DISSERTATION

THE ROLE OF WHITENESS IN ACCESS DISPARITIES

IN COLLEGE COUNSELING SERVICES

Submitted by

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School of Education

In partial fulfillment of the requirements

For the Degree of Doctor of Philosophy

Colorado State University

Fort Collins, Colorado

Fall 2021

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ABSTRACT

THE ROLE OF WHITENESS IN ACCESS DISPARITIES

IN COLLEGE COUNSELING SERVICES

Access barriers to campus mental health counseling services for persons of color have been previously identified in the literature. These barriers are known to create disparate access to this important campus resource for students of color. Despite this robust body of research, inequities have persisted, revealing a gap in the literature. The purpose of the current study was to fill this knowledge gap by exploring the role that Whiteness plays in perpetuating access disparities. Using a critical White studies (CWS) framework, the current study sought to answer the question: How do experiences of Whiteness impact access to mental health care for domestic, undergraduate White students and students of color at their respective college counseling centers?

A qualitative study was conducted using a phenomenological methodology; and more specifically from a hermeneutic tradition. Six participants (three White students and three students of color) were interviewed using a semi-structured interview approach. Participants' interviews were recorded and transcribed. Then, the transcripts were coded in three successive rounds until saturation guidelines were achieved. The research question was addressed in each of the three iterative coding rounds.

Key findings revealed how participants' values systems, color-blind ideologies, and categories of Whiteness either enhanced or impeded access to counseling services. Findings were used to compare, contrast, substantiate or rebut current literature on access disparities.

In the final chapter, implications for practice include stepped-care models of counseling services, extending clinical boundaries, remote tele-mental health, and strength-based counseling approaches. Future research focusing on dialectical opposites using a CWS lens may avoid problematizing students of color.

DEDICATION

Without a doubt, I would not be sitting here writing this had it not been for you, David, the love of my life. As you know by your own experience, the doctoral program is often compared to a marathon run. David...you leapt out of the starting gate with me with great enthusiasm when I began this journey. You ran alongside me, cheered me on, and told me to pick-up or slow my pace. And when we were climbing the doctoral version of Boston's Heartbreak Hill, our resolve to win would have broken poor Johnny Kelley's heart all over again. Indeed, we crossed the finish line. Together. Your enduring patience throughout the race was nothing short of astounding.

Dear Mom and Dad...You sent me a greeting card when I got accepted to the HEL program. It read, "*Good things come to those who wait. Great things come to those who really go for it!*". I took this advice, didn't wait any longer, and went for it! Because of your unfailing confidence and love, my success is your success. Dad – you inspire with me with your kindness and eternal optimism. The humor that we share sustained me throughout this journey. Dear Mom...I know you have been with me every single step of the way. You were my first and best teacher. Each time I sat staring at a screen with the cursor blinking on a blank page, you inspired me to begin with an outline; to break it down bit by bit; to persevere... like you did throughout your entire life until your race was won.

To my sisters and brothers ...Ann, Bob, Dave and Jen...thank you for always asking me about my progress in this program. Your interest and support meant the world to me. To my nieces and nephews ...I hope my endeavor here encourages you to never stop learning. To my Aunt Elaine ...you first championed me in high school to excel. Thank you for believing in me.

To my Aunt Ginny...it was you who first taught me the love of the alphabet - hopefully reflected in these pages to honor you. To my Aunt Patty who reigns supreme over the *Scrabble* board...my love of vocabulary use throughout this dissertation was constantly inspired by your genius. Lastly, to my dear Grandparents, Fr. Bill, and John and Phyllis Pirani...I know you are all smiling upon all of us and have been at our side throughout. AMDG.

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CHAPTER 1: INTRODUCTION

Growing evidence suggests there is an increase in severity and prevalence of mental health disorders in college aged populations (Bose et al., 2019; Center for Collegiate Mental Health, 2019; U.S. Department of Health and Human Services, 2019; Watkins et al., 2012). For example, nearly 66% of American college students report that in the last 12 months, they experienced overwhelming anxiety. Another 45% reported that they felt so depressed that it was difficult to function; and 13% seriously considered suicide in the last 12 months (American College Health Association, 2019). Among other conditions, high levels of anxiety, depression, and stress were reported as the most frequently presenting problems to college counseling centers; and demand for services have increased by 12% between 2018 to 2019 (LeViness et al., 2020).

As the world has been beset with a global pandemic since the winter of 2020, emerging data suggests a dramatic rise in symptoms of anxiety, depression, or both—directly attributable to the COVID crisis. According to the National Center for Health Statistics (2020) from January to June of 2019, roughly 11% of adults aged 18 or older reported symptoms of these conditions. However, from January 2020 to mid-July 2020, nearly 42% of adults 18 or older reported symptoms of these conditions; and germane to a traditionally aged college population, nearly 56% of adults aged 18-29 reported symptoms of depression, anxiety, or both (National Center for Health Statistics, 2020). Amid the COVID–19 outbreak, forms of psychological harm have steadily risen for people of color. Experiences ranging from social discomfort; being subjected to racial slurs; and fear of physical harm have increased, particularly for Black and Asian Americans (Ruiz, 2020).

Despite this dour picture, mental health treatment has been shown to positively impact personal wellbeing, societal productivity, and other beneficial long-term outcomes (Hunt et al., 2015). For college students, counseling has shown to be beneficial in specific ways. In a recent report, 66% of students stated counseling services helped with their academic performance; and 62% of students stated that counseling services helped them to stay in school (LeViness et al., 2020). In a time when colleges are concerned about maintaining enrollments, increasing student retention and boosting graduation rates, counseling can play a key role in achieving these institutional goals as well (Lee et al., 2009; Oswalt et al., 2018).

Yet a critical problem remains: 18-25-year olds represent the highest level of those who did not engage in mental health care - even when reporting high levels of suicidal thoughts and serious mental illness. Barriers such as lack of insurance and poverty were cited as reasons for not seeking mental health services for college and non-college students in this age bracket (U.S. Department of Health and Human Services, 2019). These barriers are absent or lessened for college students. Most colleges and universities offer counseling services to their students; and most students are required to have health insurance. Still, 50-80% of traditionally aged college students do not seek the care they require (Dunley & Papadopoulos, 2019; Oswalt et al., 2018).

Within the age cohort mentioned above, help-seeking differences diverged when viewed by race/ethnicity (Hayes et al., 2011). Buser (2009) found African Americans sought mental health treatment at lower rates than Whites. Miranda et al. (2015) reported students of color sought treatment at lower rates pre and post intake as compared to White students. Barksdale and Molock (2009) noted despite no difference in prevalence rates of mental illness, students of color sought treatment at far lower rates than White students did. When students disclosed thoughts of suicide to another person, students of color were advised to seek help at statistically significantly

lower rates than all other racial and ethnic groups were, including White students (Brownson et al., 2014). Conversely, White students remained engaged in college mental health services at a statistically significant higher rate compared to their Asian Indian, Chinese, and Korean American students (Kim et al., 2016). Although somewhat dated information, Eisenberg et al. (2011) found among college students, "...whites were substantially more likely to receive mental health help than were Asians, Blacks, and Hispanics, which is consistent with lower service use among minorities in the general adult population" (p. 307).

While there is conflicting data regarding counseling outcomes for White versus students of color (Hayes et al., 2016), those who would endorse a post-racial belief (i.e., minimization) in counseling services would find their belief challenged by several studies. For example, Beasley (2015) found that students of color experienced an increase of overall distress when matched with a White counselor as compared to students of color who were matched with a Black counselor. Kivlighan et al. (2019) found "...therapist effects in non-attendance due to clients' REM [racial/ethnic minority] status were identified, suggesting that therapists are a significant source of racial/ethnic disparities in clients' nonattendance" (p. 1). Clearly, racialized realities still matter in the context of college mental healthcare.

The Problem Statement

As colleges and universities have become increasingly diverse (U.S. Department of Commerce, 2018), equitable access to college counseling services is critical to help all students thrive, particularly because "people of color are disadvantaged on access to a broad range of health-promoting resources" (Malat et al., 2018, p. 148). Many access barriers to mental health counseling for persons of color have been previously identified in the college and non-college aged populations. Ample research substantiates the adverse impact of stigma (Adewale et al.,

2016; Lipson et al., 2018; Pace et al., 2018); geographical location (Alvarez et al., 2019; Lê Cook et al., 2016); discrimination (Chao et al., 2015; Hunt et al., 2015); and scientific empiricism (Sue, 2004) regarding who does and does not gain access to helpful resources.

Yet, despite this robust body of research, inequities persist "...resulting in reduced access to and benefit from mental health care" (Gómez, 2015, p. 121). Hunt et al. (2015) demonstrated these inequities persisted (and were even more pronounced) when controlling for socioeconomic status, standard demographic variables, academic performance, and religiosity. A recent study illuminated clear cultural preferences in helping seeking behaviors and attitudes between Nigerian-Americans and African Americans (Adewale et al., 2016). However, ascribing all differences to culture obscures racialized barriers to care for students of color. Inequity was described by Brownson et al. (2014) who found students of color were less likely to seek mental health care upon disclosing suicidal thoughts to a confidante. The factual findings in this study are not in dispute, yet a critical conclusion was lacking in asking why White students are referred *more often* by *more people* to mental health care. In other words, what is it about being White that afforded faster access? The answer to the latter question seeks to interrogate the racialized privileges afforded to some but denied of others.

The extant research is not misguided - it is incomplete. We know a great deal about the reasons why students of color are disadvantaged in terms of access to college mental health services. What is missing is a deeper inquiry into the ideologies that privilege access to college mental health care for White students. Working in concert with ideologies, an examination of racialized structures is necessary to aid our understanding of access disparities. Garner (2007) describes "structures of domination" that typify Whiteness, namely, "...the power of naming, defining, decision making..." (Garner, 2007, p. 15). For the purposes of the current study,

participants' exposure to structures of domination illuminate our understanding of how counseling services are allocated equitably or inequitably. These endemic ideologies and structures may have the consequence of diminishing access for students of color, while simultaneously facilitating easier access for White students. The research problem is that no studies to date have examined the role that Whiteness (defined later) plays in creating, sustaining, and perpetuating structural inequities leading to disparate access.

Purpose Statement

White students may experience Whiteness as a permeable, invisible force outside of their awareness that permits them to access and experience counseling with relative ease. Students of color, on the other hand, may experience Whiteness as a semi-permeable or impermeable barrier that diminishes or impedes access and experience to counseling. Therefore, the purpose of the current study was to explore the role that Whiteness plays in mental health service disparities in accessing college mental health counseling from the perspective of domestic, undergraduate White students and students of color.

Research Question

To satisfy the study's purpose and working from a critical White studies framework, the research question was: How do experiences of Whiteness impact access to mental health care for domestic, undergraduate White students and students of color at their respective college counseling centers? The answer to this question offered insight into the ways that help-seekers may be confronted, challenged, exempted, or oblivious to Whiteness when accessing services.

Definitions of Terms

Mental Health Disparity

Disparity does not simply mean difference - it involves some form of inequity. For example, Hunt et al. (2015) found significant racial/ethnic disparities in mental health care utilization among U.S. college students, specifically between "whites and all minority groups" (p. 520). The Center for Disease Control (as cited in Safran et al., 2009) includes inadequate access to mental health care as a form of disparity. For the current study, mental health disparity is defined as the difference in "...access not justified by the differences in health status or preferences of the groups" (McGuire et al., 2006, p. 1979).

Access

Levesque et al. (2013) provide a universal definition of access that is applicable to mental health care. They define access as "...the opportunity to identify healthcare needs, to seek healthcare services, to reach, to obtain or use health care services, and to actually have a need for services fulfilled" (p. 1). They emphasized equitable access meant in obtaining care, all persons have the same opportunity to benefit from services.

In the current study, access is defined as the act of entering counseling; and the ability to access the benefits of counseling vis-à-vis the actual encounter between student and counselor. The degree to which a student's cultural capital - "...an acquired set of values, beliefs, norms, attitudes, experiences..." (Garner, 2007, p. 49) - aligns or misaligns with that of the counselor and the system of counseling, the greater/lesser the benefits of access are achieved.

Whiteness

An Ideology. Whiteness is "...the overt and subliminal socialization processes and practices, power structures, laws, privileges, and life experiences that favor the White racial group over all others" (Helms, 2017, p. 718). Color-blind racism and its component frames (i.e., abstract liberalism, naturalization, cultural racism, and minimization of racism) sustain and perpetuate the ideology of Whiteness (Bonilla-Silva, 2017).

As a Research Tool. Whiteness in the social sciences is "...a lens through which particular aspects of social relationships can be apprehended" (Garner, 2007, p. 1). As a problematic, Whiteness helps us to formulate questions in a way that are both relational and comparative in anti-racist scholarship (Garner, 2007).

Artifacts & Experiences. In what form and where might we search for the phenomenon of Whiteness in the current study? Various scholars have commented that Whiteness is both visible and invisible (Garner, 2007; Helms, 2017; Schulz & Mullings, 2006), so its detection in the current study requires scrutiny of the data. As discussed in detail in Chapter 3 - the attitudes, values, and beliefs of participants may suggest direct and/or indirect evidence of Whiteness. Take for example a participant's attitude toward their counseling experience. If it is a trusting one, an exploration of the reasons why may yield some insight into racialized dynamics. And if a student of color participant values practical advice—instead of open-ended discussion—in their counseling session, understanding why may suggest a form of Whiteness. Lastly, participants' beliefs about counseling accessibility for all students, regardless of race or ethnicity, may offer insights into the current literature that suggests otherwise.

In the search for Whiteness, I examined the various locations where artifacts may likely be found in the counseling experience. Broadly speaking, scholars have located Whiteness within

the context of systems; in claims on culture and values; the degree of ease or difficulty in accessing goods and services; and assumptions about what constitutes "normal" (Cabrera, 2017; Garner, 2007; Park, 2018). For example, if a participant does not perceive the need to change the way they normally speak in their counseling session (i.e., code-switch), this may suggest the presence of Whiteness –a certain ease if you will – located in the interpersonal sphere. And since Whiteness has been described as a type of power - such as assertions of correct ways to go about solving problems -(Bonilla-Silva, 2017; Garner, 2007) – are some counseling practices perceived as racially congruent and helpful; or racially incongruent and unhelpful/harmful? In this case, power is expressed, conveyed, and located within the system of college mental health care.

Critical White Studies (CWS)

CWS is a scholarly, critical investigation of the socially constructed "White race" (Delgado & Stefancic, 2017, p. 85). It interrogates abusive power and oppression that underpin the construct. CWS illuminates the various inclusion/exclusion membership criteria of what it means to be White.

Delimitations

As a study delimitation, prospective participants must have attended at least one session regardless of the number of subsequent sessions. Entering and attending at least one session includes both in-person and/or remote, live digital platforms. While a student who wanted to (but never did) seek counseling might provide some insight into the research question, the research question is best answered by the actual lived experience with Whiteness rather than a non-attendee's conjecture, speculation, or opinion.

Because a central tenet in CWS holds that racialized ideologies distort reality, I included White students and students of color. The lived experiences of White students accessing

counseling services may evince these distortions. Conversely, the lived experiences of students of color may attest to the presence of Whiteness in accessing counseling services.

As a study delimitation, prospective participants included any domestic, undergraduate student who accessed their campus counseling services - meaning they made at least one appointment and then attended that appointment (either in-person or virtually). Community college, master's and doctoral students were excluded as they differed in terms of age from undergraduate students (National Center for Education Statistics, 2020). Additionally, some research suggests the prevalence of mental health problems and service utilization differs between undergraduate and graduate students (Lipson et al., 2016; Wyatt & Oswalt, 2013).

Whiteness as an ideology emerged from the unique socio-political culture and history of the United States (Cox, 2017; Efird & Lightfoot, 2020; Hastie & Rimmington, 2014). Having been raised and socialized in other countries, international students may not be information rich sources in exploring the phenomenon of Whiteness as an American ideology. Therefore, they were excluded as research participants.

Assumptions and Limitations

As an approach to formal inquiry, CWS assumes historical, ideological, and structural conditions of oppression exist in all facets of society - including healthcare, community mental health care, and college counseling services. Furthermore, as a form of oppression, Whiteness can be simultaneously unseen and seen depending on the vantage point of the viewer (Kendall, 2012). Therefore, it calls for a critical consciousness that is lacking in the extant research on disparities. A CWS approach helps to focus on the systems that perpetuate privileged access as a function of Whiteness. By centering the focus on Whiteness, CWS avoids problematizing

persons of color for different rates and experiences of help-seeking so often implied in the literature.

Ideologically, CWS brings to light assumptions based in Whiteness. For example, ideal levels of happiness and self-esteem that counselors often endorse that may bias their work with clients. However, collective, family oriented cultures in fact, have been shown to value harmony and selflessness as more important than individual happiness (Hornsey et al., 2018). Therefore, one assumption in the current study was to interrogate oppressive power to unmask distortions that stem from Whiteness. This is consistent with the World Health Organization (2010) and their call to study the underlying social determinants of health (SDH):

> Health inequities flow from patterns of social stratification – that is, from the systematically unequal distribution of power, prestige and resources among groups in society. As a critical factor shaping social hierarchies and thus conditioning health differences among groups, 'power' demands careful analysis from researchers concerned with health equity and SDH. (p. 20)

As a limitation, qualitative research is not generalizable. However, because Whiteness is everywhere – any individual campus can examine how this oppressive power impacts access to student services such as mental health counseling.

Significance of the Study

The current study is significant in three ways. First, it filled a gap in the research by exploring how Whiteness may impact access to an important student resource. CWS focuses on the dialectical opposite of marginalization in which White privilege and racialized power are addressed (Cabrera et al., 2016). CWS is primarily concerned with bringing into relief the ubiquitous presence of Whiteness in many contexts, including higher education. Scholarly

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research has not examined access disparities in college mental health. Through the lens of CWS, we begin to understand why these disparities persist (Snowden, 2012). Critical White scholars maintain without an unflinching understanding of Whiteness, racism is perpetuated and misunderstood. Cabrera (2018), Bonilla-Silva and Forman (2000), Park (2018), and Helms (2017) invoke Whiteness—in all its insidious forms—as an explanatory lens by which to pay attention to seen and unseen systems of power and privilege.

CWS examines Whiteness as normatively embedded in the counseling experience, such as conceptualizations of what constitutes so-called "appropriate" forms of help-seeking; the provision of mental health care (e.g., weekly, 50 minute sessions; an emphasis on empirical protocols; worldviews of providers, etc.); and counselor activities, such as encouraging active self-disclosure (Kim et al., 2016). These norms may in turn influence help-seeking behaviors that lead to inequitable access despite preference and psychological need.

CWS also calls-out hidden forces that support and perpetuate Whiteness and its dominant racialized ideologies. These ideologies (e.g., color-blindness, cultural racism, the myth of meritocracy, deficit explanations to describe racial differences, beliefs in a post-racial society, heterarchy, and segregation as a preference) are particularly relevant to investigations of disparate access to mental health care. For example, a CWS perspective may help to scrutinize the belief that students of color simply prefer other ways to seek help. There is some evidence that suggests mental health disparities persist even when preference is taken into account (Cabrera et al., 2016).

Secondly, this research is significant as it seeks to answer how college counseling services may unintentionally perpetuate undesired outcomes, such as marginalizing students of color (Ridley, 2005). As noted by Cabrera et al. (2016), " ...one cannot understand the

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marginalization of [Students] of color if there is no one doing the marginalizing" (p. 7). The current study heeds Matias' (2016) call to research in asking "...if one is to delve into who is disadvantaged, then shouldn't there be literature to explicate those who are deemed advantaged?" (p. 101). So, for the current study, the focus was on access advantages to college mental health resources – and not on previously identified access related disadvantages per se (e.g., stigma, cultural differences) in the extant literature.

Finally, the current study provides insight into practical solutions to achieve mental health parity on college campuses. These solutions assist practitioners in deepening their understanding of how Whiteness may seep into counseling students. Practitioners may be more readily able to adapt their practices to be more inclusive of students' who carry both privileged and minoritized social identities. And, because counseling professionals aspire to social justice and multicultural competency (Ratts et al., 2016), practitioners may be motivated by these findings to do so.

Researcher's Perspective / Positionality

As a former mental health clinician, I first became interested in multiculturalism as a way to approach my work with clients. I had never heard of the term "White privilege" nor considered myself to have a racial identity until I took a course well after graduate school. Here I became acquainted with the work of Derald and David Sue, Monica McGoldrick, Gerald Corey, Susan Chavez Cameron, and Janet Helms. At the same time, I was working in a non-profit community medical clinic working primarily with gay men - White and Black - who were dying from AIDS in the early days of the AIDS epidemic (1991-2002). I witnessed cruelty, injustice, rejection, terror, and fear. I was terrified of AIDS myself - and shuddered to think that I too might meet the same fate as my clients.

I think this experience awakened me to disparities in health care (though I would not have been able to name it as such then). I've always had a bit of an "edge" as my parents would say in fighting against wrong doing (maybe because I was often teased as a kid for being overweight). That edge waxed and waned over time in my career. At one point, I considered myself to be quite evolved and self-aware - what we call "woke" these days - of my privileged identities (White, cis-male) and marginalized one (gay).

As a doctoral student in higher education leadership, initially I was interested in researching why students of color seem to may come less often to counseling services; or seem to delay help-seeking relative to the level of distress – and addressing conflicting results in the literature about counseling outcomes for students of color. To be sure all good questions...and indeed scholars need to continue to take-up these questions for further inquiry by examining the role that stigma and other factors play. Yet something gnawed at me about this approach. When I shared my ideas about this approach with my colleagues of color, most nodded nicely without saying much or offering few tepid words of encouragement. That was my first clue something was amiss with my stance on this research.

Then things got interesting. During coursework in my doctoral program, I was challenged on a few occasions to "check my White, male privilege," What?! I was astounded by such an accusation - for here I thought my work was done - only to realize later that my reaction was exactly what one would expect as borne from White, male fragility – and I hid behind my marginalized identity (gay) – using it as justification for why I am *not* privileged (or far worse...racist!).

While the research questions asked about counseling disparity remained vital to ask and answer, over time I came to realize through CWS there was a host of questions *not* being asked.

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For example, the origins of stigma related to mental health services for people of color remained unexamined. It is worth noting that stigma in Latin is a pointed stick used to brandish a mark. So, I realized I needed to ask: *Who holds the stick in the first place? Who sharpened it and why? Who used the stick? How, when, and why was it/is it used?* These types of questions point to the issue of Whiteness and the role it plays in counseling and more specifically, counseling disparity.

That was when the lightbulb came on for me - and my colleagues of color had lots to say in cheering me on to take this approach instead. So, once I changed my position, the questions to be asked were more concerned with the dialectal opposites - and for my purposes, examining Whiteness as the font of individual, group, and systemic racism. This remains a constant struggle as all too often it is easy for me as a White person to point to the impact of racism without stopping to examining the origins of racism. So, I hoped to carry that reminder forth in my research.

CHAPTER 2: LITERATURE REVIEW

As colleges and universities have become increasingly diverse, access to college counseling services is critical to help all students to thrive. Many access barriers to mental health counseling for students of color have been previously identified. Stereotype threat, cultural mistrust and stigma were identified as barriers by Cabral and Smith (2011), Dunley and Papadopoulos (2019), and Scott (2015). Despite these findings, disparate access to mental health care services has been shown to persist by a number of researchers (Hunt et al., 2015; Miranda et al., 2015). Lastly, research to date tends to focus exclusively on students of color and how they are disadvantaged, compared to White students, in accessing mental health care.

While the research foci are important in the above studies, Garner (2007) asserts that "...the gaze of white academia has been trained on those defined as Other...' " (Introduction section, para. 14). Malat et al.'s (2018) perspective is instructive in the current study as it redirects my gaze to examine the role of Whiteness as a social determinant that drives mental healthcare access disparities on college campuses.

In this review of the literature, disadvantages endured by students of color are indeed highlighted in several studies. Conversely, I demonstrate a need for my research to fill a knowledge gap by focusing on Whiteness as an unexamined phenomenon in racialized access disparities to campus counseling services. Several questions that guided my review and analysis of the research to date included: How might a CWS point of view provide insights into gaps in the extant literature? Where are the gaps in understanding how Whiteness is experienced by college counseling help-seekers? What was the focus of the research question(s) in terms of race and ethnicity? What conclusions were reached by the authors regarding the results/findings? Are

there plausible alternative conclusions that were not reached regarding the results/findings? How might my research seek to address any gaps using CWS?

Preference, Health Status/Need and Access in the College Counseling Center Setting

One might reasonably ask if group differences in accessing and/or utilizing mental health services are simply due to preference. Another important question is concerned with population health status/need in relation to accessing proportional levels of care. For the purpose of this review, answers to these questions were addressed within the health disparities research literature and more specifically within the mental health disparities literature.

Differences in Utilization Rates

Using college/university enrollment data and rates of counseling utilization at 45 institutions, Hayes et al. (2011) examined help-seeking differences that emerged when viewed by students' race/ethnicity. They sought to answer two research questions. First, is racial/ethnic minority students' access to campus counseling services predicted by the availability of matching racial/ethnic counselors? Second, relative to the institutional enrollment data, do students of various races/ethnicities underutilize counseling center services?

For question one, statistically significant results indicated that the racial/ethnic composition of the counseling staff did predict which of the various racial/ethnic student groups actually utilized the counseling center services. Statistically significant results for question two indicated that the overall racial/ethnic composition of the student body for each racial/ethnic group was an even stronger predictor of counseling utilization (e.g., the higher presence of Asian Americans enrolled in the institution, the higher likelihood that Asian American students did utilize the counseling center). Given these results, the authors concluded that contrary to some of the existing research, students of color did not underutilize counseling services. On the one hand,

this appears to be good news. Differences noted here indicated a group preference as to from whom students might want to turn to receive counseling. In this case, the criteria for a mental health disparity as defined by McGuire et al. (2006) were not seemingly met because preferences are not constitutive of a form of disparity per se.

While beyond the scope of the study by Hayes et al. (2011), a knowledge gap exists in understanding the role of Whiteness in counselor selection and utilization rates. Critical research is needed to better understand if preference for a matched racial/ethnic counselor exists in response to Whiteness as a barrier. For example, students of color who code switch (National Public Radio, 2016) with a racially mismatched counselor may prefer instead a racially/ethnically matched counselor with whom code switching is not necessary. Research is also needed to distinguish responses to Whiteness from preferences rooted in a group's value system or traditional, customary, and preferred ways to receive help. The former suggests a disparity, while the latter does not.

 In a large research study, Eisenberg et al. (2011) asked the research question: how does service utilization [of campus counseling services] vary by sex, race/ethnicity, and other student characteristics? Using a sample of 14,175 college students, attending 26 different US campuses—and relevant to my focus on race/ethnicity—the authors found "...whites were substantially more likely to receive mental health help than were Asians, blacks, and Hispanics, which is consistent with lower service use among minorities in the general adult population" (p. 307).

The current study may deepen our understanding of the difference reported by Eisenberg et al. (2011) by asking how Whiteness may add to the propensity toward accessing counseling by White students, and alternatively, how Whiteness may serve as a deterrent to accessing

counseling for students of color. For example, Eisenberg et al. (2011) noted that students who attended private schools were more likely to utilize on-campus counseling services, speculating that this may be due to "...higher availability of resources per student" (p. 307). Conversely, students who lived off-campus were less likely to access counseling services on campus. For campuses where living on-campus is more expensive than off-campus, students who can afford this cost likely enjoyed a counseling access advantage. This assertion is supported by Malat et al. (2018) who proposed a framework for better understanding how Whiteness and economic systems (e.g., capitalism) influence access to health care resources. For example, they assert wealth and Whiteness leads to better "...access to affordable, quality health care..." (p. 151).

In a recent, large-scale study Lipson et al. (2018) examined mental health access disparities between and among students of color and White students. Of the total sample size (n = 43,375) drawn from 60 participating institutions, 71% identified as White, 4% as African-American, 5% as Latinx, 10% as Asian, 1% as Arab/Arab American, 4% as other, and 6% as multiracial. Statistically significant results indicated utilization rates of help-seeking to college counseling services were lower for all students of color except multiracial students (African American, 22%, Latinx, 24%, Asian, 19%, Arab, 20%) compared to White students (33%). This was the case even when other variables were controlled, such as socio-economic status.

While the results of Lipson et al. (2018) are compelling, a CWS research approach is needed to deepen our understanding of racialized access disparities. For example, their study noted students of color utilized mental health counseling at a lower rate compared to White students. The role Whiteness plays in facilitating higher utilization rates for White students is an important question that needs to be asked.

Lipson et al. (2018) also found that among all participants who met the criteria for any

mental health problem, 92% of White students were more likely to have a friend or family member who utilized mental health counseling, outpacing any other group. To date, no studies have considered how Whiteness may account for these differences.

Access Relative to Psychological Distress

In this review of the literature, application of the definition of mental health access disparity (McGuire et al., 2006) was used as a tool to examine differences in help seeking not otherwise due to preference or health status/need. Hunt et al. (2015) found evidence of access disparities in a random sample (n=1000) of college students. The authors found that Hispanics [sic] and Asians had higher levels of depression compared to Whites [sic]; and "...all other racial/ethnic groups had lower rates of utilization compared to Whites whether they screened positive for a mental health problem or not" (p. 525). Equitable access to professional counseling on campus relative to health status/need has real life and death consequences. For example, Brownson et al. (2014) sought to examine between group differences in help-seeking among seven racial/ethnic groups of undergraduates (n =14,742) who endorsed various stages of suicidality (i.e., passive thinking; active suicidal thinking; seriously considered suicide in the past 12 months and lifetime; and attempted suicide in past 12 months or lifetime).

In Brownson et al. (2014) - relative to health status/need – some evidence of disparity was suggested. For example, relative to all other groups, Asian American students reported some of the highest levels of current, past 12 months and lifetime suicidality. On the other hand, they were less likely to access the college counseling center compared to other groups. Before definitively concluding that this is firm evidence of a mental health disparity, future research may be needed to better understand alternative ways Asian Americans may have preferred to get help when suicidal. Accordingly, the authors suggested future studies were needed to determine

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if Asian American students preferred to seek help from a primary care doctor or an academic advisor rather than a mental health counselor when experiencing suicidal thoughts. One question the current study may illuminate is, whether or not promotion of counseling services is biased from a White, western point view. If so, access may be reduced for non-White, non-western students who find themselves in dire circumstances.

Brownson et al. (2014) also found Alaska Natives/American Indians had significantly more recent suicidal ideation and a higher lifetime history of a suicide attempt - more so than any other group in this study. This group, Alaska Natives/American Indians, were among the most likely group members to have seen a counselor during their lifetime. This implied access to psychological care relative to psychological need for this group is proportional – and therefore does not meet the definition of a mental health disparity. However, the sample size of Alaska Natives/American Indians in this study was so small that additional research is needed to further substantiate or refute this finding.

Finally, of the total number of students who reported considering suicide in the past 12 months (n=425), Brownson et al. (2014) indicated 63% of White students were referred to counseling, and of this group of White students, 67% accessed campus counseling services after being advised to do so. The results indicated statistically significant differences between White students and all other racial or ethnic groups: African American/Black (28% referred/50% accessed), Asian American (40% referred/76% accessed), Hispanic American/Latino (41% referred/73% accessed), international students (43% referred/75% accessed), and multiracial (63% referred/33% accessed). The role Whiteness plays in help-seeking difference for students in critical need of help has yet to be explored.

Relative to mental health needs, Lipson et al. (2018) also found Asian students who

accessed counseling reported the highest level of distress followed by Latinx, African-American and White students, respectively. In order to better understand this access disparity relative to levels of distress, a CWS lens is needed to explore both access disadvantages and access advantages for all racial/cultural groups.

Barriers to Access

Disparities, as defined by McGuire et al. (2006), may be caused by barriers in accessing campus mental health services. The degree to which these barriers variously impact students of color and White students has not been examined from a CWS perspective. For instance, Miranda et al. (2015) looked at treatment participation between students of color versus White students and barriers to mental health counseling experienced by college students (n = 122, age 17-34) six months after an initial intake session in the college counseling center at an urban public university in the northeastern United States. They reported students of color (consisting of 28% Asian, 16% Latino, 3% Black, 13% multiracial, 4% other students, respectively) sought treatment at lower rates pre-and post-initial intake compared to their White counterparts (36% of the sample).

By applying the definition of mental health access disparities, the findings in Miranda et al. (2015) suggested evidence of both group preference and disparate access relative to health status/need. With regard to preference, nearly half of all students – regardless of race – preferred to handle problems on their own; and were equally unsure if their concern warranted professional care. And while it was certainly a barrier to care, financial concerns about affordability of care were endorsed by all students, regardless of race.

On the other hand, some of the results reported by Miranda et al. (2015) were suggestive of an indirect influence on disparate access. Specifically, relative to equal levels of psychological

need, students of color endorsed lack of time as a barrier to getting care at a statistically significant higher rate than White students. A CWS lens is needed to explore the role of Whiteness when it comes to understanding barriers to engaging in counseling services pre-and post-initial sessions for students of color; and the role Whiteness may play in lessening barriers to mental health counseling for White students.

In their study of clinical outcomes with White and students of color, Hayes et al., (2016) asked if any racial/ethnic differences in reduction of overall distress were dependent upon therapists' demographics, general competence, and multicultural competence. An indicator in the study for multicultural competence was defined as "...therapists' combined effectiveness with White and REM clients..." (p. 265) on outcome scores. Results indicated no differences were found on the outcome measure (i.e., general distress) attributable to therapists' demographics; and only 3.9% of variance on the measure of general distress was attributable to therapists' general competence. However, results indicated different outcomes were attributable to therapists' level of multicultural competence with the race/ethnicity of their clients, thus representing a barrier to effective outcomes. These results were consistent with other findings that have shown differences in therapists' effectiveness with White clients and clients of color across different treatment settings (Beasley, 2015; Gómez, 2015; Spanierman et al., 2008).

As noted above, neither therapists' demographics nor general competence predicted effectiveness for White clients nor students of color. An interesting research question that the study could have addressed (but did not) was whether White students benefited from a White therapist who was *low* in multicultural competence, and vice-versa for students of color matched with a therapist of color low in multicultural competency. Given that college counseling centers are largely directed and staffed with White clinicians (Leviness et al., 2018), research is needed

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to illuminate aspects of Whiteness which impede multicultural competency, which in turn may impact outcomes and access to mental health care on campus.

Identifying the presence of positive and negative evidence of Whiteness related to access barriers is needed to better understand disparities. While not identified as such, positive evidence of Whiteness was suggested in several studies examining the detrimental mental health impact of microaggressions endured by a student of color (Gomez, 2015; Hollingsworth et al., 2016; Sue, 2008). And while other studies examined the invisible, negative presence of Whiteness related to general health (Efird & Lightfoot, 2020; Malat et al., 2018), no studies to date have examined the impact of Whiteness on access barriers to mental health care for college students.

In a scoping review of 24 journal articles, Dunley and Papadopoulos (2019) focused on various barriers encountered by American and Canadian college students in accessing mental health care on campus. The authors identified several categories of barriers. For example, an institutional barrier to care was erected for students when faculty and staff rated the counseling services as inadequate. Demographic barriers (e.g., gender, sexual orientation, veteran status, etc.) were associated with who accessed care. Additionally, student beliefs were noted as a barrier in that some students were more likely to turn to their friends and family for help instead of going to the counseling center. Finally, lack of awareness of services, lack of time, stigma, minimization of distress, perceived lack of need, preference for self-reliance, and beliefs about treatment effectiveness were further defined as barriers.

Attrition and Persistence in Counseling

In the present study, access is defined as entering into and having received at least one counseling session. However, no studies to date have examined how Whiteness may impact continued participation in subsequent counseling services.

Using archival data of 5,472 counseling clients, Kim et al. (2016) examined racial/ethnic variations on psychological severity (i.e., health status/need), number of counseling sessions attended, and one session attrition rates in a large, diverse public U.S. university. Specifically, Kim et al. (2016) found that Asian Indian, Chinese, and Korean American student clients were significantly more likely to terminate treatment after one session when compared to White and Latino/a student clients. The authors concluded the one session attrition rate for Asian Indians, Chinese, and Korean Americans were not likely due to these students successfully meeting their treatment goals. The authors concluded these particular clients dropped out of treatment because they felt the service was not immediately helpful to them. Because the health status of all groups in the study remained highly distressed regardless of when they terminated treatment, results seem indicative of a mental health access disparity.

The current study seeks to close the knowledge gap regarding White students' lower attrition rates relative to their mental health needs (Kivlighan et al., 2019; Owen et al., 2012). The role of Whiteness has not been studied previously in this regard. Parham (as cited in Sue, 2016) noted "...schools of counseling and psychotherapy arise from Western European contexts..." (p. 64). Professional practices of a counselors arose from these Western schools and may be congruent with expectations of White students who access counseling. For example, encouraging a client to actively self-disclose may be culturally familiar to White students. This same counselor activity may be a mismatch to non-Western oriented students who have a different preference for how to manage distressing thoughts and feelings. If preferences of White students are valued, reflected, or reinforced more often by counselors' professional practices – more so than the preferences of students of color relative to health status/need - then it is likely that disparate access to treatment may result. Understanding the role of Whiteness in the

counselor/client relationship is needed to better illuminate access disparities in college counseling services.

Is equitable access to mental health care simply about entering the counseling center to receive mental health services? Kivlighan et al. (2019) sought to extend this question by asking which students did or did not return for counseling after initial entry for counseling. Their sample consisted of 616 students from a large Mid-Atlantic university in which 62.2% (n = 383) identified as female and 37.8% (n = 233) identified as male. In terms of self-identified race, 55.4% (n = 341) identified as White, 16.3% (n = 100) identified as Black/African American, 15.5% (n = 95) identified as Asian, 8.2% (n = 50) identified as Hispanic, and 39% (n = 30) identified as multiracial. Looking at nonattendance patterns for all racially identified groups after initial entry for counseling services, Kivlighan et al. (2019) "investigated the therapist as a potential source of racial/ethnic disparities in nonattendance patterns" (p. 3). Two statistically significant results were reported. Overall, therapists' effects accounted for 14% of variability in all groups' client nonattendance rates, and differences in nonattendance patterns between racial groups varied among therapists. The authors concluded "therapists are a significant source of racial/ethnic disparities in client nonattendance" (p. 1). On the other hand, 86% of variability in nonattendance patterns was unaccounted for. No studies to date have used Whiteness as a problematic to examine this large, unexplained variability that may contribute to access disparities.

In each of the sections above, Whiteness as a lens has not been employed to understand how it contributes to access disparities. A CWS approach to further understand findings related to utilization of services; access relative to psychological need; barriers to accessing counseling; and attrition/persistence in counseling is needed to reveal new insights into the creation and

perpetuation of access disparities.

<h2 style="text-align:center">Whiteness in the College Setting</h2>

Identifying differences in group preferences and health status/need relative to accessing college counseling services is an important first step; however, it is not enough to simply identify and catalogue preference and/or health status/need relative to access disparities. As related to the dissertation topic, what is needed is a deeper analysis of the context in which disparities are generated and persist. Within the campus context, Whiteness has been researched as it applies to how students reify or attenuate racial hyperprivilege in the general campus ecology (Cabrera et al., 2016). However, no studies to date have taken on this question as it pertains to equal access to campus mental health services relative to need. The dearth of research in employing a Whiteness lens is not surprising to critical scholars. In the general context of college and university campuses, overt acts of racism are frequently and roundly condemned when they occur (Frank, 2018; Hub Staff, 2020; McDonald, 2017). However, there is often little attention paid to systems of oppressive power that give rise to the unearned benefits.

One campus Whiteness study by Foste (2019) is offered here to provide a context in which to further consider the counseling literature reviewed. Briefly, Foste (2019) offered a searing analysis of the ways in which White students subscribed to and perpetuated a racially hostile campus climate. Employing a CWS lens, the author illuminated two narratives that White students endorsed. The first includes the myth that campuses are racially harmonious (i.e., a form of minimization of racism). The second was identified as a "narrative of imposition" (p. 245) whereby student activists experienced a backlash and accused of having gone "too far" in their attempts to dismantle Whiteness (i.e., an example of Whiteness as the norm from which activists have departed). Although it is not known how these two types of narratives impact access to

counseling services, Foste's (2019) findings set a backdrop for the current study.

Summary

The literature on college mental health consistently indicated that overall, traditionally-aged college students are presenting to college counseling centers with a high level of need as compared to past generations. Yet, equitable access to mental health counseling relative to need on college campuses remains problematic. In general, the extant research does not adequately close the knowledge gap as to why mental health access disparities on campuses persist. Most conclusions reached in the studies reviewed in this chapter tended to focus on reasons why people of color access counseling less often than their White counterparts. Studies reviewed also tended to focus on differential clinical outcomes between students of color and their White peers, relative to psychological need. To be sure, this is an important research agenda to continue. The current study adds to the body of knowledge by exploring the unexamined role of Whiteness in perpetuating access disparities in college and university counseling services.

As noted by Cabrera et al. (2011) , "...when intersectional analyses are conducted, virtually all studies focus on the disadvantaged. Rarely, if at all, does intersectionality research interrogate systemic privilege" (p. 78). Considering that Lipson et al. (2018) focused on the intersection of students' interfacing with a campus mental health system, applying too much emphasis on mental health disparities among students of color may unintentionally problematize their behavior. The current study addresses this by instead problematizing Whiteness within the campus mental health system that impacts help-seeking. This is the essence of my research study, to interrogate systemic privileges that arise from an unexamined ideology of Whiteness. The extent to which this ideology affords unfair access advantages to college mental health leading to disparities has not been studied previously.

CHAPTER 3: METHOD

Counseling has been identified as an important campus resource for students. However, access disparities to this resource persist between students of color and White students, despite some knowledge gains from the extant scholarly research on this topic. Equitable access is but one facet of inquiry well documented within the overall research literature on health disparities (Blumberg et al., 2015; Cook et al., 2012; McGuire et al., 2006; Miranda et al., 2008; Smedley et al., 2003). A gap in the literature exists in that Whiteness has not been explored in relation to this access disparity.

The purpose of the current study was to explore the phenomenon of Whiteness from the perspective of domestic, undergraduate students who accessed services at a college counseling center. Access was defined as both entering into and receiving at least one counseling appointment. The research question to address this phenomenon was: How do experiences of Whiteness impact access to mental health care for domestic, undergraduate White students and students of color at their respective college counseling centers?

Research Approach and Rationale

To expand the extant research and to fill the gap previously identified, a qualitative study was conducted using a phenomenological methodology; and more specifically from a hermeneutic tradition of inductive interpretation and analysis. The qualitative paradigm aligned with the purpose statement and the research question in this research sought to examine "...natural social life as it is lived in the world" (Saldaña & Omasta, 2017, p. 144). The phenomenological approach was compatible with a critical lens which aimed to interrogate "...often-elusive, taken-for-granted states of being" (Saldaña & Omasta, 2017, p. 152); namely,

the role Whiteness plays in the persistence of access disparities.

The hermeneutic tradition rounded-out the research approach. "Words, Socrates says, have the power to reveal, but they also conceal..." (Hoy, 1978, p. 1). Thus, comprehending the phenomenon of Whiteness was best understood with this interpretive approach using student participants' words. Their words explicitly or implicitly revealed and/or concealed the invariant essence of Whiteness. Through the process of inductive analysis, emergent domains of Whiteness were identified and described.

Participants and Recruitment

The number and heterogeneity of participants and the number of individual interviews of each participant was guided by a hybrid approach to saturation. First, *data saturation* was used as a guide to decide if additional participant interviews would yield new information leading to the induction of the phenomenon of Whiteness. As noted by Saunders et al. (2018), this type of saturation guided data collection until nothing new emerged. The second approach to saturation was *a priori thematic saturation,* which relates to the presence of codes or themes in the data to substantiate predetermined categories (Saunders et al.). Finally, *inductive thematic saturation* guided the analysis until new codes or themes emerged that were specific to the phenomenon of Whiteness (Saunders et al.).

Having a representation of White and participants of color aligned with the qualitative approach to look for points of saturation. A heterogeneous participant cohort revealed a variety of ways in which Whiteness was encountered and ultimately described. CWS claims that Whiteness is an oppressive phenomenon that permeates American culture in a variety of ways (Garner, 2007; Matias, 2016). Interviewing White students revealed how Whiteness enabled access; and interviewing students of color revealed how Whiteness inhibited access. White

students may not have seen or recognized hints, signs, or signals of Whiteness, whereas students of color were more likely to recognize it (Kendall, 2012; Kiyama & Rios-Aguilar, 2018). Both groups were important in order to understand the full range of experiences with Whiteness.

As implied from the inclusion/exclusion criteria above and to obtain information that was rich and from multiple perspectives (Gliner et al., 2009), the sampling strategy for this research was purposeful. Recruiting purposefully was accomplished in a variety of ways. As a former member of the Boston Area College Counseling Center Directors – an informal group that gathered monthly – I emailed this group to request help in identifying and sharing the current study with prospective participants (see Appendix A). I also reached out to several colleagues with direct student facing positions within my doctoral cohort. I reached out and shared recruiting materials with other similar professional networks and colleagues. An email (see Appendix B) was sent to clubs and organizations at Colorado State University (Colorado State University Ramlink) to solicit participants from various racial/cultural affinity groups, including the Asia Pacific American Association, Black Student Alliance, Lambda Sigma Upsilon, Las Comadres, United Men of Color, and United Women of Color. The recruitment materials included: the Screening Questionnaire (Appendix C), flyer (Appendix D), and the Informed Consent document (Appendix E). For ease of recruitment and enrollment of potential participants, a Qualtrics form (see Appendix F) was embedded in the emails (see Appendix A and Appendix B) as a hyperlink. This form combined the flyer, screening questionnaire and the informed consent document all in one document for ease to potential participants. Finally, I posted recruiting materials on FaceBook. The posting included the flyer (Appendix D) which hyperlinked to the Qualtrics form (Appendix F).

To sufficiently answer the research question, the goal was to recruit a range of 3-20 students. Interviewing ended once data saturation (as defined earlier) was reached. This number of participants was a reasonable number to attain rich-interview data from in-depth interviews and deep analysis of the data (Bhattacharya, 2017). Six participants, two of six being part of the pilot study, were interviewed. The two pilot study participants included one student of color and one White student. After reading transcripts of the pilot participants and coding the data, it was clear that additional questions were needed to be added that addressed Whiteness as advantage (see Appendix G). This was documented in an analytical memo (see Appendix H) and further addressed in the section on Measures.

Data Collection

Participants were given the option to interview either in-person or via Zoom. The options were important given the need for flexibility due to the pandemic. Choice of interview modality provided flexibility given the COVID pandemic, as social distancing requirements made Zoom preferable. All participants agreed to be interviewed via Zoom at a mutually agreeable date and time.

Each participant was provided a description of the research; as well as the informed consent form (see Appendix E) via email. Questions about the research, informed consent and recording the interview were encouraged and addressed before the participant agreed to take part in the study. A signed copy of the informed consent was received via Adobe Sign, a scanned/signed emailed pdf, or a photographed, signed pdf.

Each participant was asked to select a pseudonym. To protect participants' confidentiality, recording of the interview did not begin until the participant selected their pseudonym. I used the pseudonym throughout the interview. I removed any unintended use of

their real name from the interview transcript and replaced it with their pseudonym.

Interviews

Mindful of my own social identities (White, male, cisgender, gay), it was very important that the interview questions were approached with ethical sensitivity toward the real and/or perceived power differentials between the participant and me. I made it clear that my intention was to hear each participant's genuine response and that there were no right or wrong answers. Using my observational skills toward non-verbal behavior, pauses, facial expressions, and other verbal utterances enabled me to formulate additional prompts and probing questions. The questions were worded in such a way so that the risk of embarrassment or discomfort was minimized, regardless of the participant's racial identity. My hope was this approach engendered some amount of trust. All interviews were 60-90 minutes long.

All interviews were recorded and transcribed using these features available in Zoom. Interview data and forms were secured for confidentiality purposes on the CSU's College of Health and Human Sciences password protected "Student Desktop" to which only I had access. Interview records and consent documents were stored separately from each other.

Measures

Following the recommendation of Saldaña and Omasta (2017), participants were guided through carefully constructed questions to help them describe the essence of their own experience as it relates to Whiteness. Additional prompts were provided after a participant's initial response for further elaboration. Each question (see Appendix I) was developed and substantiated with some reference to the literature, and written in such a way to provide for an open-ended response. After the pilot study, additional protocol questions (see Appendix G) were added. See Appendix J for the actual script and list of protocol questions that were used for the

interview.

Trustworthiness

A mental strategy employed by phenomenologists, known as bracketing (Saldaña & Omasta, 2017), reminded and encouraged me to set aside my own assumptions related to how participants described, inferred or constructed their own meaning(s) of Whiteness as it related to their experience accessing counseling services. Memo writing was used as a tool to reflect on the interview data and to reflect on my bracketing process.

Throughout the entire interview and coding processes, fourteen analytic memos were written using the memo feature in NVivo (see Appendix H). Interview memos were written immediately after reading/editing the transcripts and listening to/watching the recordings. One memo was written regarding the pilot study. My thoughts, questions, insights, and commentary in relation to the research question were recorded in these memos. Some interview memos were hyperlinked in NVivo to the interview itself to aid in further analysis and cross reference. Coding in each cycle was guided by memos. One final memo documented participant feedback.

Establishing trustworthiness of the data collected (and the initial analysis) engaged the process of member checking as described by Glesne (2016). After each interview, a written summary was emailed to the participant for their review. The summary included some of the participants' own words taken from the transcript. Participants were asked if I correctly summarized their responses. They were then invited to comment on my initial interpretations considering the research question.

Participants were asked to reply within two weeks with feedback. Four participants replied. Amy stated that "This transcription is perfect and accurately describes my experience." Nova replied with "Hi Jeff, I read through the summary, sounds good! Please let me know how

everything goes with your dissertation, etc.!". Adam replied stating that he would get back to me with feedback by the requested deadline, but he did not. Scarlett replied with only two minor additions (i.e., her class graduation year and her self-described sexual orientation). See Appendix K for all interview summaries. This iterative process helped me to better understand the phenomenon of Whiteness by engaging the participants' feedback as noted by Glesne (2016). Based on the participants' responses to the summaries, follow-up interviews were not necessary.

Data Analysis

Transcription was done electronically using the built-in feature in Zoom. I listened to each audio recording and watched the video recording several times to make sure that there were no inconsistencies. Edits were made to the transcript as needed. Each interview was condensed appropriately when there was content that was not related to the research question, keeping the focus directed to the most salient aspects of the interview (Saldaña & Omasta, 2017, Interview Condensation, para.1).

All interview data was imported into NVivo software for analysis. Interview files were created for each participant. Each interview datum was converted to a case file using the case creation feature in NVivo in which the participants' answers were separated from my interview questions. This made it easier to focus on their responses and the codes assigned to their responses using the coding stripes and highlighting features in NVivo. Cases were further classified in NVivo which afforded the ability to include demographic information for each participant for further analysis.

Coding Procedures

Coding was done in three successive cycles until data saturation was reached. In each successive cycle, the research question, critical framework, literature, and methodology were

kept in mind vis-à-vis memo writing throughout (see Appendix H). Using a "progressive convergence of ideas" (Hahn, 2008, p. 7), each cycle incrementally addressed the research question. Three cycles were necessary because each cycle informed the preceding and proceeding round as illustrated in Figure 1.
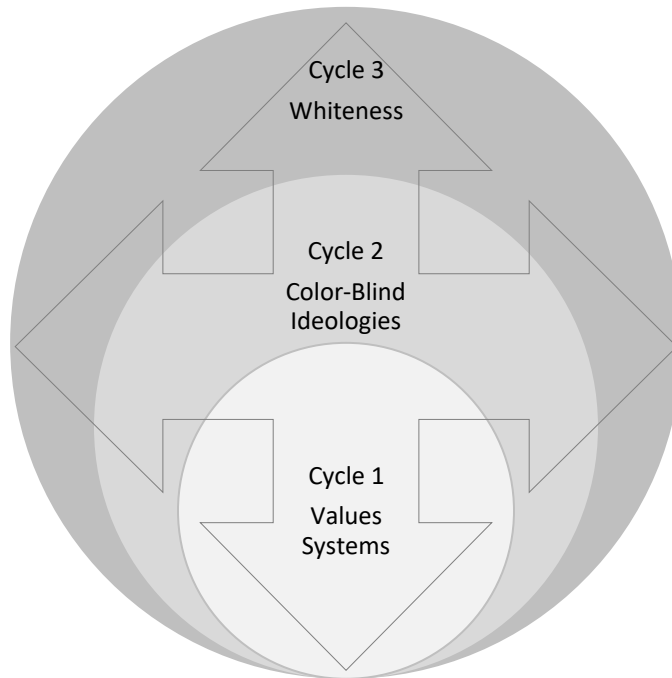
Figure 1

Coding Logic

Cycle 1 began with values coding as defined by Saldaña and Omasta (2017). Values coding was appropriate for exploring values, intrapersonal and interpersonal experiences. Values coding entailed mapping a participant's value system. A value system is a "tightly interrelated system" (p. 128) consisting of three concepts: attitudes, values, and/or beliefs. Saldaña and Omasta defined the latter accordingly:

> ...a value is the importance people attribute to themselves, other people, things, or
>
> ideas, and the principles, moral codes, and situational norms people live by. An

attitude is the way people think and feel about themselves, other people, things, or

ideas—evaluative perceptions and sets of cumulative reactions, reflecting the beliefs

they've learned through time. A belief includes interrelated values and attitudes, and

personal knowledge, experiences, opinions, prejudices, morals, and other interpretive

perceptions of the social world. Values, attitudes, and beliefs can be discerned and

analyzed separately but not without reference to the other system's concepts. (p. 128)

Cycle 2 was a more focused coding cycle that built upon, synthesized and clustered

participants' attitudes, beliefs, and values; and re-analyzed and re-synthesized them into the

categories of color-blind ideologies until a priori thematic saturation was reached. Cycle 3 was

geared toward axial and thematic development (Hahn, 2008) of Whiteness domains and stopped

once thematic saturation was reached.

In each successive cycle, the research question, critical framework, literature, and

methodology were kept in mind vis-à-vis memo writing throughout (see Appendix H). Using a

"progressive convergence of ideas" (Hahn, 2008, p. 7), each cycle incrementally addressed the

research question.

Cycle 1 / Initial Coding: Values Coding for Attitudes, Values, and Beliefs

Values coding synthesized attitudes, values, and beliefs into categorical types (see

Appendix L for the complete Codebook). Because attitudes, beliefs, and values are so

interrelated (Saldaña & Omasta, 2017), I wrote an analytic memo (see Appendix H) to guide this

cycle of initial, open coding. I kept in mind the definitions as noted previously.

Three inductive sub-cycles of values coding were used to coalesce the initial, open codes

into a manageable conceptual grouping of the types of attitudes, values, and beliefs. First, I

coded attitudes, values, and beliefs from the transcripts. For example, if a participant worried

about the counselor's perception of her, I coded "worry" as an attitude. Next, I looked at the data

and considered what conditions might exist for a worried attitude to exist. For example, a sense

of cautiousness seemed to precede a worried attitude. Finally, I described and grouped the type

of attitude, value, or belief. For example, if a participant's attitude was a worried one,

necessitated by a need for cautiousness, this participant was burdened with something in

accessing counseling services. In this case, the attitude was typed as an *encumbered* one.

Conversely, if a participant's attitude was quite casual and preceded with positive expectations

for accessing counseling, this was grouped as an *unencumbered* type of attitude. Coding

proceeded in this fashion until data saturation and a priori saturation (Saunders et al., 2018) was

reached for all attitudes, values, and beliefs identified. (see Appendix L for the full Codebook)

The coding process in Cycle 1 provided the basis for Cycle 2.

Cycle 2 / Category Synthesis: Color Blind Ideologies

In pursuit of color-blind racism and its component frames as noted in Chapter 1, Cycle 2

of coding explored the ways in which attitudes, values, and beliefs implied, suggested, or stated

the presence of color-blind ideologies. Coding was concluded once a priori thematic saturation

was reached (Saunders et al., 2018).

The second cycle of coding was approached through a critical lens by which I searched

for evidence suggestive of the four predominate frames of color-blind racism (i.e., abstract

liberalism, cultural racism, minimization, and naturalization). Guided by several analytic memos

(see Appendix H), I documented my rationale for coding based on signal detection theory and

adopted a liberal coding bias (Lynn & Barrett, 2014). As such, the analysis was guided by data

that explicitly and/or implicitly suggested one of the color-blind ideologies. Secondly, mindful of

the "anything but race" rhetorical move (Bonilla-Silva, 2017, p. 86) often used by White people

to explain away racism, I approached the data in this coding cycle with a critical mindset of anything, especially race, as potentially indicative of color-blind racism. Whiteness has been described as both visible and invisible (Ahmed, 2007; Garner, 2007; Helms, 2017); therefore, I attempted to give equal attention to when one of the frames was visible—and to its dialectical opposite—when one of the frames was seemingly present but *not* visible. For example, if a participant thought she and all others have the same individual choice or opportunities to equally access counseling, it was coded as an instance of abstracted liberalism. Conversely, when a participant's belief was otherwise, it too was coded as an example of abstract liberalism. In this way, the dialectical opposites were represented by the existence of confirmatory and/or refuting evidence. Another example of the liberal coding bias I adopted in this cycle was when White participants indicated that they would *not* be concerned about how they would be perceived if they showed up late for an appointment or used the same manner of speech in and outside of a counseling session. I coded this as an example of cultural racism - not because it existed for these students – but precisely because it did *not* exist for them as White counseling clients. This approach was consistent with my research focus on identifying dialectical opposites.

Coding was concluded once a priori thematic saturation was reached (Saunders et al., 2018). Cycle 2 coding was an important middle-step leading to Cycle 3 in which the contours, characteristics, locations and actions of Whiteness emerged.

Cycle 3 / Axial and Thematic Development: Whiteness

This final cycle of coding was informed by the literature specific to Whiteness (Bonilla-Silva, 2017; Delgado & Stefancic, 1997; DiAngelo, 2018; Garner, 2007; Kendall, 2012; Obear, 2017; Park, 2018; Schulz & Mullings, 2006) until inductive thematic saturation (Saunders et al., 2018) was reached. I used analytic memos (see Appendix H) to consider the ways in which

color-blind ideologies suggested, implied, or manifested the phenomenon of Whiteness. The analytic memos further aided in exploring the essence, location characteristics, and descriptors of Whiteness. Through inductive reasoning and the use of the hermeneutic circle, five thematic categories emerged. Informed by the two previous coding cycles, these thematic categories were Whiteness as: power, relational, advantage, individualism, and property. They formed a final, encompassing framework by which to answer the research question.

Participant Example of Coding Procedures

Coding processes and decisions regarding saturation are exemplified with the case of "Amy" (her chosen pseudonym). Amy was a 21-year-old, self-identified White, straight, woman who was a senior at a medium sized, private college. Beginning with values coding, Amy endorsed a trusting and positive attitude toward counseling prior to going. This was later validated by her actual experience in counseling:

> My friend suggested it... and they matched me with the first person and she just happened to be really good at discussing that specific problem I was having; and the second time, my friend referred to me the woman that she had been going to.

Amy constructed a belief counseling was generally perceived as a positive and beneficial campus service, especially for White female students. When asked how she knew other White women went to counseling and shared her belief, she stated that "they talk about it openly." She even added that she would have had no problem with her friends listening to her remote counseling sessions. Amy valued openness, transparency, and expressiveness in her counseling sessions, as exemplified by this quote:

It's super easy for me to open up and talk about my feelings. I can't speak for

anybody else though, because I know sometimes that's an issue that people take some

time to conquer. But I'm a pretty open book...

As with all participants, having coded Amy's attitudes, beliefs and values to the point of

data saturation, the next step in the coding process was to use the types of attitudes, beliefs and

values to achieve a priori thematic saturation for the frames of color-blind ideology (Coding

Cycle 2). For example, Amy could see White counselors widely represented on the webpage, and

anticipated that counseling would be a safe place:

...it's just always been like ...you just expect counseling to be a safe space...And I

guess that's true because I know there will be people that look like me and there will

be people that represent me, but I can't say the same probably for my peers who are

people of color.

I coded this as an instance of abstract liberalism – not because Amy believed that all students had

equal access – but precisely because she referenced negative evidence as a counter-argument to

abstract liberalism.

Amy's access to counseling ultimately helped to induce the "emergence of new codes or

themes" (Saunders et al., 2018, p. 1897) pertinent to Whiteness in the final cycle of coding

(Coding Cycle 3). As an example of Whiteness as intangible property, when asked if she would

be concerned that her race would negatively impact her getting emergency psychological care if

needed, she replied:

I guess it's just never crossed my mind. I guess I've never felt threatened...like in that

situation... if I were to call somebody...that the person that would show up would

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treat me...negatively or mishandle the situation... or not be able to interpret that I'm having a mental health crisis and [not] take it in a threatening way.

Summary

Whiteness has not been researched as it pertains to access disparities in college counseling services. In the current study, a qualitative, phenomenological research approach was used to explore both hidden and visible aspects of Whiteness experienced by domestic, undergraduate White students and students of color. Recruiting purposefully was done with direct email invitations to student groups, to colleagues within my cohort for referrals, and with other similar professional networks. Saturation was guided by data saturation, a priori thematic saturation, and inductive thematic saturation as noted by Saunders et al. (2018). These types of saturation informed the need for additional participants, interviews, and protocol questions during and after the pilot study. Data from the pilot study was used as part of this dissertation and used to revise, adopt, edit, add, or eliminate the protocol questions for subsequent interviews.

Ethical considerations in the study included informed consent. Participants were provided the informed consent documents and given an opportunity to ask questions before the interview occurred. As part of the consent process, permission was sought and received by all participants to record the interview. No participant declined to answer any of the protocol questions.

Coding was done in three iterative cycles, beginning with values coding (Saldaña & Omasta, 2017) in which types of participants' attitudes, values, and beliefs were further subsumed the four frames of color-blind ideologies (Bonilla-Silva, 2017). The final cycle of coding resulted in the emergence of five broad areas in which the phenomenon of Whiteness was located. Bracketing, memo writing, and member checking were used to add to the

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trustworthiness of the findings throughout the data analysis.

CHAPTER 4: ANALYSIS AND FINDINGS

In this chapter, participant profiles and demographics are provided to better situate them in the analysis of the findings. I approached the analysis of participants' interviews by conceptually employing the hermeneutic circle of analyzing datum and synthesizing datum into manageable categories. With each successive cycle of analysis and synthesis, the findings that emerged incrementally and successively addressed the research question. Demonstrating data saturation, a priori thematic saturation, and inductive thematic saturation informed analysis and synthesis.

The Participants

Initially, two participants were interviewed for the pilot study: one student of color and one White student. Four additional participants – two students of color and two White participants - were added for total of six participants. All participants were born in the United States. All participants in the study were interviewed one time. Each participant is briefly introduced to familiarize the reader with them. They are presented in the order in which they were interviewed; their reasons for seeking counseling, and the course of their counseling treatment at their college/university counseling center. All names used were the chosen pseudonym of the participants.

All participants were referred to me by colleagues within my professional networks. One participant was referred to me by a peer wellness educator; another indirectly through my doctoral cohort; one from a professional colleague who oversees a peer tutoring program; one from a former colleague/current counseling center director; and two from the chair of a

university academic psychology department.

As noted in Table 1, all participants were offered the option to indicate their demographical information, with the option to use descriptors of their own choosing; the option to decline to answer; and to indicate the race/ethnicity of their counselor(s).

Table 1

Participant Demographics

Pseudonym	Race/ Ethnicity	Age	Gender	Sexual Orientation	Class Year	Race/Ethnicity of Counselor(s)
Abbey [a]	Hispanic	21	Female	N/A	Senior	White (1st) White (2nd) White (3rd)
Adam [a]	White/non-Hispanic	22	Male	Straight	Senior	White
Robert	White/non-Hispanic	20	Male	N/A	Junior	White
Nova	African-American Caribbean-American	19	Female	Straight	Soph.	White
Amy	White/non-Hispanic	21	Female	Straight	Senior	African American (1st) White (2nd)
Scarlett	Caribbean-American	19	Female	Straight	First-Year	Asian-American (1st) White (2nd)

[a] *Pilot study participants.*

Abbey

At the time of the interview, Abbey was a 21-year-old, self-described Hispanic female and was a senior a 4-year, large R2 public university in the northeast. Abbey identified as a deeply religious and devout Christian. She did not indicate her sexual orientation. She described

her university as predominantly White. She initially sought counseling from the university counseling center due to academic and family related stress. She saw three different counselors, all of whom were White, for one session, respectively. She did not find the first two counselors (both males) to be helpful and found her last counselor (a female) to be helpful. She ended in-person counseling once the pandemic caused her university to go to a remote format. While it was offered and available, Abbey chose not to continue with her third counselor remotely.

Adam

The second pilot study participant was a self-described White/non-Hispanic, 22-year-old, male. Adam identifies as straight and was a senior at the time of our interview at a large R1 university in the mountain west. He sought counseling from the university counseling service because he was having difficulty communicating with his girlfriend and his family about his personal need for time to himself. Due to COVID, he had three remote sessions via phone or Zoom. His counselor was a White woman and was a counseling intern. He ended counseling feeling he had accomplished his goals.

Robert

Currently a Junior, Robert is a self-described White/non-Hispanic, 20-year-old, male at a four-year, medium sized private college in the northeast. He did not indicate his sexual orientation. He sought counseling upon the recommendation of his residence hall community director during his first year of college for the re-emergence of depression and anxiety after having a hard time establishing new friendships during his freshman year. He went to the college counseling center twice and met with a White female counselor. After two sessions, he decided to resume seeing his psychologist at home with whom he had a long-standing relationship. Overall, he found the two on-campus sessions to be helpful.

Nova

A self-described African-American/Caribbean-American female, Nova is a 19-year-old, straight, sophomore at a medium size, private college in the northeast. Without naming the reason in the interview, she explained that she sought counseling because she was "definitely at a point where I needed to go talk to someone and I couldn't talk to my parents and my friends were unreliable. And so, I decided to go to counseling." At the time of her interview, she had been seeing her counselor—a White woman—for regular sessions for approximately one year. When her campus transitioned to an all-remote model, she was able to continue with her counselor. At the time of our interview, she was planning to continue see her counselor remotely via Zoom.

Amy

This self-described White/non-Hispanic, 21-year-old, straight female was a senior at the time of the interview as a medium-sized, private Catholic university in the mid-Atlantic. She sought counseling in her sophomore year for 3 sessions to get help for an eating disorder. Her counselor at that time was an African-American female. She has since returned to counseling, and has been currently seeing a White counselor weekly since October 2020 for an unnamed crisis. Since her university had already transitioned to remote learning due to the pandemic, she has been seeing this second counselor remotely one time per week.

Scarlett

A self-described Caribbean-American, Scarlett is a 19-year-old, straight, female. At the time of our interview, she was a sophomore at a medium size, private Catholic university in the mid-Atlantic. In December 2019, she accessed counseling services and met with an Asian-American female counselor twice for academic related stress. After her initial appointment, her counselor recommended that she participate in a brief, self-guided meditation course offered at

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the counseling center. She met with the counselor one time after completing the course. Given that she was also seeking academic accommodations, her counselor then referred her to the university's office-campus clinical testing center for further evaluation. The clinician at the clinical testing center was a White woman, whom Scarlett saw remotely because of the pandemic. She was able to secure the documentation that she needed and discontinued seeing this last clinician with a degree of satisfaction.

Saturation

Using a multi-layered approach to saturation as discussed in Chapter 3, after the pilot study interviews, four additional participants were added for total of six participants in order to yield new information. New information did emerge, particularly as it pertained to the advantages accrued to White participants in their counseling experiences. All participants in the study were interviewed one time with no need determined for an additional interview, as data saturation was achieved. Ample data was found to exemplify the frames of color-blind ideologies. Taken as whole, new themes then emerged around Whiteness to achieve inductive thematic saturation. These new themes accounted for and encompassed participants' values systems; and the frames of color-blind ideologies previously identified in the literature.

Findings

Each successive coding cycle was an iterative process in keeping with hermeneutic phenomenology. Within each cycle of coding, I read each interview for an initial coding, then synthesized each datum into larger conceptual groupings, called "parent codes" (a term used in NVivo). From there, I continued to analyze the larger conceptual groupings in light of the emerging data until all three definitions of saturation were met. Data saturation, a priori thematic saturation, and inductive thematic saturation (Saunders et al., 2018) guided my decisions to move

back into/forward from the data in a cyclical, ascending pattern.

Values Coding Findings

An individual's value system, composed of attitudes, values and beliefs (Saldaña & Omasta, 2017), has been widely discussed in the literature as they relate to and inform the presence or absence of color-blind ideologies (Bonilla-Silva, 2017; Delgado & Stefancic, 2017; DiAngelo, 2018; Garner, 2007; Kendall, 2012). Therefore, in the context of the current study, this was an important first analytic step to inform the next inductive cycle in which color-blind ideologies became manifest. Initial, open coding of participants' interviews began with identifying an array of attitudes, beliefs and values (see complete Codebook in Appendix L). Once this was done, I grouped the codes into parent codes which indicated the types of attitudes, beliefs and values. Once saturation of these types was achieved, coding in this cycle was concluded.

Attitudes

In keeping with the definition of attitudes as defined in Chapter 3, what participants thought and felt in regard to their counseling experiences were coded in this section. Transcript datum that instantiated "evaluative perceptions and sets of cumulative reactions" (Saldaña & Omasta, 2017, p. 128) with regard to their counseling experience were first identified. After the initial round of coding, various attitudes were then categorized into parent codes: encumbered, unencumbered, certainty, and motivated (see Appendix L for the full Codebook).

Encumbered. Students of color often had to take extra measures to access counseling and their attitudes conveyed this. Among others, cautious, doubtful, fearful, skeptical, distrustful, and/or resigned attitudes were located, identified, and coded in the transcripts. These attitudes were expressed or suggested in relation to their counseling experience. Ranging from having to

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change the way they spoke with a White counselor; overcoming mistrust of the counseling profession in general; withholding certain information for fear of misunderstanding or judgement; or venturing into predominately White spaces in the counseling center – the attitudes of the participants of color evinced emotional and psychological labor not required of their White counterparts. Comparatively speaking, White participants did not describe or imply such attitudes in accessing counseling. In fact, their attitudes—among others—were positive, hopeful, trusting or confident in relation to their counseling experience(s). Consequently, two types of attitudes were grouped in this coding cycle into two parent codes: encumbered (i.e., that which required additional burden); and unencumbered (i.e., attitudes which suggested a relatively unimpeded counseling experience).

Beginning with the encumbered attitudes, consider Scarlett's experience in the clinical testing center with her White female clinician. When she first sought help there, she stated:

I used the same [code switched] voice for a little bit in the beginning. I used that voice. But then after a few sessions. I was like, "I don't want to be doing this extra work of switching how I talk." I was getting a little bit tired. So, the code switching is kind of fading out now... I don't want to put up with this anymore. You're just going to get the me that you'll get if we were friends.

I would just say to the counselor, ... "I'm just tired of code switching around you." I don't even think I would say it. I think it would just kind of happen. And they'd be... "Oh, okay. I guess this is how she talks."

Clearly, Scarlett had to go in with a closely edited version of herself and her mentally fatigued attitude conveyed this. Adding to this, she had to calculate the risk to simply speak in the manner most comfortable for her. Her fatigue turned to one of a risk-taking attitude when she became

weary of code switching and stopped.

Nova also spoke candidly in her interview about code switching as a necessary burden she had to adopt as a means of self-protection. When asked if she ever changed the way she spoke or acted depending on the race of her counselor, she was quite clear. As such, her guarded attitude was necessary to secure the benefits of counseling:

[I code switched] all the time. Definitely coming into higher education. I had previous experiences with counselors who I would code switch a lot with just so I would be considered more acceptable, because I felt if I showed them who I really was, or who I really identified as, that they wouldn't assist me in the ways that I sought assistance. Coming into higher education, I had that perception; and I've code switched ever since. Not always proud of it, but it is what it is.

When asked if she continues to code switch with her current White counselor, she said, "I'm never truly honest with my counselors, because I'm fearful of their perception; and that if they see that side, that they will not give me the help that I need." For Nova, not only did she have to strategize for safety - and to have her needs met - she also had a personal dilemma to resolve. Notice that she had to assess whether getting what she needed from counseling was worth the sacrifice of her self-respect. As such, Nova's attitude was one of seeming resignation to the reality of her situation when she stated, "Not always proud of it, but it is what it is."

The need to code switch was combined with other tactics employed by Nova, Scarlett, and Abbey, evincing encumbered attitudes. For example, Nova combined code switching and a concerned attitude about punctuality for her appointments, expressing her concern of being viewed as a stereotypically late, student of color. When asked if she would be concerned that

being late for an appointment would reflect poorly on her race/ethnicity, she expressed a highly vigilant and wary attitude:

> [I would be] very concerned. There's always a stereotype that Black people do not show up on time. So, in the midst of code switching, I'm always trying to get early or exactly on time to different events... and counseling events were always one of them.

Similarly, in terms of punctuality and the stereotype threat, Scarlett needed to engage in a mental discernment process to distinguish for herself the difference between her individual habits (i.e., chronic tardiness) and managing stereotype threat. When asked if being late or forgetting a counseling appointment would concern her as being perceived as a poor reflection because of her race/ethnicity, an attitude suggestive of vigilance, caution and doubtfulness emerged as she replied:

> Oh, I think I would be very concerned—but also not concerned at all, if that makes any sense because I know that I'm habitually late. So, I would just be ... "Okay, well I'm late. And that's just how I am." I think I try a lot not to blend in with the stereotype but it just kind of happens. I kind of accept it [being habitually late] now and I'll make an excuse for myself... "Oh, I'm just running on POC time... but that's just... Why are you doing that? Don't make that excuse."

A protective maneuver employed by Abbey helped her to assess how safe from judgment she would be in disclosing the importance of religion in her life. Given that she had a distrustful attitude toward her first two White male counselors, she said that she was "very good at reading the room" for signs of validation and acceptance:

> ...if let's say if it were to be a Muslim [counselor] person that I'm talking to him as a counselor. I will bring it [religion] up straight. I will bring it up. Straight up...like,

you know, church is really important to me. I have to make time for it. They will just

be like: "Oh yeah...I understand." Because you know they pray five times a day or

so...they just understand. But if I just see a White man or...the second counselor

...was a gay counselor...So, I was just like... "They just for sure...they're not gonna

understand me."

Again, we see that that her attitudes were characterized by cautiousness, skepticism, and

uncertainty – extra steps required of her in accessing counseling not always required of the

White participants in the study.

All participants who had at least one in-person counseling session identified the

counseling center waiting room as a predominately White space. For Robert and Amy, this was

of little consequence in terms of real or perceived safety, and their relatively unconcerned

attitudes conveyed this. Both expressed a rather certain attitude - even before going to the center

– that it was safe to go – and they would likely encounter other White students. For example,

when asked who she typically saw in the waiting room in terms of race/ethnicity, Amy replied:

Other White people, for the most part. I think, at one point, I went and there might

have been one other person of color. It's also hard to apply just because the in-person

sessions I went to...two or three...and now that it's zoom - there's not as many. But

the times that I did go, it was mostly White people.

Similarly, Robert's attitude was fairly confident with respect to the waiting room:

It was mostly White. But the waiting room for the counseling center is also the

waiting room for the health center. So, and obviously you don't know what they're

there for. But either way, it was usually mostly White.

By contrast, Nova's attitude toward the counseling center location and space conveyed

one of trepidation and concern. This was heightened since she knew of no other students of color

who sought counseling at her college counseling center:

> We don't have conversations about it [counseling] whatsoever. It's very taboo...taboo
>
> in my community, at least. Even the Black students in my scholarship program. I
>
> don't know many of them that go to counseling. We discuss a lot about
>
> microaggressions, White privilege and so forth. But we don't always talk about our
>
> own mental health and if we are seeking out counseling, it's just a conversation that
>
> you don't bring up.
>
> The counseling center is right in the middle of campus. So, I was always
>
> concerned that the counseling area was in a position where people might see me go
>
> in; but also perceive because I'm going in, something's wrong with me. Because I do
>
> know even though counseling has more of a positive association now - before, there
>
> was always negative connotations about what it is; and how people who go aren't
>
> really in the best state of mind and so forth.
>
> When we were in person, I would either see no one in the waiting room; or
>
> would see White students coming out of the spaces with counselors; but I, I rarely
>
> saw any Blacks or other people of color coming out now that I think about it.

Unencumbered. In keeping with the current study's CWS focus on dialectical opposites

(Cabrera et al.,2016), some participants' attitudes were identified and grouped under this parent

code "unencumbered" in relation to accessing counseling. Among others, attitudes such as

trusting, positive, agreeable, appreciative, uninhibited, hopeful and easiness were located and

coded under this parent code (see Appendix L for complete Codebook). Take for example,

Adam. He was unencumbered from stereotype risk, skepticism, or code-switching from the

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beginning of his counseling experience. Instead, his attitudes suggested trust, positivity, enjoyment, and hopefulness when he described his first session:

The first session was very much [the counselor] just listening. I talked for 40 minutes straight...And she would just nod her head and [say] "Huh.... So, what do you think about this?" And honestly, that was really great. I really enjoyed having somebody just hear me out. I could be really open about my issues that are bugging me.

I really liked that. I also liked somebody asking questions about things I didn't really think about. So, I would say something in the first session. She's like "Oh, can you expand on that a little bit?" And I expanded a little bit. It was kind of nice expanding on things.

Amy also conveyed similar attitudes, which were in stark contrast to Nova's and Scarlett's attitudes regarding code switching. When asked if she ever had to code switch with her counselors, her attitude was clearly unconcerned about that possibility:

No, I guess not. Because I guess...as a White woman. I've never felt like the way that I've talked would be taken in the wrong way. But I really don't think that will be true for a peer/person of color.

Robert expressed an attitude of trust, optimism, and relief in describing how his campus counselor helped him:

One of the things that we did was develop a written checklist. You know, if I'm feeling off or really lonely...here's some things I can do. And then, here's a list of people - in order - that I can reach out to, like friends from home, former coaches if I just needed to talk to somebody and didn't want to go to the counseling center. And

so, once I was feeling lonely, I was able to put that to use. That's why I would say it

[counseling] started to actually be helpful.

In fact, Robert looked back on his counseling experience with an appreciative attitude. As a current Resident Assistant (RA), he thought that he could encourage his residents to seek counseling if needed and to not to have a fearful attitude toward "opening up" to a counselor. Adam had a similar appreciative attitude. As a student employee in the transfer student office, he said he initially researched counseling as a resource to share with other transfer students. Reflecting on his own positive attitude toward his counseling experience – even before going himself, he noted:

What really grabbed my attention with that [counseling] because I saw it about a year

ago - before I saw a counselor or all that. What caught my attention on that is my job

working with transfer students. I thought that'd be a really great resource to let them

know is available on campus. So, I researched that on my own in order to be that

resource for them in case someone asked me about that or wants to know about that.

So that's what piqued my interest there.

To be sure, unencumbered attitudes were not reflected just by the White participants. Yet, for students of color, unencumbered attitudes were reflected seemingly only when the counselor was deemed by the student to be helpful; cross-culturally competent; and aware of power dynamics in the counseling relationship. For example, when Nova was asked whether she ever left her counseling sessions wondering if she had been subjected to racialized stereotypes or micro-aggressions, she expressed appreciation for her current, counseling center counselor:

All the time, during my counseling sessions prior to higher education. The counselor

I have now...I've never had to ask myself, "What does she mean by that?" Because

first of all, she'll clarify what she means. And second, if she's saying the wrong

thing, she will check herself, which I appreciate.

Scarlett also offered a rather unconcerned and positive attitude toward her campus counseling

center – but this was contrary to her attitude toward off-campus mental health services. When

asked if she would be concerned her race or ethnicity would affect the way in which she might

receive emergency psychological care, she replied:

Um, no. At my college no. In the real world? Yes. Because I feel as though my

college just kind of looks at students ...who need severe psychological care. They're

[counseling center staff] just attentive in general and they're just ... "We want to keep

our students safe mentally because college in itself is very challenging." So, I don't

think it would be an issue at my school because.... if you have an issue at that time,

there'll be very attentive to your needs.

Certainty. Several participants expressed attitudes toward accessing counseling that were

assured, confident and deferential. Take for example attitudes regarding the ability to choose a

counselor of one's own race/ethnicity. Abbey, Nova, and Scarlett (to a certain extent) conveyed a

rather certain attitude that had they been given the choice to meet with a counselor of their own

race/ethnicity, that the option likely would not have been available (or limited at best) to them.

Abbey said she was not given the option to meet with another Hispanic counselor because,

There was no availability. I don't think there's any Hispanics. It's just that pretty

much...We just call it a white primary school [predominately White school] .... It's

just mostly White teachers and White counselors...it's rare to see Hispanics here.

Similarly, when asked if she could have arranged to have a counselor of her own race,

Nova stated with a rather certain attitude: "In my own experiences, I was never able to have a

counselor who looked like me...that was the same ethnicity as me whatsoever." However, she was offered a choice at her college counseling center, but the selection was limited to only one Black counselor: "I was offered a choice based off rotation of the counselors they had. There was only one Black counselor at the time. I didn't originally meet with her. I was offered a choice but I didn't pursue that." Scarlett too expressed an attitude of certainty regarding her inability to arrange a counselor of her own race/ethnicity. When asked, she replied:

I don't think so. I think at least from what I remember. I vividly remember walking in, because I knew that there was a counselor who was - or at least there were two counselors in my college counseling center who are women of color and identify as such. And I remember thinking to myself, "I want one of them to do my session." And then I just didn't get assigned to them. And I was ... "Hmm?"

Maybe if asked I would have had that. But it wasn't like, "You know, you can have this option of having one of them." [Instead it was] "We'll just kind of assign someone to you if you feel comfortable with that." And I was ... "Okay... let me just open to the situation and see."

Also, because at that time everyone wanted to go to the counseling center. For some reason, there were a lot of people wanting counseling at that time. So, I remember saying, "Oh, can I have so and so?" And they were just kind of, "You got to make an appointment and that's what's going on." But I think that's the baseline policy for everyone. You just kind of make an appointment and go.

Attitudes of certainty were also expressed by Amy and Robert, but in a different direction. Unlike Abbey, Nova and Scarlett, Amy and Robert expressed attitudes of certainty and confidence - had they preferred to see a White counselor - they could have easily arranged it.

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Amy was confident in her attitude about this because when looking for an appointment during the pandemic, she could see counselors of her own race/ethnicity (i.e., White), widely represented on the counseling center webpage. And while Robert was "assigned a random counselor," he too was confident in his attitude in choosing a White counselor had he wished to arrange that:

> Yeah, Probably. I mean, there were Black counselors...and a number of White counselors. But I think I probably could have arranged that. I mean I would have felt uncomfortable if I had shown up and seen a Black counselor asking for White counselor. But I probably could have [had a White counselor].

> *Motivated.* Attitudes such as ambitiousness, assertiveness, empowerment, and being future orientated and were grouped under the parent code "motivated" (see Appendix L for complete Codebook). Yet similar to attitudes of certainty discussed in the previous section, motivated attitudes suggested something different for participants of color versus White participants. Adam conveyed an empowered attitude in reflecting on his counselor's interpretations of his struggles:

> Well, I really liked it, [it was] especially fitting the reason why I went there. I really liked it because it made me feel like I could do something more about it. So, I'm glad that she worded it like that...talked about it like that.

> Amy also conveyed a motivated attitude toward accessing counseling. Given that she could easily identify at least 15 other White women who attended counseling as well, this activated her motivation to go. Still more for Amy, she conveyed a distinctly willing attitude toward participating actively in her sessions with both counselors:

I found it quite easy [to open-up] because...just for me on a personal individual

level... it's super easy for me to open up and talk about my feelings. I can't speak for

anybody else though, because I know sometimes that's an issue that people take some

time to conquer. But I'm a pretty open book, so I was like "Ok...yeah."

Her motivated attitude was positively reinforced by her first counselor in particular, adding she

felt "...super validated in every way" by her.

Motivated attitudes had different origins for Abbey. For her, motivation to request

different counselors came as a result of frustration with her first two White, male counselors'

recommendations. That, coupled with time limited sessions, Abbey did not find counseling to be

helpful "because [of] the timing. I felt like I needed like an hour or another and an hour and a

half. It pretty much sucks because we could only get another time slot after four weeks."

Dissatisfied with their recommendations and the limited time availability, she evinced motivation

and persistence until she found someone with whom she felt was helpful.

Nova's motivated attitude came in the form of having to bolster her self-confidence to

make her first counseling appointment. When asked how much she really had to think about

calling for her first session, she stated:

Well, initially I thought about going... I thought about going to the counselor in

October [2019]. I did not go until maybe late December [2019] or early January

[2020]. Yeah, even that late, so I thought about it...Probably a month ahead... but I

thought, "Let me do it on my own, you know I'm capable of doing ...everything on

my own." So, I did not go for a few weeks to a month.

Initiative and assertiveness characterized Scarlett's motivated attitude in order to get her

documentation for academic accommodations. When asked why she thought her counseling

experience was helpful, she reflected that "it was a helpful thing to go to the counseling center because it drove me to the clinical center which drove me to getting diagnosed."

Beliefs

Beliefs included evidence of "...personal knowledge, experiences, opinions, prejudices, morals, and other interpretive perceptions of the social world" (Saldaña & Omasta, 2017, p. 128). Once identified in the participant transcripts, beliefs were then grouped accordingly into the following parent codes in relation to accessing counseling: constructivist, critical, positivist or pragmatic.

Constructivist. This parent code was induced when participants expressed "The philosophical belief that people construct their own understanding of reality..." (Guba & Lincoln, 1985, as cited in Denzin & Lincoln, 2011, p. 103). Constructivist beliefs of participants were coded as such when they referenced beliefs that were specific and relative to their particular lived-experiences in the social world (Denzin & Lincoln, 2011).

Some participants believed so-called standard or "generic" counseling recommendations did not help unless they were constructed in a way relative to their particular needs, race/ethnicity, and/or cultural context. For example, as a self-identified Hispanic woman, Abbey stated:

> They did give me the same advice [as everyone else]. But I considered it not an
> option. I was like: "That's not possible to me at this moment." So, I was playing it:
> "So... I can't do that right now. Like I need another solution!"

Nova was equally clear on her belief that to be helpful, one size does not fit all and that she needs

...tools and strategies...and not the generic ones they give to everyone; but the ones

that might pertain to my specific situation...that also take into account my identity...

and that it's a bit different than who typically goes. Or I have to find some way to

customize it. So, if a counselor gives me a scenario or a solution within the session, I

have to find some way to customize it or they have to give some ideas how to

customize it for it to be effective.

Robert expressed his belief that counseling was helpful to him because his counselor helped him

to construct goals with him that fit his unique situation. For example, he mentioned,

I think it was more the goal was to be able to put yourself in situations that could

make you happy, and not.... just be happy. Her goal [with me] wasn't for me to be

happy. It was for me to do for what it took to make myself happy.

Critical. This parent code was induced when a participant's worldview referenced beliefs

concerning oppressive power, social control and distributive justice (Denzin & Lincoln, 2011;

Guba, 1990). Accordingly, these types of participants' beliefs brought into relief matters of

equity in terms of access to counseling. As noted earlier, Abbey was quite certain her first two

White, male counselors would not understand her unique situation. Unfortunately, this was

indeed the case and she prematurely terminated twice with her first two counselors. Amy shared

her critical beliefs about why counseling is more accessible for White students versus students of

color, noting,

I know like just being White and being privileged at my school, it's been so easy to

get counseling - probably the easiest and I think that's why a lot of people utilize it.

Many sessions are covered through the school - but in these communities [of color], I

can only imagine how expensive it would be out-of-pocket; and I don't know what

insurance would cover ...just like a matter of accessibility ...and being able to go to those places readily and easily, especially when there's a stigma around it.... especially when they might not feel safe represented... even having the financial aspect is just another thing. So, when there are physical barriers, mental barriers, financial barriers.... It's just not accessible.

Nova offered a stinging belief about how she observed the differences in treatment depending on one's race/ethnicity:

I do notice for a lot of White students there is instantly the assumption that if they need that care it's because of their mental health and because they just need more care... and poor Black students...if we were to need that care, it might be because we might be presumed as criminals and so forth...and we wouldn't have it initially.

And, while unrelated to counseling services per se, Scarlett offered a similar critical belief about her predominately White institution:

Everyone is White and maybe with ... a sprinkle of color. But no one looks like me or no one acts like me because everyone is trying to be White. So, no one acts how a stereotypical Black person would act; or how stereotypical Hispanic or Latinx [would act]. No one acts themselves until you're outside of the bubble. And then you're like: "Oh, this is how you normally act? Well, that's not what I see at school." So, I'm just used to acting a certain way if that makes any sense.

Scarlett did go on to later in the interview admitting that the self-editing process occurs for her in counseling sessions as well, noting that on any given session she estimated "I would say 75%" of her authentic self was in the room. With this, it seemed that her critical belief (i.e., "Everyone is White...") acted in a certain way and may have transferred to her counseling experience.

Positivism. These beliefs were closely aligned with practices that were protocol or empirically-based brought about through the scientific method (Denzin & Lincoln, 2011) . They entailed beliefs of total objectivity; and "The phrases 'how things are' and 'how things really work' are [its] ontological creeds" (Guba, 1990, p. 19). For some of the participants, their beliefs and confident attitudes regarding standardized practices aligned with their expectations for what helps; and what counseling is *supposed* to be. Positivist beliefs were closely related to attitudes of trust and deference to counseling professionals. On the other hand, other participants rejected these practices in counseling as being helpful – and these were coded as critical beliefs as noted in the previous section.

Adam in particular held positivist beliefs about his counseling experience. He stated he wasn't "properly equipped" in the same manner that a counseling professional was to help to solve his problem. While he questioned the reason for being asked about suicidal threat at the beginning of each counseling session, he readily accepted the explanation that this was simply a matter of protocol for all students. And when after his first session his counselor gave him homework, he accepted this as "what was supposed to work," even though he preferred the talking and listening which occurred in his first session. Yet he did not object and deferred to his counselor as the objective expert:

> ...the following two sessions, she came back and did her research. She had some
> papers that she found with some information to give to me. And that's where she was
> doing most of the talking and giving me actual papers and studies to work with ways
> to communicate...that sort of stuff.
>
> Oh, it [counselor style] was definitely a very by-the-book style. I could tell
> which makes sense because she was a student, but it wasn't what I expected. I did

really enjoy…. I think it was an approach that I really liked [talking and listening]. It [papers and studies] felt like an approach like I said, it's like you're by-the-book. Like, this is like what's supposed to work. You [counselor] listen to the first session and then bring them [client] information the next session, and have them do what they need. I kind of wish the second session was more of her asking me questions rather than just being like "Well, this is what I found. And here's what you should do with it...that's it."

One final, small, yet important example of positivist beliefs was closely related to beliefs around access to care, taken up later in the next coding cycle of color-blind ideologies. When I asked Robert if he thought all students had the same opportunity to engage in counseling care on his college, he said that he did believe this was to be the case, as if it were a statement of objective fact, or just the way it is.

Pragmatism. These beliefs were coded when participants determined their counseling experience was something of practical value (or not) or its usefulness (O'Leary, 2007). For example, Scarlett noted she had to weigh the pros and cons in choosing to go to the counseling center. When asked if she knew of others of her own race/ethnicity who went to the counseling center, she said that she didn't. When asked why she thought this was the case, she used her own situation as an example. She basically said that she and her counterparts had to make a practical choice in weighing the merits of going or not:

I really believe that going to the counseling center, you have to have time for it in your schedule... and that requires a lot of planning...especially if you want that type of help. Say for instance, you're in the middle of a crisis, but you have a test the next day. You can't go to the counseling center in the middle of that crisis because you're

more worried about that test. You're not worried about your mental health in that

situation. You're literally, "If I don't study for this test right now I'm going to fail"

type of situation. So, you prioritize school over your mental health, but those could

both fall down, if you don't prioritize that.

Clearly, balancing time and competing priorities for Scarlett and Nova were practical

considerations in their decisions to seek counseling services.

Beliefs about the same practical concerns about the merits of seeking counseling were

also identified from Nova's interview. They also blended with critical beliefs as well:

Sometimes I think it can be that we're simply uncomfortable with the idea [of

counseling]. I know with students, especially in higher education...a lot of us feel

we're - or a lot of people I know—feel like we're just moving. We're just supposed to

do what's expected of us and not complain, especially Black women, per se. Walking

into different scenarios, you're not going to often hear about "Oh...I went to the

counselor today" or "Oh, I talked to so and so about my mental health." because we

just have this idea that we have to keep going, keep going. There's no pause... there's

no break to talk about it.

Values

Values were defined as "...the importance people attribute to themselves, other people,

things, or ideas, and the principles, moral codes, and situational norms people live by" (Saldaña

& Omasta, 2017, p. 128). In the same manner by which attitudes and beliefs were coded,

instances of values were first coded in this section and then grouped into the following parent

codes: experiential, interpersonal, intrapersonal, cultural, and transcendental.

Experiential. In describing their counseling experiences, participants valued such things as safety, comfort, and personalized approaches. Whether they experienced it or not, all participants valued safety in accessing counseling. Abbey's having to "read the room" suggested that safety was an important value to her. Her wariness and mistrust of counselors implied her safety was not apparent in her experience, noting that she thought "...counselors usually don't end up doing their job correctly." Amy nor Robert experienced a threat to their safety as exemplified by the fact that they did not have to change the way they spoke or acted in counseling sessions. While perhaps out of his awareness, the very fact Adam did not mention safety implied he experienced it de facto as something important and present. In fact, he readily sought and trusted professionals based on their professional status alone: "I was facing an issue that I felt I wasn't properly equipped for. So, I thought, you know, rather than try to solve myself, might as well see a professional... 'cause it's like they're these mental health experts."

Scarlett found the location of her counseling center to be a safe place, noting it is "very tucked away" in a campus building, implying that safety was an important value. For Nova, to the extent possible, her wish to continue with her remote counseling sessions indicated how much she valued safety, comfort, and privacy. When asked if she could continue with remote counseling sessions, she replied:

> Yes. And honestly at times, I felt more comfortable online than I did in person. Sometimes in a counseling setting I get... I feel intimidated. So, it was just nice being in my own space and having the computer... but not being able to see someone - in being in a space with someone else - because I feel more intimidated in those types of scenarios.

Interpersonal. Trust, familiarity, and validation were examples of interpersonal values

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that were coalesced into this parent code category (see Appendix L for full Codebook). In the interpersonal exchange, these emerged as central values. As with experiential values, the extent to which they were present or not varied from participant to participant in their counseling experience. Abbey stated she would "...trust more if it were to be somebody of color" as well as having the opportunity to see signs of an outwardly religious counselor. Adam trusted his counselor's style and recommendations as discussed previously. Amy's trust was validated as she knew that the counseling center would be in "a neutral or pleasant" location. How she valued trust was suggested in regard to getting appropriate care in an emergency psychological situation:

> I guess it's just never crossed my mind. I guess I've never felt threatened...like in that situation. If I were to call somebody, the person who would show up would treat me...like negatively or mishandle the situation... or like not be able to interpret that I'm having a mental health crisis and take it in a threatening way.

While valued, trust of their counselors was not readily available for Nova or Scarlett, at least not without some initial trial period. Consider Nova's response when asked if on the whole, if she trusted counselors:

> No. Yeah, as a whole, I do not. And I would say that some of my friends might agree with that statement. I just think there's so much room for interrupting intentions people have. And so, the intentions of counselors aren't always clear. And even between counselors and students, there's still that power structure. And I think as long as you have that power structure... that it will always be... uncertainty of expectations and intentions and for that reason...I don't go into any situation with the

counselor instantly trusting them. I don't look at the profession as a whole as

something I can trust.

Scarlett was less pointed yet implied strongly that she valued trust given her statement that she

..might test it [counseling] out and see ... maybe insert one of those weird jokes in

there and if the therapist can or the counselor can handle it. I'll be, "Okay, we're cool.

You can handle my jokes." But if they can't, We're [I'm] never making those jokes

again.

Intrapersonal. In terms of what participants valued in and about themselves, some

examples included perseverance, openness, or confidence (see Appendix L for full Codebook).

These initial codes were then grouped into this categorical parent code.

Abbey seemed to value a sense of perseverance in her attempts to find a counselor on the

center staff who was helpful to her. She did not give up, even after the first two counselors were

deemed unhelpful to her. When asked about the sequence of counseling after her initial

appointment with one, White male counselor, she returned four weeks later, stating:

It was okay. It was still the same person. So, I noticed that because I went for the

second time there was really not much of a difference. So, I tried another person by

the third time. And that's when the third counselor...she helped.

Amy espoused values around openness in relation to her counseling experience. Even

when asked about concerns related to privacy and her remote counseling sessions, she added that

while she liked having her own room at home to hold her sessions, if she "...was with her friends,

honestly, it didn't really matter if they heard me because we talked about whatever we've been

talking about [in counseling]."

Intrapersonal confidence was demonstrated by Scarlett's assertion she would have no

trouble rejecting her counselor's recommendation—even if in doing so a stereotype threat emerged. To the question of the degree to which she would worry that rejecting her counselor's recommendation would reflect on her morals, economic status or the literacy of her race/ethnicity, Scarlett was emphatic in her reply:

> I would say false. I can reject that if my counselor said something to me and I was just, "I don't want to do that...I'm not going to do that." I don't think that they would be concerned about it. They're just, "But it's in your best interest to do so." I wouldn't be too concerned about it, because my outlook would be if I don't want to do it, I'm not going to. And I wouldn't be worried about [recommendations] with someone else. But if I don't want to do it and I don't believe that it's going to help, I'm not going to do it.

Cultural. The values participants described in relation to their culture were implicitly or explicitly stated. Abbey clearly stated she would trust another counselor of color more so than a White counselor. Amy ascribed the decrease in stigma around seeking mental health care to a cultural value she endorses: "I know there much less stigma about going to get mental health help, particularly in White communities."

Cultural understanding and values regarding humor, background, and parenting was indicated by and defended as important to Scarlett. When asked what would be different from her current counselor had she had the opportunity to meet with a Caribbean-American counselor, she answered:

> They would understand my jokes, how I grew up, things they would be able to understand where I was coming from, especially with the things that Caribbean parents do. They would be able to understand where I'm coming from, in terms of

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just ... the strictness... of my parents. They would be able to understand what's going

on. But if I were to tell a White therapist or a therapist of a different race, they'd be

"What do you mean your parents used to beat you as a kid?" They would be: "What

are you talking about, that's abuse!" And a Caribbean American person or even ... I

would say a foreign person would be: "That's normal. Okay, that's discipline!" But

someone else would be: "No that's abuse." and I'd be: 'Um, is it? Because I think it

works." So, I feel if you come from a different background you will share the things.

I guess the things that will go on in my household are the things that would

happen to people of Caribbean descent. Other people would find it weird or ... not

normal. You're not supposed to do that to your kids. And it's: "Well, that's how my

parents did it. That's how their parents did it. And that's how other people did it. So

why do you think it's weird? Maybe you're weird!".

Transcendental. These values included references to religion, faith, or other "big picture"

global values in the initial coding. They were then grouped into this parent code. Abbey

identified her Christian faith as a significant value in her life and that of her family's life. She

noted that it was a part of the solutions she identified on her own after she stopped going to

counseling. When I asked if the three counselors whom she saw ever asked her about religion or

church, she stated:

Oh no... no... no. It's really important to me.... they just didn't. I feel like I probably

didn't mention it [too]. But I remembered that I didn't because...I wear skirts. I think

it's pretty much obvious that I go to church. But they didn't, they didn't. It's just...I

don't know...I'm used to it.

In this case, Abbey's values were invalidated and rendered invisible by the counselors' omission.

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As a goal for counseling, achieving the highest levels possible of happiness, freedom, health, and self-esteem were endorsed as important big-picture values for Amy. She stated her counselors "...encouraged me every way in all of those things." By contrast, Nova did not endorse these values nor did her counselor:

Even if she did, I don't think I'm missing out. Even though she did not say those things, all those goal goals are kind of subjective anyway, and they will not be easily accomplished during four years or even immediately afterwards.

Similarly, Scarlett's values did not suggest a transcendent belief that achieving happiness was a universal goal to work toward in her counseling. Instead, she thought her counselors helped her to "...seek the help that you feel is best for you."

Color Blind Ideologies

In keeping with the hermeneutic circular tradition, as described in the previous section, I initially engaged in the text of each participant transcript to name an array of attitudes, beliefs, and values, respectively (see Appendix L for full Codebook). Throughout the process, memo writing helped me to come into a new understanding of how the participants' values systems could be synthesized into categories (i.e., parent codes) that encompassed them.

In this section, the hermeneutic circle looped back to help me re-analyze the categories (i.e., parent codes) of attitudes, beliefs, and values. In doing so, attitudes, values, and beliefs implied, suggested, stated, belied, disguised, concealed, and/or obscured the presence of color-blind ideologies in various ways.

Because the four frames of color-blind ideologies often "....barricades whites [sic] off from America's racial reality" (Bonilla-Silva, 2017, p. 241), as a White researcher I approached the data with increased sensitivity in order to adequately saturate the categories of color-blind

ideologies. Thus, using a liberal coding bias as mentioned in Chapter 3 was justified.

Abstract Liberalism

According to Bonilla-Silva (2017), abstract liberalism employs ideas such as equal access/opportunity; and opposition to any forms of corrective, intentional interventions (e.g., affirmative action) to rectify entrenched, systemic racism. Abstract liberalism valorizes individualism, choice, and free-will (e.g., where one chooses to live, study, work), decontextualized from the racialized realities of entrenched, systemic racism. Abstract liberalism is often used as a rhetorical maneuver by White people to defend or deflect against accusations of being racist.

Of the frames of color-blind ideologies, abstract liberalism has been described as "...the most important, as it constitutes the foundation of the new racial ideology" (Bonilla-Silva, 2017, p. 54). The components parts of abstract liberalism were readily available in the data, implicitly or explicitly suggested via participants' attitudes, beliefs, and/or values. Take for example Abbey's answer to the question of whether someone encouraged her to go to the campus counseling center. Her motivated attitude was evident when she answered: "No, I just saw that it was something that was available to *us*. So, I took advantage of it." But when she went on to describe whether she was offered a choice in terms of race/ethnicity of a counselor; and the lack of other students of her own race/ethnicity in the waiting area, it became clear the "*us*" in her answer did not include her. And unlike White participants in the study, she did not have equal access to a counselor of her own race/ethnicity. This was coded as an example of abstract liberalism because it presented a rebuttal to the myth of that all students have equal access to a counselor of their own race/ethnicity. Even her sarcastic attitude toward her first counselor's recommendations suggested a form of resistance to abstract liberalism:

So, they're like, "Instead of working 40 hours a week, why not work 20?" and I was

like, "Well, I didn't think about that." But no, I mean...I actually thought about it. I

was just being sarcastic. And I was like, "Oh, well…those easy solutions for

everything." And I was like, "Wow, nobody told me to *just not* work."

That's what they thought. It's pretty much seen as a school that's for the rich

people, I guess. And I think that because a lot of kids go there with the "I don't work

type of thing." And I was like, that doesn't fit me.

Other examples that rebut abstract liberalism emerged around equitable digital access to

high-speed, broadband internet service and related technology (e.g., phone, laptop, tablet,

computer) to receive remote counseling services during the pandemic. Of the participants who

needed these to access counseling, Amy, Adam, and Nova had it, along with the requisite

privacy to have a session if they valued privacy and comfort. About internet access, however,

Abbey stated:

At first not quite. It's just I think just the location that I'm in. Wi Fi is really an issue

here. So, at first it was really difficult because it will cut off. To go to my classes. I

used to go to the kitchen.

I would always tell my dad about the Wi-Fi issue. His answer was. "Okay,

just come to the kitchen or living room. That's how you can fix your problem." Yeah,

but if I'm taking a test or something. I'm not going to be in the kitchen and my mom

is going to be cooking, you're gonna be passing by. I'm like, I need my own little

space here in my room with my Wi-Fi. And even my sister, she had to come by my

room to get a good connection.

Of note from the values coding, Abbey did indeed say she values privacy – yet the inequitable

digital access offered a rebuttal against assumptions of universal access that and abstract liberalist might claim.

Unencumbered from an attitude of mistrust of the counseling profession, Robert had a rather certain attitude that refuted abstract liberalism. When asked how concerned he would be if he were ever late for one of his appointments or forgot, he simply replied: "Umm...not very concerned." Concerns regarding whether his race would work against him if he needed emergency counseling care; or if he had a concerned attitude toward the location of the counseling center was answered with a succinct "No." By comparison, recall the attitudes, beliefs and values that Abbey, Nova, and Scarlett discussed when asked similarly. The contrast between their experiences and that of Robert illustrate that not all students have the same universal access.

Yet another example: consider Robert's observation of the waiting room. It was mostly White. I coded this as an example of abstract liberalism because in this instance, students of color did not have an equal access experience regarding the waiting room in which their presence was reflected. In fact, for participants of color, their waiting room experience was antithetical to their values around safety, comfort and validation. Alternatively, for Robert and Amy, the same values were reflected and affirmed by the presence of other White students in the waiting area.

Nova's rather certain attitude regarding the inability to choose a counselor of her own race/ethnicity is another instance in which abstract liberalism was coded because the veracity of it was called into question by Nova's response: "My own experiences? I was never able to have a counselor who looked like me, that was the same ethnicity as me whatsoever." So much for everybody has the same opportunity in accessing counseling services!

Cultural Racism

Biological views of people of color as being inferior to White people have largely been replaced by cultural racism. This color-blind ideological frame consists of the fallacy that people of color are inferior in some capacity due to their culture (Bonilla-Silva, 2017). Experiential values such a personal safety and an attitude of wariness helped Scarlett to construct her belief that in order to be avoid cultural racism, "I wouldn't go to a therapist who doesn't look like... me because they wouldn't understand the things I would say." By contrast, Amy's experiential values of safety; and interpersonal values related to trust helped to shape her critical beliefs around differential treatment as a White counseling client. As such, her attitude indicated that she was unencumbered from certain worries about safety, namely, being viewed as culturally inferior as a White person. When I asked if it ever crossed her mind to change the way she spoke or acted in her counseling sessions, she said with certainty:

> No, I guess not. Because I guess like ...as a White woman. I've never felt like the way
> that I've talked would be taken in the *wrong* way. But I really don't think that will be
> true for a peer/person of color.

Interpersonal trust and safety were experiences Robert enjoyed by default as a White counseling client with his on-campus counselor. He was unencumbered from concerns his struggles might be falsely attributed to some cultural deficit as a White person. When asked what he thought of his counselor's assessment of his problems, he thought their assessment was accurate:

> I was suffering from depression prior...pretty much since my junior year of high
> school…. but I was managing it well. And then the events of not having anybody on
> campus to go to for anything - that just kind of made it worse. And so, *they knew* that

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I had depression and anxiety and they knew what happened on campus. And that I

just didn't have anybody.

By contrast, Nova was encumbered with caution, skepticism, and guardedness to avoid cultural

racism. For example, in discussing family concerns with her counselor, she said:

So, I think talking about family more would have made me feel more vulnerable.

And you know, when going into counseling sessions, you should aim to be honest

and vulnerable, but sometimes I always keep my guard up. So those are not the

intentions I'm trying to achieve.

This led to her to divulge to me she often needed to gently educate her counselor about her

family in order to avoid the threat of cultural racism around parenting as a person of color:

I feel sometimes if you get too much about your family right away, sometimes

people will associate you - especially if you're of color - with broken home scenarios

or this one's [parent] not present. And because of that she might have this issue.

When I was younger, lot of the time, I would always deal with assumptions people

would make based off… "Oh, you're coming from a one-parent home?" Partially

because the only time [they] wanted to see my dad, he was at my brother's sport and

[my] sporting events. He was not at the PTA meetings. He was not. So those are kind

of assumptions - as I'm entering new phases of my adulthood - I'm trying to steer

away from.

Minimization

"Minimization of racism is a frame that suggests discrimination is no longer a central

factor affecting minorities' life chances" (Bonilla-Silva, 2017, p. 57). Abbey was encumbered by

a sense of invisibility to her first two counselors, who perhaps did not fully understand the

impact that racism had on her. She said that "It's hard to actually find that one person, you're like, "Wow, I actually connect with. You actually helped me because you went through the same thing. But I truly felt like nobody had the same problems as me."

And, while nobody in her family was directly impacted by COVID, none of Abbey's counselors asked her anything about this COVID. I noted this as an example of minimization of racism due to the fact that people of color are disproportionately impacted by COVID (Laurencin & McClinton, 2020; Ruiz, 2020). The same was true for Scarlett who said there was never any conversation about COVID in her counseling sessions.

An attitude of wariness led Nova to being confident in her critical belief of the impact of minimization of race in accessing counseling. When asked what was helpful to her in counseling, she said:

> I need tool and strategies...and not the *generic* ones they give to everyone; but the
> ones that might pertain to my specific situation...the ones that take into account my
> identity. And that's a bit different than *who typically* goes [to counseling].

Given that she viewed her Caribbean-American/African American identities as the most salient ones (rather than her age or gender), her use of the term "generic" strongly suggested considerations of racism were not a part of the usual tools and strategies used in counseling. And because she knew of no other students of color who accessed the counseling center, Nova's reference to students who *typically* go to counseling implied these students were White students, for whom those generic tools are effective and culturally congruent for White students.

Naturalization

The myth that social phenomena are natural and normal (e.g., where people live, with whom people socialize or marry) and have nothing to do with a racialized context forms the basis

for this frame of color-blind ideology. It is employed as an argument to justify things such as segregation as being acceptable because it's falsely assumed to be natural and normal for people to want to stick with their own racial group (Bonilla-Silva, 2017). Perhaps this is so because, according to Park (2018), "We are used to thinking of White folks as the norm, so much so that we (especially those of us in the majority) are conditioned to not notice clusters of White people or White people gathering together as unusual" (p. 15). This clustering is in fact, not a natural or normal social phenomenon, but occurs because of systemic racism. Park (2018) used the school cafeteria as a familiar example around racialized grouping. While not a cafeteria, it seemed to me the counseling center waiting area was a similar space in which White students were readily present; and thus, this could potentially be conceived as a natural and normal social phenomenon. Amy, Robert, Scarlett, and Nova indicated they saw mostly White students in the waiting area. Nova's report "We don't have conversations about it [counseling] whatsoever. It's very taboo in my community, at least" could potentially be interpreted as a naturally occurring phenomenon for Caribbean-Americans, unless one where to ask and understand racialized contexts that may have given rise to such taboo topics. What could potentially be viewed falsely is that going to counseling for White students is simply natural. Amy's critical belief, however, seems to rebut naturalization:

> I definitely think the age we're at ...and just like it makes it easier, because like I said going to college. It's where the stigma is broken down - and maybe any pre-held beliefs from family settings are starting to be broken now. But also, I know there's much less of a stigma about going to get mental health help, particularly in White communities.

Whiteness

Participants' values systems (comprised of attitudes, beliefs, and value) provided insights into the presence of color-blind ideologies. Informed by this, a priori frames of color-blind ideologies were then exemplified in the data to the point of inductive thematic saturation. The first two coding cycles bridged one to the next in an interpretive, cyclical pattern of analysis and synthesis of the data. This was consistent with hermeneutic tradition. Inducing the "emergence of new codes or themes" (Saunders et al., 2018, p. 1897) of Whiteness was informed by the findings from the previous coding cycles. New codes and themes emerged around five axial parent categories/themes of Whiteness: relational, advantage, property, power, and individualism. The five axial categories informed a multi-layered understanding of Whiteness through an interpretive cycle of re-analysis and re-synthesis of all the previous data in light of the research questions. These categories encompassed the findings from all previous analyses/syntheses. In doing so, understanding the essence of Whiteness - its characteristics, location, actions and influences – was used in turn as a problematic to better understand its impact on the participants' access to counseling at their respective college/university counseling centers.

Whiteness as Relational

This axial category essentially means Whiteness exists only in *relation* to an inferior "Other." As *the* primary referent group, *relational Whiteness* "...places itself on the positive side of all the binaries used to attach value and meaning to groups of people" (Garner, 2007, p. 175). Clues to relational Whiteness were suggested by the color-blind ideologies of naturalization and minimization of racism. Whiteness is often transparent. It is often assumed by White people to be the norm or the average social standard by which all others are measured (Sue, 2004).

Relational Whiteness is contingent upon power – the power to name who is White; the power to name who is not; and "the power to define reality" (Sue, 2004, p. 765). Its roots can be traced to our American legal system, colonialism, and the rise of capitalism vis-à-vis the enslavement of Africans and African Americans (Delgado & Stefancic, 1997; Wilder, 2014); and Western reification of scientific empiricism (Sue, 2004).

The most salient way in which Whiteness impacted students was in the relational domain. As with all domains, the way in which Whiteness impacted participants' access can be thought of as existing on a broad continuum, ranging from helpful, to neutral, to harmful. For instance, Whiteness as relational was helpful to Amy. When asked if she would ever be concerned if she could refer another White student to the counseling center free from any concern that friend would be mistreated based on their race, Amy stated, "I could easily do that without fear." Yet for Nova, Whiteness as relational was a barrier for her to overcome to benefit from counseling. From the very beginning of her sessions with her White counselor, she said, "I needed to find out more information about her and her intentions or background to feel truly comfortable.... enough to open-up."

Relational Whiteness required of Abbey to scan the counselors' offices for signs of affirmation or potential threats to her identify as a deeply religious, Hispanic woman. Only until she met with the third counselor did she not feel "Othered" and had her experience validated, noting:

> She was actually like, "Wow, okay. Wow. I understand your situation" like she's making it seem like hey there's more people like you, "I understand where you're going through." This is what I've been telling the other rest of the people. And I'm like, "Wow, okay. That seems like it could work for me."

I was really looking for that body language that she was listening. I felt

like...she was Christian ...there were little Crosses and everything so…I mean, I was

able to read the room.

Relationally, Abbey had a certain attitude of mistrust of counselors, and cited "trauma

from the past" with counselors in high school. She constructed a belief that counselors were

largely "there for the money" and while they tried to give solutions, there was no accountability

if their recommendations did not work. The solutions offered to her by her first two, White male

counselors suggested the presence of color-blindness that disregarded her unique familial and

cultural context. As Abbey described it, "I was looking for another perspective...he just stayed at

the obvious. They're like... 'Oh, here's a solution. Here you go.' But it's not like that."

Abbey thought her first two counselors could easily say to themselves, "Well, at least I

tried!" Her critical beliefs and skeptical attitude of the motives of her first two, male, White

counselors were confirmed when they recommended a reduced course-load to reduce her stress.

Abbey stated that "...it seemed like they just want to have me there so I can keep on paying

more," suggesting a concern about being exploited in the relationship.

Her resistance to relational Whiteness took the form of an ever-present internal, critical

dialogue (e.g. "And I'm like...mmmm...no!"). She also feigned agreement with her first two

counselors' recommendations. Lastly, she expressed a sarcastic attitude toward her first two

counselors' recommendations (n.b., "Well, I didn't think about that!" But...I mean I actually

thought about it. I was just being sarcastic. And I was like "Oh...wow...nobody told me to just not

work.").

By contrast, Whiteness as relational validated, reinforced, and enhanced Adam's access

experiences to counseling. Relationally, individualism (discussed later) permitted him to expend

a great deal of cultural capital which was congruent with his White counselor's recommendation, as "she really emphasized individuality." As noted previously, Adam's attitudes were unencumbered from stereotype risk, healthy skepticism or code-switching in relation to his counselor. He enjoyed the verbal exchange with his counselor without question or concerns. His counselor's probing questions or prompts for him to expand on a disclosure was something that Adam found to be helpful from the very first session.

Similar to Adam, Robert's experiences of relational Whiteness suggested it was salutary, neutral, or benign. His experiences with relational Whiteness impacted access to mental health care in specific ways for him; and took shape in visible and invisible forms. Unlike Abbey, Nova, and Scarlett, Robert experienced very few (if any) encumbrances in seeking care. His community director referred him, Robert trusted him without question, and Robert made an appointment. When asked if he had engaged in any mental calculus to assess his safety or fear he would be culturally misunderstood, unlike Nova, he answered with a definite and succinct "No." He simply went. He believed he could have arranged to see a White counselor had he wished to do so; never had to consider changing the way he talked or acted in relation to his counselor; felt safe in relation to the location of the counseling center; was never concerned about whether his lateness would be attributed to his race; and was not concerned about getting emergency help if necessary due to his race/ethnicity. To all questions related to these areas, his answers were simply "No."

Having had a previous and positive relationship with a counselor from home – an experience that was normative in his family – this provided Robert an opportunity to spend this cultural capital with ease to access counseling care once at college. Trusting attitudes and values

of comfort and familiarity were particular forms of currency in this relational exchange, as Robert noted:

> I trusted counselors because the counselor that I had seen throughout a number of years of my life...we had a very good relationship. My family met with him. My brother met with him. I wouldn't say that we were close because it was professional ...but I always felt like I could trust him. And I was always comfortable around him.

As was the case with Adam and Robert, Whiteness as relational impacted Amy's access to counseling in similarly positive and unencumbered ways. Relational Whiteness may have enhanced and facilitated easier access to counseling for her; and during her sessions, relational Whiteness provided a familiar milieu in which Amy received help. For example, mundane transactions, such as how she spoke with both counselors, did not impede her ability to access counseling in a way that was not possible for Nova or Scarlett. In fact, as a White woman, Amy disclosed it had never occurred to her she might have to change the way she spoke with either of her counselors. In this way, relational Whiteness was both present and invisible.

Amy could easily relate to the counseling services in a manner similar to Robert and Adam. This was quite different from Abbey and Nova's experiences. Another example of relational Whiteness included Amy seeing other White people widely represented on the counseling center webpage. And when she recounted being late for a counseling appointment, she was not concerned that this would be a poor reflection on her race/ethnicity as White person: "No, I was not concerned. I felt awful. It was in the middle of finals and it [counseling session] was at a different time and I heavily apologized...but my counselor was super understanding."

As it relates to Whiteness as relational, when asked questions about the value they ascribed to comfort, safety, or familiarity in accessing a counseling relationship, Robert and

Amy's responses conveyed an attitude of certainty about them. By contrast to Nova and Scarlett, neither Robert nor Amy provided long answers to these questions. Their answers were succinct and confident, suggesting Whiteness was assured without question. As such, arguments to the contrary of abstract liberalism can be made, given that relational Whiteness was ubiquitous yet invisible to some.

For Scarlett, Whiteness as relational overlapped with Whiteness as individualism (described in a later section) and was conveyed when Scarlett recounted her inability to choose a counselor of her own race. In fact, her memory was very clear about this because she had hoped to arrange her first counseling appointment with one of two women of color. Unfortunately, her preference was negated by the policy of random assignment of students to counselors without considering students' racial/ethnic preferences.

This baseline policy was the starting point (a form of relational Whiteness) of the counseling relationship and put Scarlett at an access disadvantage. Her internal dialogue (e.g. encouraging herself to be open to the policy despite wanting to see a counselor of color) seemed to indicate additional labor required in the counseling relationship. This was the case in similar circumstances with Abbey and Nova. By contrast, Adam, Robert, nor Amy had to engage in these mental calculations to see someone of their own race/ethnicity as White participants. The baseline policy seemed indicative itself as a color-blind policy that did not account for a racialized context (i.e., minimization); and provided evidence to the contrary that all access experiences are not equal for all students (e.g., abstract liberalism).

Perhaps because of Scarlett's familiarity with attending school at predominately White institutions since the age of five, her counseling experience was qualitatively different from Abbey's and Nova's. She may have habituated to Whiteness as relational, yet in a way that was

self-preservative by code-switching. When I asked her if she thought the way she spoke or acted was dependent on location and racialized contexts, she readily agreed by saying "...it happens to everyone, depending on where you are..." And while there is evidence suggestive of Whiteness as system and property (discussed in later sections) in her experience, accessing counseling was a familiar relational pathway for Scarlett. As noted by Park (2018), Scarlett – like Abbey and Scarlet - lacked "existence proof" (p. 23) of other students similar students, a scenario afforded to Adam, Robert, and Amy in their counseling experiences. White participants generally experienced Whiteness as relational as a positive force that facilitated access to counseling.

Whiteness as relational was informed by attitudes, values, and beliefs (e.g. cultural capital, congruency, expectations) and made access to counseling a familiar pathway. For students of color, however, when Whiteness as relational was encountered, it became incumbent upon them to take extra steps to ensure their safety, take measures toward self-preservation, and/or maneuver to avoid being stereotyped. This occurred before and during counseling sessions to have a chance at receiving the same benefits as their White counterparts.

Participants' behaviors in accessing a counseling relationship also influenced by how much they valued comfort and familiarity with respect to relational Whiteness. In the current study, relational Whiteness was often characterized by its invisible/visible presence; which participant had access to cultural capital; and the degree of congruence between client expectations and that of the counseling system.

Whiteness as Advantage

In terms of Whiteness as advantage, a well-known aspect of this dimension includes White privilege, which "... refers to the myriad of social advantages, benefits, and courtesies that come with being a member of the dominant race" (Delgado & Stefancic, 2017, p. 89). In the

current study, its constitutive elements included such benefits as the absence of obstacles, comfort, and psychological benefits from counseling experiences. It was closely related to and informed by the frame of abstract liberalism. For example, Adam thought his counselor's interpretation of his struggle was "especially fitting." While he believed his sessions to be overall helpful - he particularly enjoyed the first one, as it was more interactive and less didactic than session two and three. In recounting the ease with which he related to his White counselor's approach, Whiteness as relational de facto yielded Whiteness as advantage as one more dimension of Whiteness that impacted his experience. Relationally, Adam said he trusts counselors because of their training and credentials, and therefore benefitted in securing an appointment without the concerns expressed by Abbey and Nova. Advantages accrued to Adam included a sense of *a priori* comfort, familiarity and trust with counselors, and trust in counseling as a system:

> I mean, I've really got no good reason to not trust a counselor... they're really somebody that you don't really know, and you're just opening up to them. So, I'm really basing a lot of [trust] just on their credentials. I'm somebody [who] feels like...you got to have some trust in people, especially professionals...because it's hard to get anywhere without trusting someone who you think is qualified... I just find that I should trust them.

Because of his trusting, unconcerned attitude he approached counseling with an open-mindedness. As such, it is likely that Adam benefitted psychologically, noting that "I feel like I got the tools I needed from those first two sessions." This experience with Whiteness as advantage impacted his access in positive ways and he left with a very good attitude and belief in counseling. He was prepared to share this experience with others; and reinforced his belief in

counseling as an individual choice apart from any cultural or racialized context. In this way, evidence to the contrary of abstract liberalism and minimization of race was implied.

Based on findings, it became apparent Abbey and Adam (the two pilot study participants), had distinctly different experiences in terms of Whiteness as advantage. For example, Abbey terminated prematurely with her first two, White male counselors. She only began to receive the benefits of counseling during her third session with her third counselor, and then she stopped "...because of Corona." Within the same number of sessions, however, Adam's counselor and he aligned on his goals and he ended his counseling sessions feeling that he had accomplished his goals:

> So, a lot of what I was trying to get was... I'm someone who really loves alone time and I was trying to figure out how to communicate that to my friends and family that really want my attention all the time and want to be with me all the time. And, you know, recognize at the same time that I care about them a lot. But I still like alone time. So, it was kind of interesting. The more I think about it, I guess she [the counselor] really emphasized individuality...like being an individual.

> Yeah, I'd say the overall purpose [of counseling] was trying to find the greatest level of being happy and being with yourself. I think it's where I was really trying to get. And I think that's where she was trying to get me too. So, I feel that's where we aligned on.

> She actually offered more appointments. The third appointment when we met...that's where we talked a little bit. And that's when I thought, "Okay, I think I'm good." She said if I needed, to call her for anything else. Go for it. But the third one is where I made the call that I thought I was good.

In subsequent interviews, the additional interview questions added after the pilot interviews helped to derive a better sense of Whiteness as advantage. For example, Whiteness as advantage was distinctly absent for Nova as it was for Abbey. Each had to engage in extra mental and emotional labor just to have an equal chance of benefitting from counseling - thus, puncturing the arguments associated with abstract liberalism. For Nova, this meant having to be engage in a risk analysis before and during counseling:

> I just think there's so much room for interpreting intentions people have. And so, the intentions of counselors aren't always clear. And even between counselors and students, there's still that power structure. And I think as long as you have that power structure... that it will always be... uncertainty of expectations and intentions. And for that reason, I don't go into any situation with the counselor instantly trusting them; and I don't look at the profession as a whole as something I can trust.

For Amy, relational Whiteness was overlaid with Whiteness as advantage. In many instances, Amy was aware of how these advantages operated both visibly and invisibly. For example, Whiteness as advantage was manifested by the absence of obstacles in her accessing care. Surmising that for students of color, "...when there are physical barriers, mental barriers and financial barriers.... it's just not accessible." Amy realized, "I've never had to jump over those barriers" as a White person. Similar to a highway toll speed-pass lane, Amy enjoyed unencumbered convenience. Unlike Nova, Amy did not have to stop to weigh the racialized risks vs. rewards of seeking counseling as a White student. Fortunately for Amy, access to counseling care for both treatment episodes were relatively simple, straightforward, and normalized by her social circle. For example, when asked about if any campus promotional initiatives (e.g. social media posts) prompted her to go to the Counseling Center, she replied:

No, actually my friend suggested it... and they matched me with the first person and she just happened to be really good at discussing that specific problem I was having. And the second time, my friend referred me to the woman that she had been going to.

Perhaps related to Amy's ease of access, a psychological benefit accrued to Amy was experiencing counseling as "immediately helpful." This contrasted sharply from Abbey and Nova's beliefs about counseling. And because Amy's first counseling experience was especially helpful, her motivated attitude was reinforced to seek help again, thereby compounding Whiteness as advantage.

When I went to the counselor in person, I was dealing with an issue that I've been dealing with for years and years and years. And I went for three sessions and I've been better ever since. I went and she really just got down to it. She was a really, really good counselor. And I wish I remembered her name, but I didn't, because it was three sessions...And she did a good job. It was super helpful.

Whiteness as advantage was clearly evident in the data. But, there was scant evidence of students of color experiencing this form of Whiteness. While not equally distributed, this domain of Whiteness clearly benefited the White students. Advantages included the absence of real or perceived obstacles to getting care, receiving comfort upon arrival, and feeling valued as individuals during their sessions.

Whiteness as Property

This category pertains to aspects of tangible and intangible property. In the current study, it became evident systems and spaces—two dimensions of property—were imbued with Whiteness. As a system, counseling centers in the current study were staffed primarily by White people. Another counseling system, emergency psychological care, was believed to be available

without racialized fears for White participants. However, extra work or concerns beleaguered participants of color in order to have the same chance at receiving the same benefits of counseling as White participants. White participants did not have to engage in the additional effort. Here again, the false ideologies associated with abstract liberalism and minimization of race came into relief and perpetuated Whiteness as property.

The waiting room was perhaps the most obvious example of Whiteness as property. In every instance in which a participant was asked about the waiting area, White students were always present to some degree, conveying an invisible aspect of ownership. Abbey stated she saw "...Whites, Asians, Blacks...but I didn't notice Hispanics." Robert said the waiting area "was usually mostly White." Scarlett said of her counseling center waiting room, "I would say most of them were White, yeah." Nova "would see White students coming out of the spaces with counselors; but I, I rarely saw any Blacks or other people of color coming out...now that I think about it." Amy said she saw "Other White people, for the most part. I think, at one point, I went and there might have been one other person of color...the times I did go, it was mostly White people."

In term of Whiteness as property, counseling as a system offered Robert relative assurance that he could see a White counselor if he so chose. When asked if he could have arranged that, he replied without hesitancy that he could have done so. Though Robert did say there were Black counselors on staff at his college counseling center, counselor selection/choice included someone of the same race/ethnicity. This seemed to suggest counselor selection/choice was a form of intangible property ownership.

Whiteness as property also manifested itself in the spaces related to Robert's campus counseling experience which invisibly reinforced help-seeking as normative, positive, and

helpful. For example, he could go to the counseling center webpage and see members of his own race/ethnicity widely represented. He knew of other White students who also accessed the campus counseling center. As noted previously, when asked about these circumstances, he responded with a certain attitude using very few words to affirm this was the case for him.

Whiteness as property in terms of systems and spaces were evinced by Nova as well. For example, the central location of the counseling center caused some concern for Nova because if noticed entering/exiting, she worried that others may have perceived that "something's wrong with me." She also feared the "...negative connotations about what it [counseling] is and how people who go aren't really in the best state of mind." Unlike Robert and Amy, recall Nova did not know of other students of color who went to the counseling center. She noted, "I would see White students coming out of the spaces with counselors, but I rarely saw any Blacks [sic] or other people of color coming out... now that I think about it," connoting a sense of Whiteness as property.

Because Nova's college went entirely remote in the spring semester due to the pandemic, she was able to continue with remote counseling sessions. As a matter of fact, Nova said she felt more comfortable online than in the actual counseling center, adding that setting felt "more intimidated in those [in-person] types of scenarios." This was seemingly indicative of a blend of the categories of Whiteness, specifically property (systems and spaces); and discomfort with relational Whiteness. It was further evidence that belied the veracity of abstract liberalism.

For Amy, as a certain type of Whiteness as property, numerous examples of systemic Whiteness included trust in getting emergency care; general assurance that if desired, a White counselor would be available; and the ability to predict affirmation upon arrival to the counseling center without a second thought. As noted by Amy's critical belief, systemic Whiteness also

includes unfettered access to the system of counseling in the community at large, which may

have impacted access experiences for students seeking care at their college counseling centers:

> White people go to therapy...White people can get therapy. We - I don't know the
>
> exact numbers - but I can imagine we have a lot more access to it because they make
>
> it more accessible for White and upper-class communities - as opposed to the Black
>
> community where it might be more stigmatized and they might not have as much
>
> access.

In Amy's counseling experience, other examples of Whiteness as property became

evident. She could go the counseling center without being subjugated to fear or stigma. Unlike

Nova, Amy could refer a friend to the counseling center being relatively assured that her friend

would not be misunderstood or mistreated. In fact, Amy herself was referred by a friend for her

first episode of counseling; and because she received good care, this reinforced her belief she too

could in turn refer other friends without concern. Amy also anticipated the location of the center

would be at least neutral (if not pleasant) upon arrival, answering with certainty in a succinct

fashion. When asked, she simply said "Yes." Similar to Robert, she also expected to see others of

her own race/ethnicity in the counseling center:

> ...you just expect counseling to be a safe space...And I guess that's true because I
>
> know there will be people that look like me and there will be people that represent
>
> me...but I can't say the same is probably [the case] for my peers who are people of
>
> color.

In terms of safety in the space, at no point were Amy, Robert, or Adam beleaguered with

the task of "reading the room" for signs of validation and safety concerns that befell Abbey. The

space reflected them – and they reflected the space, conveying an invisible/visible presence of

Whiteness as property.

For Scarlett, evidence of Whiteness as property in both its forms (i.e., systems and space) was similar to Abbey and Nova's experiences. Scarlett did not know of any other students of color who were going to the counseling center. When asked why, as noted previously, she cited lack of time and prioritizing academics over mental health concerns. Scarlett's college counseling center waiting area was occupied by mostly White students. And when asked if she could go to the Counseling Center webpage and see people of your own race widely represented, Scarlett replied:

> I don't think so. I do not think so...I don't believe so. No. I'm looking at it right now.
> And I don't see anyone... I see men, which is strange. Yeah. They're men of color,
> but they're not women…. And I feel ... that's kind of odd because my college is
> predominantly [White] women.

In this way, Whiteness was again the starting point, not just in terms of property, but also relationally. Again, hints contrary to the tenets of abstract liberalism and minimization of racism were suggested.

Instances of Whiteness as property were found to benefit White students in navigating the spaces and systems of their college counseling centers. Physical spaces were noted as predominately if not exclusively White, particularly the waiting areas and to a certain extent counseling webpages. In terms of intangible property, students of color—particularly Nova and Scarlett—could not easily "own" their own manner of speaking but instead adapted through code-switching. As a system of care, what emerged across all participant experiences was that choice of a counselor of the same race/ethnicity was not afforded universally. Only the White students thought if they wanted to arrange it, that they could have easily done so. Even if there a

counselor of color was known to be available, white-washed policies assigned students randomly to counselors. In Scarlett's case, she had to weigh the pros and cons of requesting one of two counselors of color, ultimately deciding to take a risk in going with the counselor assigned to her. Fortunately, she did benefit from this assignment. The choice of counselor, therefore, was owned by the system and not by Abbey, Nova, or Scarlett.

Whiteness as Power

Whiteness as power is the engine that drives Whiteness. It rests upon abstract liberalism – the "false assumption that all racial groups have the same power in the American polity" (Bonilla-Silva, 2017, p. 63) found in the second coding cycle. In the current study, Whiteness as power emerged in several forms. The power to assert a position with a diagnosis or a prescribed counseling protocol comes with the professional positioning of the counselor. Values, norms, and knowledge centered around a Western, European worldview (Sue, 2004), were illuminated in the interviews; and evidence of who gains (and who does not) from counseling was often determined by power and position.

> For example, Abbey said counseling was not immediately helpful because:
>
> We were restricted to 30 minutes. I felt like I needed like an hour or another and an
>
> hour and a half. It pretty much sucks because we could only get another time slot
>
> after four weeks.... Like I said, it was the timing.

This is suggestive of Whiteness as power as prescribing what is considered to be sufficient enough time for counseling for all students was suggested. As such, abstract liberalism cannot be defended. And because she was not offered a choice to meet with a counselor of her own race/ethnicity ("There was no availability. It's just mostly white teachers and white counselors"), Whiteness as systemic property further diminished Abbey's access to counseling services.

Adam's experiences with Whiteness as power had a common underlying theme. Unlike Abbey, Whiteness as power was experienced as salutary, neutral, or benign. Take for example his counselor's "by the book" approach. As a knowledge claim (a form of power) for what is helpful to clients - combined with Adam's *a priori* trusting attitude toward professional counselors; and his endorsement of positivist beliefs, Whiteness as power was not perceived as noxious, even though he reported some dismay in his second session with his counselor's prescriptive, protocol-based approach:

> I didn't really think much of the second session. I didn't really feel that as much. It was like I said...she just gave me some papers and shared her screen on Zoom and we went over it. And she's like, "So this is what I found over here. I think it would really help you... blah, blah, blah." I just wish she would have prodded in more... "So how have things changed since the last session?" Stuff like that.

Whiteness as power was less salient in Robert's counseling experience but nonetheless present in the counseling session. He was encouraged to "open up" by his counselor – a sort of assertion of *how to do counseling* by the counselor regarding what presumably helps. And while not entirely comfortable with this encouragement, he complied without having to risk being culturally misunderstood had he declined this counselor's encouragement:

> I've never really been one to open up. But, I mean even being an RA has helped me with that. Obviously, I wasn't an RA at the time because I was a freshman. But going to the counseling center... being asked to open up... and then eventually opening up...I wasn't a huge fan. But looking back on it, I can definitely appreciate that. Because if I have residents who are going through some stuff, I can open up to them.

It may make them more comfortable opening up to me and then I can direct them to the counseling center and be like, "Hey... I've been there... it's a helpful thing."

Compared to Adam, Robert, Amy, and Scarlett, forms of Whiteness as power intersected with Whiteness as relational for Nova. These forms of Whiteness were antagonistic toward her need for safety; activated suspiciousness and caution; and were conveyed through her encumbered attitude around vulnerability. For example, during all her counseling sessions, she disclosed she code-switched "All the time...definitely coming into higher education." She stated that she continues to code-switch with her White counselor, adding, "I'm never truly honest with my counselors, because I'm fearful of their perception; and that if they see that side, they will not give me the help that I need."

Nova had a hesitant attitude on whether she would recommend the counseling services to someone of her own race/ethnicity, adding that she would have to do her own "...research assessment and research of them and then who I'm sending them to." Not only did this quote instantiate an encumbrance (e.g. extra work) for her, it was suggestive of skepticism of the power that counseling professionals hold. One notable example that gave her pause was a friend who was prescribed medication as the first form of treatment, instead of the clinician getting to the "root of the cause" of her friend's distress:

> I had a very good friend my first semester of college who I didn't refer to a specific counselor. But I referred her to the counseling center. And when she went in, her own experience...the first thing they did for her was give her pills. Give her meds prescribed she take some depressive medications. I consider that a mistreatment per se because the first thing you can do for a student is provide them medication and not get to the root of the cause? And you say, "Oh, take this it should help." And that's

not necessarily going to be something that I would want any of my friends to be associated with... or people I know.

For Amy, Whiteness as power was met with an equal amount of social capital which familiarized her with counseling before she even went for her first session. By this exchange, Whiteness as power was seemingly neutralized and of little concern for her. Her social group encouraged her to seek counseling – all White women. This social capital likely increased the probability Amy would seek counseling for her problem. Robert enjoyed a similar experience with his residential community director. This was decidedly not the case for Abbey or Nova who had to marshal their own inner resources to pursue counseling care, facing power Whiteness as power as something with which to contend as a potentially dangerous, noxious, or invalidating force.

What is considered to be correct behavior – a form of Whiteness as power – was illustrated in Scarlett's careful selection to code switch or not. This was a task never required of her White counterparts in their interviews. For Scarlett, Whiteness as invisible disadvantage overlapped with relational Whiteness too. And while Scarlett equivocated on whether or not code switching was a racialized phenomenon, consider the following passage when she recounted speaking with her counselor at the clinical center:

> But with the counselor, I think I was just a little bit nervous. And I was ..., "I don't want her to judge me and think anything of me." So, I'm just going to use this voice for right now. But my everyday voice? That I'll use with people who I'm not uncomfortable with.

In this coding cycle, Whiteness as power took the form of assertion of counseling center policies and practices. Some examples included the amount of time offered for counseling

sessions (e.g., Abbey, 30 minutes first appointment, three-week follow-up); Adam's counselor being required to ask suicide assessment protocol questions each visit; and policies on session limits and off-campus referrals (Robert). It became clear a "one-size fits all approach" impacted students' access differently. For Abbey, she needed more session time to establish trust. Adam thought the suicide questions were off-putting and unnecessary, but he trusted the counselor because of her training and professional status. Robert understood the session limits policy and was unfazed because he already had a psychologist off-campus with whom he could easily resume care.

Whiteness as Individualism

The confluence of racial decontextualization and assumptions around individual choice formed the bases for this final category of Whiteness. The tenets of abstract liberalism and minimization of racism were the predominate precursors hinting at this form of Whiteness in the data.

Participants whose lives were not seen in context—particularly the students of color—experienced disappointment, early termination from counseling, and distrust of counselors. Comparatively, counseling experiences which assumed individuals could make choices freely fared better. Consider Adam. Overall, his need for more greater autonomy was reinforced and emphasized by his counselor:

> A lot of what I was seeing her for was how to talk about my needs in my interpersonal relationships. I feel like based on that topic, there was a lot of discussion on how to interact with people; how to let them know what I want out of our relationship, that sort of stuff.

Individualism as Whiteness was hinted at by Robert in that he believes all students

currently have equal opportunity to access the counseling center on his campus as a free choice, presumably devoid of racialized contexts. Of note, he said that "...my college does promote the counseling center a lot on social media." He emphasized current access because:

> Knowing some of the inside information I can tell you. So, last year, the counseling center limited appointments with each student to two. And then at that point you were no longer able to see a counselor on campus and you had to find a counselor off campus. So, like financially and accessibility wise, that wasn't really an option for a lot of people. That really upset a lot of us because during RA training, the counseling center comes in and they were giving us their little speech and they mentioned that. And there were a number of RAs in the room who got up and left because they were so upset by that.
>
> This year, they've gotten rid of that. Certainly, because of the pandemic and they were just expecting a lot more mental health-related things. But also, because I think there was such an uproar over it.

Whiteness as individualism showed up in Nova's counseling experience. Similar to Abbey, protocol or so-called evidence-based interventions did not appeal to her in the least. Instead, Nova stated that she needed to co-construct

> ...tools and strategies...and not just the generic ones they give to everyone; but the ones that might pertain to my specific situation, but also take into account my identity...and that it's a bit different than who typically goes [to counseling].

Being viewed and understood within her racialized context was also very important for Nova, without which she might not have benefitted from counseling. Unlike Adam, Robert, and Amy, Nova expressed suspiciousness with regard to the counseling profession's emphasis on

autonomy and independence, which may be contrary to her cultural beliefs:

> I was also thinking about the ways in which outside people are always encouraging us to just like "Move away. Do your own thing." And like, "Move on!" and not to build and strengthen the relationships we have. Maybe because they understand if we were to build and strengthen the relationships, we'd be more powerful then to do it on our own.

Whereas White clients are often viewed as individuals in need of care, Nova spoke poignantly of being potentially clustered within a racialized group. For example, she would be concerned about being criminalized as a person of color if she were to need emergency mental health care.

If Nova were to reject her counselor's recommendation, she would be concerned that it would be perceived as a "reflection that I don't care...and not capable of comprehending what they're assigning me to do." Unlike Nova—and to a certain extent Scarlett—Amy was free from any concerns that her racial/ethnic identify would be impugned if she were to be late or forgot an appointment or rejected a counselor's recommendation. If she needed emergency psychological care, her certain attitude indicated that she expected to be treated as an individual—not as a member of a racialized group. As such, at no point would she have been concerned about receiving that care because of her race/ethnicity as a White person:

> I guess it's just never crossed my mind. I guess I've never felt threatened...like in that situation—if I were to call somebody—that – that the person that would show up would treat me negatively or mishandle the situation... or not be able to interpret that I'm having a mental health crisis and take it in a threatening way.

In my interview with Nova, when I asked if her counselor ever asked her to speak for all

Caribbean-American students. Fortunately, the answer was no. On the other hand, she was well-aware of the experience of being de-individualized: "No, not by the counselor. By other groups, yes...but not by a counselor." This was in stark contrast to Amy's report who was never asked to speak for all White people.

When asked "off the top of your head," how many other White students Amy could identify who accessed the campus counseling center, she replied: "Probably five. Probably five - and then [another] ten that I've known who've gotten help throughout college who have gone to the college counseling center." When pressed how she knew, her answer implied a certain nonchalance that she would not be subjected to racialized group stereotype, instead considering her friends and herself as individuals: "I talk about it openly. It's like where this stigma is broken down and maybe any pre-held beliefs from family settings are starting to be broken now."

Amy's counselor encouraged her to "be my own person," a sign she was viewed as an individual by her counselor and herself. Amy was in "total agreement" with her counselor's encouragement to seek the highest levels of happiness, freedom, health, and self-esteem. In this way, individual choice was encouraged as the stepping-stone toward these goals. This was suggestive of Whiteness as individualism. Encouragement of free choice may have been an appropriate counseling approach for Amy, Adam, and Robert. Yet for Abbey, her particular racialized context was not acknowledged as a barrier to individual choice. Unfortunately, this led to early termination with her first two counselors.

Because Scarlett saw accessing counseling as an individual choice similar to Amy, Robert, and Adam, she did not have concerns about referring her friends to counseling. Seeing herself as individual, she was ambivalent about the role race/ethnicity might play in her counseling experience. For example, she had no qualms about rejecting her counselor's opinion.

When asked if she thought this might invoke stereotypical projections upon her, she stated,

> I wouldn't be too concerned about it because my outlook would be if I don't want to
>
> do it, I'm not going to. And I wouldn't be worried about ... the counselor told me I
>
> should do this. But if I don't want to do it and I don't believe that it's going to help.
>
> I'm not going to do it.

In this coding cycle, Whiteness as individualism was variously experienced by the participants. On the one hand, Abbey being decontextualized from her family and culture left her frustrated with her first two counselors. Their solutions did not work for her. Nova also expressed that recommendations only work if they were tailored to her unique socio-cultural background. On the other hand, as White students, Robert and Adam already viewed themselves as individuals – not as members of a racial group – so Whiteness as individualism articulated well with their self-view. Amy struggled with being a member of the White racialized category at times, being aware of the benefits afforded to her because of such. Yet seeing herself as an individual permitted her to be relatively unconcerned about having to manage the dynamics of Whiteness that Abbey, Nova, nor Scarlett could easily dodge or ignore.

Summary

Participants' experience of Whiteness impacted access to mental health care at their respective college counseling centers in specific ways. Findings from each successive round of coding—and in keeping with the hermeneutic tradition—were analyzed and then synthesized into manageable categories (i.e., parent codes) to address the research question. As an iterative, cyclical process, values coding (Saldaña & Omasta, 2017) yielded foundational findings of the various attitudes, beliefs, and values held by the participants which in turn, informed the basis of inquiry for the next round of analysis. Values coding findings included attitudes that were

encumbered, unencumbered, certain, and/or motivated. Beliefs were variously held, and examples provided in this chapter are described as constructivist, critical, positivist, or pragmatic. Values were described as experiential, interpersonal, intrapersonal, cultural, and transcendental.

Using a prior thematic saturation as a guide, participants' values systems were further synthesized and translated into the central frames of color-blind ideologies (Bonilla-Silva, 2017). Findings instantiated the tenets and assumptions of abstract liberalism, cultural racism, minimization, and/or naturalization. Participants' words often served to rebut the falsities of these frames.

Once achieved, the central frames of color-blind ideologies suggested and informed the essence of Whiteness. Whiteness as relational, advantage, property, power, and individualism emerged as new ways to understand how experiences of Whiteness impacted access to mental health care for domestic, undergraduate White students and students of color at their respective college counseling centers.

CHAPTER 5: DISCUSSION

The current study sought to fill a gap in the literature related to access disparities in college counseling centers. Despite extant research on this topic, disparities have persisted. Disparity is not the same as difference but involves some form of inequity in access to college mental health care. Previous studies examined factors such as stigma as it relates to access disparities (Lipson et al., 2018; Pace et al., 2018). Cultural preferences for easing or addressing psychological distress have also been studied (Adewale et al., 2016; Cabral & Smith, 2011). Racism has also been studied in relation to disparate access to mental health treatment (Buser, 2009). Yet despite these important areas of research, access disparities persist, revealing a gap in the literature. The research problem was that no studies to date have examined the role Whiteness plays in creating, sustaining, and perpetuating structural inequities leading to disparate access.

This current study used a critical White studies (CWS) framework to fill this knowledge gap. To complement the existing scholarly body of research, the current study sought to interrogate and explore the origins of access disparities based on the phenomenon of Whiteness. While disadvantages associated with students of color in accessing mental health care on their college campuses has been studied, these studies may unintentionally problematize students of color. Instead, the current study sought to problematize and explore Whiteness for its various impacts on access to college mental health care. As an antiracist problematic, Whiteness was used in the current study as a lens by which to better understand the persistence of access disparities.

To better understand the essence of Whiteness, a phenomenological approach was used. More specifically, the cycle of hermeneutic understanding was used as a tool by which to analyze/re-analyze and synthesize/re-synthesize emergent findings to answer the research question: How do experiences of Whiteness impact access to mental health care for domestic, undergraduate White students and students of color at their respective college counseling centers?

Six participants—three students of color and three White students—were interviewed using a semi-structured approach. These participants had attended at least one counseling session at their respective college/university counseling center. As sources of content-rich information, participants' values systems (i.e., attitudes, beliefs, and values) were initially coded and grouped into manageable categories until data saturation was reached. Next, these emergent categories were re-analyzed and described in ways relating to a priori categories of color-blind ideologies. Finally, categories of color-blind ideologies informed and suggested emergent themes, characteristics, locations, and actions of Whiteness.

In this chapter, the findings of the current study are compared to and contrasted with the current literature. Findings are also used to address gaps previously identified in the literature, thereby contributing to a greater understanding of access disparities to college counseling services. In addition, implications for practice are offered to increase equitable access for all students to this important campus resources. Finally, future areas of inquiry are offered, using CWS as a viable research framework.

Re-Viewing the Literature in Light of Current Findings

Differences in Utilization Rates: Options, Familiarity, and Starting Points

Hayes et al. (2011) found the racial/ethnic composition of a college counseling center

staff predicted which racial/ethnic students would access counseling services. The findings from the current study complement, deepen, refine, and extend our understanding of their results. Consider the fact that college counseling centers are largely directed and staffed with White clinicians (LeViness et al., 2020). This is suggestive of Whiteness as a form of intangible property, and Whiteness as advantage. For it stands to reason, if counselors of color are disproportionately fewer compared to White counselors, students of color may have less access. As the dialectical opposite, an access advantage is created for White students to access mental health care simply because more White counselors are available. As asserted by Ahmed (2007), the phenomenon of Whiteness made it possible for White participants to acquire certain things with relative ease, such as the ability to select a White counselor. Recall that for Amy and Robert, had they wished to have a White counselor, that option was available to them. As such, "...they do not get 'stressed' in their encounters with ...others, as their whiteness 'goes unnoticed'" (Ahmed, 2007, p. 156). The same could not be said for Abbey, Nova, nor Scarlett regarding equitable access to a counselor of their own race/ethnicity. As students of color, they encountered encumbrances (e.g., wariness, skepticism, and caution). The data clearly described instances in which their "...non-white bodies feel [sic] uncomfortable, exposed, visible, different, when they take [sic] up this space" (Ahmed, 2007, p. 157).

A second finding by Hayes et al. (2011) found the racial/ethnic composition of students at a college/university was a potent predictor of which racial/ethnic groups utilized counseling services on campus. It makes sense, then, that Abbey saw no other Hispanics in the waiting room having identified her university as predominately White. Amy and Scarlett both identified their university as predominately White. As predicted by Hayes et al. (2011), Amy commented on how readily accessible counseling is for White students. Scarlett, on the other hand, said if other

Caribbean-American students access counseling, "I don't know them."

The findings from the current study, combined with the results found by Hayes et al. (2011), provide solid ground on which to critique abstract liberalism's claim that all students have equal opportunity to select a counselor similar to themselves. This unmerited privilege was most often extended only to White students. Clearly, Robert and Amy were given an array of choices of race/ethnicity of counselor, but this array always included the option to select a White counselor. The array of options for Nova, Scarlett, and Abbey to select a counselor of their same race/ethnicity was seldom (if ever) available. And while beyond the scope of the study by Hayes et al., utilization rates based on the availability of similar racial/ethnic counselor may be more deeply understood by considering how the likelihood of having to code switch impacted students' experiences in counseling. Specifically, if a similar client/counselor racial/ethnic match was unavailable, students of color in the current study often concealed their every-day language. For White students, however, they could experience a form of comfort, ease, and familiarity in their use of their everyday voice. Amy nor Robert were ever concerned about this. Recall Adam's experience with his White counselor. He was positively oriented toward counseling, and as noted by Ahmed (2007), Whiteness imbued a sense of comfort for him. Because Adam already trusted counselors and believed what was recommended would help, he never experienced discomfort to the point of utilizing fewer sessions.

By bringing into focus the background dynamics of Whiteness, the interpretation of the results in Hayes et al. (2011)—students of color did not underutilize counseling services relative to their White counterparts—may need to be reconsidered in light of the current study's findings. Abbey attempted to find a suitable counselor, trying three different counselors. Nova's initial hesitancy to seek counseling in the first place can be understood in terms of her concerns about

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being seen entering/exiting the counseling center. Scarlett's use of code-switching encumbered her experience at first. To be sure, all three participants of color used counseling in one form or another. However, their experiences were qualitatively different from the White participants (Adam, Robert, and Amy) in the study who enjoyed a relatively unencumbered experience before and during their sessions. As such, the findings of the current study suggested the presence of disparate access.

In terms of utilization rates, Eisenberg et al. (2011) found White students were disproportionately more likely to receive mental health counseling compared to students of color. Furthermore, they speculated students attending private schools were more likely to access campus counseling because private schools may offer more resources per student. Additionally, they found that students who lived off-campus were less likely to access counseling services located on campus. One finding from the present study provides some substantiation of these results. Four participants (Robert, Nova, Scarlett, and Amy) attended a private college/university and accessed their respective counseling services. Whether or not these private institutions had more abundant resources available, their access experiences were still enhanced by the presence of Whiteness. Robert nor Amy had to go to additional lengths to find safety and security in their counseling experiences. It was there from the start as a function of Whiteness (Ahmed, 2007). As students of color, Nova and Scarlett described their starting points differently from their White counterparts. Like all participants in the study, they faced a "sea of Whiteness" (Ahmed, 2007, p. 159) in their counseling experiences. Yet Abbey, Nova, nor Scarlet could not easily blend into this sea of Whiteness, conveying a sense they might not belong.

How participants in the current study learned about their campus's counseling services provided insight into potential utilization disparities described by Brownson et al. (2014). Nova

clearly stated she did not learn about counseling services from her friends, noting this was an especially "taboo" topic to discuss among them. Scarlett knew of no other Caribbean-American students who attended her counseling center. On the other hand, Adam researched counseling services so that he could share this campus resource with others – and in doing so, decided to go himself. Robert was able to use his own counseling experience to normalize help-seeking as an RA to his current residents. Finally, Amy shared that she learned of—and was encouraged to attend—counseling by her circle of White friends and acquaintances. One could surmise, then, social channels and networks which normalized and familiarized counseling were open and available to the White participants, but not necessarily for the participants of color, thereby perpetuating utilization disparities. These channels and networks easily accommodated and conveyed White, western perspectives of counseling (Sue, 2016). As such, access was socialized as normative for some, but not for others.

In examining mental health access disparities, Lipson et al. (2018) found large variations in counseling service utilization rates for students of color compared to White students. The authors noted respondents' knowledge and attitudes related to mental health treatment varied significantly and impacted utilization rates to counseling. For example, Lipson et al. found "Among students meeting criteria for a mental health problem, 87% report treatment by friends/family" (p. 346). Among White students, 92% indicated a family member or friend sought treatment, statistically significantly higher than any of the groups under study. In addition, concerns about stigma associated with mental health care were lowest for White students at a statistically significant level. Knowledge of a family member/friend who sought counseling were even more so for females compared to males; and concerns about stigma were less for females compared to males.

Findings from the current study substantiate some of these results. For example, Robert mentioned his family and brother had previously met with his off-campus counselor. This provided a familiar pathway to services for him. As students of color, neither Abbey, Nova, nor Scarlett knew of other family members or friends who had sought counseling. Thus, the pathway toward counseling was not a familiar nor comfortable one for them. Concerns regarding being stigmatized for seeking counseling were not endorsed by the White participants in the present study. Adam was quite open with his family and girlfriend that he was seeking counseling to better his relationship with them. Both he and Robert were unconcerned about stigma as they were willing and ready to share their counseling experiences with others in their respective on-campus jobs. As a White woman, Amy exemplified ample knowledge of friends who sought on-campus counseling. She was even comfortable with friends potentially listening to her counseling sessions. This conveyed a distinct lack of concern about what others might think. On the other hand, Nova was exquisitely concerned with what others might think had they seen her going into or coming from the counseling center. Her concerns were a combination of stigma associated with going to counseling; and violating a taboo in her social circle by addressing her mental health concerns with counseling.

Easy Access, Low Distress / Difficult Access, High Distress

As noted in Chapter 2, students of color sought counseling services on their campuses, but generally only when their level of psychological distress was severe (Hayes, Chun-Kennedy, Edens & Locke as cited in Hayes et al., 2011). Conversely, White students sought counseling with lesser levels of psychological distress. While participants in the current study did not comment directly on their levels of distress that precipitated making an appointment, inferences can be made regarding the ease by which counseling was a viable option. For example, both

Nova and Amy commented on the casual nature by which White students discuss counseling. Regarding students of color on her campus, Nova stated, "You're not going to often hear about "Oh...I went to the counselor today" or "Oh, I talked to so and so about my mental health." Whereas for one of the White participants, Amy stated, "I talk about it openly. It's like where this stigma is broken down and maybe any pre-held beliefs from family settings are starting to be broken now." Therefore, the findings of the current study suggested access disparities continue due to counseling being viewed as a non-threatening resource for White students, readily available regardless of high or low levels of distress. For the participants of color, however, access to counseling may viewed as an option of last resort - and only when levels of distress are high.

Multicultural Competence. Multicultural competence of counselors was determined to be a factor in reducing the overall psychological distress for both White and racial/ethnic minority students by Hayes et al., (2016). Nova provided clues as to what may have constituted multicultural competence of her White counselor which helped her to feel better. Her counselor avoided the assumption of individualism characteristic of Whiteness. Instead, she saw Nova in relation to her particular racialized context. Nova made it clear her counselor's recommendations, tools, and strategies had to be customized to her salient identity as a person of color. Because her counselor satisfied Nova's requirements, she continued to work with her counselor. Comparatively speaking for Abbey, multicultural incompetence was perhaps nested within Whiteness as individualism, as she quickly determined her first two counselors' recommendations were largely divorced from her particular context. By failing to recognize that Abbey's choices were impeded by her racialized status as a person of color, she did not receive equitable access to counseling services relative to her psychological distress. In fact, she left with

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a high degree of dissatisfaction.

Visible Pathways/Invisible Barriers

Compared to their White counterparts, Miranda et al. (2015) identified lower rates of counseling before and after an initial intake appointment for students of color. By employing a CWS lens in the current study, the results of Miranda et al. may be re-interpreted considering the emergent themes of Whiteness from the current study. Whiteness as relational in its positive forms (e.g., congruency on goal setting and accomplishment) facilitated successful courses of counseling for Adam, Robert, and Amy. For them, Whiteness was not a barrier. In fact, Amy returned for a second course of counseling, adding credence to the findings of Miranda, et al. that White students attended counseling more often than student of color did.

In its negative forms, Whiteness as relational could be used to extend the results of Miranda et al. (2015) by being viewed as a barrier to counseling services. In terms of her relationships with her peers, recall Nova's statement that she would only refer another student of color to counseling with a good measure of caution. Relationally, Scarlett expressed concerns about being potentially judged if she used her "everyday voice"; and Abbey noticed the absence of others like her relative to her racial/ethnic identities in the waiting area. Their accounts give deeper meaning and insights into the influence of Whiteness as a barrier for students of color who have fewer instances of counseling prior to and post intake session.

In its positive forms, Whiteness as advantage in the form of fewer obstacles, unquestioned access to a racially matched counselor, and safe pathways to care may also explain the results of Miranda et al. (2015). For example, Amy asserted, "...just being White and privileged at my school" afforded easy access to counseling. Robert and Amy were confident had they wished to do so, they could have easily arranged to see a White counselor. Fewer of

these advantages were available to Abbey, Nova, and Scarlett. Considering this, it is understandable the students of color to whom Miranda et al. referred had fewer counseling opportunities for access experiences prior to their intake session.

Whiteness as power also provides a lens by which to critique Miranda et al. (2015). Recommendations—an assertion of power—were offered to all students in their study. While most students in the study agreed with the recommendations of their counselor, less than half actually followed those recommendations. The current study provides some additional insights into why this was the case. Assertions of power in the form of recommendations were met with concerns that counseling took too much time from students of color. For example, Scarlett mentioned she had to prioritize between time given to counseling vs. time given to academics. Certainly, fear of what others might think might have conflicted with counselor assertions of power. On the other hand, assertions of power in the form of prescriptive exercises were amenable to Adam and Robert, thus facilitating brief but successful access experiences. Abbey's feigned acceptance of her first two, White, male counselors' recommendations can be viewed as an act of resistance to her counselors' assertions of power.

The detrimental mental health impact of microaggressions has been described by various authors (Cabrera, 2018; Hollingsworth et al., 2016; Ruiz, 2020; Sue et al., 2008). As a certain kind of potential danger with which to contend, no participants in the current study disclosed being subjected to such microaggressions by their counselor. However, concern about the very possibility of being subjected to other dangers, such as cultural racism, was certainly evident for Nova and Scarlett, presenting a potential barrier. To avoid this, Nova was always early and punctual to her counseling appointments. Both Nova and Scarlett code switched to a greater or lesser extent to avoid being stereotyped. As a form of relational Whiteness, they carried

knowledge of what constituted "acceptable" behavior, which implied the invisible presence of Whiteness in the background (Ahmed, 2007). This required of them cautiousness, skepticism, and wariness. For Adam, Robert, and Amy, Whiteness as a background experience (Ahmed) was a rather neutral experience, affording them relatively easy and unfettered mobility within the domains of relational Whiteness, Whiteness as property, and Whiteness as individualism.

Clearly, counselors who were keenly aware of the domains, actions, and impacts of Whiteness as a barrier will better attend to the needs of their clients. Counselors who remain mired in Whiteness and ethnocentric monoculturalism (Sue, 2004) will likely negatively impact students of color. For White students receiving counseling, multiculturally competent counselors still need to attend to the ways in which Whiteness as individualism may impede access to counseling or have some other detrimental mental health impact as noted by Efird and Lightfoot (2020) and Malat et al. (2018).

Other access barriers to mental health counseling for students of color have been previously identified (Cabral & Smith, 2011; Dunley & Papadopoulos, 2019; Scott, 2015). Findings from the current study identified spaces and systems (i.e., Whiteness as property) intersecting with relational Whiteness. As such, access barriers (e.g., stereotype threat, cultural mistrust) were both present and absent depending on the race/ethnicity of the participants. For example, stereotype threat was present and met with tactics such as code switching by Nova and Scarlett. On the other hand, Adam, Robert, and Amy were never concerned about this, therefore providing unimpeded access. For example, recall how much Adam simply enjoyed talking freely in his first session, never once expressing a concern about how he would be perceived as a White client. Robert had a previous experience with a White counselor prior to college—and a White counselor on-campus—and he trusted them without concern for how they might perceive

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his problems from a racialized point of view. As a potential barrier, cultural mistrust was not a concern in the least for Adam, Robert, or Amy. This was not the case for Abbe, as she constantly surveilled her counselors' offices for signs of trustworthiness. Nova said, overall, she definitely does not trust the counseling profession, representing a significant barrier to clear in order to receive the help that she sought. And while Scarlett did not indicate blatant mistrust, her lifelong experiences in navigating the barriers in a White world likely sharpened her ability to discern trustworthy vs. non-trustworthy people.

Dunley and Papadopoulos (2019) summarized three broad levels of barriers to help-seeking behaviors for college students in the U.S. and Canada: institutional, sociocultural, and personal barriers. Take for example a socio-cultural barrier identified by the authors. They found compared to White students, Asian, Black, and Native Peoples were less likely to seek formal counseling. Instead, they were more likely to turn to family, friends, or community elders. Viewed from the CWS lens of the current study, their review may unwittingly endorse Whiteness as power – representing a hidden barrier. In other words, there is a subtle implication that family, friends, or community elders are not legitimate sources of support; and that the only legitimate place for legitimate help is formal counseling. This knowledge claim is a form of Whiteness as property and power. Abbey's experiences provided evidence contrary this knowledge claim. Quite apart from her formal counseling sessions, she noted her religious beliefs were "...really important..." In fact, she incorporated her faith into her self-help plan after discontinuing counseling services. Even with an offer to return to see her third counselor, Abbey affirmed her own self-made plan was as effective if not more so than her counseling experiences. When asked if she was going to return to see her third counselor remotely, she said: "I had scheduled it...And there was only an opening three weeks after [her first session]. So, I just

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noticed that I had already fixed my problem by then. So, I didn't even show up." And, while her report of lack of time for counseling does align with a personal barrier as noted by Dunley and Papadopoulos (2019), it only spurred her further to create her own, effective solutions. Indeed, there were sociopolitical barriers borne of Whiteness as power and property. Yet problematizing her self-help plan in response to these barriers seems to perpetuate Whiteness as power and property.

Attrition and Persistence Re-Viewed

Kim et al. (2016) sought to understand why Asian Indian, Chinese, and Korean American student clients were significantly more likely to depart treatment after only one session when compared to White and Latino/a students. Relatedly, Kivlighan et al. (2019) and Owen et al. (2012) found lower attrition rates of White students relative to their mental health needs. Participants in the current study provided insights into these authors' results.

Early departure from counseling prior to goal accomplishment was evidenced by Abbey's premature termination with her first two, White, male, counselors. She found their solutions to be impracticable and irrelevant to her needs, adding to her sense of cultural mistrust of White counselors. While she did find some initial trust and safety in her third counselor, again she terminated her counseling. Abbey cited time, inconvenience, and self-devised helping strategies as reasons for early termination. White participants in the current study all provided evidence to substantiate the results of the authors noted above. Adam, Robert, and Amy all remained in counseling and felt they had met or were working toward their goals. In one way or another, they all endorsed attitudes of a priori trust toward the counseling profession. They also found their values of safety and comfort affirmed in their counseling experience. From a CWS perspective, it is likely certain themes of Whiteness operated in the background of those students' experiences

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to reinforce and facilitate lower rates of premature termination. This resulted in Whiteness being an advantage for them. Consider the role of self-disclosure and verbal openness they referenced in their interviews. These behaviors are congruent with Whiteness as relational and Whiteness as power. In other words, how they acted within the relationship was consistent with knowledge claims about what presumably helps all students. Underlying this presumption, of course, are the falsities emblematic of abstract liberalism.

Kivlighan et al. (2019) concluded patterns of college students' non-attendance to counseling sessions were different for students of color vs. White students. A statistically significant source of this variability was attributed to the therapists. While the authors de-identified all demographic descriptors of the therapist, the results were suggestive of how culturally competency of the therapists varied with their students' race/ethnicities.

Findings from the current study seem to be consistent with the results of Kivlighan et al. (2019). Consider Abbey's encounters with the first two counselors. Given her assessment that their recommendations did not account for her unique situations—coupled with the fact she thought they had no accountability for her success in achieving her counseling goals—it is not surprising she did not return to see either one of them. Her statement that "…counselors usually just don't end up doing their job correctly" implicates the counselors' performances in her decision to prematurely terminate. On the other hand, Nova remained engaged in counseling with her White counselor, indicating this was possible because of her counselor's high level of cultural competency. For example, Nova said she never had to second-guess the meaning of comments made by her counselor. She also noted if her counselor said something potentially micro-aggressive, her counselor would immediately take responsibility for it and apologize. The same was true for Amy's first therapist's level of cultural competency, likely enhancing Amy's

persistence in counseling. This Black counselor was deemed by Amy to be highly effective. She never thought poorly of Amy because of her White racial identity. Amy never had to second-guess if any of her counselor's comments or recommendations were racialized. Fortunately for her, Amy said she and her counselor were able to immediately delve into her problem and resolved it in just three sessions. Like Amy's first counselor, Scarlett's first counselor (an Asian-American woman) and the second clinician (a White woman) - also seemed to embody a high degree of cross-cultural competency leading to a successful completion to her counseling experience. Despite Scarlett's concern she might be judged, at no point did she indicate that she was judged by either of them because of her race/ethnicity. However, she did take steps to guard against the mere possibility of judgment by choosing how and what she said initially her the counselors. In spite of her wariness, she felt her first counselor helped her to assuage academic related anxieties; and the second counselor helped her to get what she needed in the form of a psychological assessment in her quest for academic accommodations. In her case, both counselors had a positive impact on her persisting through the counseling experience until her goals were met.

Of the White participants in the present study, all persisted in their attendance to counseling – and consistent with the results of Kivlighan et al. (2019) – the counselor likely played a large role in this. Adam noted he and his counselor were aligned on his goals toward greater autonomy from his girlfriend and family. Similar to Adam, Robert attributed his continued attendance to counseling through goal completion, in part because of the strategy he and his counselor developed together. Lastly, as noted previously, Amy completed her first course of counseling successfully, attributing this in large part to her therapist's expertise. She remained engaged in her current course of counseling, indicating her current counselor is very

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encouraging of her achieving her goals.

In summary, the findings from the current study provided a more nuanced understanding and fresh perspective on the results of the literature. In light of the current study's findings, utilization rates, accessing counseling related to levels of distress, pathways to counseling services, and rates of attrition and persistence were re-viewed from a CSW lens.

Implications for Practice

The results of the present study offer important clues for college counseling services to affirm or reconsider how they deliver care. While there are many different models of care in college counseling services (LeViness et al., 2020), clearly a "one-size fits all" should not be one of them. Attempts at creating or sustaining one-size fits all models may reify abstract liberalism's tenets, namely, that all students have an equal opportunity to access counseling. Evidence to the contrary was clearly found in the current study's findings. Some students need more time to ease into counseling, while others need less time. To some participants, having a similarly matched racial/ethnic counselor mattered; to others it did not. Undoing the influences of Whiteness in college mental health services must be intentional and attend to the racialized context in which all students live. Failure to be intentional is to collude with a laissez-faire approach typical of abstract liberalism.

Instead, college counseling directors and campus senior leaders would do well to re-imagine their service by creating stepped-care models (Cornish et al., 2017). These models of care may increase access for all students, depending on students' unique needs and circumstances. These models offer an array of helping options, online information, self-help options, as-needed appointments, drop-in times, on-going weekly appointments, wellness coaching, support groups, peer led groups, mindfulness-based classes, and workshops, etc.

Access models, such as stepped-care models, may require counseling directors to intentionally re-distribute resources away from practices that unfairly award advantage primarily to White students. As noted by Cornish et al. (2017), "Stepped care represents a model for rationally distributing limited mental health resources to maximize the effectiveness of services based on the needs of all students" (p. 428). Philosophically, stepped-care models are grounded in distributive justice by intentionally creating fairness in an historically unfair system (Garner, 2007). As such, stepped-care models deconstruct a form of Whiteness as intangible property.

Another benefit of stepped-care models is their emphasis on "...empowerment, autonomy and shared responsibility" (Cornish et al., 2017, p. 437). Imagine the difference such a model of care would have made to Abbey. While her discouragement with her first two counselors compelled her to find ways to solve her problems on her own, a stepped-care approach might have provided her with encouragement to frame perseverance and self-help skills as a strength. I also think of the ways in which Nova would have been able to select which tools might work best for her, rather than have marshal the courage to enter a predominately White space. While she was fortunate to have a counselor who was cross-culturally competent, having tools and resources available to her prior to the individual counseling session might have reduced her concerns about how she may or may not be treated.

Prior to the onset of the pandemic, counseling services were delivered to the participants in the present study indicated at a centralized, counseling center. This was problematic because these spaces were familiar and comfortable spaces for White participants (Robert and Amy) but not universally so for students of color (Abbey and Nova). As many counseling services moved to remote service delivery options because of the pandemic, counseling centers may do well to preserve some online, remote options. Adam said he accomplished his goals quite well in the

remote format, and Amy continued to enjoy the convenience of her remote sessions. As noted

previously, Nova said she actually preferred a remote counseling format. Rather than eliminate

the center or the waiting room, the remote options provided an opportunity to reinvent where and

how some students may choose to access counseling services.

Relational Whiteness entails notions of acceptable professional practices in the

counseling relationship. These practices include encouraging clients to disclose and emote during

sessions and limiting interactions with clients to the confines of an appointment. Expectations of

White students often articulate well with these practices, providing de facto advantages to them.

However, by expanding what is professionally normative may simultaneously deconstruct

relational Whiteness and increase access of students of color.

The *Code of Ethics* of the American Counseling Association (2014) provides a useful

guide for expanding professional practices ethically by "extending counseling boundaries" (p. 5).

For example, rather than relying solely on formal counseling appointments as the starting point

of a potential counseling relationship, college-based clinicians need to be engaged with students

outside of their centers. They need to be able to interact with students in the dining halls and

residence halls. They need to serve as advisors to student clubs and organizations in which their

clients participate. They need to participate as activists in campus social justice events, protests,

and demonstrations with and on behalf of their clients. They need to be on the sidelines or in the

stands for student-athletes and advise fraternities and sororities in which their clients compete

and socialize. They need to know when appropriate, they can say hello to a student they do not

know. They need to be seen as human and act humanely. They need to invite a client to consider

including a parent, godparent, friend, tribal elder, cousin, sister, minister, rabbi, or priest into the

conversation about what could be helpful. They need to encourage a student to bring their Bible,

musical instrument, or artwork into the session. And, throughout any activity outside of the appointment time or office setting, should a counselor encounter active counseling clients, the need to know how to be flexible with the professional boundary without it becoming a barrier to what is normative in their clients' social worlds in which they live. In extending the counseling boundaries in these ways, perhaps the pathways to counseling and counselors will be recognizable, familiar, validating, and trustworthy for more students. In doing so, Whiteness as property can be systemically deconstructed.

Whiteness as power and Whiteness as relational can be diminished with the promulgation of strength-based approaches to counseling services rooted in positive psychology (Rashid, 2015; Smith, 2006; Wade et al., 2015). Strength-based approaches relocate the source of power away from the counselor-as-expert to client-as-expert. These approaches facilitate the exchange of social and cultural capital in the counseling relationship. Social capital often determines which resources individuals can access (Kiyama & Rios-Aguilar, 2018). White students in the current study (e.g., by virtue of their expectations and values systems) were able to easily exchange their social capital to access counseling as one such resources. On the other hand, strength-based approaches include other forms of social capital available for students of color. Consider how attitudes of skepticism for the students of color in the current study could be reframed and affirmed as helpful, protective, and adaptive skills. This in turn reinforces a student's inner-resources, strengths, and important skill to develop.

Future Areas of Inquiry

Continued scholarly research should continue to focus on the impact of racism, stigma, and cultural mistrust as reasons why students of color access counseling services in different ways and varying utilization rates. However, the present study calls researchers to consider the

dialectical opposites of disparate access to college counseling services using a CWS lens. If we are only focused on disadvantage, then we are missing an important piece to the puzzle of access disparities.

All too often, studies reviewed in this dissertation still use White students as the primary referent group by which students of color often fall short in terms of access to counseling services. Research approaches such as this may obscure the pretenses of abstract liberalism; minimize the impact of race/culture on students' psychological wellbeing; or subtly imply cultural racism and naturalization. Similar to the current study, future research should re-calibrate to include students of color as a referent group. All debate aside from parental disciplinary practices shared by Scarlett – her assertion that "Maybe you're weird!" nicely encapsulates how researchers may re-center what is considered to be normative.

In addition, the persistence of access disparities may be reduced with additional research on how strength-based and/or solution-focused approaches for college students can be made more available. These approaches tend to encourage clients to use whatever social and cultural capital they have at their disposal to help-themselves. Exploration, recognition, reframing and validation of certain protective factors and strengths that students of color often have to survive an intolerant world (Sue, 2016) may make counseling services more friendly, welcoming and accessible. Already, promising new research in these approaches have been demonstrated to reduce stress, anxiety, and even Internet addiction in college students (Novella et al., 2020; Sitindaon & Widyana, 2020; Zhang et al., 2020).

In the wake of the COVID pandemic, burgeoning research such as Huilgol et al. (2021) is critical to expand access to counseling via remote options. Tele-mental health is likely here to stay and counseling centers need to re-orient themselves to deliver services in this way. Of

course, research along the same line needs to focus on ways to reduce the digital divide as noted by various authors (Anderson, 2019; Beaunoyer et al., 2020; Campos-Castillo & Laestadius, 2020; Holmes et al., 2020) to support and sustain the emergence of new digital modes of access to college counseling resources.

Summary

The current study demonstrated that a CWS approach is a useful framework to better understand how experiences of Whiteness impact access to college counseling services for undergraduate students of color and White students. In light of current study's findings, access disparities may be more fully understood. Disparities may be diminished by a reexamination of how and where counseling services are delivered on college/university campuses.

Future research should continue to investigate both the impact of racism, stigma, and cultural mistrust as impediments counseling. It is equally important that formal inquiry investigate the dialectical opposites of these impediments, namely that which is rooted in Whiteness. Research should attempt to avoid problematizing students of color in terms of access disparities. Finally, as a promising area of service delivery, research regarding best-practices regarding remote tele-mental health is needed to continue to diminish access disparities.

Researcher Reflection

As a researcher, I have been impacted by the current study in ways too numerable to adequately describe here. What began as a project to understand the Other ended up being a project to better understand systems and structures that "othered." As a part of that system in my past and current professional roles, I felt it was a moral obligation to deconstruct forces and systems that advantage some, yet simultaneously disadvantage others. To paraphrase Mills (as cited in Garner, 2007, p. 4), while I was not a signatory to the racial contract, I am indeed a

beneficiary of it. My hope and prayer are that through this dissertation, I have in some small

way been able to renegotiate that contract.

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APPENDIX A

Email to Professional Colleagues

Dear Colleagues,

My name is Jeff Klug, a doctoral candidate in the Colorado State University, School of Education, Higher Education Leadership program. My faculty advisor is Professor Sharon Anderson, PhD.

I am in the process of recruiting participants for my dissertation research. I have included personal and professional networks as part of my sampling approach. While your communication about this study to others is entirely voluntary, I would like to ask you to assist in spreading this study within your network. Purposeful sampling is also noted as a sampling method, so I welcome connection to anyone you believe may fit the criteria within your own network. The parameters are:

• domestic, undergraduate student; age 18 years of age or older

• participants who identify as either White or a student of color

• have attended at least one counseling session at their respective

  college/university counseling center.

I am interested to learn about the experiences of both White and students of color undergraduate students who access and use counseling at their campus counseling center. I'm particularly interested in how norms that are based on a White, western point of view impacts access to counseling for students. My dissertation study is titled *"The Role of Whiteness in Access Disparities in College Counseling Services" (*IRB Protocol # 20-10426H).

Feel free to forward this email to others who may be interested in participating; or if you know of potential participants. Interested participants can easily complete the screening

questionnaire, informed consent document and book a time to meet with me by

clicking **here.** Participants will receive a $25 e-Visa gift card as a thank you for their time.

Thank you for your support and please let interested participants know they may reach

out to me directly at jklug@rams.colostate.edu or call/text 410-241-4215 for more information.

Sincerely,

Jeff Klug, Doctoral Candidate
Co-Principle Investigator
Higher Education Leadership Program
School of Education,
Colorado State University

Sharon Anderson, PhD
Principle Investigator | Professor
Higher Education Leadership Program
School of Education
Colorado State University

APPENDIX B

Email to Student Campus Clubs/Organizations

Hello,

My name is Jeff Klug, a doctoral candidate in the Colorado State University, School of Education, Higher Education Leadership program. My faculty advisor is Professor Sharon Anderson, PhD.

I would like to invite you to take part in my research study. I am interested to learn about the experiences of undergraduate students who access and use counseling at their campus counseling center. I'm particularly interested in how norms that are based on a White, western point of view impacts access to counseling for students.

If you agree to participate in my research, please complete the Screening Questionnaire and sign/scan and email the Informed Consent document to me. Then, I will conduct an interview with you in-person at a time and location of your choice; or remotely via Zoom at a time of your choice. The interview will involve questions about your experience in your campus counseling center. I will ask you questions about what you may have noticed when you went to an appointment, your level of comfort, and whether or not it was helpful to you. The interview should last about 60-90 minutes. I may ask for a short second interview if I need to clarify some information from the first interview.

To thank you for participating in this study, you will receive a $25 e-Visa gift card from me. The following criteria for participating in the study includes:

- you are at least 18 years old;

- a domestic, undergraduate student;

- attended at least one counseling session at your college counseling center;

- and you are interested in participating.

Please contact me at jklug@rams.colostate.edu or call/text me at 410-241-4215. Please see the flyer is which attached. Feel free to forward this email and flyer to with others who may be interested in participating.

Sincerely,

Jeff Klug, Doctoral Candidate	Sharon Anderson, PhD
Co-Principle Investigator	Principle Investigator | Professor
Higher Education Leadership Program	Higher Education Leadership Program
School of Education	School of Education
Colorado State University	Colorado State University

APPENDIX C

Screening Questionnaire

PROTOCOL NUMBER: 20-10426H

Directions: Please check one answer for each question. Scan/take photograph and return to

jklug@rams.colostate.edu

How do you identify in terms of race?

_____ White

_____ BIPOC/person of color

Are you an undergraduate student?

_____ Yes

_____ No

Are you a domestic (U.S.) citizen?

_____ Yes

_____ No

Have you attended at least one (1) counseling session at your college/university counseling

center?

_____ Yes

_____ No

APPENDIX E

Colorado State University

Informed Consent to Participate in Research

Title of Study: The Role of Whiteness in Accessing Disparities in College Counseling Services

Introduction and Purpose

My name is Jeff Klug, a doctoral candidate in the Colorado State University, School of Education, Higher Education Leadership program. My faculty advisor is Professor Sharon Anderson, PhD.   I would like to invite you to take part in my research study. I am interested to learn about your experiences as someone who went (or currently goes) to your campus counseling center. I'm particularly interested in how norms that are based on a White, western point of view impacts access to and use of college counseling centers.

Procedures

If you agree to participate in my research, I will conduct an interview with you in-person at a time and location of your choice or remotely via Zoom at time of your choice. The interview will involve questions about your experience in your campus counseling center. For example, I will ask you questions about what you may have noticed when you went to an appointment, your level of comfort, and whether or not it was helpful to you.

The interview should last about 45-60 minutes. With your permission, I will digitally record or record the Zoom meeting and take notes during the interview. The purpose of recording is to accurately capture the information you provide, and will be used for transcription purposes only. If you agree to being digitally recorded but feel uncomfortable or change your mind for any reason during the interview, I can turn off the recording at your request. Or if you don't wish to continue, you can stop the interview at any time.

For added clarification from the first interview, I may ask you for one additional interview. If so, I will contact you by email/phone to request this. The follow-up interview will be conducted either in-person at a time and location of your choice; and/or remotely via Zoom at time of your choice.

After each interview, I will email you a one-page summary so that you can be sure that I correctly understood what you shared with me. You will be invited to comment and add suggestions to make this summary as close as possible to what you intended to share with me.

Benefits

There is no direct benefit to you from taking part in this study. It is hoped that the research will give some insight into how White, western norms impact a student's access to and experience of college counseling services.

Risks/Discomforts

While not designed to do so, some of the research questions may make you uncomfortable. You may ask me at any time to clarify the question or the reason I am asking you this question. You are free to decline to answer any questions you don't wish to, or to stop the interview at any time.

As with all research, there is a chance that confidentiality could be compromised; however, we are taking precautions to minimize this risk.

Confidentiality

Your study data will be handled as confidentially as possible. If results of this study are published or presented, individual names and other personally identifiable information will not be used. To minimize the risks to confidentiality, I will ask you to choose a pseudonym (a made up first name) before the interview begins. I will refer to you by this pseudonym during the

interview. I will keep all written materials on the CSU password protected server.

I will transcribe the audio recordings as soon as possible after the interview, and then destroy the audio files once the research is completed.

We may be asked to share the research files with the CSU Institutional Review Board ethics committee for auditing purposes. Your identity/record of receiving compensation (NOT your data) may be made available to CSU officials for financial audits.

Compensation

To thank you for participating in this study, you will receive a $25 e-Visa gift card from me immediately after you complete each interview. The e-Visa card will be sent via www.vanillagift.com The only information I will need to collect from you is your email address.

Rights

Participation in research is completely voluntary. Should you decide to participate, you can decline to answer any of the interview questions and are free to stop taking part in the project at any time.

Questions

If you have any questions about this research, please feel free to contact me at 410-241-4215 or jklug@rams.colostate.edu. You may also contact Dr. Sharon Anderson, PhD at (970) 491-6861 or Sharon.anderson@colostate.edu

If you have any questions about your rights or treatment as a research participant in this study, please contact the Colorado State University Institutional Review Board (IRB) at: 970-491-1381, or e-mail RICRO_IRB@mail.colostate.edu .

Consent

Do you consent for your interview to be digitally audio recorded and/or have our Zoom interview recorded?

___Yes, I agree to be digitally recorded.   _____(initials)

___No, do not digitally record my interview. _____(initials)

Do you give permission for the researchers to contact you for a second interview if it is needed?   Please initial next to your choice below.

___Yes   _____(initials)

___No   _____(initials)

If you wish to participate in this study, please sign and date below. You will be given a copy of this consent form to keep for your own records.

_____

Participant's Name (please print)

_____ _____

Participant's Signature   Date

Information, Consent and Screening form

If interested, email jklug@rams.colostate.edu or text/call 410-241-4215

RESEARCH PARTICIPATION OPPORTUNITY

IN A DOCTORAL DISSERTATION RESEARCH PROJECT
COLORADO STATE UNIVERSITY
SCHOOL OF EDUCATION
HIGHER EDUCATION LEADERSHIP PROGRAM

Are you interested in sharing your experience with your college counseling service to help us understand how norms based on White, western points of view impact your experience?

Confidential
45-60 minute interviews in-person or via Zoom.

Approved
By Colorado State University Institutional Research Board

Paid
A $25 e-Visa card for each completed interview.

PROTOCOL # 20-10426H

Principle Investigator: Sharon Anderson, PhD | Professor | School of Education | CSU
Co-Principle Investigator: Jeff Klug | Doctoral Candidate | CSU

If interested, email jklug@rams.colostate.edu or text/call 410-241-4215

Colorado State University
Informed Consent to Participate in Research

Title of Study: The Role of Whiteness in Accessing Disparities in College Counseling Services
PROTOCOL NUMBER: 20-10426H

Introduction and Purpose
My name is Jeff Klug, a doctoral candidate in the Colorado State University, School of Education, Higher Education Leadership program. My faculty advisor is Professor Sharon Anderson, PhD. I would like to invite you to take part in my research study. I am interested to learn about your experiences as someone who went (or currently goes) to your campus counseling center. I'm particularly interested in how norms that are based on a White, western point of view impacts access to and use of college counseling centers.

Procedures
If you agree to participate in my research, I will conduct an interview with you in-person at a time and location of your choice; or remotely via Zoom at time of your choice. The interview will involve questions about your experience in your campus counseling center. For example, I will ask you questions about what you may have noticed when you

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this pseudonym during the interview.
- I will keep all written materials CSU's College of Health and Human Sciences password protected "Student Desktop" to which only I have access.
- Interview records and consent documents will be stored separately from each other. The same measures described above will be taken to protect confidentiality of this study data. I may be asked to share the research files with the Institutional Review Board ethics committee for auditing purposes.

Data Security
All data, including the one page summary; Zoom and phone recordings; and transcripts will be digitally stored on CSU's College of Health and Human Sciences password protected "Student Desktop" to which only I have access.

I will transcribe the audio recordings as soon as possible after the interview, and then destroy the audio files once the research is completed.

As previously stated, interview records and consent documents will be stored separately from each other. The same measures described above will be taken to protect confidentiality of this study data.

We may be asked to share the research files with the CSU Institutional Review Board ethics committee for auditing purposes. Your identity/record of receiving compensation (NOT your data) may be made available to CSU officials for financial audits.

Future Use of Data/Information
Any information collected as part of this research will not be used or distributed for future research studies.

Compensation
To thank you for participating in this study, you will receive a $25 e-Visa gift card from me immediately after you complete each interview. The e-Visa card will be sent via www.vanillagift.com The only information I will need to collect from you is your email address.

Rights
Participation in research is completely voluntary. Should you decide to participate, you can decline to answer any of the interview questions and are free to stop taking part in the project at any time.

Questions
If you have any questions about this research, please feel free to contact me at 410-241-4215 or

Do you consent for your interview to be digitally audio recorded and/or have our Zoom interview recorded?

○ Yes, I agree to be digitally recorded.
○ No, do not digitally record my interview.

Please initial here if you agree to be digitally recorded

[ ]

Do you give permission for the researchers to contact you for a second interview if it is needed?

○ Yes
○ No

By my initials here, I give permission for the researchers to contact me for a second interview if it is needed.

[ ]

---

went to an appointment, your level of comfort, and whether or not it was helpful to you.

The interview should last about 60-90 minutes. With your permission, I will digitally record or record the Zoom meeting and take notes during the interview. The purpose of recording is to accurately capture the information you provide, and will be used for transcription purposes only. If you agree to being digitally recorded but feel uncomfortable or change your mind for any reason during the interview, I can turn off the recording at your request. Or if you don't wish to continue, you can stop the interview at any time.

For added clarification from the first interview, I may ask you for one additional interview. If so, I will contact you by email/phone to request this. The follow-up interview will be conducted either in-person at a time and location of your choice; and/or remotely via Zoom at time of your choice. After each interview, I will email you a one page summary so that you can be sure that I correctly understood what you shared with me. You will be invited to comment and add suggestions to make this summary as close as possible to what you intended to share with me.

Benefits

Do you consent for your interview to be digitally audio recorded and/or have our Zoom interview recorded?

○ Yes, I agree to be digitally recorded.
○ No, do not digitally record my interview.

Please initial here if you agree to be digitally recorded

[ ]

Do you give permission for the researchers to contact you for a second interview if it is needed?

○ Yes
○ No

By my initials here, I give permission for the researchers to contact me for a second interview if it is needed.

[ ]

If you wish to participate in this study, please type your name here as your e-signature. You will be given a copy of this consent form to keep for your own records.

[ ]

Participant's Name (First Last)

[ ]

Date

[ ]

Phone

[ ]

Email

jklug@rams.colostate.edu . You may also contact Dr.
Sharon Anderson, PhD at (970) 491-6861 or
Sharon.anderson@colostate.edu

If you have any questions about your rights or treatment as
a research participant in this study, please contact the
Colorado State University Institutional Review Board (IRB)
at: 970-491-1553, or e-mail RICRO_IRB@mail.colostate.edu

O I read the above information

Screening Questionnaire
Directions: Please check one answer for each question.

How do you identify in terms of race?

O White
O BIPOC/person of Color

Are you an undergraduate student?

O Yes

There is no direct benefit to you from taking part in this
study. It is hoped that the research will give some insight
into how White, western norms impact a student's access
to and experience of college counseling services.

Risks/Discomforts
While not designed to do so, some of the research
questions may make you uncomfortable. You may ask me
at any time to clarify the question or the reason I am
asking you this question. You are free to decline to answer
any questions you don't wish to, or to stop the interview at
any time.

As with all research, there is a chance that confidentiality
could be compromised; however, we are taking
precautions to minimize this risk.

Confidentiality
Your study data will be handled as confidentially as
possible. If results of this study are published or presented,
individual names and other personally identifiable
information will not be used.

To minimize the risks to confidentiality, I will

* Ask you to choose a pseudonym (a made up first
  name) before the interview begins. I will refer to you by

O No

Are you a domestic (U.S.) citizen?

O Yes
O No

Have you attended at least one (1) counseling session at
your college/university counseling center?

O Yes
O No

Are you age 18 or older?

O Yes
O No

CONSENT

APPENDIX G

Additional Protocol Questions Added After Pilot Study

1. Can you arrange to have a counselor of your own race most of the time?

2. Did you change the way you spoke or acted depending on the race of your counselor?

3. Can you go to the counseling center alone most of the time, pretty well assured that you will not be followed or harassed?

4. Can you go to the counseling center webpage and see people of your own race widely represented?

5. If you were late to an appointment or forgot, how concerned were you that this might reflect on your race?

6. If you needed emergency psychological care, would you be concerned that your race would affect whether or not you got the care?

7. How concerned were you that the counseling center is in a location that will be neutral or pleasant to me?

8. True or False: Can you go alone or with your BF/GF to the counseling center without expecting hostility from those with whom you will interact once you get there.

9. True or False: I know others like my own race/ethnicity who are seeking help for problems.

10. True or False: I could reject my counselors' recommendations without worrying that my rejection of these choices would indicate bad morals, the poverty, or the illiteracy of my race.

11. True or False: I am never asked to speak for all the people of my racial group by a counselor.

12. True or False: I can go home from most counseling sessions feeling somewhat tied in, rather than isolated, out-of-place, outnumbered, unheard, held at a distance, or feared.

13. True or False: I can choose to refer my friends to the counseling center without fearing that people of my race cannot get in or will be mistreated in the places I have chosen.

14. True or False: I can be sure that if I need emotional or psychological help, my race will not work against me.

15. True or False: If my counseling sessions with my counselor are not helping, I need not ask of each session whether it had racial overtones.

Analytic Memos

Memo #1: Coding Cycle One

What is an attitude? value? belief? An attitude in how someone expresses themselves through words, verbal utterances, behavior (including non-verbal behaviors), tone, intent and choice of word. A value is something that a person deems important, worthy or desired. It is expressed through conscious or unconscious ways in which people live their lives. It may be explicitly stated or implied through language, deeds or lifestyle. A belief is something that a person holds to be true, often times regardless of reason or rationality or whether or not it can be proven. It may be expressed explicitly or implicitly through a person's world view, cosmology or lifestyle.

Memo #2: Coding Cycle 2 and Signal Detection Theory

In what ways do the attitudes, beliefs, and values of the participants imply, suggest or state the presence of color-blind ideologies (that create, sustain, perpetuate and reify Whiteness)? I'll be "coding-on" the 4 frames of CB ideology.

Iterative process of Phenomenological Coding: Because the search for Whiteness can be elusive - likely depending on one's own awareness, lived-experience and positionality - I'm interested in hearing examples of hits, hints and misses (signals) pertaining to Whiteness.

- Hit is the positive signal of Whiteness

- Hint can be a positive or negative signal that is suggestive of Whiteness

- Miss is a negative signal of the presence of Whiteness

    Some examples using aspects of color-blind ideology as an interpretive lens:

    A hit could mean that a student of color walks into the counseling center and describes

how nobody on the staff or in the waiting area there looked like him (Whiteness as space).

A hint of Whiteness could mean that a participant in a mixed White/students of color group counseling session described a heated exchange in the 6th session. In a group discussion about race on campus, two students of color reported that they had experienced discrimination in the cafeteria - but a White student said that they were blowing it out of proportion and didn't see what the big deal was. Instead of redirecting the group toward validating these two students' experiences, the counselor said that he wanted to maintain a "safe space" for everyone to share their reactions (minimization of racism). All group members fell silent instead.

A miss could mean that a White student talks about how he didn't agree with a counselor's recommendation to attend weekly sessions. He said that he then no-showed after the first session without explanation to the counselor. However, at no point during the interview did he mention that he was concerned that his no-showing would be attributed to his culture (exempt from cultural racism).

Memo #3: Coding Cycle 2 and Cycle 3 and Signal Detection

In entering into or participating in a counseling session, participants were asked questions about their experiences. As the researcher working within the framework of a CWS hermeneutic tradition, I am forced to decide how likely it is that Whiteness was present in their account. Additionally, it is my job to describe this in light of the phenomenon in question and to describe its essence vis-a-vis the frames of color-blind ideology. As a researcher, I base my decision as to whether a Whiteness is present or not - aided or impeded by my level of familiarity with a critical view.

Memo #4

Abbey

Abstract liberalism assumes all students have the same individual choices or opportunities to participate equally in counseling. Abbey's account suggests otherwise and constitutes an argument in support of the presence of AL in her counseling sessions. She had to try three different counselors at her own peril - in part because they did not treat her as an individual in need of customized listening and support.

The impact of racism was not well attended (aka *minimized*) by her counselor when it came to her economic drive to finish in that the counselor did not take into account the fact she did not enjoy economic privilege - and the job market for Abbey may likely be very different that for a White student. Abbey worked jobs and could not just as easily quit to enjoy the same economic privilege as her White counterparts. Not asking about COVID may also be an example that did not take into account the disproportionate impact on Abbey and her family as a Hispanic family.

Adam

- Use of the word "I" implying choice

- Did not have to consider intersection of his race on seeking help...all people do not have this same opportunity

- All people are not devoid of disparate impact of COVID

- Protocol and standard tools (e.g., suicide assessment, "papers") - while jarring or not exactly what Adam had hoped for - speak to AL in that these are considered to be standard and "neutral".

- Carving out "me time" is culturally congruent for him as a White student and counselor supported him in that...evidence of MC sensitive counseling or not?

Robert

Ok...so the additional questions really made a difference in finding evidence of the 4 frames of CBI. As with Adam, I coded on to the 4 frames of color-blind ideology not necessarily because he experiences naturalization, cultural racism, or minimization of racism - but quite the opposite. This is where Whiteness is invisible but surely present.

Re: AL - choice was endorsed by Robert as a viable option for him without impedance to seek a counselor, access to come/go as if it were an individual choice that is available to "Everyone" (not true); could see others of his own race widely represented in which his racialized identity did not clash with other identities.

He did *not* experience minimization of his race - which is exactly the point. This is a grace given to *de facto* as a White student. Nor did he endure naturalization in a bad way - in fact, naturalization for him was just that - it's "natural" for him to anticipate being asked to "open up", seek help and participate verbally in the counseling process.

Memo #5: Comparison

I noticed for Amy and Adam (2 white students), I had less coding as compared to Nova (SOC). I think that this is because their stories of counseling convey a sense of congruence with counseling - both as a system and as an individual experience with their counselor. Not coding does not mean that nothing exists - instead it may suggest he "invisible presence" of Whiteness.

Memo #6: Dialectical Opposites

Coding by selecting the seemingly most opposite participants: Nova and Amy. The former seemed to express the presence of racism - while the latter seems to express its dialectical opposites.

Memo #7

Tips from NVivo website: Researchers working in methodologies such as phenomenology or discourse analysis may get straight into detailed coding (making nodes as required) and then, later on, combine and group the nodes into related categories.

Memo #8: Praxis...note to self

Why are the White students' transcripts easier for me to condense?   Because the SOC transcripts are much more in-depth and seemingly complex. Could this have to do with the fact that my racialized position aligns more closely with theirs?   It is harder to see that which is present and not present simultaneously, namely, Whiteness with my White participants? Maybe I'm falling prey to the perfectly reasonable explanations that belies White color-blindness.

Memo #9: Reflection on Abbey

I also wondered if what played out with counselor #1 and counselor #2 was being re-enacted between Abbey and me. Specifically, what was her level of trust?

Would she have mentioned religion had I not brought it up? Is it likely that disclosing religion - is also a deviation from the norm of White counselors, unless they specifically ask?

Is religiosity of clients a kind of color-blindness in the counseling process - e.g. "We treat all people equally regardless of color?" Culture and religion for Abbey cannot be separated. Reading the room seems to strongly hint at Whiteness as terror. Wealth at a PWI also implies "You're not one of us" - thereby endorsing Whiteness as the center. Standard protocol approaches ("We treat all people equally") may be another form of color-blindness that reifies Whiteness as standard.

Memo #10: Reflections on Adam Compared to Amy

In condensing this transcript, what really struck me was the ease with which Adam could

navigate the boundary of entering, participating-in, and exiting counseling. His preferred style of counseling (in session #1) was talking, expanding, disclosing - something he relished and seemed to do with ease without even thinking about it once. There was an "absence of obstacles" to him - and that may have some roots in Whiteness as normative.

In stark contrast to Abbey, Adam did not have to "read the room" for signs of acceptance or safety (although it was virtual so can't be certain about that). He had no concerns about his counselor's trustworthiness, even as a trainee. In fact, he had some cultural capital in that he could "cash in" his knowledge of how or if counselors are different from academic counselors in high school.

What was the role of Whiteness in terms of access disparities? It may have been a potent factor in that there was cultural congruence, no racialized power dynamics to negotiate; encourage individualism; and aspirations toward achieving happiness.

So, what did Adam say that might indicate the presence of Whiteness in his counseling sessions? Perhaps abstract liberalism - they myth that all people have equal access to counseling services - and that racialized dynamics are neutralized for White students; but perhaps not for students of color.

There is evidence here that Whiteness is a kind of absence, a kind of presence.

Structural Whiteness - for both Abbey and Adam - may be evinced by the protocol approaches provided for both. For Abbey, the recommendations of counselor #1 and counselor #2 failed to account for the context or culture. She was perhaps regarded as "like everyone else" (meaning White people) in which counseling was delivered from a central White vantage point. For Adam structural Whiteness provided safety, familiarity and comfort.

Memo #11: Nova and Navigating Whiteness

- Choice of counselor not available – refutes tenets of abstract liberalism

- Additional labor required as a client to access care (thought about it for while)

- Participate in care requires extra work (code switching), Whiteness as normative (managing stereotype threat and cultural racism via punctuality/arriving early to sessions), refer a friend to counseling (would have to assess situation)

- Keep moving as a woman of color...Can't complain (Nova)

- Distance counseling might be helpful for SOC - safety concerns ameliorated

Memo #12: Thoughts

Thought: racism is the effect; whiteness is the origin. Whiteness is the antecedent; racism is the result. In light of the research question, one salient point described by Robert was that he would consider rejecting a counselors' recommendation and only ascribe it to something personal. Whiteness reinforces that individualism - the "people are people" argument - whereas for Abbey and later Nova - the concern is that cultural racism would be invoked if they were to reject a counselor' recommendation.

Similar to Adam, Robert could also easily access, receive and exit counseling with relative ease - evidence perhaps that is consistent with color-blind, abstract liberalism (e.g. all students have equal access to counseling services - as believed by Robert). Having no concerns about safety, trust, or access afforded Robert and Adam a permeable boundary - to, within and out of counseling services - an unobstructed pathway - that did not exist for Abbey. This pathway hints at Whiteness as Systems and Property

Memo #13: Regarding the Pilot Study

Per Ch. 3, "A pilot study with the first two participants - one student of color (Abbey) and

one White student (Adam) - will be conducted to help me to determine if the protocol questions relate to the phenomenon of Whiteness.

After reading through the transcripts of both, Abbey on the whole discussed the disadvantages, leaving a rather sour outlook on her experiences with 3 different counselors. Relative to Abbey, Adam spoke relatively favorably on his 3 (and only) counseling sessions.

In order to better get at the essence of Whiteness - and ideology that secures privileges for some but not "the Other" - I wanted to get a better sense of the privileges offered or denied.

With that being said, I added questions by riffing on Peggy McIntosh's invisible knapsack of White privileges to the subsequent four interviews. I think in doing so, themes arose such as comfort, easy navigability to and during counseling sessions, un-impedance and effortlessness, and a priori trust began to emerge.

Memo #14: Participant Feedback from Short Summary

Amy replied back via email stating: "Jeff! My apologies for the delayed response. This transcription is perfect and accurately describes my experience. The last paragraph is accurate as well! If I could ever see the culmination of this study, I would love to!

Nova replied as well stating: "Hi Jeff, I read through the summary, sounds good! Please let me know how everything goes with your dissertation, etc.! All my best, "

Adam replied stating that he would get back to me with feedback by the requested deadline yet he did not.

APPENDIX I

Interview Protocol Questions/Prompts
Substantiated by the Research Literature

1. Research Literature

 "Given that nearly 90% of psychologists and mental health practitioners in the United

States are of the dominant group...." (American Psychological Research Office; Puryear

Keita, as cited in Gómez, 2015, p. 130)

Protocol Question

What is the likelihood of being able to see a counselor of your own race/ethnicity?

2. Research Literature

"...the homogeneity of the mental health care profession indicating that superiors,

colleagues, supervisors, and students are more likely to be from the dominant group"

(American Psychological Research Office; Puryear Keita as cited in Gómez, 2015, p.

130)

Protocol Question

How likely is it that you would encounter another student in the counseling center

waiting room of your same race/ethnicity?

3. Research Literature

"In greater likelihood, clients [of color] may have dropped out of treatment because they

felt that it was not immediately helpful in addressing their problems. Clinicians than offer

an immediate benefit (e.g., normalization, validation) to enhance perceptions of therapy

credibility for culturally diverse clients" (Kim et al., 2016, p. 307).

Protocol Question

Was counseling immediately helpful to you? Why or why not?

4. <u>Research Literature</u>

   Among Asian Indians, for example, scholars have suggested that reframing mental health symptoms as reactions to interpersonal issues is one way to promote help-seeking in a culturally congruent manner (Leung, Cheung, & Tsui, 2011 as cited in Kim et al., 2016, p. 307)

   <u>Protocol Question</u>

   Did your counselor think your distress was because of something internal (e.g., depression) or did thy describe it as a normal reaction to interpersonal struggles?

5. <u>Research Literature</u>

   Active self-disclosure and discussion of distressing thoughts and feelings, particularly in the initial phases of therapy may be distressing to certain groups. (Kim et al., 2016, p. 307).

   <u>Protocol Question</u>

   In the first session – or first couple of sessions – did your counselor encourage you to "open-up" such as talking about any negative thoughts or distressing feelings that you had? What did you think about this if so?

6. <u>Research Literature</u>

   Furthermore, mismatches on expectations about treatment, such as therapist directiveness, may also contribute to the perception that treatment was not helpful [to students of color] (Wong, Beutler, & Zane, 2007 as cited in Kim et al., 2016, p. 307)

   <u>Protocol Question</u>

   Did your counselor give you direct advice or recommendations; or was your counselor more of the listening type without giving much concrete advice? What did you think

about this either style?

7. <u>Research Literature</u>

"The pattern of findings for Asian American students (i.e., high levels of initial distress but less engagements in treatment) strongly suggests that this clientele has great clinical needs but may not find specialized office-centric mental health services to be a viable means for addressing these needs. (Kim et al., 2016, p. 308)

<u>Protocol Question</u>

Did you like or dislike meeting your counseling in an office in the counseling center? would you have preferred it to take place somewhere else? where and why?

8. <u>Research Literature</u>

An implication from the current and previous findings may be that counselors should directly address academic concerns [for students of color...esp. Hispanic and Asian students], particularly at the outset of treatment, as a mechanism to demonstrate the utility of seeking counseling for problems related to academics and the emotional concerns that may coincide with academic difficulties. This may also serve to validate the presenting concerns of many clients, which in turn, may reduce the stigma associated with mental health problems and increase session attendance (Kim et al., 2016, p. 307)

<u>Protocol Question</u>

Did your counselor talk with you about any academic concerns that you had from the outset?

9. <u>Research Literature</u>

"...the relevant interviews cite mistrust in Caucasian physicians and the healthcare system and as well as a racialization of disease. When one mistrusts a system, they are less likely

to utilize it (Adewale et al., 2016, p. 83)

Protocol Question

On the whole, do you trust or mistrust counselors in general? Why or why not?

10. Research Literature

see Pace et al. (2018)

Protocol Question

Did any campus promotional material, social media outlet, event or program prompt you to access campus counseling services? Can you tell me more about how these messages did or did not speak to you?

11. Research Literature

"Most major theories of counseling and psychotherapy are Eurocentric. They were developed by White males, and they promote values—such as individualism and independence—that are characteristic of White, Western culture (Ridley, 2005, p. 184)

Protocol Question

Did your counselor emphasize autonomy and independence or harmony and interdependence with your family?

12. Research Literature

see Hornsey et al. (2018)

Protocol Question

Did your counselor emphasize that the overall goal of counseling is to achieve the highest level of happiness, freedom, health, self-esteem? Do you agree or disagree that this is the purpose of counseling? Ask student to explain further...

13. Research Literature

see Pew Research Center (2019), U.S. Department of Commerce (2013)

<u>Protocol Question</u>

If you transitioned or were offered remote counseling with your counselor because of the COVID19 pandemic, did you/do you have access the high-speed, broadband internet? A computer/tablet or smartphone? Do you have privacy if you need to have an online counseling session?

14. <u>Research Literature</u>

see Ruiz (2020)

<u>Protocol Question</u>

Did your counselor talk with you about the impact of your race/ethnicity and COVID19?

APPENDIX J

Protocol Script and Questions

Script

Thank you for agreeing to participate in this research with me. I'm going to ask you some questions to guide our conversation. Along the way, I may ask you to expand on your answer or to clarify what you mean. There are no wrong answers whatsoever – my goal is to understanding your responses as clearly as possible. Please feel free to ask me questions too in order to clarify what I'm asking.

Questions

1. Did someone encourage you to access the counseling center? Was this a friend, a teacher, a family member or someone else? Why did they encourage you to go to the counseling center?

2. Were you offered a choice to meet with a counselor of your own race/ethnicity? If yes, did you prefer to see that counselor? Why or why not?

3. Think back to the people you encountered into the counseling center space. Who do or did you typically see there in the waiting room? What race or ethnicity were these people?

4. Is/was counseling immediately helpful to address your problem(s)? Why or why not? In what ways was it helpful? In what ways was it not helpful?

5. Did/does your counselor think your distress was because of something internal (e.g. depression) or did they describe it as a normal reaction to interpersonal struggles? What did you think about your counselor's interpretation of your struggle?

6. In the first session – or first couple of sessions – did/does your counselor encourage you

to "open-up" such as talking about any negative thoughts or distressing feelings that you had? What did you think about this if so?

7. Did/does your counselor give you direct advice or recommendations; or was your counselor more of the listening type without giving much concrete advice? What did you think about their style?

8. If you met in an office setting, what did you think about this? would you have preferred it to take place somewhere else? where and why?

9. Did/does your counselor talk with you about any academic concerns that you had from the outset?

10. On the whole, do you trust or mistrust counselors in general? Why or why not?

11. Did/does any campus promotional material, social media outlet, event or program prompt you to access campus counseling services? Can you tell me more about how these messages did or did not speak to you?

12. Did/does your counselor emphasize autonomy and independence or harmony and interdependence with your family?

13. Did/does your counselor emphasize that the overall goal of counseling is to achieve the highest level of happiness, freedom, health, self-esteem? Do you agree or disagree that this is the purpose of counseling?

14. If you transitioned or were offered remote counseling with your counselor because of the COVID19 pandemic, did you/do you have access to high-speed, broadband internet? A computer/tablet or smartphone? Do you have privacy if you need to have an online counseling session?

15. Did/does your counselor talk with you about the impact of your race/ethnicity and COVID19?

Added Questions

1. Can you arrange to have a counselor of your own race most of the time?

2. Did you change the way you spoke or acted depending on the race of your counselor?

3. Can you go to the counseling center alone most of the time, pretty well assured that you will not be followed or harassed?

4. Can you go to the counseling center webpage and see people of your own race widely represented?

5. If you were late to an appointment or forgot, how concerned were you that this might reflect on your race?

6. If you needed emergency psychological care, would you be concerned that your race would affect whether or not you got the care?

7. How concerned were you that the counseling center is in a location that will be neutral or pleasant to me?

8. True or False: Can you go alone or with your BF/GF to the counseling center without expecting hostility from those with whom you will interact once you get there.

9. True or False: I know others like my own race/ethnicity who are seeking help for problems.

10. True or False: I could reject my counselors' recommendations without worrying that my rejection of these choices would indicate bad morals, the poverty, or the illiteracy of my race.

11. True or False: I am never asked to speak for all the people of my racial group by a

counselor.

12. True or False: I can go home from most ~~counseling~~ sessions feeling somewhat tied in, rather than isolated, out-of-place, outnumbered, unheard, held at a distance, or feared.

13. True or False: I can choose to refer my friends to the counseling center without fearing that people of my race cannot get in or will be mistreated in the places I have chosen.

14. True or False: I can be sure that if I need emotional or psychological help, my race will not work against me.

15. True or False: If my counseling sessions with my counselor are not helping, I need not ask of each session whether it had racial overtones.

APPENDIX K

Summary of Interviews

Abbey

Abbey attends a 4-year, large, public university in the northeast. She describes her university as predominantly White. She initially sought counseling from the university counseling center "because of a problem with my classes and my stress level at that time and everything happening at home". She states that counseling was not immediately helpful to her "due to the timing", meaning she was only permitted 30 minutes for the first session, and invited to return in four weeks.

She returned four weeks later and met with the same counselor and "there was not much of a difference so I tried another person by the third time". Abbey did not find this second counselor helpful either, noting that the recommendations that they gave was "not possible to [me] at the moment". With counselor #1, she stated that she feigned accepting their advice rather than tell them that it was not a viable solution for her. Upon receiving similar advice from counselor #2, she stated that "I need another solution!". She ultimately met with a third counselor who helped her. The help came largely in the form of listening, understanding, and validating of her situation. Abbey attributes this style of counseling to the fact counselor #3 was a woman.

In general, Abbey does not trust counselors, and cites "trauma from the past" experiences with counselors in high school who likely broke her confidentiality by disclosing things to her teachers. Her sister experienced the same thing. She believes counselors are largely "there for the money" and while they try to give solutions, they have no accountability if their recommendations don't work and can easily say to themselves "Well, at least I tried!"

Once Abbey's university went remote due to COVID, she scheduled a remote counseling session, but said that by the time the appointment time came around, she had "already fixed her problem". While it took some time to come to her own solutions by jotting down her issues, she began to notice solutions that were actually at her disposal. These included planning out her life two years in advance; and asking herself some questions like "Where do I want to see myself?".

We also discussed the importance of religion in her life and the central role it plays. However, she said that she was not asked about this by counselors, nor did she feel comfortable bringing it up with counselor #1 or counselor #2. She was able to "read the room" for signs that it was acceptable to discuss religion with counselor #3, who was identified by Abbey as a Christian. Only if a counselor has some outward expression of the importance of religion (e.g., possibly a Muslim woman) would Abbey have felt comfortable talking more about religion. This led to a discussion about trust in general - and if she didn't feel comfortable with a counselor, she might edit what she says or discloses.

In summary, Abbey had to persist in finding a counselor who finally understood her situation after carefully listening to her. "Cookie cutter" recommendations from her first two counselors were not helpful as these recommendations did not take into account her unique circumstances (e.g., needing to graduate and needing to work). Understandably, Abbey does not trust counselors, having had negative experiences with them in high school; that counselors generally are really in it for a paycheck; and if their recommendations are not received or don't actually help a student, there is no accountability for failures on their part. In terms of what she could and could not easily disclose, Abbey says that she is good at "reading the room" of the counselor. Relatedly, while Abbey verbally accepted the recommendations of counselor #1 and #2 - in reality, she immediately discarded them as not fitting to her unique circumstances.

Ultimately, Abbey developed her own strategy for dealing with the challenges that took into account the reality of her situation.

Adam

Adam is a student at a large, 4-year, public university in the Mountain West. He sought counseling from the university counseling service because he felt that "he was facing an issue that I felt I wasn't properly equipped for". He was having difficulty communicating about his need for "alone time", and ultimately his counselor helped him to emphasize his individual needs to achieve this. He first learned about the university's free counseling services from a digital screen in the student center - and what really caught his attention was the fact that he thought he could share this information with other transfer students with whom he works in his campus job. Due to COVID, he had 3 remote sessions via phone and Zoom. He was offered a choice of gender of the counselor - but not the race/ethnicity of a counselor. His counselor was White and she was a trainee according to Adam. Since his sessions were all remote, he was not able to comment on other students' race/ethnicity in the counseling center waiting area or building. He did have high-speed broadband access and all the technology he needed, as well as privacy to have the sessions. COVID and his race were not discussed.

His counselor described his problem as a normal reaction to interpersonal struggles, and Adam thought her interpretation was "especially fitting". He was rather surprised that each session began with a suicide assessment question, which caused him some mild confusion as he was never suicidal. Later, he discovered that this was part of the center's standard protocol.

His counselor did encourage him to open-up, but really only in the first session when she asked him to expand and clarify. He ".... really enjoyed having somebody just like hear me out. I could be really open about my issues that are bugging me... but then the following two sessions,

she came back and did her research...and she had some papers that she found some information to give to me.". However, after the first session, Adam notes that she was "very by the book" and gave him some information and papers on how to address his concern. At his third session, he "made the call that I'm good", concluding that he had received the tools to resolve his problem.

His counselor did not ask about academic concerns from the outset, but that was OK with Adam because he didn't have any. Had he been on-campus, he would have preferred meeting privately in the counselor's office.

In summary, Adam's need for more autonomy was reinforced and emphasized by his counselor. It was a good fit. Sharing information about the counseling services was part of his motivation to attend (as he works with transfer students). All of the three sessions he had were remote to due COVID, so he wasn't able to comment on who or what he observed in the counseling center. He had all the technology and privacy needed to have these remote sessions. COVID and his race were not discussed. While he found the sessions to be overall helpful - he particularly enjoyed the first one, as it was more talking and less protocol based. On the whole, he trusts counselors because of their training and credentials, noting that he has no reason to mistrust counselors. He generally agreed that counselors' tend to emphasize happiness, freedom, health and self-esteem as their overarching goal and that his counselor helped him along these lines.

Robert

Robert is a 20-year-old, junior, biology major and R.A. at a 4, private college (medium programs) in the northeast. Upon the recommendation of his community director, he sought counseling during his first year of college for some "mental health struggle and just having a hard time on campus". His difficulties at that time entailed establishing new friendships, after

having decided that he no longer wished to socialize with a "small group of friends" he initially met in his residence hall. At that point, Robert stated that everyone else had established their own "friend groups" and he felt alone on campus.

He went to the college counseling center twice - after which he returned to resume seeing his psychologist at home with whom he had a long-standing relationship. He was not offered a choice to see a White counselor, instead being "assigned a random counselor" - which was OK with him. He noticed that the waiting room of the combined counseling/health center was predominantly occupied by White students. Overall, he found the two sessions to be helpful-except that taking time out his day was inconvenient - preferring instead to use the time for classwork.

He thought the counselor's assessment of his struggles - a combination of depression, anxiety and "not having anybody on campus to go to for anything that just kind of made it worse" - was fairly accurate. The counselor encouraged him to open-up; and while not a "huge fan" of this approach at the time, Robert looks back upon it with appreciation for its worth - and thinks that this can help some of his current residents as an RA. Academics were discussed as it related to his struggles from the very beginning. His counselor at college emphasized creating relationships and to emphasize putting "yourself in situations that could make you happy".

He thinks that he could have arranged to see a White counselor had he wished to do so; had never changed the way he talked or acted with his counselor; felt safe on his way to/from the counseling center; was never concerned about whether his lateness would be attributed to his race; and was not concerned about getting emergency help if necessary. White students were widely represented on the counseling center webpage. He knows of other White students who've sought help from counselors. He was never asked to speak for all White people. He felt that he

could reject his counselor's recommendations without it reflecting on him as a White person. He thinks all students at his college have equal access to counseling services (even though there were session limits); but also mentions that without a car, some students would have difficulty getting care off-campus.

In summary, he received counseling because someone encouraged him to attend. Having had a good rapport with a counselor from home, he was able to transition to seeing him after 2 sessions at the counseling center. In accessing the counseling center services, he generally felt comfortable, safe and unconcerned about his identity as a White student. In general, Robert trusts counselors; and thinks that their goals toward helping students to be happier generally aligned with some of his overall goals.

Nova

Nova is a student at a medium size, 4-year, private college in the mid-Atlantic / Northeast. She sought counseling at the college center. While there was one Black counselor on staff, she was offered a choice of counselors only on the "rotation of the counselors". She decided not to pursue working with the Black counselor. During all of her counseling sessions, she disclosed that she code-switches "All the time...definitely coming into higher education" and continues to code-switch with her counselor. She adds that "I'm never truly honest with my counselors, because I'm fearful of their perception; and that if they see that side, they will not give me the help that I need."

While feeling relatively safe on her way to/from the counseling center, she has experienced the lack of safety in other places, even though her town is rather liberal...but notes that this so-called progressive town often evokes performative social justice sentiments. The central location of the counseling center caused some concern for Nova because if noticed

entering/exiting, she worries that others may perceive that "something's wrong with me" and the "...negative connotations about what it is and how people who go aren't really in the best state of mind….".

Relatedly, she does not know of other students of color who go to the counseling center. She notes that "I would see white students coming out of the spaces with counselors, but I rarely saw any Blacks or other people of color coming out... now that I think about it.". Without looking at the counseling webpage, she was unable to definitely answer the question *"Can you go to the Counseling Center webpage right now and see people have your own race widely represented?"*. Being late to an appointment would make her "Very concerned. There's always...always a stereotype that Black people do not show up on time. So, in the midst of code switching, I'm always trying to get there early or exactly on time to different events... and counseling events were always one of them."

In terms of her race, she would be concerned about getting emergency care if she needed it, noting that "for a lot of white students there is instantly the assumption that if they need that care it's because of their mental health and because they just need more care... and poor Black students...if ...if we were to need that care, it might be because we might be presumed as criminals and so forth...and we wouldn't have it initially."

If she were to reject her counselor's recommendation, she would be concerned that it would be perceived as a "reflection that I don't care...not capable of comprehending what they're assigning me to do." On the other hand, she would not be concerned and "just challenge them to give me better solutions."

Never having been asked to speak for all people of her racial/ethnic group by a counselor, she has experienced this with other people. Nova has mixed feelings on whether or not she

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would recommend the counseling services to someone of her own race/ethnicity, adding that she would have to do her own "...research assessment and research of them and then who I'm sending them to." One notable example that gave her pause was a friend who was prescribed medication as the first form of treatment instead of getting to the "root of the cause" of her friend's distress.

She did not find counseling to be immediately helpful, stating that she needs customized tools and strategies that are "not just the generic ones they give to everyone; but the ones that might pertain to my specific situation, but that also take into account my identity…". Nova generally agreed with her counselor's assessment that her struggles were external, normal reactions to life circumstances. The subtlety by which her counselor encouraged her to "open up" was helpful, though Nova discloses that she generally mistrusts counselors. Academic concerns were not immediately discussed, yet Nova adds that she does not have any significant ones. No campus promotional materials encouraged her to go for counseling, and it took her about a month to decide to go.

Nova's counselor encouraged autonomy and individuality, commenting that "outside people are always encouraging us to just like 'Move away. Do your own thing. And like, move on and ...and not to like build and strengthen the relationships we have.' Maybe because they understand if we were to build and strengthen the relationships, we'd be more powerful than to do it on our own." Her counselor did not necessarily endorse the belief that counseling was to achieve the highest level of happiness, freedom, health and self-esteem; and Nova said that if she had, she would not have felt like she was missing out on anything; nor would these goals be achievable during and immediately after college.

Finally, because her college went entirely remote in the spring semester due to the

pandemic, she was able to continue with counseling online with access to high-speed broadband internet. As a matter of fact, she said that she felt more comfortable online than in person because she felt "more intimidated in those [in-person] types of scenarios.

Amy

Amy is a student at a medium size 4-year, private, college in the mid-Atlantic region. She sought counseling in her sophomore year for 3 sessions, and has been currently seeing a counselor weekly since October 2020. On both occasions, friends (all White women) encouraged her to attend. Her first counselor was a Black woman and her current counselor is White woman. She was not offered a choice in terms of the race/ethnicity of her counselor - but given that the staff is mostly White - feels that she could likely have arranged to see a White counselor. She never had to change the way she spoke or acted with either counselor, felt free from any harassment going to her appointments, and can see people of her own race/ethnicity represented on the center's web page. The counseling center waiting area was occupied by mostly White students, aside from a time when there "might have been one other person of color". She would not be concerned that her race would impact her ability to get emergency care if needed. She never felt scared or threatened to go to counseling because her college "...definitely tried to break down the stigma around going to get any mental health help... and that I think most people who might have been too scared to go before college ...this was their opening". She was not concerned about a negative reflection on her race for being late to an appointment or rejecting one of her counselor's recommendations. She has never been asked to speak for all White students. She can easily identify at least 15 other White students who've gone to counseling, noting that this is something commonly discussed by other White students. Amy would have no concerns about referring a White student to the counseling center, nor has she ever second-

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guessed herself that a session had racial overtones to it.

Amy found counseling immediately helpful and both counselors were "super encouraging" to open-up, noting that "I found it quite easy because it is ...just for me on a personal individual level... It's super easy for me to open up and talk about my feelings". The counselor emphasized autonomy and individuality, "because definitely the second reason I'm going is more for familial things. So definitely more be my own person".

Due to the pandemic, Amy shifted to seeing her counselor remotely. She has access to high speed, broadband internet and has privacy if needed for these remote sessions. COVID was not discussed during her counseling sessions in relation to her race/ethnicity.

Scarlett

Scarlett is a student at a medium size 4-year, private, college in the mid-Atlantic region. In December 2019, she accessed counseling services and met with an Asian-American, female counselor twice. After her first meeting, her counselor recommended that she do three self-guided meditations sessions with an interactive tool that was narrated by counseling center staff, featuring videos, soothing visuals, and music. After completing all three self-guided sessions, she then met with a counselor to review the experience. After this, her counselor referred her to the college's off-campus clinical center for a "psycho ed evaluation" in order to obtain documentation for academic accommodations.

She was not able to arrange her sessions with a counselor of her own race/ethnicity, adding that had she been given the choice, she would have liked to meet with one of the two women of color she had heard worked in the counseling center by her friend who recommended she go there. Scarlett says that she spoke and acted differently with her counselor compared to the voice she uses with her friends - but does not attribute that change to the counselor's

race/ethnicity - but instead to people who "...I feel will be watching me...I'll have a different voice than I do with my friends. She added that with her counselor, "I was like...I don't want her to judge me and think anything of me".

In terms of her race/ethnicity, she does not see people of her own race/ethnicity widely portrayed on the counseling center webpage. While aware of the stereotype that people of color are chronically late, she would not have been concerned if she were late for an appointment as a reflection of her race/ethnicity. On the other hand, Scarlett said that "I think I try a lot not to blend in with the stereotype but it just kind of happens".

She had no concerns that as a Caribbean-American woman we should get proper emergency care if she needed it at her college, but says "...in the real world? Yes.". Issues around safety, location and finding the counseling center were not a concern, noting that she has navigated through a White world since she was 5 years old when she began school and other predominantly White institutions. In school - including her college - "Everyone is White and maybe with ...like a sprinkle of color…", adding that students of color attempt to look and act White until they are "outside of the bubble".

She knows of no other students of her own race/ethnicity who access the counseling center, and attributes this to the time commitment required and prioritizing academics over mental health concerns. Scarlett was not concerned if she were to reject a counselor's opinion that it would be attributed to her race/ethnicity, nor has she even been asked to speak for all Caribbean-American people. She would not be concerned about referring friends of her own race/ethnicity to the counseling center. When asked about who she saw in the waiting area, she stated that "I would say most of them were White...yeah."

The counselor was immediately helpful because she listened, encouraged her to open up,

and gave her the help that she needed - particularly the referral to the clinical center for psychological testing - and as such, thought the problem was more internal (e.g., anxiety). She opines that White students would feel most comfortable with a White therapist...and despite saying previously in the interview that she does not edit what and how she talks, the content of what she might disclose to a racially mismatched therapist would definitely be omitted from the session.

Her counselor asked a blend of questions indicating a balance between autonomy/independence and harmony/interdependence, and did not hold happiness as a universal goal for their work together.

APPENDIX L

Dissertation Codebook

Coding Cycle #1: Values Coding (attitudes, beliefs, values)

Attitudes

Open / Initial Coding	Category	Files	References
CERTAINTY	**Parent Code**	5	87
Assured		2	2
Helpful		2	4
Confident		3	20
Decisive		1	2
Secure		3	7
Trusting		3	10
Deferential		3	11
Unconcerned		3	28
Validated		1	3
ENCUMBERED	**Parent Code**	5	106
Angry		1	1
Burdened		2	6
Risk-taking		1	1
Stoic		1	1

Open / Initial Coding	Category	Files	References
Submissive		1	1
Tired		1	2
Cautiousness		3	62
Analytical		1	1
Concerned		2	10
Hesitancy		1	1
Skeptical		3	43
Guardedness		3	25
Compartmentalized		1	9
Inauthentic		1	3
Opaque		1	1
Pretend		1	2
Protective		1	1
Sarcastic		1	1
Pessimistic		1	1
Suspicious		1	1
Wary		3	8
Resist		1	1

Open / Initial Coding	Category	Files	References
Tentativeness		2	2
Worried		1	1
Disappointed		1	1
Discomfort		1	1
Disgruntled		1	1
Disingenuous		1	1
Dissatisfied		1	1
Doubtfulness		3	9
Second-Guessing		1	1
Uncertain		2	6
Exploited		1	1
Fearful		3	4
Indignant		1	1
Invalidated		1	1
Invisible		1	4
Maligned		1	1
Mistrust		2	3
Naive		1	1

Open / Initial Coding	Category	Files	References
Neglected		1	1
Nervous		1	1
Resigned		2	2
Scornful		1	1
Shameful		1	1
Shocked		1	1
MOTIVATED	**Parent Code**	5	12
Ambitious		1	1
Assertive		2	2
Empowered		1	1
Future Oriented		1	1
Initiative		1	4
Willingness		1	1
UNENCUMBERED	**Parent Code**	5	13
Agreeable		2	4
Appreciative		3	3
Ease		1	1
Enjoyment		1	1
Hopeful		1	1

Open / Initial Coding	Category	Files	References
Relieved		1	1
Uninhibited		2	2

Beliefs

Open / Initial Coding	Category	Files	References
CONSTRUCTIVIST	**Parent**	5	19
Relativism		3	11
CRITICAL	**Parent**	4	14
Betrayal		1	1
Ignored		1	1
POSITIVISM	**Parent**	3	10
Absolutism		2	2
Equity		1	1
PRAGMATISM	**Parent**	3	9
Pragmatism		3	7
Self-Determination		1	1
Unhelpful		1	1

Values

Initial / Open Coding	Category	Files	References
CULTURAL	**Parent**	6	8
EXPERIENTIAL	**Parent**	6	75

Initial / Open Coding	Category	Files	References
Adaptability		2	7
Alone Time		1	2
Autonomy		1	1
Comfort		4	8
Comfort (2)		2	2
Customization		3	8
Efficiency		3	3
Effortlessness		3	6
Experienced		2	3
Individualism		2	3
Practicality		3	4
Prioritization		2	2
Protected		2	2
realistic		2	2
Safety		6	21
Unimpeded		2	3
INTERPERSONAL	**Parent**	6	63
Beneficence		2	2
Choice		2	2

Initial / Open Coding	Category	Files	References
Directness		2	2
Familiarity		4	10
Family		2	3
Interactive		2	3
Nonmaleficence		2	2
Normalization		3	3
Respectful		2	2
Service		2	2
Similarity		2	2
Subtlety		2	2
Transparency		4	5
Trust		5	18
Authority		3	4
Professionalism		2	4
Validation		3	5
INTRAPERSONAL	**Parent**	5	51
Achievement		2	2
Authenticity		3	5
Creativity		2	2

Initial / Open Coding	Category	Files	References
Curiosity		2	2
Determination		3	3
Improve		2	2
Interpersonal Distance		1	1
Openness		3	8
Perceptiveness		2	2
Perseverance		2	4
Privacy		3	5
Prudence		2	2
Resourceful		2	2
Responsibility		2	2
Self-Sufficient		4	7
Adventure		2	2
Stoicism		2	2
TRANSCENDENTAL	**Parent**	3	4
Faith		2	2
Self-Actualization		2	2

Coding Cycle #2: Color Blind Ideology

Category	Description	Files	References
ABSTRACT LIBERALISM	Parent Code	6	102
CULTURAL RACISM	Parent Code	6	61
MINIMIZATION	Parent Code	5	33
NATURALIZATION	Parent Code	6	12

Coding Cycle #3: Whiteness

Initial / Open Coding	Category	Files	References
ADVANTAGE	Parent	3	61
Absence of Obstacles		2	12
Access		3	4
Benefit (material)		2	2
Benefit (psychological)		3	6
Comfort		3	12
Familiar		2	4
Mundane Transaction		3	5
Navigation		1	2
Protective		2	4
Unquestioned Access		2	3
Valued		1	1
INDIVIDUALISM	Parent	6	41
Choice		5	15

Initial / Open Coding	Category	Files	References
Decontextualized		6	16
POWER	**Parent**	6	43
Assert		4	14
Claims (Culture)		1	1
Claims (Knowledge)		3	6
Claims (values_norms)		5	7
Correct Behavior		3	8
Disadvantage		2	2
Exploitation		1	1
Subordination		1	2
Terror & Supremacy		1	2
PROPERTY	**Parent**	6	59
Space		5	16
Systems		6	41
RELATIONAL	**Parent**	6	118
Comparative		3	8
Congruent		3	9
Cultural Capital		3	18
Expectations		2	3

Initial / Open Coding	Category	Files	References
Habitual		2	2
Invisible_Visible		5	60
Absence		5	16
Knowledge of Danger		4	20
Presence		5	20
Self-Segregating		3	3
Normative		4	9
Starting Point		2	5