



The Role of Whiteness in Access Disparities in College Counseling Services

Jeff Klug¹, Sharon K. Anderson²

¹Berklee College of Music, Boston, USA

²School of Education, Colorado State University, Fort Collins, USA

Email: jeffreyaklug@gmail.com, sharon.anderson@colostate.edu

How to cite this paper: Klug, J. and Anderson, S.K. (2023) The Role of Whiteness in Access Disparities in College Counseling Services. *Open Access Library Journal*, 10: e10814.

<https://doi.org/10.4236/oalib.1110814>

Received: September 26, 2023

Accepted: December 24, 2023

Published: December 27, 2023

Copyright © 2023 by author(s) and Open Access Library Inc.

This work is licensed under the Creative Commons Attribution International License (CC BY 4.0).

<http://creativecommons.org/licenses/by/4.0/>



Open Access

Abstract

As an antiracist problematic, Whiteness was used to better understand the persistence of access disparities to college counseling centers for students of color. This study explored the question, “How do experiences of Whiteness impact access to mental health care for domestic, undergraduate White students and students of color at their respective college counseling centers?” Semi-structured interviews were completed with 6 undergraduates (three White students and three students of color). Data analysis was completed through three successive, iterative cycles of coding: value systems, color-blind ideologies, and Whiteness. The first two cycles of coding informed the last cycle. Five themes of Whiteness emerged: relational, advantage, property, power, and individualism.

Subject Areas

Students of Color, Whiteness, Counseling

Keywords

Counseling, Access, Disparities, Phenomenology, Whiteness

1. Introduction

Mental health treatment has been shown to positively impact personal wellbeing, societal productivity, and other beneficial long-term outcomes [1]. For college students, counseling has shown to be beneficial in specific ways. In a recent report, 66% of students stated counseling services helped with their academic performance; and 62% of students stated that counseling services helped them to stay in school [2]. Most colleges and universities offer counseling services to their students. However, help-seeking differences diverged when viewed by

race/ethnicity [3]. Researchers [4] found African Americans sought mental health treatment at lower rates than Whites. Researchers [5] reported students of color sought treatment at lower rates pre and post intake as compared to White (53% vs 89%). In another study, when students disclosed thoughts of suicide to another person, students of color were advised to seek help at statistically significantly lower rates than all other racial and ethnic groups were, including White students [6]. Other researchers [7] found that Asian Indian, Chinese, and Korean American student clients were significantly more likely to terminate treatment after one session when compared to White and Latino/a student clients. Conversely, White students remained engaged in college mental health services at a statistically significant higher rate compared to their Asian Indian, Chinese, and Korean American students [7].

While disadvantages associated with students of color in accessing mental health care on their college campuses have been studied, these studies may unintentionally problematize students of color. Instead, the first author [8] in the current study sought to problematize and explore Whiteness for its various impacts on access to college mental health care.

2. Literature Review

2.1. Access Disparities in College Counseling Services

Growing evidence suggests there is an increase in severity and prevalence of mental health disorders in college aged populations [9] [10] [11]. For example, nearly 66% of American college students report that in the last 12 months, they experienced overwhelming anxiety. Another 45% reported that they felt so depressed that it was difficult to function; and 13% seriously considered suicide in the previous 12 months [12]. Among other conditions, high levels of anxiety, depression, and stress were reported as the most frequently presenting problems to college counseling centers; and demand for services have increased by 12% between 2018 to 2019 [2].

As the world has been beset with a global pandemic since the winter of 2020, emerging data suggests a dramatic rise in symptoms of anxiety, depression, or both—directly attributable to the COVID crisis. According to statistics [13] from January to June of 2020, roughly 11% of adults aged 18 or older reported symptoms of these conditions. However, from January 2020 to mid-July 2020, nearly 42% of adults 18 or older reported symptoms of these conditions; and germane to a traditionally aged college population, nearly 56% of adults aged 18 - 29 reported symptoms of depression, anxiety, or both [13]. Amid the COVID-19 outbreak, forms of psychological harm have steadily risen for people of color. Experiences ranging from social discomfort; being subjected to racial slurs; and fear of physical harm increased, particularly for Black and Asian Americans [14].

Despite this dour picture, counseling has shown to be beneficial to college students [2]. However, differences in utilization rates of counseling between White students and students of color have been demonstrated. For example, re-

searchers [3] found the racial/ethnic composition of a college counseling staff predicted which racial/ethnic students utilized counseling services.

Access to counseling relative to psychological distress revealed persistent inequities for college students of color [15]. Students of color sought counseling services on their campuses, but generally only when their level of psychological distress was severe [16]. Conversely, White students sought counseling with lesser levels of psychological distress.

Disparities, as defined by researchers [17], may be attributable to myriad barriers. For example, scholars [18] summarized three broad levels of barriers to help-seeking behaviors for college students in the U.S. and Canada: institutional, sociocultural, and personal barriers. As a socio-cultural barrier, Asian, Black, and Native Peoples were less likely than White students to seek formal counseling. Instead, they were more likely to turn to family, friends, or community elders. Compared to their White counterparts, [5] identified lower rates of counseling before and after an initial intake for students of color.

Researchers [7] sought to understand why Asian Indian, Chinese, and Korean American student clients were significantly more likely to terminate after one session when compared to White and Latino/a students. Relatedly, other researchers [19] and [20] found lower attrition rates of White students relative to their mental health needs.

A recent study, [19] concluded patterns of college students' non-attendance to counseling sessions were different for students of color vs. White students. A statistically significant source of this variability was attributed to the therapists. Their results were suggestive of how culturally competency of the therapists varied with their students' race/ethnicities.

Yet no studies to date have examined the role that Whiteness plays in creating and perpetuating structural inequities leading to disparate access. As a research tool, Whiteness helps to formulate questions in a way that are both relational and comparative in anti-racist scholarship [21].

2.2. The Role of Whiteness

Since the 1920's, scholars [22] and [23] have examined what it means to be White. Critical White Studies (CWS) is a scholarly, critical investigation of the socially constructed "White race" ([24], p. 85). CWS interrogates abusive power and oppression that underpin the construct therefore illuminating the various inclusion/exclusion membership criteria of what it means to be White.

CWS is primarily concerned with bringing into relief the ubiquitous presence of Whiteness in many contexts, including higher education. Scholarly research has not examined access disparities in college mental health. Through the lens of CWS, we begin to understand why these disparities persist [25]. Critical White scholars maintain without an unflinching understanding of Whiteness, racism is perpetuated and misunderstood. Several scholars [26] [27] [28] [29] invoke Whiteness—in all its insidious forms—as an explanatory lens by which to pay

attention to seen and unseen systems of power and privilege.

CWS examines Whiteness as normatively embedded in the counseling experience, such as conceptualizations of what constitutes so-called “appropriate” forms of help-seeking; the provision of mental health care (e.g., weekly, 50-minute sessions; an emphasis on empirical protocols; worldviews of providers, etc.); and counselor activities, such as encouraging active self-disclosure [7]. These norms may in turn influence help-seeking behaviors that lead to inequitable access despite preference and psychological need.

CWS also calls-out hidden forces that support and perpetuate Whiteness and its dominant racialized ideologies. These ideologies (e.g., color-blindness, cultural racism, the myth of meritocracy, deficit explanations to describe racial differences, beliefs in a post-racial society, heterarchy, and segregation as a preference) are particularly relevant to investigations of disparate access to mental health care. For example, a CWS perspective may help to scrutinize the belief that students of color simply prefer other ways to seek help. There is some evidence that suggests mental health disparities persist even when preference is taken into account [30]. Yet no studies to date have examined the role that Whiteness plays in creating and perpetuating structural inequities leading to disparate access. As a research tool, Whiteness helps to formulate questions in a way that are both relational and comparative in anti-racist scholarship [21].

3. Research Question

The role of Whiteness plays in help-seeking difference for students in critical need of help has yet to be explored. Using a critical White studies (CWS) framework, the first author [8] interviewed 6 undergraduate students about their experience with a college counseling center. The primary research question in this study was: How do experiences of Whiteness impact access to mental health care for domestic, undergraduate White students and students of color at their respective college counseling centers?

4. Methodology

4.1. Population and Sample Identification

To sufficiently answer the research question, the goal was to recruit a range of 3 - 20 students. Interviewing ended once data saturation was reached.

The first author [8] decided to interview two participants for the pilot study: one student of color and one White student. Four additional participants—two students of color and two White participants—were added for total of six participants. For qualitative research, four to ten participants is a reasonable sample size to gain in-depth and rich data through individual interviews and deep data analysis [31].

All participants were born in the United States and referred to the first author through professional networks. Participants were domestic, undergraduate stu-

dents enrolled in a four-year college or university and accessed campus counseling services at least one time (either in-person or virtually).

4.2. Data Collection

The first author [8] conducted one interview with each of the participants. Participants were given the option to interview either in-person or via Zoom. All participants chose Zoom. They were provided with a description of the research and the informed consent form. Once consent was given, a semi-structured interview was conducted with open-ended questions. Questions were constructed based upon the literature.

The first author [8] welcomed each participant, thanking each for their willingness to participate; explained that the questions to be asked were intended to guide the conversation; and additional questions may be asked inviting participants to expand or clarify their responses. Participants were reassured there were no right or wrong answers and were encouraged to ask their own questions to better understand the interview questions. After the pilot study, additional protocol questions were added. All interviews lasted 60 - 90 minutes and were recorded and transcribed. Each participant chose a unique pseudonym for their name during the interview.

4.3. Data Analysis

Once transcripts were reviewed and condensed, coding was done in three successive, iterative cycles. Three cycles were necessary because each cycle informed the preceding and proceeding round. Cycle 1 began with values coding as defined by researchers [32]. Values coding was appropriate for exploring values, intrapersonal, and interpersonal experiences. Values coding entailed mapping a participant's value system (*i.e.*, attitudes, values, and beliefs). Cycle 2 explored the ways in which value systems evinced ideologies of color-blindness [33]. Informed by this, a priori frames of color-blind ideologies were then exemplified in the data to the point of inductive thematic saturation. The first two coding cycles bridged one to the next in an interpretive, cyclical pattern of analysis and synthesis of the data. This was consistent with hermeneutic tradition. Inducing the "emergence of new codes or themes" ([34], p. 1897) of Whiteness in Cycle 3 was informed by the findings from the previous two cycles.

New codes and themes emerged around five axial parent categories/themes of Whiteness: relational, advantage, property, power, and individualism. The five axial categories informed a multi-layered understanding of Whiteness through an interpretive cycle of re-analysis and re-synthesis of all the previous data in light of the research questions. These categories encompassed the findings from all previous analyses/syntheses. In doing so, understanding the essence of Whiteness—its characteristics, location, actions and influences—was used in turn as a problematic to better understand its impact on the participants' access to counseling at their respective college/university counseling centers.

5. Results

Six students were interviewed for the study. The first two interviews were conducted as a pilot study to see if semi-structured interview questions needed revisions. The interviews of the six participants provided sufficient redundancy to achieve saturation.

5.1. Demographics

Demographic data was gathered on the six participants and their counselor at their college counseling center. The following table provides demographic information. See **Table 1** below.

5.2. Cycle 1-Values Coding

Five types of attitudes emerged (see **Table 2**). In general, participants of color often had to take extra measures to access counseling and their attitudes conveyed this. They were cautious, doubtful, fearful, skeptical, and distrustful when accessing counseling. Comparatively speaking, White participants did not have these attitudes in accessing counseling. In fact, their attitudes—among others—were positive, hopeful, and trusting.

Beliefs clustered together as constructivist, critical, positivist and pragmatic (see **Table 2**). Participants of color fared better in counseling when their counselor co-constructed an approach with them and acknowledged their racialized context. On the other hand, White participants deferred to positivist beliefs, though some also expressed critical beliefs. Pragmatic beliefs considered a cost/benefit analysis of accessing counseling, as espoused by one student of color.

Values clustered together as experiential, interpersonal, intrapersonal, cultural, and transcendental (see **Table 2**). For example, all participants valued as sense

Table 1. Participant summary.

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

p indicates Pilot study participant.

Table 2. Iterative coding cycles.

Categories	Example Quotes
Cycle 1: Values Coding	
ATTITUDES	
Encumbered	“I was looking for another perspective... he just stayed at the obvious. They’re like... ‘Oh, here’s a solution. Here you go.’ But it’s not like that.” (Abbey)
Unencumbered	“I really enjoyed having somebody just hear me out. I could be really open about my issues that are bugging me.” (Adam)
Motivated	“It was a helpful thing to go to the counseling center because it drove me to the clinical center which drove me to getting diagnosed.” (Scarlett)
Certainty	“I think I probably could have arranged [to have a White counselor].” (Robert)
BELIEFS	
Constructivist	“I have to find some way to customize it; or they have to give some ideas how to customize it for it to be effective.” (Nova)
Critical	“As a White woman, I’ve never felt the way that I’ve talked would be taken in the wrong way. But I really don’t think that will be true for a person of color”. (Amy)
Positivist	“This is what’s supposed to work. You [the counselor] listen in the first session and then bring them [the client] the information the next session and have them do what they need.” (Adam)
Pragmatic	“I really believe that going to the counseling center, you have to have time for it in your schedule... and that requires a lot of planning... especially if you want that type of help.” (Scarlett)
VALUES	
Experiential	“I was really looking for that body language that she was listening... I mean, I was able to read the room.” (Abbey)
Interpersonal	“I’ve never felt threatened if I were to call somebody [for a crisis].” (Amy)
Intrapersonal	“I wouldn’t be too concerned about it, because my outlook would be if I don’t want to do it, I’m not going to.” (Scarlett)
Cultural	“They would understand my jokes, how I grew up... especially with the things that Caribbean parents do.” (Scarlett)
Transcendental	“Religion is really important to me.” (Abbey)

of safety and familiarity in their counseling experiences. White students tended to have these immediately affirmed, while students of color had to determine this cautiously.

5.3. Cycle 2-Color Blind Ideologies

In this cycle, the first author [8] used the hermeneutic circle to re-analyze the categories of attitudes, beliefs, and values. A priori frames of color-blindness ideologies [33] were highlighted in the data to the point to inductive thematic saturation (Table 3).

Abstract Liberalism. The components parts of abstract liberalism [33] were readily available in the data, implicitly or explicitly suggested via participants' attitudes, beliefs, and/or values (see Table 2). For example, all White participants were certain that had they wished, they could have arranged to see a White counselor. No participants of color enjoyed the same equal access to a counselor of color.

Cultural racism. Cultural racism represented a potential threat to all participants of color in the data, yet White students were immune to assumptions of cultural inferiority. Still more, when counselors failed to account for the racialized context in which students of color lived, minimization of racism led to premature termination for students of color.

Minimization. On the other hand, minimization of racism was never a concern expressed by White participants. "Minimization of racism is a frame that suggests discrimination is no longer a central factor affecting minorities' life chances" ([33], p. 57). Minimization is a post-racial belief that suggests campuses are racially harmonious.

Naturalization. Naturalization is the myth that social phenomena are natural and normal and have nothing to do with a racialized context. This forms the basis for the frame of color-blind ideology.

5.4. Cycle 3-Whiteness

The third round of coding included comparing both the raw data and organized thematic data against the theoretical framework of critical whiteness using pattern codes related to the theoretical constructs of whiteness. Rather than waiting until all interviews were completed to analyze the data, the data analysis occurred alongside data collection. This approach allowed for concurrent thinking and reflection about the existing data, the collection of new and better data in subsequent interviews, and the capability to assess when data saturation had

Table 3. Color-blindness ideologies.

Abstract Liberalism	"My own experiences? I was never able to have a counselor who looked like me, that was the same ethnicity as me whatsoever." (Nova)
Cultural Racism	"Umm... not very concerned." (Robert)
Minimization	"It's hard to actually find that one person, you're like, "Wow, I actually connect. You actually helped me because you went through the same thing." (Abbey)
Naturalization	"[The waiting area] was usually mostly White." (Robert)

been reached. The writing, discussing, and reflecting was a cyclical process that ultimately brought the participants' experiences to life; deepened the existing knowledge of the phenomenon of whiteness; and answered the research question [35]. Axial categories of Whiteness emerged as: relational, advantage, property, power, individualism (see **Table 4**).

Whiteness as Relational. This axial category essentially means Whiteness exists only in *relation* to an inferior "Other." As *the* primary referent group, *relational Whiteness* "... places itself on the positive side of all the binaries used to attach value and meaning to groups of people" ([21], p. 175). Clues to relational Whiteness were suggested by the color-blind ideologies of naturalization and minimization of racism. Whiteness is often transparent. It is often assumed by White people to be the norm or the average social standard by which all others are measured [36]. The most salient way in which Whiteness impacted students was in the relational domain. As with all domains, the way in which Whiteness impacted participants' access can be thought of as existing on a broad continuum, ranging from helpful, to neutral, to harmful.

Whiteness as relational was helpful to White participants, providing a familiar social exchange. The same could not be said for participants of color, given concerns expressed by them about how they might be perceived.

Whiteness as Advantage. In terms of Whiteness as advantage, a well-known aspect of this dimension includes White privilege, which "... refers to the myriad of social advantages, benefits, and courtesies that come with being a member of the dominant race" ([24], p. 89). In the current study, its constitutive elements included such benefits as the absence of obstacles, comfort, and psychological benefits from counseling experiences. It was closely related to and informed by the frame of abstract liberalism.

Similarly, Whiteness as advantage included a priori trust of counselors for White participants but not for participants of color. Whiteness as advantage was clearly evident in the data. However, there was scant evidence of students of color experiencing this form of Whiteness. While not equally distributed, this

Table 4. Whiteness.

Relational	"There's always a stereotype that Black people do not show up on time. So, in the midst of code switching, I'm always trying to get there early or exactly on time." (Nova)
Advantage	"I've really got no good reason to not trust a counselor... I'm really basing a lot of [trust] just on their credentials... you got to have some trust in people, especially professionals." (Adam)
Property	"I went and there might have been one other person of color... the times I did go, it was mostly White people." (Amy)
Power	"[Unlike other counselors] I've never had to ask myself, 'What does she mean by that?'" (Nova)
Individualism	"A lot of what I was seeing her for was how to talk about my needs... how to let them know what I want out of our relationship." (Adam)

domain of Whiteness clearly benefited the White students. Advantages included the absence of real or perceived obstacles to getting care, receiving comfort upon arrival, and feeling valued as individuals during their sessions.

Whiteness as Property. This category pertains to aspects of tangible and intangible property. In the current study, it became evident systems and spaces—two dimensions of property—were imbued with Whiteness. As a system, counseling centers in the current study were staffed primarily by White people. Another counseling system, emergency psychological care, was believed to be available without racialized fears for White participants. However, extra work or concerns beleaguered participants of color in order to have the same chance at receiving the same benefits of counseling as White participants. White participants did not have to engage in the additional effort. Here again, the false ideologies associated with abstract liberalism and minimization of race came into relief and perpetuated Whiteness as property.

The waiting room was perhaps the most obvious example of Whiteness as property. In every instance in which a participant was asked about the waiting area, White students were always present to some degree, conveying an invisible aspect of ownership.

Whiteness as Power. Whiteness as power was evident in the ways in which counselor recommendations were received by participants. For White students, recommendations were viewed as helpful at best, or benign at worst. For students of color, however, there was a level of necessary defensiveness before recommendations were received.

Whiteness as power is the engine that drives Whiteness. It rests upon abstract liberalism – the “false assumption that all racial groups have the same power in the American polity” ([33] p. 63) found in the second coding cycle. In the current study, Whiteness as power emerged in several forms. The power to assert a position with a diagnosis or a prescribed counseling protocol comes with the professional positioning of the counselor. Values, norms, and knowledge centered around a Western, European worldview [36] were illuminated in the interviews; and evidence of who gains (and who does not) from counseling was often determined by power and position.

In this coding cycle, Whiteness as power took the form of assertion of counseling center policies and practices. Some examples included the amount of time offered for counseling sessions, a counselor being required to ask one of the students of color suicide assessment protocol questions each visit; and policies on session limits and off-campus referrals. It became clear a “one-size fits all approach” impacted students’ access differently.

Whiteness as Individualism. The confluence of racial decontextualization and the fallacies of abstract liberalism formed the bases for Whiteness as individualism. Participants who were not seen in context—particularly the students of color—experienced disappointment, early termination, and distrust of counselors. Comparatively, counseling experiences which assumed individuals could make choices freely fared better.

In summary, each coding cycle shaped, suggested, and refined the next in an iterative, looping fashion in the hermeneutic tradition of inductive analysis. In the initial coding, participants' value, attitudes and beliefs emerged and were organized into subcodes. *A priori* categories of color-blind racism previously identified in the literature [33] were useful frames by which to further distill attitudes, values, and beliefs. The first author [8] reviewed all the data hitherto, and immersed in the data, wrote a series of 12 analytic memos throughout the process. With these in mind, what emerged clustered around five seminal axes of Whiteness: relational, advantage, property, power, and individualism.

6. Discussion

6.1. Key Findings

The current study sought to fill a gap in the literature related to access disparities in college counseling centers using a CWS lens. The findings from the current study extend our understanding of existing literature.

6.1.1. Barriers/Facilitators to Counseling

First, there are barriers and facilitators to counseling. Inferences from the current study demonstrated the ease by which counseling was a viable option for White students but viewed as an option of last resort for students of color.

Whiteness as relational in its positive forms facilitated successful courses of counseling for White participants, yet in its negative forms hampered counseling for students of color.

Findings from the current study identified spaces and systems (*i.e.*, Whiteness as property) intersecting with relational Whiteness. As such, access barriers were both present and absent depending on the race/ethnicity of the participants.

Early counseling termination occurred in the present study when White counselors perpetuated cultural mistrust with students of color. On the other hand, White participants in the current study endorsed attitudes of a priori trust toward the counseling profession. They also found their values of safety and comfort reinforced in their counseling experience, possibly facilitating lower rates of premature termination.

6.1.2. Multicultural Competence

Second, issues of multicultural competence were evident. Of the White participants in the present study, all persisted in their attendance to counseling—and consistent with the results of other research [19]—the counselor likely played a large role in this. White students found their counselor's emphasis on autonomy to be compatible with their goals; and continued attending counseling through goal completion. All White students said they would likely return to counseling in the future.

Multicultural competence of counselors was determined to be a factor in reducing the overall psychological distress for both White and racial/ethnic minority students [37]. In the present study, participants of color provided clues

regarding levels of multicultural competency of their White counselors. By avoiding Whiteness as individualism and recognizing racialized contexts, students of color remained in counseling with White counselors.

6.1.3. Whiteness

College counseling centers are largely directed and staffed with White clinicians [5], suggestive of Whiteness as a form of intangible property and Whiteness as advantage. If counselors of color are disproportionately fewer than White counselors, students of color de facto have less access.

In conclusion, while disparity in terms of clinical outcomes has been identified in the literature [3] [8], this study sought to examine the beginning of the counseling process, namely, the impact of Whiteness on access to college counseling centers. As no study has been done to date on access, this study filled a previous gap in the literature by identifying the various barriers and facilitators which enhanced or impeded students access to this important campus resource.

6.2. Delimitations and Limitations

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

As a limitation, the findings of the qualitative study are based on the perspectives of a small number of participants. As a result, the findings have suggestive value but are not empirically generalizable beyond the participants. However, because Whiteness is everywhere – any individual campus can examine how this oppressive power impacts access to student services such as mental health counseling.

6.3. Implications for College Counseling Centers and Counselors

While there are many different models of care in college counseling services [2], a “one-size fits all” approach may reify abstract liberalism’s tenets, namely, that all students have an equal opportunity to access counseling. Evidence to the contrary was found in the current study’s findings. Alternatively, stepped-care models [38] may increase access by re-distributing resources away from practices that unfairly award advantage to White students. These models offer an array of helping options, online information, self-help options, as-needed appointments, drop-in times, on-going weekly appointments, wellness coaching, support groups, peer led groups, mindfulness-based classes, and workshops, etc. These models deconstruct Whiteness as intangible property and emphasize “... empowerment, autonomy and shared responsibility” ([38], p. 437).

Prior to the onset of the pandemic, counseling services were delivered to the

participants in the present study at a centralized counseling center. These spaces were familiar and comfortable spaces for White participants but not universally so for students of color. Post-pandemic, counseling centers may do well to preserve remote options. In addition, providing mental health services in alternative campus locations may also expand access for students. For example, JED Foundation [39] recommends reducing barriers to help-seeking behavior by offering services in residence halls, the student union, student recreation spaces, or academic buildings.

6.4. Recommendations for Future Research

Continued scholarly research should continue to focus on access barriers facing students of color. However, the present study calls researchers to consider the dialectical opposites of disparate access to college counseling services using a CWS lens.

All too often, studies continue to use White students as the primary referent group by which students of color often fall short in terms of access to counseling services. Research approaches such as this may obscure the pretenses of abstract liberalism; engage in minimization of racism; or subtly imply cultural racism and naturalization. Instead, future research should re-calibrate to include students of color as a referent group.

In the wake of the COVID pandemic, burgeoning research [40] is critical to expand access to counseling via remote options. Tele-mental health is likely here to stay and counseling centers need to re-orient themselves to deliver services in this way. Research along the same line needs to focus on ways to reduce the digital divide as noted by various authors [41] [42] [43] [44] to support and sustain the emergence of new digital modes of access to college counseling resources.

Conflicts of Interest

The authors declare no conflicts of interest.

References

- [1] Hunt, J.B., Eisenberg, D., Lu, L. and Gathright, M. (2015) Racial/Ethnic Disparities in Mental Health Care Utilization among US College Students: Applying the Institution of Medicine Definition of Health Care Disparities. *Academic Psychiatry*, **39**, 520-526. <https://doi.org/10.1007/s40596-014-0148-1>
- [2] LeViness, P., Gorman, K., Braun, L., Koenig, L. and Bershada, C. (2020) The Association for University and College Counseling Center Directors Annual Survey: 2019. <https://www.aucccd.org/assets/documents/Survey/2019%20AUCCCD%20Survey-2020-05-31-PUBLIC.pdf>
- [3] Hayes, J.A., Youn, S.J., Castonguay, L.G., Locke, B.D., McAleavey, A.A. and Nordberg, S. (2011) Rates and Predictors of Counseling Center Use among College Students of Color. *Journal of College Counseling*, **14**, 105-116. <https://doi.org/10.1002/j.2161-1882.2011.tb00266.x>
- [4] Buser, J. (2009) Treatment-Seeking Disparity between African Americans and Whites: Attitudes toward Treatment, Coping Resources, and Racism. *Journal of Multicultural*

- Counseling and Development*, **37**, 94-104.
<https://doi.org/10.1002/j.2161-1912.2009.tb00094.x>
- [5] Miranda, R., Soffer, A., Polanco-Roman, L., Wheeler, A. and Moore, A. (2015) Mental Health Treatment Barriers among Racial/Ethnic Minority versus White Young Adults 6 Months after Intake at a College Counseling Center. *Journal of American College Health*, **63**, 291-298.
<https://doi.org/10.1080/07448481.2015.1015024>
- [6] Brownson, C., Becker, M.S., Shadick, R., Jaggars, S.S. and Nitkin-Kaner, Y. (2014) Suicidal Behavior and Help Seeking among Diverse College Students. *Journal of College Counseling*, **17**, 116-130. <https://doi.org/10.1002/j.2161-1882.2014.00052.x>
- [7] Kim, J.E., Park, S.S., La, A., Chang, J. and Zane, N. (2016) Counseling Services for Asian, Latino/a, and White American Students: Initial Severity, Session Attendance, and Outcome. *Cultural Diversity and Ethnic Minority Psychology*, **22**, 299-310.
<https://doi.org/10.1037/cdp0000069>
- [8] Klug, J. (2021) The Role of Whiteness in Access Disparities in College Counseling Services. Doctoral Dissertation, Available from ProQuest Dissertations and Theses Database.
- [9] Bose, J., Hedden, S.L. and Lipari, R.N. (2019) Key Substance Use and Mental Health Indicators in the United States: Results from the 2017 National Survey on Drug Use and Health.
<https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHFFR2017/NSDUHFFR2017.pdf>
- [10] Center for Collegiate Mental Health (2019, January) 2018 Annual Report.
https://ccmh.psu.edu/assets/docs/2019-CCMH-Annual-Report_3.17.20.pdf
- [11] U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (2019) Behavioral Health Barometer: United States, Volume 5: Indicators as Measured through the 2017 National Survey on Drug Use and Health and the National Survey of Substance Abuse Treatment Services. (HHS Publication No. SMA-19-Baro-17-US). Rockville. <https://store.samhsa.gov/>
- [12] American College Health Association (2019) American College Health Association-National College Health Assessment II: Reference Group Executive Summary, Issue.
https://www.acha.org/documents/ncha/NCHAI SPRING 2019 US REFERENCE_GROUP EXECUTIVE SUMMARY.pdf
- [13] National Center for Health Statistics (2020) Early Release of Selected Mental Health Estimates Based on Data from the January-June 2019 National Health Interview Survey. <https://www.cdc.gov/nchs/data/nhis/earlyrelease/ERmentalhealth-508.pdf>
- [14] Ruiz, N.G., Horowitz, J.M. and Tamir, C. (2020) Many Black and Asian Americans Say They Have Experienced Discrimination amid the COVID-19 Outbreak.
<https://www.pewsocialtrends.org/2020/07/01/many-black-and-asian-americans-say-they-have-experienced-discrimination-amid-the-covid-19-outbreak/>
- [15] Lipson, S.K., Kern, A., Eisenberg, D. and Breland-Noble, A.M. (2018) Mental Health Disparities among College Students of Color. *Journal of Adolescent Health*, **63**, 348-356. <https://doi.org/10.1016/j.jadohealth.2018.04.014>
- [16] Hayes, J.A., Chun-Kennedy, C., Edens, A. and Locke, B.D. (2011) Do Double Minority Students Face Double Jeopardy? Testing Minority Stress Theory. *Journal of College Counseling*, **14**, 117-126.
<https://doi.org/10.1002/j.2161-1882.2011.tb00267.x>
- [17] McGuire, T.G., Alegria, M., Cook, B.L., Wells, K.Z. and Zaslavsky, A.M. (2006) Im-

- plementing the Institute of Medicine Definition of Disparities: An Application to Mental Health Care. *Health Services Research*, **41**, 1979-2005.
<https://doi.org/10.1111/j.1475-6773.2006.00583.x>
- [18] Dunley, P. and Papadopoulos, A. (2019) Why Is It So Hard to Get Help? Barriers to Help-Seeking in Postsecondary Students Struggling with Mental Health Issues: A Scoping Review. *International Journal of Mental Health and Addiction*, **17**, 699-715. <https://doi.org/10.1007/s11469-018-0029-z>
- [19] Kivlighan, D.M., Jung, A.-K., Berkowitz, A.B., Hammer, J.H. and Collins, N.M. (2019) "To Show or No-Show"? Therapist Racial-Ethnic Disparities in Clients' Non-attendance in Therapy. *Journal of College Student Psychotherapy*, **33**, 1-13.
<https://doi.org/10.1080/87568225.2018.1424597>
- [20] Owen, J., Imel, Z., Adelson, J. and Rodolfa, E. (2012) "No-Show": Therapist Racial/Ethnic Disparities in Client Unilateral Termination. *Journal of Counseling Psychology*, **59**, 314-320. <https://doi.org/10.1037/a0027091>
- [21] Garner, S. (2007) *Whiteness: An Introduction*. Routledge, London.
<https://doi.org/10.4324/9780203945599>
- [22] Bois, D. and WEB (William Edward Burghardt) (1920) *Darkwater Voices from within the Veil*. Harcourt, Brace.
- [23] Baldwin, J. (2013) *The Fire Next Time*. Vintage, New York.
- [24] Delgado, R. and Stefancic, J. (2017) *Critical Race Theory: An Introduction* (Vol. 20). NYU Press, New York. <https://doi.org/10.2307/j.ctt1ggjin3>
- [25] Snowden, L.R. (2012) Health and Mental Health Policies' Role in Better Understanding and Closing African American-White American Disparities in Treatment Access and Quality of Care. *American Psychologist*, **67**, 524-531.
<https://doi.org/10.1037/a0030054>
- [26] Cabrera, N.L. (2018) *White Guys on Campus: Racism, White Immunity, and the Myth of "Post-Racial" Higher Education*. Rutgers University Press, New Brunswick.
<https://doi.org/10.36019/9780813599106>
- [27] Bonilla-Silva, E. and Forman, T.A. (2000) "I Am Not a Racist but ... ": Mapping White College Students' Racial Ideology in the USA. *Discourse & Society*, **11**, 50-85.
<https://doi.org/10.1177/0957926500011001003>
- [28] Park, J.J. (2020) *Race on Campus: Debunking Myths with Data*. Harvard Education Press, Cambridge.
- [29] Helms, J. (2017) The Challenge of Making Whiteness Visible: Reactions to Four Whiteness Articles. *Counseling Psychologist*, **45**, 717-726.
<https://doi.org/10.1177/0011000017718943>
- [30] Cabrera, N.L., Franklin, J.D. and Watson, J.S. (2016) Whiteness in Higher Education: The Invisible Missing Link in Diversity and Racial Analyses. *ASHE Higher Education Report*, **42**, 7-125. <https://doi.org/10.1002/aehe.20116>
- [31] Bhattacharya, K. (2017) *Fundamentals of Qualitative Research: A Practical Guide*. Taylor & Francis, Abingdon-on-Thames. <https://doi.org/10.4324/9781315231747>
- [32] Saldaña, J. and Omasta, M. (2017) *Qualitative Research: Analyzing Life*. Sage, New York.
- [33] Bonilla-Silva, E. (2006) *Racism without Racists: Color-Blind Racism and the Persistence of Racial Inequality in the United States*. Rowman & Littlefield Publishers, Lanham.
- [34] Saunders, B., Sim, J., Kingstone, T., Baker, S., Waterfield, J., Bartlam, B., Burroughs, H. and Jinks, C. (2018) Saturation in Qualitative Research: Exploring Its Conceptu-

- alization and Operationalization. *Quality & Quantity*, **52**, 1893-1907.
<https://doi.org/10.1007/s11135-017-0574-8>
- [35] Jones, S.R., Arminio, J., *et al.* (2014) Negotiating the Complexities of Qualitative Research in Higher Education: Fundamental Elements and Issues. Routledge, New York.
- [36] Sue, D.W. (2004) Whiteness and Ethnocentric Monoculturalism: Making the “Invisible” Visible. *American Psychologist*, **59**, 761-769.
<https://doi.org/10.1037/0003-066X.59.8.761>
- [37] Hayes, J.A., McAleavey, A.A., Castonguay, L.G. and Locke, B.D. (2016) Psychotherapists’ Outcomes with White and Racial/Ethnic Minority Clients: First, the Good News. *Journal of Counseling Psychology*, **63**, 261-268.
<https://doi.org/10.1037/cou0000098>
- [38] Cornish, P.A., Berry, G., Benton, S., Barros-Gomes, P., Johnson, D., Ginsburg, R., Whelan, B., Fawcett, E. and Romano, V. (2017) Meeting the Mental Health Needs of Today’s College Student: Reinventing Services through Stepped Care 2.0. *Psychological Services*, **14**, 428-442. <https://doi.org/10.1037/ser0000158>
- [39] JED Foundation (2023, November 27) JED’s Comprehensive Approach.
<https://www.jedcampus.org/our-approach/>
- [40] Huilgol, Y.S., Torous, J., Gold, J.A. and Goldman, M.L. (2021) Telemental Health Policies for College Students during COVID-19. *Journal of American College Health*, **71**, 665-669. <https://doi.org/10.1080/07448481.2021.1909040>
- [41] Anderson, M. (2019) Mobile Technology and Home Broadband.
<https://www.pewresearch.org/internet/2019/06/13/mobile-technology-and-home-broadband-2019/>
- [42] Beaunoyer, E., Dupéré, S. and Guitton, M.J. (2020) COVID-19 and Digital Inequalities: Reciprocal Impacts and Mitigation Strategies. *Computers in Human Behavior*, **111**, Article ID: 106424. <https://doi.org/10.1016/j.chb.2020.106424>
- [43] Campos-Castillo, C. and Laestadius, L.I. (2020) Racial and Ethnic Digital Divides in Posting COVID-19 Content on Social Media among U.S. Adults: Secondary Survey Analysis. *Journal of Medical Internet Research*, **22**, e20472.
<https://doi.org/10.2196/20472>
- [44] Holmes, E.A., O’Connor, R.C., Perry, V.H., Tracey, I., Wessely, S., Arseneault, L., Ballard, C., Christensen, H., Silver, R.C. and Everall, I. (2020) Multidisciplinary Research Priorities for the COVID-19 Pandemic: A Call for Action for Mental Health Science. *The Lancet Psychiatry*, **7**, 547-560.
[https://doi.org/10.1016/S2215-0366\(20\)30168-1](https://doi.org/10.1016/S2215-0366(20)30168-1)