Journal of Counseling Psychology
2016, Vol. 63, No. 3, 269–277

0022-0167/16/$12.00 http://dx.doi.org/10.1037/cou0000114

Cultural Humility and Racial Microaggressions in Counseling

Joshua N. Hook and Jennifer E. Farrell
University of North Texas

Don E. Davis and Cirleen DeBlaere
Georgia State University

Daryl R. Van Tongeren
Hope College

Shawn O. Utsey
Virginia Commonwealth University

Racial microaggressions may contribute to poor counseling outcomes in racial/ethnic minority clients. The present study examined the occurrence of racial microaggressions in counseling using a large and diverse sample and explored the association between perceived cultural humility of the counselor and racial microaggressions. Racial/ethnic minority participants (N = 2,212) answered questions about the frequency and impact of racial microaggressions in counseling and the characteristics of their counselor. The majority of clients (81%) reported experiencing at least 1 racial microaggression in counseling. Participants most commonly reported racial microaggressions involving denial or lack of awareness of stereotypes and bias and avoidance of discussing cultural issues. There were few differences in racial microaggression frequency or impact based on client race/ethnicity and counselor race/ethnicity. Racially matched clients viewed racial microaggressions as more impactful than did clients who were not racially matched. Client-perceived cultural humility of the counselor was associated with fewer microaggressions experienced in counseling. We conclude by discussing limitations, areas for future research, and implications for counseling.

Keywords: microaggressions, counseling, cultural humility, multicultural competence, multicultural orientation

Discussions about issues related to race and racism constitute some of the most difficult dialogues in the field of psychology and in broader culture (Sue, 2013). Although researchers have generally found that blatant forms of racial discrimination have decreased since the Civil Rights Movement of the 1960s, aversive racism theory (Dovidio & Gaertner, 2000) addresses some of the new ways that racism is expressed by individuals in today's society, even when trying to appear nonracist. Namely, aversive racism occurs when people hold negative beliefs and feelings toward racial minorities (Dovidio & Gaertner, 2004), but they conceal their racism from others or themselves and believe that they are not prejudiced. This theory suggests that aversive racism may lead to the suppression of blatant racist acts but still facilitates habits involving covert acts of racial discrimination that damage the health and well-being of racial minorities (Okazaki, 2009; Sue et al., 2007; Wong, Derthick, David, Saw, & Okazaki, 2014). The purpose of this study is to examine a particular form of covert racism—racial microaggressions as experienced by racial/ethnic minority (REM) individuals during counseling.

Microaggressions in Counseling

Counselor bias and racism may partially explain the low utilization and premature termination rates of REM individuals (Sue et al., 2007; U.S. Department of Health & Human Services, 2001). However, the way in which this bias is communicated to REM clients remains unclear. One potential pathway is through the commission of *microaggressions*. The term *microaggression* was first used by Chester Pierce in the 1970s, who defined it as "subtle, stunning, often automatic, and non-verbal exchanges which are 'put downs' " (Pierce, Carew, Pierce-Gonzalez, & Willis, 1978, p. 66). More recently, Sue et al. (2007, p. 273) defined *racial microaggressions* as "brief, everyday exchanges that send denigrating messages to people of color because they belong to a racial minority group." The three categories Sue et al. described cover the full range of race-related offenses. *Microassaults* are severe offenses that involve explicit and intentional denigration of an individual's racial group (e.g., referring to someone as "colored"). *Microinsults* are more subtle, often unconscious communications that put down an individual's racial group (e.g., asking a person of color, "How did you get this job?"). *Microinvalidations* are communications that negate or deny the thoughts, feelings, or experience of a person of color (e.g., telling a person of color, "I don't

Joshua N. Hook and Jennifer E. Farrell, Department of Psychology, University of North Texas; Don E. Davis and Cirleen DeBlaere, Department of Counseling and Psychological Services, Georgia State University; Daryl R. Van Tongeren, Department of Psychology, Hope College; Shawn O. Utsey, Department of Psychology, Virginia Commonwealth University.

We would like to acknowledge the generous financial support of Fuller Theological Seminary/Thrive Center in concert with the John Templeton Foundation (Grant No. 108), as well as the John Templeton Foundation (Grant No. 14979). The opinions expressed in this publication are those of the authors and do not necessarily reflect the views of the Fuller Thrive Center or the John Templeton Foundation.

Correspondence concerning this article should be addressed to Joshua N. Hook, Department of Psychology, University of North Texas, 1155 Union Circle #311280, Denton, TX 76203. E-mail: joshua.hook@unt.edu

see color"). Although experiencing microassaults in the context of counseling is likely to be rare, microinsults and microinvalidations may be more common.

There is now initial research to suggest that racial microaggressions occur in counseling and can be a barrier to effective clinical practice with racial/ethnic minority (REM) clients (Constantine, 2007; Owen et al., 2011; Owen, Tao, Imel, Wampold, & Rodolfa, 2014). For example, using a focus group methodology with 24 African American college students, Constantine (2007) identified 12 categories of racial microaggressions that could occur in counseling. These categories included (a) colorblindness, (b) overidentification, (c) denial or personal or individual racism, (d) minimization of racial-cultural issues, (e) assigning unique or special status on the basis of race or ethnicity, (f) stereotypic assumptions about members of a racial or ethnic group, (g) accused hypersensitivity regarding racial or cultural issues, (h) meritocracy myth, (i) culturally insensitive treatment considerations or recommendations, (j) acceptance of less than optimal behaviors on the basis of racial or cultural group membership, (k) idealization, and (l) dysfunctional helping/patronization (Constantine, 2007).

Five empirical research studies have examined racial microaggressions in counseling (Constantine, 2007; Crawford, 2011; Morton, 2011; Owen et al., 2011; Owen et al., 2014; see Table 1). The majority of studies (four of the five) used a college student sample. Three of the studies used samples of African American clients, one study used a sample of REM clients, and one study used a sample that was half REM and half white. The prevalence of racial microaggressions found in these studies is somewhat difficult to interpret, because four of the five studies conflate racial microaggression prevalence with racial microaggression impact. For example, they measure racial microaggressions on a scale from 0 = *this never happened* to 2 = *this happened and I was bothered by it.* In general, scores have been relatively low (i.e., means between 0 and 1). The one study that examined frequency independently of impact found that about 53% of clients reported at least one racial microaggression occurred during counseling (Owen et al., 2014).

The occurrence of racial microaggressions in counseling is also associated with negative counseling processes and outcomes. Racial microaggressions in counseling are related to lower levels of perceived counselor competence and multicultural competence (Constantine, 2007), lower working alliance (Constantine, 2007; Morton, 2011; Owen et al., 2011, 2014), lower psychological well-being (Owen et al., 2011, 2014), lower satisfaction with

Table 1
Empirical Studies Examining Racial Microaggressions in Counseling

Study	Sample	Microaggression measure	Microaggression prevalence: *M* (*SD*)	General findings
Constantine (2007)	40 African American clients at university counseling center (65% female), with 19 White staff therapists	10-item RMCS (range: 0 = *this never happened,* 2 = *this happened and I was bothered by it*)	.56 (.39)	Racial microaggressions were significantly correlated with working alliance ($r = -.40$), general counseling competence ($r = -.37$), multicultural counseling competence ($r = -.36$), and satisfaction with counseling ($r = -.66$).
Crawford (2011)	35 African American college students with past counseling experience (67% female)	10-item RMCS (range: 0 = *this never happened,* 2 = *this happened and I was bothered by it*)	.27 (.52)	Racial microaggressions were negatively related to intentions to seek counseling.
Morton (2011)	19 African American clients recruited from various sites (69% female), with 19 White clinicians	10-item RMCS (range: 0 = *this never happened to me,* 2 = *this happened and I was bothered by it*)	.08 (.14)	Racial microaggressions were significantly correlated with working alliance ($r = -.39$).
Owen et al. (2011)	232 clients at university counseling center (48% REM, 70% female)	10-item RMCS (range: 1 = *this never happened,* 3 = *this happened and I was bothered by it*)	Client/therapist both REM: 1.06 (1.10); client REM/therapist White: 1.04 (1.12); client/therapist both White: 1.03 (1.11); client White/therapist REM: 1.02 (1.06)	(1) No differences in microaggressions based on client race/ethnicity or therapist race/ethnicity; (2) racial microaggressions significantly correlated with psychological well-being ($r = -.18$) and working alliance ($r = -.29$)
Owen et al. (2014)	120 clients at university counseling center (100% REM, 73% female)	10-item RMCS, with 2 responses for each item: How often? (range: 1 = *never,* 5 = *always*), Bother? (range: 1 = *not at all,* 5 = *very much*)	Client/therapist both REM: 1.11 (.25), with 68% reporting at least one micro; client REM/therapist White: 1.14 (.43), with 46% reporting at least one micro	(1) No differences in microaggressions based on therapist race/ethnicity; (2) racial microaggressions significantly correlated with psychological well-being ($r = -.27$) and working alliance ($r = -.28$)

Note. REM = racial/ethnic minority; RMCS = Racial Microaggressions in Counseling Scale.

counseling (Constantine, 2007), and less intention to seek counseling in the future (Crawford, 2011).

Although these findings highlight the importance of racial microaggressions in counseling, there are some notable limitations. First, most studies had small sample sizes, and almost all studies used samples of college students. The small sample sizes have made it difficult to compare the experiences of individuals from different racial groups. The experience of college students in counseling may be different from that of noncollege students, which limits the generalizability of the current literature. Second, studies either focused exclusively on African American clients or lumped all REM clients together. Thus, one cannot know whether different racial/ethnic groups are more likely to report different levels and types of racial microaggressions in counseling. Third, all studies utilized the Racial Microaggressions in Counseling Scale (RMCS; Constantine, 2007) to assess information about racial microaggressions. Although this scale is (to our knowledge) the only measure of racial microaggressions that has been validated for use in a counseling setting, it is not without limitations. First, the scale lists 10 specific racial microaggressions. If a client has experienced a racial microaggression not included on the RMCS, it would not be picked up by this measure. Second, the original scale conflates (a) whether the incident occurred and (b) the extent to which the client was bothered by it. Owen et al. (2014) revised the RMCS to ask questions about frequency and impact separately, which represents an important improvement on the original RMCS.

Finally, although these studies reported how often racial microaggressions occurred in counseling and provided some data showing that racial microaggressions in counseling were related to negative client outcomes, relatively little is known about the characteristics of counselors who are more or less likely to commit racial microaggressions in counseling. In regard to demographic characteristics, two studies explored whether racial microaggressions were more likely to be committed by counselors who identified as White or REM (Owen et al., 2011, 2014). These studies found no difference in frequency of racial microaggressions on the basis of counselor race or racial/ethnic match of counselor and client. However, due to sample size limitations, all clients and counselors were lumped together in REM versus White categories, which may obscure important variability within REM clients and counselors.

In regard to ratings of counselors that may be related to the tendency to commit racial microaggressions, Constantine (2007) found that counselors who were perceived by clients as high in general competence and multicultural competence were less likely to commit racial microaggressions in counseling. One additional characteristic of counselors that may be important in regard to studying racial microaggressions in counseling is their *multicultural orientation*—specifically their *cultural humility*. Whereas multicultural competencies refer to how well a counselor has acquired knowledge and skills for work with culturally diverse clients, multicultural orientation refers to a counselor's way of being with a client, guided by the counselor's philosophy or values about the importance of culture in the lives of his or her clients (Owen, 2013; Owen, Tao, Leach, & Rodolfa, 2011). In particular, cultural humility is an important facet of multicultural orientation that involves the "ability to maintain an interpersonal stance that is other-oriented (or open to the other) in relation to aspects of cultural identity that are most important to the client" (Hook, Davis, Owen, Worthington, & Utsey, 2013, p. 354).

Cultural humility is likely to be related to racial microaggressions in counseling in two ways. First, counselors with high levels of cultural humility may commit fewer racial microaggressions than would counselors with low levels of cultural humility, because of their increased sensitivity to the importance of diversity and respect for cultural differences. Second, when counselors do commit racial microagrressions, counselors with high levels of cultural humility may be able to recover and repair the relationship more easily than could counselors with low levels of cultural humility, because they may admit their limitations to understand and communicate respect for the client's cultural background. In addition, because these counselors may commit fewer racial microaggressions or other offenses, they may also have a greater reserve of trust established, so that the therapeutic alliance is more resilient to racial microaggressions when they do occur.

Present Study

The present study adds to the current literature on racial microaggressions in counseling in two primary ways. First, we addressed some of the methodological limitations of prior studies to explore the frequency of racial microagressions in counseling. Specifically, we utilized a community sample of adults instead of a sample of university students. We also sought to obtain a large sample size with sufficient power to explore differences between (a) the experiences of different REM clients, (b) differences between counselors of different racial groups, and (c) differences between client–counselor dyads who were matched versus not matched on race. Previous research has not found differences in racial microaggressions based on counselor race or racial match (Owen et al., 2011, 2014). However, these past research studies lumped all REM clients and counselors together. In this study, we had adequate power to examine differences among different types of REM clients and counselors. To estimate the frequency of microaggressions, we followed the example of Owen et al. (2014) and used a more precise strategy to measure racial microaggressions. Specifically, we used the RMCS, but we asked two separate questions for each scenario: (a) how often this occurred (i.e., frequency) and (b) how much it bothered participants (i.e., impact). Due to the limited research in this area, we did not have specific hypotheses about differences in the frequency or impact of racial microaggressions based on client race, counselor race, or racial match.

Second, we examined how characteristics of the counselor associated with having a positive multicultural orientation toward diversity (Owen, 2013) were related to racial microaggressions in counseling. Specifically, we focused on client perceptions of the cultural humility of the counselor. We hypothesized that perceptions of cultural humility would be associated with (a) lower racial microaggression frequency in counseling and (b) lower impact of racial microaggressions when they did occur. To conduct a more stringent test, we not only included perceptions of cultural humility as a predictor but also controlled for both perceived general and multicultural competence of the counselor, that is, known predictors of both racial microaggressions (Constantine, 2007) and cultural humility (Hook et al., 2013).

Method

Participants and Procedure

The sample consisted of 2,212 adults from the United States with a mean age of 29.6 (SD = 9.0). Participants were 35.1% male, 62.9% female, and 2.0% Other, and all identified as REM. The racial/ethnic breakdown was 29.7% Black, 30.9% Hispanic, 12.4% Asian, 6.1% American Indian/Alaska Native, 1.2% Native Hawaiian/Pacific Islander, 17.5% Multiracial, and 2.2% other. Participants were 80.2% heterosexual, 2.4% gay, 2.8% lesbian, 10.9% bisexual, and 3.6% other. All participants indicated they had attended counseling at some point in their lives, and 30.4% were currently attending counseling. Per client report, counselors were 66.0% White, 11.1% Black, 7.8% Hispanic, 4.8% Asian, 0.5% American Indian/Alaska Native, 0.2% Native Hawaiian/Pacific Islander, 2.5% Multiracial, 1.0% other, and 6.1% did not know. Concerning racial match, 15.5% of clients were matched with their counselor on race, 83.7% of clients were not, and 0.8% could not determine match.

Participants were recruited via Amazon's Mechanical Turk website and received U.S. $1.00 in compensation. Participation was restricted to users who had an account from the United States. They first read an informed consent document, which described the study and their rights as participants, and those who indicated consent were directed to the qualification questions (i.e., identified as REM and had experience in counseling). Those who met these criteria were directed to complete the questionnaires, after which they were debriefed and given the contact information of the researcher if they had questions or concerns about the study.

Instruments

Racial microaggressions. Racial microaggressions were measured with an adapted version of the Racial Microaggressions in Counseling Scale (RMCS; Constantine, 2007). The RMCS is a 10-item instrument that measures client perceptions of the frequency of racial microaggressions in counseling, as well as the perceived personal impact of these experiences. One criticism of the RMCS is that it conflated the frequency and impact of microaggressions (Owen et al., 2014). Thus, for each scenario of the RMCS (e.g., "My counselor avoided discussing or addressing cultural issues in our session[s]"), we followed the example of Owen et al. (2014) and assessed frequency and impact as separate questions. Specifically, we asked (a) "How often did this situation occur?" (i.e., frequency; range: 1 = *never* to 5 = *always*) and (b) "How much did it bother you?" (i.e., impact; range: 1 = *not at all* to 5 = *very much*). Scores on the original version of the RMCS exhibited evidence of internal consistency and construct validity (Constantine, 2007). Higher mean scores indicate higher frequency and impact of microaggressions. For the current sample, the Cronbach's alpha coefficients were .85 for frequency and .88 for impact.

Cultural humility. Cultural humility was measured with the Cultural Humility Scale (CHS; Hook et al., 2013). The CHS is a 12-item instrument that measures client perceptions of the cultural humility of their counselor. The CHS has two subscales: positive (e.g., "My counselor is open to seeing things from my perspective") and negative (e.g., "My counselor makes assumptions about me"). Participants rate each item on a 5-point scale (range: 1 = *strongly disagree* to 5 = *strongly agree*). Scores on the CHS have shown evidence for internal consistency and construct validity (Hook et al., 2013). In the current sample, we used the total score. Higher mean scores indicate higher levels of perceived cultural humility. For the current sample, the Cronbach's alpha coefficient was .91.

Multicultural competencies. Multicultural competence was measured with the 7-item version of the Cross-Cultural Counseling Inventory—Revised (CCCI–R7; Drinane, Owen, Adelson, & Rodolfa, in press; LaFromboise, Coleman, & Hernandez, 1991). The original CCCI–R was a 20-item instrument that measured perceptions of a counselor's multicultural competence in regard to cross-counseling skill, sociopolitical awareness, and cultural sensitivity (e.g., "My counselor demonstrates knowledge about my culture"; LaFromboise, Coleman, & Hernandez, 1991). Participants rate each item on a 6-point scale (range: 1 = *strongly disagree* to 6 = *strongly agree*). Scores on the CCCI–R have shown evidence of internal consistency and content validity (LaFromboise et al., 1991). The CCCI–R was originally designed to be completed by a third-party observer but was modified slightly so that it could be completed by clients (see Constantine, 2002). Drinane et al. (in press) found that several items of the CCCI-R had questionable content validity when completed by clients; thus, they suggested using a revised 7-item version of the CCCI-R, which we used in the present study. Higher mean scores indicate higher levels of perceived multicultural competence. For the current sample, the Cronbach's alpha coefficient was .91.

General competence. General competence was measured with the Counselor Rating Form—Short (CRF–S; Corrigan & Schmidt, 1983). The CRF–S is a 12-item instrument that measures perceptions about a counselor's general competence. The CRF–S has three subscales: attractiveness (e.g., "My counselor is friendly"), expertness (e.g., "My counselor is experienced"), and trustworthiness (e.g., "My counselor is trustworthy"). Participants rate each item on a 7-point rating scale (range: 1 = *not very* to 7 = *very*). Scores on the CRF–S have shown evidence of internal consistency and construct validity (Corrigan & Schmidt, 1983). In the current study, we used the total score. Higher mean scores indicate higher levels of perceived general competence. For the current sample, the Cronbach's alpha coefficient was .97.

Results

Overall Prevalence of Racial Microaggressions

Means, standard deviations, and intercorrelations among study variables are presented in Table 2. Our first research question was to explore the prevalence of racial microaggressions in counseling and describe what kinds of racial microaggressions were most common in counseling. Although individual racial microaggressions had low overall frequencies (i.e., 1.77 out of 5), 81.7% of participants reported experiencing at least one racial microaggression in counseling.

In Table 3, we report the means and standard deviations for each item on the RMCS. We compared the frequency of each racial microaggression using a within-subject analysis of variance (ANOVA). There were significant differences in the frequency of the 10 racial microaggressions, $F(9, 19{,}899) = 144.42$, $p < .001$,

Table 2
Means, Standard Deviations, and Intercorrelations for Study Variables

Variable	*M* (*SD*)	1	2	3	4	5
1. Racial microaggression frequency	1.77 (.72)	—				
2. Racial microaggression impact	1.89 (.88)	.67*	—			
3. Cultural humility	3.89 (.81)	−.51*	−.47*	—		
4. Multicultural competence	4.68 (1.00)	−.47*	−.46*	.75*	—	
5. General competence	5.77 (1.32)	−.45*	−.42*	.76*	.76*	—

Note. The correlations for the racial microaggression impact variable include only those participants who reported that a racial microaggression occurred at least once during counseling.
* $p < .001$.

$\eta_p^2 = .06$ (see Table 3). The two most common racial microaggressions in counseling had to do with (a) denial or lack of awareness regarding stereotypes or bias about cultural issues (i.e., "My counselor seemed to deny having any cultural biases or stereotypes") and (b) avoidance of discussion of cultural issues (i.e., "My counselor avoided discussing or addressing cultural issues in our session[s]").

Client Race and Racial Microaggressions

Our second research question was to explore differences in the frequency and impact of racial microaggressions based on the race of clients. For the analyses on racial microaggression impact, we excluded participants who did not experience any racial microaggressions. Because of low numbers in some racial groups, we limited these analyses to exploring differences among Black, Hispanic, and Asian clients.

We conducted two one-way ANOVAs with racial microaggression frequency and impact as dependent variables and client race as the independent variable. There were no differences in racial microaggression frequency, $F(2, 1{,}613) = 0.12$, $p = .887$, $\eta^2 = .00$, based on client race. There was, however, a significant difference in racial microaggression impact, $F(2, 1{,}320) = 3.07$, $p = .047$, $\eta^2 = .00$, based on client race, although the size of this effect was small. Post-hoc tests with a Bonferroni correction revealed that Black clients reported a trend toward experiencing racial microaggressions to be more impactful ($M = 1.95$, $SD = 0.92$) than did Asian clients ($M = 1.79$, $SD = 0.71$, $p = .060$, $d = 0.19$).

Counselor Race and Racial Microaggressions

Our third research question was to explore differences in the frequency and impact of racial microaggressions based on the race of counselors. For the analyses on racial microaggression impact, we excluded participants who did not experience any racial microaggressions. Because of low numbers in some racial groups, we limited these analyses to exploring differences among White, Black, Hispanic, and Asian counselors.

We conducted two one-way ANOVAs with racial microaggression frequency and impact as dependent variables and counselor race as the independent variable. There was not a difference in overall racial microaggression frequency, $F(3, 1{,}980) = 1.35$, $p = .258$, $\eta^2 = .00$, based on counselor race, nor was there a difference in overall racial microaggression impact, $F(3, 1{,}616) = 0.925$, $p = .428$, $\eta^2 = .00$, based on counselor race.

Racial Match and Racial Microaggressions

Our fourth research question was to explore differences in frequency and impact of racial microaggressions based on counseling dyads that were matched versus unmatched on race and to examine whether match was more or less important for different racial groups. For the analyses on racial microaggression impact, we excluded participants who did not experience any racial microaggressions. Because of low numbers in some racial groups, we limited these analyses to exploring differences among Black, Hispanic, and Asian clients.

We conducted 2 two-way ANOVAs with racial microaggression frequency and impact as the dependent variables and client race

Table 3
Means and Standard Deviations for RMCS Items

Item	Frequency (% occurred at least once)	Frequency: *M* (*SD*)	Impact: *M* (*SD*)
1. My counselor avoided discussing or addressing cultural issues in our session(s).	52.0%	2.10_a (1.33)	1.68 (1.01)
2. My counselor sometimes was insensitive about my cultural group when trying to understand or treat my concerns or issues.	37.7%	1.62_d (.95)	2.27 (1.14)
3. My counselor seemed to deny having any cultural biases or stereotypes.	46.1%	2.12_a (1.44)	2.00 (1.17)
4. My counselor may have thought at times that I was overly sensitive about cultural issues.	32.5%	1.59_d (.98)	2.42 (1.26)
5. My counselor at times seemed to over-identify with my experiences related to my race or culture.	36.8%	1.65_{cd} (1.00)	2.14 (1.13)
6. My counselor at times seemed to have stereotypes about my cultural group, even if he or she did not express them directly.	46.7%	1.84_b (1.09)	2.32 (1.18)
7. My counselor sometimes seemed unaware of the realities of race and racism.	42.1%	1.82_b (1.14)	2.31 (1.23)
8. My counselor at times may have either overestimated or underestimated my capabilities or strengths based on my cultural group membership.	39.9%	1.74_{bc} (1.08)	2.46 (1.20)
9. My counselor sometimes minimized the importance of cultural issues in our session(s).	44.3%	1.85_b (1.14)	2.12 (1.17)
10. My counselor may have offered therapeutic assistance that was inappropriate or unneeded based on my cultural group membership.	21.8%	1.38_e (.84)	2.43 (1.19)

Note. The means and standard deviations for the racial microaggression impact items include only those participants who reported that the racial microaggression occurred at least once during counseling. Items in columns with different subscripts differ at $p < .001$ (Bonferroni correction). RMCS = Racial Microaggressions in Counseling Scale.

and racial match as the independent variables. For racial microaggression frequency, there was not a significant main effect for client race, $F(2, 1{,}610) = 0.50$, $p = .610$, $\eta_p^2 = .00$, or racial match, $F(1, 1{,}610) = 0.00$, $p = .995$, $\eta_p^2 = .00$, nor an interaction between client race and racial match, $F(2, 1{,}610) = 1.44$, $p = .236$, $\eta_p^2 = .00$. For racial microaggression impact, there was not a significant main effect for client race, $F(2, 1{,}317) = 0.06$, $p = .946$, $\eta_p^2 = .00$, but there was a significant main effect for racial match, $F(1, 1{,}317) = 5.79$, $p = .016$, $\eta_p^2 = .00$, as well as a significant Race × Racial Match interaction, $F(2, 1{,}317) = 3.95$, $p = .019$, $\eta_p^2 = .01$. Overall, clients who were racially matched were more likely to experience racial microaggressions to be more impactful ($M = 1.97$, $SD = 0.88$) than were clients who were not racially matched ($M = 1.86$, $SD = 0.87$, $p = .016$, $d = 0.13$). However, this finding was true for only Asian clients ($p = .004$, $d = 0.48$) and Hispanic clients ($p = .040$, $d = 0.22$); it was not significant for Black clients ($p = .420$).

Cultural Humility and Racial Microaggressions

Our fifth research question was to explore the associations between the perceived cultural humility of the counselor and racial microaggressions. We hypothesized that perceptions of cultural humility would be associated with (a) lower racial microaggression frequency in counseling and (b) lower negative impact of racial microaggressions in counseling. We predicted that perceived cultural humility would predict these outcome variables over and above the effects of perceived counselor general competence and perceived counselor multicultural competence. We analyzed this hypothesis using a series of two hierarchical regressions with (a) racial microaggression frequency and (b) racial microaggression impact as dependent variables. For each of these analyses, perceived general competence was entered in Step 1, perceived multicultural competence was entered in Step 2, and perceived cultural humility was entered in Step 3. For the analysis examining microaggression impact, we excluded participants who did not experience any microaggressions.

These hypotheses were supported. For predicting racial microaggression frequency, perceived general competence was a significant negative predictor and accounted for about 20% of the variance (see Table 4). Perceived multicultural competence was also a significant negative predictor and accounted for an additional 4% of the variance. Perceived cultural humility was also a significant negative predictor and accounted for an additional 4% of the variance. In the final model, perceived cultural humility was the strongest predictor of racial microaggression frequency.

Table 4
Hierarchical Regression Analysis Predicting Racial Microaggression Frequency

Predictor	ΔR^2	β	sr^2
Step 1	.20**		
General competence		−.45**	.20
Step 2	.04**		
General competence		−.22**	.02
Multicultural competence		−.30**	.04
Step 3	.04**		
General competence		−.07*	.002
Multicultural competence		−.16**	.01
Cultural humility		−.33**	.04

*$p < .01$. **$p < .001$.

For predicting racial microaggression impact, perceived general competence was a significant negative predictor and accounted for 18% of the variance (see Table 5). Perceived multicultural competence was also a significant negative predictor and accounted for an additional 4% of the variance. Perceived cultural humility was also a significant negative predictor and accounted for an additional 3% of the variance. In the final model, perceived cultural humility was the strongest predictor of racial microaggression impact.

Discussion

The purpose of the present study was to explore racial microaggressions in counseling, as well as the association between racial microaggressions and the perceived cultural humility of the counselor. Given that psychologists have prioritized the importance of multicultural competencies in the areas of education, training, research, and practice (American Psychological Association, 2003), this research topic is especially critical to our understanding of the experiences of REM clients in counseling.

The first research question focused on describing how often racial microaggressions occur in counseling, as well as which racial microaggressions are most common in the counseling setting. Overall, REM clients reported that they experienced racial microaggressions infrequently in counseling. When given a list of 10 racial microaggressions, on average clients reported that these offenses occurred rarely (i.e., mean of 1.77 on a 5-point scale ranging from 1 = *never* to 5 = *always*). However, 81.7% of our sample reported experiencing at least one racial microaggression in their counseling experience. This rate of racial microaggressions was higher than that in a previous study that measured racial microaggressions in the same way (Owen et al., 2014). One difference between these two studies was the setting—Owen et al. (2014) used a university counseling center sample, whereas we did not specify the type of setting in the current study. Thus, clients seeking counseling in the community may experience racial microaggressions more often than do clients seeking counseling at university counseling centers. Although racial microaggressions occur relatively infrequently in counseling, they do occur, supporting prior theory and research that this is an issue that merits further research and attention (Constantine, 2007; Sue et al., 2007).

The most common racial microaggressions reported by the clients in our sample focused on (a) denial of stereotypes or bias about cultural issues and (b) avoidance of discussion of cultural issues. In regard to the taxonomy of racial microaggressions presented by Sue et al. (2007), these appear to fall under the categories of (a) color-blindness and (b) denial of individual racism. This finding may indicate that many of the racial microaggressions committed in the counseling room have less to do with the counselor saying or doing something offensive than with minimizing the importance of cultural issues in session or perhaps communicating defensiveness or discomfort with having any biases or prejudices.

The second and third research questions explored differences in racial microaggressions based on client race and counselor race. There were no significant differences in racial microaggression

Table 5
Hierarchical Regression Analysis Predicting Racial Microaggression Impact

Predictor	ΔR^2	β	sr^2
Step 1	.18**		
General competence		−.42**	.18
Step 2	.04**		
General competence		−.18**	.01
Multicultural competence		−.32**	.04
Step 3	.03**		
General competence		−.05	.001
Multicultural competence		−.22**	.02
Cultural humility		−.26**	.02

Note. This analysis includes only those participants who reported that a racial microaggression occurred at least once during counseling.
* $p < .01$. ** $p < .001$.

frequency or impact among Black, Hispanic, and Asian clients. It appears that, for the most part, clients from various racial minority groups tend to experience racial microaggressions in counseling at about the same rate and are impacted similarly by racial microaggressions in counseling. Past studies have analyzed either clients from only one racial group (e.g., Constantine, 2007) or all REM clients together (e.g., Owen et al., 2011, 2014). Similarly, there were no differences in racial microaggression frequency or impact among White, Black, Hispanic, and Asian counselors. This finding is consistent with past research that has found no differences in racial microaggression frequency between White and REM counselors (e.g., Owen et al., 2011, 2014).

The fourth research question explored differences in racial microaggressions based on whether the counselor and client were from the same racial background. For racial microaggression frequency, there were no differences between clients who were matched versus unmatched. For racial microaggression impact, however, clients who were racially matched were more likely to view the racial microaggression as more impactful than were clients who were not racially matched. This finding was significant for Hispanic and Asian clients but not for Black clients. Perhaps when clients are from the same racial background as their counselor, they have higher expectations that they will be on the same page with their counselor regarding cultural values. This idea is consistent with past research that has found REM clients (a) show preferences for a counselor who is racially matched and (b) have more favorable perceptions of a counselor who is racially matched (Cabral & Smith, 2011). When a racial microaggression occurs, this may surprise clients, which may cause a stronger sense of betrayal and thus greater impact.

The fifth research question focused on the role of perceived cultural humility in predicting racial microaggression frequency and impact. Consistent with our hypotheses, perceptions of cultural humility were associated with (a) lower racial microaggression frequency in counseling and (b) lower negative impact of those racial microaggressions. Furthermore, perceptions of cultural humility were associated with racial microaggressions (i.e., frequency and impact), even when controlling for ratings of general competence and multicultural competence of the counselor. These findings are consistent with recent theory and research showing that cultural humility may be an important characteristic to develop in order to be effective in treating racially diverse clients (Hook et al., 2013; Owen, 2013). Counselors perceived as high in cultural humility appear to be less likely to commit racial microaggressions, perhaps due to their other-oriented stance when engaging the client about his or her cultural background. Also, when counselors with high cultural humility do commit racial microaggressions, these racial microaggressions are of lower impact. Perhaps counselors with cultural humility are able to acknowledge and admit their limitations and mistakes regarding cultural issues, and thus they may be more effective at repairing the therapeutic relationship when a cultural rupture occurs.

Limitations and Areas for Future Research

There are several limitations of the present study. First, the study was cross-sectional in design. Thus, causal conclusions cannot be made. Although the data are consistent with our theoretical model (i.e., counselor characteristics predicting racial microaggressions), the design of the study does not preclude other theoretical models. For example, it may be that clients who experience fewer racial microaggressions perceive their counselor as more culturally humble. Future research should utilize longitudinal or experimental designs. Second, the study employed only client-report measures. Supplementing client-report measures with clinician-report or objective behavioral measures (e.g., Dorn, Hook, Davis, Van Tongeren, & Worthington, 2014) would give a more complete picture of the client and the counseling relationship. Third, this study used a somewhat uncontrolled data collection method (i.e., Mechanical Turk) that did not control for type of setting, number of sessions completed, how recent treatment occurred, and the credentials of the therapist. Future research could see if our findings generalize in a more controlled setting. Fourth, this study provided important quantitative data on the frequency of racial microaggressions in counseling and the association between counselor characteristics and racial microaggressions; future research could qualitatively explore how clients and counselors work through racial microaggressions when they do occur. Fifth, this study found few differences between overall levels of racial microaggression frequency or impact based on client race and counselor race. However, the measurement strategy was somewhat crude in that it lumped various types of racial microaggressions together. Also, the measurement strategy did not allow for clients to list microaggressions that were not on the measure that was used. Future research could further explore the specific types of racial microaggressions that are more likely to be committed by counselors from different racial backgrounds. Sixth, the current study focused on the association between perceived cultural humility and racial microaggressions; future research could explore other aspects of the multicultural orientation model such as cultural comfort and cultural opportunities (Owen, 2013).

Implications for Counseling and Training

Several implications for counseling can be made from the present study. First, racial microaggressions do occur occasionally in counseling. Past research has found that high levels of racial microaggressions can be detrimental to the therapeutic relationship and client improvement. Thus, counselors should educate themselves on the various types of racial microaggressions and be aware of the racial microaggressions that are most common in counseling. Overall, the

most common racial microaggressions were related to (a) denial of stereotypes or bias about cultural issues and (b) avoidance of discussion of cultural issues. Thus, at least from client's perspective, counselors often err on the side of denying their biases or minimizing cultural issues rather than validating the client's experience. It may be more beneficial to admit limitations or biases in the counseling room rather than portray oneself as unbiased or "color-blind." Also, on the basis of this finding, counselors are encouraged to initiate conversations concerning culture with clients and explore ways in which the client's cultural background is affecting the client's work in counseling.

Additionally, counselors are encouraged to honestly explore their own stereotypes and biases regarding cultural and racial issues and to refrain from making assumptions about clients on the basis of their cultural group membership. These findings are consistent with the importance of developing self-awareness in regard to one's own racial and cultural background (Sue et al., 1992, 1982) as well as cultural humility (Hook et al., 2013). It may be difficult, especially for counselors who identify with privileged cultural identities, to acknowledge and own their stereotypes and biases. It may be helpful to (a) normalize the fact that we all have certain limitations or biases and are in progress regarding engaging with cultural issues, (b) explore individuals or groups that counselors have negative reactions toward and seek education or supervision regarding those reactions, and (c) make consistent efforts to engage relationally with others who are culturally diverse.

Second, counselors are encouraged to explore ways to address cultural issues in session in ways that are culturally humble and respect the client's cultural background and experiences. This finding is consistent with recent theory that the ability to initiate cultural conversations and take advantage of opportunities to explore the cultural background of the client in session are important aspects of developing a multicultural orientation and working effectively with culturally diverse clients (Owen, 2013). Examples of engaging cultural issues with humility and respect include being curious about cultural issues, asking questions that indicate willingness to learn and explore, being nonjudgmental, and communicating openness about different worldviews, rather than viewing one's own perspective as best or ideal.

Conclusion

The present study explored racial microaggressions in counseling using a large data set. Although blatant forms of racism have decreased in recent years, more subtle forms of racism such as racial microaggressions occur in the context of counseling and have deleterious effects on REM clients. We hope this investigation spurs on further research on racial microaggressions in counseling, as well as characteristics such as cultural humility that can help counselors work effectively with diverse clients.

References

American Psychological Association. (2003). Guidelines on multicultural education, training, research, practice, and organizational change for psychologists. *American Psychologist, 58,* 377–402.

Bordin, E. S. (1979). The generalizability of the psychoanalytic concept of working alliance. *Psychotherapy: Theory, Research, & Practice, 16,* 252–260. http://dx.doi.org/10.1037/h0085885

Cabral, R. R., & Smith, T. B. (2011). Racial/ethnic matching of clients and therapists in mental health services: A meta-analytic review of preferences, perceptions, and outcomes. *Journal of Counseling Psychology, 58,* 537–554. http://dx.doi.org/10.1037/a0025266

Constantine, M. G. (2002). Predictors of satisfaction with counseling: Racial and ethnic minority clients' attitudes toward counseling and ratings of their counselors' general and multicultural counseling competence. *Journal of Counseling Psychology, 49,* 255–263. http://dx.doi.org/10.1037/0022-0167.49.2.255

Constantine, M. G. (2007). Racial microaggressions against African American clients in cross-racial counseling relationships. *Journal of Counseling Psychology, 54,* 1–16. http://dx.doi.org/10.1037/0022-0167.54.1.1

Corrigan, J. D., & Schmidt, L. D. (1983). Development and validation of revisions in the Counselor Rating Form. *Journal of Counseling Psychology, 30,* 64–75. http://dx.doi.org/10.1037/0022-0167.30.1.64

Crawford, E. P. (2011). *Stigma, racial microaggressions, and acculturation strategies as predictors of likelihood to seek counseling among Black college students.* (Unpublished doctoral dissertation). Oklahoma State University, Stillwater.

Dorn, K., Hook, J. N., Davis, D. E., Van Tongeren, D. R., & Worthington, E. L., Jr. (2014). Behavioral methods of assessing forgiveness. *Journal of Positive Psychology, 9,* 75–80. http://dx.doi.org/10.1080/17439760.2013.844267

Dovidio, J. F., & Gaertner, S. L. (2000). Aversive racism and selection decisions: 1989 and 1999. *Psychological Science, 11,* 315–319. http://dx.doi.org/10.1111/1467-9280.00262

Dovidio, J. F., & Gaertner, S. L. (2004). Aversive racism. In M. P. Zanna (Ed.), *Advances in experimental social psychology* (Vol. 36, pp. 1–52). San Diego, CA: Elsevier Academic Press.

Drinane, J. M., Owen, J., Adelson, J. L., & Rodolfa, E. (in press). Multicultural competencies: What are we measuring? *Psychotherapy Research.*

Hook, J. N., Davis, D. E., Owen, J., Worthington, E. L., Jr., & Utsey, S. O. (2013). Cultural humility: Measuring openness to culturally diverse clients. *Journal of Counseling Psychology, 60,* 353–366. http://dx.doi.org/10.1037/a0032595

LaFromboise, T. D., Coleman, H. L. K., & Hernandez, A. (1991). Development and factor structure of the Cross-Cultural Counseling Inventory—Revised. *Professional Practice: Research and Practice, 22,* 380–388. http://dx.doi.org/10.1037/0735-7028.22.5.380

McCullough, M. E., & Hoyt, W. T. (2002). Transgression-related motivational dispositions: Personality substrates of forgiveness and their links to the Big Five. *Personality and Social Psychology Bulletin, 28,* 1556–1573. http://dx.doi.org/10.1177/014616702237583

McCullough, M. E., Rachal, K. C., Sandage, S. J., Worthington, E. L., Jr., Brown, S. W., & Hight, T. L. (1998). Interpersonal forgiving in close relationships: II. Theoretical elaboration and measurement. *Journal of Personality and Social Psychology, 75,* 1586–1603. http://dx.doi.org/10.1037/0022-3514.75.6.1586

Morton, E. (2011). *The incidence of racial microaggressions in the cross-racial counseling dyad.* (Unpublished doctoral dissertation). Saint Louis University.

Okazaki, S. (2009). Impact of racism on ethnic minority mental health. *Perspectives on Psychological Science, 4,* 103–107. http://dx.doi.org/10.1111/j.1745-6924.2009.01099.x

Owen, J. (2013). Early career perspectives on psychotherapy research and practice: Psychotherapist effects, multicultural orientation, and couple interventions. *Psychotherapy, 50,* 496–502. http://dx.doi.org/10.1037/a0034617

Owen, J., Imel, Z., Tao, K. W., Wampold, B., Smith, A., & Rodolfa, E. (2011). Cultural ruptures in short-term therapy: Working alliance as a mediator between clients' perceptions of microaggressions and therapy outcomes. *Counselling & Psychotherapy Research, 11,* 204–212. http://dx.doi.org/10.1080/14733145.2010.491551

Owen, J., Tao, K. W., Imel, Z. E., Wampold, B. E., & Rodolfa, E. (2014). Addressing racial and ethnic microaggressions in therapy. *Professional Psychology, Research and Practice, 45,* 283–290. http://dx.doi.org/10.1037/a0037420

Owen, J. J., Tao, K., Leach, M. M., & Rodolfa, E. (2011). Clients' perceptions of their psychotherapists' multicultural orientation. *Psychotherapy: Theory, Research, & Practice, 48,* 274–282. http://dx.doi.org/10.1037/a0022065

Pierce, C., Carew, J., Pierce-Gonzalez, D., & Willis, D. (1978). An experiment in racism: TV commercials. In C. Pierce (Ed.), *Television and education* (pp. 62–88). Beverly Hills, CA: Sage.

Schoulte, J. C., Schultz, J. M., & Altmaier, E. M. (2011). Forgiveness in response to cultural microaggressions. *Counselling Psychology Quarterly, 24,* 291–300. http://dx.doi.org/10.1080/09515070.2011.634266

Sue, D. W. (2013). Race talk: The psychology of racial dialogues. *American Psychologist, 68,* 663–672. http://dx.doi.org/10.1037/a0033681

Sue, D. W., Arredondo, P., & McDavis, R. J. (1992). Multicultural counseling competencies and standards: A call to the profession. *Journal of Counseling & Development, 70,* 477–486. http://dx.doi.org/10.1002/j.1556-6676.1992.tb01642.x

Sue, D. W., Bernier, J. E., Durran, A., Feinberg, L., Pederson, P., Smith, E. J., & Vasquez-Nuttall, E. (1982). Position paper: Cross-cultural counseling competencies. *Counseling Psychologist, 10,* 45–52. http://dx.doi.org/10.1177/0011000082102008

Sue, D. W., Capodilupo, C. M., Torino, G. C., Bucceri, J. M., Holder, A. M. B., Nadal, K. L., & Esquilin, M. (2007). Racial microaggressions in everyday life: Implications for clinical practice. *American Psychologist, 62,* 271–286. http://dx.doi.org/10.1037/0003-066X.62.4.271

U.S. Department of Health and Human Services. (2001). *Mental health: Culture, race, and ethnicity—A suppl. to mental health: A report of the surgeon general.* Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services.

Wong, G., Derthick, A. O., David, E. J. R., Saw, A., & Okazaki, S. (2014). The what, the why, and the how: A review of racial microaggression research in psychology. *Race and Social Problems, 6,* 181–200. http://dx.doi.org/10.1007/s12552-013-9107-9

Received December 24, 2014
Revision received July 21, 2015
Accepted July 30, 2015 ■