descriptions, which are not equally accessed through quantitative methods (Jourdan, 2006; Robinson-Wood, 2012). Moreover, qualitative methods are believed to allow “the additional flexibility needed to open up dialogue for voices of color that have so often been silenced in scholarship” (Mizock & Harkins, 2012). Quantitative designs, on the other hand, are deemed to limit the opportunity to understand therapists’ inner experiences (Burkard et al., 2006). Thus, qualitative methodology is determined to be the most appropriate approach for the current study due to the production of rich, descriptive data (Bogdan & Biklen, 1992); ability to capture individuals’ diverse perceptions (Creswell, 1998); and representation of authentic voices (Charmaz, 2006).

Of most relevance to the current study is a constructivist paradigm, which assumes a relativist ontology (there are multiple realities), a subjectivist epistemology (knower and respondent co-create understandings), and a naturalistic (in the natural
world) set of methodological procedures (Creswell, 2013; See also Table 1). Social constructivism (also described as interpretivism), is a perspective that holds that in seeking to understand the world in which they live and work, individuals develop subjective meanings of their experiences (Creswell, 2013). These multiple and varied meanings require the researcher to recognize and describe the complexity of views rather than narrow meanings. Narrative constructivism in particular suggests that one’s narratives and life stories are psychosocial, created intersubjectively (Potter & Hepbrun, 2008; Sparkes & Smith, 2008). From this perspective, the mind is significantly informed by influences from social relationships, and narrative is privileged as a means of accessing the person’s inner world, making meanings explicit.

**Specific Research Approach**

**Interpretative Phenomenological Analysis**

The specific approach selected for the current study was Interpretative Phenomenological Analysis (IPA; Smith, 1996), an approach with its roots in psychology, developed over the past 15 plus years. Much of the research conducted using this framework centers on the physical and mental health fields, and there is increasing work in other areas such as sports science, education, and music (Smith, 2010). The approach is described as idiographic (focused on individual experiences), phenomenological (concerned with participants’ lived experience), and hermeneutic (based on belief that this lived experience is only accessible through a process of interpretation on the part of both participant and researcher; Smith, Flowers, & Larkin, 1999; Smith, 2010). IPA’s focus is thus on exploring and seeking to understand individuals’ relatedness to, or involvement in, a particular phenomenon or lived
experience (Smith et al., 2009). Smith and colleagues (2009) describe the point of interest as the spaces “where ordinary everyday experience becomes ‘an experience’ of importance” (p. 33). The authors note, however, that experience is witnessed after the event and is thus not purely accessible. Thus, in doing research to get at “experience,” it may be more accurate to describe it as research to get “experience close” (Smith et al., 2009, p. 33). Nonetheless, because IPA views the individual as “a sense-making creature,” the participant’s attribution of meaning to experience can be deemed as representing the experience itself (Smith et al. 2009, p. 33).

Ultimately, IPA is concerned with human lived experience and the psychological world, understood via examination and interpretation of the meanings given by those living the experience (Smith & Osborn, 2003). As an inductive approach, IPA is concerned with understanding, rather than with causal explanations or production of objective knowledge or facts (Smith & Osborn 2008). In the context of its interpretative process, IPA also seeks to situate participants within appropriate contexts, beginning with detailed examination of each individual case before addressing more general themes or claims (Smith et al., 2009).

**Researcher Stance**

Smith and colleagues (2009) assert that in the framework of qualitative research, the researcher is like the participant—an individual drawing on their everyday resources in order to make sense of the world. Thus, as often recommended with respect to qualitative inquiry, it is important for the researcher to place themselves with respect to their researcher stance. As a biracial woman born in a Caribbean territory of the United States, my own background is likely to be both similar to and different from that of study
participants. My mother is a White American woman born in Boston. She moved to the U.S. Virgin Islands before the age of two, and has always identified as a Virgin Islander, with little to no affiliation with a White racial identity. My father is a fifth-generation Virgin Islander of Afro-Caribbean descent, who has never spoken much about his own race or manner of racial identification. His relatively light complexion is also the result of White ancestry in much earlier generations. Presently, I identify as biracial, with a stronger affiliation to my “of color” background and little/no affiliation to my White background. Over the years, my biracial background has been the subject of significant personal and professional consideration. This dissertation was developed, in part, out of experiences in my own clinical training as a doctoral student. In particular, I experienced (infrequent) racist client commentary, in which cases I believed that the client was not aware of my Black heritage. I also had experiences of feeling that an African-American client did not perceive me as similar to him/her, and that this could have been a detracting factor in our work together.

As shown in the interview question outline, a conscious decision was made to self-identify myself as biracial at the outset of each interview. A follow-up question was asked at the end of the interview to explore participants’ reflections on how this disclosure may or may not have affected the interview or their responses. This decision was based on something of a parallel process in considering the context and aims of the current study. My own disclosure was meant to establish a standard consistent procedure (with the assumption that one or more participants may ask on their own), to signal a level of understanding of the biracial experience, to foster a degree of comfort among participants, and to promote an environment of openness and authenticity.
Methods of Data Collection and Analysis

Following the aims set by the focus of IPA on people’s experiences and/or understandings of a particular phenomenon, research questions were grounded in an epistemological position (Smith et al., 2009). Specifically, primary research questions followed in the phenomenological foundation, emphasizing participants’ understandings of their experiences in exploratory rather than explanatory orientations. Thus, questions were situated as open, rather than closed; privileged participants’ understandings, experiences and sense-making activities; and avoided overuse of a priori theoretical constructs. Smith and colleagues (2009) suggest that researchers should not utilize research questions that are too grand (in scale) or ambitious (in reach). The authors recommend identifying a series of objectives to serve as steps that will allow demonstration that the question has been answered, providing the following example [italics are that of original source]: “describe the key features of anger as it is understood by persons seeking help from this service might be one useful objective for assessing the outcome, and containing the scope, of a project which aims to explore the meaning of anger for men receiving anger management counseling” (Smith et al., 2009, p. 48).

Semi-structured interviews are the form of data collection most frequently used for IPA studies. This flexible approach to data collection maintains the understanding of individuals’ experiences and meanings as central, while recognizing contextual factors surrounding the interview (Smith & Eatough, 2006). Because the aim of an IPA study is to gather rich, quality information leading to deep understanding of individuals’ experiences, small sample sizes are recommended (Smith & Osborn, 2008). Semi-structured interviews are also ideal for research with multiracial populations because they
allow for a broader and more in-depth exploration of life experiences, while leaving open the opportunity to develop hypotheses for future studies (Collins, 2000; Robinson-Wood, 2013). Participants should be selected purposefully (not through probability methods), based on their potential to contribute to the study at hand (Robinson-Wood, 2013; Smith et al., 2009).

**Research Design**

Following from the commitment of the IPA approach to exploring, describing, interpreting, and situating participants’ meaning-making of their experiences, this study sought to access rich and detailed accounts, elicited from those with the ability to shed light on the phenomenon of interest.

**Design**

**Institutional approval.** Following approval of the initial dissertation proposal, an application for approval from the University of Miami’s Institutional Review Board (IRB) was submitted and subsequently conferred.

**Inclusion criteria.** To be eligible for this study, individuals were required to be over the age of 18, English-speaking, and born in the United States. Individuals were also screened to include only those who self-identified as Black-White biracial (having one parent who is Black and one parent who is White); who earned or were earning a graduate degree in psychology or mental health counseling (including marriage and family therapy); and who had two or more years (including graduate practicum) of therapy/counseling experience.

**Recruitment.** Participants were recruited electronically, via professional listservs (e.g., APA Society for the Psychological Study of Culture, Ethnicity and Race-
DIV45; Critical Mixed Race Studies); affinity-group contacts (i.e., groups focused on being multiracial, mixed race or biracial); and electronic word of mouth (e.g., emails to personal and professional contacts; posts on social media). Previous research indicates that Internet-based recruitment methods are just as representative as other methods, if not more so (Gosling et al., 2004). Emails and postings recruiting participants described inclusion criteria, the purpose of the study, estimated time commitment, participation compensation ($30 gift cards to Amazon.com), and the researcher’s contact information to be used for indicating interest in the study (See Appendix A). Furthermore, a snowball sample procedure was utilized, such that recipients were asked to share the study information with others.

Participants

IPA suggests a small number of subjects, due to the detailed case-by-case analysis and the aim of providing detailed results for the particular group, rather than (prematurely) making more general claims. Smith and Olson (2003) assert that there is no right answer to the question of sample size, with appropriateness depending on: “the degree of commitment to the case study level of analysis and reporting, the richness of the individual cases, and the constraints one is operating under” (p. 54). Referring specifically to student projects using IPA, the authors indicate that five or six participants is a reasonable sample size, falling within the range of published IPA studies, with samples of one to 15 participants (Smith & Olson, 2003).

Following Smith and Osborn (2003), the sample strategy aimed to obtain enough participants to explore both similarities and differences, but to avoid being weighed down by the amount of data collected. The proposed study aimed to recruit 10 to 15
participants, with the ultimate goal of ending up with a fully interviewed sample of no less than six cases to be analyzed. Upon completing six interviews, the researcher and dissertation chair consulted regarding the “completeness” of the cases so far, and determined that no additional interviews were required be completed/scheduled.

**Participant descriptions.** Participants were six Black/White biracial women, ranging in ages from 23 to 52, holding Master’s and/or Doctoral degrees, with clinical experience ranging from 2 to 8 years, and a variety of client diversity mixtures. The majority of participants grew up in the Midwestern United States, although areas of training/practice varied. Table 2 presents an overview of participant demographics.

**Instruments and Procedures**

**Pilot interview.** A pilot interview was conducted with a Black/White biracial colleague, who has also conducted research on the subject of multiracial identity. The 29-year-old female grew up in the Northeast United States, holds a Master’s and PhD in Counseling Psychology, and has worked with diverse clientele in the Mid-Atlantic and Southeastern regions.

**Initial screening.** Interested individuals were expected to first self-screen based on inclusion criteria, then to contact the researcher for a telephone screening. At that time, the researcher formally screened the individual for eligibility (see Appendix B), and immediately informed the individual of their eligibility or ineligibility for the study. Eligible individuals were reminded of the study requirements (e.g., an approximately one-hour video interview via an IRB-approved video conferencing platform) and provided with a detailed informed consent form to review (see Appendix C), indicate consent, and return to the researcher via email or fax. Important reminders (i.e., their
were also be reviewed prior to beginning the interview. During the screening process, two individuals were excluded due to having less than two years of clinical experience. One other individual expressed interest but was unable to meet prior to closing the interview process. A final individual expressed initial interest but did not respond to follow-up communication.

**Individual interviews.** Following IPA methods, a semi-structured individual interview research design was used to explore each therapist’s experiences regarding dialogues with clients about race/ethnicity and their own racial/ethnic background. The interview protocol (See Appendix E) served to orient participants to the interview format and ensured informed consent to participation. Because individuals may differ in their perceptions and experiences, accommodations were made to gather relevant information. (For example, individuals who have never discussed their race/ethnicity with clients would need different follow-up questions than those who do frequently discuss their background.) Questions were constructed based on the literature review, IPA guidelines, and the research aims/objectives (see Appendix F). In particular, the overall goal of the interview was to assess participants’ experiences as well as their own understanding of their experiences.

**Recording and storage.** An IRB-approved video conferencing platform was used to conduct all interviews (regardless of geographical location) to ensure consistency. Interviews were recorded using appropriate software and a back-up external digital audio recorder. These electronic audio files were stored on a password-protected computer as well as on a password protected Blackboard site accessible only to the study researchers (AWS and GN). Audio files were transcribed by the researcher, and checked for
accuracy. All data were stored (electronically and/or physically) according to IRB guidelines.

**Data Analysis**

IPA involves a “double hermeneutic” (Smith & Osborn, 2003), as “the researcher is making sense of the participant, who is making sense of x” (Smith et al., 2009, pg. 35). The researcher only has access to the participant’s experience through what the participant reports about it; he or she is seeing such reports through his/her own lens. Thus, the participant’s meaning-making can be described as first-order, while the researcher’s sense-making is second-order. Generally speaking, data analysis guidelines provided in the IPA literature follow from its inductive nature, allowing ideas and themes to emerge rather than imposing a predetermined theory (Smith & Eatough 2006; Smith & Osborn 2008). Reflexivity was thus important to ensure that the researcher remained aware of her own personal experiences and pre-conceived notions, and their potential to influence data analysis (Finlay, 2008).

The specific data analysis strategy followed IPA as outlined by Smith and Osborn (2003; 2008). This idiographic approach entails deep engagement with one transcript at a time, becoming as familiar and intimate with the data as possible. Following complete transcription (and editing reviews), a single transcript was read twice in its entirety. Using printed copies, the left-hand margin was used to annotate interesting, significant, or noteworthy commentary about the respondent’s statements. Notations during the initial phases included both preliminary interpretations and commentary regarding the content or process of the interview itself (including reflections about the interviewee). One transcript was fully analyzed at a time, thus future transcripts may have also
included notes regarding earlier transcript analysis. Specifically, the following steps were undertaken.

**Initial Review**

The first review focused on identifying significant and noteworthy aspects of responses. This included general associations that came to mind; initial summarizations or paraphrasing; preliminary interpretations; and/or specific observations, such as the use of language, impressions about the respondents themselves, similarities and differences across cases, repetitions, points of emphasis, and contradictions.

**Emerging Themes**

The next step entailed identification of emerging theme titles. Based on the initial notes, more concise phrases (i.e., “emergent themes”) were generated to “capture essential quality…higher level of abstraction…more psychological terminology” (Smith & Osborn, 2008, p. 68). Next, these themes were reviewed as a whole to look for connections between them. For each individual interview, emergent themes were further evaluated to determine connections between them. This stage entailed “a more analytical or theoretical ordering, as the researcher tries to make sense of the connections between themes which are emerging” (Smith & Osborn, 2008, p. 70). Smith and Osborn describe this process as a magnet of themes pulling others to help elucidate and make sense of them. At this stage, some of the themes were clustered together, while others remained stationary, either as their own superordinate concepts, or as more singular illustrations.

**Superordinate Themes**

Clusters of themes were then given their own names, representing superordinate themes. Continuing the analysis with other cases, the researcher may choose to use
themes from the first case to “help orient the subsequent analysis” or begin the second transcript with a blank slate (Smith & Osborn, 2003, p. 73). The current study followed the latter approach, addressing each interview/case individually through completion. IPA is an iterative process, thus themes later identified were incorporated into a second review of previously coded themes.

**Final Themes of Focus**

Once all transcripts were fully analyzed, the researcher selected the superordinate themes on which to focus, by means of prioritization and reduction. Selection factors included not only prevalence, but richness and connection to other themes. Selection was purposeful in giving voice not only to common or agreed-upon themes and experiences, but to pointing out contradictions or unique perspectives.

**Interpretation**

In the final stages, the themes were translated into a narrative account (i.e., the Results section), whereby “themes are explained, illustrated, and nuanced” (Smith & Osborn, 2003, p. 77). The final write-up serves to represent the (interpreted) meanings of participants’ experiences, with explicit delineation between respondent statements and researcher’s interpretation. Findings are presented with Results indicating thematic analysis and Discussion linking analysis to the literature, study aims, and implications.
Chapter 4: Results

The research questions outlined at the outset of this exploratory study centered around biracial therapists’ perceptions and meaning-making about themselves as individuals, as therapists, and in the context of self-disclosure. The results outlined in this chapter provide the first attempt at a comprehensive picture of biracial therapists as both personal and professional beings. Following IPA analysis, this chapter is focused on translating the themes identified into a narrative account, highlighting the meanings inherent in participants’ experiences.

The determination of which themes to focus on required prioritizing and reducing the data. As with any qualitative study, it is impossible to note or address every aspect of every participants’ stories/perspectives. Addressing this challenge, care was taken to identify superordinate themes that encompassed several sub-themes, and a final set of superordinate themes that fit together to collectively produce a well-rounded picture aligned with the original research aims, which centered around biracial therapists’ experiences as biracial individuals, as biracial therapists, and in interaction with clients. It should also be noted that there may be overlap across themes. Thus, an aspect relevant to one superordinate theme may also be present in discussion of another. In addition, the themes and passages explored herein were not selected purely based on their prevalence within the data or across participants. Other factors taken into account were the richness of the illustrating passages, and connection of the theme to the broad research aims, by which the results are organized and presented. Table 3 shows the superordinate themes and subthemes, while Table 4 provides an illustrative/definitional quotation for each subtheme.
Overview of Results

From the analysis of the six participant interviews in this study, seven superordinate themes were extracted (see Tables 3 and 4). In large part, similarities were noticed across participants; however, variability in perception and meaning-making was also noted. In seeking to parse out and organize meaning from these interviews, higher-level groupings were made, although care was taken to preserve the essence of participants’ discussion.

Throughout the interviews, the dynamic nature of biracial identity and lived experience was highlighted. Calling to mind the feminist rallying-cry “The Personal is Political,” conversations with participants presented with an essence suggesting that “The Personal is Professional”. Although the three aims of the study lend conceptual clarity by separating “biracial individual”, “biracial therapist”, and “self-identifying experiences”, these distinctions were significantly blurred throughout interviews, as participants explicitly or indirectly made connections across these elements.

When placed in the context of the profession of counseling/therapy, this observation could be understood with respect to the distinction between an occupation and a job. The latter is performed in some ways out of necessity (e.g., paying bills), while the former often is accompanied by development of an identity based on the work, position, and values of that profession (Costello, 2005). Viewed from this lens, perceptions and meaning-making gleaned from conversations with biracial therapists are understandably intertwined and complex.
Perceptions and Meaning-making as Biracial Individuals

The first aim of the study was to explore and understand Black/White biracial therapists’ perceptions and meaning-making about themselves as biracial individuals. Within this aim, objectives were: (1) To explore Black/White biracial therapists’ self-identification as biracial individuals; and (2) To explore Black/White biracial therapists’ developmental process and meaning-making regarding their self-identification as biracial.

Complexity of Biracial Identity and Self-identification

Each of the six participants explicitly or indirectly indicated experiences or beliefs reflecting the complicated nature of identity and self-identification. Consistently, this came in the form of reporting variation in self-identification, depending on the audience, context, and other factors. Within the biracial community, the “what are you” question is often met with some degree of irritation or, at the least, topic fatigue. “Kacy,” for example, shared that she either self-identifies as mixed or biracial, but will further expand if the question concerns her ethnic background, which is African American and Greek. Such a nuanced response is likely also impacted by this participant’s personal and professional interests in aspects of race and culture–an element that will be discussed under the theme of professional impact of biraciality. Often, participants shared a tendency toward generalization in initial response to questions regarding their identity, followed by further expansion. “Vicky” indicated an initial identification as “mixed heritage” followed by reporting her parents’ racial backgrounds if “pushed” for this information (i.e., “my Dad’s African American and my Mom’s European American”). This parent-based aspect of self-identification was common among participants.
Contextual/situational racial identification. Participants shared a variety of factors associated with their identification and responses to questions about their racial identity and background. At times, the considerations were more explicitly self-protective and concerned with the degree of personal information to share. Participant “Fran” began by explaining her way of identifying “most often recently” has been multiracial; however, three other forms of self-identification were also provided: biracial; my Dad’s Black, my Mom’s White; and African American and Irish. Later, she expanded regarding the ways that context influences the information she elects to share with others.

…I mean definitely like who’s asking and why. Um, so if it’s another person of color I’m more likely to give them like an accurate answer sooner um because I, then I have some sense of why they’re asking - you know, I think people try to feel each other out like who are you, where are you coming from, how well will you get me. But when White people ask me, um, I get a little more suspicious of what they’re trying to do, um – if they’re like confused by me and trying to place me, if they’ve just realized they might have said something offensive and are trying to back track...

Other participants described more basic associations with their identification from instance to instance. “Ally” shared that her self-identification depends on the day and her mood at that time. Across all participants, there was a sense that selection of identification is fluid, depending on a variety of factors. Paralleling this process was a specific emphasis on the issue of terminology used when describing one’s identity.

Considerations and nuances in self-identifying terminology selection. In discussing ways of identifying, four of the six participants explicitly touched upon nuances of terms and wording selected. “Ally” shared her thoughts on the distinctions between terms, with an emphasis on the broader implications.
...mixed to me is more of a colloquial term. Um, it’s something that is street slang, it’s more commonly known, it’s a term that I learned young and I’ve used that all the way through. Um, the older that I’ve gotten and the more that I’ve done some self-exploration on myself and learning about mixed people as a culture, um, I use biracial as more kind of a, like I said, a political term; it’s something that if I go into a job and I have to fill out the EOC [Equal Opportunities Commission] forms, you know, I want to make sure that it says biracial or there’s something that says multiracial or mixed race. Um, that’s my professional term...And I think part of it too is being an academic as well. Um, you know, you can’t – when I’ve done some of my lit[erature] reviews and some of my writings I can’t just get away with just saying I’m mixed or people are mixed, um, and so I had to come up with another term that made my professors – and I feel like everybody else around me – comfortable with my identity and the identity of others.

Through her discussion, we see distinctions made between past and present, personal and professional, political and colloquial. Inherent in these distinctions is a recognition of the ways that her perceptions have changed both over time and in response to context. In many ways, the decision of the specific terms to use is simply a concrete marker of the internal questions of identity. Participant “Rachel” also referenced some of these aspects as she discussed her own process of self-identification:

I used to refer to myself as mixed, um, and then I – I don’t know, the more I thought about that and I talked to my Mom a little about that and she’s like “I don’t know, it makes you sounds like a puppy or like a mixed breed or something like that and...it wasn’t really the feeling that I wanted to have [laughs]. And so I like biracial. I think the only thing that I don’t like about is that it – when I say biracial, I mean what I am but I also believe that other people can be biracial – of two different backgrounds and they don’t have to be Black and White.

Explicit in her discussion is an issue that addresses the multiple factors discussed so far. In some ways, the term biracial lacks meaning. In this context, the aspects of variable/contextual identification are understood as being a necessary response to a lack of meaning aligned with the terminology current “available” to individuals of all multiracial backgrounds.
Similarly, participants discussed shortcomings of current demographic descriptors, with an emphasis on discontent with perceived “forced selection” or “pigeon-holing” associated with demographic selection, especially as it pertains to required forms. “Rachel” shared the example of her college application demographics forms and the broader implication for her self-identification.

*I was doing the box-checking and I don’t know what my mom had done previously, but I started realizing I don’t like “Other.” I don’t like the “Other” box because I’m not “Other” I’m both. So when I had the opportunity to check both I checked both, um – if there’s a biracial or Multiracial box I’ll check that. Um, but I think that was when I started realizing that I didn’t, I didn’t like having to figure out where I fit, um in this sort of arbit–I don’t know, weird box-checking arbitrary sort of way. Um, and I remember when I applied to the college that I went to...I was just like it says check one and I checked 2 because I was like ah who cares. And so they just picked whatever the first one was...So [later] I looked myself up and I saw that I was Caucasian [in the Registrar’s system] and I was like uh I’m not – I don’t know if I’m – I’m not ok with that, like I’m not – it’s not that I’m – there’s nothing wrong with that it’s just... – and I had like this – I had to figure out what was I going to be.

From this discussion, “Rachel” identified issues both of self-identification and being identified by others. Moreover, in this case, there was the forced choice to make of which of her two racial backgrounds she would select to be identified as. For “Rachel” there were also broader implications of her racial choice as it pertained to how she was viewed or identified by others.

**Imposition of others’ perceptions and attributions of racial identity.** The themes of others’ perceptions and identification by others were found consistently across all participants. For some participants, this was simply a matter of recognizing how others tend to identify or perceive an individual whose appearance does not clearly indicate a specific race. For other participants, the ways in which they are viewed by others has broader implications for the ways that they choose to – or feel compelled to –
identify. For example, “Fran” shared several instances of the ways in which others’ perceptions influenced her own self-identification.

...even though Whiteness is a part of my identity I don’t see myself as White because I don’t – usually biracial people can’t be White like I’m not perceived consistently enough as White for me to claim that as my identity...

On the other hand, “Ally” shared ways in which not being seen as Black has impacted her self-identification.

...And she kept saying “but you’re a Black woman,” and I said “But the world doesn’t see me that way so I don’t have the experiences of a Black woman.” Although that’s a part of me that’s within me, I can’t walk around and say that I’m a Black woman when most people look at me and they go ‘mehhh... kinda, maybe, sorta.’ I’m not treated as a Black woman – I’m treated as a minority, but I’m not treated as a Black woman. And I said to her “I refuse to take that identity; I’m not treated as a Black woman - I refuse to take that identity; I’m not treated as a White woman - I refuse to take that identity.”

In discussing her own experiences of how she is perceived by others, participant “Jess” expressed strong sentiments about the impact of the imposition of identity by others.

Um, well surprisingly I get this question often and people ask me “so do you feel like you’re more White or Black,” and when I was younger and I was asked the question I would say one or the other but as I’ve grown and become more...I guess, yah, growth and learning and having different experiences...you can’t define somebody in a category ... and I let them know, well I’m biracial I’m White and Black. And I tell them that it’s really, um, unfair or a way to oppress somebody by making them choose one way or another, because being biracial, you’re not Black, you’re not White, you’re biracial.

As will be discussed under Contextual Factors, region/neighborhood may play a significant role in how biracial individuals are perceived by others. For “Kacy”, who grew up in a predominantly Black area, “there is the Black until proven otherwise kind of hypothesis” associated with “the assumption that everybody there is Black.” These
questions, assumptions, and misconceptions were discussed as aspects of the biracial experience – seen by participants as a unique positioning within society.

**Aspects of Biracial Experience, Unique or Representative**

**Interpersonal implications of racial ambiguity.** Connected to the perceptions and attributions of others, as discussed in the theme of complexity of self-identification, is the concept of racial ambiguity, which was mentioned specifically or alluded to by all participants. Racial ambiguity refers to the inability to be placed racially based on one’s phenotypical appearance, and has considerable implications with respect to the issue of self-disclosure for biracial individuals. While racial ambiguity may be relevant for people of any race who do not fit stereotyped or traditional features associated with a given race, it is particularly salient for individuals of multiple racial backgrounds, such as Black/White biracial individuals, who may present with features of both racial background groups and/or be mistaken for several racial/ethnic groups to which they do not actually belong. For example, individuals of Black/White multiracial descent may often be mistaken for appearing Hispanic, Italian, Middle Eastern, etc.

Participants discussed the ways in which their ambiguous appearance comes into play both in personal and professional contexts, as people have a tendency to want to fit, place, or categorize them, and at times do not know how to interact with them, based on being unsure or incorrect about their actual racial background composition. Several participants also noted ways in which their racially ambiguous appearance has led to uncomfortable situations wherein people make insensitive or offensive remarks (nearly always about people of color in general or specific groups in particular), not knowing that
they are a person of color. For participant “Fran”, implications of her racially ambiguous appearance were noted in both personal and professional contexts.

*I have had the like really disconcerting experience of like getting into a friendship with somebody and then they’ll say something and I’m like oh wow we should have had this talk sooner… so much of my experience and some tension in my personal relationships comes from the fact that it’s hard for people to kind of place me, um, racially.*

Racial ambiguity as a factor in professional contexts was discussed as contributing to uncertainty with respect to how clients may perceive therapists (e.g., based on clients’ assumptions stemming from therapists’ appearance). For “Fran”, racial ambiguity in the therapy room had significant implications, but also brought many more questions than answers.

*just off the bat I feel like, um, I’m never quite sure how my clients are perceiving me… I just imagine that it’s easier for people who are more easily read as being from a certain racial background, right – because if your Black therapist brings up race you might have a guess about where they’re coming from and what it means to them. Um, and that might be stereotyped and it might be inaccurate, but at least there’s like, you know, kind of like a shared foundation. But for me, I have to also do this piece of like, as I’m bringing up race does this person think I’m Latina? If so, what are the implications of that? Um, do I allow it, do I correct them, um, can I draw it out and subtly challenge it? How much time do I invest in processing what they think of me? Um, does it matter at all or are they like totally fine with it? There’s just like this whole extra like cognitive and emotional labor that I have to do.*

Participant “Ally” made specific links between a new client’s perception of her racial ambiguity and her subsequent behavior: [referring to a new client] “now I’m racially ambiguous – I think she had an assumption before and now I’m racially ambiguous, which makes her even more confused like ‘how am I supposed to interact with her?'” For “Ally”, the majority of her conclusions about clients’ perceptions of and reactions to her racial ambiguity were based on their behavior. At other times, it could be
more explicit: “There are people who, um, will say ‘I don’t know what you are, that makes me uncomfortable,’ but for the most part it’s assumption based.”

Connected to racial ambiguity and the uncertainty clients tend to have about her racial background (vis a vis her appearance), “Rachel” discussed the unique nature of racial identification as self-disclosure.

... I guess this comes from the ‘because people don’t know what I am’, um it feels like a disclosure because some – because they had no idea. You know I think it would be – if a dark-skinned African American male said well I’m a dark-skinned African American male it would not feel like a disclosure it’d be like stating the obvious, but I think because people just don’t know it does feel like a disclosure, where I’m now sharing something about my family, even – I don’t know, like it feels more like a disclosure than it would for someone who might be more obviously identified. And not that they may necessarily be right about all of their assumptions.

Participant “Fran” also noted the connection to self-disclosure, adding that “… it’s a form that I don’t always have control over. Um, you know, I think there’s disclosure just when people look at me, um, most people think oh there something; something ethnic is happening there [laughs].” Thus, one’s appearance as a biracial individual was reported to have impacts not only personally but professionally. As discussed above, many participants specifically incorporated their own racial background with respect to explaining their views about the role/significance of race in therapy. In a related manner, participants also attributed some benefits and strengths to their biracial background insofar as it informed their role as therapists. (This will be discussed as part of the results for Aim 2.)

**Shared versus variable experiences among biracial individuals.** For many, the concepts of rejecting a monoracial identity and the complicated nature of others’ perceptions were included in broader discussion of what it means to be biracial, biracial
culture, and general aspects common to most Black/White biracial individuals. “Jess” made particular note of the ways in which biraciality is a unique experience, with implications for shared connections and well as for “oppression” based on her recognition of biracials as a minority group (minority membership and alignment with groups of color was also mentioned by several others).

“Kacy” highlighted some of the complexity of the biracial experience, noting the various aspects of biraciality that can influence one’s lived experience (also touching upon the complicated nature of studying of this group).

...this study is specifically about Black and White biraciality, but then there’s: which parent is Black, and then what if there’s a regional difference, what if there’s – just what is it about the “biracialness” that impacts me? And so even theory about biracial folks are so – it’s so difficult, because of all these difference aspects – not that that doesn’t exist within any singular culture but, um, it seems that it’s really difficult.

Later, she went on to further expound on the ways that she has thought through these sorts of issues, and her own proposal of “this like biracial theory of how to straddle two worlds and how to, um, how sometimes it’s like a split personality, you just kinda feel like pulled in two different directions.”

Participant “Vicky” expressed similar sentiments regarding the challenges and struggles as she discussed her process of exploring and coming to understand the meaning of her identity and its broad impacts on how she moves through the world.

I just learned to – I just go where I wanna go and people accept me or they don’t, but I just, you know, I just do what I want ... when I was younger I felt like I had to have like a certain twang in my voice to be Black enough and all that stuff around identity for mixed heritage people ... I [used to have shame over my White mother and step-mother] when I was younger – I wouldn’t want people to see that I have White mothers ... but now, you know, I just don’t have shame about my family and where I come from and I just claim all of it... so the maturity has brought me a
comfortableness with who I am but growing up mixed heritage was, yah, really a struggle.

Participant “Ally” shared the ways in which her biracial background has impacted her, with a range of implications.

I’ve been able to create that identity as I’ve grown up. There hasn’t been another mixed race woman that I got to look up to or that I had the opportunity to model my life after...So it’s become who I am; it’s become a way of life for me; it’s become a culture. It – I think I wear it on my sleeve a lot; it shapes the way that I view the world. To me it creates this – what’s the word I’m looking for? – it creates this...openness, openness, open-mindedness to the world, that I don’t think many other cultures can experience sometimes and so I take a lot of pride in the way my race has shaped how I view the world and how I interact with the world.

Thus, the biracial experience appears to be regarded as a process, rather than a status. For participants, biraciality was viewed in large part as an evolving element, with meaning and implications differing over time.

Formative experiences in biracial identity development. As clients discussed the complexities of identity, such as the ways their self-identification has changed over time, there was often mention of specific instances or situations that were of particular importance or significance for them. Among the formative experiences discussed by participants, the role of college and graduate training were often linked with heightened awareness of their biracial status and a tendency towards self-exploration and meaning-making. Given the nature of the demands and requirements of therapeutic work, it was also important to explore participants’ experiences related to their professional status as biracial therapists. Broadly speaking, findings illustrate the assertion that race and culture (and socialization therein) as integral psychological aspects of each individual (Helms & Cook, 1999).
These included stories regarding one’s upbringing, college years, and the impact of graduate school. “Fran” discussed an early experience of her first instance of being asked to self-identify.

... I think when I was seven was the first time somebody asked me – my mom asked me if I had to choose between Black or White which would I say I was. And I’d never had to choose before. I had always been able to say both or, um, just like explain my parents, but I was like well why would I have to choose and she was like well sometimes you will so what would you say. And I remember being just like utterly stunned by the question and I was kind of like bluhhhh uuuh Whiiiite? Blaaack? Whiiite? And she was like no, you say Black, and she explained the one drop rule and that’s how people will see me so that’s how I – if I had to choose one I had to choose Black. And I remember just being like so confused by that.

Participant “Jess” also shared an example of the early introduction of race-based self-identification. Similar to “Fran”, this came in the context of her home environment.

I had to be in like the 3rd or 4th grade and [laughs] it was afterschool, I was like “mom, I’m mixed!” She was like “mixed”? And then I was like “yah mixed”. She was like “what is mixed”? “You know, White and Black”, and she was like “no you’re biracial” and I was like “oh ok.”

College was of particular significance for “Ally”, who rejected pressure to join Black student groups/sororities, and found the racial separated segregated context of her campus to be problematic given her biracial identification. Describing her own self-exploration, she shared the pivotal impact of having resources to draw upon and a sense of relief that came from recognizing similar experiences of others.

... college hit and ... my racial identity didn’t change but I think it took a lot larger place in my life and who I am...And I needed to get my life together because I’m going “why am I upset that people are saying this” or “why am I going along with this,” and I didn’t always understand and so...I ended up sitting in the library on the floor where all of Maria Root’s books were and I would just sit there for like hours and I’m going through like “Oh my God, I’m not the only one who thinks this way! I’m not the only one who’s having these experiences!” And I think that was my
breaking point, my junior year in college when I was like ok I’m not the only one who’s dealing with this.

“Vicky” expressed similar views regarding the significance of her college years, but also related her growing awareness and reflection surrounding her identity to her move to the West, which had a very different racial climate than her upbringing and education in the Midwest.

...that opened up my world, because in California there’s just a lot of mixed-heritage everything...I could be in groups with other mixed heritage people and there was just a lot of discussion, a lot of just really healthy, um, not even debate, just discussion about who are we and what does it mean.

This reference to the significance of discussion touches upon the element of biraciality as something to be processed, addressed, and explored. Indeed, many participants referenced their own personal or professional self-exploration and self-reflection with respect to being biracial. For some, like “Vicky”, “personal identity work” contributed towards a sense of confidence and comfort, learning to “allow yourself to be everything that you are, and [that] you don’t have to limit yourself.” For others, including “Fran”, “Ally”, and “Kacy”, elements of biraciality or race-informed topics have also been the subject of their own academic or professional activities (e.g., academic papers, blogs, etc.).

**Summary**

In exploring biracial therapists’ perceptions and meaning-making about themselves as biracial *individuals*, findings support literature suggesting the complicated nature of identity and self-identification among individuals of mixed racial heritage. Of particular relevance, the current findings indicated alignment with a three-pronged multidimensional approach to understanding the identities of mixed-race people as
proposed by Rockquemore and colleagues (Rockquemore, Brunsma, & Delgado, 2009). This three-pronged approach proposes distinguishing between a given subject’s racial identity (personal, chosen, racial self-understandings), racial identification (how others view them), and racial categorization (chosen racial identity in different contexts).

As discussed in the themes of Complexity of Biracial Identity and Self-identification and Aspects of Biracial Experience, Unique or Representative, participants noted variation and nuances with respect to contextual/situational identification, changes in their self-identification over time, impact of others’ perceptions and racial attributions. These findings also support research suggesting that multiracial people have malleable racial identities that often change in the social context (Harris & Sim, 2002; Hitlin, Brown, & Elder, 2006; see also Rockquemore et al., 2009). More broadly speaking, multiracial identity has also been suggested as being better placed within an ecological lens, incorporating both process and outcome, as opposed to the emphasis on outcome in many traditional identity development models (Renn, 2003).

Perceptions and Meaning-making as Biracial Therapists

The second aim of the study was to explore and understand Black/White biracial therapists’ perceptions and meaning-making about themselves as biracial therapists. Within this aim, objectives were: (3) To explore biracial therapists’ training and supervision experiences, specific to race and/or ethnicity; and (4) To explore Black-White biracial therapists’ perceptions regarding the significance/impact of their biracial background in the context of providing therapy.
Professional Strengths Associated with Being Biracial

Therapeutic qualities/characteristics attributed to biracial background. In general, participants saw their biracial status as contributing to their possession of qualities such as empathy, understanding, openness, etc. “Ally” spoke broadly about the role of her biracial background as a factor in her ability to operate in ways traditionally desirable for a therapist. Moreover, she specifically contrasted her perspective to that of monoracial colleagues.

*I think it’s made me more empathetic. I think it’s, um, made me more open-minded to my clients...I find empathy in most cases, and anybody and everybody, and I just – I just remember while I was in school and sitting in supervision – group supervision – with some of my other classmates that were in internship and who were just Black or just White and the closed-mindedness that they had towards the world and towards people was just like, [it] blew my mind.*

Participant “Jess” echoed similar sentiments, contrasting her perspective to that which a monoracial individual may have.

*I have experiences in different, yah, different groups that make me, I guess, more holistic and have a better perception? Possibly? ... Yes...open and more knowledgeable. So, I can – because I’ve had that experience, where either I’m – you know, it’s an African American client or a Caucasian client – I’ve interacted or had experiences with different groups, so yah I have more experiences and a more holistic perception than if I just were a part of I guess one group...I’m at an advantage because ... I have experiences, yah, I have experiences with different people so I’m not closed off in a box cuz [sic] honestly, um, yah I feel like with my classmates who are predominantly White it was kind of second nature in a way, like they had to be educated on working with diverse clients.*

Both “Kacy” and “Vicky” talked about the concept of *access*, and the ways in which they move through different groups (both professionally and personally). For “Vicky”, the access that came with her appearance also had its limitations, however. She shared the ways in which her racial background (and, by implication, her appearance)
allow her to move through the world with a degree of comfort in any setting; however, she also noted instances in which she has felt unsafe based on being perceived as Black (below, she refers to an experience as a community organizer in New York City).

*I appreciate, I appreciate being able to, you know, walk into settings which, um, which maybe some Black people would feel very uncomfortable walking into, and I never have a second thought about it – unless it's, um – actually ... I’ve had a couple of scary events in my life as realizing that Oh, these White people see me as a Black person and I’m in an unsafe situation. So I have had that experience, but, um, for the most part I think I move through the world very comfortably in just about any setting.*

This example highlights that others’ perceptions of racial background may not always align with how one sees oneself. Despite “Vicky’s” self-perception of being able to navigate both Black and White social worlds, in the example shared, she was surprised by being perceived as Black – a perception that served to separate or ostracize her from White individuals.

**Biracial identification/connection with marginalized groups.** Pertaining to more specific benefits of their biracial status, participants often discussed their broader identity as a person of color. Self-identifying and/or being seen as a person of color was seen as contributing to one’s ability to relate to and understand clients of color (mostly referring to Black or African American clients), and to positive perceptions of them by clients of color. For “Vicky”, her experiences and background were seen as facilitating her own comfort with Black clients and contributing to her clinical considerations.

*...with most Black families I feel pretty comfortable, um, so I think that, you know, there are probably things I’ve learned along the way, plus I have, you know, I did grow up with an African American grandmother so – and went to her church – and, um, so there are things culturally [inaudible] in the Black culture where you respect your elders and um...and...that maybe um – and that you consider the whole community, the whole support system, um, and the family base and ... there are*
nuances that having had more experience in the Black community that – and within in a Black family or a Black family system – um, that’s become significant in some of the work that I’ve done with clients.

The concept of credibility and ability to understand/empathize was also discussed as going beyond the demographic of race. For “Fran”, her biracial background was seen as contributing to a level of confidence in her from clients of other oppressed identities in general.

I mean there’s definitely a way in which, um, it feels to me like a positive thing, um, like I’m “person of color enough” to have credibility with, um, clients who identify as having an oppressed identity – not even necessarily around race, but I’ve had like LGBQ-identified clients who, um, you know, might look at me and think well I can get it because I’m a person of color and, um, there’s something I understand about oppression that makes me feel safer to them. Um, and then with White clients I’m like, you know, kind of exotic but non-threatening.

For participant “Rachel”, it was the specific feeling of “otherness” (not being like most of the monoracial – mostly White – people growing up) that contributed to her feeling of connection with individuals of other non-majority demographics: “…it’s probably something that’s helped me maybe understand other people who are not accepted for other reasons, um, more easily than I might have ordinarily.”

“Kacy” noted that her racial background is also connected to a certain degree of hyperawareness of the salience of race and culture (personally and professionally). As such, she categorized the impact of her biraciality as a therapist as “mainly just client perspective…how that client perceives me and, um, more aesthetic or relatability than anything else.” At the same time, “Kacy” most frequently referred to her positioning as a therapist of color (rather than specifically biracial).

…it’s been less about biracial, more about just “of color,” like I’ve had several clients just acknowledge like well you know and it’s this
assumed like well “because we…” and I’ll get included in that, so it’s less about me being, you know, biracial specifically.

For her, the identification by others was not always specifically as biracial, but as a person of color. Thus, some sense of similarity or solidarity was shared more broadly with others.

**Professional Challenges Associated with being Biracial / Person of Color**

**Cognitive and Emotional Labor with Clients and Colleagues.** While all participants identified benefits or positive factors associated with their racial background, several also discussed challenges and negative professional experiences, including uncomfortable or offensive situations with clients and colleagues. “Fran” labeled the “cognitive and emotional” labor associated with thinking through clients’ possible assumptions about her background (based on her racial ambiguity), while other participants alluded to the significant impacts of experiences with both clients and colleagues in terms of the mental and emotional processes undergone in order to make meaning of and react to aspects of their professional environment.

For “Fran”, one negative experience represented various factors, including empathy for a Black youth, perception of racial insensitivity, and having her identity questioned.

...there was a Black student [in the treatment center] who was being talked about in a really stereotyped way and I said – I like, you know, I got really vulnerable it like kind of surprised me I was identifying with him a lot and felt – I was the only person of color – I wasn’t the only person, there was only one other person of color in the room, but I was the only Black person in the room so I said, “you know, I don’t like the way he’s being talked about, it’s making me really uncomfortable, I think we’re asking him to do something that’s really unsafe to like, you know, open up and talk about his feelings in front of a bunch of White peers who he knows can’t understand.” And then I said something along the lines of, “you know, I know how I’ve felt in meetings here when I’ve been asked to
speak about my experience or when race comes up as a topic of conversation.” And two people came up to me – two White men [supervisors] came up to me after that meeting and they were like what are you talking about I mean you’re White right?

This scenario highlighted several instances shared by “Fran” in which she felt race was regarded in a “problematic” manner across training environments or work contexts as a whole.

...because I like don’t want to get in trouble or be seen as a trouble maker or like a radical, um or angry or militant, um...Because that did become a little bit of my reputation in graduate school so I think being on internship I was uh like wary of kind of getting labeled with those things again...I mean I brought up race pretty frequently in like group supervision, course classes, meetings, and uh I used – I referred to people as ‘White,’ um, which I think some people found offensive, um, yah....because again there’s like that larger geographical culture in Colorado of like Whiteness is the air, like you need not speak its name, it just is...and speaking its name made people really uncomfortable, because they were like “whoa whoa, whoa, we’re all the same here, like what are you doing trying to make people different; you’re the one stirring this up.”

For “Rachel”, the potential impacts of her biracial background were explicitly discussed in the context of the social climate around race; however, the concerns never came to fruition to the extent for which she was prepared.

I think I thought it was gonna come up a lot ... the county’s pretty rural and, you know, I’d heard that there had been some difficulties with people being uncomfortable with working with this particular case manager or that kind of thing, um, and, you know, they talked to me about how they handle it if someone doesn’t want to work with me because, um – you know, and so we had all these discussions and so I was like really prepared and then it really never happened.

Regarding professional contexts and being biracial, participant “Jess” also noted a general environment of pressure for professionals of color to fit in and assimilate to White culture in order to be successful. Along with a general lack of diversity in higher education – both as students and professionals – she discussed many ways in which race-
related societal beliefs influenced professional contexts and the behavior of people of color.

I’ve noticed this more being educated as a graduate student, but there are people – men and women – who associate with being or identifying as, you know, African American or biracial; however, they don’t want to be that way and they want to make themselves more Caucasian. So in a way it’s kind of like they’re denying who they are...I think a lot of times because, you know, in American society, White is perceived as more privileged and prestigious so the higher up one goes in, you know, academia, or in the profession, they want to appear more White because it’s viewed as more acceptable and likeable; however, I don’t – I mean that’s not right, and people could try to fit in as much as they want to; however, they’re still gonna be, you know, African American or biracial or Asian...being White is being liked and acceptable and it’s good, being Black is bad, so if I wanna get “x, y and z,” I wanna attain all this wealth and prestige, I’m gonna have to associate with these people and not these people cuz I associate with these people that’s bad and I’m not gonna be liked and I’m not gonna get anywhere...

From “Jess’” perspective, internal self-identification may thus differ from one’s external associations and efforts to appear more similar to Caucasian counterparts. This perspective appears to presume that the reasons for greater identification with White counterparts stems from internalization of societal ideals, rather than from self-perception or greater affiliative connection to one’s White racial background.

**Disappointment in shortcomings of multicultural training/supervision.**

Without exception, participants pointed to areas of shortcomings, limitations, or disappointment regarding their educational, training, and supervision experiences. These challenges were identified not only as it pertained to their identity as biracial therapists, but also touched more broadly on aspects lacking in training for professionals of color. Citing the “very little” and “not comprehensive” training and supervision received regarding race in therapy, “Kacy” shared her disappointment in the mandatory diversity course at her graduate institution. Furthermore, she noted that her training director “did
not believe that race by itself was a compelling factor for therapy,” and discussed her own attempts to improve the class for future cohorts.

For “Fran”, part of the inadequacies of her multicultural training were related to the context of her work environments and “tolerance for talk about race” among staff generally and supervisors in particular.

Sometimes in various work settings I think there’s, um, varying levels of tolerance for talk about race. Um, so [it has] often felt the worse at places where race isn’t talked about among staff ... it’s just like, you know, when it gets brought up at all, the anxiety just goes through the roof, um, like the tension uh. So I – what I feel like is they imagine because they feel uncomfortable with the way I talk about race, that they assume that the clients will as well...which I often find really hurtful, because I’m, you know, I’m not talking to my clients the same way I talk to my supervisors. Supervision is a place where I make sense of things so that I can bring it back to my clients in a more like thoughtful, skilled way.

From “Fran’s” perspective, the handling of race-related content by supervisors could subsequently impact her own approach and ways of working with clients around race.

... the thing that’s felt less supportive was when supervisors – um, this is usually but not always from White supervisors – are like fearful of me bringing up race, um, they get really nervous about it, um, and start to ask questions about like “who’s that for, will it do harm to the client” – and this is even before I’m saying oh I’m going to say this to the client – this is just me bringing it up in my own processing of what I think is happening between me and the client. Um, it just seems like they jump on it right away as if it’s like, you know, a bomb that I’m lighting. Um, and that always makes me feel really ill-at-ease, like oh God I’m gonna like – they think that I’m out of control because I brought up race.

Several participants specifically discussed the ways in which race was (or wasn’t) addressed in coursework and other academic venues. Across participants for whom this was an issue, there was a general sentiment that race was at times an afterthought, or was relegated to the semester-long multicultural/diversity course.
For others, there was variation in the degree to which race was adequately addressed, often depending on specific teachers or supervisors. “Fran”, for example, discussed the inconsistent nature of her program’s coverage of multicultural and diversity issues.

*I mean I think, like a lot of graduate programs, culture was often treated as an add-on. Um, there was one professor I had who was really passionate about diversity in a, you know, much more inclusive way, but she didn’t do much clinical work so she didn’t do clinical supervision. The clinical supervisors would tend more to say well this is therapy and then oh yah what about race. Um, you know, maybe like once every couple weeks or something like that... But ... it was kind of a mixed bag because in some ways it was given a lot of importance – you know, especially now that I’m on internship and I see that people are trained worse [laughs] than I was on issues of diversity, you know, like my program didn’t totally drop the ball in terms of emphasizing it. It just wasn’t consistent. It really kind of varied depending on who was in the supervision position or who was in the teaching position. It was kind of like a matter of personal preference, um, how integrated it was into our training.

Among the concerns regarding how race is/was addressed in classes and other training, participants noted the orientation towards preparing White therapists to work with clients from minority racial/ethnic/cultural groups (e.g., “you are a White counselor, and you’re gonna work with all of these different backgrounds,” as recounted by “Rachel”). In “Vicky’s” case, this approach to training meant preparing trainees to be competent for specific groups, and to decline/refer cases in which there was inadequate cultural competence pertaining to that specific group. “Jess” noted a similar approach in her multicultural class, emphasizing cultural competence, cultural sensitivity, and ethics. Overall, she described her experience as not being “substantial.”

Many participants also noted the absence or relative dearth of materials and resources specifically addressing biracial/multiracial therapists. Perhaps as a result of this isolated context, many participants reported engaging in their own academically-
oriented exploration and/or research on subjects related to biracial identity (including “Fran”, whose dissertation was focused on multiracial identity). Most also reported their own investigation and exploration (similar to self-exploration done on a personal level). For example, “Fran” shared how her own personal efforts have contributed to her development.

*I’ve like learned and grown a lot in understanding what it means to be a therapist of color and a biracial therapist since graduate school but almost none of that has been formal, um, I became – I did a lot of personal reading throughout graduate school that was part of how I got my training, um, started reading a lot of blogs about issues of like race and privilege, um, that helped me to understand like critical race theory in a way that was really new to me in graduate school um. The handful of supervision experiences where I could talk about race, those became like a source of a lot of learning for me. Um, talking with my peers – it was much more informal training and education, um, almost no formal that I can think of.*

Participants discussed how accessing resources or doing their own work on the topic had facilitated personal and professional insights and made them feel more of a sense of community with respect to their biracial background.

For “Rachel” and others, being biracial in and of itself was also regarded as a manner of cultural awareness contributing to a baseline level of competence. For “Vicky”, this came from experiences of connection growing up within some Black contexts: “there are nuances that having had more experience in the Black community … and within a Black family or a Black family system – um, that’s become significant in some of the work that I’ve done with clients.” For “Rachel”, her biracial background facilitates a general degree of cultural awareness.

*...and I already am aware of the fact that ... I need to consider their background and their experiences and really get to know the person and not just what they look like and those different things. And so there was already some awareness that I felt like I had – that some of my classmates*
already had as well, but they might have needed more awareness because they aren’t formally thinking about their own racial background, um, or their own kind of cultural beliefs and realizing ... that that’s an important factor in just life, um, and I think it’s something that I had given some thought to.

Thus, despite the limitations of formal multicultural education and training, most participants felt that their racial background and experiences inherently served to foster an increased sense of awareness, skills, and knowledge related to working with multiculturally diverse clients and to addressing racial/cultural issues in therapy.

**Value of race-informed supervision.** Shortcomings notwithstanding, some participants discussed the value of having had positive training experiences vis a vis race and culture in therapy. “Fran” indicated that she tends to self-identify as biracial early on in supervision. She discussed the significant impact of having a multiracial supervisor.

> My favorite supervisor who I like idealize and idolize was a multiracial woman um – not Black and White, she was Latina, Filipina, and Native American – and the thing that she did which I found really supportive was, um, gave me a lot of permission to protect myself, um, and emphasized that race was really important and that it was always part of the dynamics, um, and I think the combination of those two things was really validating for me, um, because it made me feel like ok it’s important and it’s scary for me and then from that space I felt more free to act ... I felt like really seen and really heard, um, [my biracial identity] would just kind of get woven into the conversation. It would never feel like it needed to be pushed away, um, or left out...

“Ally” described some general support she received from an African American professor.

> So I got a bit from her, a bit of support from her on kind of the racial cultural component of conceptualizing a client through their eyes, through their cultural eyes – not just race but socioeconomic status and so I think she’s been a big help in that...

“Kacy” shared both about a previous instance of effective supervision and of what she would hope to receive more generally in terms of race being incorporated.
“Kacy”: [discussing past helpful supervision experiences] I mean just the simple acknowledgment that like, yah race matters, like period. And then it’s like, great we’re on the same page and we can move on so, um, yah it helped just to have that and even if we differed on how it mattered or like how it played a role with the client that at least made me feel like this person is willing to work with my viewpoint, my mindset... I had one biracial client, for example, and it was a lot of similarities between the two of us, and I was able to use that – um, both our similarities and the biracial piece – within supervision pretty effectively ... [but] even if [my biracial background] had just been open for discussion, like, you know I know that you are very Afrocentric, but you also do have this other identity piece, how does that interact when you’re working with clients who are of “X” background, like just, I think, that conversation would have been helpful.

From “Rachel’s” perspective, the manner of providing support for race-related content did not have to specifically emphasize race, per se.

“Rachel”: I think for me ... making it broader, so making it just kind of culture in general ... we’re all different – what is it like to experience our “differentness” in therapy. And so to kind of gain more self-awareness about it, I think? I kind of feel like that’s the, that would probably be the most beneficial thing for me, probably, would be able to have the conversation about that and kind of grow in my understanding of myself in the counseling relationship in that way. I think that I could probably use more growth, so that would be what I would look for.

Even more broadly, “Jess” expressed a desire for mentorship and guidance.

I think it would be good to have [a biracial professor/supervisor] as a mentor, someone I could talk to, because they’ve probably been in similar situations as I have, being biracial. They could align with me that way and we could share, you know, similar experiences...

At the same time, she noted that such mentorship did not necessarily need to come specifically from a biracial individual.

... I think just having somebody who was a minority – especially being African American, because being biracial – I don’t know if you’ve experienced this but I believe being biracial a lot of times people put you in the African American category and oppress you as an African American – which, I mean oppression’s wrong regardless, but they associate you with being biracial – so having other women who are educated, who are
wise and knowledgeable, who are African American, to guide you and train you is, is good.

“Ally” also discussed her own approach of incorporating race and racial identity as an element of reflection for her work with therapists in training.

...so I can’t technically do supervision now but I do help our supervisor work with the interns a lot and I use race as a big component, you know, they’re – I don’t think that other supervisors kind of focus on some of that stuff and, you know, while we’re sitting in group supervision I’m the one who’s like “tell me about their race, their culture, their religion, their social-economic status, and their age so I have a better idea of who they are” and so, you know, and then I’ll approach it as “as a White, 25-year-old intern, you know, White 25-year-old female intern, how are you relating to a 19 year old Arabic drug addict whose family is keeping this a secret so much that they won’t even put it on his insurance? ... Go.” You know, “What is your experience like as this young White girl sitting in this office trying to help him?”

For “Ally”, incorporating race and other identity factors was an important aspect of placing the supervisees’ work into context. It placed a value on the importance of the identities in the room, and encouraged supervisees’ to think beyond the presenting problem.

For those participants who had not had supportive experiences, there was recognition of the potential benefits – whether specific to their biracial background or simply an environment conducive to exploring race-related issues. These perspectives align with research on the supervisory relationship indicating that when cultural variables are discussed and attended to, supervisees report significantly higher satisfaction with supervision, perception of increased multicultural awareness, experience an enhanced working alliance, and perceive the supervisor as more credible (Inman, 2006; Toporek, Ortega-Villalobos, & Pope-Davis, 2004).
Professional isolation as prompt for individual interest/research/activities regarding biraciality. Perhaps not surprising, given the discussion of the significance of the biracial experience and, at the same time, the shortcomings in training and supervision experiences, nearly all participants expressed a general feeling of isolation as a biracial helping professional in their respective field. In particular, many participants reported not having any contact with other biracial professionals, and reported great interest in doing so. For “Fran”, the interview represented the first communication with a biracial (Black/White) therapist. Even in the context of greater interaction with other professional women of color during the past year, she expressed a sense of not fully being connected or understood.

...over half the staff are women of color – but nobody biracial or multiracial – and I was expecting, I was expecting more solidarity than I’ve experienced. Um, I feel like if I talk about the things that I talked about with you today I get responses something like – I don’t [know], they just make it sound so simple like: well of course you don’t do that and of course you don’t bring up this. And I’m like, well maybe you don’t because you’re Black and everything’s very clear, um, but I’m trying to talk about like what it’s like for me and they just seem kind of like befuddled.

“Vicky” expressed similar surprise at the research topic and shared her lack of exposure to other mixed heritage therapists.

I don’t think I’ve even run into any other – I was surprised to hear about your thesis and that [mutual friend] would give it me [laughs] because I, I don’t think that I know any other mixed heritage therapists.

Furthermore, “Vicky” shared how conversations about her biracial background have been relatively infrequent prior to the interview.

The discussion of (1) strengths and benefits of biraciality and (2) professional challenges and negative experiences related to biracial background serve as an important
backdrop for an examination of participants’ views regarding the place of their race in therapy, their experiences with self-disclosure, and their training vis a vis being a biracial therapist. Two superordinate themes emerged in this respect. On the one hand, participants’ race felt like a topic to get out of the way, a burden put forth by clients, or an element of obligation to impart education and/or combat stereotypes. On the other hand, their biracial status was seen as a tool or a vehicle of therapeutic impact.

**Summary**

In exploring biracial therapists’ perceptions and meaning-making about themselves as biracial therapists, two key elements that emerged were (a) perceived benefits/strengths of being biracial and (b) professional challenges associated with being biracial (particularly with respect to perceived shortcomings of their multicultural training). In particular, participants identified a number of qualities and characteristics associated with therapeutic benefits, linking them specifically to their biracial background. Many of these aligned with psychological strengths of multiracial individuals as illustrated in the literature, such as, cross-cultural comfort and competence (e.g., Bonam & Shih, 2009); an ability to “fit in” across multiple cultural social contexts (Miville et al., 2005; Shih & Sanchez, 2005); valuing and accepting human differences and worldviews; and experiencing empathy for people from different cultures (Miville et al., 2005; Shih & Sanchez, 2005; Suyemoto, 2004).

Despite the perception of one’s biracial background as a clinical strength, several participants discussed their preference for it to remain unspoken, or, at least, for it to be left up to them to incorporate it (rather than clients). Several participants shared a perspective similar to a biracial (White/Latina) participant in a study by McDowell and
colleagues (2003) who expressed her internal conflict with whether to “pass” as White (i.e., without referencing her Mexican heritage). As she explained, “all I wanted to do when I was in the therapy room was to do therapy, not to address negative racial stereotypes.” Thus, for some biracial individuals, curiosity from clients is often seen as an unwelcome burden and a potential detractor from their professional role.

**Perceptions and Meaning-making Regarding Self-identifying Experiences**

The third and final aim of the study was to explore and understand Black/White biracial therapists’ perceptions and meaning-making regarding self-identifying experiences with clients. Within this aim, objectives were: (5) To explore the occurrence or non-occurrence of Black-White therapists engaging in self-identifying dialogue with clients; (6) To explore the decision making processes and factors associated with Black-White biracial therapists’ self-identifying dialogue with clients; (7) To explore Black-White biracial therapists’ perceptions of self-identifying dialogue with clients (e.g., definition/terminology, meaning, and impact); and (8) To explore Black-White biracial therapists’ training related to self-disclosure, and perceptions of self-disclosure as a concept relevant to their experience.

**Obligatory Self-identifying Experiences with Clients**

Participant discussion related to self-disclosure experiences were organized around two superordinate themes: obligatory self-disclosure and instrumental self-disclosure. The former, discussed in this section, refers to those self-disclosure experiences that were in some way initiated by the client, or were carried out in reaction to the client. Caution and vulnerability were two elements connected to this type of self-
disclosure, signaling some therapist discomfort in discussing the subject matter, under particular circumstances or with particular clients.

**Self-disclosure in reactive/corrective response to client.** For “Rachel’s” work in a rural clinical setting consisting of primarily White clients, self-disclosure was at times relevant based on the nature of clients’ racial interactions and belief systems.

… it’s something that comes up here like every once in a while but it’s usually as a result of kind of whatever we’re talking about in therapy … it really doesn’t come up very often, it’s more of just a… kind of more of a fluke thing at this point, if it gets brought up at all … I’ve brought [my racial background] up, when they’ve said something about, um, issues with prejudice and things like that, um, usually based off of some kind of like, you know, a violent attack or something like that and, you know, they’d say well kind of African American males really that’s scary for me and so I, you know, say … as a biracial female … do you think that’s something that’s gonna possibly get in the way for us working together, and usually they’re like well no … and my thought was that, would it be difficult for you to talk to me about these experiences, like that I might over-identify with, um, the people who had hurt them or something like that. And some were kind of like, well no I’m glad I know that now because how will I have that conversation a little differently than I might have before, um, so I’ve had that, but I don’t know if it’s played a huge role in, um – in that because I think in a lot of ways they just think that I’m different, and so that in and of itself has become a…has become kind of a good thing I guess … they’re just sort of like well I don’t seem like what I – what they think I should be like so, um, they’re not sure what to do with me, but so far so good, you know, like she seems ok … And so really it’s either for the benefit of the…benefit of the client in terms of them getting the best treatment possible, or them perceiving that they’re getting the best treatment possible ...

In this manner, “Rachel’s” self-disclosures can be seen as responsive or reactive (to client content) in an effort to preclude possible challenges. “Rachel” reflects her belief that preemptively addressing the issue of her racial background in the context of racially-sensitive client content indicates to her clients some separation between her and groups with which she may otherwise be associated. On a broader level, however, it is interesting to note some clients’ specific statements regarding how their ways of speaking
about the subject matter would differ because of knowing her racial background. This sort of “filter” would perhaps not have been present had “Rachel” not self-identified racially.

For “Fran”, part of the specific motivations for, and benefits of, self-disclosure were to correct clients’ inaccurate racial assumptions, and ensure that she and the client were on the same page in that respect.

*I think there can be a real benefit to clarifying that [clients’ inaccurate racial perceptions of her] because … the thing that always makes me nervous about that is that there might be an assumption of shared experience that’s not accurate and then leads the person to like leave things out, um, or doesn’t provide space to talk about differences, um, you know, there are a lot of really similar stereotypes between Latina/Latino people and Black people, but there are some different ones too, um, so sometimes when the assumption is like oh we have the exact same background, um, people don’t go into as much detail or sometimes they get nervous like, if I say this you’re gonna think that I’m, um, putting people like us down, and I think just clarifying that a little bit gives people more room to say oh your experience is different than mine in this way and I’m going to explain this thing to you…*

Representing another aspect of correcting a client’s perceptions, “Jess” shared the example of correcting and educating a White teen client regarding her racial background and also regarding general racial stereotypes.

*… in one of my client sessions with a [White male] juvenile offender … he mentioned music and then he asked me do I like rap, and I said no I don’t and then he said, well you’re Black right and then I said, well I’m biracial but I really don’t like rap music and I explained why and he said oh ok. And I said the fact that all Black people like rap music is just a stereotype and he said yah that’s true … I felt offended in a way. I had mixed feelings at the time, but I wanted to say that I was biracial because I wanted to let him know that I wasn’t, you know, African American. But then I also wanted to counter his stereotype, because all Black people don’t like rap, that’s a stereotype so – but knowing that it’s [Midwestern state] I wasn’t surprised, but I wanted to educate him.*
For others, client curiosity has been a primary pre-cursor to the introduction of racial content pertaining to the therapist. For “Ally”, self-identification on her part is generally the result of clients’ direct questions or references to her self-described ambiguous appearance and unusual name. Within this context, self-disclosure feels more forced than organic, and may not always be relevant for the presenting problem or other therapeutic content.

There’s a lot more open-minded clients [in contrast to other clients who believe racial matching is a requirement...] who come in and they can go with the flow but they’re always curious ... and from time to time there’s a couple questions that’ll kind of come up and, you know, and they’ll say things like “oh, your mom! Tell me about your mom” ... “My mom is great, ok so now let’s talk about your mom.” You know, they try to explore and pick and they ask certain questions to try to get information in a roundabout way and...It’s always a – I just kind of sit there and I smile and I’m like just ask it, I know what you want to ask, but you’re so afraid that you’re gonna insult me by asking ‘what am I,’ but for some reason it’s important to you ... for the most part [clients bring it up] when the clients have developed or they feel as though they’ve developed a relationship with me and whether that’s 4 weeks or 6 months or a year, it’s kind of when things happen.

Participant “Jess” similarly made reference to the notion of curiosity and its development with prolonged therapeutic contact over time.

... after a while when people keep, you know, seeing you over and over again and, you know, you’re doing therapy with them, they kind of get curious to know a little bit about you ... but there [are] instances when clients do want to know something about you because, you know, you’re knowing about them.

Thus, in some ways, self-disclosure on the part of the therapist may feel normal or natural to clients (although it may not feel so to therapists) – or, phrased in the opposite, clients may feel odd not knowing anything about the therapist, given their own intimate disclosures.
Sense of vulnerability experienced with racial content / self-disclosure. In the context of their approach to racial content and use of self-disclosure, several participants discussed the impact that self-disclosure can have on them, including feelings of vulnerability, discomfort, self-doubt, ambivalence, and others. For “Ally”, the effects were not necessarily immediately called to mind, but ended up relating to her perceptions of having to prove herself or to share in ways she did not intend.

I was gonna say [self-disclosure] doesn’t impact me at all, but I think every time I get asked the question [e.g., what her racial background is], it does take a little bit of breath out of me sometimes. I think it gets a bit exhausting that it still is a part of my professional life. I would love to be able to use my race as a way to help people instead of as a way to – having to explain away things or having to feel as though it’s connecting to somebody or that it’s a part of my therapeutic process. I think that’s the part that gets exhausting for me is that my race is not a part of my therapeutic process. I would rather use my race as a part of an experience to work with interracial families and transracial adoptions and so, and that piece to it. I just, I don’t always think it necessarily has a place when I’m working with a court mediation or [laughs] you know, when I’m working with a child who is in a custody dispute and I’m here to help the courts figure out what to do with the kid. I just don’t feel like it always needs to be a discussion. I think it just takes a lot out of me. I think sometimes it’s about “are you competent,” “who are you,” “how can I connect with you,” and I just want to be like “I’m doing my job, I feel as though I’m a really great counselor, this doesn’t matter.” So like I said I’m happy to share but sometimes it’s just like “AGAIN?!”

For “Fran”, the sense of vulnerability was also somewhat specific to interactions with White clients.

So with the White clients with whom I have discussed my racial identity or like self-identified in some way [pause] um...it seems uncomfortable. I don’t know, because there’s kind of like the classic therapist question that I could ask, and that I rarely ask, of “what’s it like for you to work with me as a biracial therapist” um I don’t, I don’t do that question because I just feel like I don’t want to get into it, the biracial part. Um, like I – again it’s like that whole decision making process about what words do I use and then depending on what words do I use, am I really ok with hearing the answer ... And also ... like I’ve mentioned, geographic context is
important, like – trying to get a grip on where people are coming from, I think that’s been one of the challenging things about moving around in graduate school, um – there’s definitely like a shared culture of Whiteness in different places of like how one deals with one’s Whiteness and in Colorado it was to deny culture – so I would ask even my White students how do you identify culturally? – because sometimes it wouldn’t turn out to be White, even if I had read them that way, um, and because I just thought it was important – um, and almost always the answer among the White college students was something along the lines of like race isn’t important, I don’t have a racial identity, I don’t have culture, um – which, I guess I never quite made sense of how you have a conversation about culture with people who say they don’t have any. Um…how I would have a conversation about my culture with people who say they don’t have any. Um, and in Georgia it’s a little bit different – people will say that they’re White and that makes it a little bit easier for me to self-identify sometimes or to refer to my ‘person-of-color-ness’ um [pause]….but it’s still like – I feel like I don’t quite have the lay of the land yet.

In addition, there was an explicit recognition of avoiding disclosure in cases where the client feels “unsafe” with respect to issues of race. In such cases, she may take an approach of intentional ambiguity about her race.

... sometimes I feel less vulnerable if I’m ambiguous about it ... Meaning they’ve already made like a comment that conveys racist beliefs or, um, a lot of unquestioned privilege around race, maybe like are not even familiar with the concept of privilege. Then I might be more evasive or vague ... [discussing a specific example] This was with a long-term client, who actually, he was Latino but often identified as White, um, and it seemed to kind of clinically fit, I think, for him, in a lot of ways, to put me down on the basis of race. But he, at the end of one session, um – I think I was trying to get him out the door and he kept talking and he started telling me this story about how his instructor in his English class was so stupid and so unreasonable and he started with like I mean she’s a PhD student, it’s not like she really knows what she’s doing. And then he moved on to say, she wants us to write a paper about Martin Luther King, Jr. – I mean that’s ridiculous give me something interesting or important to write about.

Later, “Fran” discussed the idea of wanting to minimize client curiosity, and her mindfulness of the impact of geographic location.

... So biracial was easier – I would say biracial more often in Colorado if I was going to identify because that was an easier sell, like I just try to go
for whatever is going to be most efficient, um, because if I was in Colorado and I said Black people wouldn’t believe me or they would have follow-up questions like how can you be Black. So I’d be more likely to say biracial there. In Atlanta, I’m more likely to say Black because again that comes with the fewest follow-up questions. If I say biracial then it’s like what’s that like for you, who’s who in your parents, um, people get curious about it, um. And when I’m in the therapist role I just like I don’t want to invite that kind of curiosity.

“Rachel” shared similar concerns about the somewhat intimate nature of self-disclosure regarding her racial background, and its implications, including the potential for further client probing.

I mean even the fact that, you know, my Dad’s Black and my Mom’s White, well that’s not the traditional way that things go … and then there are kind of what, you know, people have certain stereotypes about what those relationships look like, you know and, um, and so then it almost kind of feels like it opens the door – well are your parents still together? Yes, 34 years, going strong. Um, but I mean it’s [sic] things where it kind of opens the door to additional questions and, um, what’s that like, that kind of thing. Um, because there’s more of a curiosity about it, because it’s something that’s unique in a way.

For “Fran”, negative or uncomfortable experiences can have a significant impact on her effectiveness and ability to be present as a professional. In addition, she shared the potential conflicts between her personal orientation towards addressing these issues, and the more delicate approach expected as a therapist.

The negative experiences tend to be pretty like … anxiety is the first thing that comes to mind. Um, I get nervous, I get kind of tongue-tied sometimes, um, it feels you know, I mean I think thinking about that client who was trying to push my buttons – it does work, you know, because I get into my own head and it pulls me out of the therapy room um… [pause] because it’s like I know how I might want to respond if this were personal but what do I do when I’m in this professional role where I, you know, this job exists to serve clients’ needs, um, where does my need to be safe and to be seen and to be, um, respected fit in?

“Rachel” also recognized anxiety as a potential factor in her introduction of racial content. For her, some discomfort in her conversations discussing race has come
from concerns about how clients will receive her intentions, particularly in the context of the sensitivity of the subject in a “cross-cultural” context.

I’m usually a bit anxious in bringing it up … what I don’t want to do is make it sound like I’m calling them a racist, like “well since you don’t like these people you might not like me because you’re a giant racist” – like that’s not the conversation that I’m trying to have, but I worry sometimes that that’s how it’s going to be perceived. Um, that by bringing this up I’m then calling them out on some sort of a prejudice … which is not what I’m doing and not my intention, but because people very rarely talk about race and most people don’t have those conversations in a kind of cross-cultural interaction, that it ends up feeling sort of more sensitive so I don’t want it to come across as I’m making some kind of assumption about them.

Similarly, for “Fran”, the question of self-disclosure was connected to her own self-evaluation and level of comfort in the discourse that would follow.

... I think the theory [discussed in graduate school training regarding use of self-disclosure] was more like it can be great and you have to be willing to process it – um, which I think maybe is where some of my ambivalence comes from about my own disclosure of my racial identity in therapy is, uh, I think it’s important, I believe it’s important, I’ve had positive experiences with it, but I don’t always feel willing to process it uh or ready or, um, supported, uh, you know, and that’s where my hesitation or avoidance comes from.

In contrast, “Kacy” discussed the connection of her racial identification to her lived experience as a clinician and academician steeped in issues of race and culture. For her, there were no clear impacts of self-disclosure: “there’s like culture and diversity so much in my life that it doesn’t, at least on the surface, do anything to me so … I can’t say that I can identify anything that happens when I do that.”

Instrumental Self-identifying Experiences with Clients

Differentiated from obligatory self-disclosure, instrumental self-disclosure is characterized by therapist-led disclosure with the intention of fostering the therapeutic
relationship and the working alliance. This use of self-disclosure was emphasized with clients of color, for whom the impact of self-disclosure was deemed particularly significant.

**Self-disclosure with relational/connective impact for client.** In addition to sharing some challenges and hesitancies in self-disclosing, participants also noted benefits and positive examples of their disclosure with clients. “Fran”, for example, discussed several effective disclosure experiences, and their positive impacts on the client, herself, and the therapeutic connection.

> I’ve had, you know, quite a few experiences where it’s gone well, where I felt like I was able to use my race in the therapy to like model something and to feel connected to my clients and for them to feel connected to me, um, and those experiences have been like really, really warm, um, and I think back to them with a lot of fondness and I’ve felt very close to those clients and I’ve felt like, I don’t know, like purposeful and competent and um, you know, like able to be good at my job. I don’t know, like I have a lot of good feelings about those experiences and how they impacted me ... the therapeutic relationship – I think it’s stronger [as a result of self-disclosure] because, um, you know – I don’t know, I keep coming back to the idea of like shared language; like when a dynamic is unspoken it’s hard to do much with it, it’s hard to like kind of like know where the boundaries are, um, know where people are coming from. But by making it spoken it feels like, you know, it can kind of like deepen and strengthen the bond or like make things a little bit more clear, um, which I think like ultimately serves therapeutic goals. Um, clients feel capable of – I don’t know, feel like they kind of like know the limits, hmm, and trust their therapist more, feel connected, I don’t know, trust me as the therapist...

Speaking more generally, “Fran” made connections between the therapeutic space and other relationships or contexts. In this manner, she seems to view race-infused conversation as a powerful clinical intervention in itself.

> ... so much of what we do in therapy, it’s something that’s often present in relationships and often not talked about, so while it can be anxiety-provoking to like make the implicit explicit in that way, it can also feel really good. I think it has felt really good for my clients, like maybe the start of the discussion is tense for them, you know, but if we – as we
process through it, um, my sense of it is that they appreciate it, they feel um like let in ... I can’t really think of a time where it’s like been negative for a client. Um, you know, like worst case scenario is kind of like in the case of the woman I talked about who was making the Freudian slips, like we talk about it and it goes nowhere, like I don’t think she was hurt by that. She felt uncomfortable for a minute and maybe gave her something to think about.

In discussing her general use of self-disclosure, “Kacy” consistently referred to her clinical approach and therapeutic style as informing her approach to sharing information.

I think my style more generally is just to be, um, forthright with information and so like the whole like ‘pocket client thing,’ like no I don’t do that, like if I have been there I’ll tell you, if I know I have other clients I’m legitimately working with that get like – I’ll say that but I don’t, I don’t like to ... I don’t feel that that’s telling them that I know, um, everything that they’re going through; it’s just my style, the way that I am. The way that I work with my clients is very genuine, I think ... the pros and cons have always been discussed, but it was always left up to us, whatever we wanted to do, um, and that just seemed to go along more with my style than [a] ‘let’s really sit back’ and reflective piece. I seem to value the relationship quite a bit, and so I think that helps with disclosing certain things that I think would put the client more at ease when in the room, to discuss things.

Speaking specifically about her work with adolescents, “Vicky” expressed similar views regarding the relational aspects of self-disclosure, its connection to establishing the therapeutic bond, and her feelings of being transparent and “real” with clients.

... maybe [self-disclosing] made me, um, more of a multi-dimensional person for those, um, adolescents ... maybe, you know, it just took away a layer so that, um .... you know, I’m just wondering if it kind of allowed the client more of an access to me ... [being a therapist] we’re in like a very powerful position, uh, umm, in terms of being, in terms of people, you know, asking people to share vulnerabilities with us ... when young people asked me who I am and um, and then I shared with them, I felt in a way it kind of leveled the playing field, because now I’ve opened up, I’ve opened and showed them a part of who I am, and so maybe it helped them to feel comfortable with me, um, to share with me, this stranger who has come into their lives to try to provide them support and um, insight, and hopefully growth, so um... [ regarding the impact it had on her] maybe
when I disclosed my background it made me feel more...mmm...gosh...I wanted to say like present or more um transparent, more real, I don’t know... maybe it just made us closer in a way. You know, that they shared, um, they shared all these things about themselves with me, and then they asked me something that was personal and I chose also to share with them and so I think, probably immediately that just made us a little bit closer.

“Jess” also referred to the interpersonal elements of her use of self-disclosure with her youth clients in a group context, indicating that it helped her clients to get a better view of her and contributed to building a relationship.

Participants also specified the role of clinical content and alignment with therapeutic goals as determining factors in use of self-disclosure. Presenting or contributing problems related to identity were specifically referenced as being relevant content for therapist self-disclosure. “Fran” discussed a specific example of her use of self-disclosure to with a White bisexual female client.

"I had a client who was White and bisexual and I talked about being biracial with her, um, as a way to talk about like the conflicted-ness of being kind of in an in-between space in a social group. Um, so she would say like, you know, I’m bisexual and I have straight privilege even though I’m not straight. And I said something like, you know, it’s not exactly the same but I think I can relate to that because I’m biracial and I have White privilege sometimes, even though I’m not White.

Thus, client racial self-disclosures were not limited to use with clients of color. For “Kacy”, disclosure could relate to personal information or to aspects of clinical experience and expertise as relevant to the case.

"I’m typically pretty open about most things that, you know, that may be relevant to help so, you know, if my teaching background is important for, you know, a testing client I’ll say, you know, “and I’ve had X amount of years in the classroom so that would help me to get along with your child” so I’m pretty open about things that I think would help the process ..."

As referenced above, many of “Rachel’s” self-disclosure experiences stemmed from clients’ negative interactions with, and perceptions of, African American males.
For her, self-disclosure drew race into the foreground of the clinical conversation and opened a dialogue or process of self-exploration for clients regarding alternatives to their racial stereotypes and biases.

*I think in some ways it helps them sort of say “ok well I really don’t like those particular African American males and those who remind me of those, are very scary to me and I don’t like them and I have very negative thoughts about them.” But even saying, well I guess I don’t feel that way about everyone, it sort of helps them kind of, I don’t know, differently think about their own feelings towards other groups.*

While acknowledging the potential for self-disclosure to benefit clinical content about identity, “Kacy” also noted the limitations in over-identifying or over-sharing.

*… if [client is] having like an identity type of issue, um, that they’re bringing in, [self-disclosing is] just a way for me to say I get it, I get it ... [but] even if they say, well how did you get through this, I’m like “this isn’t about me, this is about you,” like I always – it’s like, you may know this about me, but it’s only to say that you can talk with me about it, not that I know the answer.*

This distinction in some ways addresses one of the concerns about self-disclosure, which is that it fosters an emphasis on the therapist (albeit in an advice-giving capacity), rather than on the client. This subject is addressed within the final objective of the third aim of the study, which was to explore Black-White biracial therapists’ training related to self-disclosure, and perceptions of self-disclosure as a concept relevant to their experience. Caution in self-disclosure was a theme throughout participants’ discussion of their training.

**Intention in decision-making about self-disclosure.** Participants emphasized their use of thoughtful intention and caution with respect to self-disclosure–often related to training received regarding its use (or lack thereof). The overall consensus appeared to be to err on the side of non-disclosure when it comes to personal information about the
“Ally” expressed a view common across participants, noting the importance of elements of intent and purpose.

*I think anytime a counselor reveals personal information it’s self-disclosure and self-disclosure must be used appropriately, right, it’s – we don’t, we don’t want to make the session about us, we don’t want to make anything about us, we’re very cautious, right, so if we share a story or we share any information about us we want to make sure that it’s used with intent and with a purpose.*

“Rachel” echoed these sentiments, expanding on the intentions and theoretical basis for different approaches to self-disclosure, as well as the potential implications indicated by a therapist’s perception of the need to self-disclose. For her, the overarching message received has been discouraging of self-disclosure on the part of the therapist.

...you have to make sure that if you’re doing it that it’s that the benefit [is] with the client, and that kind of thing, um... I think, um, the person who did my internship training had more of a kind of a psychodynamic uh framework – considerably more – and so I think for him, he probably would maybe discourage more of it, um, because I think you’re supposed to be more of a reflection of things, so if people wanna know what your background is or some sort of self-disclosure, um, it’s not supposed to be about that, it’s supposed to be more about if it’s about them and there might be, you know, is there a transference issue or I mean other things, um. Or why do you feel the need to tell them this? Well because they asked or because I don’t know, it’s pertinent [laughs]. And so I think there I’ve gotten sort of more of a discouraging – you know, like you really need to look at why you want to self-disclose ... in other courses – um I think it was, you know, a thing to be cautious of but not something to be completely frowned upon or anything like that.

Participant “Vicky” noted the different views that can be associated with self-disclosure, often depending on one’s theoretical/clinical approach. In particular, she shared a sentiment expressed across participants, regarding therapy not being “about them.”

*Well I had one supervisor who does not – would not – disclose anything, and her – but those of us who worked with her all felt like that was like old time, that was like old time, um methodology or something, you know so – or belief system – so, but that was her belief system ... and then other people say ... to use disclosure sparingly ... but my experience has been*
that, um – I feel like they’re there to talk about themselves and, um, that it’s not a conversation so much, it’s um – I don’t know, it’s a conversation but it’s, but it’s not about me. It’s really not about me, it’s about them.

Participant “Jess” also discussed the therapeutic relationship, in the context of rapport with the client as a precursor to self-disclosure. At the same time, she noted the significance of client population as it pertains to appropriate and professional disclosure, using as an example her primary clinical focus on juvenile offenders.

**Specific impact of therapist self-identification for clients of color.** Across all interviews, participants noted the specific impact of racial content and/or racial self-disclosure for biracial clients and/or clients of color in general. “Fran” described her perception that her self-disclosure facilitates a sense of trust in her, seeing her as more competent and credible because they know “where she stands.” “Vicky” shared the special impact of self-disclosure in her work with a biracial Black/Latina adolescent, emphasizing the significance of self-acceptance and security in one’s identity.

... I realized that some of what she needed to get through was being ok being herself, um, because she was really wanting to identify with her [Black] father, who was not a very good person, and um, so she was really struggling with that, and I think – I felt like when she looked at me she was looking at me as another Black person. I think – because I think most of her world was in the White world and the Latino world and so – because she was raised by her mom and not by any, she didn’t have any connection to any of her African American relatives – so um so I felt she was identifying me as a Black person, and uh, and I just wanted to share with her that I was mixed heritage too ... and it was ok to be her-self. And that it was ok – she didn’t have to over-identify with being Black or, um, that it was ok to be Latina and African American and to find both the strengths and the weaknesses in all of that ...

In discussing the impact of self-disclosure on clients of color, participant “Ally” also noted her perception of the relative absence of impact on White clients.

... my White clients I don’t think there’s really much that happens. Um, I just think their curiosity has been met for them. For my clients who are
minorities there seems to be a bit of a more of a connection. Um, you know, the Mexican girls that I spoke with you about, you know, it was like – a couple sessions in they found out that I wasn’t just White and they were like “Oh my God! you’re like a role model to us, you’re like a big sister!” and um, I have another set of sisters um – this is the transracial adoption one. One is – they’re all 3 of them are Black um and they kind of questioned and they weren’t really sure and they didn’t really understand and one day my hair’s straight and the next it’s curly and they’re mind is like [bomb sound] blown like “where did you get that hair from?!” I’m like “it grows out of my head” they’re like “I thought you were White with straight hair but now I’m confused”. I’m like “no I’m not” I said “I’m brown like you I’m just a lot lighter brown than you are.” And now they’re just like “Oh my God, you’re like us” and so I think for minorities, especially these girls and these kids, they feel as though I understand them, I get them, you know – and even the transracial adoptive mother who’s White, she loves seeing me because even though I don’t have the same hair care routine as these Black girls do, I understand it, I know about it ...

She also identified that self-disclosure is not always present, or even necessary, in her work with all clients of color: “I have seen some minority clients and it hasn’t been brought up. I can think of a couple Black families that I worked with and it was never part of the discussion or anything.” For her, the decision of whether race was a significant factor could be related to her perception of how Black clients receive her.

... and then there [have] been some where I feel like they’re thinking that I am, I’m White, I’m rigid, I’m superior, and I’m unable to relate to them. And so if I’m feeling like I’m just not getting that connection – like they’re seeing me as just another social worker, another counselor that’s getting in the way and isn’t really helping them, and isn’t really listening, and isn’t really understanding, um – then maybe I, you know, sometimes I drop hints about my [African American] Dad, you know, I’ll tell a little story or something ... it doesn’t always come out very blunt, but kind of in a way like let me self-disclose in a way that’s helpful to you. Otherwise I don’t bring it up. If I’m not feeling like it’s hindering the therapeutic relationship or I’m feeling like it’s – whether knowing or not knowing isn’t going to, isn’t going to help them in any way, then I, you know, I let them guide the conversation ...

Discussing her work with a biracial male client, “Jess” discussed the significance of her self-disclosure, emphasizing her intent to communicate that she could understand and
relate to his experience: “I felt that I had empowered him, in a way.” Regarding self-disclosure, “Kacy” noted her mindfulness of relevance to the case and other clinical content. Although she explained that she usually self-discloses when she feels the urge to do so, she also described “this hyper awareness of does this matter, is it important in the context,” and noted that she has had “plenty of clients of color that I did not disclose it to because it had nothing to do with what we were talking about.”

With her biracial clients, “Kacy” indicated several potential benefits of self-disclosure.

... often times as they’re navigating ... their identity struggle, they may feel alone, and so I think it’s just important for them to know that, um, while I’m not there to give them answers, I can just, I can understand, um, I can understand ‘the struggle.’ I don’t understand what they’re going through specifically, but just the struggle and that there are other people out there that get that ... So for the clients that have been mixed, um, they’ve shared with me that that has been helpful, that they’re working with someone who gets it; so it’s affirming at the least ... When we do our exit interview or our termination like it’s been like ‘working with you as a mixed therapist has also been really helpful for me to talk these things out, I feel like you get it.’

At times, the impact of “Kacy’s” biracial heritage was based not on self-disclosure, but on perception of her similarity based on appearance.

So I had a testing client ... who before, um, ever meeting me, um, saw my picture on the website and chose me for her child and was like, you know, we want you because you look like my child so, um, before even talking to me made that assumption and then other clients who, um, you know, if I’ve never met them before we’d meet and either my hair is natural that day or I say something and they’re like “uhh like you get it, we got you”...

These invitations to discuss race are not always met with eagerness, however. As participant “Fran” shares below, her introduction of racial content is at times based on indirect cues, and others on more direct reference. In the example discussed below, the
client appeared to be somewhat caught off-guard when “Fran” brought up her racial background.

_I try to leave cues around my office ... I’ve got like books about Black identity on my bookshelf and, um, you know, a plaque I got from the Black / African American Cultural Center [laughs] visible. Um, but I do also have books about other marginalized populations. But I had, for a while, a “Biracial Women in Therapy” book on my bookshelf, and I was working with a biracial female client and, um, I think she had talked about her identity and then I said, “how is it for you to talk about your identity with me,” and she was like, “oh it’s fine it’s whatever.” And I asked, you know, “I wonder if you’ve been curious about my background or wondering how I identify.” And like her eyes got wide and she sat back and she was like [speaking in client’s voice as though client has been caught off guard] “Nope I haven’t thought about it at all” [laughs] ... and I was like “not at all? It would be normal to be curious, maybe even to try to make some guesses.” And she was like, “well I saw that book on your bookshelf, Biracial Women in Therapy, so you must have some experience with it, so it’s fine.” So like ok – so I think that’s her telling me she guessed but it was in like such a kinda roundabout way that I was like ... it was odd [laughs].

Examples such as this highlight that self-disclosure attempts to foster connection and client comfort may not always go as intended.

The instrumental perspective particularly noted with respect to participants’ work with clients of color is not surprising in light of a great body of literature noting the unique orientation of clients of color (especially Black clients) to therapy and related services. Specifically, given that clients of color may require their therapists to demonstrate their sensitivity to and skills in working with cultural and racial issues in therapy, participants’ acknowledgement of cultural factors (including their own racial background) during the counseling process was perceived to enhance participants’ credibility and relatability to clients of color (Helms & Cook, 1999; Sue & Sundberg, 1996). Indeed, therapist openness has been noted to be particularly important for ethnically diverse clients. Specifically, clients of color may perceive counselors who
recognize and address racial and ethnic differences as more sensitive to the racial, ethnic, and cultural nuances of their lives, thus positively impacting their trust and positive feelings toward the relationship. These findings support theoretical assertions suggesting that such discussions positively impact the perceptions of clients of color that counselors who openly address these issues value cultural understanding as a component of the relationship (Day-Vines et al., 2007; Sue & Sue, 2003).

**Summary**

In exploring biracial therapists’ perceptions and meaning-making regarding self-identifying experiences with clients, findings point to a complicated picture regarding the frequency, antecedents, nature, and impact of therapist experiences connected to the introduction of content related to their own racial background. These findings align with Watts-Jones’ (2010) assertions that some aspects of therapists’ identities are easier to share than others (especially when viewed in relative similarity or contrast to clients’ identities). This difficulty is often related to a sense of “vulnerability of the therapist sharing a subjugated identity that is not overt with clients who are privileged in that identity” (p. 415).

In particular, the findings appeared to reflect a differentiation between self-identifying experiences as occurring out of obligation or reaction, and occurring in a manner instrumental or additive to the therapeutic process. Specifically, participants noted an obligatory quality to their self-identifying/self-disclosure experience when it was prompted by client-related factors such as client curiosity, (perceived) client discomfort, and need for correction/education. In other words, self-disclosure in some cases was seen as a reactive method, responding to some clinical “problem” or perceived
issue to be addressed in order for therapy to move forward. These situations seem to bring to life Helms and Cook’s (1999) assertions that clients’ preconceived notions concerning members of the therapist’s racial group may have very real implications and effects on the client’s initial impressions and levels of trust. In particular, experiences with negative racial content/interactions with clients fostered a sense of needing to “get out ahead of” any potential issues that may arise, or to “go back and address” insensitive or inappropriate client statements.

On the other hand, some self-identifying/self-disclosing experiences were seen by therapists as instrumental, adding something to the therapeutic encounter (rather than correcting, fixing, or obliging. This modality of self-disclosure seems to align with characterization of disclosure as a factor in the maintenance and repair of the therapeutic alliance, with an overall positive impact on immediate therapy process (Bottrill et al., 2010; Farber, 2006; Hill & Knox, 2002). Among those who more frequently and openly engaged in self-disclosure, they noted the connection to their interpersonal style, genuineness in the role, and related factors.

**Contextual Factors in Personal and Professional Experiences and Perceptions**

Throughout the discussion of participants’ perceptions and meaning-making regarding self-identifying experiences with clients, there was an undercurrent of the importance of context and the circumstances surrounding their self-disclosures. The same could be said for participants’ discussion concerning the other two study aims. Thus, although an explicit aim of the study was not to understand the context in which self-identification and self-disclosure take place, this was a natural outflow, and one that warrants its own superordinate theme, subthemes, and discussion. Across all
participants, the concept of context was evident throughout the superordinate themes and their comprising subthemes. The impact of geographical factors and societal factors was of particular emphasis. Participants discussed ways in which geographical locations have shaped how they are perceived by others, how they choose to identify, the racial composition of their clientele, and race-related factors in their personal and professional lives. Similarly, societal beliefs and norms were discussed as it pertained to foundational aspects of their upbringing, perceptions of biraciality, and the meaning of race both personally and professionally. In addition, beliefs about race permeated discussions in a cross-cutting manner. Thus, race was discussed not only based on its place in therapy (a specific protocol prompt), but also based on its pervasive nature as an aspect of American society. Although these contextual factors are outlined as one of the five superordinate themes, in some ways it would be more accurate to recognize them as an underlying contributor to and lens for each of the other themes.

**Geographic Factors Impacting Clientele, Client Perceptions, and Self-identification**

For participant “Fran”, geographical factors have played a significant role both in how she chooses to self-identify and how she is perceived by others.

* I do sometimes identify as Black, it depends on where I am in the country, how much I want to get into it with somebody and that is a big part of how I see myself...I just moved to Atlanta and in Atlanta I’m perceived as Black. In Florida it was usually Latina — that was where I went to middle school, high school, and college. In Pennsylvania people would say oh you’re mixed; and in Colorado, this was the first experience where people where would perceive me as White. They’d say oh are you Italian? [laughs] Italian, are you kidding?

In addition, these situations and nuances are also noted in professional contexts, such as identification with clients.
Um, and then also that geographic piece. So biracial was easier – I would say biracial more often in Colorado if I was going to identify because that was an easier sell, like I just try to go for whatever is going to be most efficient, um, because if I was in Colorado and I said Black, people wouldn’t believe me or they would have follow-up questions like how can you be Black. So I’d be more likely to say biracial there. In Atlanta, I’m more likely to say Black, because again that comes with the fewest follow-up questions. If I say biracial then it’s like what’s that like for you, who’s who in your parents, um, people get curious about it, um.

Participant “Vicky’s” experience was particularly unique, given her upbringing in the Midwest, initial training in California, and current home/practice on a Western-influenced Caribbean island. Much of her discussion of geographical factors emphasized how she was perceived by others, and the effects on her own self-perceptions and internal processes. These geographical factors were mentioned at different times throughout the interview.

I’m from Iowa so everything there was very Black and White and the, um, but then when I went to college I went to [XX] college in [Midwestern state] and, um, just my world started opening up, although still at that time it was very much, uh, there was still very much kind of a political, um – what would you call it – a political, um, bend to identify mixed heritage or biracial people as Black with a Black parent, um…I went back to [Midwestern state] to graduate, then I moved to California from there and that opened up my world because in California there’s just a lot of mixed-heritage everything.

…

I grew up in predominantly White neighborhoods in [Midwest state] in a middle class neighborhood … I think in contrast to all the White folks around me, um, I was just considered Black.

…

…you know I live in the [Caribbean] so Black people here, they don’t exclude me for any reason, you know. I’m never excluded, so, um – but when I was growing up I felt sometimes I was excluded, but I’m so happy to be living here because I just don’t feel that anymore.

…

… depending where I am in the world or, you know, like some people have thought I looked Cuban when I was in Cuba and other people thought I was Ethiopian when I was in Ethiopia…
For “Jess” and “Rachel”, geographical location was also a factor in experiences of insensitive language used pertaining to their racial background. “Jess” shared the example of being asked if she is a “half-breed,” while “Rachel” shared the example of a client using the term “niglette” (interpreted to be a combination of the words “ni**er” and “piglette”). In fact, much of the professional race-related content shared by “Rachel” pertained to clients’ reported negative interactions with Blacks (most often males) and the ways in which their perceptions and stereotypes influenced clinical work (that particular theme will be discussed in a later section.)

Geographical location was also noted to influence the racial composition of one’s clientele and experiences with racial diversity in a professional context. For “Fran”, there was a significant contrast between working in Colorado and working in Atlanta – the former being primarily White (with some Latino/as), and the latter including a more diverse mixture of African American, Latino/a, and Asian clients. For “Vicky”, race was a predominantly identifying factor in her work in California, while her work in the Caribbean is also influenced by non-racial factors, such as nativity and socioeconomic status. Participants “Ally”, “Jess”, and “Rachel” noted that their clinical experiences in the Midwest have been largely monoracial, with the majority of their clients being White and having (among some) limited exposure to people of color. These broader racial contexts were seen to have significant implications throughout aspects of the interview, including some indications of a different outlook towards and approach to race in therapy.
Societal Factors Surrounding Biraciality and Race-related Lived Experience

In a related manner, participants also made mention of the ways that race relations, segregated contexts, perceptions of racial groups, and race-related beliefs/norms have played a role in their upbringing, identity development, therapeutic experiences, and otherwise. For many of the participants, societal factors were discussed in the context of the meaning of race, determinations about one’s race, and implications of being of mixed race background.

The concept of the “one-drop rule” was mentioned by several participants as it pertained both to their own and others’ perceptions of themselves as non-White. By this notion, individuals with a certain amount of Black heritage are considered to be Black. Regarding this categorization, participants shared examples of both their and others’ association of biracial as being Black.

“Fran”: And [my mom] was like no you say Black and she explained the one drop rule and that that’s how I – if I had to choose one I had to choose Black. And I remember just being like so confused by that...

“Vicky”: ...still at that time [attending college in the late 1980s] it was very much, uh, there was still very much kind of a political um – what would you call it – a political um bend to identify mixed heritage or biracial people as Black with a Black parent.

“Ally”: [At college] everything was very racially segregated. When I got there it was “why aren’t you going to the Black Student Union?” ... “I don’t identify as Black” ... “But you’re Black; one drop rule, you’re Black.”

“Jess”: I think it’s like the unwritten rule if you have 1/16 of African American blood, you’re Black.

At the same time, nearly all participants recognized some degree of “rejection” by member of both Black and White monoracial groups. Thus, although the principle of
hypodescent may contribute to a tendency for the “majority” culture to consider biracial individuals to be Black, participants experiences of not being included within a Black identity grouping (either by their perceptions of those of others, Black or White). For “Fran”, this meant at times adjusting her self-identification based on its believability: “if I was in Colorado and I said Black people wouldn’t believe me or they would have follow-up questions like how can you be Black.” Participant “Kacy” discussed perceptions of biracial individuals within the Black community, focusing on appearance and its influence on how she may be perceived by Blacks.

... there are different perceptions of what light skin and curly hair are in the Black community and so some people can look at me in one breath and make all these assumptions about me and it unfortunately gives me certain access or, you know, um...or attention that other people may not get, you know, for no other reason. Like I – if my skin were darker, if my hair were coarser, I don’t think that I’d get some of the same attention. So it’s, it’s unsought, um, and often unwarranted attention that I may get. But it may also be like, well she doesn’t know anything or she’s going only on her looks, like she doesn’t have uh, you know, as much of a work ethic or drive – like there just might be several assumptions about me as well.

The idea of unsought attention and assumptions of preference were also alluded to by some participants who either recognized privilege in being biracial, or noted others’ reference to or perceptions of biracial privilege (such as “Fran’s” comment: “I have White privilege sometimes, even though I’m not White”). Yet, participants also discussed the complexity of being neither “as good as” White, nor perceived as negatively as Black (in the context of general American perceptions and treatment of Black individuals). For “Fran”, this meant that “there was a way that like I wasn’t really competition for my White friends because it’s this like unspoken understanding that White women are the best.” Yet, because of the intermediate social position occupied
between Black and White, there is still the indication that biracial people have relative privilege when compared to Blacks, as discussed by “Vicky”.

... a [Black] woman who actually was really a friend of mine but she talked about – um, or maybe she talked to me about it, but anyway just being a part of a conversation in which she told me that I was privileged and that I needed to recognize the privilege that I have. So that was just interesting to me, uh but I think that I “heard” her.

Yet, the privilege of phenotypic distance from Blackness was not always endorsed or encouraged. In the case of “Kacy”, implications of race within the Black community were specifically impactful with respect to her mother’s socialization practices.

...there was a lot of dynamics about race and color for [my mom] growing up, and she was the most fair of all of her siblings and her father used to – our grandfather – always used to poke fun at her, so I’m not sure if this was like a psychological kind of process where she’s trying to protect me [by identifying me as Black, not mixed]. I – or protect herself, like maybe she didn’t want to be considered as someone who had, you know, a mixed baby. I’m not sure, but [it was a] very Afrocentric house, very, um – all the racial socializations, you know, thrown in there...

The geographic and societal factors discussed above point to the significance of race as a contextual factor. Race was viewed as an overarching factor in participants’ personal and professional lives, with particular emphasis on race as a construct with significant societal implications for one’s work with clients of color. Just as societal factors were referenced in participants’ meaning-making about their identity and self-identification, the social/institutional climate surrounding race and racial talk was also discussed. For some, there was the perception that race and racial talk was unwelcome and discouraged in their training and professional settings. Thus, race was seen as one aspect to be addressed in multicultural/diversity courses, but not to be spoken otherwise. In other words, race was seen as a problem, much as it is in large part in everyday societal interactions in the United States. Specifically, participants discussed getting the
reputation as a trouble-maker for introducing racial considerations, being considered the voice for “minority” populations, and generally being discouraged from addressing racial issues (either in therapy specifically, or professional contexts in general).

Perspectives on Role, Impact, Significance of Race in Therapy

Participants shared a wide range of views regarding the significance, role, and impact of race and related factors in therapy. Discussion spanned topics including the general professional climate, clients’ engagement with racial content, and beliefs about race-informed conceptualization.

Participant “Rachel” pointed to the issue of racial match/mismatch as it pertains to client preferences, also noting the role that cultural competence plays in racially-mismatched dyads.

*I think anybody, anybody can work with anybody, but some people may, on both ends, struggle to – they might wonder if the other person understands their situation, um... Especially if the person, if like say the counselor has very little, um, exposure to different races and cultures and backgrounds, um, the client may not feel that they’re truly understood if, if there is, if it’s a kind of a cross-cultural match, um, that’s not how it has to be but I think it’s really the kind of cultural competence of the counselor.*

“Ally” also addressed the issue of racial match or mismatch, more broadly discussing the particular (often under-valued) impact that race can have with respect to the client-therapist relationship.

*I think they’re much greater than people tend to realize. It’s a part of how clients may be able to bond with their counselor, have a therapeutic relationship with them, feel understood, feel as though they’re coming from the same place as them. I don’t think that sharing the same race is necessary; I think that you can have a successful therapeutic relationship and a therapeutic process and have multiple races in a room but I think initially it’s – when the races are different there is some work that needs to be done in creating a bond, showing that there is some sort of similarities*
or commonalities, that the counselor does understand where the client is coming from, or can empathize, at least, with their story.

“Kacy” presented a similar view, discussing the broad role of race as a contextual factor in clients’ lives.

*I think that race plays a role in that the client has a general culture that the client lives his or her life through and so, um, while that client may not have explicit reasons for being in therapy due to race, it’s often that race as a greater context is playing into how that client could be coming; that can also play into how that client perceives me as a therapist and how I perceive that client, um, as a client. So um it often is not the presenting problem but it has a role contextually, um, and perception-wise ... So like, um, if I get a client of color, for example, who comes in, like my automatic thought is that there’s gonna be some, something that they’re gonna say about the stressors of being of color, like especially at a University that’s predominantly White or something like that...*

For “Kacy”, these beliefs about the role and significance of race have been “really reaffirmed by either research or my own therapeutic experiences about like how, um, particularly members of ethnic minority groups see themselves in relation to others or in relation to the world.” Despite its perceived importance, race many not always be directly incorporated into the therapeutic space, however. “Fran” discussed the ways in which race can play a role, but not always explicitly.

*I think it’s really important um...and even in my work, you know, I mean like feminist and multicultural theories are a big part of how I think about therapy conceptually – but even in my work I think race goes unspoken um...most of the time. You know like I ask about it in intakes because I think it’s important in like getting a picture of people...I think as a biracial person I tend to think race is important in relationships because so much of my experience and some tension in my personal relationships comes from the fact that it’s hard for people to kind of place me, um, racially. Uh, and I think that’s also true for therapy like that race is a part of the dynamic, um ... you know, and even though I think it’s that important, you know, even I don’t always talk about it.
Based on her experiences, she attributed some avoidance of race-related content to her own perceptions of vulnerability as a therapist (which will be discussed in a later section), and some to client avoidance (e.g., being “not ready to talk about it”).

From “Vicky’s” perspective, race was just one of many demographic and identity factors with the potential to impact the therapeutic experience and process. Comparing her work in California to her work in the Caribbean, she noted the layered complexity and nuance that accompanies each unique environment. In the Caribbean area where she works, for example, factors such as nativity (whether born there), ethnic identification, and socioeconomic status often take precedence over race when it comes to case conceptualization and client-therapist connection.

... I think I feel comfortable with White clients and I feel comfortable working with, um, Black clients. And with [native to the island] clients I just admit, you know what I’m not [native] so you may need to educate me about, um, any cultural nuances that I’m missing or that I’m, you know ... I’m aware, I’m aware of who I am and, um, being mixed heritage is a part of what’s in the room, because it’s who I am, it’s what I bring with me, but, you know, it’s that same thing, I bring a lot of things into the room.

“Rachel” expressed similar views, noting that other factors can serve to separate or connect therapist and client (e.g., “race may not matter but it’s that [the client] saw the car that you drove in”).

At the same time, race may in fact be an integral part of the presenting problem or directly related to the challenges being addressed. “Ally”, for example, described working with a family with a child of transracial adoption, and working with a Mexican American girls for whom racial identity was a major aspect of their lived experience and who were experiencing race-related bullying. Nonetheless, she was explicitly cautious in
her incorporation of race-related content, based on her own experiences as a therapy client.

...the counselor just kind of really attacked it and told me that I was identifying in the wrong way and told me that that was a big part of all my problems and that I wasn’t doing things right racially and if I was choosing to date certain types of men then maybe I need to start looking at a different identity and I just – my mind was [makes bomb exploding sound] blown. And that’s when I ended up going and doing the independent study on the best practices of counseling a biracial individual because I’m like this woman has got it all wrong ... I think because of that experience I think race and cultural conceptualization is huge to understanding a client, but it’s not always needed to be brought up in session in order to best help them. I just, I just don’t think that’s always necessary. Now should they bring it up, should they be coming in because of, you know, some sort of racial incongruence, you know, socially whatever else is going on, then great let’s talk about race, let’s put it on the table ... It’s useful for us to understand our client but it’s not always the reason why our client is in our office. Before we make that assumption we need to learn everything about them.

Touching on this issue, participant “Kacy” specifically identified the potential for bias towards race-related content, given her background and professional interests.

...because I’m aware of how salient [race/culture] is for me, I really try to focus on, um, like not picking up on cues or like running with what clients are saying about it, like I’m really hyper aware of like minimizing my own kind of bias or um, or thoughts about it in therapy so I think, for the most part, um, I’m going to have my beliefs on how the culture plays a role ... so I try to minimize that first and foremost; like they may not have anything to talk about with regard to that so you can’t make that assumption, um, just – that’s the first step, just minimizing my belief and ultimate conceptualization of what that client is presenting with.

Participant “Jess” took a somewhat unique view with respect to the incorporation of race into therapy, including supervision. Her response indicated some sense that noting therapist-client differences could be a way of implying something more specifically about the therapist.

...my client at the time, she was a middle age Caucasian woman, and [my doctoral student supervisor] asked me was there like any, like cultural
influences that like she think I affected, like, you know, could impact the therapy session or impact, you know, counseling in general, and honestly I kind of took offense to that. Um, I don’t know why but...in my mind I didn’t see how race really had anything to do with that, but maybe that’s why I took offense to it [laughs] yah but, I could see how it could.

“Jess” later went on to express similar views discounting the role of race in therapy, such that it appeared to be based more on perceptions of the therapist’s race being brought to light in a negative way.

I don’t think race is a primary factor of the benefit the therapist can do in the working alliance ... you know, you work with the client to come up with solutions to help them through different issues they have, and one’s race or how one identifies shouldn’t be a factor in that. A lot of it has to do with the power or the will or determination of the client. So, in a way I think, not just race but any demographic the therapist has...if the client thinks that’s the reason why the therapist, um – because they identify in whatever way – they can’t do or accomplish a goal that they have, that’s an excuse to me... I guess in a way.

As expressed, this perspective appears to indicate some discomfort with implications of one’s race as set forth by others. Similar issues were discussed further in the superordinate theme of Obligatory Self-identifying Experiences with Clients.

Chapter Summary

Results of analysis using an IPA approach elucidated seven superordinate themes that clustered around the three aims and eight objectives set out for the study. Regarding perceptions and meaning-making about themselves as biracial individuals, findings centered around superordinate themes of Complexity of Identity and Self-identification and Aspects of Biracial Experience, Unique or Representatives. Participant discussion illustrated the impact of context/situation on how they choose to identify; the significance and nuance of terminology; the influence of others’ perceptions and attributions; the
impacts of racial ambiguity; the uniqueness of the biracial experience; and formative experiences as a biracial individual.

Regarding perceptions and meaning-making about themselves as biracial therapists, findings clustered into two superordinate themes: Professional Strengths associated with Being Biracial and Professional Challenges associated with being Biracial / Person of Color. Participants reflected on therapeutic qualities/characteristics linked to their biracial background; the nature of identification/connection with marginalized groups; negative/challenging professional experiences; shortcomings of multicultural training received (as well as the positive impacts of certain supervision experiences); and professional isolation as a biracial therapist.

With respect to perceptions and meaning-making regarding self-identifying experiences with clients, findings centered around two superordinate themes: Obligatory Self-identifying Experiences with Clients and Instrumental Self-identifying Experiences with Clients. Participant discussion illustrated subthemes of reactive or corrective self-disclosure; vulnerability in self-disclosure; relational/connective self-disclosure; intention in self-disclosure; and specific impact for clients of color, including biracial clients.

Finally, a cluster of superordinate themes was identified that reflected participants’ emphasis on contextual factors that permeated discussion and meaning-making throughout the other superordinate themes which were specifically associated with the research aims. Within this cluster, participants addressed the influence of geographic factors and societal factors (focused on racial climate), as well as general perspectives concerning the role and relevance of race in therapy.
Chapter 5: Discussion

In seeking to shed light on a previously unstudied population, this dissertation set out to explore the experiences of Black/White biracial therapists vis a vis their biracial background in the context of providing therapy. In doing so, the dynamic interconnectivity between personal and professional development was highlighted as a core element undergirding participants’ responses across topics. This discussion aims to tie together findings discussed in Chapter 4, connecting both to literature reviewed at the outset, as well as additional literature findings relevant to synthesizing participant discussion and placing it within a broader context.

Fluidity and Complexity of Biracial Identity

Despite some reference to a “biracial experience,” the current findings support other research suggesting that it is a misguided assumption to believe that members of the mixed-race population (or even a subset such as Black/White biracials) hold a clear and unified understanding of what “biracial identity” means and how that term translates into a racial self-understanding and/or group affiliation (Rockquemore & Brunsma, 2008). In other words, what it means to be biracial is conceptually complex, whether referring to lived experience as an individual or a member of a profession. This was illustrated by the variation in racial identity ascription, identity development process/status, experiences with self-identifying content, beliefs about the role of race in therapy, and other topics—even among the six participants within this study.

The identity perspective that most closely aligns with many of the participants in the current study is that of the “protean” identity, reflecting perceived ability to move between and among multiple racial identities that are interchangeable (Root, 1990;
Stephan, 1992; Root, 1996; Rockquemore, 1999). From this perspective, being mixed-race is understood in the context of the biracial individual’s capacity to move fluidly between and among cultural contexts, “endowed with a degree of cultural savvy in several social worlds and understand[ing] their mixed-race status as the way in which they are accepted, however conditionally, in varied interactional settings” (Rockquemore & Brunsma, 2008, p. 47). Illustrating the core of the beliefs shared by several participants, those mixed-race individuals see their dual experiences with both Whites and Blacks as fostering the ability to shift their identities according to the context of any particular interaction, calling forth whatever racial identity seems situationally appropriate for a particular interactional setting and cultural community. Cookie Stephan and Maria Root have depicted this shifting as practicing “situational race.”

**Cognitive Flexibility and Complexity**

The notion of situational race also speaks to the complexity of participant internal processes, such as cognitive flexibility to be aware of and respond to environmental conditions. A similar experience facing another population group would be those individuals considered “bicultrual,” because of immigration of themselves or recent ancestors to the United States. Biculturalism is considered one possible outcome of the acculturation experience. Various studies suggest that “bicultruals” have increased ability to detect, process, and organize everyday cultural meaning (Benet-Martinez, Lee, & Lee, 2006) and are “more integratively complex across domains (e.g., culture, work)” (Tadmore, Tetlock, & Peng, 2009, p. 105) compared to either assimilated or separated individuals. Cultural frame switching (CFS; Hong et al., 2000) was particularly highlighted as explaining the manner by which bicultruals have access to and apply
different cultural meaning systems in response to cultural cues, including recognizing the self-relevance of cultural information. Through constant CFS, biculturals are proposed to have increased awareness and appreciation that cultural norms vary and change depending on the context. Similarly, the Black/White biracial women in this study made frequent reference to nuanced distinctions based on factors such as racial makeup of reference groups, perceptions of others, regional location, and clinical implications.

**Social Interaction and Role of Others**

The perceptions of others were included among the contextual factors observed throughout the interviews, and lend support to the biracial/multiracial literature that draws on the symbolic interactionist framework (Rockquemore & Brunsma 2002). From this perspective, meanings are created and modified through social interaction with others; it is out of this process that race and identity arise. Thus, at the same time that an individual plays an active role in shaping his/her own racial identity, society (and its notions about race) also plays a role.

Several participants shared or alluded to the influence of the assumed identity attributed by others. Studying this phenomenon in a qualitative manner, Rockquemore and Brunsma (2008) found that biracial participants’ experiences of affinity or rejection contributed to alignment with or isolation from a given racial community (what the authors refer to as “push” and “pull” factors). For example, one participant discussed how appearing Black to others, being rejected by White family, and a variety of other racial experiences contributed to being increasingly aligned with the Black community and “disassociated from her whiteness.” On the other hand, another participant shared her experience of looking White (self-described), being identified by others as White,
raised in a White community, and having a culturally White experience—therefore, she saw herself as White.

**Racial Identity and Self-disclosure**

To further explore the findings concerning participants’ perceptions of client-impact, self-impact, and relationship-impact, it is useful to turn to Helms’ interactional model (1995). This model was originally proposed as a conceptual framework for discussing and assessing racial factors to enable counselors and researchers to diagnose environmental tensions and resolve them “in a manner compatible with the racial identity dynamics of the participants” (Helms, p. 190). As basic premises, Helms asserted the following:

Racial identity statuses structure people’s reactions to one another as well as to external events, (b) people form harmonious or disharmonious alliances with one another based on the tenor of their expressed racial identity, (c) racial reactions occur within the context of direct or vicarious interpersonal activities, and (d) patterns of reactions within an interpersonal context can be classified according to quality. (p. 191)

In classifying the relationship types, Helms specified that the nature of the relationship/interaction is not based on the racial classification of the individuals, but of their *expressed racial identity*. Specifically, four types were proposed (Helms, 1995; Carter, 1995):

1. Parallel interactions as described wherein participants’ schemata as governed by the same ego statuses (if they are of the same racial classification), or analogous statuses (if they are of different racial classifications). In this type of relationship, effort is directed towards maintaining harmony and to deny/avoid tensions. Participants in such interactions express similar racial attitudes and share assumptions about the racial dynamics of their environments.
(2) A progressive relationship can be characterized by growth-promotion with respect to the participants of lower social power. Thus, the participant(s) of greater social power interpret and respond to racial events from more sophisticated ego statuses than those participants of lower social power. This may be seen in a case where a client engages in self-exploration and a counselor recognizes racial issues and displays genuine race-based empathy and acceptance. In these interactions, one would expect the sessions to be perceived as positive and beneficial by both the client and the counselor.

(3) A regressive relationship is described as conflictual. In these interactions, the participant with the most social power operates somewhat consistently from a more primitive or less sophisticated ego status, compared to their counterpart with less social power. In such instances, a client and counselor may have negative impressions of the sessions and may experience high levels of anxiety and hostility, as each participant struggles for control of the sessions when racial issues are discussed.

(4) Finally, crossed interactions occur when the participants’ manners of perceiving and reacting to racial material are directly opposed to one another. These relationships are likely to be antagonistic and short-lived.

Viewing the current findings through the lens of this interactional model, the variation in experience and impact could be understood to relate to the social power and racial identity status of participants and their clients. Thus, for example, in situations in which participants in the current study introduced racial content that seemed to catch their clients off-guard, it is possible that these interactions reflected their status as
progressive dyads. From these perspective, the therapists’ attempts at facilitating their clients’ learning about and understanding of racial issues tend to involve unpleasant and emotional experiences for their clients and themselves, and may produce more tense environments than other relationship types (Carter, 1995).

Caution towards self-disclosing may also fit with some personal self-disclosure perspectives of biracial individuals (not therapists, per se), as evidenced in research conducted by Sanchez and Bonam (2009). For individuals claiming a biracial identity, the exposure to bias from others was heightened because of the personal nature of racial disclosure. Among those who engaged in instrumental or additive self-disclosure, their reflection on the impact aligned with research indicating the potential for a number of positive implications for client outcomes, such as increasing client perceptions of therapist helpfulness, raising client insight, and fostering client perception of therapists as more real and human (Burkard et al., 2006).

Contextual Factors

Broader racial contexts were observed to have significant implications regarding the nature of self-disclosure experiences. In particular, geography was referenced as a factor in how and why race came up. For some, race was an issue because of lack of or negative exposure to people of color. For others, race was a clinical factor because of working with more biracial clients or clients of color in general.

Geographical and societal context also played a role in the relevance of the issues of racial ambiguity and therapist vulnerability. Inherently, self-identification on the part of the therapist following traditional training models (i.e., exploring clients’ perceptions of working with a professional self-identifying “as a White therapist,” or “as a Black
therapist”) requires a more personal self-disclosure of the part of a mixed-race therapist, whose appearance may not as clearly identify them with a specific racial group. Indeed, participants explicitly referenced this dilemma. Thus, simply by engaging in multiculturally-informed practice, and exploring the therapist-client relationship from a race-based perspective, they were required to engage in some manner of self-disclose. For some participants, this was simply a reality of their therapeutic approach, and one that aligned with their relational stance. For others, it appeared to feel more like an intrusion that crossed the line into personal elements preferred to be kept out of the therapeutic space.

**Implications**

To our knowledge, this study represents the first of its kind to focus on the experiences of Black/White biracial therapists, drawing on their own experiences and meaning-making as individuals and professionals. As this population continues to grow, additional resources will help to support and foster the development of Black/White biracial therapists. Interpretative Phenomenological Analysis of the results of interviews with six participants using offers implications for multicultural training, working as a biracial helping professional, and future research with this population.

**Implications for Multicultural Training**

Much progress has been made since Carter’s (2005b) assertions that North American Eurocentric domination of theory and practice in mental health professionals (and society in general) has not allowed for the consideration that other cultural worldviews may exist or should be understood. Indeed, the proliferation of resources and guidelines for multicultural training and practice proposed by scholars and clinicians of
color have drastically changed the landscape. As reflected within the findings, a recognition of the importance of race and ethnicity—even when given priority in theory—may not result in a clear sense of whether, when, and how to incorporate these issues into clinical work (Cardemil & Battle, 2003). While some participants both valued and incorporated race-related factors, others recognized the importance/value, but were unsure or uncomfortable in addressing race as a therapeutic topic.

Perhaps not surprisingly, each of the six participants discussed perceived shortcomings and limitations of their multicultural training. Considering that most academic programs rely on a single multicultural counseling course to educate students (Priester et al., 2008), it is clear that the experience can differ greatly from institution to institution, with much room for variation in the training received. Moreover, many current supervisors may not themselves have received adequate training in multicultural counseling competency, given the relatively recent shift towards awareness of an importance given to these issues.

Among the participants of the current study, there was a sense that multicultural training was viewed as a requirement to be met, an obligation to be fulfilled. For this group of therapists, who largely viewed themselves as therapists of color, the very orientation of the training – how to work with clients of non-majority population groups – did not seem to appropriately address their own status as non-majority. In addition, there was an explicit recognition the limitations of resources available to therapists of color and the literal absence of resources specific to biracial therapists. This perspective aligns with that proposed by Carter (2005), who asserts that training and mental health practices are shaped in part by the worldview of cultural patterns and beliefs of the dominant group.
in the society. From this perspective, institutions and organizations such as schools, colleges and universities, hospitals, mental health systems (and even families and communities) exist to serve the goals and pass on the teaching/values of the society as reflected in the worldview of the dominant racial-cultural groups (Carter, 1995). In light of these limitations, participants shared the ways in which they had engaged in their own research and activities to promote therapeutic self-awareness.

Moving from findings to implications, the current assessment supports the need for inclusive multicultural training that is reflective of the changing demographics of the profession of mental health (versus just the clientele). Carter’s racial-cultural psychology theory lends some perspective towards the sort of cultural competency orientation that would fit in filling the gaps identified herein. From this perspective, competency does not mean being able to work primarily with non-White or immigrant group members. Carter (2005) defines racial-cultural competence broadly:

It encompasses conscious knowledge of one’s own racial-cultural group; it means recognizing the versatility of knowing, feeling, and behaving in particular ways due to one’s reference group within one’s own racial-cultural worldview (i.e., gender, ethnicity, social class, religion); and it means having knowledge about people who belong to groups other than one’s own, including factual information about each group’s social-political history and how that history influences the group’s current status and participation in the country.

From this perspective, racial-cultural training and practice is an essential outgrowth of the central and critical place of race in American history and current life. According to Carter, “a multicultural perspective is too broad, vague, and nonspecific … it deemphasizes race and its meaning and ignores Whites as members of racial-cultural groups (Carter, 2005). What further aligns with the findings and implications of this study are Carter’s propositions for how to achieve racial-cultural competency, which
center around self-knowledge, coupled with knowledge of one’s racial-cultural group, enhanced by individual racial-cultural self-exploration and development (Carter, 2003).

Aside from multicultural courses and trainees’ own self-development, attention must also be paid to the nature of clinical supervision with respect to racial issues. This point is especially relevant considering research suggesting that supervisees are more likely to consider racial-cultural factors in case conceptualization when the supervision environment supports and open examination of individual differences (Bernard & Goodyear, 2004). It follows that supervisors who fail to attend to racial-cultural factors within the supervisor relationship are themselves likely ill-prepared to facilitate supervisees’ development of multicultural competences. This failure may be related to several factors, including a lack of experience and comfort in examining racial-cultural issues on a personal level. Supervisors with little self-awareness and comfort with these issues may find it uncomfortable and difficult to open up and share their own thoughts and feelings about such potentially powerful issues, given the often charged nature of such content. Content and self-disclosures about race may even be viewed as inappropriate, depending on supervisors’ own training and experiences (Chen, 2005).

To address these shortcomings, Chen proposes that for supervision to be effective in the development of therapists, addressing racial-cultural issues must be viewed as fundamental to the process of supervision. Thus, multicultural competence should be discussed not only as a requirement for clinicians but for their supervisors and trainers as well. Moreover, all multicultural education multicultural education interventions should be based on theory and research. This approach has been shown to yield outcomes nearly
twice as beneficial as those that are not theoretically based (Smith, Constantine, Dunn, Dinehart, & Montoya, 2006).

Finally, implications are present for the significant role of training programs and supervisors in adequately addressing the individual development of trainees. In light of the observation that for this sample of therapists “the personal is professional” it follows that training should account for this strong connection. While self-awareness, bias inventories, and similar concepts/exercises are somewhat standard in multicultural training, it is unclear the effectiveness of these approaches in truly capturing the elements that lend themselves to counselors’ comfort and openness with respect to the racial identities of themselves and others. Self-awareness and/or self-storying (Hansen, 2009) should be reconsidered with respect to their particular role in the training and development of biracial helping professionals.

Implications for Black/White Biracial Helping Professionals

The current study paints a complicated picture of the intrapsychic/interpersonal experiences of biracial therapists. Given the unique nature of the profession, with the somewhat contrary contexts of high intimacy and high boundaries, it is not surprising that an individual’s identity holds such weight for their professional experience. Just as critical race theory and resilience theory provide useful frameworks for conceptualizing the experiences of multiracial individuals (Salahuddin & O’Brien, 2011), so too are these perspectives meaningful in understanding the experiences of biracial therapists.

Critical race theory asserts that because race and racism are a central part of American society and culture, racism can be considered an ever-present context of adversity in the lives of people of color (Delgado & Stefancic, 2001). This was
illustrated clearly throughout this study’s interviews, as race and race-related content were prevalent factors throughout participants’ early experiences, training, and current practice. As their very existence calls into question society’s historic and pervasive system of racial categorization, multiracial (including biracial) individuals face unique challenges (Shih, Bonam, Sanchez, & Peck, 2007; Shih & Sanchez, 2005). As a result, multiracial individuals may encounter risk factors or threats, including racism, discrimination, pressure to adopt a racial identification that is inconsistent with their inner experience (Salahuddin & O’Brien, 2011), and identity questioning, identity denial, or invalidated identity (Renn, 2003; Shih & Sanchez, 2005; Terry & Winston, 2010). The ambiguity of one’s appearance and the attributions of others (including potential consequences of how one is perceived) lead to a constant feeling of being evaluated, and preparation for rejection or inclusion based on others’ assumptions (Miville et al., 2005). Similar to the process of preparing for perceived racism and discrimination, multiracial individuals’ daily interactions may leave them wondering how they were perceived racially and hypothesizing the consequences of the potential misattribution of race (Townsend, Markus, & Bergsieker, 2009). This internal process was seen within the current interview, as some participants explicitly noted their concerns about how clients may be perceiving them, and the potential impacts.

One particular challenge discussed with respect to decision-making about racial self-identification and self-disclosure was the experience of negative or uncomfortable racial content in session. Despite the prevalence of racially charged interactions in psychotherapy, few guidelines existed on how to address racist or prejudicial comments in session. To address these shortcomings, Bartoli and Pyati (2009) outlined five steps to
address racial and prejudicial comments in therapy, drawing on multicultural, social justice, feminist, and ethical theories. These considerations may be of particular relevance for the “problematic” race-related encounters of biracial therapists.

(1) Conceptualize racial remarks in the context of cultural racism.

(2) Explore the possible relationship between the racially charged remarks and the client’s presenting concerns.

(3) Investigate the possible meanings of the comments within the context of the therapeutic relationship.

(4) Clarify their motivations and identify possible ethnocultural countertransference reactions. Note: therapists must be cognizant of the clients’ emotions that may be evoked when this sensitive subject is raised.

(5) Assess the timing for the intervention, considering the overall course of treatment and the client’s racial identity development.

These steps provide a concrete strategy for addressing racial and prejudicial comments in therapy. As Carter (2005) points out “the importance of these ideas for training and practice lies in the reality that our present is shaped by our past and that each person who is training to be a mental health professional or educator is socialized in a society where race is an integral part of our daily lives in substantial ways” (p. xix). He goes on to discuss that given the connections between race and identity (both personal and social) race and racial identity are in fact central aspects of one’s development and mental health practice and training. Relatedly, experiences with racism and discrimination have the potential to psychologically or developmentally harm an individual, and may be particularly relevant for multiracial individuals with Black
heritage, considering the particular social placement of this subgroup of people of color. On the other hand, resilience theory reflects the phenomenon of healthy development within a context of adversity (Masten, 2001). Specifically, resilience is observed when, in the presence of threats, an individual achieves desired outcomes (e.g., racial pride, self-esteem) or avoids negative outcomes (e.g., depression, social disconnection). Based on previous (albeit often contradictory) research, multiracial individuals do face unique challenges, yet are also noted to demonstrate several desired outcomes, such as racial pride and self-esteem (Cheng & Lee, 2009; Shih & Sanchez, 2005).

For biracial therapists, there may be a heightened internal awareness of race and its potential impact on the therapeutic interaction; however, the external acknowledgement of race and related content may differ depending on a variety of factors, including their own level of racial identity functioning (Day-Vines et al., 2007). While some participants noted their limited examination of the issues discussed in the interview, others reported ongoing engagement in these topics and issues. Put simply, some participants appeared to be more comfortable and insightful regarding the juxtaposition of their biracial identity and professional functioning. For others, there appeared to be a questioning orientation towards the role of the biracial background as therapists.

Generally speaking, participants in the current study who described ongoing engagement in personal-professional identity examination also endorsed perspectives aligned with a strong racial-cultural orientation towards counseling and therapy. In line with Carter’s (2005) propositions, those participants who appeared to be more aware of their racial-cultural norms, values, and communication styles, also reflected in a manner
indicating that it was easier for them to grasp another racial-cultural way of seeing and experiencing the world, to acknowledge that another worldview exists, and to be aware that one’s perceptions and ways of knowing and being are bound by one’s own unexamined racial-cultural worldview. Indeed, some participants discussed their race-related clinical experiences in ways that implied forethought, previous exploration, and general preparation for such discussions or situations with clients. On the other hand, some participants indicated that they had given little previous thought to their biracial identity in the context of providing therapy, or that they preferred that it not be a factor in their work altogether. Although not the purpose of the current study, there were some initial indications that one’s own racial identity status may influence biracial therapists’ thinking about the role of race in therapy and one’s comfort or openness to race-related dialogue in therapy and supervision.

In summary, the current study offers implications for biracial counselors by highlighting the potential benefits of self-exploration and race-related awareness as an overarching aspect of professional development. Whether or not one’s biracial identity status is recognized through multicultural coursework, training, or supervision, the examination of one’s biraciality as a person, as a therapist, and as a member of a therapeutic dyad are essential elements of one’s personal self-care, professional functioning, and ethical practice. Moreover, although the experiences of biracial therapists may be more similar to therapists of color in general, participants also noted the dissimilarities and potential for misunderstanding when these experiences are viewed as the same. This study supports the need for specific awareness of and attention to providing concrete resources and supports for biracial therapists as a unique group.
Implications for Future Research

Concerning future research, this study also offers implications for the use of IPA, recruiting and researching this population, and the use of communication technology. The phenomenological emphasis of the IPA approach illustrates its concern with participants’ lived experience, and the hermeneutic emphasis reflects the stance that experience is accessible only through interpretative processes on the part of both participant and researcher (Smith et al., 1999; Smith, 2010). Yet, because pure experience is not purely accessible (but rather witnessed after the event), conducting research to get at “experience,” must rely on participants’ attribution of meaning as representing the experience itself (Smith et al. 2009). Given the emphasis of the current study aims on perceptions and meaning-making, IPA was a natural and logical fit. Moreover, because IPA is an inductive approach – concerned with understanding, rather than with causal explanations or production of objective knowledge or facts it was important simply to understand each participants’ experience rather than to understand what had led to their perspectives or to make conclusions about patterns or factors associated with certain responses.

If desired, a quantitative study may be better suited to making conclusions of that nature. At the same time, however, IPA does seek to situate participants within appropriate contexts. So a detailed examination of each individual case was the starting point, prior to addressing more general themes or claims. Given the level of detail unearthed within interviews conducted, it was beneficial to keep the sample size small and manageable. Future research may advance upon the current study by including a larger participant group. A qualitative research approach was used for the current study
given the dearth of research on this population. Based on the current study, qualitative
data was the best-suited to meet the needs of the study aims; however, this may not be the
case for other research questions. Careful consideration of the nuance and detail required
for the study should be weighed against limitations of sample size and generalization to
the population in general.

Even with the small sample size sought, no eligible participants had to be turned
away, even after the six participants had been acquired. In other words, sampling for this
particular population was found to be challenging. Future research with this population
must take this challenge into account in planning and coordinating. Going forward, it is
hoped that the current study will help lay some groundwork for drawing interest from the
studied population, such that participation in future studies is strongly considered and
acted upon. Additional recruitment methods should also be considered, such as in-person
recruitment and relevant gathering (e.g., the Critical Mixed Race Studies Conference).
At the same time, the source of sampling must also be considered. In other words,
considering what factors may separate a biracial therapist who attends such a gathering
from those who do not.

Stemming from the current study, next phases of research may consider revisiting
the current study with a more demographically diverse sample in terms of age. While the
biracial population has been noted as increasing in size over time, there have also been
changes in the way that biracial individuals self-identify (e.g., monoracial identification
among biracial individuals used to be more normative). In a related manner, future
studies may also want to explore the distinctions in perceptions and meaning-making
among those individuals who self-identify as biracial (captured by the current study)
versus those biracial individuals who do not identify as biracial. The subject of biracial identification may also be of interest considering this study’s initial suggestions that racial identity status may be related to counselor self-awareness, openness, and comfort with race-related clinical content and client dialogue. Future research would be warranted to explore this connection further.

In addition, future research should be mindful of the possible impacts of researcher race as it pertains to participant perceptions and reactions. Within the current study, nearly all participants indicated that the researcher’s disclosure of her biracial background at the beginning of the interview had a positive impact on their level of comfort and disclosure. For example, “Ally” shared that my disclosure “made the conversation a lot smoother and easier and me more open because I feel as though you can relate or understand or empathize with my story.” “Fran” explained that “it increased my willingness to talk about things, um, feel comfortable. I probably would have been suspicious had you not been biracial, uh, like what are you trying to prove?” At the same time, there may also be implications for having a biracial researcher perceived as an expert on a topic or “having it all together,” as she went on to explain that “there was a piece, to be honest, where I was kind of like oh maybe you do this better than me and I’m embarrassing myself by being so like conflicted about it.” Future research with biracial individuals must evaluate the pros and cons of the composition of their research team in terms of racial background and appearance, as well as how explicit research disclosure may impact the work. The current study elected to specifically ask participants about how the researcher’s disclosure may have impacted them, as this aspect has not been considered widely in previous research studies.
Finally, this study holds implications for the use of communications technology for data collection. A videoconferencing program was used for all interviews, regardless of geographic location, in order to widen the sample size and to maintain consistency across interview logistics. A specialized software program was used to record the interviews. Overall, the use of this technology was not met with significant challenges; however there were a handful of times across interviews where the discussion was interrupted by glitches in the software and/or internet connection. In one instance, the recording was impacted such that it was difficult to understand the audio playback for transcription purposes.

**Limitations and Considerations**

For meaningful interpretation of the current study, a number of limitations are important to delineate. Because of the specific aims of this study, recruitment was limited to those therapists of biracial heritage who also self-identified as Black-White biracial. Given prior research and the current findings (e.g., that participants have identified or do identify differently depending on a variety of factors), it is possible that otherwise eligible biracial participants may have been excluded based on their self-identification practices. This has additional implications for the nature of the sample, according to research by Townsend, Fryberg, Eilkins, and Markus (2012) who explored how both race and social class influence identity choice. Based on two studies conducted, mixed-race participants who were members of groups with higher status in American society (e.g., mixed-race including Asian heritage, or those from middle-class versus working-class backgrounds) were more likely than those who were members of groups with lower status to claim a biracial identity. The authors framed their findings as
suggesting that claiming a biracial identity is a choice more available to those with higher status.

Another recruitment limitation rests on the reliance on media-based and snowball recruitment efforts. Given the avenues used to recruit, it is possible that therapists with less/no involvement in formal professional organizations (i.e., APA) may not have been included. Although not definitively related, the relative invariance in age and practice experience also impact the heterogeneity of the sample, with nearly all participants falling within a relatively small age group, and having relatively little clinical experience (as measured in years practicing). At the same time, the aim of a study using IPA methods “is to say something in detail about the perceptions and understandings of this particular group rather than prematurely make more general claims” (Smith & Osborn, 2008, p. 55). Thus, concerns about generalizability are noted for future reference rather than as shortcomings or failures of the current study.

Gender has received some attention in the literature concerning multiracial individuals. Root (1998) was among the first to address the possibility that females may have particular contextual experiences that impact their identity as multiracial individuals, finding that female multiracial participants in her sample experienced an exoticization and sexualization that was not reported by men in the sample. Notwithstanding that this gender dichotomy is likely paralleled in monoracial samples, it suggests some gender-based differences in the experiences of biracial men and women. Rockquemore (2002) further suggested that gender interacted with racial identity, specifying that it likely depends upon the social interaction as appearance is emphasized for women, whose phenotypes may be more likely to be scrutinized by others. In
particular, she noted that multiracial women had a tendency to emphasize negative interactions with same gender, monoracial counterparts. Female participants in Rockquemore’s (2002) sample reported feeling that they were disliked based upon Eurocentric conceptions of beauty and related assumptions about their vanity stemming from their phenotypic appearance.

Finally, it is important to note the bounds of any qualitative study vis a vis a number of research quality parameters (Morrow, 2005). First and foremost, qualitative research leads to different kinds of knowledge claims than those resulting from the use of quantitative methods. Most importantly, qualitative research tends to be idiographic and emic: focusing on one or a very few individuals, drawing meaning from the individuals studied (Morrow & Smith, 2000). On the other hand, quantitative research tends to be nomothetic and etic: emphasizing standardized methods of knowledge acquisition from large samples of individuals, drawing on existing theory and operationalized by the researcher. Several elements of trustworthiness and rigor are particularly important to delineate in establishing both the quality and limitations of qualitative inquiry (Morrow, 2005).

To address the issue of credibility in qualitative research, the current study has emphasized thorough description of source data (i.e., interview text), a fit between the data and the emerging analysis, and appropriate use of “thick descriptions” (Geertz, 1983). In particular participants’ experiences of phenomena was also discussed with an emphasis on factors of context in which those experiences occur, leading to the designation of contextual factors as their own superordinate theme. Next, it is important to caution against inappropriate generalizability of the current study. As an exploratory
study and the first of its kind, the data from this study cannot be said to be generalizable to other populations (i.e., other biracial groups) or settings (i.e., those outside of the field of counseling/therapy). The current findings are meaningful only insofar as they reflect a very specific subset of concepts and experiences for a very specific subset of individuals. To address the issue of dependability (akin to reliability in quantitative studies), the current study relied on IPA theory and analytic methods ground the study in a manner that would be reasonably “consistent across time, researchers, and analysis techniques” (Gasson, 2004, p. 94). Finally, the current findings must be understood with awareness of the issue of confirmability, acknowledging that research is never objective (Morrow, 2005). Rather, the current study stands by the researchers belief that the findings “represent, as far as is (humanly) possible, the situation being researched rather than the beliefs, pet theories, or biases of the researcher” (Gasson, 2004, p. 93).

To address the current limitations—many of which may be more accurately described as realities of the current parameters—an expansion of research on biracial individuals should go beyond looking at biracial and multiracial individuals as a lump sum group, and begin to provide a more nuanced assessment of this complex and rich population. In particular, as the first study to address the population of biracial therapists in any manner, it is clear that this is an area in need of additional analysis.

Conclusions

In seeking to contribute to the near-absence of attention to biracial therapists in the field of mental health, this exploratory study engaged a qualitative approach to shed light on the perceptions and meaning-making of Black/White biracial therapists. Drawing on a sample of six participants, the current study identified seven superordinate
themes reflecting the complex and unique experiences of these professionals. Interpretative Phenomenological Analysis provided an optimal framework in which to explore the lived experiences of participants through the interpretative processes of the participant and the researcher.

Findings support the complexity of the biracial experience, both personally and professionally, while adding nuance concerning how these two arenas interact to inform one’s identity. For nearly all participants, self-perceived strengths in their therapeutic work were directly linked to their biracial background. At the same time, race in general and biraciality in particular were linked to certain professional challenges, including isolation within their profession and lack of quality training and supervision incorporating racial identity factors.

Participants in the current study reported a variety of motivations and reasons for their use of self-disclosure, many aligning with the reasons shared by Hill and Knox (2002), such as to enhance perceived therapist-client similarity, to model behavior, to suggest clients different ways to think and act, to strengthen the therapy alliance, to normalize and validate client experiences, and to fulfill clients’ desires for disclosure. Similarly, participants reported a range of reasons for electing not to disclose, such as feeling it would be meeting the therapists’ needs; not wanting to shift the focus away from the client; and generally maintaining awareness of maintaining that therapy is “not about me” (Hill & Knox, 2002).

Based on the findings, implications for multicultural training and development of biracial therapists were presented. In addition, contextual factors were emphasized across interviews, as participants noted the influence of geographic region, social factors,
and the impact of racial climate in the United States. In the context of current race-related tensions within the country, incorporating more nuanced and meaningful conversations about race and race-informed interactions within the helping professions will be an important task for the field to address.
References


TABLES

Table 1

**Social Constructivism and Associated Philosophical Beliefs**

<table>
<thead>
<tr>
<th>Beliefs</th>
<th>Interpretive Framework of Social Constructivism</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ontological Beliefs (the nature of reality)</td>
<td>Multiple realities are constructed through one’s lived experiences and interactions with others.</td>
</tr>
<tr>
<td>Epistemological Beliefs (how reality is known)</td>
<td>Reality is co-constructed between the researcher and the researched and shaped by individual experiences.</td>
</tr>
<tr>
<td>Axiological Beliefs (the role of values)</td>
<td>Individual values are honored, and are negotiated among individuals.</td>
</tr>
<tr>
<td>Methodological Beliefs (approach to inquiry)</td>
<td>Use of an inductive method of emergent ideas (through consensus) obtained through methods such as interviewing, observing and analysis of texts. More of a literary style of writing used.</td>
</tr>
<tr>
<td>Alias</td>
<td>Age</td>
</tr>
<tr>
<td>---------</td>
<td>-----</td>
</tr>
<tr>
<td>“Fran”</td>
<td>28</td>
</tr>
<tr>
<td>“Ally”</td>
<td>29</td>
</tr>
<tr>
<td>“Rachel”</td>
<td>23</td>
</tr>
<tr>
<td>“Kacy”</td>
<td>29</td>
</tr>
<tr>
<td>“Jess”</td>
<td>33</td>
</tr>
</tbody>
</table>
### Superordinate Themes and Subthemes

<table>
<thead>
<tr>
<th>Superordinate Theme</th>
<th>Subtheme</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Complexity of Biracial Identity and Self-identification</strong></td>
<td>Contextual/Situational Racial Identification</td>
</tr>
<tr>
<td></td>
<td>Considerations and Nuances in Self-identifying Terminology Selection</td>
</tr>
<tr>
<td></td>
<td>Imposition of Others’ Perceptions and Attributions about Racial Identity</td>
</tr>
<tr>
<td><strong>Aspects of Biracial Experience, Unique or Representative</strong></td>
<td>Interpersonal Implications of Racial Ambiguity</td>
</tr>
<tr>
<td></td>
<td>Shared versus Variable Experiences among Biracial Individuals</td>
</tr>
<tr>
<td></td>
<td>Formative Experiences in Biracial Identity Development</td>
</tr>
<tr>
<td><strong>Professional Strengths Associated with Being Biracial</strong></td>
<td>Therapeutic Qualities/Characteristics Attributed to Biracial Background</td>
</tr>
<tr>
<td></td>
<td>Biracial Identification/Connection with Marginalized Groups</td>
</tr>
<tr>
<td><strong>Professional Challenges as Biracial / Person of Color</strong></td>
<td>Cognitive and Emotional Labor with Clients and Colleagues</td>
</tr>
<tr>
<td></td>
<td>Disappointment in Shortcomings of Multicultural Training/Supervision</td>
</tr>
<tr>
<td></td>
<td>Professional Isolation as Prompt for Individual Interest/Research/Activities regarding Biraciality</td>
</tr>
<tr>
<td><strong>Obligatory Self-identifying Experiences with Clients</strong></td>
<td>Self-disclosure in Reactive/Corrective Response to Client</td>
</tr>
<tr>
<td></td>
<td>Vulnerability Perceived with Racial Content / Self-disclosure</td>
</tr>
<tr>
<td><strong>Instrumental Self-identifying Experiences with Clients</strong></td>
<td>Self-disclosure with Relational/Connective Impact for Client</td>
</tr>
<tr>
<td></td>
<td>Intention in Decision-making about Self-Disclosure</td>
</tr>
<tr>
<td></td>
<td>Specific Impact of Therapist Self-identification for Clients of Color</td>
</tr>
<tr>
<td><strong>Contextual Factors in Personal and Professional Experiences and Perceptions</strong></td>
<td>Geographic Factors Impacting Clientele, Client Perceptions, and Self-identification</td>
</tr>
<tr>
<td></td>
<td>Societal Factors Surrounding Biraciality and Race-related Lived Experience</td>
</tr>
<tr>
<td></td>
<td>Perspectives on Role, Impact, Significance of Race in Therapy</td>
</tr>
</tbody>
</table>

Table 4.
<table>
<thead>
<tr>
<th>Subtheme</th>
<th>Illustrative Participant Quotation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contextual/Situational Racial Identification</td>
<td>“[how I identify myself depends on] who’s asking and why. Um, so if it’s another person of color I’m more likely to give them like an accurate answer sooner um because I, then I have some sense of why they’re asking … But when White people ask me, um, I get a little more suspicious of what they’re trying to do…”</td>
</tr>
<tr>
<td>Considerations and Nuances in Self-identifying Terminology Selection</td>
<td>“…mixed to me is more of a colloquial term. Um, it’s something that is street slang, it’s more commonly known, it’s a term that I learned young and I’ve used that all the way through. Um, the older that I’ve gotten and the more that I’ve done some self-exploration on myself and learning about mixed people as a culture, um, I use biracial as more kind of a, like I said, a political term; it’s something that if I go into a job and I have to fill out the … forms, you know, I want to make sure that it says biracial or there’s something that says multiracial or mixed race. Um, that’s my professional term…”</td>
</tr>
<tr>
<td>Imposition of Others’ Perceptions and Attributions about Racial Identity</td>
<td>“…even though Whiteness is a part of my identity I don’t see myself as White because I don’t usually Biracial people can’t be White like I’m not perceived consistently enough as White for me to claim that as my identity…”</td>
</tr>
<tr>
<td>Interpersonal Implications of Racial Ambiguity</td>
<td>“…just off the bat I feel like, um, I’m never quite sure how my clients are perceiving me…I just imagine that it’s easier for people who are more easily read as being from a certain racial background, right – because if your Black therapist brings up race you might have a guess about where they’re coming from and what it means to them. Um, and that might be stereotyped and it might be inaccurate, but at least there’s like, you know, kind of like a shared foundation. But for me, I have to also do this piece of like, as I’m bringing up race does this person think I’m Latina? If so, what are the implications of that?”</td>
</tr>
<tr>
<td>Shared versus Variable Experiences among Biracial Individuals</td>
<td>“…this study is specifically about Black and White Biraciality, but then there’s: which parent is Black, and then what if there’s a regional difference, what if there’s – just what is it about the “Biracialness” that impacts me? And so even theory about Biracial folks are so – it’s so difficult, because of all these difference aspects – not that that doesn’t exist within any singular culture but, um, it seems that it’s really difficult.”</td>
</tr>
<tr>
<td>Subtheme</td>
<td>Illustrative Participant Quotation</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Formative Experiences in Biracial Identity Development</td>
<td>“… college hit and … my racial identity didn’t change but I think it took a lot larger place in my life and who I am…And I needed to get my life together because I’m going “why am I upset that people are saying this” or “why am I going along with this,” and I didn’t always understand and so…I ended up sitting in the library on the floor where all of Maria Root’s books were and I would just sit there for like hours and I’m going through like ‘Oh my God, I’m not the only one who thinks this way! I’m not the only one who’s having these experiences!’ And I think that was my breaking point, my junior year in college when I was like ok I’m not the only one who’s dealing with this.”</td>
</tr>
<tr>
<td>Therapeutic Qualities/Characteristics Attributed to Biracial Background</td>
<td>“I think it’s made me more empathetic. I think it’s, um, made me more open-minded to my clients…I find empathy in most cases, and anybody and everybody, and I just – I just remember while I was in school and sitting in supervision – group supervision – with some of my other classmates that were in internship and who were just Black or just White and the closed-mindedness that they had towards the world and towards people was just like, [it] blew my mind.”</td>
</tr>
<tr>
<td>Biracial Identification/Connection with Marginalized Groups</td>
<td>“I mean there’s definitely a way in which, um, it feels to me like a positive thing, um, like I’m “person of color enough” to have credibility with, um, clients who identify as having an oppressed identity – not even necessarily around race, but I’ve had like LGBQ-identified clients who, um, you know, might look at me and think well I can get it because I’m a person of color and, um, there’s something I understand about oppression that makes me feel safer to them.”</td>
</tr>
<tr>
<td>Cognitive and Emotional Labor with Clients and Colleagues</td>
<td>“I wasn’t the only person [of color], there was only one other person of color in the room, but I was the only Black person in the room so I said, ‘you know, I don’t like the way he’s [a client] being talked about, it’s making me really uncomfortable, I think we’re asking him to do something that’s really unsafe to like, you know, open up and talk about his feelings in front of a bunch of White peers who he knows can’t understand.’ And then I said something along the lines of, ‘you know, I know how I’ve felt in meetings here when I’ve been asked to speak about my experience or when race comes up as a topic of conversation.’ And two people came up to me – two White men [supervisors] came up to me after that meeting and they were like what are you talking about I mean you’re White right?”</td>
</tr>
<tr>
<td>Subtheme</td>
<td>Illustrative Participant Quotation</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Disappointment in Shortcomings of Multicultural Training/Supervision</td>
<td>“I’ve like learned and grown a lot in understanding what it means to be a therapist of color and a Biracial therapist since graduate school but almost none of that has been formal, um, I became – I did a lot of personal reading throughout graduate school that was part of how I got my training, um, started reading a lot of blogs about issues of like race and privilege, um, that helped me to understand like critical race theory in a way that was really new to me in graduate school um. The handful of supervision experiences where I could talk about race, those became like a source of a lot of learning for me. Um, talking with my peers – it was much more informal training and education, um, almost no formal that I can think of.”</td>
</tr>
<tr>
<td>Professional Isolation as Prompt for Individual Interest/Research/Activities regarding Biraciality</td>
<td>“…over half the staff are women of color – but nobody biracial or multiracial – and I was expecting, I was expecting more solidarity than I’ve experienced. Um, I feel like if I talk about the things that I talked about with you today I get responses something like – I don’t [know], they just make it sound so simple like: well of course you don’t do that and of course you don’t bring up this. And I’m like, well maybe you don’t because you’re Black and everything’s very clear, um, but I’m trying to talk about like what it’s like for me and they just seem kind of like befuddled.”</td>
</tr>
<tr>
<td>Self-disclosure in Reactive/Corrective Response to Client</td>
<td>“I’ve brought [my racial background] up, when they’ve said something about, um, issues with prejudice and things like that, um, usually based off of some kind of like, you know, a violent attack or something like that and, you know, they’d say well kind of African American males really that’s scary for me and so I, you know, say … as a Biracial female … do you think that’s something that’s gonna possibly get in the way for us working together, and usually they’re like well no … and my thought was that, would it be difficult for you to talk to me about these experiences, like that I might over-identify with, um, the people who had hurt them or something like that.”</td>
</tr>
<tr>
<td>Subtheme</td>
<td>Illustrative Participant Quotation</td>
</tr>
<tr>
<td>----------</td>
<td>-----------------------------------</td>
</tr>
<tr>
<td>Vulnerability Perceived with Racial Content / Self-disclosure</td>
<td>“The negative experiences tend to be pretty like … anxiety is the first thing that comes to mind. Um, I get nervous, I get kind of tongue-tied sometimes, um, it feels you know, I mean I think thinking about that client who was trying to push my buttons – it does work, you know, because I get into my own head and it pulls me out of the therapy room um… [pause] because it’s like I know how I might want to respond if this were personal but what do I do when I’m in this professional role where I, you know, this job exists to serve clients’ needs, um, where does my need to be safe and to be seen and to be, um, respected fit in?”</td>
</tr>
<tr>
<td>Self-disclosure with Relational/Connective Impact for Client</td>
<td>“I’ve had, you know, quite a few experiences where [self-disclosure has] gone well, where I felt like I was able to use my race in the therapy to like model something and to feel connected to my clients and for them to feel connected to me, um, and those experiences have been like really, really warm, um, and I think back to them with a lot of fondness and I’ve felt very close to those clients and I’ve felt like, I don’t know, like purposeful and competent and um, you know, like able to be good at my job. I don’t know, like I have a lot of good feelings about those experiences and how they impacted me … the therapeutic relationship – I think it’s stronger”</td>
</tr>
<tr>
<td>Intention in Decision-making about Self-Disclosure</td>
<td>“I think anytime a counselor reveals personal information it’s self-disclosure and self-disclosure must be used appropriately, right, it’s – we don’t, we don’t want to make the session about us, we don’t want to make anything about us, we’re very cautious, right, so if we share a story or we share any information about us we want to make sure that it’s used with intent and with a purpose.”</td>
</tr>
<tr>
<td>Specific Impact of Therapist Self-identification for Clients of Color</td>
<td>“[With] my White clients I don’t think there’s really much that happens. Um, I just think their curiosity has been met for them. For my clients who are minorities there seems to be a bit of a more of a connection.”</td>
</tr>
<tr>
<td>Geographic Factors Impacting Clientele, Client Perceptions, and Self-identification</td>
<td>“I do sometimes identify as Black, it depends on where I am in the country, how much I want to get into it with somebody and that is a big part of how I see myself…I just moved to Atlanta and in Atlanta I’m perceived as Black. In Florida it was usually Latina – that was where I went to middle school, high school, and college. In Pennsylvania people would say oh you’re mixed; and in Colorado, this was the first experience where people where would perceive me as White.”</td>
</tr>
<tr>
<td>Subtheme</td>
<td>Illustrative Participant Quotation</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Societal Factors Surrounding Biraciality and Race-related Lived Experience</td>
<td>“…there was a lot of dynamics about race and color for [my mom] growing up, and she was the most fair of all of her siblings and her father used to – our grandfather – always used to poke fun at her, so I’m not sure if this was like a psychological kind of process where she’s trying to protect me [by identifying me as Black, not mixed]. I – or protect herself, like maybe she didn’t want to be considered as someone who had, you know, a mixed baby.”</td>
</tr>
<tr>
<td>Perspectives on Role, Impact, Significance of Race in Therapy</td>
<td>“I think that race plays a role in that the client has a general culture that the client lives his or her life through and so, um, while that client may not have explicit reasons for being in therapy due to race, it’s often that race as a greater context is playing into how that client could be coming; that can also play into how that client perceives me as a therapist and how I perceive that client, um, as a client. So um it often is not the presenting problem but it has a role contextually, um, and perception-wise.”</td>
</tr>
</tbody>
</table>
APPENDIX A: Recruitment Letter

SUBJECT: BIRACIAL (Black/White) THERAPISTS NEEDED FOR RESEARCH STUDY

BODY:

Hello! My name is Anna Wheatley and I am a doctoral student in Counseling Psychology at the University of Miami. As part of my dissertation research, I am seeking biracial Black-White therapists/counselors to interview for a qualitative study concerning their discussions of race/ethnicity with clients.

To participate in this study, individuals must meet the following criteria: (1) be at least 18 years old; (2) speak English fluently and comfortably; (3) have been born in the United States; (4) have one parent racially identified as Black and one parent racially identified as White; (5) self-identify as biracial; (6) have completed or be completing a Master’s or Doctorate in psychology, counseling or a closely related field; and (7) have been practicing therapy for at least 2 years (which may include practicum experiences).

Eligible individuals will be expected to commit to an individual interview via [IRB-approved video conferencing platform]. Interviews will last approximately one hour. As appreciation for participation, $30 gift cards will be provided to those who complete all requirements. Participants’ names will not be included in analysis and final reporting.

If you meet the eligibility criteria, please call XXX-XXX-XXXX to complete your initial screening and schedule your interview. If you have any questions, please email a.wheatley@umiami.edu.
APPENDIX B: Initial Screening Protocol

**Initial Screening**

Thanks for your interest in participating in this study. I’m going to ask you a few questions to determine if you are eligible.

1. How old are you?
   a. Requirement: 18 and older

2. Do you feel fully comfortable communicating verbally in English?
   a. Requirement: Yes

3. Where were you born?
   a. Requirement: within the United States

4. What is the race/ethnicity of each of your parents?
   a. Requirement: one Black and one White

5. How do you self-identify in terms of your race/ethnicity?
   a. Requirement: Biracial

6. What is your highest degree (earned or in process of completing), and in what field?
   a. Requirement: Master’s or PhD in psychology, counseling, or related field

7. For how many years have you been practicing therapy?
   a. Requirement: At least 2 years

<table>
<thead>
<tr>
<th>Criteria Met</th>
<th>Criteria Not Met</th>
</tr>
</thead>
<tbody>
<tr>
<td>Based on your responses you meet the criteria for this study. If you would like to participate, we will set up a date and time for the video interview. Just so you know, although the interview will require you to share personal information, your name will not be included in the report. The interview will be recorded and stored in a secure electronic file. Do you have any other questions before we discuss logistics? [Answer questions as appropriate] -Do you have or have access to a [Skype, Google, etc.] account with video compatibility? -What is your username or account contact? -What email and telephone number may I reach you at, to provide a confirmation, reminder, and in case of connection difficulties? -What days/times generally work well for you? [Schedule appointment at a mutually agreed upon day/time] Thank you for your time. I look forward to speaking with you on/at [appointment slot]. I will email you both an interview confirmation and a reminder.</td>
<td>Unfortunately, based on your responses, you do not meet criteria for the study, which requires that [insert appropriate criteria]. Thank you again for your interest in this study and taking the time to call.</td>
</tr>
</tbody>
</table>
APPENDIX C: INFORMED CONSENT

**Project Title:** Biracial Therapists’ Experiences and Perceptions of their Racial/Ethnic Background in the Context of Therapy  
**Researchers:** Anna Wheatley, B.S. and Guerda Nicolas, Ph.D.

**Introduction:** You are being asked to take part in a research study being conducted by Anna Wheatley, B.S., doctoral candidate in the School of Education and Human Development at the University of Miami, and Dr. Guerda Nicolas, Associate Professor at the University of Miami. You are being asked to participate based on your meeting the eligibility criteria for this study, which is interested in the experiences of therapists/counselors who identify as Black/White biracial. Please read this form carefully before deciding whether to participate in the study.

**Purpose:** The purpose of this study is to explore Black/White biracial therapists’ experiences and processes regarding the discussion of their race/ethnicity with clients.

**Procedures:** If you agree to be in the study, you will be asked to participate in the one-time completion of a one-on-one virtual interview with the lead researcher. The interview questions will ask about some aspects of your personal and professional background, and your experiences regarding racial/ethnic dialogue and processes with clients. The interview is expected to take about one hour to complete. The interview will be recorded and it will be stored securely to protect your privacy. The audio content of this video will be transcribed for data analysis, so the video itself will not be used beyond transcription.

**Risks/Benefits:** In light of the personal nature of this interview, you may experience certain difficult or thought-provoking feelings and responses. Otherwise, there are no foreseeable risks involved in participating in this research beyond those experienced in everyday life. On the other hand, you may experience benefits from discussing this topic. Also, to compensate and thank you for your time, upon the full completion of this interview you will be provided with a $30 electronic gift card to Amazon.com.

**Confidentiality:** We will protect the privacy of those who participate in the research study. Your participation in this virtual interview involves risks similar to a person’s everyday use of the Internet. As a reminder, this interview is being recorded and it will be stored securely to protect your privacy. The audio content of this video will be transcribed for data analysis, so the video itself will not be used beyond transcription. Although some of your demographic information will be included in the final report (such as your racial/ethnic background, age, and other background data), your name will not be included in the final report or any other products, and will be masked with a pseudonym in all transcripts and other written materials. No identifying information will be shared with anyone who is not connected with the research project.
**Voluntary Participation:** Participation in this study is voluntary. If you do not want to be in this study, you do not have to participate. Even if you decide to participate, you are free not to answer any question or to withdraw from participation at any time. To be clear, gift cards will be provided only to those who fully complete the interview.

**Contacts and Questions:** You are encouraged to ask questions. If you have any questions about this research study, please contact Anna Wheatley at a.wheatley@umiami.edu or XXX-XXX-XXXX. The faculty advisor for this study may also be contacted: Guerda Nicolas at nguerda@miami.edu.

If you have any questions about your rights as a participant in a research study, please contact the University of Miami Human Subject Research Office (HSRO) at (305) 243-3195 or eprost@med.miami.edu.

**Statement of Consent:** I have read the information in this consent form and agree to participate in this survey. Please click the link below to provide consent for your participation in this study.

*Please check one box or highlight text and return electronically to a.wheatley@umiami.edu.*

_____ I DO consent to participate in this study interview.

_____ I DO NOT consent to participate in this study interview.

Name and Today’s Date:
APPENDIX D: Interview Protocol

Thank you so much for taking the time to speak with me today and share your experiences. Before we get started with the actual interview, I want to give you some orienting information and see if you have any questions. As you know from the call for participants, this interview will provide data for my dissertation study, partially fulfilling requirements for a PhD in Counseling Psychology. As a reminder, this interview is being recorded and it will be stored securely to protect your privacy. The audio content of this video will be transcribed for data analysis, so the video itself will not be used beyond transcription. Although some of your demographic information will be included in my final report (such as your racial/ethnic background, age, and other background data), your name will not be included in the final report, and will be masked with a pseudonym in all transcripts and other written materials. You should also know that as a mental health service provider, I am bound by certain ethical and professional responsibilities that may require me to break the confidentiality of this interview and report mistreatment of protected populations such as children, the elderly, or the disabled. In the unlikely event of this occurring, information would be provided to the appropriate authorities.

If you experience any discomfort during the interview, please let me know. If you experience distress following the interview, please contact a professional as needed. You are free to end the interview at any time for any reason.

Do you have any questions before we get started?
APPENDIX E: Interview Guide

The following questions provide a basic guiding interview outline, flowing from the research aims and objectives. Although formatted formally here, they will be asked in a conversational tone, and follow the flow of discussion in a manner that best facilitates a smooth transition from topic to topic and question to question. Additional prompts may be used to elicit more detail, clarify statements, and probe more deeply. Other follow-up questions not listed may also be asked, depending on the specific interview and what it calls for, at the discretion of the researcher.

Great, we are ready to begin. I may repeat some questions that you previously answered, so that they are included in the recording. As I go along, please feel free to interrupt me if you have any questions or want to add something else. Think about this as a natural, free-flowing conversation, share with me what comes to mind as I ask you questions.

I’d like to start by asking you more about how you identify and your experience of being biracial.

Cluster 1 (Aim 1) - To explore and understand Black/White biracial therapists’ perceptions and meaning-making about themselves as biracial individuals.

<table>
<thead>
<tr>
<th>Background Questions</th>
<th>Objective 1: To explore Black/White biracial therapists’ self-identification as biracial individuals.</th>
<th>Objective 2: To explore Black/White biracial therapists’ meaning-making regarding their self-identification as biracial.</th>
</tr>
</thead>
</table>
| Before we get started with the discussion, can you once again tell me your first name and age, for the recording? | I know based on our previous conversation that you self-identify as [insert their self-identification term(s) from screening]. Can you tell me a little bit more about how you identify yourself? For example, if someone asked more generally, “What are you,” what would you tell them?  
○ How, if at all, has the way you self-identify changed over time?  
○ Can you tell me a bit [more] about your parents’ racial backgrounds? How do they identify in terms of race?  
○ Now that you’ve told me more about how you see and define yourself, how do others tend to identify you?  
○ Can you tell me more about your perceptions of how others define you? For example, do others tend to share their conjectures about what you are, do you interpret this based on how they interact with you, or something else? | What does it mean to you to be [insert self-identification term(s) they provided above]?  
○ [If needed, additional clarification or prompt] In other words, how would you describe your experience as a [insert their term] individual, or in what ways, if any, has being [insert their term] impacted your life? |
Now, I’d like to shift gears a bit and ask you about your experiences as a therapist. First, I’ll be asking you some background questions about your education and training.

**Cluster 2 (Aim 2) - To explore and understand Black/White biracial therapists’ perceptions and meaning-making about themselves as biracial therapists.**

<table>
<thead>
<tr>
<th>Background Questions</th>
<th>Objective 3: To explore biracial therapists’ training and supervision experiences, specific to race.</th>
</tr>
</thead>
</table>
| • What is your highest degree earned or being sought, and in what field is it?  
  o Where are you earning or did you earn your degrees? (University/College and locations) Don’t worry, this identifying information will not be included anywhere in my analyses.  
  • For how many years have you been practicing therapy/seeing clients?  
  o [Determine/explore graduate practicum, internship, post-doctoral, and beyond, as applicable]  
  • Approximately how many clients have you had in total during that time? A range or a guess is perfectly fine; I’m just trying to get a sense of the breadth of your clinical experience.  
  • Can you tell me a bit about the racial composition of your clientele?  
  o In other words, out of the number of total clients you have had, what general proportions have been of various racial groups? For example, you could say that half have been African American, a handful have been Asian American, etc.  
  • What is your primary theoretical orientation, or your general approach to counseling/therapy? | • What are your views about the significance or relevance of race in therapy?  
  o What experiences have led you to develop these ideas about race?  
  • Thinking more specifically, what kind of training, supervision, or consultation have you received regarding the significance of race in therapy?  
  o Please describe the nature of this training and discuss how you think it has affected your perceptions about race in therapy.  
  • What training, supervision, or consultation experiences have
you had that helped you develop as a biracial therapist?

<table>
<thead>
<tr>
<th>Objective 4: To explore Black-White biracial therapists’ perceptions regarding the significance of their biracial background in the context of providing therapy.</th>
</tr>
</thead>
<tbody>
<tr>
<td>• What are your views regarding the significance of your own race in therapy?</td>
</tr>
<tr>
<td>• In what ways, if any, do you feel that being biracial comes to play in your role as a therapist?</td>
</tr>
</tbody>
</table>

I’d like to shift gears again and ask you more specifically about the kinds of dialogue you may or may not have had with clients.

*Note: It is likely that clusters 2 and 3 will evoke some overlap in the discussion, depending on how respondents address the questions. I will move between Cluster 2 and 3 as necessary to facilitate meaningful and clear discussion.*

**Cluster 3 (Aim 3) - To explore and understand Black/White biracial therapists’ perceptions and meaning-making regarding self-identifying experiences with clients.**

<table>
<thead>
<tr>
<th>Background Question</th>
<th>Race discussed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objective 5: To explore the occurrence or non-occurrence of Black-White therapists engaging in self-identifying dialogue with clients.</td>
<td>• In approximately how many of your total cases has your own race come up?</td>
</tr>
<tr>
<td></td>
<td>• In what ways has your race come up? (For example, did you bring it up, the client asked, the client knew from another source, etc.)</td>
</tr>
<tr>
<td></td>
<td>• At what points in therapy did this occur (i.e., opening session versus mid-therapy)?</td>
</tr>
<tr>
<td></td>
<td>• What and/or who prompted these kinds of conversations? What was the context preceding the discussion?</td>
</tr>
<tr>
<td></td>
<td>Race not discussed</td>
</tr>
<tr>
<td></td>
<td>• If it has not explicitly come up explicitly, have you considered bringing it up?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Objective 6: To explore the decision making processes and factors associated with Black-White biracial therapists’</th>
<th>Can you tell be about your decision-making processes regarding [discussing or not discussing] your biracial background?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• What factors have led you to [share or not share] your race with your clients?</td>
</tr>
<tr>
<td>self-identifying dialogue with clients.</td>
<td>o What has influenced your decision to [share or not share] your race?</td>
</tr>
<tr>
<td>----------------------------------------</td>
<td>---------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| Objective 7: To explore Black-White biracial therapists’ perceptions of self-identifying dialogue with clients (e.g., definition/terminology, meaning, and impact). | • In what ways, if any, did the discussion of your race affect or impact you?  
• In what ways, if any, did the discussion of your race affect or impact your client?  
• In what ways, if any, did the discussion of your race affect or impact the therapeutic relationship? |
| Objective 8: To explore Black-White biracial therapists’ training related to self-disclosure, and perceptions of self-disclosure as a concept relevant to their identity and experience as a biracial therapist. | • Thinking generally about the kinds of dialogues we have been talking about—where you or another biracial therapist may discuss their race with clients—how would you describe or name this kind of situation?  
  o Would you classify this type of sharing as a disclosure?  
• Can you tell me how, if at all, self-disclosure was addressed in your education and training? |
| Closing question | • At the beginning of the interview, I told you that I myself am biracial. How do you think this may have influenced or affected your responses or our discussion today? |

That is the end of all the specific questions and issues I wanted to discuss with you. Thank you so much for your time and participation. Is there anything else relevant to our discussion that I did not ask that you would like to share?