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“I feel as though I would not be able to empathize”: Intersectionality and Counselor Intergroup Anxiety

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Abstract

Researchers applied a thematic analysis in this study to examine the nature of master-level counseling students' (N = 19) intergroup anxiety (IA), a form of bias characterized by an anxious response to others based on negative views of that person's identity (Stephan, 2014). Students cited stronger IA reactions toward persons with multiple identity traits (i.e., intersectionality). Traits chosen varied widely, some being dominant (e.g., White, male, able-bodied), and others, minoritized in nature (e.g., Black, Muslim, disabled). Thematic explanations for IA reactions varied, including a fear of client judgment, prior negative experiences with persons of certain traits, limited knowledge of clients' experiences, and opposing views from certain clients. Participants expressed doubt that they would be able to connect with, or feel empathy for, clients of named intersectional traits. Findings suggest the salience of intersectionality and the importance of providing a more complex, nuanced, open, and adaptive curriculum and supervisory experience to meet students' learning needs.

Significance to the Public

This study explores a lesser examined form of bias in the field, intergroup anxiety (IA), addressing a gap in the literature through considering the role of both experience and intersectionality on that bias. Participants described the compounding impacts of intersectional identities, while giving myriad reasonings and experiences as explanation for such reactions. Findings suggest the need for educators and supervisors to be attentive to intersectionality and responsive according to students' educational and supervisory needs.

Keywords: intersectionality; counseling; intergroup anxiety; empathy; bias

An important facet of counselor practice entails the ability to work with clients possessing a broad diversity of sociocultural identities (Adames et al., 2018; Oh et al., 2023; Soto et al., 2018). Recognition of the lack of preparedness for many counselors in cross-cultural work inspired the creation of various counselor training guidelines. Some examples include the Spiritual and Religious Competencies (ASERVIC, 2009), the Competencies for Counseling the Multiracial Population (Kenney et al., 2015) and, more recently, the Multicultural

and Social Justice Counseling Competencies (Ratts et al., 2016).

While knowledge of best practices in cross-cultural work can serve to increase counselors' sense of preparedness (Soto et al., 2018), such learning alone has proven insufficient. Over time, researchers have come to recognize the presence and impact of unconscious bias on counselor actions, which can serve to derail counselors' conscious efforts at ethical and effective practice. For example, researchers have identified the link

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between counselors' unconscious bias and harmful or inaccurate diagnostic and treatment decisions (Garb, 2021; Ivers et al., 2021; Vickers-Smith et al., 2023).

Bias is a broad term that describes reactions to others according to their "perceived membership in a single human category" (Fiske, 2002, p. 123), while ignoring other unique attributes. Intergroup anxiety (IA) is one kind of bias characterized by an anxious response to others based on negative views of that person's identity. Such responses can be informed by societal stigma toward minoritized groups or expected negative or conflicted interactions with the outgroup member (Stephan, 2014). Anxious responses to persons with outgroup or minoritized identities have been widely documented in the noncounseling literature (Stephan, 2014), with examples of identity categories including affectional orientation (Liddle, 1995), sex (Kanamori et al., 2022), immigrant status (Vezzali et al., 2015), and large-bodied individuals (Merritt et al., 2018).

Intergroup anxiety responses can impact behaviors, resulting in avoidance of others or interactions marked by strain, awkwardness, hostility, fear, prejudice, or lack of empathy (Godsil et al., 2014; Roksa et al., 2017; Stephan, 2014). Considering the potentially detrimental impacts of such behaviors in counseling settings, it is essential to better understand and work to mitigate counselor IA reactions through educational and supervisory practices (Malott et al., 2023; Miles & Crisp, 2014; Utsey et al., 2002). Indeed, through research largely external to the field, scholars have examined efforts to mitigate IA reactions and found that, at least in the short term, real or even imagined contact with persons of such identities can serve to reduce those reactions (Hodson et al., 2015; Malott et al., 2023; Merritt et al., 2018; Miles & Crisp, 2014).

The few scholars in mental health who have addressed anxiety and client identities have predominantly focused on White counselors working across race. Helms (1995) wrote about the negative impacts of Whites' anxiety in relation to race-related counseling interactions, while Utsey and colleagues (2002) examined ways that Whites'

anxieties corresponded to anti-Black attitudes and racial animosity. Seeking to expand this literature base, Malott and colleagues (2023) examined IA interventions with counseling students. Offering a model to address counselor IA that drew on prior interventions specific to contact theory (e.g., Hodson et al., 2015; Merritt et al., 2018; Miles & Crisp, 2014; Pettigrew & Trop, 2006), Malott and colleagues' study uniquely invited learners to choose any and all anxiety-provoking identities of prospective persons with whom they imagined interacting. In addition, they invited learners to select persons with more than one identity. Their study advances the literature beyond an emphasis on single and minoritized identities, to provide an emergent recognition of counselor IA that includes clients with both minoritized and privileged identities or, conversely, multiple marginalized or multiple privileged identities.

In turn, considering the compounding effects of oppression for those with multiple intersectional identities (Azzopardi, 2020; Chan et al., 2018; Kivlighan et al., 2019), it stands to reason that intersectionality uniquely impacts counselors' reactions toward clients of certain identity constellations. An intersectional lens regarding IA moves counselor education and supervisory practices beyond those that are largely tailored for students with dominant normative traits in working with "the other," such as preparing White counselors to work with clients of color — a phenomenon that has long been cited as a reductive practice in multicultural counselor training directives (Pieterse et al., 2016; Seward, 2014).

Hence, in response to emerging understanding of these many complexities, this study sought to determine the nature of counseling students' IA reactions toward clients of multiple intersectional identities, as well as examine student reasonings for such reactions. Findings sought to ultimately inform counselors, clinical supervisors, and counselor educators of more effective work across client–counselor differences. The overarching research question that guided this study was: *What are participants' perspectives and experiences of*

potential clients whose intersectional identities are affiliated with IA reactions?

Method

A thematic analysis (TA; Braun & Clarke, 2006, 2021), scholarship and theory around intergroup anxiety (Malott et al., 2023; Stephan, 2014), and Crenshaw's (1989) intersectionality theory (Sharma et al., 2021) were used to inform the design and implementation of this study. A thematic analysis, like other qualitative analysis processes, seeks to identify "patterns" across data, while it is distinct in drawing upon researchers' subjectivity as a resource, as well as their reflexivity with the data, theory, and interpretation (Braun & Clarke, 2021).

A reflexive TA method is flexible in nature, whereby the study can be implemented through distinctive theories. In the case of this study, a more deductive analytic process was used, drawing on intersectionality (Crenshaw, 1989) and intergroup anxiety (Malott et al., 2023; Stephan, 2014) theories to implement the study. In addition, in a reflexive TA, themes emerge from the coding process, rather than coding being used to identify preconceived themes, whereby meaning is understood as contextual in nature (Braun & Clarke, 2021). The unique aspects of this approach, then, align with intersectional and IA theoretical underpinnings of the study, with their emphasis upon subjectivity and context as a source of knowledge and meaning making.

Intersectionality promotes recognition of identity as a complex phenomenon shaped and impacted by context and power. Such a lens posits that contextual, sociopolitical hierarchies can enact compounding issues of oppression for individuals with multiple intersecting outgroup or minoritized identities (Kivlighan et al., 2019). An example of such a reality entails being Black, female, and disabled in the United States (Chan et al., 2018; Kivlighan et al., 2019). An intersectional perspective also offers a more nuanced understanding of the ways one's privileged identities can intersect with and interact with

outgroup identities, suggesting the need to consider unique trait constellations in mental health practice, teaching, and research concerning counselor and client alike (Sharma et al., 2021). Intersectional theory ultimately calls for a commitment to social justice action and liberation to eradicate power-over systems and ensure justice and dignity for all (Buchanan et al., 2020).

Participants

Inclusion criteria for participants entailed graduate student status located in a private, religious, mid-sized university in the Mid-Atlantic region of the United States. Participants included 19 master's-level students enrolled in a CACREP-accredited diversity course. Of the participants, 16 identified as female, 2 as male, and 1 as nonbinary. The majority were White ($n = 15$, 79%), two identified as White and Other ($n = 2$, 10.5%), one as Asian ($n = 1$, 5%), and one as Black ($n = 1$, 5%). Participants' ages ranged from 20 to 42 years, with an average age of 25.

Researcher Positionality

The authors were PhD-level counselor educators in two CACREP-accredited master's-level counseling programs that were both religious, mid-sized universities in the Mid-Atlantic region of the United States. In addition to regular engagement in scholarship around multicultural counseling, social justice, and intersectional constructs, three of the four were instructors of multicultural counseling courses. Sociocultural identities of the first author include White, female, U.S.-born, with a middle-income childhood, cisgender, heterosexual, temporarily able-bodied, spiritually agnostic, and a member of a transracially adoptive family. The second author identifies as a U.S.-born, Arab-American male, cisgender, heterosexual, able-bodied, and Christian. The third author identifies as White, female, U.S.-born, first generation American, Italian American, heterosexual, cisgender, atheist, able-bodied, middle income childhood. The fourth author identifies as a Black/African American cisgender woman from the

southern region of the United States, U.S.-born, Christian, and temporarily able-bodied. We recognize how these unique constellation of identities were informed by our respective contexts and cultures, as well as understanding the compounded and contradictory experiences of power and oppression experienced through identity intersectionality (Sharma et al., 2021). In turn, those complexities served to inform understanding of our participants' own experiences.

Data Collection and Analysis

Following institutional review board approval, participants in a master's-level diversity course engaged in an ungraded learning activity, with an invitation to submit their anonymous responses as a study participant. In this activity, participants were instructed to think of counseling or helping a person with one or more social identities that in some way made them uncomfortable or anxious, using the definition of intergroup anxiety (IA; Stephan & Stephan, 1985) as a means for defining feelings (e.g., affective categories included: tense, anxious, confident, at ease, comfortable, apprehensive, worried, secure, calm, awkward, carefree, and nervous). They were asked to write those identities on a form provided to them, while keeping in mind to identify people with whom they felt uncomfortable but not unsafe.

Participants were then asked to respond in writing to the following four questions: (a) Describe why you chose a client with this/these identities?; (b) Write why counseling this person might make you feel anxious or uncomfortable; (c) To what extent have you interacted with this population (from 1 being "no contact" to 10 being "regular contact:)? (d) Describe your past interactions with this/these persons.

Researchers applied a reflexive thematic analysis (TA; Braun & Clarke, 2006, 2021) to analyze students' reflections. These steps included: (a) individually read the data to identify meaningful feelings, thoughts, or impressions; (b) review initial findings as a team to generate codes affiliated with both similarities and outliers; (c) group and define

codes beneath initial thematic categories; (d) develop and review themes; (e) refine, define, and name themes; and (f) write findings. Efforts to establish trustworthiness included: researcher and data triangulation, as a means for drawing from myriad perspectives; maintenance of an audit trail; reflective engagement across the team as well as through the audit trail to consider potential biases, and use of participant voices in reporting data in this manuscript to allow consideration of the transferability of findings to readers' contexts (Lincoln & Guba, 1985).



Findings

A total of 11 identity dimensions were named by participants as eliciting IA reactions (see Table 1). These included sex, religion/spirituality, race, affectional orientation, socioeconomic status (SES), ability, body size, middle-aged adults, politically conservative, linguistically diverse, and overtly biased and discriminatory. Subcategories fell beneath several of these identity dimensions and largely corresponded to minoritized versus dominant or privileged traits. For example, sex as a broad identity dimension was the most frequently cited trait ($n = 13$), invoking IA responses in participants, whereas, nine of these students specified male (a dominant or privileged category), two noted transgender (a minoritized category).

In examining intersectionality, all but one participant listed more than one identity. Selected traits per participant spanned from 1 to 9, with the most common number (two traits) selected by five persons, and three intersectional traits selected by four persons. Unexpectedly, six participants chose extreme traits as provoking IA responses (e.g., homophobic, White supremacist, "extremely" religious), to which we assigned the thematic category of overtly biased and discriminatory. Hence, while this category differed slightly from the other identity dimensions, we believed it to be an important finding, significant enough to include as a stand-alone category.

Table 1
Identity Dimensions Reported by Participants as Eliciting IA Reactions

Identity Dimension	Total Participants
Sex	13
Transgender	2
Transgender woman	1
Male	10
Religion	10
Non-Christian	7
Christian	3
Race	8
Black/African American	3
“Minority”	1
White	4
Affectional orientation	4
Gay/lesbian/bisexual	3
Heterosexual	1
Socioeconomic status	6
Low socioeconomic status	2
High socioeconomic status	4
Ability	4
Disabled	3
Able-bodied	1
Body size	5
Overweight	1
Tall and fit	4
Middle-aged adult	6
Political conservative	4
Linguistically diverse	1
Overtly biased and discriminatory	6

Note. Some participants listed imagined individuals with multiple sociocultural identity traits. Therefore, the total values may exceed the actual number of participants ($N = 19$).

Regarding interactions that informed IA responses, 11 persons noted negative experiences with clients of certain traits, 5 cited a lack of experience, and 3 had positive experiences. For some with positive interactions, they noted feeling anxious due to various reasons, such as guilt regarding personal privileges. To understand these chosen categories, the following thematic findings are reported according to participants’ explanations for discomfort or anxiety regarding working with

certain clients. Participants’ verbatim trait descriptors are included.

We identified four overarching themes. These included: a fear of client judgment regarding the counselor’s traits or lack of expertise; prior negative experiences with persons of certain traits, including traumatic or abusive experiences; limited knowledge of clients’ experiences, such as the inability to fully understand a Muslim client’s lived experiences, as a Christian, and; opposing views from clients, including feelings of threat stemming

from client's biased views, such as a homophobic client working with a gay counselor.

Judgment

Participants cited judging others or fear of being judged, regarding their own or clients' identities. For instance, Participant 12 described personal bias as making them anxious about counseling clients with disabilities, noting: "I still have to challenge my own ableism regularly." Several noted how the client's differences from themselves would impact their perspective of that client. Participant 18 feared their bias would impact their counseling abilities:

Sexual lifestyles (trans; bisexual) conflict w/sincerely held believes of striving to live a life that is pure (Christianity). I can look at the client as human and put my beliefs to the side but won't feel 100% authentic. I also wonder if it will be hard to connect.

Several participants described judgment toward those with privileges. Of this, Participant 14 noted that negative feelings toward wealthy clients may inhibit their empathy, fearing, "That I don't take their problems [seriously] because of their magnitude of wealth." Participant 6 acknowledged the compounding impacts of multiple privileged identities for prospective clients, writing, "The more privileged I perceived them to be (male, high SES, able-bodied), the more difficult it would be to work with them."

Others identified judgment specific to intersectional stressors and working with clients of varying minoritized identities. Participant 3 wrote of multiple worries regarding a "religious immigrant client with negative views toward women," from fear of offense, to fear of offending; "[I have a fear of not being] genuine & open as I can be because I am uncomfortable. I don't want my own anxieties to get in the way of a client's growth. I also don't want to offend anyone." Participant 12 openly acknowledged their biases toward clients of certain intersectional minoritized identities, with fear of harm as well as of being judged for their biases, writing:

This client would challenge me to show the empathy & antiracism/ableism/transphobia/fatphobic I so otherwise claim to exude. I'm afraid I'll fuck up irreparably or actively do harm.... I have so much antiblackness and transphobia to unpack still and I constantly worry I'm faking my commitment to undoing this harm and this client will call me out.

Somewhat differently, multiple participants cited a fear of being judged by clients based on their own traits or beliefs. For example, Participant 5 wrote of a client who was conservative and Catholic/Christian, "I fear that I may be judged/rejected if this client knew what I stand for. I feel like his conservative and religious views may be against what I believe and represent as a person." Participant 14 similarly wrote, "I feel like I would be judged, not taken seriously" (regarding the client's perception of their lack of wealth and youthful age).

Several participants feared client judgment regarding their privileges, with feelings of guilt acting as a barrier to perceived effectiveness. For instance, Participant 11 noted of work with a gender-fluid person with a physical disability: "I would feel badly that I am perfectly able to use my body how I want and that I have not struggled with my sexuality." Several feared being judged by BIPOC clients for their White identities, imagining clients would believe them to be incapable of understanding their experiences or assume they were racist. Participant 15 reflected upon the role of guilt around their racial privilege and how it may prohibit client connection: "I feel a lot of white guilt and it's hard for me to think of how I would connect with someone whom I know has a lot of reason to not trust me given his history."

Prior Negative Experience

A second thematic reason given by participants for discomfort or anxiety toward clients of certain identities entailed prior negative experience with such persons. This included negative experiences with friends, family members, or strangers. One person linked such events to their ability to

empathize: “In my experience persons from these [dominant — White male heterosexual] shared identities have attempted to push their values on me or have not taken me seriously. It might be hard for me to remain objective and empathetic in the session” (Participant 19).

Negative experiences were common. Participant 3 explained of their anxiety around work with linguistically diverse clients, “There have been times where someone with a heavy accent asks me a question, and I had to ask if they could repeat what they had said, and they were completely offended & yelled at me loudly in public.” Males were cited as a larger identity category regarding ongoing negative experiences, with a representative response as, “Interactions with adult males in my life have been cold, rude, inconsiderate, selfish, unsafe, abusive.... I feel as though I would not be able to empathize with them due to how I have been impacted” (Participant 8).

Participant 7 recognized the way that their own religious identity led to problematic experiences with conservative Christians, in turn fueling personal assumptions and biases:

I grew up in a very conservative, Christian environment.... I think seeing the ways in which some people used strong Christian beliefs to say discriminatory things has shaped my view of religion. I think I need to do more work unpacking my own beliefs.

At other times, a negative experience did not directly involve participants — rather, they observed persons’ negative or threatening behaviors toward others which, in turn, fueled negative reactions toward persons with those identity traits. Of this, Participant 2 shared:

A lot of people I know are highly conservative.... I’ve seen how hurtful these views can be.... these dynamics might make working with this client more difficult.

Limited Knowledge

Participants cited insufficient knowledge as underlying their anxiety in working with clients of

certain identities. Issues often stemmed from a lack of meaningful contact with those persons, and/or limited knowledge about a client’s identities, beliefs, or experiences. This lack of knowledge then led to low confidence or anxiety around counseling such clients.

Representative responses for this theme include: “Since I do not have extensive knowledge about what it is like to be transgender, I would be anxious about offending or hurting their feelings.” (Participant 17), “Since I have basically no real world experience speaking w/or being friends with someone who has a disability or is gender fluid it makes me hesitant to feel at all confident working through their personal problems” (Participant 11), and “I don’t think I’ve had any meaningful past interactions w/persons of this group (e.g., conservative, white, male, adult, upper-class, American, tall & fit, faith-based) it’s more so that I feel uncomfortable/anxious because I hear stories about these people” (Participant 16).

Fear of insulting/harming the other due to limited knowledge and/or contact was noted by several participants as a concern. Participant 13 shared of persons with identities cited as LGBTQIA+, low socioeconomic, physically disabled, and very religious/spiritual; “I would feel most anxious about trying to say the right thing especially if it is about something I have little knowledge of I wouldn’t want to offend the client or hurt them in any way by my ignorance.” Limited contact was the reason given for a lack of knowledge and, if the person was believed to have negative traits/behaviors, they were deliberately avoided. As Participant 1 explained: “I have known people like this (male misogynists) second hand, but never had any personal interactions because I knew to avoid them.”

Participant 10 described multiple, complex reasonings and potential concerns regarding limited knowledge of a religious BIPOC client, including their own lack of religious beliefs:

I am not closely connected to any religion.... I would worry I wouldn’t be able to connect with or be useful for a client wanting to incorporate

their spirituality into therapy. This type of client who is also from a diversely different background further exacerbates my fear of not meeting their needs.... I worry that I might not be able to empathize.

Opposing Views

The final thematic category regarding participant IA entailed opposing views, defined as viewing the client as having different and, at times, extreme (and therefore threatening) or “opposing” identities, beliefs, or values from the student. A representative response comes from Participant 13, who said of counseling clients who were LGBTQA+, low socioeconomic, physically disabled, and very religious/spiritual: “I think these are identities that are fairly different or opposite of myself so I wouldn’t naturally feel comfortable in a counseling situation.” Participant 16, who cited client identities of conservative, White, male, adult, upper-class, American, tall and fit, faith-based, shared: “I feel intimidated by people w/some of these identities. I feel like I can’t relate to/connect w/people with these identities mainly b/c most of them oppose my own identities.”

Others identified more extreme differences as a defining issue, such as extreme views and behaviors regarding sex, religion, and politics — which they believed would make working with such a client difficult. Participant 19 wrote of their reluctance to work with a client whose intersectional traits were dominant, White, male, heterosexual, extremely religious, racist/sexist ideals: “One of our acquaintances of these shared identities began acting verbally aggressive towards people of color, liberals, and some women. I did not feel unsafe but I was angry and embarrassed at some of the things he was saying.” Similarly, Participant 4 described reluctance to work with a conservative White Christian male client:

Stereotypically has opinions + beliefs backed by their “Christianity” that I find both repulsive and incredibly inaccurate.... I grew up in __ so it was everywhere. One guy asked me on a date and after I agreed, he told me he stopped attending

the church I’d been attending because the lead pastor was a Black man. I cancelled our date due to irreconcilable differences.

Some participants posited that counselor–client differences would reduce their ability to feel empathy. Participant 6 identified client behaviors coupled with sex (male) as an issue, “I struggle to find compassion/empathy for clients who have made aggressive/assaultive actions and seemingly lack remorse.” Participant 3 wrote of their own self-defined prejudice: “I chose this client because with the cultural/religious belief [regarding women being less than men] it is difficult for me to be completely open to their ideas because they are so against my own & I’m worried about overcoming prejudice against a trait that is generally ‘negative.’”

Threat from biased clients was perceived of as psychological or, as Participant 5 noted, “The possibility of hearing something that deeply hurts me and that would taint the relationship in a way that I would be unable to truly help the client.” Others cited the potential of physical threat as an issue, which was most perceived from males toward themselves as females. Representative statements reflecting this sentiment were: “Being a small female, I can sometimes feel intimidated by large men” (5) and:

The fact that they (a misogynist who uses harsh gender/racial slur) have negative views against what I identify with. I would feel targeted when they spoke.... It goes against what I identify with and how I function. I would feel attacked. I also feel I wouldn’t be competent to handle this, or that it would be an appropriate fit for care. I feel I would suffer professionally because I would not want to see this client (1).



Discussion

This study sought to understand counseling students’ IA reactions toward prospective clients with multiple identity traits. Outcomes suggested that certain counselor–client differences led to discomfort, fear of offending, judgment, and worry

that they would be unable to connect with or feel empathy for certain clients. These findings can be interpreted through the lens of IA scholarship (Kanamori et al., 2022; Liddle, 1995; Merritt et al., 2018; Vezzali et al., 2015), recognizing individuals' IA reactions to outgroup members when an aspect of the other's identity poses a threat. That sense of threat, in turn, may prohibit a counselor's ability to effectively communicate, connect with, and feel empathy toward such persons (Arceneaux, 2017).

Student explanations for IA reactions varied widely. For instance, half of study participants expressed fear or reluctance to work with differing clients due to their own issues, such as a lack of knowledge regarding a client's experiences, bias toward a client trait or belief, or a sense of guilt for personal privileges not possessed by that client. Some noted reluctance to make contact with those persons due to fear of a negative interaction, with that fear stemming from actual negative experiences only for some. Others felt anticipatory anxiety around interacting — a factor that, in the IA literature, has shown to result in the avoidance of others (Stephan, 2014). These findings suggest the need for specific counselor education classroom and supervisory interventions, tailored to the unique reasoning underlying that IA response.

In reflecting upon specific identity categories, the greatest number of IA reactions ($n = 13$) were toward males, whereby over half of all participants cited some level of discomfort, anxiety, or threat in working with males. Considering intersectionality, students' responses suggested additional, more complex insights as to their reactions. For instance, some participants cited IA responses specific to White males, perceiving those two intersectional privileges combined (e.g., race and sex) as exacerbating their sense of threat. Others cited the intersection of male privilege with a minoritized racial identity as anxiety inducing.

These unique constellations according to sex and race can be understood through applying an intersectional, and therefore sociopolitical and systemic lens. Counseling men in a patriarchal society can pose power-over threats for female clinicians and can tap into trauma experiences

endemic in a society that both subtly and overtly oppresses women (Sharma et al., 2021). Relatedly, race in a racially stratified society complicates gender dynamics, resulting in compounded or conflicting responses to such clients, depending on that client's identity constellations.

The second largest factor associated with IA responses entailed client religion ($n = 9$), with myriad reasonings given, such as fear of judgment, of judging others, or limited knowledge. This finding was unexpected due to the fact that participants had chosen to study at a religious institution — hence, as researchers, we assumed that decision signaled greater student comfortability with religion and/or persons who were religious, which seemed to be untrue for some. Counselor IA response toward clients of various religions suggests a reticence to include religion in future clinical work. In turn, student discomfort in working with religious clients raised questions about the level of comfort for those in secular institutions (e.g., Would they potentially be even more anxious about such clients?). This is troubling, considering the importance of religion as a means for engendering hope, meaning, and sustenance for many clientele, particularly for those who possess one or more minoritized identities (McKinley, 2024). Considering that researchers have found training programs to omit or only marginally address the topic of spirituality or religion (Mintert et al., 2020), it seems vital that educators address this topic, including specifically addressing students' biases as they surface (Pearce et al., 2019).

Findings regarding counselors' fear of working with biased clients or those perceived as having extreme beliefs (e.g., those exhibiting misogyny, white supremacy, or politically or religiously conservative views) was somewhat novel in nature, including the fact that a sense of threat was felt even when the counselor shared other identities with that person. While such a finding aligns with Butz and Plant's (2006) discovery of individuals' IA reactions toward outgroup persons viewed as hostile, our study complicates such findings by identifying the presence of a compounded sense of

threat toward those with multiple anxiety-inducing identities. This begs the question of best interventions for addressing a unique constellation of such identities.

Considering IA influences on behaviors, multiple participants cited using avoidance as a coping response. This response can be troubling, as a lack of contact can serve to maintain ignorance of differing others and reduce one's ability to feel empathy for those individuals (Stephan, 2014). In turn, avoiding certain clients in counseling settings may be impossible — hence, counselors will need to be prepared to work with clients of any and all identity constellations. To address this and other concerning findings, we provide a summary of possible counselor educator and supervisory responses.

Implications for Counselors, Counselor Educators, and Supervisors

Our study findings suggest a need for IA-specific training, albeit with an intersectional lens, to honor students' unique lived experiences, perspectives, and concerns. Whereas multicultural training often seeks to prepare privileged counselors to work with minoritized clients, and often through a single-identity lens (Pieterse et al., 2016; Seward, 2014), findings from this study suggest that privileged intersectional identities and prior experiences all mattered. In essence, assumptions cannot be made regarding learners' educational needs.

In recognizing this diversity of learner perspectives and experiences, educators and supervisors ideally would seek to increase learner understanding and awareness of their own IA responses toward clients of myriad identity constellations. Such efforts first and foremost require the cultivation of a classroom culture that makes it acceptable to admit and explore personal biases (Malott et al., 2023). This includes acknowledging the compounding impacts of others' multiple identities and how traumatic, troubling, or power-over experiences work to intensify IA reactions (Ratts et al., 2016). Such efforts can be facilitated through identity-specific reflective

assignments, and through case studies that entail intersectionality, ideally tailored to students' specific needs. Supervisors, in turn, can name supervisee IA reactions, as well as broaching intersectional differences and IA reactions between the supervisor and supervisee themselves, in the moment (Jones et al., 2019).

Supervisors and counselor educators could collaboratively develop solutions with students for addressing myriad IA reactions. A critically humble approach to students' reactions may entail compassion, promoting understanding of oppressive contexts, and encouraging students to embrace not knowing as a core value (Hook et al., 2016). In assuming a culturally humble approach to educational and supervisory efforts (Buchanan et al., 2020), educators and supervisors, in turn, could model naming and working on their own biases, while inviting students to speak up when witnessing biased rhetoric or actions on behalf of the instructor (and establishing a culture that makes speaking up more likely).

Considering the specific challenge of work with clients who express bias and oppressive belief systems, our findings suggest the need for educators to promote counselor knowledge of and connection with such persons, including modeling ways to address those biases in clients with compassion for both self and others (Abrams, 2018; Bartoli & Pyati, 2009). Discussions of if and when to refer certain clients, and ways to promote the physical and psychological safety of minoritized counselors with such clients, should be explored in training and supervision (Abrams, 2018). Throughout this process, student anxiety or trauma responses can be acknowledged and normalized with effort to increase learner understanding of the ways that identity-affiliated trauma can intersect and amplify its negative effects.

In further considering IA-specific interventions, readers may refer to the IA-literature detailing reduced IA reactions through positive, ongoing, and egalitarian contacts with differing others (Malott et al., 2023; Stephan, 2014). This is particularly useful when it comes to IA reactions specific to not-knowing, such as in the case of participants' fears of

working with religious clients (ASERVIC, 2009). In this vein, learners can be asked to move beyond awareness of IA reactions to identify specific ways to increase contact with persons of certain identities — which can also be facilitated through educator development of case studies around work with such clients (Malott et al., 2023). Contact can include immersive and multicultural exposure opportunities to disrupt students' tendency to avoid people and situations they perceive as uncomfortable and different. This may challenge assumptions and avoidant behaviors (Barden & Cashwell, 2013).

Our study's findings also suggest the need to engage counseling students in bias mitigation tactics. Tactics include creating structural procedures that slow down one's actions (such as diagnosis) through use of a regular reflexive process and that require structured reflective time regarding client interactions, treatment, and diagnostic decisions (Banks-VanAllen, 2023; Malott et al., 2023). Efforts to reduce IA should also include training learners to elicit ongoing client, group, and supervisory feedback (Yager et al., 2021). These procedures should be designed with an intersectional lens, maintaining a critical eye in looking for and recognizing the compounding impacts on counselor actions (Chan et al., 2018).

Limitations and Future Directions

This study was conducted during one semester within a graduate program in a private, religious, mid-sized university in the Mid-Atlantic region of the United States. The higher number of White women in this study, while consistent with the sex and racial distributions of CACREP master's programs in the United States (CACREP, 2023), undoubtedly shaped participants' responses. Consequently, future researchers could duplicate this study in other settings and with students of differing sociocultural identities, to determine applicability of findings to a broader range of students, while researching outcomes according to specific intersectional identities.

While it is important to recognize student counselor IA reactions toward individuals with particular identities, this does not prove that counselors will actually behave in a biased manner toward such persons. Future researchers may want to determine if or how intersectional IA impacts actual counselor behaviors. Researchers may also want to identify and assess training interventions seeking to mitigate IA responses, as well as to develop and assess intersectional curriculum.



Conclusion

Findings from this study provide a nuanced picture of the way counseling students and, by extension, counseling practitioners may experience clientele in their varied and intersecting social identities. In a stratified society (Chan et al., 2018), social identities matter and, more interesting and novel according to this study's findings, the intersectionality of social identities mattered in unique ways, impacted by a complexity of reasons. Findings suggest that educators cannot make assumptions according to pedagogy, and that there is a need for a more complex, intersectional, and culturally humble and open lens in developing educational interventions that anticipate and mitigate counselor IA reactions (Buchanan et al., 2020). By extension, clinical supervisors and counselors in clinical settings must recognize that ongoing work is likely necessary to continually notice and mitigate IA responses toward clientele to ensure more ethical and effective client services.



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