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Exploring Psychological Flexibility's Effects on White Privilege Attitudes

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Exploring Psychological Flexibility's Effects on White Privilege Attitudes

by

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Newberg, Oregon

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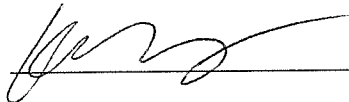
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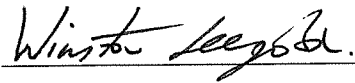
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Exploring Psychological Flexibility's Effects on White Privilege Attitudes

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Abstract

The following study investigates the links between psychological flexibility and attitudes that White people have toward White privilege. Psychological flexibility is defined as one's ability to contact the present moment as a conscious human being with the ability to flexibly act in ways that serve personal values. The study did not support the hypothesis that an ACT intervention would significantly increase one's psychological flexibility, which would covertly affect an increase in their White privilege awareness, remorse, anticipated costs of confronting, and willingness to confront White privilege. The study found no increase in psychological flexibility measures among students who received a six week group intervention, and no changes in White privilege attitudes.

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Chapter 1

Introduction

One of the most pernicious social ills throughout history is the belief that one's own ethnic group is intrinsically superior to others. This belief has led to various sorts of discrimination, oppression, and even genocide. While the problems with racism and ethnocentrism were identified and decried in the civil rights movement during the last half of the 20th Century, most social scientists agree that racism and ethnocentrism remain a large part of today's society in a covert manner. Liu and Mills (2006) note that "symbolic (or modern) racism is characterized not by overt prejudice against minority groups, but by a blend of traditional values coupled with antiminority affect" (p. 84). When looking deeper into how this idea is represented in the public sphere of New Zealand, Liu and Mills (2006) found that minority groups are often criticized for going against majority culture values, with principles of morality used to justify the criticism and affirm the Western ideologies in which the principles were based. All the while, these critics denied any racism or racist intent in their words and actions. Through their study, Liu and Mills (2006) argued that even these values that on the surface can seem anti-racist (like the Western ideal of equality), can be used in ways that actually protect the power and privilege of the dominant culture.

Sue et al. (2007) described two types of modern racism usually connected with varying political ideologies in the US: symbolic racism, usually associated with conservatives, and

aversive racism, usually associated with liberals. Symbolic racists explicitly claim anti-bigotry with rigidly held traditional, White American cultural values, whereas aversive racists will hold more egalitarian views, while both have covert anti-minority feelings. One of the most significant problems with this type of racism is how easy it is to be blind to perpetrating it. Overt racism is easy to point out but, “the invisible nature of acts of aversive racism prevents perpetrators from realizing and confronting (a) their own complicity in creating psychological dilemmas for minorities and (b) their role in creating disparities in employment, health care, and education” (Sue et al., 2007, p. 272).

The current political climate in the United States illustrates the importance of better understanding and advocating for racial and ethnic justice. Immigration was the 6th most important issue in the 2016 presidential election with 70% of voters considering it very important in their voting decision, while the results were nearly split on which candidate (Donald Trump vs. Hillary Clinton) voters thought would do a better job handling immigration (Pew Research Center, 2016). A report done by the Anti-Defamation League found that in 2017 the number of murders committed in the US by White supremacists from the growing Alt-Right political movement doubled from 2016 and comprised 59% of all extremist-related murders in 2017 (as opposed to the only 26% committed by Islamic extremists; Anti-Defamation League, 2018). Though this is an example of extremism, it illustrates the ethos of a strong polarization of views as well as the danger of what Liu and Mills (2006) refer to as antiminority perspectives.

Psychologists are well positioned to study topics such as microaggressions, in-group bias, prejudice, altruism, cultural humility, prosocial behavior, and racial and ethnic inequality, in part because ethnic and racial justice are a top priority of the profession. Principle D of the APA code

of ethics emphasizes the imperative that psychologists examine their own biases and ensure fairness and justice are given to all people who may benefit from the contributions of psychology. An APA report written by the presidential task force on preventing discrimination and promoting diversity said, “we recommend that APA look for a range of opportunities to promote the significant role of psychological science in understanding and reducing discrimination and achieving the benefits of diversity” (American Psychological Association, 2012).

Although the field of psychology is comprised of those seeking to better understand and promote diversity and equality, psychologists still have injustices to confront. For example, people of color are significantly less likely to receive mental healthcare despite there being an increasing persistence and severity of mental illness and trauma amongst ethnic minority populations (Shim, Compton, Rust, Druss, & Kaslow, 2009). Previous hypotheses as to why this might be mostly centered on stigma that non-White people have regarding seeking mental health treatment. However, Shim et al. (2009) found that African Americans and Latinos were actually less embarrassed about seeking mental health treatment than non-Hispanic White people, but that socioeconomic factors and systemic cultural and linguistic barriers seemed more likely to impede their seeking treatment. These findings suggest a privilege for White Americans because seeking mental health treatment is more affordable and they do not have to deal with a history of “discrimination and unethical standards, exemplified by historical events such as the Tuskegee Syphilis Study” that “contribute to cultural mistrust, feelings of powerlessness, and discomfort with health care professionals that may continue to exist in the African American community” (Shim et al., 2009, p. 1340). These findings corroborate other sociological, historical, and

economic research suggesting that White people in America hold privilege in many forms, because even when White people have more stigmatizing attitudes toward mental health treatment than certain ethnic minorities, they seem to have an unfair advantage in the ability to access treatment and to trust that providers have their best interests in mind.

Assuming this White privilege exists in such a world described above, filled with polarization and covert racism, psychologists can play a vital role in promoting equality. One cannot begin to address their own White privilege unless they are able to admit to it and commit to addressing it despite what it might mean in terms of losing some of the advantages that come along with it. This can be a difficult thing for many people who value equality, but enjoy the privileges of being White. This is where psychology comes in, and where the importance of this study lies.

White Identity Development

Ethnic and racial equality are topics that are not only for psychologists of color, as diversity and justice affect us all. So before looking into the attitudes that White people may have surrounding White privilege, it is important to look at White identity development. For decades, one of the leading researchers on White racial identity (WRI) has been Janet Helms (1995), who noted that WRI is a conscious self-identification with being White that comes with a wide range of ideas and beliefs about their race that may or may not perpetuate a culture of White superiority over other groups. White racial identity as it has been studied in the US is unique in racial identification research; White people usually do not have to come to terms with the “otherness” of being a minority race, but with being the skin color of dominance in a largely unequal society. Research suggests that many White people take on a “color blindness” attitude

when confronted with this idea because they feel uncomfortable acknowledging the unearned advantages of being born White (Bonilla-Silva, 2014; Knowles & Peng; 2005, Lensmire, 2010). Most research on color blindness is sociological however, and little psychological research focuses on what it means to identify with the White race as a central part of one's self, separate from in-group preferences or color-blindness.

One of the first studies to dive in depth to White identity was done by Knowles and Peng (2005), who developed a version of the Implicit Association Test (IAT) called the White Identity Centrality IAT (WICIAT). This test looked at implicit associations between "White" and "self," and discovered several things about identification with whiteness as central to one's identity. They found that those who had less exposure to non-White people tended to have less implicit White self-concepts, while those who incorporated White in-group membership into their self-concept tended to feel more shame and embarrassment after reading about historical oppression of black people by White people, even when controlling for measures of in-group preference. The WICIAT also predicted in-group over-exclusion for White/Black racial categorization (tendency to exclude mixed-race people from White identification), showing that only identification with, and not preference for the in-group is connected to over-exclusion.

More broadly, one of the most used models for understanding White identity development is the six schemas model proposed by Helms (1995). She proposed the various stages a White person may find themselves during development of their racial identity are contact, disintegration, reintegration, pseudo-independence, autonomy, and immersion-emersion. Contact is one's amount of denial about the significance race plays in life. Disintegration is one's level of confusion regarding the social rules of being White. Reintegration is beginning to

identify more as a part of a believed to be innately superior, White in-group. Pseudo-independence is a cognitive awareness of having privileges because of one's whiteness. Autonomy is identification with a White in-group that is not racist. Immersion-Emersion is a final stage of a White person intentionally seeking to understand what it means to be White (Carter, Helms, & Juby, 2004). These stages illustrate the broad range of understandings one might have about their White identity; and though they do not always occur in the exact order presented, it is common for White racial identity development to occur in the naturally occurring progression from contact (the least mature identity development) to immersion-emersion (the most mature).

A key part of these stages of White identity development is recognition of one's White privilege before being able to move toward a more intentional and meaningful White racial identity that is not inherently racist. Theoretically, this means that when one denies having received privileges for being White, they still hold on to the idea that any advantages of being White come from being a superior race or from having earned everything from an equal playing field, which are racist notions. White privilege is defined as "unearned advantages of being White in a racially stratified society and has been characterized as an expression of institutional power that is largely unacknowledged by most White individuals" (Pinterits, Poteat, & Spanierman, 2009, p. 417). Awareness of White privilege allows for identification with the White in-group that admits many of its advantages are unearned and not because it is a superior race. The transition between reintegration and pseudo-independence seems to be key in developing a White racial identity that values racial/ethnic equality because of its shift to

addressing White privilege, which opens the door to a less color-blind and more diversity-affirming stance.

Attitudes Toward White Privilege

Thus, White identity research involves understanding White privilege and attitudes toward White privilege. This can be a difficult task, as Sue, Capodilupo, Nadal, and Torino (2008) write,

Many White Americans have difficulty acknowledging race-related issues because they elicit guilt about their privileged status, threaten their self-image as fair, moral, and decent human beings, and more important, suggest that their ‘unawareness’ allows for the perpetuation of inequities and harm to POC. (Sue et al., 2008, p. 277)

In other words, Sue et al. (2008) suggested that many White Americans have something to lose when it comes to acknowledging race-related issues (meritorious, fair, moral, decent self-images, and ignorance about participation in a system that harms people of color), and thus various attitudes toward White privilege are bound to occur.

Pinterits et al. (2009) developed a scale providing empirical support for various attitudes White people might have towards White privilege, including affective, cognitive, and behavioral dimensions of those attitudes. They found that four factors generally emerged when assessing self-reported attitudes toward White privilege: *willingness to confront*, *anticipated costs of addressing*, *awareness*, and *remorse*. Willingness to confront is a behavioral aspect to one’s attitude that focuses on peoples’ plans and feelings about exploring and dismantling White privilege. Someone high in willingness to confront White privilege would be aware of the privilege they have and hold strong commitments to act against it for the sake of improving

racial and ethnic equality. Anticipated costs fell in to the behavioral and affective dimensions, as it measures the fear or apprehension one has about addressing White privilege. Someone high in this factor would have a significant amount of trepidation toward breaking down their White privilege because they realize what there is to lose in doing such a thing. Awareness is the cognitive dimension of White privilege attitude, and remorse was affective, measuring emotional responses like shame and anger about having unearned privilege. Someone high in awareness knows what White privilege is and that it exists, while someone high in remorse would display high levels of shame and anger regarding the idea that they have unearned privilege.

When trying to identify how White people respond to the idea of their privileged status, Knowles, Lowery, Chow, and Unzueta (2014) developed the “3D model” of managing White privilege: deny, distance, or dismantle. They argue that White privilege threatens the important cultural ideal many White Americans hold of meritocracy (that the successes or social positions they enjoy were earned on their merit), and it threatens to tarnish the image of the in-group they identify with. Because both of these threats can have negative connotations for individuals, Knowles et al. (2014) suggest that most White people tend to either deny the existence of White privilege or distance themselves from identification with whiteness, to combat the meritocratic threat. Further research displayed that wanting to see one’s self as meritorious explained the connection between preference for meritocracy and denial of White privilege, and preference for meritocracy predicted denial of White privilege more for White people who felt the need to bolster their self-image (Knowles & Lowery, 2012). To combat the group image threat, a third action many White people take is dismantling their privilege, or taking measures that work to reduce in-group privilege (i.e., supporting policies like affirmative action, protesting inequalities,

etc.; Knowles et al., 2014). They argued that though the third method sacrifices a meritorious perception of self, it leads to more egalitarian actions, as well as reduced racism, less desire to justify privilege, and more willingness to give up advantages for the sake of increasing equality. However, the first two strategies do nothing to help the in-group's image and only tend to perpetuate further White privilege and power-dominance.

Knowles et al. (2014) hypothesized that White people would most likely take the “dismantle” response to White privilege when they hold “multiple causes to produce an effect” attributional style as first described by Kelley (1973). Kelley (1973) proposed the multiple sufficient causes (MSC) and the multiple necessary causes (MNC) theories for possible attribution schemas people might hold for explaining their successes. MSC says that of many possible causes for an outcome (i.e., a White individual's success), only one is sufficient, and that those who hold this attributional schema are more likely to defend their merit and deny privilege or distance themselves from their whiteness. Their justification for this is that if privilege is the only cause of their success, it means they must take all the blame for their failures (because simply being White should mean they would always succeed) and they cannot claim any credit for their successes.

In contrast, a MNC attributional style suggests that multiple causes of an outcome are necessary, and thus a White person's success does not have to be caused by only merit or only privilege, but a combination of the two. Take for example, a White person who was born into poverty but ended up with high amounts of wealth in middle age from a process of hard work and upward mobility, as compared to a person of color born into poverty who, despite an equal amount of work ethic and determination, ended up still living under the poverty line by middle

age. A MNC attributional style would acknowledge that the White person did work hard to reach a positive outcome while also admitting that the White person had many unfair systemic supports to help achieve wealth that the person of color did not have. Examples of these supports might be better access to excellent education, historic systemic real-estate segregation that kept people of color outside of economic centers, and higher rates of hiring White people with the same job qualifications as people of color. Holding an MNC attitude does not require that a White person justify their success and deny privilege or distance from whiteness because there is room to admit privilege and still believe that some success is also attributed to the hard work and skill put into achieving it. Therefore, theoretically when there is no meritocratic threat, one need not deny privilege or distance themselves from identifying as White, and they can be in a place where dismantling White privilege is more likely. But what would help White people be more likely to hold a MNC attributional style?

Psychological Flexibility

The current study will look at psychological flexibility as a variable that might have an effect on changing White peoples' attitudes towards White privilege, primarily increasing remorse and willingness to confront it. Psychological flexibility is one's level of conscious, present-moment connection, and ability to change or persist in behavior that is based on serving personal values. (Hayes, Strosahl, & Wilson, 2012) On a deeper level, one high in psychological flexibility is able to commit to actions that serve their values, even when threatened by difficult, painful, or criticizing thoughts and emotions that might influence them to behave contrary to their values. The model of psychological flexibility proposed by Hayes et al. (2012) assumes that there are six main processes visually shown on a "hexaflex" (see Figure 1), divided into three

“positions,” that are the major components of psychological flexibility. The positions are Open, Centered/Aware, and Engaged, each of which is comprised by two processes of the hexaflex.

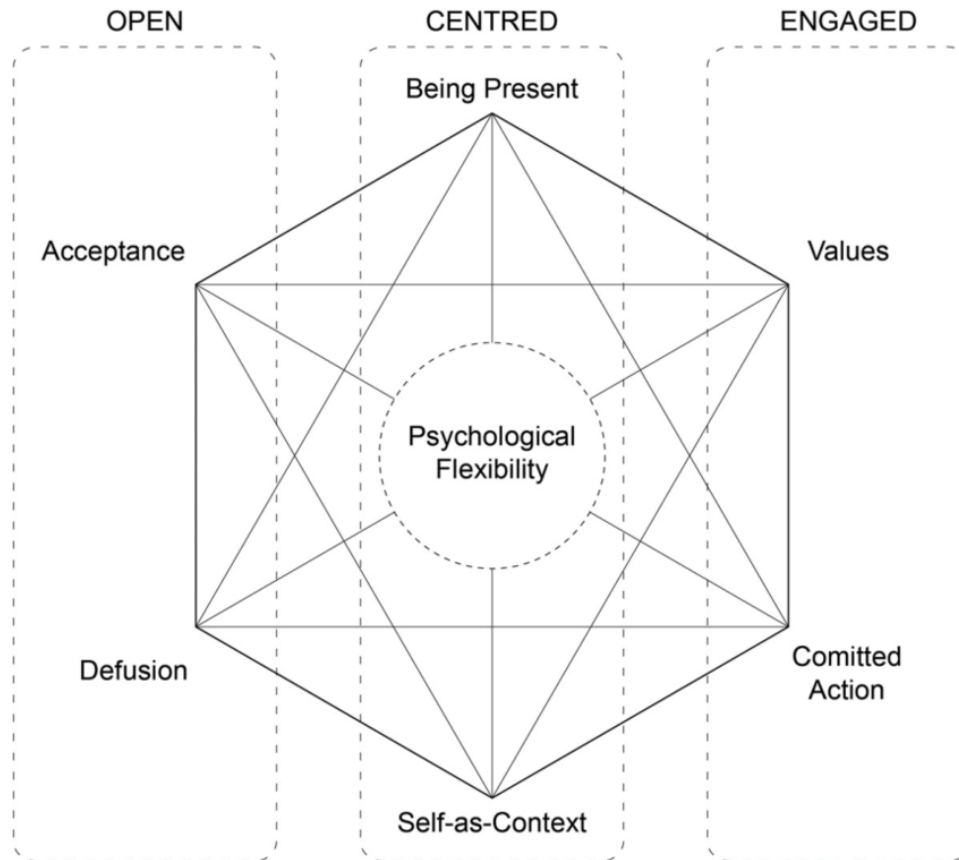


Figure 1. Hexaflex Model of Psychological Flexibility

Open. In the open position are the defusion and acceptance processes. Defusion is mainly the cognitive aspect of openness. It is relating to thoughts in a new way, where rather than seeing them as inherently threatening or predictive and as absolutely real, to defuse is to separate one’s self from thoughts and react to them in a neutral way, recognizing them as language-driven representations of reality but not reality itself. Acceptance is the affective aspect of openness. It is relating to emotions in a new way that does not seek to avoid or control negative emotions (via

a variety of strategies like suppression, escape, denial, resignation) and constantly seek positive ones. Instead, acceptance means dropping the struggle against natural emotional reactions and relating to the full spectrum of emotions in an open and nonjudgmental/evaluative manner (Hayes et al., 2012).

Aware/Centered. The awareness position of psychological flexibility revolves around mindfulness and involves contact with the present moment and seeing one's "self-as-context." Depressive symptoms usually are characterized by awareness that is stuck wallowing in the past, regretting mistakes or ruminating on unfortunate things that have happened which are usually outside of an individual's control. Anxiety symptoms are usually characterized by awareness stuck in the future, worrying about predicted bad outcomes that have not happened. Contact with the present moment in ACT means gently directing attention and awareness temporally to the present and spatially to "here." The ideas of self-as-context borrow from the person-centered idea that one has a real and a conceptualized self, and that we can often become attached to the idea of who we are based on our thoughts/experiences, forgetting that a person is more than just a sum of their thoughts and experiences. Self-as-context means seeing one's self as an arena where verbal activity (thoughts, emotions) are experienced or a perspective from which they are observed (Hayes et al., 2012).

Engaged. ACT is considered 3rd wave behaviorism because the ultimate goal behind increasing psychological flexibility is to be able to live a more meaningful life filled with actions that serve personal values. The main two processes of the Engaged position of the hexaflex are values and committed action. ACT is not an outcome-based therapy, but a process-based one as it sees the process of committed engagement with one's values as the main desired benefit of

increasing psychological flexibility. So while working on the other aspects of psychological flexibility, a practitioner of ACT is always clarifying values of their patients and using traditional behavioral techniques to aid them in committing to behaviors that move toward fulfilling those values. The open and engaged positions of the hexaflex help patients be more effective in values-driven behavior change (Hayes et al., 2012).

Based on the model just described, it seems that psychological flexibility would be intimately tied to White privilege attitudes. A White person who claims to value ethnic equality is likely to encounter the White identity meritocracy threats described above by Knowles et al. (2014). Theoretically, someone low in psychological flexibility would allow those threats to dictate their behavior by taking the deny or distance responses. However, someone high in psychological flexibility might be more open to feeling the discomfort of those threats (defusion and acceptance), while seeing that the dismantle response (committed action) is truly what serves their value of equality. They would be more meta-aware of the emotional and cognitive processes happening as they experience the threat for what it is (awareness), only a symbolic threat, and realize they have the freedom to make a MNC attribution to their successes.

In fact, Sallee and Webster (2018) found evidence that psychological flexibility does correlate to various White privilege attitudes, specifically higher remorse, anticipated costs, and awareness. There was also a smaller correlation to willingness to confront. This would fit in with the theory of psychological flexibility as well as Knowles et al.'s (2014) MNC attributional hypothesis of handling White privilege meritocracy threat. Sallee and Webster's (2018) research shows that people high in psychological flexibility are more aware of their White privilege and tend to experience more remorse about their White privilege and fear about having to address

and possibly lose it (difficult thoughts and emotions regarding their privilege). And though it was not a significant finding, their research also found that those higher in psychological flexibility had more willingness to confront their White privilege (committed action in service of values). As research shows, it appears that it is not easy for White people to talk about, admit to, and choose to dismantle White privilege without various emotional and cognitive reactions that seem to actually influence privilege perpetuating behavior (Knowles & Lowery, 2012; Lensmire, 2010; Liu & Mills, 2006). Therefore, it makes sense that committing to the dismantling response to these reactions and threats would take a lot of psychological flexibility.

Acceptance and Commitment Therapy (ACT) is an approach to intervention in psychotherapy, where the main goal is to increase one's psychological flexibility. It does so by focusing on six core processes designed around openness to experience, mindful contact with the present moment, and values-driven committed action.

Research Question

Does increasing one's psychological flexibility with an ACT intervention cause a change in one's attitudes toward White privilege, specifically allowing them to feel more remorse about having it and fear about confronting it, while increasing their openness to confront it nonetheless in alliance with their values of equality?

Hypothesis. A six-week group ACT intervention aimed at increasing psychological flexibility will significantly increase White students' awareness of their White privilege, increase their openness to feeling remorse about White privilege and fearing consequences of confronting it, and increase their willingness to confront White privilege, when compared to a waitlist control group.

Chapter 2

Methods

Participants

Thirty-two students were recruited from an undergraduate personality psychology class at a rural, Christian liberal arts university in Oregon. The class was chosen through discussion with the professor who agreed to require participation in this study as a term project in lieu of the normal essay assignment. The participants' compensation was credit toward their class grade for participating. Participants were second through fourth year undergraduates, 30 of whom signed informed consent to be in the study, and 2 of whom opted out to write a research term paper. Age range of participants was between 17 and 45 years of age, with a mean age of 21.5. Only 2 participants were older than 24. Twenty-two participants were female and 10 were male. Nine students identified with an ethnicity other than White.

Materials

A survey was given to all students in the study. For exact items on the survey, see Appendix A. The survey consisted of demographics information and the measures listed below. For students identifying as an ethnicity other than White, the online survey directed them to the Ethnic Identity Scale (Umaña-Taylor, Yazedjian, & Bámaca-Gómez, 2004) instead of the White Privilege Attitudes Scale (Pinterits et al., 2009).

White Privilege Attitudes Scale (WPAS). The WPAS (Pinterits et al., 2009) is a 28 item Likert scale ranging from 1 (*strongly disagree*) to 6 (*strongly agree*) about statements aimed to measure cognitive, affective, and behavioral dimensions of one's attitudes toward White

privilege. There are four distinct subscales within the WPAS labeled White Privilege Remorse (*affective dimension*), Anticipated Costs of Addressing White Privilege (*behavioral and affective*), White Privilege Awareness (*cognitive*), and Willingness to Confront (*behavioral*). Examples of various statements include, “I am eager to find out more about letting go of White privilege,” “If I were to speak up against White privilege, I would fear losing my friends,” and “our social structure system promotes White privilege” The scale has been validated through confirmatory factor analysis, content-rating, and convergent/discriminatory correlations (Pinterits et al., 2009). Each subscale demonstrated sufficient internal consistency and test-retest reliabilities. The willingness to Confront subscale had a coefficient alpha of .93 and a test-retest coefficient of $r = .83$. The Anticipated Costs subscale had a coefficient alpha of .78 and a test-retest coefficient of $r = .70$. The White Privilege Awareness subscale had a coefficient alpha of .84 and a test-retest coefficient of $r = .87$. The White Privilege Remorse subscale had a coefficient alpha of .89 and a test-retest coefficient of $r = .78$ (Pinterits et al., 2009).

Ethnic Identity Scale (EIS). The EIS (Umaña-Taylor et al., 2004) is a 22 item Likert-type scale ranging from 1 (*does not describe me at all*) to 4 (*describes me very well*) regarding statements about participants’ exploration, affirmation, and resolution of their ethnic identity. Sample statements are “I have attended events that have helped me learn more about my ethnicity,” (exploration factor), “I feel negatively about my ethnicity” (reverse-scored and affirmation factor), and “I am clear about what my ethnicity means to me” (resolution factor). The scale has been validated through exploratory and confirmatory factor analysis, as well as construct validity with significant correlations to theoretically similar constructs. The scale’s

internal consistency measures were good, with coefficient alphas of each factor being .91, .86, and .92.

Acceptance and Action Questionnaire II (AAQ-II). The AAQ-II (Bond et al., 2011) is a 7-item Likert-type scale ranging from 1 (*never true*) to 7 (*always true*) regarding statements about the degree to which one's behavior is driven by experiential avoidance of difficult thoughts, feelings, experiences, or memories. A sample statement is "My painful experiences and memories make it difficult for me to live a life that I would value." The scale has been validated through confirmatory factor analysis and several other forms of validation including discriminant, concurrent, predictive, convergent, and incremental validity testing (Bond et al., 2011). The mean coefficient alpha across six samples during the measure's development was .84, while the test-retest reliability being .81 and .79 at three and twelve months.

Procedure

Outcome measures were given to both the experimental and control groups at the beginning of the second week of the Fall, 2018 semester. Group sizes were 5-6 people each, randomly assigned to an experimental group and a waitlist control group. After 2 students elected to take the alternative assignment, 12 White students ended up in the experimental group and 10 in the control group. Students not identifying as White were included in group activities but excluded from data analysis. During weeks 2-7 of the semester, the experimental group (broken into two equally sized therapy groups) participated in group training in psychological flexibility following an ACT protocol for college counseling settings developed by Boone and Manning (2012) that was adapted for this study to fit a six-week course of one-hour interventions. Sessions included introducing students to one process of the hexaflex each week,

discussion of assigned readings from *The Happiness Trap* (Harris, 2008), a self-help ACT book, discussion on real-life applications, and introduction of homework assignments, which were mainly techniques from the week's topic to practice outside of the group setting.

After the intervention was over for the experimental group, the experimental and control groups were given the outcome measures again. Then during weeks 8-13, the initial control group received the same ACT intervention, followed by a third collection of outcome data for both groups. This third collection of data offered follow-up information on the initial experimental group's outcomes.

Chapter 3

Results

A two (group) by three (times) mixed model ANOVA was used to assess changes in psychological flexibility and attitudes toward White privilege as a result of the intervention. The analysis was used to investigate if there was an interaction effect between group (experimental vs control) and time. At the initial survey, a small but insignificant correlation was found between psychological flexibility and anticipated costs of confronting White privilege ($r = .294, p = .173$), and between psychological flexibility and White privilege awareness ($r = .271, p = .211$). Similarly, no significant correlation was found between psychological flexibility and willingness to confront White privilege ($r = .018, p = .934$) or White privilege remorse ($r = .115, p = .601$).

Psychological flexibility did not change over time, $F(2,42) = 1.07, p = .35$, no group by time interaction was observed, $F(2,42) = .13, p = .88$, and no group differences were observed, $F(1,21) = .71, p = .41$. White privilege awareness did not change over time, $F(2,40) = 1.67, p = .32$, no group by time interactive was observed, $F(2,40) = 0.41, p = .67$, and no group differences were observed, $F(1,20) = .01, p = .94$. White privilege remorse did not change over time, $F(2,40) = .24, p = .79$, no group by time interactive was observed, $F(2,40) = 0.42, p = .66$, and no group differences were observed, $F(1,20) = .82, p = .38$. Anticipated costs of confronting White privilege awareness did not change over time, $F(2,40) = 1.53, p = .23$, no group by time interactive was observed, $F(2,40) = 2.53, p = .09$, and no group differences were observed,

$F(1,20) = .15, p = .71$. Willingness to confront White privilege did not change over time, $F(2,40) = 1.23, p = .29$, no group by time interactive was observed, $F(2,40) = 0.22, p = .81$, and no group differences were observed, $F(1,20) = .96, p = .34$.

Chapter 4

Discussion

In today's globalized age, some of the difficulties causing divisiveness in society are more subtle, complex, and with longer histories than they once were. This is especially true when it comes to racial and ethnic equality, something many espouse as being an important value to strive for, but which is far from being a reality in America. Many would argue that this is because perpetuating White privilege gets in the way of true equality (Bonilla-Silva, 2014; Kendall, 2012; Knowles & Lowery, 2012), and that in order to stop perpetuating White privilege, White people must be in open conversation about their own White privilege and begin to address and dismantle it (Kendall, 2012). This is a difficult task with which psychology may be able to help.

One reason the discussion on White privilege is often difficult for White people is that multiple attitudes and reactions exist regarding the idea of White privilege, which are not all in agreement about its existence or how it affects society. Many of these less helpful attitudes are likely spurred from difficult emotions that arise when learning about White privilege brings up guilt, remorse, fear, or feeling threatened or accused of laziness or overt racism (Cooley, Brown-Iannuzzi, Lei, & Cipolli, 2019; Knowles et al., 2014; Pinterits et al., 2009). Another reason why this conversation is so difficult is that many White people either deny or are not aware of their White privilege because they do not have to regularly think about what it means to have an

ethnicity different than the majority culture's ethnicity. This makes things difficult because denial and lack of awareness themselves are a form of White privilege that can perpetuate subtle racism (Helms, 1995; Kendall, 2012; Sue et al., 2007).

It would seem then that being open to discussing and dismantling White privilege first requires openness to the emotions that arise from acknowledging one's own White privilege so that the conversation will not be avoided or dismissed as unreal. This study was born out of a desire to find ways to aid in facilitating an open, non-defensive, and earnest conversation among White people about White privilege, for the ultimate purpose of bringing about more equality in society. Psychological flexibility was previously found to correlate with White privilege remorse ($r = .309, p < .001$), anticipated costs of confronting White privilege ($r = .252, p < .001$), and White privilege awareness ($r = .139, p = .045$) (Sallee & Webster, 2018), indicating that psychological flexibility could potentially have some sway on helping people be more open toward admitting awareness of their privilege despite any difficult feelings it may bring up. Because of these significant findings, I wanted to understand if using a psychological intervention aimed at increasing one's ability to pursue values-driven behaviors while identifying automatic reactions and accepting uncomfortable emotions, might change attitudes White people hold toward White privilege. In other words, does an increase in White students' psychological flexibility via an ACT intervention correspond with increases in admitting remorse about having White privilege, admitting fear involved with dismantling it, and willingness to confront it?

Contrary to my expectations and hypotheses, the abbreviated ACT group intervention aimed at increasing psychological flexibility did not significantly change attitudes toward White privilege in this study. In fact, at the initial interview, no significant correlations were found

between psychological flexibility and various White privilege attitudes, suggesting either that the pilot study by Sallee and Webster (2018) had spurious findings or, that this study lacks power to detect the connection, which will be discussed further in the implications section. The current study's intervention also did not result in a significant increase the students' psychological flexibility as measured by the Acceptance and Action Questionnaire 2.

Implications

At first glance, it would seem that psychological flexibility, as defined in the ACT literature and community, does not work as a mechanism to aid in changing attitudes that White people hold regarding White privilege. However, there are other possible explanations for the lack of significant findings in this intervention study.

First, it is important to note that participants' psychological flexibility measures did not change after the intervention. The study was based on the presumption that psychological flexibility would change with the intervention, and that those changes would be associated with changes in attitudes about White privilege. The lack of change in psychological flexibility suggests one possible explanation is that the abbreviated intervention did not work. If this was the case, then the possibility still exists that a different intervention that actually changes students' levels of psychological flexibility may have an impact on White privilege attitudes.

Second, it is possible that psychological flexibility did change but the AAQ-2 did not detect the change. In social science, all measurements are only imperfect estimations of a construct, and sometimes the best published scale does not adequately operationalize an idea. According to qualitative reflections about their experiences given by the students in the group, participants experienced positive changes that resemble psychological flexibility. Still, the AAQ-

2 did not detect change. Relatedly, it is possible that the relatively small sample size limited power so that real changes in the AAQ-2 could not be detected.

In this second case—if psychological flexibility can be changed with an intervention, but was not changed sufficiently for detection in this study—then the question remains as to whether changes in psychological flexibility will affect attitudes toward White privilege. Because we did not detect changes in psychological flexibility, the results of this study offer little help in addressing the supposed link between the two constructs. Still, the theoretical case made in the introduction is important to consider in designing future studies. The argument is centered on the idea that White people tend to deny or ignore White privilege because doing so helps them avoid or control uncomfortable emotions associated with acknowledging and addressing it. That is, experiential avoidance drives White people to deny or ignore White privilege, which suggests a more detailed construct of experiential avoidance and a more powerful intervention might yield significant findings. Gámez, Chmielewski, Kotov, Ruggero, and Watson (2011) published the Multidimensional Experiential Avoidance Questionnaire (MEAQ) as an alternative research tool to the AAQ-2, focused specifically on various types of experiential avoidance and its opposite, emotional acceptance/openness. They argued that the AAQ-2, though more internally consistent and briefer than its original version, is limited in its measurement of the various and unique ways someone may be psychologically inflexible through experiential avoidance. Whereas the AAQ-2 mainly only taps into generic avoidance of distressful emotion that causes dysfunction, the MEAQ also taps in to how well people might endure distress in order to help them act on values, how much people distract from or suppress distressing emotions, how much they repress or deny negative emotion, how much they procrastinate, and their level of behavioral avoidance (Gámez

et al., 2011). Essentially, the MEAQ picks up on more nuance of experiential avoidance. The AAQ-2 is more broadly about psychological flexibility as a whole. Along with a more powerful design, this type of more nuanced and specific measurement could have possibly helped identify evidence to support the study's hypothesis.

The main practice implication to be drawn from this study is that our six-week group therapy aimed at increasing psychological flexibility is neither an effective way to enhance psychological flexibility nor to help students become more aware of White privilege. Denying, ignoring, and not addressing one's own White privilege as a White person is hurtful to society as a whole, as it perpetuates a racist society. Therefore, work still needs to be done in the field of health service psychology on how to develop and apply interventions to promote both psychological flexibility and awareness of White privilege. The degree to which these two are related cannot be determined from this study.

Limitations

One limitation of this study was the amount of time allotted for change to take place. The original protocol for the ACT groups was meant to be completed over 10 weeks. However, the last 4 weeks were cut due to time restrictions of the semester, the crossover designed being used, and the ability to use the available sample of students. This may not have been enough time to influence changes in psychological flexibility or attitudes toward White privilege. It is likely that change regarding something so central to one's identity cannot happen after only six weeks.

Another limitation is that White privilege itself was never a concept explicitly brought up during the interventions. Perhaps a more explicit connection between psychological flexibility and White privilege would have promoted more change. I went into the study assuming that the

majority of students would say that they value ethnic equality while inwardly holding a wide range of attitudes and awareness of White privilege, some of which would be antithetical to ethnic equality. In order to isolate psychological flexibility as a variable that would help the students come to their own conclusions that their inwardly held attitudes were incongruent to outwardly expressed values, White privilege was intentionally not discussed. Perhaps an ACT intervention specifically surrounding attitudes and emotions related to ethnic inequality and how White privilege perpetuates it could promote greater change than what was observed in this study.

Another significant limitation to the study was the sample size. With only 12 people in the experimental group, statistical power was only 15.6% in relation to the slightly higher AAQ-2 scores that were found after the intervention in the experimental group, when compared to the control group. With such a small sample size, there is a high possibility of a type II error regarding psychological flexibility differences between the groups.

Finally, all self-report research is vulnerable to demand characteristics. That is, respondents may present themselves as they want to be seen, or as they perceive the researcher wants to see them, rather than in ways that reflect who and how they actually are.

Conclusion

An initial pilot study by Sallee and Webster (2018) found a significant correlation between psychological flexibility and remorse, anticipated costs, and awareness of White privilege, which ultimately led to this current study. The current experimental study did not confirm the association of psychological flexibility and attitudes toward White privilege, perhaps related to psychological flexibility not changing significantly in response to the intervention

intended to do so. Future research would benefit from a larger sample size, a more powerful intervention, and perhaps by using an alternative to the AAQ-2 or validating a different measure of psychological flexibility. Furthermore, it might prove beneficial to use an ACT intervention specifically designed in relation to White privilege.

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Appendix A**Measures****Demographics questions:**

What is your age? ____

What gender do you identify with?

- a) male
- b) female
- c) transgender (please specify) _____

What is your ethnicity?

- a) White, or European-American
- b) black, or African-American
- c) American Indian or Alaska native
- d) Asian or Pacific Islander
- e) White Hispanic or Latino/a
- f) Non-White Hispanic or Latino/a
- g) other (please specify) _____

What is your religion?

- a) Protestant Christian
- b) Catholic Christian
- c) Orthodox Christian
- d) Muslim
- e) Hindu
- f) Buddhism
- g) Agnostic
- h) Not religious
- i) other (please specify) _____

What is your sexual orientation?

- a) Heterosexual
- b) Homosexual
- c) Bisexual
- d) Asexual
- e) Queer
- f) Other (please specify) _____

What is your Socio-economic class?

- a) Upper class
- b) Upper-middle class
- c) Middle class
- d) Lower-middle class
- e) Lower class

Acceptance and Action Questionnaire 2

Below you will find a list of statements. Please rate how true each statement is for you by circling a number next to it. Use the scale below to make your choice.

1	2	3	4	5	6	7
never true	very seldom true	seldom true	sometimes true	frequently true	almost always true	always true

My painful experiences and memories make it difficult for me to live a life that I would value.	1	2	3	4	5	6	7
I'm afraid of my feelings.	1	2	3	4	5	6	7
I worry about not being able to control my worries and feelings.	1	2	3	4	5	6	7
My painful memories prevent me from having a fulfilling life.	1	2	3	4	5	6	7
Emotions cause problems in my life.	1	2	3	4	5	6	7
It seems like most people are handling their lives better than I am.	1	2	3	4	5	6	7
Worries get in the way of my success.	1	2	3	4	5	6	7

White Privilege Attitudes Scale

White privilege is defined as “unearned advantages of being White in a racially stratified society and has been characterized as an expression of institutional power.” Using this definition, please respond to the following questions on a 5-point scale ranging from 1 (strongly disagree) to 6 (strongly agree)

1. I intend to work toward dismantling White privilege.
2. I want to begin the process of eliminating White privilege.
3. I take action to dismantle White privilege.
4. I have not done anything about White privilege. (R)
5. I plan to work to change our unfair social structure that promotes White privilege.
6. I'm glad to explore my White privilege.
7. I accept responsibility to change White privilege.
8. I look forward to creating a more racially equitable society.
9. I take action against White privilege with people I know.
10. I am eager to find out more about letting go of White privilege.
11. I don't care to explore how I supposedly have unearned benefits from being White. (R)
12. I am curious about how to communicate effectively to break down White privilege.
13. I am anxious about stirring up bad feelings by exposing the advantages that Whites have.
14. I worry about what giving up some White privileges might mean for me.
15. If I were to speak up against White privilege, I would fear losing my friends.
16. I am worried that taking action against White privilege will hurt my relationships with other Whites.
17. If I address White privilege, I might alienate my family.
18. I am anxious about the personal work I must do within myself to eliminate White privilege.
19. Everyone has equal opportunity, so this so-called White privilege is really White-bashing. (R)
20. White people have it easier than people of color.
21. Our social structure system promotes White privilege.
22. Plenty of people of color are more privileged than Whites. (R)
23. I am ashamed that the system is stacked in my favor because I am White.
24. I am ashamed of my White privilege.
25. I am angry knowing I have White privilege.
26. I am angry that I keep benefiting from White privilege.
27. White people should feel guilty about having White privilege.
28. I feel awful about White privilege.

Ethnic Identity Scale

Please rate the following statements on a scale from 1 (*does not describe me at all*) to 4 (*describes me very well*)

1. I have participated in activities that have taught me about my ethnicity
2. I have participated in activities that have exposed me to my ethnicity
3. I have read books/magazines/newspapers or other materials that have taught me about my ethnicity
4. I have attended events that have helped me learn more about my ethnicity
5. I have learned about my ethnicity by doing things such as reading (books, magazines, newspapers), searching the internet, or keeping up with current events
6. I have not participated in any activities that would teach me about my ethnicity
7. I have experienced things that reflect my ethnicity, such as eating food, listening to music, and watching movies
8. If I could choose, I would prefer to be a different ethnicity
9. I wish I were of a different ethnicity
10. I feel negatively about my ethnicity
11. I dislike my ethnicity
12. I am not happy with my ethnicity
13. My feelings about my ethnicity are mostly negative
14. I am still trying to understand what my ethnicity means to me
15. I am still trying to understand how I feel about my ethnicity
16. I am not clear about my feelings about my ethnicity
17. I am not clear about how I feel about my ethnicity
18. I am not sure how I feel about my ethnicity
19. I am not clear about what my ethnicity means to me
20. I understand how I feel about my ethnicity
21. I have a clear sense of what my ethnicity means to me
22. I know what my ethnicity means to me

Appendix B

Informed Consent

The purpose of this study is to help the researchers understand attitudes about White identification and some cognitive processes involved. While we appreciate your participation, it is completely voluntarily. You are under no obligation to complete this questionnaire, and once you begin you may discontinue at any time. Once you submit your electronic responses, the data will be stored anonymously so at that point you will no longer be able to choose not to participate. If you do participate in the study, your responses will be stored anonymously, so they will not be connected with you in any way, either during the analyses or in the eventual presentation and/or publication of the study.

Another important part of this study is participation in six weeks of an Acceptance and Commitment Therapy (ACT) group. ACT is an evidence-based mode of therapy and it is designed to improve the way people deal with and process the everyday stresses and pains of life. While the benefits are many, there is the potential while in the group, to experience painful emotions or memories, depending on how vulnerable you decide to be in therapy. It is important to be aware this before participating. While we appreciate your participation in this group, it is voluntary and should you choose to not do it, there will be an alternative term project to complete, provided by your professor. However, we hope that you will see the practical and educational benefits of participating in this experiential learning opportunity.

Thank you for considering being part of this study. Please be as candid and honest as possible both in your answers to the survey and in your participation in group. Hopefully we can get a glimpse of your inner experiences.

Appendix C**Curriculum Vitae****Carl W. Sallee**

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 Beaverton, Oregon
 Csallee16@georgefox.edu
 970-779-9026

“Dedicated to being a person of healing for those oppressed by circumstance or plagued with illness, in a grace-filled way that shows love to all.”

EDUCATION**Doctor of Psychology, Clinical Psychology**

George Fox University
 Graduate School of Clinical Psychology (APA Accredited)
 Newberg, Oregon

Aug. 2016 - Present
Expected May 2022

Master of Arts, Clinical Psychology

George Fox University
 Graduate Department of Clinical Psychology
 Newberg, Oregon

May 2018

Bachelor of Arts, Psychology and Global Developmental Studies

Seattle Pacific University
 School of Psychology and School of Business, Government and Economics
 Seattle, Washington

June 2016

SUPERVISED CLINICAL TRAINING EXPERIENCE**Practicum 3**

Site: George Fox University Health and Counseling Center
 Location: Newberg, Oregon
 Setting: University Counseling
 Supervisor: Bill Buhrow, PsyD

August 2019-May 2020

Population: Mostly college-age students primarily of European-American background, a significant population of Latinx, and some African American and Asian/Pacific Island students.

Description: Provided mainly short-term, individual mental health therapy for a full range of mental health and life transition concerns.

Supplemental Practicum**July 2019 – May 2020**

Site: Evergreen Clinical Services

Location: Portland, Oregon

Setting: Community Mental Health

Supervisor: Brian Goff, PhD

Population: Low income urban populations with high diversity in ethnicity, disability, religious background, and sexual orientation. All clients had chronic mental illness including PTSD, psychosis, depression, and anxiety.

Description: Provided long-term individual therapy primarily within an intensive Acceptance and Commitment Therapy theoretical framework under the supervision of a 3rd wave Cognitive Behavioral Therapy expert who helped found Portland's only fully integrated DBT institute.

Practicum 2**July 2018-June 2019**

Site: Physicians Medical Center

Location: McMinnville, Oregon

Setting: Integrated Primary Care

Supervisor: Kristie Schmidlkofer, PsyD

Population: Rural setting, primarily European-American and Latinx with a high percentage of Medicaid and Medicare patients across the whole lifespan.

Description: Integrated Behavioral Healthcare – conducted assessment and consultation for full range of physical and mental health concerns. Students provide both individual and group intervention, as well as consultation to medical staff in the setting of pediatrics, family medicine, and internal medicine.

Practicum 1**Oct. 2017-Aug. 2018**

Site: George Fox Behavioral Health Clinic

Location: Newberg, Oregon

Setting: Community Mental Health

Supervisor: Joel Gregor, PsyD

Population: Low income children, adolescents, and adults

Description: Therapist providing individual, group, and family psychotherapy from initial assessment to termination, for a wide variety of mental illness, including significant experience with substance abuse patients. Scheduled own appointments for therapy and handled urgent need intake referrals from local hospital.

Pre-Practicum**Jan. 2017-May 2017**

Site: George Fox University

Location: Newberg, Oregon

Setting: College Counseling

Supervisor: Glenna Andrews, Ph.D.

Population: Two adult university students.

Description: Provided outpatient, individual, client-centered psychotherapy from initial assessment to termination. Sessions were videotaped, reviewed, and discussed in individual and group supervision.

Clinical Teams

Aug. 2016-Present

Site: George Fox University

Location: Newberg, Oregon

Setting: Group case presentation and consultation.

Supervisors: Rotating department faculty, licensed psychologists.

Description: Teams include students from each year of the program and one licensed psychologist. Meetings are conducted weekly and include case conceptualization and consultation from the team. I present on patient cases from my practicum site each semester and receive feedback and suggestions regarding treatment progress.

CLINICAL, TRAINING, AND OTHER RELATED EXPERIENCE

- **Teaching Assistant for Clinical Foundations Course** **August 2019-May 2020**
George Fox University, Newberg, OR
 - Completed multiple hours of training to help lead weekly didactic groups for first year clinical psychology doctoral students through their initial clinical training experiences. Responsibilities included grading all papers and assessing students for competency on foundational clinical skills throughout their training progress.
- **Completion of Gender and Sexual Diversity certificate course** **Sept.-Nov. 2018**
George Fox University, Newberg, OR
 - Completed approximately 12 hours of seminar training on various topics related to enhancing clinical practice in regards to sexuality and gender diversity.
- **Completion of ACT Bootcamp** **February 2018**
Burbank, CA
 - Completed approximately 24 hours of intensive training over 3.5 days on the theory and application of ACT at a conference led by leading ACT researchers and practitioners
- **Completion of full ACT II training conference** **October 2017**
Seattle, WA
 - Completed 13 hours of intensive, intermediate training over 3 days on the theory and application of ACT at a conference led by Steven Hayes, the developer of ACT
- **Intern: Valley Cities Counseling and Consultation** **June 2014-Sept. 2014**
Renton, WA
 - A community mental health clinic that serves the homeless or impoverished mentally ill.
 - Created informational flyers for clients on indicators, symptoms, and treatment options of mental illnesses.
 - Organized other resources VCCC had connections to (e.g. housing and meal programs).

- Observed intake and therapy sessions with professional intake specialists, social workers, and clinicians.
- **Psychology Tutor** **September 2015-June 2016**
Center for Learning, Seattle Pacific University, Seattle, WA:
 - Recommended to position by psychology professors and selected through competitive interviews.
 - Provided personalized assistance to students needing help studying for tests, understanding tough psychological concepts, or any other related questions, all catered to individual student's needs.
- **Substitute Psychology Professor** **February, 2018 – present**
George Fox University
 - Occasional teaching experience for a general psychology course of undergraduate students.

CLINICAL INTERESTS

- Community mental health/outpatient psychotherapy
- Substance abuse treatment
- University counseling
- Serving diverse populations, including those with minority ethnic, sexual orientation, disability, gender identification, and SES backgrounds.
- Acceptance and Commitment Therapy, systems conceptualization, motivational interviewing, collaborative problem solving, person-centered/humanistic therapy and conceptualization
- Didactic supervision and effective feedback
- Comprehensive and Neuropsychological assessment
- Integrated behavioral health care consultation

RESEARCH & PRESENTATIONS

Research Interests

- *Acceptance and Commitment Therapy and other evidence-based treatment modalities* – specifically I am interested in psychological flexibility and its virtues/correlates
- *White privilege attitudes* – Studying what they are and how they change. Dissertation topic involves psychological flexibility and its effects on attitudes toward White privilege
- *Positive psychology* – Topics including grace, self-forgiveness, and gratitude
- *Therapeutic relationship* – Subjective Rating Scale and Objective Rating Scale outcomes of therapy

Poster Presentations

- Sallee, C.** (2019, June). *Psychological Flexibility and White Privilege Attitudes: An Intervention Study*. Poster accepted to the Annual Association for Contextual Behavioral Sciences World Conference, Dublin, Ireland.
- Webster, K., **Sallee, C.**, Hegeman, C., & Peters, K. (2019, May). *Enhancing Population Health with a Marginalized Group: Targeting Faculty's Intrapersonal Approaches*. Poster accepted to Annual Convention of the Oregon Psychological Association, Eugene, OR.
- Sallee, C.** and Webster, K (2018, August). *Psychological Flexibility and its Connection to White Privilege*. Poster session presented at the 126th Annual Convention of the American Psychological Association, San Francisco, CA.
- McMinn, M., **Sallee, C.**, Wade, L., Schollars, N., & Webster, K., *Contours of Grace: A Grounded Theory Definition of Human Grace*. Poster session presented at the 126th Annual Convention of the American Psychological Association, San Francisco, CA.
- Daczko, K., **Sallee, C.**, & Carpenter, T. P. (2016, January). *Gender and self-forgiveness: Evidence for different pathways*. Poster session presented at the 17th Annual Meeting of the Society for Personality and Social Psychology, San Diego, CA.

Publications

- Sallee, C.** (2016). *Open-Minded Religiosity: Investigating the Link Between Religious Commitment and Thinking Style* (Undergraduate honors thesis). Retrieved from Digital Commons at Seattle Pacific University (paper 55).

RESEARCH EXPERIENCE

- **Research Vertical Team; George Fox University, Newberg, OR March 2017-Present**
 - **Dr. Mark McMinn's RVT:** A research team composed of second through fourth year doctoral students with various research interests in the realm of positive psychology, spirituality, integration of Christianity and psychotherapy, and Acceptance and Commitment Therapy
- **Research assistant; Seattle Pacific University, Seattle WA Winter 2013-Spring 2014**
 - **Dr. David Stewart's clinical psychology lab:** Studied adolescent development and psychopathology, addictive behavior, and evidence-based interventions. Specifically in this lab, we looked at the efficacy of Motivational Interviewing. Trained and qualified in coding for MI.
- **Research assistant; Seattle Pacific University, Seattle, WA Spring 2015-June 2016**
 - **Dr. Tom Carpenter's social-personality lab:** conducted personality research examining guilt- and shame-proneness and dispositional self-forgiveness (presented at SPSP conference, 2016). Co-designed project with a fellow student, analyzed data, and prepared conference presentation. Study examined how moral emotions (guilt, shame) might explain gender differences in self-forgiveness.

- Designed a mediation study examining reasons why guilt, shame, and self-forgiveness might predict wellbeing. Data to was collected 2015-2016.
- **Independent project: cross-cultural study (unpublished):** **Spring 2015**
Seattle Pacific University, Seattle, WA
 - Supervised by Dr. Paul Kim, studying the effects of levels of independent vs. interdependent self-construal (which is manifested differently in individualistic vs. collectivistic cultures) on personal definitions of success.
 - Led all aspects of process under supervision: topic selection; literature review; design and method; hypothesis generation, elaboration, and discussion; IRB approval; creation of materials, subject recruitment and data collection; data entry and analysis; and manuscript preparation.
- **Group project: cross-cultural study (unpublished):** **Spring 2015**
Seattle Pacific University, Seattle, WA
 - Supervised by Dr. Paul Kim, studying the effects of guilt and shame-proneness on professional help-seeking attitudes. With team of three investigators, found no significant results, but gained experience doing mediation analysis and in running a full-length study.

AWARDS AND HONORS

Member, Dickenson Fellowship <i>Part of Living Well Initiative for students with vocational calling to work with mental illness</i>	2016
Member, Psi Chi, <i>Seattle Pacific University, Seattle, WA</i> <i>National honors society in psychology</i>	2015 - present
Member, Ivy Honorary, <i>Seattle Pacific University, Seattle, WA</i> <i>SPU's chapter of the Mortar Board National honors society for college students with high academic achievement, service orientation, and leadership</i>	2014 - present
Member, Alpha Kappa Sigma, <i>Seattle Pacific University, Seattle, WA</i> <i>In recognition of high attainment in scholarship, the development of worthy character and evidence of leadership during attendance at SPU</i>	2016
Philip W. Eaton Scholarship, <i>Seattle Pacific University, Seattle, WA</i>	2012-2016
Trustee's Scholar, <i>Seattle Pacific University, Seattle, WA</i>	2012-2016
SERVE internship grant, <i>Seattle Pacific University, Seattle, WA</i>	2015
Dickenson Fellowship Scholarship, <i>Seattle Pacific University, Seattle, WA</i>	2016
Department of Psychology Faculty Award, <i>Seattle Pacific University, Seattle, WA</i>	2016
Who's Who in American Universities and Colleges, <i>Seattle Pacific University, Seattle, WA,</i>	2016

LEADERSHIP POSITIONS:

- **Teaching Assistant: Clinical Foundations** Aug 2019 – May 2020
- **Teaching Assistant: Social Psychology** June 2018
- **President: National Alliance on Mental Illness club chapter** Sept. 2015 - June 2016
Seattle Pacific University, Seattle, WA
- **Student Ministry Coordinator** Sept. 2013 - June 2014
Seattle Pacific University, Seattle, WA
 - Connected students to ministry opportunities on campus and provided safe space for 45 residents to be encouraged, empowered, and led in spiritual/vocational goals.
- **Resident Adviser** Sept. 2014 - June 2015
Seattle Pacific University, Seattle WA
 - Handled responsibility for facilitating a community on a floor of 45 men, while enforcing security and rules of the residence hall. Did all of this while enrolled as a full-time honors student and while working a second job.
- **Assistant leader of worship** Winter 2013 - Fall 2015
Evergreen Covenant Church, Seattle, WA

RELEVANT CO-CURRICULAR/VOLUNTEER ACTIVITY

- **Co-Founder: TK Threads – Social Business** April 2015 - present
Seattle, WA
 - Part of a team that started a Rainier Valley-based business that employed oppressed and under-employed women (specifically refugees and survivors of commercial sexual exploitation), while connecting high-quality, ethically-produced, empowering apparel to large-scale retailers.
- **Volunteer: Junior Achievement** Fall 2012 - spring 2013
Seattle, WA
 - Taught a supplemental primary education of economics and business to Kindergarten and fourth Grade classes
- **Mentor/Teacher: Confirmation group, First United Methodist Church** Feb. 2012
Durango, CO
- **“Latreia” service days** Fall 2012 - June 2016
Seattle Pacific University, Seattle, WA
 - Spent whole days volunteering at specific Seattle community organizations focused on improving the Seattle community in various ways ranging from environmental work to social community-building
- **Volunteer: SPU Student Leadership Development Committee** June 2013
Seattle Pacific University, Seattle, WA
 - Hosted world premiere of the documentary, “Rape For Profit,” about sex trafficking in Seattle area

- **Seattle Pacific Reach-out International service trip** **July - Aug 2015**
Recife, Pernambuco, Brazil
 - Actively participated in community building, service, and home stays in urban and rural communities of a Northeastern Brazil. Engaged in issues of community development to explore a Christian response to poverty. Partnered with Mennonite Association for Holistic Action, a network of local Mennonite churches committed to social justice and community-building through economic development and social projects near Recife, Brazil

PROFESSIONAL MEMBERSHIPS AND FELLOWSHIPS

- **Member, Oregon Psychological Association Student Committee** **Feb 2019 - present**
- **Member, Dickenson Fellowship; Living Well Initiative** **Fall 2015 - June 2016**
Seattle Pacific University, Seattle, WA
 - Multidisciplinary educational program addressing the needs of persons and families affected by severe and persistent mental health conditions. The program is co-sponsored by the School of Health Sciences and the School of Psychology, Family and Community. Through the Dickenson fellowship, the goal is to promote awareness and understanding of these conditions with research projects, campus outreach and annual conferences.
- **Student Member, Society for Personality and Social Psychology** **2015 - present**
- **Student Member, American Psychological Association** **2015 - present**
- **Student Member, Association for Contextual Behavioral Science** **Aug. 2017 - present**