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Black Male Counselors' Experiences Navigating Client-Initiated Microaggressions in Cross-Cultural Therapeutic Dyads

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Walden University
2024

Abstract

Black Male Counselors' Experiences Navigating Client-Initiated Microaggressions in

Cross-Cultural Therapeutic Dyads

by

Crystal M. Smith

MA, Argosy University, 2012

BS, Ferris State University, 2000

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Counselor Education and Supervision

Walden University

March 2024

Abstract

Black male counselors working in the United States often face a unique set of challenges as the history of racism, discrimination, and prejudice that has plagued the United States also occurs in therapeutic spaces. Recent research has brought awareness to the existence of client-initiated microaggressions in therapy, but training on how to adequately address those microaggressions is lacking. Black male counselors have reported issues with knowing how to protect their own needs and maintaining a positive therapeutic relationship with their clients while addressing these microaggressions as they are required to hold space for their clients despite any emotional distress or racial trauma they may experience. Also, Black male counselors are underrepresented in counseling and in counseling research. Understanding the lived experiences of client-initiated microaggressions from the perspectives of Black male counselors can help to close this gap in the research. Husserl's transcendental phenomenological research method helped answer this research question of how Black male counselors navigate client-initiated microaggressions and racial trauma from their clients. Data were collected from a purposive sample of 11 Black male counselors working in cross-cultural dyads. The themes that emerged after data analysis were (a) inauthenticity, (b) lack of training, (c) coping through self-care, (d) broaching, and (c) redirecting. The themes that emerged from this data analysis reinforce the need to bring awareness to the need for social change surrounding an unrepresented population.

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Dedication

This dissertation is first dedicated to my three children, Jasmine, Jasen, and Journey. By accomplishing this goal, I hope that you all understand that nothing is impossible with hard work and determination. You are my world, and I want to thank you for your understanding, grace, acceptance, patience, and sacrifice. Completing this Ph.D. program was one of the hardest things I have ever done, and I could not have done this without your love and unwavering support. I could write another dissertation on my love for you all, but I will stop here. Just know that the sky is the limit, and your dreams and goals are possible.

Secondly, I dedicate this dissertation to my amazing husband. You are my rock, and you and our three wonderful children inspire, encourage, and push me never to give up. Thank you for the listening ear and a shoulder to cry on during this journey. Thank you for reminding me of my goals and for never letting me give up. Thank you for believing in me, even when I did not believe in myself. I definitely could not have completed this Ph.D. program without you.

Finally, this dissertation is dedicated to my ancestors. I want to thank my ancestors for all they had to endure. Thank you for never giving up or giving in. I strive and thrive because of you. I am the hopes and dreams of my ancestors.

Acknowledgments

I want to send a special thank you to my friends and family. Thank you for the fun times and funny moments, the relief away from such a rigorous process for just a minute. Thank you for the much-needed distractions at times.

My Walden University journey has been nothing short of amazing. There were some triumphs and some defeats. However, I have learned and grown with each one. I must acknowledge my dissertation sisters; we started this journey together, and I could not have made it through without their motivation to keep going, even in challenging times. Our group chats were enough motivation to keep going. I am so proud of them as well. I hope we can sit next to each other at the graduation ceremony.

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Chapter 1: Introduction to the Study

Introduction

There is a long history in the United States of systemic racism, discrimination, and mistreatment of Black Americans that continues today (Carter, 2007; Comas-Diaz et al., 2019; Wilcox, 2022). The 2016 presidential election highlighted the continued problem of social justice and inequality issues in this country (Guiffrida et al., 2019). This history of White supremacy and anti-Black racism has had an overwhelming effect and psychological impact on many Black Americans (Bartholomew et al., 2023; Carter, 2007; Comas-Diaz et al., 2019; Sue et al., 2019; Walker, 2021; Wilcox, 2022). Those psychological effects have created racial trauma, also known as *race-based traumatic stress* (RBTS; Carter, 2007; Comas-Diaz et al., 2019). RBTS mimics the same symptoms of posttraumatic stress disorder (PTSD; Carter, 2007).

The mistreatment of Black Americans has occurred through microaggressions, which can be detrimental and psychologically damaging (Sue et al., 2007; Sue et al., 2019). Black men occupying predominantly White spaces, such as predominantly White institutions (PWIs), may experience microaggressions (Robinson-Perez, 2021). Black men have suffered from societal norms and do not often disclose emotional distress (Robinson-Perez, 2021). Consequently, racism and discrimination are often felt in silence by Black men (Robinson-Perez, 2021).

The history of racism and microaggressions has not escaped the psychotherapy field (Guiffrida et al., 2019; Wilcox, 2022). Recent research has been conducted to explore microaggressions in counseling (Ahn et al., 2021; Bayne & Branco, 2018;

Guiffrida et al., 2019; Hook et al., 2016; Spong, 2012; Sue et al., 2007). However, research is lacking regarding Black male counselors' lived experiences working with client-initiated microaggressions. Understanding the perspective of Black men working in cross-cultural dyads and how they handle client-initiated microaggressions could provide implications for counseling and counselor education programs (Ahn et al., 2021; Bayne & Branco, 2018).

In this chapter, I highlight the study topic and discuss the extant literature on Black male counselors and navigating client-initiated microaggressions in therapy. In Chapter 1, I also describe the research gap addressed in this study, including the need for this study. In the problem statement, I state the research problem and the legitimacy of current research on this topic and its importance to the counseling field. This chapter includes the purpose of the study and the research questions. The conceptual framework of this transcendental phenomenon is also addressed in this chapter. Definitions of key concepts or constructs are included along with assumptions, scope and delimitations, and limitations. Finally, the significance of the study is discussed, followed by a summary of Chapter 1.

Background of the Study

In the background section, I discuss the current and past literature on Black male counselors and their perspectives on being a counselor working with non-Black clients and Black, Indigenous, and people of color (BIPOC) clients. Unfortunately, there is limited research on Black men's perspectives, so I included BIPOC perspectives in this background section to highlight the need for more representation in research of Black

male counselors. Therefore, this section includes the research on BIPOC counselors'
lived experiences with racial trauma from client-initiated microaggressions in cross-
cultural dyads. In addition, this section covers gaps in the literature and how I address
those gaps.

Some counselors of color may bear the burden of microaggressions by not
addressing them to avoid impairing the therapeutic relationship. In fact, Branco and Jones
(2021) studied client-initiated racism toward BIPOC therapists. The researchers provided
strategies and techniques to assist in confronting these microaggressions while not
jeopardizing the therapeutic connection. A counseling skills model was created that
employs supportive strategies, ethics, and interventions to assist counselors-in-training in
navigating these instances. Branco and Jones (2021) cited the need for culture-specific
training to address client-initiated microaggressions that maintains the therapeutic
rapport.

In keeping with the discussion of how BIPOC counselors navigate client-initiated
microaggressions, Branco and Bayne (2020) conducted a secondary analysis by
reviewing transcripts from a prior study exploring how eight counselors of color handle
microaggressions from clients. Overall, counselors of color indicated feeling burdened by
experiencing microaggressions in the counseling room (Branco & Bayne, 2020). The
emerging themes were bracing for the microaggression, experiencing the
microaggression, and planning and reacting in session. Counselors of color struggle with
whether and how to respond in light of not wanting to harm the therapeutic relationship
or the client (Branco & Bayne, 2020). However, a lack of research exists on how

counselors of color adequately respond to client-initiated microaggressions (Branco & Bayne, 2020).

In contrast to Branco and Bayne's (2020) study, Straker (2020) explored the issue of racism with White therapists working with POC clients from the perspective of three Black patients/trainees/therapists working with White therapists. Therapists needed to acknowledge the history of racism with their clients and have a conversation with their therapists broaching those topics (i.e., race relations, socioeconomic status [SES], and privilege). It was also significant that therapists were genuine and could acknowledge their clients' unique experiences without believing they understood their clients' experiences (Straker, 2020).

While Straker's (2020) study highlighted the issues of race raised by POCs in cross-cultural dyads, Sue et al. (2019) explored possible racial micro-interventions to combat the harmful effects of discrimination and prejudice against POCs. The history of idly watching racial trauma has not benefited POCs and has not worked to curtail the behaviors (Sue et al., 2019). Doing nothing enables negative behaviors (Sue et al., 2019). A new way of addressing discrimination and microaggressions is actionable steps called micro-interventions (Sue et al., 2019). Micro-interventions include addressing the microaggression, training the perpetrator, and finding support (Sue et al., 2019). However, there is a lack of training on properly planned actionable steps to address microaggressions at all levels and areas (Sue et al., 2019). In addition, more research on the benefits of using micro-interventions and plans to address microaggressions would benefit the counseling profession (Sue et al., 2019).

Williams et al. (2020) extended the research on the harmful effects of microaggressions and found that a standardized definition of microaggressions was missing. Williams et al.'s (2020) findings aligned with Sue et al.'s (2007) understanding of microaggressions. Williams et al. (2020) used focus groups with (N = 36) students of color to explore how Black college students experienced microaggressions from their White counterparts in a PWI. The goal was to understand if there was a difference in how the participants viewed microaggressions from how Sue et al. (2007) explained microaggressions (Williams et al., 2020). Some examples of microaggressions included questioning a person's intelligence, questioning their citizenship, denying racism, believing stereotypes, and criminalizing a person's race (Williams et al., 2020). These are just a few examples of microaggressions expressed by the participants.

Microaggressions are psychologically damaging to POCs, and subtle racism can affect the self-esteem and well-being of a POC (Williams et al., 2020). Anderson and Stevenson (2019) presented a new theory for helping Black Americans process and heal from race-based trauma due to the damaging effects of racism and microaggressions. Carter (2007) introduced the concept of RBTS, which is discussed later in this section. Furthermore, Anderson and Stevenson (2019) also found that RBTS is equivalent to PTSD. There is a lack of attention to the effects of RBTS.

Given the extant research on the harmful effects of microaggressions, Bartholomew et al. (2023) explored therapists' comfort level in discussing racial trauma with Black clients in session using therapists' narratives. Two participants were identified as White, two as Black, and one as biracial Asian and White (Bartholomew et al., 2023).

Therapists' comfort level was due to their knowledge and acknowledgment of anti-Black racism with their clients (Bartholomew et al., 2023). The therapist's internal emotions and personal awareness affected their comfort levels. The more comfortable therapists were in broaching the conversation of anti-Black racism, the better the outcomes for the clients (Bartholomew et al., 2023).

The studies listed above highlight the need for more research on understanding how to address the harmful effects of microaggressions. Sustained experiences of racism and discrimination can negatively impact POCs' psychological and behavioral health (Anderson & Stevenson, 2019). There continues to be a lack of research on how BIPOC counselors navigate client-initiated microaggressions (Branco & Bayne, 2020). Limited research exists on micro-interventions needed in therapy to address harmful microaggressions (Branco & Jones, 2021; Sue et al., 2019). Cultural competence is an ethical mandate, but culture-specific interventions are missing from the literature (Sue et al., 2019).

In this study, I fill the gap and add to research about racism and microaggressions in counseling. In addition, I address the gap of gaining the perspectives of Black male counselors working with White clients. With the results of this study. I help provide a foundation for much-needed culture-specific training in counselor education programs. Furthermore, the results of this study may bring awareness to the impacts of client-initiated microaggressions and the effects on the counseling profession. Based on the findings, I can bring attention to Black male counselors' specific unique needs and provide guidance on better ways to serve counselors and clients.

Problem Statement

In this study, I highlight the need to include the Black male counselors' perspectives on experiencing racial trauma from client-initiated microaggressions while working in cross-cultural dyads. Microaggressions in counseling have recently come to the forefront of research (Branco & Bayne, 2020; Branco & Jones, 2021; Hook et al., 2016; Sue et al., 2007). Research shows that microaggressions in counseling may contribute to a lack of use among clients of color (Hook et al., 2016). While the research on counselor-initiated racial microaggressions is exhaustive (Hook et al., 2016; Sue et al., 2007), minimal research exists on client-initiated microaggressions or counselors feeling offended by clients (Ahn et al., 2021; Spong, 2012). Research shows that racism and microaggressions occur in counseling (Hook et al., 2016; Straker, 2020; Sue et al., 2007). However, little to no research exists from the perspective of Black male counselors working with non-BIPOC clients. The viewpoint of Black men in counseling and research is deficient.

Black male counselors are underrepresented in counseling (Mertins-Brown, 2018; Phillips, 2021a). The U.S. Census Bureau has reported that out of the total number (1,913,985) of counselors, social workers, and other community and social service workers, only 23.4% (447,870) are male and 5.0% (95,815) of those are Black men. The American Psychological Association (APS) also reported that only 4% of their psychologists were Black men (Phillips, 2021a). In addition, counseling and research rarely include Black male counselors' voices (Hawkins et al., 2022; Mertins-Brown, 2018; Phillips, 2021a). In their analysis, Hawkins et al. (2022) found that only 3.8% of

the research focused on Black Americans. Due to this, my study includes the underrepresented voices of Black male counselors who have worked in cross-cultural dyads and experienced client-initiated microaggressions.

Sue et al. (2007) explained microaggressions as indirect or subtle insults and discrimination disguised as not harmful. However, the truth is that microaggressions can be harmful and can affect an individual's daily life (Carter, 2007; Sue et al., 2007). History has shown a decrease in deliberate forms of discrimination and racism, but in recent years, more indirect forms of racism have emerged (Hook et al., 2016). Racial microaggressions, anti-Black racism, and other forms of discrimination have also been a part of many disciplines, including counseling and psychology (Hooks et al., 2016; Sue et al., 2007; Wilcox, 2022).

Therefore, the counseling profession has made a clear stance and commitment to social justice, diversity, and inclusion (Guiffrida et al., 2017). This anti-Black racism statement was made after the murders of George Floyd, Rayshard Brooks, Ahmaud Arbery, Breonna Taylor, Tamir Rice, Eric Garner, Sandra Bland, Michael Brown, and others whose names have not been in the media. The American Counseling Association (ACA) Code of Ethics first introduced a nondiscriminatory and respecting the rights of the client code in the 1995. Also, the Council for the Accreditation of Counseling and Related Educational Programs (CACREP, 2014) standards require counseling programs to be culturally competent and work with and educate students on how to work with marginalized groups. However, that cultural competence has not included how BIPOC counselors work with non-BIPOC clients or how marginalized counselors work with non-

marginalized clients (Branco & Jones, 2021). There is a lack of training on how BIPOC counselors address client-initiated microaggressions and maintain a positive therapeutic relationship (Branco & Bayne, 2020). Hook et al. (2016) explained there is a negative impact on the therapeutic relationship from counselor-initiated microaggressions. However, research is still lacking from counselors' perspectives in navigating client-initiated microaggressions.

Arredondo et al. (2020) pointed out that counseling programs use only one course to educate students on multicultural competence. However, the complexities of cultural competence cannot be fully understood in one course (Arredondo et al., 2020). That one course also does not cover how to address microaggressions. There has been a history of ignoring microaggressions in counseling (Sue et al., 2007). That silence has not proved beneficial in defusing the system of racism (Sue et al., 2019). Research exists on microaggressions in cross-cultural dyads of White counselors with BIPOC clients, but not from the perspective of Black counselors with non-BIPOC clients. Also, there is a shortage of training and education on processing client-initiated microaggressions (Ahn et al., 2021).

Purpose of the Study

The purpose of this transcendental phenomenological study was to explore and understand the lived experiences of Black male counselors navigating racial trauma and client-initiated microaggressions in the therapeutic relationship. The counseling profession has become more diverse in recent years (Lee et al., 2021). This diversity includes more counselors of color and more clients of color involved in the profession

and therapy (Lee et al., 2021). This also creates more possibility for an increase in cross-cultural dyads (Lee et al., 2021). This shift requires more training and cultural sensitivity from therapists working in these cross-cultural dyads (Hook et al., 2016). It is the therapist's responsibility to respect the cultural needs of their clients (Hook et al., 2016). However, a client's behavior may be offensive to the therapist's cultural needs (Ahn et al., 2021). Therapists report not having a clear direction on how to handle these microaggressions and offensive behaviors from their clients (Ahn et al., 2021) and find it challenging to address the needs of their clients when they have displayed signs of racism and discrimination (Branco & Bayne, 2020). There is a lack of training on strategies to navigate client-initiated microaggressions in therapy (Ahn et al., 2021; Branco & Bayne, 2020; Sue et al., 2019). Therapists of color fear damaging the therapeutic relationship and diminishing their own cultural values if they address a client's offensive behavior (Ahn et al., 2021). Therefore, this study was conducted to explore Black male counselors' experiences with racial trauma via client-initiated microaggressions and how the counselors navigated it.

Research Questions

This study was conducted to answer the following research questions:

RQ1: What are Black male counselors' lived experiences working with non-BIPOC clients?

RQ2: How do Black male counselors navigate racial trauma experienced by client-initiated microaggressions?

Conceptual Framework

I used the conceptual framework of transcendental phenomenology to explore the problem of racial trauma in cross-cultural therapeutic relationships caused by client-initiated microaggressions to gain the perspective of the person experiencing the phenomenon. Edmund Husserl's (1931/2013) transcendental phenomenological approach was used to explore the subjective experience of Black male counselors working with non-BIPOC clients and processing client-initiated microaggressions. Husserl developed transcendental phenomenology to explore the essence of the lived experiences of human beings (Husserl, 1931/2013; Moran, 2005; Moustakas, 1994). Meaning is derived from rich, thick data regarding individual experiences (Moran, 2005; Moustakas, 1994). Husserl's transcendental phenomenology explains that knowledge and understanding come from the subjective consciousness of the participants (Husserl, 1931/2013; Moran, 2005; Moustakas, 1994; Yee, 2019).

I was interested in describing the raw, unedited voices and experiences of Black male counselors with a history of racial trauma and client-initiated microaggressions in counseling. Transcendental phenomenology allows me to understand this study's participants' subjective experiences. In Chapter 2, I provide a more detailed explanation of the conceptual framework of transcendental phenomenology and the methodological procedure used in this study.

The concept and phenomenon that grounds the study was racial trauma in counseling brought on by client-initiated microaggressions. Recent research has focused on the importance of cultural factors in counseling (Gundel et al., 2020), as it is an ethical

mandate for counselors to understand the cultural needs of their clients (ACA, 2014).

Likewise, it is also an ethical mandate for counselor supervisors to attend to the cultural

needs of their supervisees (Standards for Counseling Supervisors, 1990). However, that

ethical mandate has not included clients respecting the cultural identities of their

counselors. An increased understanding of how counselors can better serve their clients'

cultural identities is paramount to the helping profession (Gundel et al., 2020).

Counselor-initiated microaggressions have been addressed in the literature (Sue et al.,

2007), but there is a lack of knowledge and understanding of how counselors process

client-initiated microaggressions (Branco & Bayne, 2020; Levenstein, 2020).

Phenomenological research attempts to answer questions regarding the daily

occurrences of individuals' lives (Merriam & Grenier, 2019). A phenomenological

qualitative study focuses on understanding the essence or core meaning of individual

experiences (Merriam & Grenier, 2019). This study was completed to focus on

understanding the essence of the lived experiences of Black men and RBTS brought on

by client-initiated microaggressions. This concept is further developed and explained in

Chapter 2.

In phenomenological reduction, a researcher must suspend judgment (epoché) and

set aside (bracket) preconceived notions and biases (Husserl, 1931/2013).

Phenomenological reduction, bracketing, and epoché are often used in the research

interchangeably (Gearing, 2004); however, they are not all the same as phenomenological

reduction. The goal is phenomenological reduction and occurs through the

bracketing/epoché process (Moustakas, 1994). The goal is to view the phenomenon with

a clear new lens (Husserl, 1931/2013). Husserl (1931/2013) wanted a researcher to not interfere with the research by inserting their own views and judgment. Therefore, suspending preconceived ideas allows a researcher to focus only on the participant's words (Husserl, 1931/ 2013).

To achieve phenomenological reduction, I meditated on my own views and biases, a thoughtful clearing of the mind (see Moustakas, 1994). I was conscious about reducing what I already knew about racial trauma and client-initiated microaggressions by examining and reexamining my views, judgments, biases, and thoughts (see Moustakas, 1994). I engaged in reflexive journaling (epoché) to create textural descriptions to achieve this phenomenological reduction (Moustakas, 1994). This process allowed me to focus on the true essence of Black male counselors experiencing racial trauma via client-initiated microaggressions from the voice of the ones experiencing them. I provide more detailed instructions and steps in Chapter 2 about the conceptual framework of Husserl's transcendental phenomenology.

I conducted one-on-one semistructured interviews with participants to collect data about the phenomenon of racial trauma. Open-ended questions were used with a transcendental lens to ensure I gathered data from each participant's perspective and not from my own. I ensured I was not skewing the research process or findings with my assumptions or biases. Follow-up questions were asked for clarification purposes (Moustakas, 1994).

Nature of the Study

The purpose of this qualitative transcendental phenomenological inquiry was to answer the research question of how Black male counselors navigate racial trauma working with non-BIPOC clients and experiencing client-initiated microaggressions. A transcendental phenomenological study provided deep, rich, in-depth firsthand knowledge about the phenomenon of client-initiated microaggressions in the therapy space (Moustakas, 1994). Branco and Bayne (2020) recommended adding to scholarly research by exploring what decision-making model counselors of color use when deciding how to respond to client-initiated microaggressions. Lee et al. (2021) also reported that the conversation surrounding cultural competence excludes BIPOC counselors' voices. My study used a transcendental lens to explore the silenced perceptions of Black male counselors navigating racial trauma in a therapeutic relationship.

The phenomenon of racial trauma brought on by client-initiated microaggressions is a new concept in research (Ahn et al., 2021; Branco & Bayne, 2020; Branco & Jones, 2021). However, the research has excluded the effects of discrimination, racism, and microaggressions against persons of color (Ahn et al., 2021; Bayne & Branco, 2018; Branco & Bayne, 2020; Branco & Jones, 2021; Carter, 2007; Gundel et al., 2020; Hook et al., 2016; Sue et al., 2007; Sue et al., 2019; Toporek, 2013). Exploring the effects of client-initiated microaggressions can add to the conversation about the need for more culture-specific training programs (Ahn et al., 2021) and how counselors may appropriately address microaggressions initiated by clients (Sue et al., 2007).

A transcendental methodology approach allowed the participants in this study the space to describe how they navigate client-initiated microaggressions. I used epoché (bracketing) to ensure that only the words of the participants were in the data collection process. I conducted one-on-one interviews to address the topic of client-initiated microaggressions. I asked the participants open-ended questions about how they navigate working with non-BIPOC clients and navigating microaggressions from their clients. After collecting data, I created a table in Microsoft Word to organize and store the data. I analyzed the data using Moustakas's (1994) modified seven-step van Kaam method. This method is described in greater detail in Chapter 3.

Definitions

Definitions of key concepts and terms used in this study are listed below.

Anti-Black racism: The system of policies and foundational principles put in place to continuously regulate the relationship between Black and non-Black individuals (Wun, 2014).

Anti-racism: The deliberate action or stance against racism or racist acts (Case, 2012).

Client-initiated microaggressions: Microaggressions or insults exhibited in a counseling relationship displayed by the client toward the counselor (Levenstein, 2020).

Epoché and phenomenological reduction: Setting aside what is already known (bracketing) and embracing what is shared through lived experiences (Moustakas, 1994).

Micro-interventions: A set of interventions or strategies to address and fight against microaggressions (Sue et al., 2019).

Race-based traumatic stress (RBTS): A traumatic stress response to acts of racism that mimics the symptoms of PTSD (Carter, 2007).

Racial battle fatigue (RBF): The psychological effects of being a part of a marginalized group and experiencing daily microaggressions (Smith et al., 2016).

Racial microaggressions: First introduced in 1970 by Pierce Barbour to describe everyday occurrences of racial offenses toward POC individuals. Sue et al. (2007) also further expanded the research on microaggressions. Sue et al. (2007) defined microaggressions as everyday occurrences of verbal, behavioral, or environmental insults and invalidations toward POC from White Americans that may be unintentional.

Racial trauma: The psychological and emotional abuse felt by the effects of years of discrimination and racism on POC (Carter, 2007).

Systemic racism: A set of rules or structures used to oppress and discriminate against POCs (Wilcox, 2022).

White fragility: Di Angelo (2018) published a book on White Fragility—how some White individuals become defensive and angry when told about acts of racism they may have displayed.

Assumptions

In this transcendental phenomenological study, certain assumptions are essential to define. Based on my experience as a licensed professional counselor and the literature review, the first assumption was that the professional counselors in the study would have attended a CACREP-accredited master's program. These data were included in the demographic questionnaire required for participation in this study. The second

assumption was that the participants would have received cultural competence training and supervision from their educational institutions during their program. The third assumption was that participants in this study adhere to the ACA (2014) Code of Ethics in their work with clients. The fourth assumption was that participants understand and use multicultural and social justice counseling competencies in working with their clients (Lee et al., 2021; Ratts et al., 2016). The fourth assumption was that participants' cultural training did not include how BIPOC counselors work with clients who display microaggressions in counseling (Ahn et al., 2021). The fifth assumption was that the participants would want to advocate for their profession and participate in this study. The sixth assumption was that participants would answer the interview questions as truthfully and honestly as possible. I worked to build rapport and did my best to ensure the interview environment was as calm and comfortable as possible. The seventh assumption was that the client-initiated microaggression would come from a person with a different culture than the therapist. Finally, I assumed that my transcendental phenomenological approach would provide a space free of assumptions and allow for participants' in-depth conscious experiences.

Scope and Delimitations

The scope of this study was Black male licensed professional counselors with a history of racial trauma experienced from client-initiated microaggressions. In this study, I explored how Black male counselors navigate working in cross-cultural dyads and experiencing client-initiated microaggressions. I used a transcendental lens to focus on Black men's unedited conscious perspectives free from the inquirer's preconceived

notions. I also considered a hermeneutic phenomenological approach, but hermeneutics focus on interpretations (Schwandt, 1994). I was not interested in interpreting participants' lived experiences. I wanted to ensure I was not imposing my own meaning on the data collected (Fischer, 2009). Additionally, I was not interested in reaching my own conclusion. I was interested in presenting the data in its purest form (Fischer, 2009). Husserl's transcendental phenomenology allowed me to do that through bracketing. Transcendental phenomenology focuses on untampered data from participants (Moustakas, 1994). With the transcendental approach, I could bracket my assumptions and ideas to focus on the true essence of the experiences from the participants.

The study was limited to focusing on Black men based on the gap in the literature. Therefore, I excluded female and White participants and POCs who did not identify as male and Black. There is a lack of research from Black male counselors' viewpoints. Black men are underrepresented in counseling (Mertins-Brown, 2018). POC are also underrepresented in psychology and counseling research (Hawkins et al., 2022). Another delimitation in the study is that participants were from CACREP-accredited programs based on the CACREP's cultural competence standards (CACREP, 2014). A CACREP-accredited program must meet specific cultural standards to receive accreditation. This means the participants in this study would have met specific educational standards to be licensed professional counselors.

Transferability in qualitative research is a critical component of credibility (Korstjens & Moser, 2018). I provided detailed, thick descriptions of the data to ensure transferability (Korstjens & Moser, 2018). Describing the research in detail allows others

to apply it to other settings (Korstjens & Moser, 2018). The settings can include community-based agencies, hospital settings, and even private practice settings. I anticipated that these sample data could be applied to any setting that employs Black male counselors working in cross-cultural dyads. I provided data associated with this study in detail to confirm transferability. Data from my study included rich descriptive details from the open-ended interviews. The goal was to provide enough detailed information, such as participant demographics, interview questions, themes, settings, and the data collection process, to ensure that similar results would occur if the same study were performed again. Transferability includes data from the study that can apply to similar participants and settings.

My study included data from Black male counselors working in various counseling settings, working in cross-racial dyads, detailing how they navigate client-initiated microaggressions. Data were collected via the Zoom platform. Therefore, the setting of this study was cloud-based video conferencing. Member checking ensured transparency (Korstjens & Moser, 2018). I allowed the participants to see the transcripts to ensure the accuracy of the data collected via the interview process.

Limitations

Limitations of this study related to the design include the possibility of researcher bias. This is based on my previous work as a novice therapist and experiencing client-initiated microaggressions as this could affect credibility and study outcomes. However, I have been a therapist for 11 years and have received supervision and training in this area. I know how to address in-session microaggressions with my clients that will not

jeopardize the therapeutic relationship or client progress. Also, a transcendental research design uses bracketing to assist with the possibility of researcher bias. Due to this, I journaled throughout this process and bracketed my assumptions. I used audio recordings of the interviews and checked transcripts to ensure participants' words were correct and accurate. I used member checking to allow participants to review the transcripts to ensure the information was accurate based on their words.

Limitations also include the transferability of study results. This study's participants included Black men's experiences with client-initiated microaggressions, and the study results will not produce transferability to all BIPOC individuals. Another limitation was the inquiry about client-initiated microaggressions from non-BIPOC clients to Black men. However, microaggressions can also occur from BIPOC clients, who were not a part of this study. This limitation means the study's results do not produce transferability to all client-initiated microaggressions. To address this issue, I included detailed data on client demographics and ensured the participant data were accurate. A demographic data sheet was included. This data sheet included alphanumeric labels, age, identified gender, race/ethnicity, licensure status, and educational institution's accreditation status. The goal was to ensure that all study participants met the qualifications for inclusion in this research.

<div align="center">**Significance of the Study**</div>

Cultural competence is a CACREP (2014) standard and an ethical mandate (ACA, 2014). The cultural competence has historically included cross-cultural dyads with the therapist from the dominant culture and the client from a marginalized culture (Branco &

Jones, 2021). However, little research exists on cross-cultural dyads of BIPOC therapists working with non-BIPOC clients (Branco & Jones, 2021; Gundel et al., 2020). Future research should focus on dyads of therapists from marginalized groups and clients from the dominant culture (Gundel et al., 2020).

There has been a deep-rooted history of anti-Black racism and discrimination in this country for centuries (Carter, 2007; Comas-Diaz et al., 2019; Wilcox, 2022). Unfortunately, that history also includes the counseling profession (Hook et al., 2016; Sue et al., 2007; Wilcox, 2022). Microaggressions in counseling have been recently researched (Hook et al., 2016; Sue et al., 2007); however, that research targets counselors' microaggressions toward clients. More recent research has now begun to include the issue of therapists feeling offended by clients (Ahn et al., 2020). Nonetheless, there is still a lack of research, including the perspectives of Black male counselors (Mertins-Brown, 2018; Phillips, 2021a). Understanding racial trauma through the lens of the person experiencing it provides rich, in-depth data. These data can provide implications for counseling education programs and clinical practice. In this study, I bring awareness and understanding of racial trauma through the lens of the person experiencing this phenomenon based on the study's results.

Black men face unique experiences of racial trauma (Robinson-Perez, 2021). However, historically, Black men have not used mental health services as much as their White counterparts have (Okunrounmu, 2016). There is a shortage of Black men in counseling and counseling research (Mertins-Brown, 2018; Phillips, 2021a). The counseling field client population has become more diverse in recent years (Colbert,

2009). More ethnically diverse clientele require more multiculturally competent clinicians. There is a need for more diversity among therapists in the profession. Exploring the lived experience of Black male counselors working in cross-culture dyads helps bring awareness and understanding to the unique needs of working in cross-culture dyads. There is a unique experience when a therapist is from a marginalized group with clients from a privileged group. This data from this study will help guide counselor education and training programs to go beyond the introductory multicultural counseling course and develop a culture-specific program (Arredondo et al., 2020).

Summary

This country has a long history of systemic discrimination, oppression, and racism. The psychological and emotional distress of years of systemic racism and discrimination has a traumatic effect on Black Americans (Carter, 2007). There has been a recent push to research microaggressions in counseling (Sue et al., 2007). One of the many systems across the globe that has displayed these egregious acts against POC also included the field of counseling (Arredondo et al., 2020). The counseling field has made efforts to train and educate counselors to become culturally competent clinicians (Ahn et al., 2021; Branco & Bayne, 2020). However, BIPOC counselors report not having the tools, skills, and strategies to address their clients' microaggressions and offensive behaviors (Ahn et al., 2021; Branco & Bayne, 2020). There is a lack of training on the strategies needed to address client-initiated microaggressions (Sue et al., 2019) and how BIPOC therapists work with non-BIPOC clients (Branco & Jones, 2021; Gundel et al., 2020).

In this study, I used a qualitative transcendental phenomenological approach to address the gaps in the literature. I explored the lived experiences of Black male counselors working with non-BIPOC clients and navigating client-initiated microaggressions. In Chapter 2, I provide a synopsis of the current literature and discuss the identified themes and subthemes. I also discuss the conceptual framework of Husserl's transcendental phenomenology.

Chapter 2: Literature Review

Introduction

There is a growing mental health crisis in the United States (Walker, 2021). In 2021, the Centers for Disease Control and Prevention (CDC) declared racism a national health crisis. Walker (2021) reported that being Black in America is a mental health crisis. The culture of being Black in America means facing a reality that includes a multitude of struggles (Broom, 2015), and Black Americans have experienced years of depression, anxiety, and trauma (Walker, 2021).

Racism and discrimination have existed in the fabric of this nation for many years and are evident in the laws, traditions, and culture of the United States (Carter, 2007). Based on the rooted racism in this country, many marginalized individuals have experienced microaggressions at some point in their lives (Sue et al., 2007). Acknowledging microaggressions in the counseling relationship has recently come to the forefront of research (Branco & Bayne, 2020; Branco & Jones, 2021). There is often a failure to respond after a microaggression has occurred in the counseling room (Branco & Bayne, 2020; Branco & Jones, 2021). Studies have shown that counselors of color tend to ignore microaggressions to maintain the therapeutic relationship (Branco & Jones, 2021). Sue et al. (2007) noted that counselors of color have also expressed dissatisfaction with how they have addressed or not addressed microaggressions in the therapeutic space. As a result, counselors reported feeling inauthentic, not genuine (Sue et al., 2007), hindered (Haskins et al., 2013); feeling they must prove themselves as capable (Sue & Sue, 2015);

and feeling ill-equipped to handle client-initiated microaggressions (Branco & Bayne, 2020).

The purpose of this qualitative phenomenological study was to explore the lived experiences of Black male counselors navigating racial trauma and client-initiated microaggressions in the therapeutic space. This research focused on understanding the process of client-initiated microaggressions and providing implications for counseling programs and culture-specific training models. Microaggressions are interpersonal incidences of subtle discrimination and insults disguised as nondiscriminatory compliments (Carter, 2007). Microaggressions can have a traumatic impact on the person experiencing them (Bartholomew et al., 2023; Carter, 2007; Hook et al., 2016).

In this chapter, I explore the current literature on Black male counselors and racial trauma in the therapeutic room. Further, I discuss the gaps in the literature, my literature search strategy, and the conceptual framework of transcendental phenomenology. I also discuss key concepts based on the current literature. I conclude with a summary and an understanding of the need for this study. Finally, in the following section, I discuss my strategies for this literature review.

Literature Search Strategy

This study required an exhaustive literature search regarding Black male counselors and racial trauma. I searched different sources and explored recent and past research. The Walden University library, Google, and Google Scholar were my primary sources of information. The search engines included ProQuest, APA PsychArticles, ERIC, ProQuest, and SAGE journals. I also searched specific journals from Walden's

library, such as *Journal of Multicultural Counseling and Development*, *Journal of Counseling and Development,* and *Journal of Mental Health Counseling*. Thoreau and EBSCO Host were instrumental in my search for multiple database sources. The search words included *Black, African American, Black American, BIPOC, Black, Indigenous, people of color, counselors, psychotherapists, counseling or therapy or psychotherapy or treatment, microaggressions, racism, critical race theory, Black misandry*, and *racial trauma*. I searched peer-reviewed articles and other resources to explore the phenomenon of Black male counselors and racial trauma. The following chapter will focus on the conceptual framework used to explore my research questions.

Conceptual Framework

I chose the conceptual framework of transcendental phenomenology to answer the research question of how Black male counselors navigate working within cross-cultural dyads and experiencing client-initiated microaggressions. I chose Edmond Husserl's transcendental phenomenology because it was created to study the human experience through the perception of the individual's subjective encounters (Husserl, 2013; Moran, 2005; Moustakas, 1994).

Transcendental philosopher and phenomenologist Husserl is the father of transcendental phenomenology (Husserl, 2013; Moran, 2005; Moustakas, 1994). Husserl added the study of consciousness and advanced the social sciences world around the 20th century (Churchill & Wertz, 2015). Husserl was interested in the science of human behaviors and psychology and created transcendental phenomenology to understand human behavior from a scientific approach through the conscious thought processes of

individuals experiencing the phenomenon (Churchill & Wertz, 2005; Giorgi, 2021;

Husserl, 1931/2013).

Two key components of Husserlian phenomenology are phenomenological

reduction and epoché (Giorgi, 2021). To fully understand a phenomenon from a

participant's point of view, one must not allow previous knowledge to affect the findings.

To apply the conceptual framework of transcendental phenomenology, one must

intentionally free one's mind from other thoughts, such as through meditation or reflexive

journaling (Moustakas, 1994). The goal is to set aside preconceived notions, ideas,

assumptions, biases, and presuppositions (Husserl, 1931/2013). Through this process, I

could focus on the participants' lived experiences. The phenomenological reduction

process prevented my preconceived ideas from affecting all stages of this study,

including data collection and analysis.

Husserl's transcendental phenomenology seeks to explain the "structures of pure

consciousness of the pure ego" (Yee, 2019, p. 221). The point is to clearly understand

how phenomena appear in an individual's intentional mind (Yee, 2019). Gaining actual

knowledge and understanding of phenomena can best be explained through strong

emotions or intense imagery (Yee, 2019). Transcendental phenomenology acknowledges

that human beings choose how they view a problem and how they understand, assess,

care for, or think of the issue (Yee, 2019). Furthermore, Yee (2019) reported that Husserl

wanted to uncover the core or essence of an individual's understanding of their subjective

worldview from their conscious cognitions. Transcendental phenomenology was the

proper choice for my study because it allowed for the subjective experience of Black male counselors on cross-cultural relationships and microaggressions.

Additionally, trust must be developed between supervisors and counselors working in cross-cultural dyads (Brown & Grothaus, 2019). Brown and Grothaus (2019) explored the lived experiences of 10 Black counseling students and found that based on the systemic racism and discrimination that some students of color experience, Black students thrive in trusting mentorships. Further research on cross-cultural dyads with POCs would expound on the current literature on cultural competence and cross-cultural dyads (Brown & Grothaus, 2019).

In another transcendental study, Robinson-Wood et al. (2015) explored how highly educated Black women at a PWI make meaning of their experiences with microaggressions. The results of this study substantiated the current research on the existence of microaggressions against POCs in education and professional arenas (Robinson-Wood et al., 2015). In accordance, Robinson-Wood et al. (2015) also highlighted the psychological and physiological effects of microaggressions on POCs. Exploring the mental health effects of microaggressions on POCs underscores the need for further research into this phenomenon from the perspective of marginalized groups.

In a similar phenomenological study, Pitcan et al. (2018) explored the lived experiences of 12 Black men working in predominantly white organizations (PWOs) and their experiences with microaggressions. Pitcan et al. (2018) spoke of the challenges of coping with microaggressions, which can be more difficult for Black men. Black men are often affected by societal norms and may be unable to express their emotions associated

with microaggressions (Pitcan et al., 2018). The data from this study proved the importance of hearing from Black men and their unique encounters with microaggressions.

Literature Review Related to Key Concepts

In recent years, clients seeking mental health services have been more diverse (Lee et al., 2021). The increased usage of mental health services from more diverse clients calls for more diverse mental health providers. Few mental health professionals match the cultural needs of the clients in need of services (Kazdin, 2017). For instance, there is currently a shortage of Black male counselors (Mertins-Brown, 2018; Phillips, 2021a) and Black counselor educators (Brown & Grothaus, 2019). According to the U.S. Census Bureau (2018), there is a small percentage (5.1%) of Black male counselors, social workers, and community service providers.

There is a unique experience of being Black in America, and it is imperative to acknowledge the lived experiences to understand that exclusivity (Vereen et al., 2017). Understanding Black male counselors' experiences can provide much-needed data about the specific needs of the intersectionality of being Black, male, and a counselor. Black men have experienced unfortunate circumstances and racist rhetoric for centuries, and counseling programs and research have focused on working with clients of color. However, counselors of color have not been supported, educated, or trained in how to approach offensive, derogatory behavior from clients (Ahn et al., 2021; Bartholomew et al., 2023; Bayne & Branco, 2018; Guiffrida et al., 2018). Exploring Black male

counselors' experiences can bring awareness and understanding to the need to address this gap in the literature.

Systemic Racism

There is a history of racism, discrimination, and prejudice in the United States that has been well-documented and researched (Sue et al., 2019). Rules, laws, and regulations were put in place to devalue the humanity of a whole group of people, thus maintaining a system of White supremacy and continuing a system of oppression (Skinner-Dorkenoo et al., 2021; Vereen et al., 2017). Yi et al. (2022) reported that with the murders of Breonna Taylor, Ahmaud Arbery, and George Floyd, the world paused and took notice of the current and continuous climate of racism. Spann (2021) echoed those same sentiments and reported that the January 2021 insurrection on the U.S. Capitol building reflected a system of White supremacy.

The history of power and privilege in many areas across this nation is a current reality for many Black Americans (Brooms & Clark, 2020; Curry, 2018; Smith et al., 2019). There is a bias or preconceived notion that Black men are a threat (Brooms & Clark, 2020; Smith et al., 2019). Therefore, Black men and boys are the most targeted for racism, discrimination, microaggressions, and police brutality (Brooms & Clark, 2020). Furthermore, Brooms and Clark (2020) reported that the historical narrative of the fear of Black men has been used to rationalize violence against Black men and boys. Brooms and Clark (2020) found that the killing of Black men is often justified by society due to the criminalization of Black men.

The criminalization of Black men is commonplace in society and maintains a system of misandric microaggressions (Brooms & Clark, 2020; Curry, 2018; Smith et al., 2019). Curry (2018) reported that despite society stereotyping Black men as criminals, research shows that most Black men do not commit crimes and that Black men are disproportionately incarcerated compared to their White counterparts. Fewer than 7% of Black male adults have been convicted of a crime (Curry, 2018), yet Smith et al. (2019) found that Black men were stopped more times by police than White men.

The intersectionality of being Black and male burdens Black men (Brooms & Clark, 2020). This intersectionality contributes to the justification of Black misandry, deep-rooted contentment, and prejudice against Black men. Brooms and Clark (2020) explored the lived experiences of 25 participants (nine Black women, eight Black men, six White women, and two White men). The interviews focused on how the participants felt about America's current race relations climate and the killing of Black men (Brooms & Clark, 2020). Society has labeled Black men and boys as *problematic*. This stereotyping poses a threat to the lives of Black men. The participants explained that anti-Black racism affects the daily lives of Black men. Being a Black man in America means facing many discriminatory practices that others may never have to contend with (Brooms & Clark, 2020). Black male counselors are not exempt from this long traumatic history and the current climate of systemic racism (Branco & Jones, 2021). However, Black male counselors are still required to show up for their clients. These counselors must hold space for their clients, even those with offensive behaviors and client-initiated microaggressions in counseling (Ahn et al., 2021).

The counseling profession continues to be affected by structural oppression (Brown & Grothaus, 2019). Many of the models of psychotherapy and the way therapists practice are based on the culture of White supremacy and oppression (Wilcox, 2022). The counseling profession has ideologies, policies, and systems antithetical to racial equality (Hargons et al., 2017). The system of White supremacy and oppression that was the foundation of psychotherapy has not focused on the effects of systemic racism and oppression on clients of color (Wilcox (2022).

Furthermore, the emergence of mental health counseling began with a Eurocentric view (Arredondo et al., 2020; Gundel et al., 2020). The focus was originally on the dominant European culture as the way to conduct therapy (Gundel et al., 2020), and those ideologies were not inclusive and not culturally sensitive (Arredondo et al., 2020). Counseling theories, career counseling, and human development are rooted in Eurocentric ideologies (Arredondo, 2022). However, the face of mental health has grown, and mental health services are now more diverse (Gundel et al., 2020). Therefore, therapeutic interventions must address a client's morals, ethics, values, and cultural framework (Gundel et al., 2020). Counselors must understand and recognize cross-cultural differences in the therapeutic relationship (Wilcox, 2022).

Bassey (2007) also posited that the ideas of freedom and personal power that many European philosophers advocated do not apply to Black Americans. Arredondo et al. (2022) agreed that there are systemic and structural systems in counselor education that do not consider the unique needs of being Black in America. One of those special needs is the lack of access to care for many BIPOC clients and the many health

disparities (Kazdin, 2017). Additionally, Black men are often not included in counseling research, resulting in a lack of Black men's perspectives (Hawkins et al., 2022; Mertins-Brown, 2018; Phillips, 2021a).

Racial Microaggressions

The history of racism, discrimination, and prejudices across this nation has led to microaggressions against POC (Bayne & Branco, 2018; Sue et al., 2007). Consequently, this form of racism has been an inevitable truth of society (Robinson-Perez, 2021). Unfortunately, many BIPOC individuals feel that being in White spaces often leaves them open to experiencing microaggressions (Roberson & Carter, 2022). However, the existence of racism and microaggressions has been denied, minimized, and defended (Sue et al., 2007; Sue, 2017; Yi et al., 2022). In turn, POCs have also questioned themselves in the presence of microaggressions and second-guessed their experiences (Sue et al., 2007). Nevertheless, microaggressions are personal experiences and a person's subjective reality (Sue, 2017).

Furthermore, Constantine and Sue (2007) found that Black supervisees expressed disappointment when their White supervisors minimized their experiences of racism, which is a microaggression (Constantine & Sue, 2007; Sue, 2017; Yi et al., 2022). Hence, the significance of counselor educators and supervisors recognizing the cultural needs of their supervisees, as well as counselors recognizing their client's cultural needs (CACREP, 2016; Standards for Counseling Supervisors, 1990). Moreover, Constantine and Sue (2007) found that perceived microaggressions can damage cross-cultural dyads, cause harm to POCs, and miss opportunities for appropriate cultural interventions. Cross-

cultural dyads can include counselor-client, supervisor-supervisee, student-teacher, and mentor-mentee relationships. Unfortunately, microaggressions can occur within all of those relationships.

In addition, Pitcan et al. (2018) found that men who experience microaggressions often suppress themselves to assimilate into their environments. They report silencing their voices and their behaviors. Black men reported this as a coping skill and protective factor (Pitcan et al., 2018). Along with that finding, Robinson-Perez (2021) found that Black men also conform to avoid being seen as aggressive. As mentioned previously, Brooms and Clark (2020) reported that Black men carry labels that say the world should fear them. This stereotype contributes to Black misandry (Brooms & Clark, 2020; Smith et al., 2016). All of this leads to Black men feeling unseen and unheard (Hawkins et al., 2022; Mertins-Brown, 2018; Phillips, 2021a). Thus, it is imperative to amplify the voices of those who are often oppressed and marginalized (Sue, 2017).

To add to the Black men's experiences in research, Smith et al. (2016) conducted a qualitative study with 36 Black male college students attending a PWI. In this study, I explored the experiences of Black misandric microaggressions. Along with Broom and Clark's (2020) study, Smith et al. (2016) found that the over-policing of Black men is widespread. Black men in both studies reported not only being watched constantly by the police and others, but they also found themselves having to police themselves by watching their own actions and behaviors. This strategy was to present themselves as less threatening to help White people feel comfortable (Smith et al., 2019). The constant

microaggressions have caused psychological distress, frustration, anger, anxiety, and resentment (Smith et al., 2019).

The effects of microaggressions are disconcerting. However, individuals are often unaware when they display signs of microaggressions (Ahn et al., 2021). In particular, people learn from their environments. They know how to be in society based on their cultural and societal norms. This might be manifested by a male client who believes in traditional gender norms, which may be offensive to their female clinician or LGBTQ clinician. Ahn et al. (2021) also reported that microaggressions and feeling offended could be related to countertransference. Ahn et al. (2021) found that some counselors-in-training are unaware of how to recognize or process countertransference. Bartholomew et al. (2023) agreed with those findings and recommended that training programs should focus on counselors learning to process countertransference (Bartholomew et al., 2023). Counselors learning to manage their personal feelings could assist them in addressing microaggressions from clients (Ahn et al., 2021; Bartholomew et al., 2023).

Additionally, other emotions reported by the participants were feelings of regret for missed therapeutic opportunities with their clients (Ahn et al., 2021). Branco and Bayne (2020) found that the counselors of color in their study would mask their feelings about their experiences with microaggressions so they would not diminish their client's counseling experience. Constantine and Sue (2007) explained that when a POC experiences a perceived microaggression, it emotionally affects their performance and behavior. In that same sentiment, Skinner-Dorkenoo et al. (2021) reported that the effects of microaggressions extend beyond just personally affecting an individual's well-being

and argued that microaggressions maintain a history of oppression and White supremacy. Thus, the history of sitting idly and watching the detrimental effects of microaggressions does nothing to heal from the trauma of racism (Sue et al., 2019).

The history of systemic racism and discrimination in this country has existed for centuries, which has led to microaggressions in many White spaces, even counseling areas. Black Americans are frequently subjected to discrimination, mistreatment, acts of misandry, microaggressions, and other forms of racism. Black male counselors have also experienced this mistreatment and oppression (Branco & Jones, 2021). However, Black male counselors suppress their racial trauma and act in the client's best interest (Branco & Jones, 2021; Guiffrida et al., 2018).

Likewise, Black men have a history of silencing and policing themselves to make others feel comfortable, even in cross-cultural dyads (Smith et al., 2016). Not speaking up does not deter racist acts from happening (Sue et al., 2019). There are instances of microaggressions in cross-cultural dyads (Branco & Jones, 2021; Sue et al., 2019). There is a lack of research on client-initiated microaggressions in cross-cultural dyads (Guiffrida et al., 2018). In addition, there is also a lack of research from the perspective of Black male counselors. Gaps in the research exist regarding the lived experience of Black male counselors navigating racial trauma and client-initiated microaggressions in the therapeutic relationship.

Racial Trauma/Race-Based Traumatic Stress

The CDC (2021) declared being Black in America a national health crisis based on the adverse, deep-rooted, dangerous effects of racism on Black Americans. The

emotional and psychological impact of racism can mimic the same symptoms of post-traumatic stress disorder (Carter, 2007). The reactions to experiencing or witnessing life-altering events that affect the lives of BIPOCs can have lasting detrimental effects (Comas-Diaz et al., 2019). Those effects can include depression, anxiety, avoidance, flashbacks, and other trauma symptoms (Carter, 2007). To ensure ethical guidelines are adhered to in counseling, researchers must explore the impact of racial trauma on Black Americans' mental health (Spann, 2021).

The incidents of 2020, the killing of George Floyd, Ahmaud Arbery, and Breonna Taylor, are part of a long history of racial profiling, microaggressions, stereotyping, discrimination, criminalization, and racism that many Black Americans experience daily (Anderson & Stevenson, 2019; Carter, 2013; Spann, 2021, Wilcox, 2022). The systemic problem of racism that has led to the countless murders of Black men is not new, but the world was watching at the moment that George Floyd was killed (Wilcox, 2022). The murders of George Floyd, Ahmaud Arbery, and Breonna Taylor were a global collective trauma that occurred in 2020, and the world was again aware of White supremacy, racism, and police violence against Black Americans (Arredondo, 2020).

Despite the racial trauma and current social injustices, Black male counselors must continue caring for their clients. Roberson and Carter (2022) found that Black men reported racial trauma symptoms associated with being racially profiled, stereotyped, assaulted verbally, and denied services. Smith et al. (2016) found that Black men reported racial trauma symptoms of feeling isolated and unwanted and other symptoms related to racial battle fatigue (RBF). RBF is a term used to describe the psychological effects of

being a part of a marginalized group and experiencing daily microaggressions (Smith et al., 2016). RBF causes feelings of irritation, outrage, anger, disappointment, resentment, anxiety, defenselessness, and depression (Smith et al., 2016). Ragland-Woods et al. (2021) explained RBF as the harmful effects of fighting racism, microaggressions, and racial stress.

Research has failed to explore the issues of the intersectionality of being Black and male (Watkins, 2019). These two intersecting identities can influence the mental health of Black men (Watkins, 2019). Spann (2021) reported that more research on the unique mental health needs of being Black in America would provide much-needed data on assessing racial trauma. The social implications of the experiences of racial trauma can provide a change in multicultural training, therapeutic relationships, culture-specific interventions, and relationships with Black American counseling professionals (Spann, 2021). Racial discrimination in counseling spaces can have the same psychological effects as other racial collective traumatic events and can taint the mental profession (Spann, 2021).

Smith et al. (2016) found that Black men have unique experiences being Black and male. Black men have difficulties with experiencing racism and discrimination based on race and gender (Ragland-Woods et al., 2021; Smith et al., 2016). Black men must learn to navigate a world that has labeled them as a threat (Ragland-Woods et al., 2021). Despite the unique experiences of being a Black man, there is still a lack of research on those exclusive experiences. Ragland-Woods et al. (2021) suggested that more research is

needed surrounding the experiences of RBF in various clinical training sites and counseling schools.

Addressing Racial Microaggressions

Microaggressions are harmful daily occurrences of subtle racism toward POCs. Microaggressions can come in gestures, moods, manners, and verbal assaults (Sue et al., 2007). The effects of these incidents can cause psychological distress to marginalized groups (Ahn et al., 2021). There is a history of ignoring the microaggressions by both the victim and bystanders (Sue et al., 2007). However, Sue et al. (2007) found that unaddressed or ignored microaggressions only exacerbate the issue. Bayne and Branco (2018) found that POCs do not know how to handle microaggressions, specifically client-initiated microaggressions. Ahn et al. (2021) also found a lack of understanding from counselors on how to care for the needs of their clients and their personal mental health when offended by a client. Sue et al. (2007) added that counselors also find recognizing microaggressions in counseling challenging. The lack of response is associated with self-doubt, denial, fear of responding, and not knowing what to say (Sue et al., 2007). Consequently, more interventions are needed to mentor, supervise, and teach counseling professionals how to therapeutically process in-session microaggressions (Sue et al. (2019).

Sue et al. (2019) suggested a model to address microaggressions and several micro-intervention tools used by POCs, White allies, and eyewitnesses to confront microaggressions. These micro-interventions could serve as a blueprint for counseling sessions. Confronting microaggressions can occur from the ones experiencing them,

supporters, and witnesses to these traumatic acts (Sue et al., 2019). White allies have recently fought to address discrimination and racism (Sue et al., 2019). The goal is to get individuals to take the initiative against racism (Sue et al., 2019). Lee et al. (2021) found that White therapists who self-disclose their feelings related to a client's experiences with racism proved well in building a positive therapeutic relationship. Comparatively, Sue et al. (2019) found that acknowledging BIPOC's experiences with racism will help to combat microaggressions.

There is a lack of literature on how to work with clients who express racist views (Guiffrida et al., 2019). One micro-intervention that Sue et al. (2019) advocated for was supporting the one being offended (Sue et al. 2019). Guiffrida et al. (2019) observed that little research exists on supporting counselors offended by clients. Guiffrida et al. (2019) created a developmental constructivist model for supervisors to work with supervisees. The model displays a more supportive approach to working with clients with offensive views (Guiffrida et al., 2019). Branco and Jones (2021) believed in providing a supportive space for counselors of color in supervision. Counselors of color with experiences of microaggressions report feeling isolated and alone in those moments (Branco & Bayne, 2020; Brown & Grothaus, 2019). Providing a safe space for counselors of color to express their feelings and thoughts can improve clinicians' skills and outcomes (Branco & Jones, 2021).

Various techniques and skills exist on how and when to discuss race and culture. Bayne and Branco (2018) found that broaching conversations about race is complicated and that no true answer exists regarding how to begin this process. However, many

clinicians agreed that they needed to consider the client's needs above their own (Bayne & Branco, 2018). This is in congruence with Ahn et al. (2021), who reported that marginalized counselors struggled with addressing microaggressions for fear of damaging the therapeutic relationship, ignoring the client's needs, and not knowing what to do. Bayne and Branco (2018) shared the same thoughts, reporting that some counselors felt ill-equipped to address in-session microaggressions. Further research could add to this conversation and explore how counselors of color navigate microaggressions in the therapeutic relationship (Bayne & Branco, 2018).

Post-Traumatic Growth

Despite the years of continuous mistreatment, neglect of their human decency, and inhumane treatment, Black Americans often find a way to strive and make meaning in a world of anti-Black racism (Vereen et al., 2017). Day-Vines et al. (2007) reported that marginalized individuals can rely on their strengths to combat racism. Relying on family support, spiritual connections, a positive racial identity, and other strength-based supports can assist counselors when faced with microaggressions and racism (Day-Vines et al., 2007). Post-traumatic growth is a theory explaining a dramatic change that occurs after a trauma (Collier, 2016). Post-traumatic growth defines positive change as resilience that helps individuals cope with trauma (Collier, 2016). Post-traumatic growth has been associated with connection to others, identifying strengths, spirituality, holding on to hope, and gratitude for life (Grier-Reed et al., 2022).

Counseling Relationship

A lack of research exists regarding addressing the cross-racial dyads of Black clinicians and White clients (Lee et al., 2021). Sue et al. (2007) focused on the cross-racial relationships between White counselors and clients of color. Day-Vines et al. (2007) also focused on White counselors broaching conversations with clients of color. However, little research exists on how counselors of color address their White clients about race (Bayne & Branco, 2018).

Branco and Bayne (2018) studied eight POCs, seven African Americans and one Indian American (two men, six women), about their experiences in cross-cultural dyads and broaching the conversation about race and culture. This study considered the lack of research on how counselors of color work with White clients and broached the discussion of race (Bayne & Branco, 2018). The study found themes of intentionality, considering the impact on client experiences, the influence of counselors' discomfort, and the skills used to broach the conversation.

Constantine and Sue (2007) recalled a Black male participant who reported he felt disregarded when discussing race with his supervisor, which brought forward a concern that clients of color did not receive proper, culturally competent, and culturally responsive care. Broaching the conversation of race allows space to provide culturally responsive interventions (Sue et al., 2007). In contrast, Bayne and Branco (2018) found that broaching the conversation is a specific challenge and should only be done when it impedes the client's progress, considering that otherwise, it could damage the therapeutic relationship while Lee et al. (2021) found broaching an overall positive and necessary

experience in the therapeutic relationship. Bayne and Branco (2018) recommended that future research should focus on the approaches of other counselors of color in working with White clients and their broaching practices.

Ertl et al. (2019) found that POCs often prefer to work with counselors of similar race and cultural backgrounds. In agreement, Goode-Cross (2011) also found that POCs prefer to work with other POCs. Same-race dyads are favorable for building rapport, communicating with the same language, and having a shared worldview and view of mental health concerns (Kazdin, 2017). POCs often feel this matching may minimize the risk of microaggressions and build a quicker therapeutic bond (Goode-Cross, 2011). However, this matching does not appear to affect client outcomes significantly (Ertl et al. (2019).

Client-therapist matching cannot rely on culture or race. The clinician is responsible for building rapport with their clients (Ertl et al., 2019), including learning about the client's specific cultural needs (Gundel et al., 2020). Many individuals from a shared race and culture may not share the same values and beliefs (Ertl et al. (2019). A person's identity is more than just race and culture. Cultural competence should be the standard or norm of all clinicians (Kazdin, 2017).

Cultural competence generally focuses on how White clinicians work with BIPOC clients (Lee et al., 2021). However, there is a gap in research on how counselors work with clients who display offensive or derogatory behaviors toward the counselor (Ahn et al., 2021; Lee et al., 2021). Ahn et al. (2021) reported that therapists generally do not know how to respond to their clients in these instances. Other researchers agree that

counselors do not know how to broach conversations about race with their clients

(Arredondo et al., 2020; Branco & Bayne, 2020).

The therapeutic relationship begins with trust, empathetic understanding, and

clinical knowledge (Sue et al., 2007). BIPOC and non-BIPOC therapists feel

uncomfortable broaching the conversation of race and culture in sessions (Bartholomew

et al., 2023; Bayne & Branco, 2018; Sue et al., 2007). White counselors acknowledging

the role of race and culture with their clients improve the therapeutic relationship

(Burkard et al., 2006). The counselor's ethical responsibility is to be culturally aware and

competent while respecting the values of their client's culture (ACA, 2014). Hook et al.

(2016) reported that counselors must learn to discuss race and culture with their clients

with cultural sensitivity.

White clinicians frequently do not recognize when they display signs of

microaggressions (Sue et al., 2007). At the same time, Black clients frequently do not

confront their counselors when offended (Sue et al., 2007). Unresolved microaggressions

can cause anger, resentment, mistrust, and feelings of inadequacy from the POC (Sue et

al., 2007). Sue et al. (2007) suggested future research on the coping mechanisms that

POCs use to stay resilient in the face of daily racism, discrimination, and oppression.

ACA Code of Ethics–Multicultural Competence in Counseling

The ACA Code of Ethics clearly states that counselors must promote and respect

the dignity of their clients (ACA, 2014). Considering all cultural experiences, from

assessing to diagnosing and treating the clients, is an ethical mandate (ACA, 2014).

Licensed professional counselors must ensure they are acting in the best interest of their

clients. Meeting clients' needs is an ethical mandate, and counselors are taking care to ensure that the cultural needs of their clients are considered (ACA, 2014). The ACA has taken a stance and placed a statement against discrimination and racism in the profession (ACA, 2020). They have also promised to advocate for the rights and dignity of marginalized groups.

In that same sentiment, the ACA Advocacy Competencies (2018) promotes that counselors must work with clients of all cultural and racial backgrounds. The goal is to work with the client on their needs. This again highlights the importance of advocating for the needs of their clients (Toporek & Daniels, 2018). The six domains are empowerment, client advocacy, community collaboration, systems advocacy, collective action, and social/political advocacy (Toporek & Daniels, 2018). These competencies recognize the need to acknowledge and understand the impact of oppression and discrimination on marginalized groups (Toporek & Daniels, 2018). The competencies also acknowledge how counselors must understand how their power and privilege may affect clients.

CACREP Standards–Multicultural Competence in Counseling

The diversity of the population in the United States has grown, as has the counseling field (Baggerly, 2017). However, the faculty in CACREP programs need to reflect the needs of the diverse student population in many programs (Baggerly, 2017). The CACREP (2016) standards require promoting diversity and equity in counselor education and supervision programs. There has been a universal push to allow space for

diverse staff to feel comfortable and accepted in CACREP-accredited programs (Baggerly, 2017).

The CACREP (2016) standards state that all programs must have ethical and culturally relevant approaches to address the cultural needs of their clients. That standard requires all students to take one course in multicultural competence. That one-course requirement is no longer sufficient for the changing diverse needs of the clients (Arredondo et al., 2020). The CACREP standard is clear but lacks actionable steps to address systemic racism, microaggressions, and discrimination (Arredondo et al., 2020; Sue et al., 2019).

Arredondo et al. (2020) also reported that the CACREP one-course requirement is outdated and needs improvement. Arredondo et al. (2020) noted a few changes that could improve CACREP culture competence programming. For example, the staff should reflect the diverse clients they serve, and White professors are still the majority in teaching many students of color. Arredondo et al. (2020) also reported that the courses are based on Eurocentric views and need updating or changing to reflect social justice competence. Despite the counseling profession's continuous statements to support advocacy, the profession lacks straightforward ways to improve social justice advocacy (Arredondo et al., 2020). Comparatively, Sue et al. (2019) reported that the counseling profession's passive ways of dealing with systemic racism are scarcely lacking in ways to improve in this area.

Multicultural competence is a CACREP standard (CACREP, 2016). Multicultural competence is any clinician's ability to work with all clients of all identities (Ertl et al.,

2019). As mentioned earlier, most counseling programs focus on the majority group

working with the minority group (Lee et al., 2021). Counseling competence should not

stop with privileged groups working with marginalized groups. Cultural competency

must extend beyond that with actionable steps to improve race relations in counseling

(Arredondo et al., 2020). Black counseling professionals should feel safe and heard in

their profession.

Role of Counselor Educators, Supervisors, and Mentors

Counselor Education and Supervision programs lack macro-interventions to

address systemic racism and macroaggressions (Sue et al., 2019). Bias and discrimination

occur on all levels (macro and micro), including the educational systems (Sue et al.,

2019). Baggerly (2017) reports a growing need to address racism and microaggressions

in counseling and counselor education and supervision programs. The faculty and

students must have a collaborative relationship to combat racial microaggressions in

counseling programs (Baggerly, 2017). Counselor supervisors should work to provide a

safe, trusting environment and relationship with the supervisees (Guiffrida et al., 2019).

Supervisors and educators should broach conversations with supervisees and students to

promote self-reflection (Guiffrida et al., 2019).

The ACA (2014) asserted that the silence and complacency in the profession must

stop. The ACA vowed to take a stance against racism and discrimination and continues to

fight for multicultural competence (ACA, 2014). Nevertheless, there still appears to be a

lack of education and training on how counselors deal with client-initiated

microaggressions (Guiffrida et al., 2018). There is a lack of training on how BIPOC

counselors process and handle client-initiated microaggressions (Branco & Jones, 2021). For a counselor to work with a client with racist views can be challenging when the client reports other unrelated concerns or mental health challenges (Guiffrida et al., 2017). For example, the client is seen for other life stressors but states a racist view or a discriminatory act, and their racist view is not their presenting concern (Macleod, 2014).

There needs to be a new systemic approach that includes a view of cultural sensitivity that addresses the unique needs of being Black in America (Vereen et al., 2017). This brings to the forefront the need for more culture-specific training (Day-Vines et al., 2007). Brown and Grothaus (2019) explained that more culturally responsive learning is needed to continue building trusting relationships with counseling students of color. Along those same lines, Day-Vines et al. (2007) explained that a new model of wellness for counselors of color that speaks to their unique needs (racism, classism, sexism) benefits the profession. Counselors of color want to know they are supported (Branco & Jones, 2021).

Brown and Grothaus (2019) explored the experiences of 10 Black doctoral counseling students within cross-racial supervisory and mentorships with White professors. The study's goal was to understand the lived experiences of Black postgraduate students who could develop trusting cross-racial relationships in the counseling profession despite the history of systemic racism in the educational system (Brown & Grothaus, 2019). The study found that mistrust in cross-cultural relationships is based on the history of racism in the US. Nevertheless, that mistrust can be overcome by building trust in cross-racial relationships (Brown & Grothaus, 2019).

Summary and Conclusion

There has been a long history of systemic racism, discrimination, oppression, and microaggressions against Black Americans. Issues that have plagued the Black community include systemic racism, health disparities, poor-performing school systems, mass incarceration rates, police brutality, misandry, and criminalization. Systemic racism has also occurred in the counseling field.

Recent research has documented the psychological effects of the years of mistreatment in the Black community. That history has caused years of depression, anxiety, and trauma-related symptoms within the Black community. In recent research, racial trauma, RBTS, and RBF have emerged to describe the harmful effects of discrimination, racism, and microaggressions. Black Americans would benefit the most from therapy but are the least likely to seek services.

The ACA has made an effort to fight against anti-Black racism. All counselors are ethically mandated to be culturally competent and must be clinically and culturally competent to work with all clients. However, research has focused on White counselors working with BIPOC clients. There is a lack of attention and research on Black counselors working with White clients. Microaggressions in counseling have been extensive in the research with White counselors and BIPOC clients. However, cross-cultural therapeutic dyads are scarce in the literature with Black counselors and White clients. There is a lack of research on Black men and Black male counselors. My study fills this gap by exploring the lived experiences of Black male counselors navigating cross-cultural relationships with a history of client-initiated microaggressions.

In Chapter 2, I discussed the problem and purpose of my study. I provided a synopsis of the current literature justifying this study. A discussion of key search terms and search engines was incorporated as well. Finally, I included an exhaustive literature search on Black male counselors and microaggressions in counseling. The literature review was limited due to the lack of Black men in research. For this reason, I included studies of BIPOC individuals and their experiences with microaggressions in counseling. I discussed the gap in research and how I addressed that gap with this study. Chapter 3 will cover my chosen research design, methodology, and the rationale for that choice.

Chapter 3: Research Method

Introduction

The purpose of this qualitative phenomenological study was to understand the lived experiences of Black male counselors navigating racial trauma and client-initiated microaggressions in the therapeutic relationship. Microaggressions are a form of racial trauma (Carter, 2007). Research shows that microaggressions in counseling have occurred via counselor-initiated microaggressions (Hook et al., 2016). Through a transcendental phenomenological lens, I explored how Black male counselors navigate and experience client-initiated microaggressions.

In Chapter 3, I discuss my chosen research design and rationale. This chapter also includes my role as a transcendental phenomenological researcher. Further, I discuss the methodology, participant selection, instrumentation used in my research, and data collection. This chapter will also discuss the phenomenological data analysis process for this study. This qualitative phenomenological study also included discussions of trustworthiness and steps to ensure credibility, transferability, dependability, and confirmability. Finally, I also incorporate the procedures for recruitment and other ethical considerations.

Research Design and Rationale

A transcendental phenomenological qualitative research design was used to answer the following research questions:

RQ1: What are Black male counselors' lived experiences working with non-BIPOC clients?

RQ2: How do Black male counselors navigate racial trauma experienced by client-initiated microaggressions?

This study's central concept and phenomenon is racial trauma in a counseling session. The term *racial trauma* has been used in recent research when describing the emotional and psychological effects of racism and discrimination (Grier-Reed et al., 2022; Hargons et al., 2022; Spann, 2022). Racial trauma is RBTS, introduced by Carter (2007) to describe the effects of racism on POCs. Carter (2007) explained that Black people who experience discrimination and racism also experience symptoms of PTSD. RBTS can develop from many racial encounters (Carter, 2007). These encounters can also include therapeutic spaces. This study's focus included how Black male counselors experience racial trauma from their clients, specifically client-initiated microaggressions.

A qualitative inquiry was appropriate for this study because it allowed me to gather data on how participants experienced, made meaning of, and perceived a phenomenon (Creswell & Creswell, 2017). Qualitative research also aims to gain a deeper understanding of how a person is experiencing a problem, not how many are experiencing that problem (Creswell & Creswell, 2017). Merriam and Grenier (2019) explained that qualitative research helps to understand how individuals experience and live in their relational world. Therefore, a qualitative research method was the best option to explore how Black male counselors experience client-initiated microaggressions and their experiences working with non-BIPOC clients.

Qualitative phenomenological research attempts to answer questions regarding the daily occurrences of individuals' lives (Merriam & Grenier, 2019). A phenomenological

qualitative study focuses on understanding the essence or core meaning of an individual's experience (Merriam & Grenier, 2019). A phenomenological design was ideal for my study because I wanted to understand my participants' feelings, perceptions, and belief systems (Merriam & Grenier, 2019). A phenomenological research study includes individuals who have experience with the phenomenon of the study (Rudestam & Newton, 2014). The participants selected for this study identified as a Black male counselor with experience working with non-BIPOC clients and experiencing client-initiated microaggressions.

I chose Edmund Husserl's (1931/1977) transcendental phenomenological method as my research approach (Husserl, 1931/2013). Husserl is the father of transcendental phenomenology, a transcendental philosopher and phenomenologist (Husserl, 2013; Moran, 2005; Moustakas, 1994). Husserl believed in the science of the human experience (Churchill & Wertz, 2015). The goal was to make transcendental phenomenology a rigorous science (Husserl, 1931/2013). Transcendental phenomenology speaks to a person's subjective lived experience with a phenomenon (Yee, 2019).

Husserl explained that conscious awareness is the essence of a phenomenon (Husserl, 1931/2013). According to Husserl, the only thing individuals know to be true is from their conscious mind (Moustakas, 1994). Further, according to Yee (2019), Husserl aimed to gain knowledge from a person's explicit, untouched description of how things appear in their meaningful, purposeful consciousness. I found transcendental phenomenology appropriate for my study because I sought to study unedited, untouched data from Black male counselors. A transcendental phenomenological approach was the

best option to capture participants' voices to describe how they experience the phenomenon of racial trauma in the counseling relationship brought on by client-initiated microaggressions.

Role of the Researcher

As a Black female licensed professional counselor with a history of experiencing microaggressions in therapy, I wanted to explore this concept from Black male counselors' perspectives. Exploring Black male counselors' perspectives helps fill the gap in the literature. There is a lack of Black men viewpoints in counseling research (Hawkins et al., 2022). Also, Sue et al. (2007) and others have studied microaggressions initiated by counselors, but little research exists on client-initiated microaggressions or how counselors should address them (Branco & Bayne, 2020). I addressed that gap in this research study.

As the researcher and the observer, I served as an instrument in the research process (Moustakas, 1994). I remained aware of my possible biases and assumptions in this process. Through the epoché process, I bracketed my assumptions and viewpoint. Epoché is the first step in the process of phenomenological reduction and is a thoughtful process and intentionally clearing the mind (Moustakas, 1994).

Husserl (1931/2013) explained that the role of the researcher is to set aside all previous knowledge, thinking, and behaviors. I was conscious of setting aside personal biases or beliefs about client-initiated microaggressions. My role was to remain objective throughout this study. In transcendental phenomenology, I worked to reduce what I

already knew about racial trauma and client-initiated microaggressions through bracketing (Moustakas, 1994).

Researcher bias can affect the results of research. Researchers must disclose their biases and be open about their viewpoints (Korstjens & Moser, 2018). Researchers must explain and recognize their partiality (Korstjens & Moser, 2018) and their relationship with the participants (Denzin & Lincoln, 2011). Withholding information, like any power differential information, can invalidate the results and affect a study's trustworthiness (Denzin & Lincoln, 2011).

I share a profession with my participants. I have been a counselor for 10 years. I did not encounter any participants from previous work experience in this process. I am also a solo practitioner in my private practice. Although I did not have a supervisory or instructor relationship with any participants, if that were to happen, the individuals would have been excused from the study. That was not necessary. As a transcendental phenomenology researcher, I remained objective in this process (Moustakas, 1994). I ensured that no personal or power-differential issues existed with the study participants.

All participants signed an informed consent agreement acknowledging their right to withdraw at any time for any reason. The consent form also included the option not to participate. If a power relationship had been discovered, participants would have been excused from this study. The consent form also included that information. The informed consent also included the purpose of the study, the qualifications of the researcher, the intent of the research, potential risk, who will see the research, and the ways I planned to keep their information confidential. Any other ethical concerns are noted below.

A researcher must be aware of researcher bias in face-to-face interviews (Creswell & Creswell, 2018). The tone of the questions can cause participants to answer questions in a manner that affects the outcome. There is also the possibility of participants giving socially acceptable answers rather than what might otherwise be their genuine and honest responses. To help mitigate this, I worked to build rapport with the participants. I provided a space free of distractions and asked them to do the same. This is significant because the interviews occurred via Zoom. I could only control my environment and space for the interviews.

Other possible ethical challenges were in the recruitment process. Some research participants are offered compensation as an incentive to participate in a study, which can be an ethical concern. Recruiters want to avoid undue influences or any indication of bias in the recruitment process. Any ethical problems in any part of the process can affect the study's credibility. On the other hand, participants may not want to participate without any monetary incentives. In my research, participants were recruited on a volunteer basis, and no incentives were offered. I recruited Black male counselors. I hoped to appeal to their advocacy and show them the value of their contributions to the profession. My goal was to allow this as an incentive to participate.

I conducted interviews via Zoom calls to increase the accessibility to the participants. This could have also posed an ethical concern of confidentiality. However, I ensured my environment was safe, secure, and confidential and asked participants to do the same. I also included this risk in my informed consent. I asked participants to ensure they were comfortable answering the interview questions in their current environment. I

scheduled the interviews in advance so they would have time to set up their space as needed. I addressed any other unforeseen ethical issues with transparency, documentation, and disclosure.

As the interviewer, I was cautious and aware of the possibility of participants feeling triggered, as the interview process can prove triggering for some participants. The topic of race and racism has been researched in past years (Carter, 2007). However, the psychological and emotional effects of racism have only been recently researched (Carter, 2007). Researchers have begun to acknowledge the effects of racial encounters on individuals' mental and physical health (Carter, 2007). During this interview process, I asked sensitive and possibly triggering questions. This process involved ethical and personal issues (Locke et al., 2014). I discuss these ethical concerns in greater detail later in this chapter. Other ethical concerns are discussed in the ethical procedures section of this chapter. However, if the participants were triggered, I would have provided the individual with the national crisis line number. This study has no specific geographical criteria, so participants were referred to the national crisis line if needed.

Methodology

Participant Selection Logic

The population for this study included Black male counselors. There has been limited research on the number of Black male counselors in the field. However, the U.S. Census Bureau (2018) has reported that only 5.1% of counselors and social workers are in the field are Black and male. Furthermore, APA reported that only 4% of psychologists are Black, compared to 84% White (Phillips, 2021a). Again, this speaks to the lack of

research on Black male counselors, especially Black male counselors working in cross-cultural dyads (Lee et al., 2021). Conversely, research exists on cross-cultural dyads between White clinicians and BIPOC clients (Lee et al., 2021). As stated earlier, Black men are underrepresented in counseling and research (Mertins-Brown, 2018; Phillips, 2021a).

This study sought to gain insight into the lived experiences of Black male counselors and how they work with non-BIPOC clients and process client-initiated microaggressions in the therapeutic process. Participant selection was based on the purpose of the study, the research questions, and the targeted population (Moustakas, 1994; Ravitch & Carl, 2016). Regarding participant selection, attention was given to age, race, cultural factors, and gender (Moustakas, 1994). The following criteria were met for inclusion in this study: (a) identification as a Black man, (b) age 18 years and older, (c) a graduate from a CACREP-accredited counseling program, and (d) a professional counselor, both licensed and unlicensed professional counselors were included to increase chances of reaching the proper sample size.

Before I started the recruitment process, I received approval from the Walden University Institutional Review Board (IRB). After approval, the recruitment process began. Once potential participants expressed interest, they were contacted in a separate email to discuss informed consent. After establishing consent, participants completed a demographic questionnaire to establish if they met the criteria for this study (Appendix A). I then scheduled interviews with the participants. At that time, I informed the participants about the member-checking process.

I used purposive sampling to recruit Black male counselors for this study. Purposive sampling allowed for non-random sampling to ensure the targeted population was recruited (Ravitch & Carl, 2016). Recruitment for participants occurred via listservs, such as the Counselor Education and Supervision Network Listserv (CESNET), and social media platforms, such as Facebook and Instagram.

Additionally, I used snowball sampling when recruiting participants. Snowball sampling allows selected participants to refer others who fit the study's criteria (Patton, 2015; Ravitch & Carl, 2016). The goal was to increase the chances of data saturation. I asked participants about other Black male counselors they knew (Ravitch & Carl, 2016). There is a lack of Black male counselors (Phillips, 2021a). Therefore, from my observations and personal experiences, the Black male counseling community stays connected. I wanted to capitalize on that connection by using snowball sampling.

The goals of qualitative research include reaching data saturation and answering the research questions ethically and rigorously (Ravitch & Carl, 2016). The qualitative approach determines the sample size (Creswell, 2014). In phenomenology, the sample size is generally between three and 10 (Creswell, 2014). Therefore, qualitative research does not need a set number of participants (Creswell, 2014; Patton, 2015; Ravitch & Carl, 2016). However, in this study, I sought to sample 10 participants to increase the chances of reaching saturation. The study included a total of 11 participants.

I collected data until no new information arose and data saturation was reached (see Creswell, 2014). Reaching saturation requires a researcher to seek an outside viewpoint, such as an external auditor (Ravitch & Carl, 2016). I worked continuously

throughout this process with my committee members. This was a part of the external auditing process.

Instrumentation

There were a variety of instruments that were used in this qualitative transcendental study. In phenomenological research, the researcher was the most essential instrument (Moustakas, 1994). I conducted one-on-one interviews with the participants via Zoom. The interview process was conducted via Zoom because it is the most cost-effective, easily accessible platform for these qualitative interviews (Archibald et al., 2019). Semistructured individual interviews were scheduled based on availability and in collaboration with the participants. The semistructured interviews lasted approximately 45 to 60 minutes, and the participants answered seven open-ended questions. The semistructured interview permits participants to answer open-ended questions however they wanted, and the researcher asked probing questions as needed (Mcintosh & Morse, 2015). This allowed me to guide the interview, stay on topic, and gather optimal data for the study (see Mcintosh & Morse, 2015).

The phenomenological interview is flexible, collaborative, and open (Korstjens & Moser, 2018; Moustakas, 1994). During the interview process, I asked seven interview questions. I believe they were the best course to gather data on the lived experiences of Black male counselors with a history of racial trauma in the therapeutic relationship (Appendix B). The interview began with a conversation to build rapport and make the environment comfortable (Moustakas, 1994). I prepared the questions ahead of time. However, there were moments when I needed to veer from those questions based on the

participant's answers (Moustakas, 1994). I needed to ask follow-up or clarification questions (Moustakas, 1994). I wanted to create the best opportunity to discuss the authentic lived experiences of Black male counselors and their experience with client-initiated microaggressions.

Data Collection

For this research study, I collected data by conducting individual semistructured interviews. The interviews were audio recorded with consent from each participant. The first step in the data collection process was recruitment. I posted a recruitment flyer (Appendix D) on several listservs, such as CESNET, and social media platforms, such as Facebook. I also recruited potential participants from advertising sites, such as PsychologyToday.com. I sent an email blast to Black male counselors on those sites (Appendix C).

My study does not specify any specific geographical location, so these sites served the purpose of recruiting from all locations of the United States. This increased the likelihood of reaching a substantial number of participants. It was challenging to find research on Black male counselors. There is underrepresentation in counseling and research (Phillips, 2021a). I recruited 11 Black male counselors to participate in this study.

Potential participants emailed me if they desired to volunteer for this study. Participants completed a demographic questionnaire to determine eligibility for the study (Appendix A). Then, once it was determined that they met the inclusion criteria for this study, including identification as a Black man, age 18 years and older, a graduate from a

CACREP accredited counseling program, and a professional counselor, consent forms were emailed, and an interview was scheduled.

I emailed the participants to obtain informed consent, discussed the study, and answered any questions. I also asked participants for permission to contact them for follow-up for member-checking. The interview lasted approximately 45 to 60 minutes.

I explained to all participants that their participation in this study was voluntary only, and they had the right to refuse to participate or leave the study at any time for any reason. The participants consented to being contacted by email or phone call, before the interview, after the interview, and after study completion. I wanted to continue to work toward trustworthiness and accuracy. One option to ensure trustworthiness was continued communication with the participants and stakeholders (Tuval-Mashiach, 2017).

The participants consented to be contacted after the interviews. I contacted them and verified the collected data (member checking) for accuracy. The participants also reviewed the themes and their transcribed interviews for accuracy. The interviews were audio recorded. I took notes to document my thoughts and feelings during this process. My goal was to capture the participants' essence and meaning and bracket my assumptions (Moustakas, 1994). Participants who agreed to volunteer for the study completed a demographic questionnaire. The demographic questionnaire (Appendix A) ensured they met the following criteria: (a) identification as a Black man, (b) age 18 years and older, (c) a graduate from a CACREP-accredited counseling program, and (d) a professional counselor.

The interview notes included statements said verbatim, and observations about demeanor, facial expressions, and body language. These observations were addressed with possible follow-up questions, as needed. I also looked for evidence of participants feeling triggered, such as a shift in body language, tone of voice, demeanor change, or other observable changes. I am a counselor, and I am trained to pay close attention to body language, facial expressions, and non-verbal cues. If a participant was triggered in this process, I would have stopped the interview and provided help, i.e., referrals for counseling and emergency management. The interviews were seamless, with no participants showing signs of distress.

Data Analysis Plan

This transcendental phenomenological research study used qualitative interviews to answer the question of the lived experience of Black male counselors working with non-BIPOC clients and processing client-initiated microaggressions in the therapeutic space. I conducted semistructured individual interviews to answer this question. The data analysis plan included reviewing, coding, and analyzing the recordings. I used Moustakas modified van Kaam's data analysis method (Moustakas, 1994).

As mentioned, I audio-recorded the interviews with consent. I used each participant's full transcript in the data analysis phase to gather the individual textural-structured descriptions (Moustakas, 1994). I wanted to capture the participant's full-lived experience (Moustakas, 1994). I also used direct quotes as needed (Moustakas, 1994).

Moustakas's Modified Van Kaam Data Analysis Method

Moustakas's (1994) modified seven-step van Kaam method was the blueprint for this data analysis plan. This process is a seven-step process to analyze the transcripts of each participant. After collecting the data from the sample group, I analyzed the rich, raw, unedited data using Moustakas's modified van Kaam process. The results described the meaning and essence of being a Black male counselor working with non-BIPOC clients and experiencing client-initiated microaggressions.

The first step in this process is horizontalization, the grouping of relevant data (Moustakas, 1994). The horizontalization process was a way of organizing and beginning the coding process. This is the preliminary coding process. In this first step, I listed all relevant data from the participants. I reviewed the transcripts for data related to the research questions. I removed all repetitive statements. The only information included was relevant to the study (Moustakas, 1994). I excluded data that was irrelevant to the study's research question. The purpose of horizontalization was to reduce data to meaningful categories. The goal was to study the essence and meaning of Black male counselors and how they process racial trauma in a therapeutic space.

The second step involved reducing and eliminating data to reduce redundancy (Moustakas, 1994). I grouped similar wording from the participants (Moustakas, 1994). Examination of the data included asking two questions: (1) "Does it contain a moment of the experience that is a necessary and sufficient constituent for understanding it? (2) Is it possible to abstract and label it?" (p. 121). The data were eliminated if the answer was "no" to those questions (Moustakas, 1994). Redundant and hazy data were also

eliminated or included in a more precise language (Moustakas, 1994). I eliminated data that contained vague or repetitive expressions (Moustakas, 1994). I deleted phrases such as "it was okay," it was nice," or "It wasn't great," vague phrases. The data that remained after the elimination process were able to be summarized and categorized as "a horizon of the experience," the conscious awareness (Moustakas, 1994, p.121). The horizons left were the "invariant constituents of the experience," the core themes (Moustakas, 1994, p. 121).

In the third step, the horizons were then gathered to list the core themes, which are clustering and thematizing (Moustakas, 1994). I gathered the core themes by grouping the related invariant constituents (core themes). This clustering created preliminary themes and eventually became the "core themes of the experience" (Moustakas, 1994, p.121).

The fourth step in the modified seven-step van Kaam process was validation, checking the themes against the data sources (transcripts) for accuracy (Moustakas, 1994). This was the process of ensuring the participant's experiences were told correctly (Moustakas, 1994). Checking the themes against the transcripts ensured the accuracy of the data collected. In this fourth step, the goal was to find data that were explicit and compatible. If the data were not either of those, then it were deleted, as it were not relevant to the study (Moustakas, 1994). I wanted to ensure the data collected answered the study's research question: What are the lived experiences of Black male counselors experiencing client-initiated microaggressions in the therapy room?

The fifth step was using the participants' words precisely as they stated to develop individual textural descriptions (Moustakas, 1994). The goal in the fifth step was to ensure that only relevant information remained. In this fifth step, I used the transcripts to include precise quoted words from the participants.

The sixth step in the seven-step van Kaam model used individual textural description and imaginative variation to construct an individual structural description of the experience (Moustakas, 1994). This sixth step began the transition from describing what (textural) the participants experienced to describing how (structural) they experienced the phenomenon (Moerer-Urdahl & Creswell, 2004). Imaginative variation is a thoughtful reflective process of examining different possibilities (Moustakas, 1994). This process derived meaning from the experience of the phenomenon (Moustakas, 1994).

The seventh and final step merges the structural and textural description to develop a complete understanding of the phenomenon (Moustakas, 1994). This step constructed for each participant a textural structural description of the meanings of the experience. The essence and meaning of the experience were created based on the invariant constituents (core themes of the experience) representing the entire group of participants (Moustakas, 1994). Each participant's words held value in this process. Research integrity was of the utmost importance. The following section will discuss trustworthiness, including transferability, credibility, dependability, and confirmability.

Issues of Trustworthiness

Trustworthiness is the responsibility of the researcher to communicate with the audience about their research (Tuval-Mashiach, 2017). It is an ethical responsibility to ensure the phenomenological study is rigorous and structured (Merriam & Grenier, 2019). The study's results should be trustworthy and benefit the field (Merriam & Grenier, 2019). Tuval-Mashiach (2017) highlighted the importance of explaining what goes on behind the scenes of research. I communicated all aspects of this research to my audience.

In the methodology section of my research, I explained how I conducted this transcendental phenomenology research. Qualitative research assesses trustworthiness through credibility, transferability, dependability, and confirmability (Lincoln & Guba, 1985). The following section will describe my chosen strategies to establish credibility, transferability, dependability, and confirmability.

Credibility

Credibility is a measure of truth and accuracy (Creswell & Creswell, 2017). Credibility assesses if the findings represent the true meaning and essence of the participants (Shenton, 2004). Do the findings accurately represent the participants' voices (Korstjens & Moser, 2018)? A few ways of ensuring credibility are prolonged engagement, persistent observation, triangulation, peer review, reflexive journaling, and member checking (Korstjens & Moser, 2018; Lincoln & Guba, 1985; Merriam & Grenier, 2019).

I bolstered trustworthiness through member checking, peer review, and reflexive journaling. I built rapport with the participants through the interview process. I reviewed the themes (member checking) with the participants and allowed them to validate the findings through email (Creswell & Creswell, 2018). I followed up with all participants to ensure I collected all individual textural-structural descriptions (Moustakas, 1994). I also journaled (reflexivity) my subjective experiences to ensure credibility (Merriam & Grenier, 2019). I bracketed my assumptions, experiences, and viewpoints throughout the study (Merriam & Grenier, 2019; Moustakas, 1994). Finally, I used peer review to confirm credibility. As a graduate student, my committee members reviewed my study and provided feedback as necessary (Merriam & Grenier, 2019). This was a part of the external auditing process.

Transferability

Transferability is the equivalent of external validity and if the study can apply to other settings (Korstjens & Moser, 2018; Shenton, 2004). Thick description is a way to establish transferability (Korstjens & Moser, 2018; Lincoln & Guba, 1985). I described in detail the method, participants, and context. Describing the research in detail allows others to apply it to other settings (Korstjens & Moser, 2018; Lincoln & Guba, 1985). I used rich thick descriptions of the themes and findings, which improved transparency (Creswell & Creswell, 2018). I continuously provided individual textural descriptions of each participant's lived experience (Moustakas, 1994). For others to replicate this study, the researcher must describe in-depth details of the study (Merriam & Grenier, 2019). I made sure I described in detail the process throughout this study.

Dependability

I wanted to make sure my study was dependable and reliable. Dependability determines whether it would produce the same results if conducted with the same methods and comparable participants (Shenton, 2004). Reliability or dependability is the degree to which the study results can be reproduced (Merriam & Grenier, 2019). However, a qualitative inquiry will not have the same results each time, as researchers interpret data in multiple ways (Merriam & Grenier, 2019). The true concern is whether the findings are consistent with the data, which is the reasoning behind Lincoln and Guba (1985) determining that reliability in qualitative research is the same as consistency. I used peer evaluation as a strategy for ensuring dependability and reliability. As a graduate student, I worked continuously with my committee members in each step of this capstone process. I often communicated and applied feedback as necessary.

Confirmability

Confirmability is equivalent to objectivity (Shenton, 2004). Qualitative studies should include participant data without researcher bias (Korstjens & Moser, 2018; Shenton, 2004). An audit trail can measure dependability and confirmability to check for errors (Lincoln & Guba, 1985; Shenton, 2004). I documented all study aspects, including my biases, assumptions, experiences, data collection, and analysis (epoché/bracketing) (Korstjens & Moser, 2018; Lincoln & Guba, 1985; Shenton, 2004). I used reflexivity throughout the process. I included direct participant quotes (Moustakas, 1994). I also reflected on my own experiences with this phenomenon. I used epoché to set aside my

own opinion on this topic. I spent some time quietly reflecting and understanding my role as the investigator and journaling my thoughts and feelings (Moustakas, 1994).

Ethical Procedures

Before any data collection procedures, I applied for approval from Walden's IRB. I applied for that approval after the completion and approval of my proposal by my committee. The IRB ensures that all ethical and safety guidelines are adhered to. I did not schedule any interviews or other data collection procedures until I received full approval from Walden University's IRB. I followed all the guidelines and procedures that the IRB outlined.

Participants were Black male counselors, 18 and older, who fit the criteria of this study. According to the IRB standards, the population in this study is not a part of the vulnerable population (Creswell & Creswell, 2018). However, that does not indicate that this study poses zero risks to its participants. This study asked questions of a sensitive nature. I explored the lived experiences of Black male counselors with a history of racial trauma in the therapeutic relationship.

My research questions could have been triggering to some individuals. I assisted with the process by providing a comfortable interview environment. I ensured my space was free of distractions, quiet, inviting, and comfortable. I built rapport with the participants during the pre-interview process. I also continued to work on building rapport throughout the entire process. I had safeguards in place if a participant reported they were triggered or if I observed behaviors that indicated emotional distress.

Furthermore, I did not have a working or supervisory relationship with any participants. If a participant had a previous professional relationship with me during the recruitment process, I would have dismissed them from the study. Participants were told that consent could be withdrawn at any time if they saw the need.

I obtained informed consent from each participant through email. Considering this process took place over technology, this was the best form of communication at that time. Gaining consent from the participants required that each participant was made aware and informed verbally and in writing of the agreement to participate (Ravitch & Carl, 2016). This informed consent included explaining the time, data collection tools, information dissemination, the purpose and goals of the research, maintaining and ensuring safeguards against confidentiality, and any potential risks involved in participation (Ravitch & Carl, 2016).

Participants were aware of their right to withdraw and the ability to refuse to participate. They were also aware of the risk of answering possible trauma triggers. Informed consent included my contact information, Walden's contact information, and information about seeking help (Ravitch & Carl, 2016). During the interview process, I worked to build rapport and provided a safe space for the participants. If a participant had reported being triggered or a psychological reaction during the interview, I would have terminated the interview. I would have proceeded to provide resources and support as needed. That was not the case. The interviews were seamless, without any issues or concerns.

I asked participants to participate on a volunteer basis without any monetary compensation. Participants were made aware of the study's purpose and the researcher's intentions with the study. I informed the participants that confidentiality safeguards included using alphanumeric labels instead of their names. This study did not include any other identifying information. Data were stored separately on a password-protected electronic device and will be kept for a duration of 5 years per IRB standards. After that 5 year time frame, the data will be destroyed. I will delete the data from my device and delete it from the recycle bin on that device as well.

Furthermore, Interviews were conducted via the Zoom platform. For the participants to join the Zoom session, they were sent a link via email with a password for entrance. The email link for entrance and the protected passcode ensured confidentiality. I also received a notification when someone entered the virtual Zoom waiting room. I could block entrance to anyone who was not a confirmed participant. Confidentiality is a crucial step in the research process (Rubin & Rubin, 2012). As I mentioned, alphanumeric labels were used to replace all participants' names.

Summary

In this study, I used a transcendental phenomenological lens to study the lived experiences of Black male counselors working with non-BIPOC clients and processing client-initiated microaggressions in the counseling relationship. In this chapter, I discussed the research design and rationale. I discussed my methodology and how I conducted this study. I described in detail my role as the researcher and how that may have affected the research. I discussed the phenomenological reduction process and how I

used epoché/bracketing to ensure an ethical, trustworthy study. I discussed

trustworthiness and how to measure it with credibility, transferability, dependability, and

confirmability. Finally, I discussed my ethical procedures and IRB approval to ensure a

safe, ethical, and credible study. In Chapter 4, I will include information on the setting,

demographics of the participants, data collection and analysis, and evidence of

trustworthiness. I will conclude with the study results and summary.

Chapter 4: Results

Introduction

The purpose of this transcendental phenomenological study was to explore and understand the lived experiences of Black male counselors navigating client-initiated microaggressions in cross-cultural dyads. In Chapter 4, I present the study's research findings and results. The study results answer the following research questions:

RQ1: What are Black male counselors' lived experiences working with non-BIPOC clients?

RQ2: How do Black male counselors navigate client-initiated microaggressions in cross-cultural dyads?

Research is lacking in addressing client-initiated microaggressions in a therapeutic space (Ahn et al., 2021; Sue et al., 2019). The emotional and mental health distress of discrimination and racism that plague many Black Americans also affects Black male counselors (Bartholomew et al., 2023; Carter, 2007; Comas-Diaz et al., 2019; Sue et al., 2019; Walker, 2021; Wilcox, 2022). Therefore, researching the lived experiences of Black male counselors was paramount to this investigation. I gained knowledge of these lived experiences through a sample of Black male counselors in their own words. I recorded, transcribed, and analyzed the raw data to identify the core themes of their experiences (Moustakas, 1994). Chapter 4 includes information on the setting, demographics, data collection, data analysis, evidence of trustworthiness, and the study results. This chapter concludes with a summary.

Setting

The one-to-one interviews occurred via Zoom video calls. The participants were sent unique Zoom password-protected meeting links to ensure confidentiality. The participants entered a virtual waiting room, and I was able to let the participants into the Zoom video call. I introduced myself and reiterated the study's title and purpose. I allowed time for questions and reminded participants that this was a recorded interview. Participants consented to be interviewed and audio recorded prior to scheduling the interview. However, I also received verbal permission. The participants were reminded they could withdraw their consent at any time. I saved each audio recording on my password-protected computer.

The interviews were scheduled based on the participant's availability and convenience. The participants were located in a quiet space free of distractions in their home and office settings. The geographical location of the participants was not a factor in this research. During their individual interviews, they were all located in different parts of the United States. I was located in my home office during the interviews. My home office was quiet, and no other individuals were in earshot of the interviews to ensure privacy. Participants were assigned a distinctive alphanumeric identification number instead of their legal names to ensure confidentiality. The identification numbers were used chronologically; for example, P1 represented Participant 1, P2 represented Participant 2, and the chronological order continued.

The interviews were seamless and free of distractions. No other individuals were located in the space where the interviews took place. I paid close attention to the

interviewees' body language, facial expressions, and words. I wanted to ensure the participants were not psychologically or emotionally impacted by the questions asked in the interview. The participants were aware of how to contact mental health resources if needed.

I was able to receive in-depth detailed data from the sample group. The participants were open and responsive during the entire process. I provided a space for open discussion about the topic. I explained the purpose of the study and the research questions. I also answered any questions from the participants that arose before, during, and after the interview. I used my clinical skills to build rapport, empathy, and understanding, which allowed participants to feel comfortable answering the interview questions. This also permitted the participants the space to express themselves about their lived experiences with client-initiated microaggressions freely. I wanted to ensure I represented authentic data based on participants' true lived experiences.

To remain objective in this process, I bracketed my assumptions, biases, and preconceived notions (Moustakas, 1994). I used reflexive journaling to note my own experience with this phenomenon. I also noted my own experience in Chapter 3. Bracketing is the process of consciously setting aside my feelings or assumptions. I intentionally acknowledged my own biases on client-initiated microaggressions. I purposefully read each transcript line by line and inserted text boxes to begin documenting what the participants were expressing.

Additionally, I used direct quotes from the participants and applied textural descriptions of the participants' lived experiences. The participants expressed their

enthusiasm for the study. For example, P4 thanked me for doing this much-needed research and giving voice to Black male counselors' unique experiences. P4 also discussed the importance of having a safe space for this conversation. The other participants echoed those same sentiments and thanked me for including them in this research study. All 11 participants were eager to complete the interview, answered each interview question, and were in-depth in their responses. All participants reported looking forward to receiving a summary of the results.

Demographics

I used purposeful sampling to recruit Black male counselors, 18 and older, who graduated from a CACREP-accredited counseling program. I sent email blasts to 56 Black male counselors by sending invitation letters to possible volunteers. I also recruited through social media platforms and listservs. Then, I used snowball sampling, as I asked the participants to send my email invitation and flyer to anyone who might have been interested in volunteering for the study. Further recruitment was conducted through the Walden University participant pool.

I received 16 responses through my email to contribute to the study. One person had a family emergency and explained they could not complete the interview. Four others did not complete the consent form for unknown reasons. However, 11 participants completed the consent form and the demographic questionnaire. All 11 met the study criteria and were interviewed. The inclusion criteria for the study were (a) identification as a Black man, (b) age 18 years and older, (c) a graduate from a CACREP-accredited counseling program, and (d) a professional counselor. The study was opened to licensed

and unlicensed counselors, but all 11 volunteers were licensed counselors. For privacy purposes, no names were used. Including participants from across the United States in the sample group was imperative; client-initiated microaggressions are a global issue and not specific to one area. Recruiting from several different geographical locations would also increase the likelihood of reaching data saturation and ensure the sample group would represent Black male counselors' lived experiences. The sample group included participants from several different states in the United States.

None of the participants in this study appeared to be novice counselors, and all clinicians were licensed professionals. Three of the participants had obtained their PhDs. The counselors worked in various roles, from teaching to private practice, group practices, and other organizations. All 11 participants reported that their CACREP programs did not specifically focus on Black male counselors working in cross-cultural dyads. All participants reported that the knowledge they learned about client-initiated microaggressions and cross-cultural dyads was learned through postgraduate work. The participants were not associated with any specific organizations or schools. All participants identified as either Black or African American. Both racial identifications may be used interchangeably throughout this study. See Table 1 for demographic data on each participant.

Table 1

Participant Demographics

Participant	Gender	Age	Race	Professional counselor	CACREP-accredited program
P1	Male	36	Black	Yes	Yes
P2	Male	49	Black	Yes	Yes
P3	Male	46	African American	Yes	Yes
P4	Male	59	African American	Yes	Yes
P5	Male	36	Black	Yes	Yes
P6	Male	46	Black	Yes	Yes
P7	Male	31	African American	Yes	Yes
P8	Male	30	African American	Yes	Yes
P9	Male	46	Black	Yes	Yes
P10	Male	41	Black	Yes	Yes
P11	Male	53	Black	Yes	Yes

Data Collection

Data collection began after I received IRB approval on April 13, 2023. The recruitment process began on the same day of approval. I was approved to post my study in the Walden University participant pool, the CESNET listserv, and the DIVERSEGRAD listserv. I also posted an approved recruitment flyer on several social media sites: Facebook, Instagram, and LinkedIn. The recruitment flyer briefly described the study's purpose, criteria, and contact information (Appendix D). I also sent 56 email blasts on psychologytoday.com to Black male counselors (Appendix C).

Snowball sampling was also used to assist in reaching data saturation. The participants interested in volunteering for the study were sent consent forms. The consent forms entailed a detailed description of the study. The participants were asked to reply to the email with "I consent" if they were interested in volunteering for the study. Those

who consented to participate in this research were then emailed a demographic questionnaire. The participants were then scheduled for an interview at their convenience. A follow-up email reminder was sent to one person who consented to participate in the study but did not schedule the interview. The email reminder was sent 1 week after consent was received. That participant then replied and scheduled the interview. Eleven participants were interviewed for the study.

The first interview was via Zoom on April 21, 2023, and the last was completed on May 21, 2023. The semistructured individual interviews lasted approximately 45 to 60 minutes. There was only one interview per participant. No follow-up interviews were a part of this study. However, members were contacted through their email for member checking. Participants received transcripts of their interviews through their email addresses for review. Eight participants replied with minimal edits. There was no reply from three of the participants for member checking. Member checking was also conducted by sending the finalized themes to the participants for review. Nine participants replied confirming the finalized themes and subthemes. The interviews were recorded on the Zoom platform. The audio recordings were stored on my password-protected device and will be kept per IRB's guidelines for 5 years. The participants consented to the recording in the informed consent and again during the interview verbally. The participants were told that the only recording that was kept was the audio recordings, and the Zoom platform stated "recording in progress" at the start of the recording. The participants acknowledged and did not object to being recorded.

The participants were asked seven open-ended questions, with some follow-up questions for clarity. I suspended judgment or preconceived notions (Moustakas, 1994) and listened intently to participants' perspectives and experiences. I used reflexive journaling throughout the entire data collection and analysis process. I noted my experiences with this phenomenon, assumptions, and attitudes. Also, I paid close attention to participants' tones of voice, facial expressions, and body language. I documented my thoughts, observations, and key phrases from the participants. I wanted to ensure I was gathering the emotions of the participants. I wanted to ensure I was attentive and giving their words value in that space. The participants reported some strong emotions and issues surrounding client-initiated microaggressions. I wanted to ensure I was capturing that accurately. I used my clinical skills to build rapport, empathetic understanding, active listening, and authenticity to provide a safe space during the interview. This allowed for in-depth data on the lived experiences of Black male counselors navigating client-initiated microaggressions.

Data Analysis

Coding Process

In Chapter 3, I reported that I would use a CAQDA program. However, that plan changed to hand coding. I manually organized and coded the data using Moustakas's (1994) modified van Kaam method of data analysis. I wanted to ensure that the core essences of the experiences were captured in this transcendental phenomenological study and that I understood the true lived experiences of the sample group of Black male

counselors navigating client-initiated microaggressions in cross-cultural dyads. Manual coding offered a better connection to the data than a CAQDA program.

I used descriptive coding by assigning labels to the data (Saldana, 2015). I generated an initial set of codes as I reviewed and compared the data to the transcripts. I read through the raw data (transcripts) on a Word document using text boxes and the highlighter tool in Microsoft Word to color code the data. I used the text box feature in Word as a field note to begin the initial coding process. I reviewed the raw data to reveal critical terms, words, and phrases related to the questions asked during the open-ended interviews with each interview transcript. Continuing with the coding process, I created a table in Microsoft Word, listing the preliminary codes with the corresponding data from the participants. Creating the table helped with the organization and categorization of the data. The coding table included participants' meaningful statements related to the questions asked.

The first step in Moustakas's (1994) data analysis plan is horizonalization, giving each relevant statement the same value. I created a Microsoft Word document with a chart listing all relevant data from the participants. I reviewed the transcripts and grouped the relevant data related to the research questions for each transcript. I then began the reduction and elimination process. I eliminated irrelevant statements, repetitive statements, and vague language not pertinent to the research questions (Moustakas, 1994). I also created a coding chart in Microsoft Excel. The Excel chart allowed for more data entry than the Word document. I was able to create an Excel spreadsheet (a code book) of participants' actual language surrounding their lived experiences with client-

initiated microaggressions. In this second step, I reduced the data and eliminated ambiguous and unnecessary phrases that were not vital to the experience. Next, I gathered the core themes by grouping the related themes from each participant. After that, I checked the themes against the raw data for accuracy. The data analysis continued by including direct quotes from participants. I also immersed myself in the data to interpret participants' emotional, social, and cultural experiences. Finally, the essences and meaning of the experiences were created by synthesizing the data (Moustakas, 1994). Core themes of the experiences representing the sample group were then generated. Five themes (inauthenticity, lack of training, coping through self-care, broaching, and redirecting) emerged in the data analysis process along with six subthemes (on guard, code-switching, relatability, therapy/supervision, not taking it personal, detaching). Table 2 shows the themes and subthemes.

Table 2

Themes and Subthemes

Themes	Subthemes	Participants
Inauthenticity		P1, P3, P4, P5, P6, P7, P8, P9, P11
	On guard	P1, P6, P9
	Code-switching	P4, P5, P8
	Relatability	P1, P3, P4, P6, P7, P8, P9, P11
Lack of training		P1, P2, P3, P4, P5, P6, P7, P8, P9, P10, P11
Coping through self-care		P1, P3, P4, P5, P6, P7, P8, P9, P10, P11
	Therapy/supervision	P1, P4, P5, P8
	Not taking it personal	P3, P10, P11
	Detaching	P2, P6, P7, P9
Broaching		P1, P3, P4, P5, P6, P7, P8, P9, P10, P11
Redirecting		P1, P3, P4, P5, P6, P7, P8, P9, P10, P11

I remained objective by using reflexive journaling to document my experiences, feelings, and thoughts on the phenomenon, which allowed me to set aside my assumptions. Epoché is the process of bracketing prejudgments and seeing the data with a fresh lens (Moustakas, 1994). I immersed myself in the data by reviewing each transcript line by line, reading and rereading the data, and listening and relistening to the audio recordings (Moustakas, 1994). This was a daily process of sitting with the raw data.

Evidence of Trustworthiness

Trustworthiness in qualitative research is vital. Transparency in qualitative research is an ethical responsibility (Tuval-Mashiach, 2017). The researcher is responsible for ensuring that trustworthiness is obtained in the research (Tuval-Mashiach,

2017). Trustworthiness is determined by transferability, dependability, and confirmability (Merriam & Grenier, 2019). Listed below are how I ensured trustworthiness in my study through credibility, transferability, dependability, and confirmability.

Credibility

I wanted to ensure I captured the true essence and meaning behind the participant's words. I wanted to ensure that I was capturing the actual words and accurate understanding of the lived experience of black male counselors navigating client-initiated microaggressions. One way that I reinforced credibility in my study was through member checking. The participants were allowed to review their own utterances on paper by reviewing their transcripts. The participants also received the themes and subthemes of this study for review. Seven participants replied, approving their transcripts. Nine participants replied, approving the themes and subthemes.

In chapter three, I reported the plan to use member checking, peer review, and reflective journaling to ensure credibility. I familiarized myself with the data by reading each transcript line by line on multiple occasions. I also listened to the audio recordings several times. I immersed myself in the data to ensure I captured my participants' true meaning and essence. I also took time to build rapport with participants through the interview process. I used my clinical skills to engage with participants and help them feel comfortable and heard in this process. I wanted to make sure I was capturing their authentic emotion and that they could tell their story. I used direct quotes and reflexive journaling to establish credibility in this study. I bracketed my assumptions, experiences, and viewpoints. I set aside any preconceived notions that I may have had about Black

male counselors working in cross-cultural dyads. I allowed the research and the data to speak for itself. External auditing was also done through my committee members. I was open to any feedback as necessary.

Transferability

Transferability establishes the study's external validity (Korstjens & Moser, 2018). The goal is to ensure that the study results can be applied to other Black male counselors in other settings (Patton, 2015). To ensure transferability, I interviewed 11 participants until data saturation was met and no new information was presented. I was able to describe in detail every aspect of this research. I was transparent in documenting the research setting, participants' demographics, recruitment procedures, data collection, and data analysis (Korstjens & Moser, 2018; Merriam & Grenier, 2019). The entire process, from start to finish, has been documented in this paper. The goal is for this study to be replicated in other settings with similar participants (Patton, 2015). I provided enough detailed information for another researcher to repeat this process and complete transferability.

Dependability

Dependability is another way to strengthen trustworthiness in qualitative research (Merriam & Grenier, 2019). Dependability establishes if the research can produce the same results if conducted in the same method with equivalent participants (Shenton, 2004). In the same way that I determined the transferability of the research, I did the same to determine dependability. I documented detailed descriptions of the methods and procedures of my research. Themes were described in detail, and the themes were

compared to the raw data. Transcript member checking and theme review were used to determine dependability. Participants were given the opportunity to review their transcripts and themes for accuracy. Dependability determines if the research is reliable and consistent. As I mentioned in Chapter 3, I am a graduate student and work closely with my committee members to ensure that each step in this process is achieved correctly. I communicated with my committee members often and apply feedback as necessary. I ensured dependability through external audits.

Confirmability

Confirmability is the degree to which others can confirm the results (Shenton, 2004). Confirmability determines objectivity and is ensured by checking and rechecking throughout the data collection and analysis process. I read thoroughly and reread the data throughout this research. I revisited and reviewed the data often and checked the themes against the raw data. I verified that the transcripts matched the recordings. Again, I wanted to ensure that the research's integrity was intact. I needed to allow space for the voices of Black male counselors to be heard. I did not want to veer from that. I reviewed the data with a clean slate. I bracketed my assumptions by using reflexive journaling throughout this process. I documented and put aside my own experiences with client-initiated microaggressions.

I spent time with the data and reflecting on my own thoughts and feelings (Moustakas, 1994). I wanted to make sure I was documenting and telling the story of Black male counselors' lived experiences with this phenomenon. I used the participant's exact language and direct quotes in the results and themes (Moustakas, 1994). Black

male counselors' voices are lacking in counseling and research. It is my responsibility to add trustworthy data that fits the field of counseling and research (Marriam & Grenier, 2019).

Results

In this transcendental phenomenological study, it was my goal to present the data as authentically as possible. Counselors often make it their life's work to help those in need and give voice to the voiceless. However, that also includes setting their own needs and feelings aside. I worked to give space and voice to this underrepresented community. The purpose of this transcendental phenomenological study was to answer the following research questions:

RQ1: What are Black male counselors' lived experiences working with non-BIPOC clients?

RQ2: How do Black male counselors navigate client-initiated microaggressions in cross-cultural dyads?

The participants answered open-ended questions to describe their lived experience with client-initiated microaggressions. They also shared their experiences working in cross-cultural dyads. After a careful and thoughtful analysis, five themes emerged: (a) inauthenticity, (b) lack of training, (c) coping through self-care, (d) broaching, and (e) redirecting. Also, six subthemes emerged: on guard, code switching, relatability, therapy/supervision, not taking it personal, and detaching. I described each theme and subtheme in detail below, along with examples from this study's participants.

Theme 1: Inauthenticity

The first theme that emerged was inauthenticity. The participants described their experiences working in cross-cultural dyads as feeling like they cannot be accepted as their authentic selves or that they cannot have true racial dialogue with some of their non-BIPOC clients. They often spoke about having to ignore the client-initiated microaggressions. Three participants (P1, P6, P9) conveyed that they could not be themselves because they are constantly on guard, expecting some form of racial trauma to occur in the therapy session. Three other participants (P8, P4, P5) explained that they cannot be their authentic selves because they must present themselves in a way to be accepted. All participants echoed only feeling authentic in sessions with Black clients. They believe they feel more relaxed and relatable in sessions with BIPOC clients.

Subtheme A: On Guard

P1 reported that he constantly has his guard up, expecting a microaggression to occur in the therapy session with non-BIPOC clients. This guard causes him to feel as if he must wear a mask and hide his true identity and emotions. He believes he cannot have a real conversation about race relations with his non-BIPOC clients. P1 stated:

There's a stark difference between my BIPOC clients and my non-BIPOC clients in that we can conceptualize their presenting concerns and their issues in a way that takes into account how much race plays a part in the fabric of our society. I fully have my guard up, fully expecting some sort of racial trauma. I will not lie, it makes me move a certain way sometimes, and it goes back to that mask that we oftentimes must wear as black people because we know that when we're in

predominantly white spaces we aren't as regarded as non-BIPOC people. And so,

I won't lie, there are times when I have to move in a way where I'm not fully

presenting as my authentic black myself.

Echoing those same sentiments, P6 also explained he is also surprised when he

does not experience a client-initiated microaggression. He does not trust their honesty in

discussing topics of race, so he ignores the microaggressions, and does not present his

authentic self in sessions. P6 explained,

> There's a kind of way where whiteness sometimes allows them to feel still like
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> they're in the power position. Even when you are the professional helping them,
>
> they have a way of talking down in a way, it's kind of condescending kind of
>
> tone.

P9 also discussed being on-guard and not presenting himself authentically,

expecting to be micro-aggressed in sessions. P9 conveyed, "I kind of limit my comments

now". He continues saying,

> You (client) still feel away, but it's just like you have to let go a little bit because
>
> you don't feel like it's enough that's going to change. So, it doesn't even matter.
>
> So you continue to feel how you feel. I'm going to continue to feel how I feel, and
>
> we just keep it moving.

Continuing with the theme of being on guard, P1, P6, and P9 reported having to

suppress themselves or mask how they are truly feeling in their sessions, even when a

microaggression occurs. Their life experiences have them on guard and constantly

mistrusting non-BIPOC clients. Others (P4, P5, P8) expressed their feelings of

inauthenticity by way of code-switching. They feel like they must speak in a manner that is accepting to non-BIPOC individuals.

Subtheme B: Code-Switching

Participants reported having to change their tones of voice and language when speaking with non-BIPOC clients. Participants reported not feeling comfortable using their normal voice and dialect for fear of judgement, or not being seen as professional. For example, P8 discussed having to present an inauthentic version of himself to be heard and respected. P8 explained:

I like to say, suit and tie, right, because at the end of the day, I'm your therapist, but I'm also a black man, so I have a position of authority and power in this space. But as soon as you walk out of here at the end of the hour, I go back to being a minority in the streets so It's a very complicated song and dance. If you cannot code-switch in this particular environment, then you will not survive. Simply put, if you can't, for lack of a better term, use your white voice, if you don't have that particular knowledge in terms of how to converse and be almost, I don't want to say an inauthentic version of yourself, but if you don't have this sense of dualism in terms of, this is how I show up at the office, this is how I show up with this client. This is how I show up in this space. Then you will not get very far simply because you have to reinvent yourself so many times that one, it becomes tiring and two, it seems unnecessary, but three, it's for survival. I don't become a different version of myself because I want to, I do so because I have to. If I didn't know how to talk to insurance companies, I wouldn't get paid if I didn't

know how to talk to particular non-BIPOC clients, they wouldn't want to use my

services.

P4 also noted he was trained to present himself in a way that he can be accepted

by non-BIPOC clients. P4 noted, "I've been trained to put myself where they can accept

me." P5 described experiences with having to code-switch or present himself to be

accepted. In addition, he also noted this issue at times with BIPOC clients and students:

Of course, you have to change your tone of your voice and it's not even limited to

just professional practice. If you are a counselor educator and supervisor, people

are expecting another person to be standing in the classroom.When you have

students or clients challenging your competence because you didn't convey the

information the same way that they expect a white person to convey the

information, and then when you do it that way, if you switch over or code switch

and it's like are you trying to be White.

As the previous section mentioned, P8, P4, and P5 expressed their lived

experiences as inauthentic working with non-BIPOC clients because they feel they have

to change their tones of voice and mannerisms to fit into predominantly White spaces or

to work with non-BIPOC clients. That inauthenticity can also be shown in the comments

about relatability.

Subtheme C: Relatability

Participants conveyed that they feel more relatable to Black clients based on

shared experiences, and Black clients feel more comfortable with Black counselors. Black

male counselor participants reported being able to have conversations with Black clients

that they cannot have with their White clients. They report holding back on these conversations with their non-BIPOC clients. This causes Black male counselors to present as their authentic selves with Black clients. For instance, P4 states that he is told, "keep it real" from his Black clients. P4 stated,

> I don't have to act like a professional. when I'm with my Black clients because they'll tell me to keep it real with me, and so we have these like experiences, and so, I feel like I can talk to them and keep it real so to speak, if I could use that term.

> In agreement, P1 stated, "I believe, and recognize something, and my assumption

is that my clients of color come in feeling safe that they could have conversations based on race and those dynamics in session." P3 explained, "When I speak with anyone who is African American, I can just go to places I'm not able to with my non-BIPOC clients." P11 also noted how relaxed he feels in having conversations of race with his Black clients. He explained he can relate because he has experienced a lot of microaggressions. P9 added, "It's more comfortable conversation to talk to Black people. It's because they understand, they get it, so it's like it's an easier more relaxed conversation when we do talk about racial matters." P6 speaks about creating a safe space for Black clients to process their collective traumas. P6 stated,

> We have Black clients existing in those spaces with all this tension and they have nowhere to talk about it. I create a space for them to be able to process our collective trauma in session and then tie it to their particular anxiety, depression, and hopelessnes.

P7 also explained,

As a Black person, I'm living a lot of what our black counterparts are

experiencing. The same racial injustice concerns, so I think with black clients they

feel a little more comfortable with me because they know that I can relate.

Furthermore, P8 described his experience stating, "If I'm talking to a black client about

racial matters, then I can talk to them with a sense of familiarity, I can discuss things

based on my perspective, based on my experience."

Theme 2: Lack of Training

The participants in this study are all graduates of CACREP-accredited graduate

programs. The CACREP standard states that counseling programs must adhere to

providing training and education to prepare students to work in diverse, multicultural, and

marginalized communities (CACREP, 2014). The participants in the study discussed their

perspectives on multicultural training in their CACREP programs and how that has

affected them working in cross-cultural dyads. All the participants discussed various

ways multiculturalism was taught in their programs. However, the one theme they all

shared in common was the lack of culture-specific training on how they should work with

non-BIPOC clients in terms of cross-racial dyads.

Furthermore, none of the participants reported training on how to handle in-

session discrimination, racism, or microaggressions. For example, P1 explained,

The focus has really been to ensure that when BIPOC clients are in front of White

therapists that those White therapists are adept at working with BIPOC clients, so

very little focus has been given, unfortunately, to working with White clients.

P2 also reported that he cannot recall specific training geared toward addressing client-initiated microaggressions or BIPOC counselors working with non-BIPOC clients. He explained not much training took place, there was some conversation, but little training. P2 explained, "We dialogued about different cultures and ethnicities, the professors, kind of, they just kind of dialogued about it. We just talked about it." P3 agreed with the other participants in stating no specific training on working with White clients as a Black male therapist. P3 described his experiences as,

> I never had any specific training that identified race as part of the training, or my race as part of the training that I can think of. They would talk about things like how they deal with and confront a client that's angry, but none of the training's postgraduation have been to have addressed that, like nowhere.

Other participants agreed, such as P4, who stated, "I can't think of any of those sessions where I come out and there's really a whole lot of conversation centered around Non-White issues." P5 also explained experiences of the lack of training on how Black male counselors address client-initiated microaggressions. P5 said,

> The question is, how do you feel and believe that I show up when it comes to what you see in terms of color? Am I intimidating on the basis of my skin tone? Is it too dark? Is it too light? What threatens you about my color? Is it my shoulders? For you, right? So. I'm not even confident that there was specific training around that.

Similarly, P6 detailed, "most of the orientation was of the White person working with multicultural clients, so there's not much there. I mean, we talked about them in such abstract ways that I don't think it connects." P7 continued with the same dialogue stating,

the trainings that I've taken, in school, and even in grad school, it was mostly the White clients or the clients of different walks of life because it's not just based on race, but it's also just the different cultures in general. It was not much for us and what I do.

P8 agreed and stated:

So I don't think it was specifically tailored to working with white clients only. However, I will say that I believe that there was a void of working with clients who were non-White if that makes sense. Trainings were very much through a lens, not just of how to operate with particular clients whom you know, identified as Caucasian, but given by professors who identified as Caucasian.

In similar sentiments, P11 also discussed his experiences, and he reported that he cannot recall specific training on Black male counselors working in cross-cultural dyads. P11 stated it this way:

We have had a lot of discussion on multiculturalism, but is it tenable? I was reflecting on multiculturalism the other day. I was like, OK, even from the perspective of our teaching, they told us a White person will like a White counselor. A Black person will like a Black counselor, a female person will like a female counselor most of the time. Like you, ask yourself, what are we doing

now? Then you discover that multiculturalism is a way for a counselor to enhance

his tolerance for me.

Theme 3: Coping Through Self-Care

Another theme that emerged from the data were coping through self-care. Several

of the participants reported that they cope with working in cross-culture dyads and

experiencing client-initiated microaggressions through various levels of self-care. The

participants described their experiences working through client-initiated

microaggressions and racial trauma through self-care. This work often requires

counselors to put their own feelings aside, which can lead to burnout, compassion fatigue,

and counselor impairment. All participants discussed how they avoid racial trauma and

process client-initiated microaggressions through their own self-care.

Subtheme A: Therapy/Supervision

For instance, P1 explained that his self-care is maintained by processing these

client-initiated microaggressions with a friend or supervisor. P1 stated,

I'm not a novice and so I know that there are other situations or other spaces

where I can process what it is that I'm feeling. I'll probably process it with a

critical friend or prior to licensure, I processed it with a supervisor.

Similarly, P4 explained that he sees a therapist and set his beliefs aside as his form of

self-care. P4 described:

With white clients, their racism comes out. You know, and I don't know that I

want to call it racism, white supremacy, or just, their bias. I don't really know, but

I think the one thing that I can appreciate about our work is, for people who work

with people that aren't Black. We do get to have some impact on the lives of people who are not Black and they get to see us as humans. I deal with it on my own by continuing to see a therapist. I've always been in therapy. I've been in therapy, but I think I can get angry because my belief is that if you're a white man and you're poor in this country, that's on you. That's just my belief system because they have advantages. They have advantages that we don't have. I think as a people, number one is they're not under suspicion as soon as they walk in the door anywhere. And if it's them or me, they was believed, and I won't. Those are the things that keep me in therapy for myself.

Likewise, P5 reports doing his own work in therapy and supervision. P5 explained,

I have my own personal work, I see a therapist and supervision every week. I have to reconcile with that because these are the people that are still in their communities, so it's beyond the classroom. It's beyond training. It's constant learning.

P8 stated that he previously went to therapy as a form of self-care. However, that has changed. P8 described his experience with therapy and now how he chooses to manage his self-care. P8 stated:

It's very much a survival mode I've been in terms of how I handle the non-BIPOC clients. Not well, it has been traumatizing. I got my degree and my masters in 2016, and I've had my own practice since 2020. In terms of how I deal with it, I did go to therapy once upon a time. Unfortunately, I've stopped going to

therapy. Part of it was because, well, I'm a therapist. I should have my (expletive) together. You know, some pride stuff. But then two, as I began to learn more about my field, I sat across the table from someone who didn't look like me. It was a Caucasian male therapist. It became difficult for me to open up and relate to the individual and they seemed disinterested. As a result, I didn't see any good sense to try to explain my culture, my Heritage, my beliefs, and my values, to someone who not only seemed uninterested, but also didn't understand it, and couldn't relate to me. I began the question of looking for someone who looked like me and there weren't a lot of people who look like me doing what we do. So, I became the person I wish I had, so I haven't been to therapy, maybe in four or five years now. So, that's typically how I would deal with it back then, more recently, alcohol helps, sleep helps. I know those are depressive things, but I don't necessarily divulge into that, but honestly, what I do is I try to unplug. I stop at 5:00, I typically try to stop at 5:00 which helps some. Talking to my prayer group definitely helps even though they just can't truly understand being a therapist and you know in a 97.5% dominated field; they truly can't understand what it's like to not only have coworkers but be a person of color or black male in a mostly female-dominated field and not having any coworkers. They can somewhat relate, but in terms of how I process, sleep, prayer, prayer, prayer group. Sometimes I get on the game, something to turn off the brain so.

Subtheme B: Detaching

Others seek self-care in detaching from social media, news media, and other news outlets. For example, P2 described his self-care routine when processing racial trauma as, "I had to kind of really just shift from the news. I chose not to participate and watch it, but I see and hear from other people talking about those things. It's bothersome to think of." Likewise, P9 described his experiences as,

I kind of distanced myself from social media also, just to protect my mental health. I didn't want to press any buttons; I just don't have the energy for it. So, I didn't do it. I don't really let those undertones bother me.

Also, P7 reported detaching from social media, he explained his self-care in this manner:

Self-care is important, and self-care can be disconnecting from the internet or social media because a lot of the trauma that we see that happens in the world, it's very hyper-focused on it. We see it shared everywhere. It's discussed everywhere and sometimes not saying that it shouldn't be, but sometimes we need a break from that. We have to take a step back and say, I choose not to deal with this right now because this is becoming a detriment to my mental health because I keep seeing it knowing that this could be me. My other form of self-care is fitness. I also try to travel quite often so. That I think disconnecting from the world sometimes and stepping back in with a fresh mind. That's me personally. That's how I just like to try to maintain and all of that. You deal with so much and some things can be mentally and emotionally draining. When I get pushback, I don't

push any further when I get those microaggressions in session. I don't push them

any further I take it, I understand it, and I don't internalize it.

In the same fashion, P6 explained his self-care is also a form of detachment. He detaches

from "absorbing the trauma." P6 explained it this way,

I think that is also a part of our struggle we give them too much of our humanity

in that way. We don't have to if they don't want to. If someone refuses that is

what it is and I don't think we need to absorb trauma for no reason.

Subtheme C: Do Not Take It Personally

Several participants described instances of not taking anything personal, as their

form of protecting their energy and self-care. For example, P9 described it as this,

I don't really let those undertones bother me. You know, because people, people

are going to be who they are going to be. At the end of the day, I can only say so

much or do so much. There's no need to even put too much energy in it.

With that same process of self-care, P3 stated:

At some point when individuals start expressing beliefs that are rooted in racism. I

will politely, respectfully, but honestly, and in a direct way let them know that's

not accurate. Many of those patients do not come back to see me for follow-up

sessions and I'm like, OK, I'm not missing that and I don't take that personally. I

am ok, with them saying they're not able to work with me anymore. I don't feel

like I have to protect that part of the connection anymore. I try to create an

environment where people was welcomed as they are, no matter what they think,

no matter what they feel, no matter what they've done, they was received and

treated as human beings. As I am treating someone as a human being, I believe I

have the right to be treated the same.

P10 expounded.

> If I take it personally, then it's going to get with me. It's going to interrupt
>
> me. It will interrupt my peace. It will create this idea of impostor
>
> syndrome, and all these other things, and inferiority. All of this stuff, that
>
> kind of bubbles underneath the surface.

However, P11 explained his empathy does not allow him to take things

personally. He reports he numbs himself as his form of self-care. He understands

his client's mental health needs. P11 detailed, "

> You can see that compassion coming from me. So that even when they
>
> demonstrate that type of behavior, I don't seem to catch it. My empathy
>
> allows me to reason that while they're doing what they're doing,
>
> sometimes I try to numb whatever is going on.

Theme 4: Broaching the Topic of Race

Broaching is a necessary therapeutic technique in working in cross-cultural

counseling dyads (King & Borders, 2019). Bringing awareness to the racial and cultural

factors that affect many therapeutic relationships has been proven beneficial in

counseling (Bayne & Branco, 2018). Broaching acknowledges cultural competence and

helps build rapport and trust. Participants shared their thoughts, feelings, and experiences

associated with broaching the topic of race when working with non-BIPOC clients. Many

of the participants reported they have no issues bringing up race in therapy, but only

when necessary. However, they reported that it can affect the therapeutic relationship with the clients. P1 described his experiences with broaching:

It has been intentional on my part when I see fit to make sure that I broach these topics with clients at the time that I feel that it's appropriate, but kind of tying it back to their own experiences. I believe, and recognize something and my assumption is that my clients of color come in feeling safe that they could have conversations based on race and those dynamics in session, and so there's a stark difference between my BIPOC clients and my non-BIPOC clients in that we can conceptualize they're presenting concerns in their issues in a way that takes into account how much race plays a part in the fabric of our society. Race is almost never brought up by my non-BIPOC clients in this rural community. And so, for me to bring up race in the counseling session, I feel like in a way, it would almost cause a source of contention between me and my non-BIPOC, particularly white clients. Almost even if it is racial, I'm going to address it right now

P3's account on broaching the topic of race with his clients, he explained, "It depends on the client how I broach the topic of race. He continues to explain that with

White individuals who I find to be more in a continuum closer to an ally, I find that I can have an honest conversation with them and gently confront some beliefs and they will absorb it and process it well.

P4 explained his approach with non-BIPOC client as a little more apologetic when broaching. P4 described his experiences as, "with my White clients, I'm almost apologetic and I will say this isn't personal, and I'm saying this as humbly as I can,

dancing around their emotions." Additionally, P5 explained his broaching technique as direct. Such as, "I oftentimes at the very beginning, as we're getting to know each other during the rapport buildings of phase, it's kind of like what's it like to have, you know, someone who looks like me." In contrast P6 explained he only broaches the topic if the client brings it up. P6 stated,

> I broach the conversation of race only if the clients bring it up and depending on what they're bringing up. If a white client raises, you know, oh, I saw this, you know, this is just terrible. I may just draw it out and say how do they feel about it?

P7 described broaching as a touchy subject, but he uses a direct approach. P7 mentioned,

> when the clients are comfortable, there's not a thing that they won't be able to express to you or share with you, so making them comfortable building that therapeutic relationship. As a therapist, you have to be able to confront a client, especially if it's hindering their growth or hindering their mental health and is in their self-deprecating. You have to be able and willing to confront them and call them out on their own actions.

P8 explains broaching as addressing it in the beginning, but also it depends on the presenting concern. P8 stated, "It depends on who's presenting in the room, and if that's even an area that they want to address." He proceeded to explain, if the broaching has nothing to do with the presenting concern, then he doesn't address it. P8 also stated, "something I've found that helps is that I'll have a client reach out to me, I kind of demystify it all on the phone, so they kind of already get the sense of, I don't take it personally I am a Black man it is hard to find us out here. So, once I take the cap off of it,

it kind of defuses the tension already". Moreover, P10 reported he addresses it directly, if necessary, "I will broach the topic of race if I believe that it's going to move the needle forward. If I believe that is one of the hesitancies that they have with working with me." He proceeds, "I only broach if necessary. I'll bring it up." However, P11 chooses not to have that conversation with his clients. P11 described, "I've experienced racism. I question my actions, such as should I say something? Should I just let it go? I'm going to try to see where is that person's head at if that person comes in already angry. I don't know if I'm going to have too much of a conversation."

Theme 5: Redirecting

The participants also discussed their lived experiences addressing client-initiated microaggressions in session. Racial microaggressions, racism, and prejudices have been a part of the fabric of this country for centuries (Sue et al., 2019). It is imperative for those witnessing and experiencing microaggressions to take action to confront and dismantle the system of racism (Sue et al., 2019). The participants in this study discussed their efforts to interrupt client-initiated microaggressions in therapy.

The participants reported experiencing microaggressions in therapy, which sometimes occurred through signs and gestures (i.e., clothing, looks, etc.). P1 reported that, "sometimes they just don't say anything, but it is something that you sense and feel." P4 reported "it's hurtful and harmful", he struggles with understanding that "the client that he is there to help can actually see him as less than human." It is the dehumanization of black Americans that many of the participants struggled with in this

study. The participants described their experiences with addressing client-initiated

microaggressions. Many of them explained how they confront and redirect.

P1 spoke about a specific incident where he redirected a microaggression in

session. P1 described:

There are times when I do have to address microaggressions and it kind of brings

me back to what I teach my master students about broaching the topic of race. She

(a previous client) never directly said, you know that my therapist should be

Black, or my therapist should be a woman, right? She kind of threw out things

that would kind of make one think that she's delineating between what a white

therapist would have and what a black therapist would have. So she'd say things

like, yeah, I want to have someone who's educated. I want to have someone who

speaks well. I want to have someone who's articulate and all of these different

things, and so I kind of, you know, let it pass. And I just let her be herself, and

then eventually it got to a point where she started talking about some things that

were more racial, right? I could easily take offense to them. Things like, you

know. Black people, they act one way in one situation, and they'll act another

way in another situation. They're always wearing a mask, and so I'm like,

thinking to myself, well, yeah, we do wear a mask because oftentimes we have to

navigate spaces that aren't safe, for us, but at the same time, she said it more from

a deficit perspective, right? She said it more in a negative way. And so in that

moment, I had to kind of essentially for lack of better words, check her and let her

know, like, hey, listen, I understand that these are the experiences that you have,

Not every black man is going to present in this way or cause you harm in this

way, right? And so I didn't respond to her in a way where, or at least I don't think

I did in a way where, you know, I exhibited that I took it personally. But I did it in

a way where it was conducive to her understanding that her experiences with men

of color, or particularly black men can vary. It has been intentional on my part

when I see fit to make sure that I broach these topics with clients at the time that I

feel that it's appropriate, but kind of tying it back to their own experiences.

In a similar fashion P3 attempts to confront the microaggression in session as well. P3

explained, "I found myself, and I'm getting to this point in life in general, that when

someone expresses a belief that I know that's not based on fact and it's degrading,

oppressive, dehumanizing, anybody, I am confronting it, and through my redirection."

P4 also spoke of confronting the microaggression in session. P4 explained, "I

think if I'm going to show them that their belief system is flawed, I can't become what

they think, and I can't be offended by their perspective of the world. One client in

particular, when I challenged him to be more specific, he stopped talking." P5 uses a

redirection approach to addressing client-initiated microaggressions. P5 described:

One session a client expressed some racialized thoughts, you don't always know

whether the person is asking to get a rise out of you or just see, but you know, you

just, you know, the facial expression is what it is, give you sort of this, non-

expressive look, and I said well this session is about you and that person got

uncomfortable, and I explained, I'm not the one that's having these challenges or

these types of thoughts. I continued and asked this client to share more about their thoughts and redirected back to the client's own experiences.

Another participant believes in confronting and redirecting the in session microaggression. P7 explained his perspective, "You have to be able to be able and willing to confront them and call them out. On their own actions, as a therapist, you have to be able to confront a client, especially If they have ways that are hindering their growth or hindering their mental health and it is self-deprecating." Likewise, P8 believes in a redirection approach as well. P8 mentioned:

When it's my clientele, I'm a little bit more professional about it. So, I do tend to speak on the matter and redirect them in a sense. How is that going to help you in session then it makes it a lot easier to talk about the microaggressions that may follow. If a client already has their mind fixed and they are not trying to change that, so for me to say, well, actually that's, not going to be helpful for him. So, in that sense, I'm like, OK, well, I'm not confirming your beliefs, but I'm not denying your reality either. It also depends on our relationship to one another on how I handle it, but honestly, it's a grab bag.

It is apparent the participants have varying views on the proper way to handle microaggressions in session microaggressions. P9 likes to confront the belief. He states, "I confront it normally like I have to. It's just in me. One client I confronted and challenged his racial thoughts, but he never came back", in a separate incident P9 said, he ignored the microaggression. P9 explained, "I just don't have time to get into that. I didn't want to press any buttons, but I really wanted to. I felt the energy, I just don't have

the energy for it. So, I didn't do it." In a similar way, P10 stated, "I focus more on the problem and symptoms. I asked one client, what are we working towards? I didn't get an opportunity to respond to him, he left the session and never came back." P11 explained, "I don't deny their position and beliefs, but at the same time, I don't try to affirm them. I try to redirect them to focus on their presenting concerns and how their beliefs affect them."

Just as P1stated, P6 also spoke about sensing microaggressions from clients. However, P6 discussed his approach as not dealing with it at all. P6 stated:

> Sometimes you can sense, you can sense that they're not sure if you know what you're doing, and it takes a little time for them to open up and trust you that you can help them. You trying to do therapy, you have to build rapport. You have to build trust. You have to have them open up, and if they are not accepting on the front end in that kind of way, I don't think it's in anybody's interest to go forward. I was told pretty much they don't like Black people. Well, you know, I had to go to my agency and say, hey, well, I can't serve this client because I would rather just not. Not dealing with that at all.

Discrepant Cases

Participants reported on their lived experiences working with client-initiated microaggressions in cross-cultural dyads. They shared very similar experiences, as noted above, and data saturation was met fairly quickly. Data saturation was met after the first four to five interviews. However, there was a discrepant case, only one participant reported data that was inconsistent with the other cases reported. P2 reported that he has

not experienced any client-initiating microaggressions. Conversely, he did go on to report that he was not free of experiencing racism, discrimination, or microaggressions as a Black male counselor in supervision, at work, or in his personal life. However, P2 spoke of his current client caseload, and they all identified as POCs. He explained that it has been his population for many years. P2 stated, "The majority of my clientele are African American of African descent. Trying to think in the past I've been running my company since 07. Probably 3 clientele were non-BIPOC. But not very much experience from my company's perspective." This was inconsistent compared to the other participants in the study.

Other participants reported a diverse caseload. Nevertheless, many of the participants expressed a desire to provide a safe space for Black clients. They also expressed that their Black clients felt safe discussing topics of race in session. Also, there appears to be a sense of relatability in sessions with Black clients. Black counselors are more open to modifying their interventions to fit the needs of Black clients (Scharff et al., 2021). Black counselors feel more of a connection with Black clients and prefer to work more with Black clients (Scharff et al., 2021). Discrepant cases can indicate a need for further research.

<div align="center">**Summary**</div>

After a careful, thoughtful, continuous, and thorough review of the data, five core themes and six sub-themes emerged to describe the lived experience of Black male counselors navigating client-initiated microaggressions in cross-cultural therapeutic dyads. Those themes were (a) Inauthenticity, with sub-themes of *On guard, Code*

Switching, and Relatability, (b) Lack of training, (c) Coping through self-care; with sub-themes of *Therapy/Supervision, Not taking it personal, Detaching*, (d) Broaching, and (e) Redirecting. These themes emerged as the participants answered the research questions of how black male counselors navigate client-initiated microaggressions and what are the lived experiences of Black male counselors working in cross-cultural dyads.

The transcendental phenomenological qualitative methodology presented in this chapter was the approach used to identify the results from the data retrieved in this study. All 11 participants were open and receptive to sharing their stories on their lived experiences with this phenomenon. I discussed the study approach and what led to the findings of this study. I was detailed in discussing the setting, demographics, data collection procedures, data analysis process, evidence of trustworthiness, and finally, the results of the study with direct quotes from the participants. The participants in this study reported feeling inauthentic at times in therapy with their non-BIPOC clients, feeling unprepared and untrained in navigating client-initiated microaggressions. Participants went on to discuss their self-care techniques when faced with these issues of client-initiated microaggressions in the therapy session. Furthermore, the participants explained their broaching techniques and how they address these microaggressions with their clients. In completion of this study, Chapter 5 will go on to explain the interpretation of the findings, limitations of the study, recommendations, implications, and conclusions.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of this transcendental phenomenological study was to explore the lived experiences of Black male counselors navigating client-initiated microaggressions in cross-cultural dyads. Black male counselors continue to be an underrepresented class in research and counseling (Hawkins et al., 2022; Mertins-Brown, 2018). Black male counseling voices are not often heard in research. The history of racism, discrimination, and unfair treatment of Black Americans in the United States has not escaped the counseling room (Guiffrida et al., 2019; Wilcox, 2022). Clinicians have expressed there is a lack of knowledge on addressing microaggressions in therapeutic relationships (Bayne & Bronco, 2018). Counselor-initiated microaggressions have been researched (Sue et al., 2019); however, research is lacking on how to address client-initiated microaggressions (Ahn et al., 2021; Branco & Bayne, 2020). The participants in this study answered semistructured open-ended interview questions and provided in-depth answers regarding their experiences working in cross-cultural dyads and experiencing client-initiated microaggressions.

The participants in this study expressed similar experiences with microaggressions and cross-cultural therapeutic dyads. The themes that emerged from the in-depth data analysis were (a) inauthenticity, with subthemes of on guard, code switching, and relatability; (b) lack of training; (c) coping through self-care, with subthemes therapy/supervision, not taking it personally, and detaching; (d) broaching; and (e) redirecting. The participants reported not feeling safe enough in cross-cultural

sessions to present themselves as their authentic selves. Participants explained feeling more comfortable with Black clients, especially when discussing topics of race. The participants explained that their CACREP-accredited programs did not specifically address how to manage client-initiated microaggressions; the training they received was from others in the field and what they learned on their own. Participants also explained that redirection and therapeutic confrontation could be beneficial at times, but some clients did not return afterward. The other theme that emerged was coping with racial trauma through self-care. Participants reported they try not to take microaggressions personally. Participants reported seeking therapy, supervision, and other forms of self-care. The final theme that emerged in the current research was broaching, in line with Bayne and Branco (2018); participants in this study reported there were times they had to address microaggressions directly or would ignore them for fear of damaging the therapeutic relationship. Others reported addressing when clients broached the topic first. In the next section, I compare my findings with previous findings in the scholarly research literature.

Interpretation of the Findings

This study's focus was on Black male counselors' perspectives of working in cross-cultural dyads and navigating client-initiated microaggressions. The data were interpreted through the conceptual framework of transcendental phenomenology. In this section, I discuss those findings and compare the current findings to the data from the literature review found in Chapter 2. There is limited data on Black male counselors' lived experiences. Previous research has been focused on BIPOC individuals'

experiences with microaggressions, but few researchers have focused on Black men and specifically Black male counselors. This study fills that gap.

Inauthenticity Versus Relatability

Ahn et al. (2020) conducted a qualitative study with 10 doctoral student therapists (five women, three men, one transgender man, and one nonbinary masculine; eight were White, and two were Asian/Chinese) about feeling offended by clients. Ahn et al. (2020) noted that participants who felt a cultural connection or liked something about their clients were a strength for them. The participants also noted that the therapeutic relationship was difficult when the client was inauthentic or resistant. The participants reported that it was challenging to be present and secure with those clients. Participants noted the importance for clients to be open, honest, and authentic in counseling but also participants recognized when that honesty bordered on offensive to the therapist (Ahn et al., 2020). The participants understood these were not personal attacks, but they spoke to their clients' values and belief systems.

My current study garnered similar experiences. The participants spoke of not feeling as comfortable with some White clients. Participants discussed not feeling as safe in those spaces and explained there is a level of comfort with clients who share the same race and culture. P4 explained that he has specific clients who request for him to be his authentic self in the session. He talked about a client stating, "Keep it real." P3 also stated that he can discuss topics with his Black clients that he does not feel comfortable discussing with his White clients. The consensus of this current study is that there is an overall sense of relatability with clients who share the same race and cultural

backgrounds as the participants. P8 spoke about a sense of familiarity with his Black clients which made for a more authentic connection. This is in line with Scharff et al.'s (2021) study, which found that Black therapists want to work more with Black clients. The research indicated that Black therapists tend to use more interpersonal interventions with their Black clients, and therapists reported that their work with Black clients was more meaningful (Scharff et al., 2021). My current study found the same results. The findings suggest that Black counselors feel a sense of responsibility to their Black clients and take pride in being able to provide a safe space for their Black clients. P6 noted, "I service Black clients, and I help them understand their feelings and educate them about collective stress."

Ahn et al. (2020) noted that therapists did not address offensive behavior from the client from a personal standpoint. Participants in that study did not focus on their own emotions and feelings surrounding the behavior but used them to redirect the client back to the topic at hand. My current study findings align with that data. The participants in my study put their feelings aside and redirected clients back to their treatment plan. Participants talked about not taking client microaggressions personally. One participant (P4) reported not letting the undertones bother him, another person (P10) said, "I focus more on their problems," and a third participant (P11) stated, "My empathy allows me to reason that while they are doing what they are doing, sometimes I try to numb whatever is going on." Both studies note how counselors often disconnect their emotions and feelings to attend to the needs of the client. This also includes when a client displays unwanted behaviors in the therapeutic space.

Broaching

Bayne and Branco (2018) conducted a qualitative research study using a phenomenological approach to capture the lived experiences of counselors of color with microaggressions in counseling. Bayne and Branco (2018) found that the participants understood the advantages of broaching but also noted the uncertainty of broaching. The participants reported not having a clear explanation of how to approach broaching. The participants in Bayne and Branco's (2018) study also explained that the process is not the same for each client. Participants understood that broaching is based on the comfort level of the counselor and client, and the approach must be handled with care. The process of broaching must be individualized. One of Bayne and Branco's (2018) themes was intentionality, and counselors explained how they must choose to broach intentionally and other times choose to intentionally not broach. The counselors explained the importance of learning how and when to broach, which was explained as a reliance on their intuition (Bayne & Branco, 2018).

The results of my current study align closely with the findings of Bayne and Branco (2018). The participants in my study expressed that there is an ambiguity in broaching. P8 noted, "It's a grab bag." He expressed that there are moments and times when he intentionally avoids broaching and other times when he uses a direct approach to broaching. P1 explained that he is intentional about broaching the topic of race. However, he only does that when he deems it necessary. The majority of the participants in my study explained that broaching is a necessary technique but they only use it when

required, when it was affecting the growth of the client. The participants reported gauging a client's specific needs in that space.

Bayne and Branco (2018) identified that broaching is also done based on a client's level of comfort. The participants considered the impact on the client before broaching. My study supported this previous research. Counselors of color hold back on broaching if a client does not appear open in the session. P4 stated that they often consider the client's emotions when bringing up topics of race. The clinicians explained that they did not want to damage the therapeutic relationship. P7 agreed and explained the importance for the client to be comfortable. He explained that when a client is comfortable, they can express their true thoughts and feelings, including topics of race.

Lack of Training

Research shows that broaching requires a unique set of culturally specific skills and interventions (Bayne & Branco, 2018). There is a lack of specified training and interventions needed for Black male counselors to address client-initiated microaggressions. This supports previous research on the lack of training counselors of color need to address client-initiated microaggressions. Participants in my study also discussed the lack of training on how to approach the topic of race with their White clients. Branco and Bayne (2020) found that counselors of color felt unprepared and ill-equipped to address microaggressions in sessions with White clients.

My current study supported previous data. All 11 participants reported not receiving any culture-specific training on how to address in-session microaggressions. The participants explained that they learned through their post-graduate work. The

participants reported that their CACREP programs did not address how they, as Black male counselors, work with White clients. Many counseling programs focus on multicultural competence by teaching the majority how to work with diverse clients. The focus is on counselors checking their biases and being aware of their Whiteness or privilege. It is imperative to understand the plight of the marginalized client. However, little information exists on how Black counselors work with White clients.

Self-Care

Research has shown the emotional and psychological effects of discrimination and racism on Black Americans. RBTS can cause symptoms related to PTSD (Anderson & Stevenson, 2019; Carter, 2007). Consistent exposure to discrimination and racism over time can cause feelings of depression, anxiety, and other negative emotions associated with trauma (Anderson & Stevenson,2019; Carter, 2007). Participants in this current study espoused those same emotions. Participants described their experiences as living in survival mode. They reported that they often expect some form of racial trauma working in cross-racial dyads. P10 reported that he cannot take these microaggressions personally. He explained that if he did, that would lead to imposter syndrome and feelings of inferiority. Therefore, he pushes those feelings to the side and does not internalize them. Many participants in this study described the same experience. P3 reported challenges of working with clients with ideology that is based on racism. He explained the difficulty with working with someone who does not see him as human but has sought him for help. This speaks to the emotions and feelings that Black male counselors experience in some cross-cultural dyads.

Research is exhaustive on the effects of racial trauma (Carter, 2007; Comas-Diaz et al. 2019; Wilcox, 2022). However, the research is lacking on how BIPOC counselors manage their psychological well-being after experiencing racial trauma (Ahn et al., 2021; Sue et al., 2007). The participants in my study recognized the need for self-care to manage their feelings associated with client-initiated microaggressions. P1 explained that he processes his feelings with a critical friend and in supervision. P9 explained disconnecting from the news and social media. Black men have experienced years of discrimination, racism, and prejudice practices. However, they are still required to attend to their client's needs. Based on this current research, Black male counselors often have to place their own emotions aside and manage their client's emotions. This must occur even when the client has displayed offensive, discriminatory behavior. My current study has provided data on how Black male counselors navigate their racial trauma and mental health. P2 discussed the collective trauma that many Black Americans have experienced. He explained that he also disconnects to avoid experiencing racial trauma.

Redirecting

Sue et al. (2019) explained the importance of addressing these microaggressions in session. However, research has lacked on how to effectively address them without offending the client. The participants in my study spoke about their experiences addressing clients with redirection. Many of them discussed their hesitancy for fear of damage to the therapeutic relationship. In fact, P3 explained that when he redirected a client, the client did not return. Other participants reported that the clients were not receptive to redirection. Bayne and Branco (2020) found that a few participants were

open to redirecting. Bayne and Branco (2020) discussed individual ways of processing and dealing with microaggressions. However, there is no systemic way of redirection or broaching. I found the same information in my study. Many participants reported different tactics for addressing in-session microaggressions. Many agree that redirection was appropriate, but the proper way to redirect was lacking. Also, the consequences of redirecting many participants reported they do not redirect for fear of retaliation. They feared losing their jobs, being reported for frivolous issues, or losing clients. A systemic solution is needed for a systemic issue.

Limitations of the Study

This transcendental phenomenological qualitative study does have study limitations. The first limitation of this study was transferability. Purposive sampling was used to recruit Black male counselors. The sample was limited to Black male counselors. Client-initiated microaggressions are not isolated to affect only Black male counselors. Therefore, the results of this qualitative study may not be transferable to all marginalized and BIPOC counselors. This study did not include experiences with gender-based microaggressions, misandry, or internalized racism.

The second limitation of this study was the possibility of researcher bias. The sample size was Black male counselors working in cross-cultural dyads. I am not a man but a Black female counselor with experience working in cross-cultural dyads. I have experienced client-initiated microaggressions. This information does increase the chances for the possibility of researcher bias. I mitigated this possibility by bracketing my assumptions in this transcendental design (Moustakas, 1994). I journaled my assumptions

and beliefs throughout this process. I used the epoché process to reduce research bias (Husserl, 1931). I was able to set aside my assumptions and biases through each step of this research. Journaling helped me be aware of my ideas, experiences, and preconceived notions. I was able to view the data with a fresh lens to ensure the accuracy of the data received. All interviews were audio recorded and then transcribed. I ensured the participants' words were presented verbatim. Furthermore, the participants were able to review their transcripts and the final themes to verify the accuracy of the data. This member checking was done to lessen the risk of researcher bias.

Recommendations

This qualitative study used a sample size of Black male counselors to provide in-depth data on their experiences in cross-cultural dyads with client-initiated microaggressions. Future quantitative research may provide data on a wider sample size to include more generalizable results. A quantitative study may answer the question of the frequency of client-initiated microaggressions. It could be helpful to understand how many Black male counselors have these issues, and how prevalent is this issue in counseling.

This research also provided details beyond this study's purpose to include other meaningful data. That data also may provide information on future research recommendations that can benefit counseling research. One participant (P2) reported that he did not have any experience with client-initiated microaggressions. He also reported that the majority of his clients were BIPOC. He reported very little to no experience working with non-BIPOC individuals. However, he was still included in the study

because I believe this information is vital to research and speaks to the need for further research. This participant reported a sense of pride in working with his Black clients. Which was consistent with other participants in this study. Many of the participants reported that it was their honor and duty to provide a safe space for people who look like them. They reported that they are able to feel related to other Black people. Moreover, they feel a connection to the unique experiences of Black Americans. Future research may need to focus on the sense of community and connection that some Black clinicians feel in working within their own community.

A few participants also reported they experienced microaggressions from Black women, along with other participants who reported microaggressions from non-Black POCs. Therefore, future research may also focus on internalized racism and misandry. Additionally, one participant identified as a part of the LGBTQ community and reported experiences with microaggressions from clients. This data is in line with Ahn et al.'s (2021) study, where participants reported feeling offended by clients when one client stated the United States was moving in the wrong direction because of LGBTQ+ rights. Future research focusing on client-initiated microaggressions with other marginalized groups may provide new data on the intersectionality of being Black, male, and LGBTQ working in cross-cultural dyads.

Implications

The results of this research study can bring about positive change in each domain of CES. This study's results brought awareness to the need for more research and social implications surrounding Black male counselors' lived experiences.

Counseling

The goal of this study was to gain a better understanding of how Black male counselors navigate client-initiated microaggressions working in cross-cultural dyads. Black men historically and even currently experience racism, discrimination, and microaggressions in their daily lives (Carter, 2007). This dehumanization of Black Americans can bring on feelings of racial trauma (Comas-Diaz et al., 2019). However, despite these feelings and racial trauma, Black male counselors are still required to hold space for their clients (Ahn et al., 2021). This may also include setting their own feelings and emotions aside for clients who hold views that are rooted in a system of racism, which can lead to counselor impairment. Bringing awareness to the lived experiences of this population can assist future counselors of color in finding ways to navigate this space. This data can assist the counseling profession in how to better help its non-BIPOC clients and BIPOC clinicians. This can improve future treatment outcomes for clients and improve the overall well-being of BIPOC counselors.

Teaching and Training

The results of this study also have social implications at the organizational level. Learning how Black male counselors navigate these experiences can assist future education and training programs to develop interventions and programs that will assist BIPOC counselors on how to work with non-BIPOC clients. This will help counselors-in-training, supervisors, and educators of color on how to navigate these spaces.

Based on the research findings of this current study, Black male counselors reported various options for navigating client-initiated microaggressions. They also

reported not being trained or educated on the best interventions to address these in-session microaggressions. All participants in this study reported a lack of training on how to navigate these spaces. They also discussed attempting to protect the therapeutic relationship despite their feelings and emotions when feeling offended. The lack of training on how Black men handle in-session microaggressions appears to be a systemic issue. Therefore, a systemic problem needs a systemic answer. This data may help counselor education programs to improve practices, policies, and procedures around cultural competence. For example, CES programs can provide more culture specific training/course work for navigating client-initiated microaggressions as a marginalized group, improved policies on addressing microaggressions in the classroom/supervisory space, and procedures on how to broach topics of race with supervisors, supervisees, educators, and students. This study's results also speaks to the unique needs of students of color and the need for more support groups for students of color in CES programs.

Research and Scholarship

Research is lacking on the experiences of Black men, especially Black male counselors (Hawkins et al., 2022). There is an increased need for the perspectives of Black men in research. The results of this study begin to close that gap in research. Microaggressions from counselors and supervisors exist in the research (Ramírez Stege, et al., 2020). However, less research exists on microaggressions from the therapy couch. Disseminating this research information to research journals, professional presentations, and higher educational organizations may provide much-needed information for research and scholarship. The data in this study can open the door to future research focused on

cultural competence. This study's results can provide information on the need to expand the definition and criteria for working with diverse populations.

Supervision

Clinical supervision is generally a mandate in many states to practice as an independent licensed professional counselor (ACA., n.d.). There is a specific number of hours required by individual state mandates. A clinical supervisor plays a major role in the lives of counselors. Even after licensure, some supervisors maintain a connection with a supervisor or mentor. Counselors may step into that role themselves. Participants in this study highlighted the significant role that supervision plays in their professional lives. In fact, many of the participants report seeking supervision as a way to navigate working in cross-racial dyads. Supervision was a tool they used to process their feelings of racial trauma with their clients. Supervisors must understand the importance of the role they play in helping counselors and counselors-in-training in navigating these microaggressions. Counselors must learn how to address these instances while still providing a service to their clients. It is important for the BIPOC counselor to feel confident in how they respond. Finally, the supervisors need to provide this space free of judgment with empathy and understanding.

Leadership and Advocacy

Leadership and advocacy are key components of the CES model (CACREP, 2016). That leadership and advocacy must also extend to the many marginalized groups of counselors. Distributing this information to leadership conferences, publications, and presentations may have implications on understanding how Black male counselors

navigate racial trauma in cross-cultural dyads. Sharing this data can assist the profession in the development of improved leadership and advocacy practices. Furthermore, providing the lived experiences of Black male counselors may help how Black men are viewed in society, humanizing a group that often feels dehumanized.

Conclusion

In conclusion, this research study provided a space for Black male counselor's voices to be heard in research. Black male counselors are learning to navigate spaces that were not historically meant for them to occupy. It is critical to advocate for marginalized groups in the counseling profession. However, what happens when that marginalized group holds positions in the helping profession? The findings of this study revealed the need for more training on how Black male counselors work in cross-cultural dyads and navigate client-initiated microaggressions.

The 11 participants in this study disclosed their emotions and feelings surrounding this sensitive topic. They expressed their appreciation and gratitude for this research and were pleased to share their truth when it comes to working in cross-cultural dyads. The themes that emerged from the data were (a) Inauthenticity, with sub-themes of On guard, Code Switching, Relatability, (b) Lack of training, (c) Coping through self-care; with sub-themes of Therapy/Supervision, Not taking it personal, Detaching, (d) Broaching, and (e) Redirecting.

The men in this study were open and vulnerable in sharing their experiences. The results of this study provided new insights into what it takes to operate as a helper and still have space for themselves. The results of this study provided insight into how

challenging navigating the intersectionality of being a Black man and then being a counselor. This phenomenon has not been researched enough. Multicultural competence must go beyond what is known today. Multicultural competence must include how BIPOC counselors navigate working with White clients who espouse discriminatory views. Finally, the results of this study could contribute to a better understanding, reassessment, and reevaluation of counselor education programs, clinical supervision, and counseling interventions to better serve Black male counselors so they can better serve the community.

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Appendix A: Demographic Questionnaire

1. Name of Participant_____
2. Gender_____
3. Age_____
4. Race_____
5. Are you a professional counselor? Yes_____ No _____
6. Did you graduate from a CACREP-accredited counseling program? Yes__ No ____

Appendix B: Interview Questions

1. Tell me about your experiences as a professional counselor working with non-BIPOC clients.

2. Have you ever experienced microaggressions in a therapy session?

    a. If so, tell me about that experience?

    b. How did you handle it?

3. Tell me about any experiences you have had with racial trauma when working with non-BIPOC clients in therapy.

4. How do you broach the subject of racial trauma with your clients?

    a. How might this differ depending on the race of the client?

5. Please tell me about any times you have discussed the current events of racial injustices that have played out in the media in counseling sessions with your clients.

    a. How might this differ depending on the race of the client?

6. In your multicultural training, how much of your training was focused on working with White clients?

7. What else you would like me to know about your experience with microaggressions or non-BIPOC clients?

Appendix C: Email Invitation

Subject line: Interviewing Black male counselors for a study on client-initiated microaggressions

I am seeking participants to take part in a dissertation research study. The study's focus was on Black male counselors' experience working in cross-racial dyads. The study's purpose is to explore how Black male counselors navigate working in therapeutic relationships with clients who express discriminatory or racist views.

About the study:
- One 45–60-minute zoom interview that was audio-recorded
- To protect your privacy, the published study would use fake names
- Questions will ask about your experience with racial trauma and working with non-Black, Indigenous, and People of Color (BIPOC) clients.

Eligible participants will meet the following criteria:
- Identification as a Black male
- age 18 and older
- a graduate from a CACREP-accredited counseling program
- a professional counselor
- licensed and unlicensed professional counselors

This interview is part of the doctoral study for Crystal Smith, a doctoral student at Walden University. Interviews will take place during March 2023

If you are interested in volunteering for this study, please get in touch with the researcher via email: crystal.smith11@waldenu.edu

Please feel free to forward it to others who might be interested.

Thank you,

Crystal Smith, MA, LPC, CPCS

Appendix D: Flyer

Seeking Black male counselors for a study on client-initiated microaggressions

The study's purpose is to explore how Black male counselors navigate working in therapeutic relationships with clients who express discriminatory or racist views

The study

➢ One 45–60-minute Zoom interview that will be audio-recorded.

➢ To protect your privacy, the published study would use fake names

➢ Questions will ask about your experience with racial trauma and working with non-Black, Indigenous, and People of Color (BIPOC) clients.

Study Criteria

➢ Identification as a Black male

➢ age 18 and older

➢ a graduate from a CACREP-accredited counseling program

➢ a professional counselor

If you are interested in volunteering for this study, please contact the researcher via email: crystal.smith11@waldenu.edu

This interview is part of the doctoral study for Crystal Smith, a doctoral student at Walden University. Interviews will take place during April 2023