

THE INFLUENCE OF MULTICULTURAL PRIMING ON THE THERAPIST SELECTION
PROCESS

by

JON M. HARVEY

(Under the Direction of Rosemary E. Phelps)

ABSTRACT

This study was designed to assess the influence of positive multicultural priming on the therapist selection process based on demographic variables as it relates to the demographic variables of the potential client. While much research has supported the notion that clients tend toward a preference of therapists that are similar to themselves on multicultural characteristics, this study was designed to assess the effect of positive multicultural priming on the therapist selection process. Since the clients' selection of a therapist precedes the existence of the therapeutic relationship, the researcher sought to investigate the cultural bias that affects this selection process and whether the cultural bias can be affected if intervention in the form of multicultural priming precedes the selection process. Two experimental groups (a multicultural priming group and a no multicultural priming group) were formed. This research study sought to quantify the effect of multicultural priming on the treatment group versus the effect of no multicultural priming for the control group to determine if a significant difference exists between the two sample groups.

The population for this study consisted of 90 undergraduate students at a large southeastern university. Participants ranged in age from 18-25+, with the majority of participants aged 21 ($M=21.16$).

INDEX WORDS: Bias, Client, Counseling, Cross-Cultural, Demographic, Difference, Multicultural, Preference, Priming, Relationship, Selection, Therapeutic Alliance, Therapeutic Relationship, Therapist,

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DEDICATION

This dissertation is dedicated to the following people and experiences that have supported me—in ways that are seen and unseen, known and unknown—during my matriculation through the myriad of challenges that often befalls the graduate student. While I felt, at times, that I was unique in my challenges faced, I yield to the knowledge of the challenges that my fellow students, parents, friends, relatives, even ancestors, overcame. This is for you.

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CHAPTER 1

Introduction

Counseling psychologists have as their professional charge to serve clients who are often culturally different than themselves. There is a body of literature that has examined cross-cultural or cross-racial therapy, wherein authors have called for the development of techniques to address the differential needs of culturally different clients who are receiving psychological services (e.g., Sue, 1989, 1990, 1991; Sue et al., 1982; Sue & Sue, 1990). The current study is designed to examine the concept of racial difference and racial bias as it relates to therapist selection. In 2003, the American Psychological Association developed the Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists to address the perceived gap in cultural competence and cultural sensitivity.

To ensure that therapists are competent when delivering psychological services, research is necessary to identify differences between the varied ethnic groups and educate and train therapists on how to productively utilize these differences to achieve treatment goals. Furthermore, these Guidelines made plain the need for standardized effort to address the large role that cultural differences may play in therapist selection, therapeutic attrition rates, and in the overall therapeutic alliance.

The Guidelines were created to provide knowledge, increase awareness, and develop skills for counseling psychologists during multicultural interactions with clients or communities at-large. Ideally, colorist, racist, and culturalist biases would all be diminished by the institution of and adherence to the Guidelines, where “‘multicultural’ in these Guidelines refer[s] to

interactions between individuals from minority ethnic and racial groups in the United States and the dominant European–American culture” (p.378). However, any improvement of psychologists’ multicultural relationships must begin with the universally-applicable first two Guidelines’ two primary perspectives of 1) knowledge of self with its ever-accompanying cultural heritage and multiple social identities and 2) knowledge of other cultures and their resultant differential perspectives. Have counseling psychologists succeeded in either of the two? Do we enter into interactions, relationships, or contexts that would enhance either knowledge of self or knowledge of other cultures? Or are we limited to the insight that a semester of multicultural class can provide? Should the reduction in colorist, racist, and culturalist biases not have led to an increase of and satisfactory experience of cross-cultural therapeutic relationships as reported by therapists and clients alike? Ultimately, have the procultural changes implemented at the primary stages of therapist development changed clients’ selection of a therapist?

Clients Seeking Therapists

Clients seeking therapists will almost certainly not have had the multicultural training required of therapists, so their process of selecting a therapist may also follow a different path. This study was designed to investigate some of the significance of affecting demographic client variables at play when clients are choosing a therapist. The affecting demographic variables are typically in the background of a client’s decision in choosing a therapist—especially when choosing a therapist who would be engaging in a cross-cultural therapeutic relationship with the client.

Common considerations of training programs for developing multiculturally-aware emerging psychologists include such characteristics as therapist age, educational level,

experience, and gender despite Pope-Davis and Ottavi (1994) and Sadowsky (1996) reporting that these factors do not strongly relate to cultural competency. Perhaps, the attention would be better directed at the characteristics of the clients who do the choosing of a therapist. Although Berger, Zane, and Hwang (2014) found that therapists who are involved in cultural communities were correlated with higher multicultural awareness, this fact exists outside of the process of clients' selection of a therapist. So, what are the factors that affect clients most who have the opportunity to select a cross-cultural therapeutic relationship?

Zane and Ku (2014), while replicating findings of Dindia and Allen (1992), found that matching therapist and client on gender led to a significant difference in disclosure. Assumably, therapists would seek information on the aspects of the therapy relationship that would increase disclosure and thereby advance therapy goals. After completing a meta-analysis on the topic, Cabral and Smith (2011) summarized decades of research that indicated a moderately strong preference for ethnically-matched therapists, a positive bias toward ethnically-matched therapists, but negligible effect of ethnic matching on treatment outcomes; however, the authors found little therapeutic effect based on the matching. So, should ethnic matching be practiced among therapists?

Harrison (1975) conducted the first study summarizing the literature on racial/ethnic matching of client and therapist devoted solely to (black and white) cross-cultural therapist-client dynamics; others further investigated the racial/ethnic effect on therapeutic relationships (Sue, 1977; Sue et al, 1991), including three meta-analyses (Coleman, Wampold, & Casali, 1995; Maramba & Nagayama Hall, 2002; Shin et al., 2005) as well as narrative literature reviews (Flaskerud, 1990; Karlsson, 2005; Sattler, 1977; Sue & Lam, 2002). These analyses and reviews indicated a consistent client preference for matched-ethnicity therapists. Consequently, the field

began to shift according to their findings that client-therapist ethnic matching was preferred by some clients.

Confusion about Cross-Cultural Consequence

However, Maramba and Nagayama Hall (2002) offered that there is a lack of practical basis for client-therapist ethnic matching as far as sessions attended, length of therapy, and client functioning at termination. Other meta-analytic reviews indicated that client-therapist ethnic/racial match or non-match yielded no significant difference in assessment of client functioning, retention, or consistency (Shin et al., 2005). In 2005, Karlsson reported that his review of the ostensible empirical basis for client-therapist ethnic matching leading to better therapeutic outcomes revealed that too many assumptions have been extrapolated from research studies that lacked rigorous research design, leaving the role of ethnic matching nearly unexplored.

Long ago, Allport (1954) made clear the benefit of multicultural interaction, which he termed intergroup contact, but only when his four conditions were met: 1) equal group status within the situation, 2) common goals, 3) intergroup cooperation, and 4) support of authorities, law, or custom. Though desegregation of America has long since occurred, these conditions have certainly not been met in all communities and community interactions. There is certainly some argument to be made as to whether or not desegregation has ever been achieved in many areas of the United States, as some communities remain racially stratified and some communities now spring up, resegregated.

What may be done to address the current cultural chasms that exist between races? If Allport (1958) was correct about the nature of prejudice, and the endorsement of notable psychologists Kenneth Clark and Thomas Pettigrew at the beginning of this 1958 republished

work would certainly suggest he was, then we may assume that what Allport identified as the combination of antipathy and inflexible overgeneralization as it relates to race results in the racial divide we see today. Bridging the racial divide certainly cannot occur where antipathy and negative stereotypes pervade and persist. However, perhaps some cross-cultural contact, exchange, or experience could mitigate the negative assumptions and biases which may precede the possible cross-cultural interaction, resulting in the potential for better outcomes.

Efforts to fully integrate ethnic and cultural groups or to simply put members of different cultural groups in the same therapy room will have to address the discrepancy in results of studies conducted at the individual and group levels, as was compiled by Forbes (1997). His review of relevant research on ethnic conflict for the fifty years beginning in 1946 creates some confusion as to whether or not interethnic relations have improved. When Forbes (1997) conducted the fifty year review, the majority of the studies reviewed on the individual level point to an inverse relationship between interethnic contact and prejudice; studies conducted at the group level suggest a positive correlation between interethnic contact and prejudice. These findings offer a reframing of the seemingly mismatched theories, indicating that group interethnic interaction may create conflict without individual level contact.

Influence of Racial Priming

Racial priming studies (Dovidio, Evans, & Tyler, 1986; Perdue, Dovidio, Gurtman, & Tyler, 1990; Perdue & Gurtman, 1990), such as the finding first reported by Gaertner and McLaughlin (1983), showed that implicit priming of racial stereotypes exist, regardless of participants' self-report of racial attitudes and beliefs. Given that the studies show a standard, racial stereotypic bias that precedes questionnaires and testing processes, psychologists face a

challenge both in conducting accurate research with participants and in multicultural training with trainees.

Perhaps, though, efforts to educate and train on the topic of diversity and its benefit can levee the infiltration of racial biases and avoid the contamination of interethnic interactions. With such high interactional valence on exchanges between members of different racial and cultural groups, Fischer (2011) assists us with a more in-depth assessment of the interethnic interactions to explain the differential relational outcomes. She finds that, when studying racial relations on college campuses, “due to the generally high levels of racial residential segregation in many communities, most students entering postsecondary education have grown up in neighborhoods and attended schools that are dominated by their own racial/ethnic group” (p. 548), whose “most significant exposure...to racial and ethnic diversity is the peer group they encounter upon entering the university setting” (p. 548). Since university students have been thrust into exposure to racial and ethnic diversity, the authors found it fitting to utilize participants from a university setting to assess the perspectives of those who are freshly facing both psychological stressors as well as diverse interactions.

Multicultural Priming

Because the decision-making in choosing a therapist typically occurs before a client ever sets foot in the therapy room, the authors sought to study the pre-therapy decisions that clients make in order to better understand the therapist selection process. To that end, the authors chose to utilize priming to determine whether clients’ selection process may be affected by fixed multicultural perspective priming or malleable multicultural perspective priming. Neel and Shapiro (2012) found that White participants’ beliefs about racial bias malleability guided their behavior in interracial interaction. The researchers found that the more malleable the

participants' beliefs about racial bias, the more likely they gain beneficial experience to improve interracial interaction. For this reason, the authors endeavor to utilize malleable multicultural perspective priming (presenting more malleable racial bias) and fixed multicultural perspective priming (presenting fixed racial bias) to study the effect in participants' selection of therapist.

Statement of the Problem

While research is well-established in documenting cultural difference and the need for cultural sensitivity, there is room for assessing whether or not cultural differences may be mitigated by malleable multicultural priming which infuses a belief in the malleability of cultural biases and perspectives. If malleable multicultural priming should precede multicultural activities, perhaps the therapeutic alliance may be strengthened by, rather than adversely affected by cultural difference.

Rationale for the Current Study

The current study is proposed to add to extant research on multicultural factors of the therapeutic alliance—specifically, therapist selection. The role of cultural difference on the therapeutic alliance is well-documented by Vasquez (2007) in her evidence-based analysis on the topic. Based on the research she reviewed, clients' sense of alliance with the therapist is unquestionably linked to the expected therapeutic outcomes, suggesting that it is of utmost importance that therapists explore and evaluate their cultural biases and cultural competency, respectively, as it appears to have far-reaching effects on the therapeutic process. However, there is a selection process that precedes even the potential of a therapeutic relationship that deserves attention, as well—clients' selection of a therapist. For this reason, the current researchers have as their purpose to study the selection process prior to the establishment of the therapeutic alliance. Along with exploration of the potential cultural bias present in the selection

process, the researchers seek to determine whether or not this cultural bias may be influenced through some multicultural priming, wherein clients are primed with malleable, and therefore, possibly culturally-connecting perspective on interracial interaction.

Cultural and racial biases have been researched and described by many modern counseling psychologists before and since the Guidelines were published and disseminated in 2003. Yet, bias based on culture and race continues to pollute the potentiality of human interactions. But why does bias interfere with oft-occurring interracial communication? Well, many researchers have found that, despite how commonplace cross-cultural interactions are, these interactions prove difficult and uncomfortable for those involved (Pearson, Dovidio, & Gaertner, 2009; Richeson & Trawalter, 2005; Richeson & Shelton, 2007; Shelton & Richeson, 2006; Trawalter, Richeson, & Shelton, 2009; Vorauer, & Sakamoto, 2006).

Studies have shown that bias emerges from the inherent stress associated with difficult situations, such as cross-cultural interactions (Cain & Dweck, 1995; Henderson & Dweck, 1990). Racial bias, or knee-jerk judgments and decisions based on race-based assumptions, can cloud a researcher's ability to examine the factors at play during interracial interactions.

Following the framework of Neel and Shapiro (2012) in their review of lay theories of attribute malleability, they extrapolate that, not only do we view human traits as existing along a 'fixed and unchangeable' or 'malleable and changeable' continuum (Dweck, Chiu, & Hong, 1995; Dweck & Leggett, 1988), the extremity of a person's viewpoint on the fixed vs. malleable continuum was associated with preference for performance vs. learning strategies, respectively. In other words, people who believe that honesty is an unchangeable trait would be more likely to consider a dishonest act (cheating on a test) indicative of a dishonest person and prefer a criterion-based or punitive consequence, whereas people who believe that honesty in a

changeable trait would be more likely to consider a dishonest act related to situational factors (e.g., pressure from family to achieve) and prefer an educational or rehabilitative consequence.

The authors plan to extend the study of lay theories—fixed or malleable—to assess the impact these theories have on the selection of a therapist and the racial preferences when addressing various therapeutic topics.

Research Questions

1. Does a fixed vs. malleable priming effect predict therapist selection?
2. What are the most salient demographic variables that predict therapist selection?
3. Does social desirability predict scores on the Attitude Toward Blacks scale?

Research Hypotheses

Hypothesis 1.1: With the presence of fixed theory multicultural priming, participants will be more likely to select therapists with similar demographics to their own.

Null Hypothesis 1.1: In the absence of fixed theory multicultural priming, participants will not be more likely to select therapists with similar demographics to their own.

Hypothesis 1.2: With the presence of incremental theory multicultural priming, participants will be more likely to select therapists with different demographics than their own.

Null Hypothesis 1.2: In the absence of incremental theory multicultural priming, participants will not be more likely to select therapists with different demographics than their own.

Hypothesis 2: The most salient participant demographic variable affecting therapist selection will be client's Race.

Null Hypothesis 2: The most salient participant demographic variable affecting therapist selection will be a demographic variable other than client's Race.

Hypothesis 3: Socially desirable responding will significantly affect the racial bias participants will report on the Attitude Toward Blacks Scale.

Null Hypothesis 3: Socially desirable responding will not significantly affect the racial bias participants will report on the Attitude Toward Blacks Scale.

Definition of Terms

Bias Perfunctory decision-making, especially with limited knowledge or understanding of a stimulus or context.

Counseling Psychologist or Therapist Mental health professional who specializes in providing guidance in areas such as career switching or selection, school-related problems, drug use and abuse, and relational conflict and resolution.

Culture and Cultural Perspective The psychological and sociological experiences and resultant worldview that focuses on cross-cultural differences as it relates to the causes and consequences of behavior.

Ethnicity A group's set of commonalities, including unique characteristics, conventions, and customs, which provide a sense of identity and unity between members.

Race Phenotypical skin color to which humans ascribe cultural meaning and a major characteristic by which humans categorize each other into groups.

Racial Identity Position along a continuum whose extremes are determined by the level of assimilation to mainstream White American culture.

Therapist Selection Process by which counseling/therapy clients choose a therapist, including consideration of multiple demographic identities of the therapist and/or the client.

CHAPTER 2

Review of Literature

The Influence of Cultural Factors on Therapist Selection

Across the nation one can find a meeting of many cultures of people all of whom interact to create a unique brew in America's melting pot. The changing demographics of our cities, counties, and parishes affect each of us in differential ways depending on the social context and other specific affecting factors—such as race, religion, relationship status, sexual orientation, etc. To address the constantly shifting sociocultural environment across contexts, those in the helping profession must engage in ongoing evaluation of the appropriateness and relevance of our treatment interventions with different populations. The increase in America's cultural diversity must come requisite with an increase in the American Psychological Association's (APA) expectation of therapists' cultural competence, as evidenced by the development of the Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists (APA, 2003).

Despite America's reputation as a multicultural melting pot, much must be done to manage the cultural concerns and differences that arise as a result of increased interactions between cultures. One obstacle has been that the terms 'culture,' 'ethnicity,' and 'race' have escaped the lips of people everywhere with assumed unequivocal meaning. However, the terms may refer to specific characteristics or extremely general ideas. Helms and Talleyrand (1997), though, argue that 'race' has been more clearly defined in the field and its literature and that the emergence of 'ethnicity' can be simply used as a vehicle for Whites' efforts at categorization of

others' race and level of acculturation to White culture rather than a distinct construct. In the current study, these terms will be used interchangeably since the researchers came across the same in the literature surrounding culture and cross-cultural interactions.

One of the current researchers has a bi-racial (or bi-ethnic?) heritage—African American, paternally, and also Indian, maternally—but, how would one culturally/ethnically/racially categorize these factors? He is most often referred to as 'Black' or 'African American,' but that would be just as legitimate a label as 'Indian,' in this case. Categorization becomes difficult when he was born and raised in busy northern Cleveland, Ohio; attended high school in the rural southern city of LaGrange, Georgia; and moved on to the state's flagship university, a Predominantly White Institution, for three degrees. Despite the obvious cultural clashes between locations, all of the cultural changes also occurred superimposed over a deeply religious, conservative, bi-ethnic home training.

Stanford's Hazel Rose Markus (2008) has taken an important step toward addressing the shaky foundation of sociocultural nomenclature, stating "African Americans and, more recently, Latino Americans and Hispanic Americans are the groups who have 'race'; whereas Asians, Asian Americans, and sometimes other groups such as the Irish, the Italians, the Mexicans, or American Indians are the groups who have 'ethnicity and culture.' Until quite recently, mainstream Whites have had neither." She purported in 2008 that a network of psychologists is necessary to cement the framework she proposed for a unified theory of race and ethnicity. Unfortunately, no network has been identified or mobilized and no theory unification has occurred, as of yet.

However, whether in reference to particular characteristics or broad generalizations of ethnic experiences and values, there is little contention that differences exist between cultural

groups, however defined. Recognizing that cultural aspects are central to cross-cultural counseling, Sue, Arredondo, and McDavis (1992) identified the need to establish competencies and standards to assess counselors' ability to address these cultural aspects. While similarity on cultural demographics is assumed to afford some understanding of those with similar characteristics, the authors ask "does a person who was born and raised in a family or particular culture make that individual a competent family counselor?"

While a family member should not be expected to be able to achieve the objectivity necessary to facilitate therapy on his or her own family, there would certainly be a familiarity with the family dynamics, history, and culture that would be unrivaled by any therapist's secondhand knowledge. However, the last question is relevant for therapists who inevitably encounter cross-cultural issues in cross-cultural counseling, in that nonfamily members may more readily recognize cultural aspects of a family as a member of the outgroup than those within. Psychologists working with culturally-different clients have the unique opportunity to utilize their awareness of the cultural difference between clients and themselves and the knowledge of the client's culture to gain therapeutic ground whereas family members may often be too enmeshed with the family's negative patterns or emotional lability to provide adequate guidance.

Nevertheless, since there is this assumed difference that is common to members of ethnic groups in developing and defining ethnic identities, White and Burke (1987) tested the symbolic interactionistic notion that shared meanings and ascriptions are used by individuals for 1) understanding a situation, 2) predicting and understanding others' behavior, and 3) self-identification. The study found that identity salience, identity commitment, and role-specific self-esteem were all related to ethnic identity. Given that concepts such as salience,

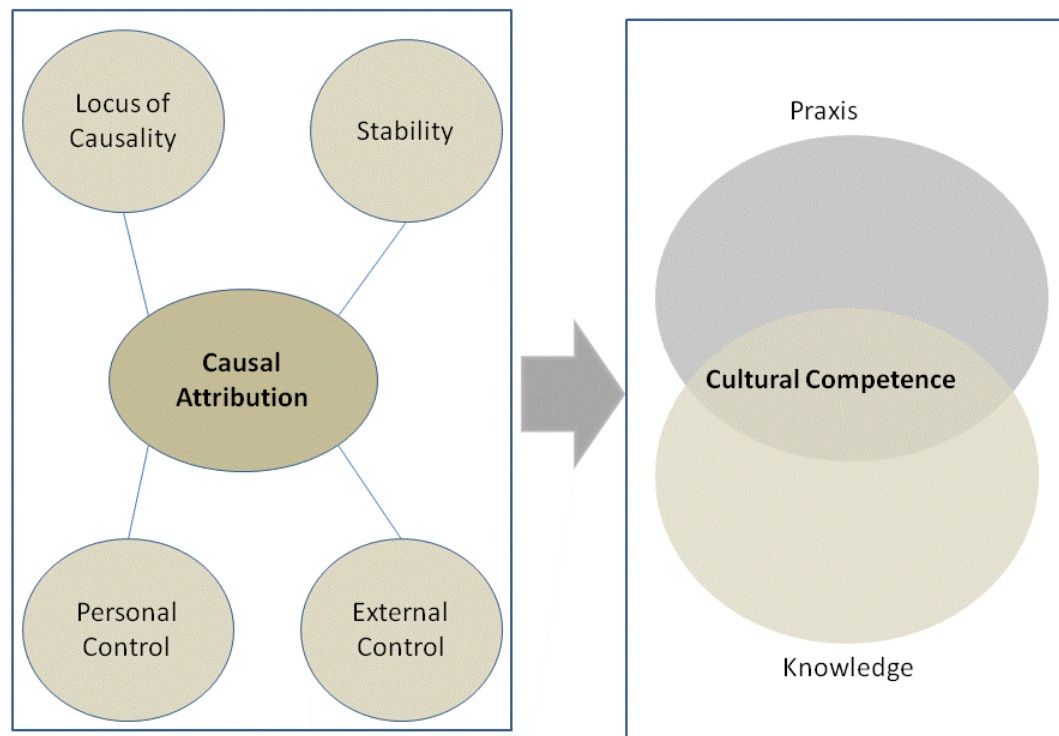
commitment, and self-esteem may all relate to ethnic identity, it seems appropriate to consider the cultural and ethnic components of the therapeutic relationship—which are often cross-cultural relationships and designed to serve as a microcosm of an individual’s way of relating to the world. For this reason, it would behoove researchers to seek insight into the affecting cultural factors of the therapeutic relationship.

Though much attention is paid to cultural difference as a barrier in therapy, clients from ethnic minority backgrounds can certainly have a satisfying therapeutic experience, as Chang and Berk (2009) discovered in their qualitative analysis of 8 satisfying cross-racial therapeutic relationships. Their satisfaction was evidenced by their statements that (a) their expectations and goals for the therapy were met (general), (b) they felt emotionally attached or connected to their therapist (typical), (c) they felt satisfied with their termination experience (typical), and (d) they were interested in maintaining contact with their therapist and/or resuming treatment at a later date (typical).

But, what is a culturally competent counselor? For many years, the counseling psychology field relied on more universal humanistic premises that were supposed to address any cultural differences, but Sue, Arredondo, and McDavis (1992) did much to encourage increased efforts on the topic by asserting that “culturally skilled counselors possess specific knowledge and information about the particular group that they are working with.” This assertion did much to call therapists to a higher level of competence rather than assume that a humanistic premise in their therapeutic stance would somehow moderate the complex intersection of cultural differences in the therapy room.

There is no doubt that cultural competence is crucial in the mitigation of cultural differences during an interaction. While many graduate programs are designed to infuse

knowledge and awareness of cultural factors, Yang and Montgomery (2011) emphasize the necessity of a combination of knowledge and praxis to create cultural competence in their study of the cultural competence of preservice teachers. The preservice teachers were asked to make causal attributions of cultural knowledge and awareness. Their theoretical framework is shown below in Figure 2.1.



Based on this model, their results indicated that teachers who attributed their cultural awareness to causes subject to personal control perceived more competence in praxis. For this reason, training programs that do not have avenues to apply cultural knowledge in therapeutic praxis may benefit from seeking cross-cultural opportunities for trainees to make personal versus external attributions about cultural awareness; for, the knowledge, awareness, and skills would certainly all be increased with a practical component as it relates to cultural awareness for the purpose of developing cultural competence. Now, with the Guidelines (APA, 2003) in place, we

will hopefully see more programs and graduates walking their multicultural talk. Though courses on multiculturalism and diversity must not be assumed to translate to practical change in the implementation of services, we have hopefully progressed from the belief that the culturally-different should exercise Anglo-conformity (Gordon, 1978) to the more inclusive perspective of pluralism, recognizing the ethnic and cultural integrity (Sue, 1998) of all groups and its psychological relevance and utility.

There is considerable confusion on the topic of how best to develop research to assess the needs of various cultural groups, given that only 57% of empirical studies even reported racial and ethnic characteristics of its research participants in a 10-year review (Delgado-Romero, Galvan, Maschino, & Rowland, 2005). With practices such as this, there is no question as to whether or not practitioners are limited to assuming generalizability of research findings. And, with a limited focus in research on the effects of racial and ethnic factors on treatment, therapists must rely on either direct questioning, inferential reasoning, or anecdotal evidence to guide their interventions with clients of dissimilar backgrounds.

Researchers have also certainly documented the racial effect on cross-cultural help-seeking, such as the apparent association between racial identity and racial preference in therapist selection (Helms & Carter, 1991; Parham & Helms, 1981), offering insight into confusing empirical data that Black people either had a preference for Black counselors (Gardner, 1972; Stranges & Riccio, 1970) or that Black clients' racial preference in a counselor was irrelevant, as it was found that client race was not related to the level of counselor-client understanding when controlling for counselor experience level (Bryson & Cody, 1973; Cimboic, 1972).

Advocates of multiculturalism inform us that, despite some equivocation on the topic, most minority clients were more comfortable when matched with similar therapists (Casas, Vasquez, & Ruiz de Esparza, 2002; Pedersen, Draguns, Lonner, & Trimble, 2002; Sue & Sue, 2003). When therapists matched clients on ethnic background or language of origin, clients also remained in treatment longer (Sue & Sue, 2003). To properly contextualize these findings, we must recognize that this research was conducted prior to the development of the aforementioned Guidelines by APA to address the oft-occurring incongruence between the cultural frames of reference for therapist and client.

In order to address the differences that may exist/be perceived by members of the therapeutic relationships, training programs related specifically to multicultural issues have been developed. Neville et al. (1996) found that training programs designed to provide a forum in which to discuss and describe racial identity and attitudes about cultural differences led to an increase in competencies related to multicultural issues in therapists. Presentations prepared and delivered by guest speakers are rated as the most important part of trainings. New knowledge—taking the form of panels, guest speakers, films, readings, and lectures—was rated by trainees to be most helpful in achieving desired changes related to sociocultural discrimination.

One main concern when addressing the topic of multiculturalism is the effect that mainstream, predominantly White, western beliefs may have on cross-cultural interactions. In light of Carter's (1990) findings that racism can be predicted by White racial identity attitudes, it appears beneficial to ascertain the racial identity of Whites who participate in cross-cultural relationships—such as those often found in the therapy room. Carter agreed with previous research conducted by Helms (1984) en route to the creation of the *White Racial Identity Attitude*

Scale (WRIAS) that identified stages toward the development/acceptance of White racial identity which found significant links between racial identity and racism.

Historically, antiracism training has not addressed Whites' awareness of their racial identity, but, rather, has simply sought to educate Whites on the stereotyped cultural norms of people of color. According to Helms (1984), Whites go through 5 stages of White racial identity attitudes: 1) Contact – wherein there is a claim of color-blindness in terms of racial relations; 2) Disintegration – in which there is a realization of Whiteness and a subsequent over-identification with White or Black culture; 3) Reintegration – during which there is an idealization of Whiteness and a paralleled negative characterization of Blackness, even hostility toward Blacks; 4) Pseudo-Independence – which includes an acceptance of differences on a cognitive or conceptual level; and 5) Autonomy – indicated by an affective understanding which facilitates the development of meaningful cross-cultural relationships.

Following with the research findings of Neville et al. (1996), which suggests that communication in the form of forums leads to an increase in multicultural competency, it would stand to reason that more open forums are necessary to improve inter-cultural knowledge, if not a way to improve inter-cultural relationships as a whole. Harvard grad and lone person of color on her disaster relief team, Priscilla Dass-Brailsford (2008) speaks of her experiences in the aftermath of Hurricane Katrina, explaining the importance of adopting a multicultural approach by mental health workers since “an awareness and acceptance that sociocultural factors integrally affect how individuals respond to experiences.” But, could not these same principles be applied to the sociocultural factors at play in the therapeutic relationship?

There is extensive psychological research outlining the effect that—seemingly—benign factors can have on our actions, behaviors, and thoughts. Some of these factors may take place

before, during, and after interactions occur. Hundhammer and Mussweiler (2012) performed six studies within the same publication that showed that sex-priming was associated with traditional gender-ruled self-perceptions and gender-typical ideals. However, these associations were weakened—even eliminated, in some cases—when modern, more egalitarian roles were primed. In 2001, Blair, Ma, and Lenton discovered that a brief mental imagery task was enough to weaken or eliminate a woman-as-weak stereotype.

We find that clients do not perceive a difference in multicultural competency in therapists related to either clients' or therapists' race/ethnicity (Owen et al., 2011). However, perhaps marrying the findings of Owen et al. (2011) and Neville et al. (1996), some discussion or forum could affect the perceptions of cross-cultural therapy, thereby affecting the therapist selection and even therapy outcomes. While therapy outcomes are outside the scope of the current study, multicultural perspective priming and simulated therapist selection can be investigated to offer some insight into whether the factors which create therapeutic distance in cross-cultural therapy relationships can be mitigated prior to the relationship itself.

As the field seeks to find the most efficacious treatments and interventions for clients of diverse backgrounds, some questions arise as to how best and by whom these approaches may be utilized to effect change in clients. Optimistically, if these studies were replicated or chapters written after the institution of the Guidelines with its subsequent effect on psychology training programs' curricula/courses, there would be some progress on the field's multicultural goals. But, there is much room for proactively addressing the cultural divides in counseling, as the mere identification of the divide does little to recoup the relational losses that are decades old. There is a need to passionately pursue bridge-building over the cultural divide. For this reason, rather than reformulate or regurgitate more research on the known cultural divisions, we seek to study

the effect that adding a potential culturally-mitigating intervention will have on participants and, ultimately, on cross-cultural relationships in therapy.

CHAPTER 3

Methodology

The current study was a partial replication of the Neel and Shapiro (2012) research Study #2, which utilized 45 participants who completed Brigham's (1993) Attitude Toward Blacks Scale. This study is additionally designed to investigate the relationship between select demographic variables of participants and therapists, racial identity, racial bias, and their effect on therapist selection. We know that racial bias can affect our decisions, but it is important to note that high internal motivation predicts less bias and greater control on implicit bias tasks; whereas, high external motivation is related to greater racial bias and more negative personal attitudes (Ito et al., 2015). The current study was designed to manipulate participant implicit racial bias to investigate the relationship between malleable or fixed racial priming on participants' therapist selection. This chapter will outline the sample characteristics, instrumentation, research design, data collection procedures, and data analysis used for this study.

Procedures

Participants were randomly assigned to either the fixed theory multicultural priming group or the incremental theory multicultural priming group using SurveyMonkey, Inc.'s online survey creation program. Each group participated in the multicultural priming, which included the priming of multicultural bias manipulation with either reading a fixed racial bias article or reading a malleable racial bias article before completing the questionnaire. Participants in each of the different priming groups participated in the multicultural bias manipulation at the beginning of the participation period. Participants then completed the short, 30-minute online

questionnaire. The questionnaire consisted of participants' White vs. Non-White therapist selection according to presenting counseling issue, participants' demographic information, Brigham's (1993) Attitude Toward Blacks Scale (ATB), and Paulhus' (1984, 1988) Balanced Inventory of Desirable Responding (BIDR).

Instruments

Multicultural bias priming manipulation

Participants were presented with one of two versions of an ostensible *Psychology Today* article. The articles were modeled directly from the materials used by Nussbaum and Dweck (2008) in their manipulation of lay theories of intelligence. In the current study, manipulation of lay theories was also used, with articles previously created for and utilized by researchers on the fixed vs. malleable racial bias topic:

The entity (fixed) version of the article emphasized that bias is difficult to change over the course of one's life. For example, it stated, "in most of us, by the age of ten, our racial bias has set like plaster and will never soften again." The incremental (malleable) version of the article emphasized that bias can change throughout one's life with new experience. For example, it stated, "in most of us, our racial bias changes as we develop, meet new people, and are exposed to new ways of thinking" (Neel & Shapiro, 2012, p. 106).

Prejudice measures

In keeping with researchers' previous measure of racial prejudice (Amodio, Devine, & Harmon-Jones, 2008; Devine, Plant, Amodio, Harmon-Jones, & Vance, 2002; Dovidio, Kawakami, & Gaertner, 2002; Swim & Miller, 1999), the authors utilized Brigham's (1993) 20-item Attitude Toward Blacks Scale (ATB) to assess racial bias for Caucasian participants. As Larsen (1974) described the post-Civil Rights era as one with "elemental changes inherent in rising black consciousness and white people's reactions to these," (p. 111) we also considered it appropriate to assess Caucasian participants' reaction to Blacks' "movement toward equal

opportunity and status with white people” (p. 111). The two subscales, the *Social Distance subscale*, which measured reported discomfort experienced by White participants when interacting with Blacks, and the *Affective Reactions subscale*, which measured prejudice-related reactions when White participants reflect on situations with Blacks, were used to assess racial prejudice for the study. Participants responded to questions using a 7-point Likert-type scale anchored at 1 (*strongly disagree*) and 7 (*strongly agree*), $\alpha = .84$, where higher scores on the measure indicated a higher anti-Black prejudice.

Social desirability measure

Participants were also administered the Balanced Inventory of Desirable Responding (BIDR) developed by Paulhus (1984, 1988) to determine the level of self-deception and impression management that participants displayed in their responses. The measure tallies one point (after the negatively scored items are reversed) for each extreme response and yields a collective score between 0 and 20. A higher score is related to more exaggeratedly desirable responding. As many of us may be tempted to subjugate our less-than-socially-desirable thoughts and perspectives in order to maintain popularity, position, or status in a diverse society, the researchers were interested in the degree to which participants utilized socially desirable responding during their completion of the therapist selection section of the questionnaire and the Attitude Toward Blacks scale.

The BIDR divided desirable responding into two categories—self-deceptive enhancement and impression management. Self-deceptive enhancement can be defined as one’s overly generous self-assessment of positive qualities and characteristics. Impression management can be defined as one’s attempt to control others’ assessment of one’s positive qualities and characteristics by responding to questions in a manner which will create the best social image.

As Riemer and Shavitt (2011) postulated that these tendencies would be more pronounced in individualistic societies (such as America) rather than collectivist societies (such as East Asia), we chose to utilize Caucasian participants from a large southeastern university in the United States.

Research Design

The researchers employed single sample t-test, Chi Square, simple regression, and binary logistic regression analysis to organize the relationships between the participants' personal demographic variables, therapists' demographic variables, racial bias, social desirability, and the participants' therapist selection based on demographics. With the aforementioned analyses, the authors assessed the singular or combined effects of the aforementioned variables (Cohen, Cohen, West, & Aiken, 2003).

Descriptive statistics were used to organize the demographic variables for the participants' Age, Gender, and Household Income. A single-sample t-test and descriptive statistics was utilized to organize the data for ethnicity of selected therapist (0 = Non-White and 1 = White) by counseling topic variables. Also, chi square tests were employed for organizing the participants in the Malleable vs. Fixed test conditions for ethnicity of selected therapist by counseling topics. Simple regression analyses were performed for organizing participants' data in the observed group conditions, Malleable or Fixed, to assess the conditions effectiveness in predicting Attitude Toward Blacks Scale scores. Binary logistic regression analyses was employed for predicting the probability of White vs. Non-White therapist selection by counseling topics in the observed group.

CHAPTER 4

Results

The present study was undertaken to learn more about the relationship between cultural/racial factors and other demographic factors that may affect the therapy process, perhaps even before the traditional therapy process begins.

Recruitment of the Sample

Participants for the study were solicited via Sona Systems, Ltd., a company which provides support to top research universities in the United States. Sona Systems, Ltd., specializes in software to manage subject pools, which was the primary source of participants for the current study. Students who were enrolled in a Counseling and Human Development (ECHD) course and chose to participate in research were the source of all participants in the current study. The only stipulation for participation in the study was that all participants were to be Caucasian, given that Brigham's (1993) Attitude Toward Blacks Scale was designed specifically for Caucasian participants. All participants were asked to complete all questions to the questionnaire.

Description of the Sample

The sample for this study included participants at a large, public PWI (Predominantly White Institution) in the southeastern United States. Participants were all enrolled in Counseling and Human Development (ECHD) undergraduate courses and participated in this study for

course research credit. Only data from the Caucasian participants were analyzed for this study, given that the racial bias measures were designed to evaluate White racial bias.

Since 50 participants were needed per treatment group (Simmons, Nelson, & Simonsohn, 2013), the researchers sought to recruit at least one hundred participants for the Fixed vs. Malleable treatment conditions. One hundred forty-nine participants took the survey, but 59 non-Caucasian participants did not read the study's stipulations and completed the questionnaires, leaving only 90 questionnaires with useable data for the current study. Therefore, the current study's sample consisted of 90 participants ranging in age from 18 to 25+. Participants' demographic information was gleaned from a self-report instrument administered before the measures. Participants ranged in age from 18 to 25+, with 43% of the participants reporting they were age twenty-one ($M=21.16$). The sample was comprised of 61 females (67.78%) and 29 males (32.22%). See Table 4.1 for detailed information.

Data Analysis

A single sample t-test was conducted to determine whether a significant difference existed between White and Non-White therapist selection across five counseling issues. Therapist selection was analyzed as a dichotomous variable where 0 = Non-White therapist selection and 1 = White therapist selection. As the null hypothesis assumes no significant differences will be found, the null value was set at 0.5. The results revealed that participants selected a White therapist significantly more than a Non-White therapist across all counseling issues with the exception of Cultural/Racial issues. Specifically, participants selected a White therapist for Relational issues ($M = .91$, $SD = .29$, $t(87) = 13.10$, $p < .001$), Financial issues ($M = .85$, $SD = .36$, $t(86) = 8.98$, $p < .001$), Family/Parenting issues ($M = .81$, $SD = .40$, $t(84) = 7.18$, p

< .001), and Suicidal issues ($M = .69$, $SD = .46$, $t(85) = 3.86$, $p < .001$) when compared to Non-White therapist selection at the $\alpha = .05$ level. See Table 4.2.

Chi-square tests were used to determine significant differences between White and Non-White therapist selection of participants in the Malleable vs. Fixed test conditions. Results revealed no significant differences between Malleable vs. Fixed conditions in the selection of White or Non-White therapists across all 5 counseling issues at the $\alpha = .05$ level. See Table 4.3.

Simple regression analyses were conducted to determine whether scores on the social desirability measure—the BIDR—predicted scores on the Attitude Toward Blacks Scale across Malleable and Fixed conditions, specifically the Self-Deception and Impression Management subscales. The results revealed that lower scores on the Impression Management scale statistically predicted elevated scores on the Attitude Toward Blacks Scale [$R^2 = .13$, $F(1, 31) = 4.54$, $p = .041$]. This finding also indicated a negative relationship, designating an inverse relationship between Impression Management and Attitude Toward Blacks scores. Therefore, participants with lower impression management responding styles endorsed elevated racist beliefs. Also, results indicated that 13% of the total variance in the sample was uniquely explained by the model. No other statistically predictive relationships were found at the $\alpha = .05$ level. See Table 4.4.

Binary Logistic Regression analyses were used to determine whether Age and/or Income significantly predicted the selection of a White or Non-White therapist for each counseling issue. Results revealed that neither Age nor Income were significant predictors of therapist selection for any counseling issue at the $\alpha = .05$ level. However, Age as a predictor of therapist selection for Cultural/Racial issues approached significance ($\chi^2((2, N = 84) = 3.661$, $p = .067$) with a robust odds ratio of .66. This indicates that a White client seeking therapy for Cultural/Racial

issues is 0.66 times more likely to select a White therapist for every one-year increase in age.

The data suggest that younger White clients may be more open to selecting a Non-White therapist to aid them with Cultural/Racial issues. It is possible that statistical significance was not found due to sample size. Aldrich and Nelson (1984) noted that each predictor within a logistic framework should have a minimum of 50 cases to be sufficient (Wright, 2000). As such, the 41 to 43 cases per variable predictor within this model may have resulted in a Type II error; this suggests that with a larger sample, statistical significance would likely be detected. See Table 4.5.

Chi-square tests were conducted to determine whether a significant difference existed between Gender in the selection of a White and Non-White therapist. Results revealed no significant differences between female and male participants in the selection of White or Non-White therapists across all 5 counseling issues at the $\alpha = .05$ level. See Table 4.6.

List of Tables

Table 4.1

Descriptive Statistics of Age, Gender, and Household Income

| Variable | Responses | n | % |
|----------|-----------|----|-------|
| Age | | | |
| | 18 | 2 | 2.22 |
| | 19 | 3 | 3.33 |
| | 20 | 15 | 16.67 |
| | 21 | 39 | 43.33 |
| | 22 | 25 | 27.78 |
| | 23 | 4 | 4.44 |
| | 24 | 0 | 0.00 |

| | | | |
|------------------|------------|----|-------|
| | 25+ | 2 | 2.22 |
| <hr/> | | | |
| Gender | | | |
| | Male | 29 | 32.22 |
| | Female | 61 | 67.78 |
| <hr/> | | | |
| Household Income | | | |
| | \$50-75k | 16 | 18.18 |
| | \$75-100k | 16 | 18.18 |
| | \$100-125k | 16 | 18.18 |
| | \$125-150k | 6 | 6.82 |
| | \$150-175k | 5 | 5.68 |
| | \$175-200k | 8 | 9.09 |
| | \$200k+ | 21 | 23.86 |

Table 4.2

Summary of Single-sample t-test and Descriptive Statistics for Ethnicity of selected therapist (0 = Non-White and 1 = White) and Counseling topic variables

| | M | SD | n | 95% CI for Mean Difference | t | df |
|-------------------------|-----|-------|----|-------------------------------|-----------|----|
| Relational Issues | .91 | .2906 | 87 | .35, .47 | 13.10**** | 86 |
| Financial Issues | .85 | .3603 | 86 | .27, .43 | 8.98**** | 85 |
| Cultural/Racial Issues | .40 | .4928 | 85 | -.21, .01 | -1.87 | 84 |
| Family/Parenting Issues | .81 | .3950 | 84 | .22, .40 | 7.18**** | 83 |
| Suicidal Issues | .69 | .4635 | 85 | .10, .29 | 3.86**** | 84 |

$p=.05^*$, $p=.01^{**}$, $p=.001^{***}$

Table 4.3

Summary of Chi Square Tests for Malleable vs. Fixed test conditions for ethnicity selection of therapist by counseling topics

| Reasons for Counseling by Therapist Selection | Group Conditions | | χ^2 | N |
|--|------------------|-------|----------|----|
| | Malleable | Fixed | | |
| Relational Issues | | | | |
| White | 50 | 29 | 0.545 | 87 |
| Non-White | 4 | 4 | | |
| Financial Issues | | | | |
| White | 45 | 28 | 0.000 | 86 |
| Non-White | 8 | 5 | | |
| Cultural/Racial Issues | | | | |
| White | 24 | 10 | 2.113 | 85 |
| Non-White | 28 | 23 | | |
| Family/Parenting Issues | | | | |
| White | 43 | 25 | 0.268 | 84 |
| Non-White | 9 | 7 | | |
| Suicidal Issues | | | | |
| White | 37 | 22 | 0.191 | 85 |
| Non-White | 15 | 11 | | |

$p=.05^*$, $p=.01^{**}$, $p=.001^{***}$

Table 4.4

Summary of Simple Regression Analyses for Predicting Attitude Toward Blacks Scale scores in the observed group conditions, Malleable (n = 52) and Fixed (n = 32)

| Predictors | Attitude Toward Blacks Scale | | | | | |
|-----------------------|------------------------------|-------------|---------|----------|-------------|---------|
| | Malleable | | | Fixed | | |
| | <i>B</i> | <i>SE B</i> | β | <i>B</i> | <i>SE B</i> | β |
| Social Desirability | .050 | .401 | .017 | -.831 | .504 | -.284 |
| R^2 | .00 | | | .08 | | |
| <i>F</i> | 0.02 | | | 2.72 | | |
| Impression Management | -0.29 | .650 | -.062 | -1.55 | .725 | -.358 |
| R^2 | .004 | | | .13 | | |
| <i>F</i> | 0.19 | | | 4.54* | | |

$p=.05^*$, $p=.01^{**}$, $p=.001^{***}$

Table 4.5

Summary of Binary Logistic Regression Analyses for predicting the probability White vs. Non-White therapist selection for counseling topics in the observed group (n = 83-85)

| Dependent Variables | Predictors | | | | | | χ^2 | n |
|-------------------------|------------|-------------|----------------------|----------|-------------|----------------------|----------|----|
| | Age | | | Income | | | | |
| | <i>B</i> | <i>SE B</i> | <i>e^B</i> | <i>B</i> | <i>SE B</i> | <i>e^B</i> | | |
| Relational Issues | .198 | .325 | 1.219 | .002 | .167 | 1.002 | 0.328 | 85 |
| Financial Issues | .345 | .288 | 1.412 | -.150 | .138 | .860 | 3.346 | 85 |
| Cultural/Racial Issues | -.416 | .227 | .660 | -.056 | .103 | .946 | 3.661 | 84 |
| Family/Parenting Issues | -.140 | .261 | 1.151 | -.033 | .124 | .789 | 0.433 | 83 |
| Suicidal Issues | -.148 | .224 | .862 | -.151 | .108 | .859 | 2.172 | 84 |
| <i>Df</i> | | | | | | | | 2 |

p = .05*, *p* = .01**, *p* = .001***

Table 4.6

Summary of Chi Square Tests for Gender for ethnicity selection of therapist by counseling topics

| Reasons for Counseling by Therapist Selection | Gender | | χ^2 | n |
|---|--------|--------|----------|----|
| | Male | Female | | |
| Relational Issues | | | | |
| White | 25 | 54 | 0.114 | 87 |
| Non-White | 3 | 5 | | |
| Financial Issues | | | | |
| White | 22 | 49 | 1.289 | 86 |
| Non-White | 6 | 7 | | |
| Cultural/Racial Issues | | | | |
| White | 8 | 26 | 2.272 | 85 |
| Non-White | 20 | 31 | | |
| Family/Parenting Issues | | | | |
| White | 22 | 46 | 0.154 | 85 |
| Non-White | 6 | 10 | | |
| Suicidal Issues | | | | |

| | | | | |
|-----------|----|----|-------|----|
| White | 19 | 40 | 0.048 | 85 |
| Non-White | 9 | 17 | | |

p = .05*, *p* = .01**, *p* = .001***

CHAPTER 5

Summary

The current study was designed to investigate and explore the relationships between multicultural bias, therapist demographics, participants' demographics, Brigham's (1993) Attitude Toward Blacks (ATB) scale scores, and Paulhus' (1984, 1988) Balanced Inventory of Desirable Responding (BIDR) scores. After reading the multicultural bias priming manipulation, participants selected a therapist (based on therapist demographic variables), then reported their own demographic information. Next, the ATB was utilized to assess levels of racial bias in order to correlate ATB scores with demographic information and therapist selection. Participants were then administered the Balanced Inventory of Desirable Responding (BIDR) developed by Paulhus (1984, 1988) to assess participants' use of self-deception and impression management during the testing process.

The researchers sought to investigate whether a difference in therapist selection exists when White clients are choosing between White or Non-White therapists for counseling issues, as summarized in Table 4.2. However, because it was unknown if there was an initial difference in therapist selection related to particular counseling issues, the data were first analyzed to test whether there would be a difference in therapist selection related to counseling issues. However, a single samples t-test to determine overall mean differences between White/Non-White therapist selection revealed that there was indeed a significant difference between therapist selection related to counseling issue.

Since participants were responding to a dichotomous variable with only two levels (White vs. Non-White therapist), the researchers used a binary coding system (0 = Non-White

and 1 = White). After participants' data were aggregated, means were compared with respect to White/Non-White therapist selection and counseling issue. Since the binary coding system would yield a mean of 0.50, meaning half of the participants chose a White therapist and half of the participants chose a Non-White therapist, the null hypothesis would be supported by a mean of 0.50. Therefore, means from each therapist selection, as related to counseling issue, were compared to 0.50.

An additional benefit of the 0-1 binary coding system was that the means could also be easily interpreted as percentages when multiplied by 100. For example, the 0.50 mean (which would support the null hypothesis) and a 0.25 mean, could also be represented as 50% and 25% of participants choosing a Non-White therapist for a particular counseling issue, respectively. Similarly, a mean greater than 0.50, such as 0.85, would indicate that the majority (or 85%) of participants chose a White therapist for a given counseling issue.

The data set yielded significant—figuratively and statistically—results, showing that the participants had a high preference for a White therapist for Relational Issues, Financial Issues, Family/Parenting Issues, and Suicidal Issues. According to the 95% Confidence Interval, the data show that 85-97% of White clients would choose a White therapist for Relational Issues; 77-93% of White clients would choose a White therapist for Financial Issues; 72-90% of White clients would choose a White therapist for Family/Parenting Issues; and 60-79% of White clients would choose a White therapist for Suicidal Issues.

For Cultural/Racial Issues, however, the data suggest something divergent—that White participants lean toward a Non-White therapist selection in this case. The single samples t-test indicates that 29-51% of White clients would choose a Non-White therapist for Cultural/Racial

Issues. The mean for Cultural/Racial Issues was not divergent enough from the null hypothesis mean to achieve statistical significance; however, the data trend for therapist selection related to Cultural/Racial Issues was approaching some significance, in that the tested t-value was -1.87 and approached the critical t-value (the absolute value of 1.96).

Participants were randomly assigned to one of two test conditions—multicultural priming of Malleable racial bias or multicultural priming of Fixed racial bias. All participants were provided an ostensible *Psychology Today* article to read, either supporting a Malleable racial bias or a Fixed racial bias. After reading the article, all participants proceeded to complete the questionnaire. The researchers investigated whether or not a difference in White vs. Non-White therapist selection existed with respect to either a Malleable or Fixed test condition. Table 4.3 utilizes chi square statistical analysis since the researchers were interested in comparing distributions of categorical variables (White vs. Non-White and Fixed vs. Malleable) and their resultant differences. The chi square statistic was used to assess the effect of a Fixed vs. Malleable test condition on White vs. Non-White therapist selection in order to illustrate and organize the combination of the test condition and therapist selection responses.

The data analysis revealed that there was no difference in White vs. Non-White therapist selection based solely on multicultural priming (Fixed or Malleable) for any of the counseling issues, so the researchers failed to reject the null hypothesis for Research Question 1. Despite the absence of statistical significance with respect to the multicultural priming test conditions, one curious data trend was noticed by the researchers. Though participants from both test conditions trended toward a Non-White therapist selection for Cultural/Racial Issues, the participants in the Fixed racial bias test condition actually appeared more likely to choose a Non-White therapist for Cultural/Racial Issues. So, participants who were given the Fixed racial bias

multicultural priming—which primed a concept of static racial perspectives throughout one’s lifespan—surprisingly trended more heavily toward a Non-White therapist selection than participants who were given the Malleable racial bias multicultural priming.

To further break down the relationship between the Fixed vs. Malleable group conditions, the researchers ran two multiple regression analysis on participant responses to the Attitude Toward Blacks scale to determine the effect of social desirability and impression management (as assessed by the BIDR) on Attitude Toward Blacks scale scores. It was found that lower scores on impression management were related to higher scores of social desirability, as evidenced by the negative β in Table 4.4. The researchers utilized an *F*-test to determine whether or not the variance between groups was equal to the variance within groups, perhaps showing that the means were not statistically different (i.e., $F=1$). Since $F=4.54$, exceeding the critical *F*-value of 3.84, it was concluded that participants’ impression management in the Fixed group condition was statistically predictive of participants’ racist beliefs.

Additionally, the R^2 -value in Table 4.4 indicated the total variance explained by the researchers’ Fixed vs. Malleable group conditions when divided by the total variation in the model. The researchers discovered that an inverse relationship existed between impression management and the Attitude Toward Blacks scale scores, showing that low scores on impression management, as assessed by the BIDR, predicted higher racist beliefs. So, in addressing Research Question 3, it was found that the Fixed group condition participants’ social desirability scores (on the Impression Management subscale) accounted for 13% of the variance in how participants completed the Attitude Toward Blacks scale.

Since the researchers had dichotomous outcome variables (White or Non-White therapist selection), the researchers ran five Binary Logistic Regression models to address the multiple predictor variables and the binary outcome variables. The Binary Logistic Regressions were performed on the Age, Income, and Gender demographic variables and related to presenting counseling issue, but this yielded no significant relationship between these factors and therapist selection. Though no predictable relationship can be assumed between these factors and therapist selection, the researchers did observe that participants' therapist selection did appear to be affected by one of the dependent variables (Cultural/Racial counseling issue) when related to participant Age. For every one year increase in Age, a White participant was .66 times more likely to choose a White therapist for Cultural/Racial counseling issues. This data trend suggests that the older White participants were the more likely to select White therapists for Cultural/Racial counseling issues.

Further, in examining participants' therapist choice as affected by Financial Issues, an interesting data trend found was that, for every one year increase in Age, White participants were also 1.412 times more likely to choose a White therapist for Financial Issues. The elevated interest in a White therapist for Financial Issues and also a White therapist for Cultural/Racial Issues could be a future direction for research. Some further research could be devoted to exploring the relationship Age has with selection of a White therapist, as the current study was limited in its generalizability.

Implications

The most clear outcome of the present study is that White participants have a clear preference for a White therapist with the exception of the Cultural/Racial counseling issue. In seeking further understanding of this finding, the researchers chose to utilize multicultural priming of Fixed or Malleable racial bias to investigate its effect on participants' therapist selection (Research Question 1). While neither multicultural priming group condition yielded significant results for therapist selection, a White racial bias has clear significance when assessing the Question 1 results. The researchers were unsurprised by support of their hypothesis, but the degree of significance that resulted was a surprising find. The level of racial bias that emerged from the White participants when choosing a therapist sheds light on the notion that members of a group seek out other members of the same group, perhaps irrespective of benefit.

It was found that Age has some effect on participants' therapist selection. Despite nonsignificant results, the researchers observed a data trend toward an increased likelihood of choosing a White therapist with each year increase in Age for both Cultural/Racial and Financial counseling issues (Research Question 2). This finding would indicate that the older the White participant was, the more likely they were to choose a White therapist. Conversely, the younger the White participant was, the less likely they were to prefer a White therapist. These trends could indicate a positive multicultural direction, in that the younger generation shows fewer signs of racial bias and more openness to cross-cultural and cross-racial relationships, such as engaging in therapy with a therapist from a dissimilar racial background.

The researchers added an additional measure, the BIDR, to assess the social desirability of participants' responses (Research Question 3), finding that the Fixed group condition participants' social desirability scores on the Impression Management subscale accounted for

13% of the variance in how participants responded to the Attitude Toward Blacks Scale, which assessed participants' racist beliefs.

Limitations

The researchers utilized a convenience sample to assess the preferences of White participants when choosing a therapist along select demographic variables and counseling issues. Because of a low sample size for this study, the researchers believe that the study was limited in both statistical significance and generalizability. With additional participants, the significant results that were found may have heightened in degree of statistical significance and confidence. More specifically, the researchers created the current study to investigate the therapist selection of White participants, but many participants took the questionnaire without paying mind to the stipulations for inclusion in the study, so nearly sixty questionnaires were unable to be analyzed because participants reported they were not White. But, it is suspected that, with respect to the Cultural/Racial counseling issues data trend toward a selection of a Non-White therapist, more White participants could likely result in a significant difference between the null hypothesis and a Non-White therapist selection for Cultural/Racial Issues.

The Fixed vs. Malleable group conditions also did not yield significant results when participants were choosing a therapist. The researchers believed that the article that participants read before beginning the measures was not influential enough to prime a fixed or malleable racial bias. Perhaps, a more salient stimulus would include participants reading a scenario in which a White individual benefitted from a cross-racial interaction. The researchers also considered that a video as a stimulus of a prominent, positive Black figure (such as Oprah

Winfrey) discussing a mutually-beneficial cross-racial relationship may have elicited a more psychological and emotional connection to a fixed or malleable racial bias.

Another limitation was the type of institution from which the data were collected. Though this sample yielded a strong preference in White participants for White therapists, it was not compared with White participants from other types of institutions. Of particular interest to the researchers would be a comparison of the results of this study with a replication study conducted at a more racially-diverse university, where White students' cooperation with members of dissimilar cultures and races is supposed. However, a comparison group was not included in the study, limiting the generalizability of the White participants' results in the current study.

Future Directions

Because the current study utilized only data from White participants, it cannot be compared with the therapist selection of Black or other minority respondents. It is possible that the results would be analogous to the findings of this study, but perhaps there is a higher tendency in White participants to choose a same-race therapist than for minority participants to choose a same-race therapist. As many PWIs have a small number of minority students, perhaps these students have already demonstrated some openness to cross-cultural and cross-racial experiences to be tested in a follow-up study. It is possible to extend this study to include the therapist selection of minority participants from a PWI, which may prove to have outcomes that merit comparing and contrasting to the results of the current study.

While the therapist selection of the White participants when choosing either a White or Non-White therapist was the focus of the current study, the researchers did surreptitiously

acquire data from the Non-White participants. A future empirical look into the White versus Non-White therapist selection process may offer some support or nullification of the racially-similar preference seen in the White participants of this study. However, an additional measure of minority racial bias would need to be substituted for the Attitude Toward Blacks scale, perhaps Brigham's (1993) Attitude Toward Whites scale if the participants are African American, as the question begged when accepting that White clients have an automatic preference for a White therapist is, 'What is the racial preference of minority participants who are presented with the choice of entering into a therapeutic relationship with racially-similar or -different therapist?'

In therapy, the tendency of White clients to choose a White therapist requires some efforts to open the psychological arms of White clients to embrace the opportunity cross-cultural therapeutic relationships could afford. However, since the field generally frowns upon advertising for psychological services, therapists who are demographically-different from the clients in their catchment area may have a particular problem developing or keeping a full caseload if we generalize the results of this study's client selection process when choosing a therapist. For this reason, it is important to maintain and reinforce efforts to achieve social change related to cross-racial and cross-cultural relationships. Since Cabral and Smith (2011) combined decades of research only to find that therapist and client demographics are not related to a significant difference in treatment outcomes, much work must be done to inform America that psychological treatment is blind, but beneficial.

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Appendices

Malleable Multicultural Manipulation

Flash Report

The Origins of Bias: Is the Nature-Nurture Controversy Resolved?

Psychologists have long been interested in how prejudice develops over a lifetime, and whether a person's early exposure to stereotypes can be overridden later in life. Racial attitudes, in particular, used to be thought of as a set-in-stone aspect of personality

that remained stable over a lifetime. Now, the emerging scientific consensus shows that early social experiences can have little relation to our adult attitudes, and that it is possible to change or override the imprint left in childhood. In his keynote address at the Association for Psychological Science's annual convention held in May, Dr. George Medin (Princeton University) stated that 'in most of us, our racial bias changes as we develop, meet new people, and are exposed to new ways of thinking. People may be born with a given level of racial bias, but research suggests that this changes with different life experiences and effort.' He pointed to studies of "hidden" bias that show that even people's nonconscious attitudes can be changed through effort and experience. He also reported several large longitudinal studies that show that people can change their racial bias, and shared research findings showing that people's racial bias can be changed even in their late forties.

Daniel Berglund is a science writer from Los Angeles. He is a frequent contributor to Psychology Today.

Fixed Multicultural Manipulation

Flash Report

The Origins of Bias: Is the Nature-Nurture Controversy Resolved?

Psychologists have long been interested in how prejudice develops over a lifetime, and whether a person's early exposure to stereotypes can be overridden later in life. Racial attitudes, in particular, used to be thought of as a malleable aspect of personality that continued to change over a lifetime. Now, the emerging scientific consensus shows that early social experiences set a course that shapes our adult attitudes, and that the imprint left in childhood is very hard to change or override. In his keynote address at the Association for Psychological Science's annual convention held in May, Dr. George Medin (Princeton University) stated that 'in most of us, by the age of ten, the foundation of our racial bias has set like plaster and will rarely ever soften again.'

He pointed to studies of “hidden” bias that show that while people may try to change their outward prejudice, they rarely change their nonconscious attitudes. He reported numerous large longitudinal studies which show that people 'age and develop, but they do so on the foundation of enduring attitudes.' He also reported several large longitudinal studies that show that people’s racial bias can change somewhat, but rarely changes substantially, and shared research findings showing that people's racial bias very rarely changes after their late forties.

Daniel Berglund is a science writer from Los Angeles. He is a frequent contributor to Psychology Today.

Demographic Questionnaire

Please choose the best answer for the questions below:

If I was seeking counseling/therapy for RELATIONSHIP/FINANCIAL/CULTURAL-RACIAL/FAMILY-PARENTING/SUICIDAL ISSUES (asked separately), I would want my therapist to be...

AGE 25-34

AGE 35-44

AGE 45-54

AGE 55-64

AGE 65+

RACE Black

RACE Caribbean Black

RACE Asian-American

RACE Caucasian, Non-Hispanic

RACE Native American Indian

RACE Hispanic

RACE Mixed heritage (at least part Black)

RACE Mixed heritage (but not of Black heritage)

RACE Other

GENDER MALE

GENDER FEMALE

HOUSEHOLD INCOME \$50,000-\$74,999

HOUSEHOLD INCOME \$75,000-\$99,999

HOUSEHOLD INCOME \$100,000-\$124,999

HOUSEHOLD INCOME \$125,000-\$149,000

HOUSEHOLD INCOME \$150,000-\$174,999

HOUSEHOLD INCOME \$175,000-\$199,999

HOUSEHOLD INCOME \$200,000+

Choose the best answer for your:

AGE 25-34

AGE 35-44

AGE 45-54

AGE 55-64

AGE 65+

RACE Black

RACE Caribbean Black

RACE Asian-American

RACE Caucasian, Non-Hispanic

RACE Native American Indian

RACE Hispanic

RACE Mixed heritage (at least part Black)

RACE Mixed heritage (but not of Black heritage)

RACE Other

GENDER MALE

GENDER FEMALE

HOUSEHOLD INCOME \$50,000-\$74,999

HOUSEHOLD INCOME \$75,000-\$99,999

HOUSEHOLD INCOME \$100,000-\$124,999

HOUSEHOLD INCOME \$125,000-\$149,000

HOUSEHOLD INCOME \$150,000-\$174,999

HOUSEHOLD INCOME \$175,000-\$199,999

HOUSEHOLD INCOME \$200,000+

Attitudes Toward Blacks (ATB) Scale

Instructions: please select the number corresponding to how you feel about each question.

1. If a Black person were put in charge of me, I would not mind taking advice and direction from him or her.*
2. If I had a chance to introduce Black visitors to my friends and neighbors, I would be pleased to do so.*
3. I would rather not have Black people live in the same apartment building I live in.
4. I would probably feel somewhat self-conscious dancing with a Black person in a public space.
5. I would not mind at all if a Black family with about the same income and education as me moved in next door.*

6. I think Black people look more similar to each other than White people do.
7. Interracial marriage should be discouraged to avoid the “who-am-I?” confusion, which the children feel.
8. I get very upset when I hear White people make prejudicial remarks about Black people.*
9. I favor open housing laws that allow more racial integration of neighborhoods.*
10. It would not bother me if my new roommate were Black.*
11. It is likely that Black people will bring violence to neighborhoods when they move in.
12. I enjoy a funny racial joke, even if some people might find it offensive.
13. The federal government should take decisive steps to override the injustices Black people suffer at the hands of local authorities.*
14. Black and White people are inherently equal.*
15. Black people are demanding too much too fast in their push for equal rights.
16. Whites should support Blacks in their struggle against discrimination and segregation.*
17. Generally, Blacks are not as smart as Whites.
18. I worry that in the next few years I may be denied my application for a job or promotion because of preferential treatment given to minority group members.
19. Racial integration of (schools, businesses, residences, etc.) has benefited both Blacks and Whites.*
20. Some Blacks are so touchy about race that it is difficult to get along with them.

* Items marked with an “*” were reverse scored.

- _____ 32. I have never dropped litter on the street.
- _____ 33. I sometimes drive faster than the speed limit.
- _____ 34. I never read sexy books or magazines.
- _____ 35. I have done things that I don't tell other people about.
- _____ 36. I never take things that don't belong to me.
- _____ 37. I have taken sick-leave from work or school even when I wasn't really sick.
- _____ 38. I have never damaged a library book or store merchandise without reporting it.
- _____ 39. I have some pretty awful habits.
- _____ 40. I don't gossip about other people's business.