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The Social Psychology of Black–White Interracial Interactions: Implications for Culturally Competent Clinical Practice

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Social psychological research suggests that because of concerns about being perceived in stereotypical ways, people may experience negative affect and diminished attention and cognitive capacity during interracial interactions. The authors discuss this research in relation to therapy and assessment and also offer practical suggestions for ensuring culturally competent professional practice.

Keywords: interracial interactions, social psychology

La investigación en el campo de la psicología social sugiere que, debido a la preocupación por ser percibida de forma estereotipada, la gente puede experimentar sentimientos negativos y un nivel reducido de atención y capacidad cognitiva durante interacciones interraciales. Los autores discuten esta investigación en relación a la terapia y evaluación, y también ofrecen sugerencias prácticas para asegurar una práctica profesional culturalmente competente.

Palabras clave: interacciones interraciales, psicología socialy

Competence with issues of cultural diversity is widely considered an essential skill for helping professionals (e.g., D'Andrea & Daniels, 2001; Sue, Arredondo, & McDavis, 1992). Even if progress has been uneven in ensuring that all practitioners possess such competence (Cartwright, Daniels, & Zhang, 2008; Dickson & Jepsen, 2007), research on multicultural issues has grown to be accepted as a core area of counseling scholarship (Vera & Speight, 2003), and some professional associations have formalized cultural competence requirements (e.g., American Psychological Association, 2003; Arredondo et al., 1996). The literature in counseling, clinical psychology, social work, and related areas now includes substantial empirical research and theoretical development on multicultural issues, but the helping professions have yet to take full advantage of basic research conducted in social psychology, a branch of behavioral science that has had much to say about multicultural issues such as prejudice and stereotyping.

In this article, we review social psychological research on the dynamics of interracial interactions. Because these interactions are a fundamental impetus

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for attention to cultural competence in clinical practice, helping professionals and their trainers have much to gain from this research. The experimental research on interracial interactions is recent but already quite voluminous (for prior reviews, see Shelton & Richeson, 2006; Trawalter, Richeson, & Shelton, 2009), allowing for reasonably confident conclusions. To review this literature, we used the PsycINFO database to search for journal articles containing the keyword *interracial interactions* that were published from 2000 to the present. We report here on the social psychological research most relevant to helping professionals. At several points throughout our review, we pause to draw out implications for clinical settings, and we conclude with specific suggestions for training and professional practice.

the challenge of interracial interactions

In U.S. culture, both racial minority group members and Whites are aware of negative stereotypes about their own and other racial groups (e.g., Krueger, 1996; Vorauer, Main, & O'Connell, 1998). When people endorse these stereotypes (consciously or unconsciously), their interactions with individuals of another race may suffer from outward displays of prejudice. Although such prejudiced behavior is an extremely serious problem for society and for therapy, in this article, we focus on a more insidious aspect of interracial interactions that has received less attention. Specifically, even when people do not harbor prejudice or ill intent—or at least make an effort not to show their prejudice in their behavior—they may still be concerned about being seen by others through the lens of negative stereotypes.

These concerns are metaperceptual in nature: They involve people's perceptions of how others might perceive them. A Black person might fear being perceived as stereotypically incompetent or aggressive, for example, whereas a White person might fear being perceived as stereotypically racist and thus immoral (e.g., Bergsieker, Shelton, & Richeson, 2010; Crandall & Eshleman, 2003; Monin & Miller, 2001). In both cases, a fear of social rejection may lead people to avoid interracial interactions altogether (Plant & Devine, 2003; Stephan & Stephan, 1985). Yet when interracial interactions do occur, including in professional psychological settings of therapy and assessment, metaperceptual concerns related to race may affect the interaction among participants considerably.

Although helping professionals have begun to attend to the effects of concerns about confirming negative cultural stereotypes on tests of maximal performance—that is, stereotype threat effects (Jordan & Lovett, 2007; Steele, 1997)—little attention has been paid to the more general consequences for therapeutic contexts of people's worries about being seen stereotypically by an interaction partner. In reviewing the research in this area, we should note that the majority of it has concerned Black–White interracial interactions

specifically; thus, the generalities described in this article may not hold true for all types of interracial interactions.

AFFECTIVE CONSEQUENCES

Interracial interactions often lead to negative affect. Lab studies have demonstrated that Black people may feel anxious in their interactions with Whites (Clark, Anderson, Clark, & Williams, 1999; Mendoza-Denton, Downey, Purdie, Davis, & Pietrzak, 2002) and may even show cardiovascular reactivity under some conditions (Clark, 2000; Guyll, Matthews, & Bromberger, 2001). Likewise, White people have been found to feel anxiety and self-consciousness during interracial interactions (Stephan & Stephan, 2000) and also show physiological signs of threat (Blascovich, Mendes, Hunter, Lickel, & Kowai-Bell, 2001; Page-Gould, Mendoza-Denton, & Tropp, 2008).

These negative emotional responses may be due to concerns about being perceived stereotypically by one's interaction partner. In one study, the more that racial minority college students expected to be seen in a prejudiced manner by their White roommates, the more stress they reported feeling during interactions with those roommates (Shelton, Richeson, & Salvatore, 2005). Whites' stress during interracial interactions also seems to be due, in part, to metaperceptual fears. When White participants in one study were told that they should try to avoid appearing prejudiced during an upcoming interaction with a Black participant, they reported feeling more anxiety during conversation with the Black individual than when they were not given the antiprejudice instruction (Shelton, 2003).

The implications of these affective consequences for counseling and therapy are substantial. On the client side, interracial interactions may heighten the negative feelings that may have brought clients to counseling in the first place, and exacerbating negative emotions may undermine the efficacy of therapeutic interventions aimed at reducing clients' distress. In addition, negative emotions experienced during clinical interactions may prevent clients from developing a strong relationship with the therapist, and any attempts by the therapist to ease tension by discussing the interracial nature of the interaction runs the risk of ironically increasing the intensity of clients' concerns about being seen in a stereotypical manner or as prejudiced. On the clinician side, negative affective reactions in both directions may be misinterpreted as evidence of transference or countertransference. Furthermore, clinicians may experience fatigue or guilt based on their negative reactions to interracial interactions, and these feelings may distract them and adversely influence their therapeutic approach and interactions with clients (Kimerling, Zeiss, & Zeiss, 2000; Saunders, 1999).

COGNITIVE CONSEQUENCES

During interracial interactions, people often expend significant effort to control their thoughts, emotions, and behaviors. For example, when interacting with a minority group member, a White person may guard carefully against

prejudiced thoughts or behaviors that might be triggered automatically (Monteith, 1993; Vorauer & Kumhyr, 2001), whereas the minority group member may monitor vigilantly for any behavior on his or her part that could elicit a prejudiced or stereotypical perception by the White conversation partner. A large body of social psychological research suggests that consciously controlling one's thoughts, emotions, and behaviors can deplete mental resources and hurt performance on subsequent tasks requiring cognitive control (for a review, see Muraven & Baumeister, 2000), and this consequence seems to hold true in the domain of interracial interactions. For example, in one study, White and Black participants who interacted with a different-race experimenter—compared with participants who interacted with a same-race experimenter—performed worse afterward on a cognitive control task (the Stroop Color-Naming Task [Stroop, 1935], in which participants are shown names of colors printed in ink, such as *green* printed in red ink, and are asked to name the color of ink rather than reading the word), and this performance decrement was especially pronounced for participants who had higher levels of prejudice (Richeson, Trawalter, & Shelton, 2005).

From such studies, researchers have concluded that the worse one's prejudice against another racial group, the more cognitively draining interracial interactions can be. This is likely due to the self-control needed to avoid thinking or behaving in a prejudiced manner toward one's interaction partner, or in a way that might evoke prejudice from one's partner. Consistent with this idea, other studies have shown that the mere threat of being seen negatively can exaggerate the cognitive decline seen after an interracial interaction. When White participants in one study were told that they were probably more prejudiced than a test of prejudice indicated, they performed worse on a subsequent Stroop task than did participants who were not given this feedback (Richeson & Shelton, 2003). Conversely, reducing White participants' concerns about being seen as prejudiced has been shown to have the opposite effect, improving participants' post–interracial interaction cognitive performance (Richeson & Trawalter, 2005).

These cognitive consequences of interracial interactions may have a significant impact on clinical work. First, professionals conducting cognitive assessments may underestimate the cognitive skills of clients who are temporarily impaired by an interracial interaction. Second, in intervention as well as assessment contexts, clinicians experiencing cognitive depletion may have trouble focusing attention on their clients, leading to less thoughtful and more distracted work. It is encouraging that lower levels of racial prejudice are associated with less cognitive impairment, suggesting that prejudice-reduction techniques may sometimes stave off these negative consequences of interracial interactions.

INTERPERSONAL CONSEQUENCES

The picture of interracial interactions painted thus far is bleak. Concerned about being seen in prejudiced ways or being seeing as prejudiced themselves,

people may feel anxious when interacting with an individual of another race, and in attempting to control this anxiety as well as their behavior and thoughts, people draw down their cognitive reserves. This would suggest that interracial interactions can leave people cognitively and emotionally drained, but there may still be interpersonal benefits to the pressures people put on themselves in interracial interactions.

It turns out that although interracial interactions can be stressful, people's strategies for avoiding being seen negatively can in fact work, in the sense that they make the interaction more agreeable for the interaction partner. In one study, for example, although White participants who were told to try not to appear prejudiced in their interactions with a Black partner experienced more anxiety than did Whites not given this instruction, the Black partners of these participants ended up liking their conversation partners more than did the partners of Whites not given the instruction (Shelton, 2003). Similarly, in another study, more prejudiced White individuals showed more conversational engagement with a Black partner than did lower prejudice Whites, according to ratings by the Black partners, and ended up being liked more by their partners, presumably because the higher prejudice Whites harbored a greater concern about being seen as prejudiced (Shelton, Richeson, Salvatore, & Trawalter, 2005).

Not only do White individuals' self-regulatory efforts in interracial interactions benefit their Black partners, but the reverse is true as well. For example, the more that Black college students expected to be targets of prejudice, the more that they self-disclosed to their White roommates, perhaps as a compensatory strategy to increase positive affiliation (Shelton, Richeson, & Salvatore, 2005). Consistent with this finding, when primed with a story about the high prevalence of anti-Black prejudice before interacting with a White conversation partner, Black participants showed more social engagement over the course of the interaction (e.g., smiling, leaning toward the partner, asking questions, talking), and this led to their White partners experiencing less negative affect and liking the Black participants more (Shelton, Richeson, & Salvatore, 2005; see also Shelton, 2003). Of course, as with all the research described here, it should be emphasized that these are group averages masking substantial variability in participants' reactions; it would be unsurprising if some Black participants became defensive or otherwise upset by the suggestion of prejudice.

Thus, the available research suggests positive interpersonal consequences of interracial interactions, such as increased engagement and social disclosure, which may be beneficial in clinical settings, but there is reason to be cautious. Certainly, the relationship between clinicians and clients requires engagement and affiliative behavior, but it also requires that each party feels free to acknowledge and address ruptures in the therapeutic relationship. It is possible that the positivity that interracial interaction participants seek to ensure may come at the expense of dealing with issues that call for confrontation and difficult conversation. Thus, it may be especially critical when working with

different-race clients for therapists to emphasize during initial sessions the importance of expressing disagreement or conflict genuinely when it arises in the therapeutic process. In addition, acknowledging and discussing the pressures to please one's conversation partner that can arise in interracial interactions may help clients to feel safer in addressing any concerns they might have about the therapeutic alliance.

building better interracial interactions: implications for training and professional practice

Before offering specific suggestions for clinicians and educators on the basis of the research reviewed previously, we should note some limitations of this scholarship. First, as noted earlier, the research has largely been limited to interaction between Whites and Blacks, rarely involving individuals of other races or mixed races. Second, the samples have generally been nonclinical groups of college students, neglecting the impact that age, educational level, and clinical status may have on the effects being studied. Third, no research on interracial interactions has used clinical tasks (any aspects of assessment or intervention) as dependent measures. Finally, the research we have reviewed involves different-race participants interacting from positions of similar power, apart from status differences inherent in their racial group membership (e.g., White privilege). Interactions in assessment and psychotherapy settings, on the other hand, often involve an intended or unintended power differential between clinician and client (Pope & Vasquez, 2007), and it is unclear how this power differential may affect the dynamics of interracial interactions. For example, a Black client's fear of being perceived as stereotypically incompetent may be exacerbated when interacting with a White person in a position of power, such as a therapist, whereas a White client's fear of being seen as racially prejudiced may be attenuated when interacting with a Black person who holds some social advantage over him, such as a therapist. Although more research is warranted to address these gaps in the literature, we do not believe that any of these flaws are fatal. Clinical and nonclinical tasks involve many of the same cognitive and emotional processes, and interracial interactions likely lead to many of the same consequences across different populations and across power-differential variations in relationships.

It is useful to reflect on strategies for preventing the affective and cognitive depletion that can occur during and after interracial interactions. One obvious suggestion would be to simply stop being concerned about metaperceptions—how one's interaction partner might see oneself—but, as reviewed previously, this strategy is likely to hurt interpersonal outcomes (e.g., reduce affiliative social gestures). Given that the quality of the interpersonal alliance

is paramount in therapeutic contexts—accounting for up to 40% of the variance in treatment outcomes (Lambert, 1992)—it is important to identify more adaptive means of improving interracial interactions. Social psychological theory and evidence suggest the following strategies, although they have thus far received limited direct study.

INCREASING AWARENESS OF METAPERCEPTUAL CONCERNS

Simply educating clinicians about the social psychological dynamics of interracial interactions may go a long way toward reducing the difficulties associated with them. Clinicians may, in turn, sometimes find it helpful to share this knowledge with clients. As mentioned earlier, it is important for clinicians to recognize when their own cognitive or affective fatigue may stem from their metaperceptual concerns or associated self-regulatory efforts. For example, if a clinician feels uneasy when working with a different-race client but recognizes this feeling as a reflection of his or her own fears of being perceived as untrustworthy, it may be easier to normalize and change the negative feelings, without feeling excessively guilty about them or assuming that the client had any intentional role in producing them. Similarly, a client who is coping with preexisting anxiety may be less discouraged by anxiety provoked by the therapeutic encounter when he or she sees it as a typical response to an interracial interaction, rather than as something specific to the self or pathological. Mentioning at intake the research on interracial interactions could help to ease tension for such a client and, more generally, could open the way to safely discussing issues of race and prejudice with any client. Caution must be taken, however, to ensure that drawing attention explicitly to the interracial nature of the interaction does not actually increase clients' anxieties; aiming to directly disconfirm clients' metaperceptual fears (e.g., of being seen as prejudiced) may go a long way toward this goal, as discussed in the section titled Shifting to a Promotion Regulatory Focus.

Even if some self-reflective clinicians and clients are aware of their own metaperceptual concerns, research suggests that people often fail to recognize that their interaction partners harbor similar concerns (Shelton & Richeson, 2006). Thus, negative attributions for slipups by the interaction partner may also be attenuated when people consider the stresses under which that person is likely operating. For example, when a Black counselor notices that a White client is speaking nervously, he or she might infer, on the basis of the conversation topic, that the client is concerned about being seen as racist, rather than inferring from the odd behavior that the partner actually is racially prejudiced—an inference that might exacerbate the counselor's own potential fears of being seen in a stereotypically negative manner. In this way, increasing awareness of others' metaperceptual concerns might stop vicious cycles of negative perception and metaperception from taking hold. Of course, although counselors typically strive to be charitable in interpreting

clients' behavior to best build the therapeutic alliance, it sometimes becomes apparent, either through direct interactions with clients or through clients' descriptions of their interpersonal problems outside therapy, that they harbor explicit racial prejudices. Here, the client's prejudice becomes an appropriate topic for direct examination and reflection in counseling (see Lee, 2005).

SHIFTING TO A PROMOTION REGULATORY FOCUS

A broad body of research suggests that, when pursuing a goal, people adopt either a promotion self-regulatory focus, which involves taking proactive steps to attain the goal, or a prevention self-regulatory focus, which involves monitoring for and avoiding anything that interferes with goal attainment (Higgins, 1998). Research suggests that a promotion focus may be more adaptive than a prevention focus in interracial interactions. For example, in one study, when experimenters asked participants to "have a positive intercultural exchange" prior to a discussion with a different-race partner, the participants showed more comfort in their behaviors and less cognitive depletion on a later task compared with participants who were asked to "avoid prejudice" (Trawalter & Richeson, 2006). An interesting finding was that participants in a control condition, not given any promotion or prevention instruction, performed similarly to participants in the prevention ("avoid prejudice") condition, suggesting that people's default strategy going into interracial interactions may be prevention rather than promotion. Therefore, clinicians might consider trying to actively promote positive metaperceptions and other outcomes during interracial interactions, rather than worrying exclusively about potential negative outcomes (e.g., being seen as racially prejudiced).

Armed with knowledge of different-race clients' likely metaperceptual fears, clinicians with a promotion focus may find it helpful in some cases to set a goal of directly disconfirming those fears. Clients are more likely to stay in therapy and make greater therapeutic gains when they believe that their therapists view them in a positive light (Najavits & Strupp, 1994), and therapists might consider tailoring the type of positive regard they convey to a client on the basis of knowledge of metaperceptual fears common to interracial interactions. For example, recent research found that Black and Latino individuals are often concerned with being seen as competent and respected in interracial interactions, whereas White individuals may be more concerned with being seen as moral and likable (Bergsieker et al., 2010); a culturally competent therapist might try to identify and emphasize personal strengths in the client that may alleviate his or her likely metaperceptual concerns in an interracial context. More generally, adopting a promotion regulatory focus within interracial therapeutic dyads may mean amplifying normal efforts to build trust (e.g., by engaging in appropriate self-disclosure) and affiliation (e.g., by finding common ground with clients) in the therapeutic relationship. Although the literature on multicultural competence in master therapists (e.g., Goh,

2005) is beyond the scope of the current review, a goal for future research should be the identification of techniques used by such therapists that could be embraced by other therapists to ameliorate some of the deficits identified by social psychologists studying interracial interactions.

REDUCING SELF-THREAT AND BOLSTERING PSYCHOLOGICAL RESOURCES

People experience stress when they appraise environmental demands as exceeding their current physical or psychological resources (Lazarus, 1966; Lazarus & Folkman, 1984). Two straightforward strategies for reducing the stress of interracial interactions, then, are to reduce the subjective demand or degree of threat that such interactions represent to a person and to bolster that person's perceived psychological resources. One way to achieve both of these things may be to simply practice interracial interactions. In lab studies, a longer history of interracial interactions has been associated with fewer physiological symptoms of arousal or threat when interacting with a different-race individual (Blascovich et al., 2001; Page-Gould et al., 2008), and practice with interracial interactions may also make them less cognitively exhausting (Pettigrew & Tropp, 2006). Helping professionals are required to complete hundreds of hours of intervention and assessment with clients before they can become licensed, but if few of these hours are spent with clients of different races, clinicians may find themselves drained of the affective and cognitive resources needed to conduct effective therapy when with different-race clients. The social psychological research on interracial interactions thus reinforces the need for clinical training with a diverse set of clients, as well as the usefulness of multicultural education for clinicians, because lower levels of racial prejudice have been associated with less cognitive impairment during interracial interactions (Richeson et al., 2005).

Supplementing long-term goals of increasing comfort with interracial interactions and reducing personal prejudice, helping professionals might, in the shorter term, reduce their own susceptibility to the threat of interracial interactions by contemplating a highly valued personal quality (e.g., their excellence as a partner or parent, their intellectual or professional achievements, or even their prowess as an amateur athlete or chef) prior to a therapy session. General self-affirmation of this kind has been shown to be a surprisingly powerful intervention against a broad range of threats to the self (Steele, 1988). Providing similar opportunities for clients could likewise prove beneficial and may be especially important when a clinician plans to conduct cognitive assessments of the client, because cognitive abilities may be underestimated when the client is suffering from the threat of interracial interactions (see Jordan & Lovett, 2007, for further suggestions for reducing threat related to racial stereotypes in testing situations).

conclusion

To ensure culturally competent practice and maximize the quality of service provided to diverse clients, helping professionals must consider the cognitive, affective, and interpersonal dynamics of interracial interactions. Although we have focused on the implications of these dynamics for counseling and clinical psychological settings, the research we review could be fruitfully applied to other areas of health care and, indeed, to any professions involving direct contact with clients. For example, in medical settings, outcomes are worse when patients and physicians are of different races (e.g., Cooper-Patrick et al., 1999; Saha, Komaromy, Koepsell, & Bindman, 1999), suggesting that the difficulties of interracial interactions may contribute to persistent health care disparities between Whites and racial minority groups (see Mayberry, Mili, & Ofili, 2000).

Social and clinical psychology have much to offer to each other (e.g., Leary, 2006; Maddux & Tangney, 2010), and the interface of the two disciplines merits more attention from everyone who is interested in understanding multicultural issues. We hope that this article will inspire clinicians to apply the social psychological research on interracial interactions to their practice and to contribute to the further advancement of research and theory in this area.

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