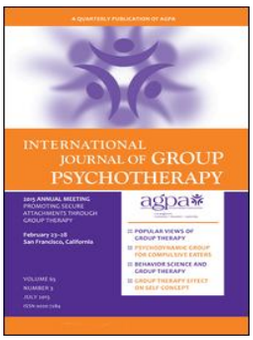

International Journal of Group Psychotherapy

ISSN: 0020-7284 (Print) 1943-2836 (Online) Journal homepage: http://www.tandfonline.com/loi/ujgp20

Neuroscience and Racism: The Power of Groups for Overcoming Implicit Bias

Francis L. Stevens & Alexis D. Abernethy

To cite this article: Francis L. Stevens & Alexis D. Abernethy (2017): Neuroscience and Racism: The Power of Groups for Overcoming Implicit Bias, International Journal of Group Psychotherapy, DOI: 10.1080/00207284.2017.1315583

To link to this article: http://dx.doi.org/10.1080/00207284.2017.1315583

International Journal of Group Psychotherapy, 00: 1–24, 2017

ISSN: 0020-7284 print/1943-2836 online
DOI: https://doi.org/10.1080/00207284.2017.1315583

Neuroscience and Racism: The Power of Groups for Overcoming Implicit Bias

FRANCIS L. STEVENS, PH.D.
ALEXIS D. ABERNETHY, PH.D., CGP, FAGPA

ABSTRACT

Recent developments in brain imaging have enhanced our understanding of how individuals respond to racial cues and stereotypes. Evidence suggests that racial stereotypes are more emotional in nature than other phenotypic stereotypes. One challenging emotion that may be evoked is shame. The experience of shame may impede self-reflection, interfere with one's awareness of potential implicit racial biases, and impede the exploration of racial considerations. The group therapy setting provides a rich context for addressing racial bias as well as the emotions and challenging interactions that often accompany it. Practical techniques are presented for managing shame along with other emotions that may emerge in discussing race or addressing racial dynamics in groups.

Racism is a problem that exists on individual, institutional, and societal levels. Racism may be defined in many ways. Jones and Carter write:

> [Racism] results from the transformation of race prejudice and/or ethnocentrism through the exercise of power against a racial group defined as inferior, by individuals and institutions with the intentional or unintentional support of the entire (race or) culture. (Jones & Carter, 1996, p. 3)

Francis L. Stevens is an Instructor of Psychology and Human Development at Wheelock College, Boston, Massachusetts. Alexis D. Abernethy is a Professor of Psychology at Fuller Theological Seminary, Pasadena, California.

Racism is a term that can be used to refer to large systematic injustice that creates biased policies and institutions within the culture, as well as individuals' racial bias that results in preferential treatment of people based upon race.

Racism on the individual level may be explicit or implicit. Explicit racism refers to a deliberate intent to treat one race as superior. This article will focus on implicit racism, a more subtle type of racism where individuals may be unaware of their discriminatory bias. Racial microaggressions, a term first coined by Pierce (1970), are behaviors that send denigrating messages to people of color. Microaggressions can be intentional (e.g., microassaults) or unintentional (e.g., microinsults; Sue, 2010). When White therapists commit microaggressions toward clients of color, this behavior is typically outside the conscious awareness of the therapists (Constantine, 2007) and is considered a form of implicit racial bias.

Recent research has focused on the unintentional, yet still harmful nature of racial microaggressions (Nadal, Griffin, Wong, Hamit, & Rasmus, 2014; Wong, Derthick, David, Saw, & Okazaki, 2014). This more unintentional type of racism became more widely recognized through the development of the Implicit Association Test (IAT; Greenwald, McGhee, & Schwartz, 1998). The IAT is designed to identify implicit racial preferences. Studies have demonstrated that explicit and implicit attitudes about race as well as other categorizations can be quite different (Baron & Banaji, 2006). Overtly, individuals often deny having racial preferences, while implicitly many of these same people show some level of racial preference. Research has demonstrated that regardless of explicit bias, both Caucasians and African Americans have an implicit preference for White over Black faces (Nosek, Banaji, & Greenwald, 2002). Implicit attitudes are often formed through early developmental events, whereas explicit attitudes are shaped by more recent events (Rudman, Phelan, & Heppen, 2007). Implicit attitudes are developed more through an associative learning process, whereas explicit attitudes develop from a more reflective learning process (Smith & Decoster, 2000). Associative learning involves pairing a neutral stimulus with a positive or negative stimulus, and creating a valence for the neutral stimuli as is typically done in classical conditioning, whereas reflective learning is more of a conscious process where one would consider evidence and counterevidence before assigning valence.

Holding an implicit racial bias negatively impacts behavior towards out-group races, even if unintended (Greenwald, Poehlman, Uhlmann, & Banaji, 2009; Stanley, Sokol-Hessner, Banaji, & Phelps, 2011). These implicit biases result in preferential treatment towards certain racial groups, and studies demonstrate that names associated with Caucasians on a resume are more likely to be chosen for job interviews (Bertrand, & Mullainathan, 2003), and physicians give less pain medication to people of color as compared to Whites (Green et al., 2003). The assumption is that individuals are not overtly biased, but they still express a harmful covert bias that discriminates against people of color.

Implicit bias is not consciously created; it appears to be the result of being raised in a culture of subtle racism. Research has demonstrated that children as young as six show bias towards White over Black individuals on an implicit association test and will openly acknowledge that bias (Baron & Banaji, 2006). It could be suggested that these racial preferences represent an in-group bias for one's own race; however, Hispanic children, while showing a racial bias for Hispanics over Blacks, show no such bias in comparison to Whites (Dunham, Baron, & Banaji, 2007). Baron and Banaji (2006) attribute children's White racial bias to an unconscious internalization of a larger cultural bias that values Whites over Blacks, without ever consciously intending to develop such a bias. As children age, they recognize the social inappropriateness of expressing a racial bias and no longer endorse an explicit bias, but often their implicit bias is still intact (Baron & Banaji, 2006).

INSIGHTS FROM NEUROSCIENCE

A stereotype is a generalization or schemata directed towards a group of people. As such, stereotypes exist for sex, race, and occupation, as these are common classification categories. Stereotypes are typically developed in the brain through an associative learning process, and people of color are often associated with fearful stimuli (Olsson, Ebert, Banaji, & Phelps, 2005). Several studies have found greater amygdala activity in response to people of color (Cunningham et al., 2004; Lieberman, Hariri, Jarcho, Eisenberger, & Bookheimer, 2005; Ronquillo et al., 2007). The amygdala is a brain area that is commonly activated in response to fearful stimuli (LeDoux, 1995). Racial

stereotypes in contrast to other stereotypes, such as gender, are strongly associated with fear. Santos, Meyer-Lindenberg, and Deruelle (2010) found that children with Williams syndrome, a condition in children that creates an absence of social fear, were shown to have intact gender stereotypes, but no racial stereotypes. This finding suggests that different neuronal mechanisms are activated for different stereotypes. Perhaps the absence of amygdala activation in association with Black faces prevented the children with Williams syndrome from endorsing racial stereotypes. This racial association to fear may also explain why many individuals are quicker to associate a Black face with a gun and a White face with a tool (Payne, 2006).

Research in classical conditioning has repeatedly shown that fear-based associations are the strongest and longest lasting of the many conditioning paradigms, as the strong emotional response seems to solidify the association (Öhman, & Mineka, 2001). Moreover, the classic conditioning of fear and race associations is so strong and unmalleable, because of fear's specialized neurocircuitry that resists extinction (Öhman, & Mineka, 2001). Fear can be a challenging emotion to modify, because once activated, it is often self-reinforcing. Clinicians understand how difficult it can be to have a client overcome a fear such as a phobia, even when the stimulus is obviously benign. Racially biased behavior may stem unwittingly from early experiences where individuals learned to fear other races.

Researchers make a distinction between evaluative and non-evaluative stereotypes, in that evaluative stereotypes involve emotional evaluation (Amodio, & Devine, 2006). Stereotypes about social groups are evaluative in nature; they have a valence beyond stereotypes of objects or non-human entities (e.g., house, chair, boat) (Contreras, Banaji, & Mitchell, 2012). Since evaluative stereotypes have an emotional component they are likely to be processed differently in the brain than non-evaluative stereotypes. Several dual systems theories have been proposed for processing information (Evans, 2008; Kahneman, 2011). These theories identify two systems; first is a fast-acting system that relies more on automatic processes, often considered nonconscious, which involves activation of the limbic system or more subcortical regions. The second is a slower system that is more controlled, considered to be more conscious, and activates more cortical regions, such as the prefrontal cortex (PFC) (Evans & Stanovich, 2013).

Lieberman, Jarcho, and Satpute (2004) identify these two processing systems in the brain as the C and X systems. The C system is slower and more reflective, while the X system is faster and reflexive. The C system is cognitively based, while the X system is an affectively driven system based on associative learning. The C system involves areas typically used in thought and planning, such as the lateral PFC, posterior parietal cortex, and the hippocampus; the X system includes regions more involved in processing emotion, such as the ventromedial prefrontal cortex (vmPFC), basal ganglia, and the amygdala (Lieberman et al., 2004). The C system is explicit and thoughtful, while the X system is implicit and reactive. The distinction between these two information-processing systems may offer insight regarding implicit racial bias. The evaluative nature of racial stereotypes results in individuals responding to people of color via the X system, before any reflective thought processing takes place. Thus, if seeing a person of color evokes fear, this could cause the X system to react with bias toward those individuals before the C system ever has time to question whether the fear is rational (see Figure 1).

Not only does associating different races with fear create a negative evaluation of those races, but it also creates a strong in-grouping/out-grouping effect. Objectifying the other creates less empathy for the out-group, thus making it easier to inflict harm and violence (Richardson, Hammock, Smith, Gardner, & Signo, 1994). Neuroimaging studies show that empathy responses vary between in-groups and out-groups, as two different brain regions are activated when empathizing between these two groups (Meyer et al., 2013; Xu, Zuo, Wang, & Han, 2009). The anterior cingulate cortex (ACC) and anterior insula are co-activated when same race individuals are in pain (Xu et al., 2009). The ACC, which is located between the limbic system and prefrontal cortex, has been shown to be involved in both the recognition and regulation of emotion (Stevens, 2016). The insula located between the frontal, temporal, and partial cortexes is involved in interoceptive and emotional awareness (Simmons et al., 2013). Together, these regions are involved in emotional or affective empathy, which involves actually experiencing another's emotions (Shamay-Tsoory, 2011). In contrast, higher cortical regions like the vmPFC and dorsomedial PFC (dmPFC) are more active when other race individuals are in pain (Xu et al., 2009). These regions are functionally

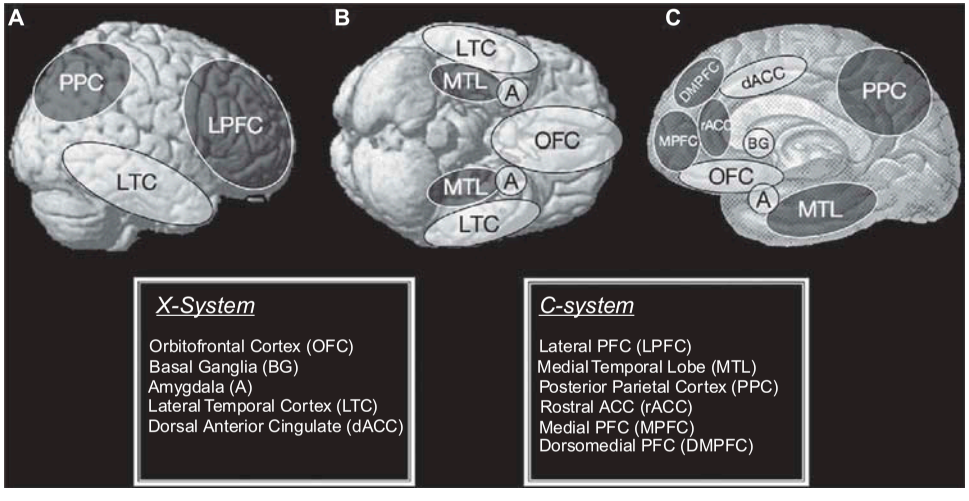

Figure 1. Neuroscience and Racism: The Power of Groups for Overcoming Implicit Bias Figures (Satpute & Lieberman, 2006). © 2006 Elsevier. Reprinted with permission.

associated with cognitive empathy, a perspective-taking ability without the felt sense of pain of another (Shama-Tsoory, 2011). Meyer and colleagues (2013) demonstrated this by showing that the social exclusion of a friend activated the dorsal ACC (dACC), whereas the social exclusion of a stranger activated the vmPFC. This indicates that although out-group members can understand the pain social exclusion causes other races (cognitive empathy), they only feel empathy when they see a member of their in-group race socially excluded (affective empathy). This in-group perception may be modifiable. Cao, Contreras-Huerta, McFadyen, and Cunnington (2015) found that Chinese subjects exhibited increased activation in the ACC in response to Australians experiencing pain after having increased interracial contact with Australians.

It appears that when subjects see Black faces, there is an initial fear response followed by a controlled response of that emotion. When subjects are shown Black faces as opposed to White faces, there is an initial elevation in amygdala activity, which is then followed by activity in the dorsolateral PFC (dlPFC) and the ACC, brain areas that are both considered important for the modulation and regulation of amygdala activity (Cunningham et al., 2004). Richeson and colleagues (2003) found that those with the highest IAT scores also had the highest activation levels in the dlPFC and ACC regions after exposure to Black faces. Richeson and colleagues interpret this to suggest that the individuals with the highest implicit racial bias are the strongest at controlling their reactions. The authors acknowledge the findings in the context of our current societal norm that it is not acceptable to show racial prejudice. Other more recent studies have also identified the ACC and the dlPFC as functional in the regulation of racial bias (Amodio, 2014; Amodio, Kubota, Harmon-Jones, & Devine, 2006; Kubota, Banaji, & Phelps, 2012). This regulation of racial bias also appears to tax executive functioning resources; thus, cognitive ability is impaired following an interracial interaction (Richeson & Shelton, 2003; Richeson & Trawalter, 2005).

The ability to repress one's initial emotional reaction allows individuals to present more pro-social responses, while at the same time creating a false ideal of an unbiased self. This creates a culture where this false ideal of an unbiased self is assumed to be socially normative, and in the context of current social norms, anyone expressing racial

bias is stigmatized. With this stigmatization, the true self is shamed, perpetuating a culture of inauthenticity. The problem then becomes a denial of the problem. By not acknowledging the presence of implicit racial bias, individuals can successfully mask their reactions to race. The challenge is that implicit racial bias results in unintentional discrimination, and the shame associated with admitting this bias is so strong that the behavior persists.

SHAME AS A BARRIER IN OVERCOMING RACISM/RACIAL BIAS

Shame is an uncomfortable feeling that is often avoided (Schmader & Lickel, 2006). The experience of shame may interfere with one's ability to confront an undesirable aspect of the self. Shame is often experienced as a moral or ethical failure. Shame is also a negative evaluation of the self, unlike guilt, which is a negative evaluation of a behavior (Tangney, Stuewig, & Mashek, 2007). Shame is much more likely to result in denial than guilt, and shame produces additional feelings of worthlessness and powerlessness (Tangney, Stuewig, & Mashek, 2007). Recognizing one's implicit racial bias is likely to result in feelings of shame due to the stigma associated with being perceived as racially biased. Individual reactions to shame are different than those indicated in the literature on White guilt, which involves compensatory behaviors towards people of color in efforts to mitigate guilt (Swim & Miller, 1999). Guilt seems to motivate one towards reparation, whereas shame motivates a denial of the self. In this sense, overcoming racism is not about simply recognizing racism, but accepting one's personal shame. Overcoming the personal shame of an implicit racial bias becomes paramount in the larger acceptance of societal racial biases. Once a critical mass of individuals are more accepting of their shame, the ways that implicit bias leads to preferential treatment of different races can be openly examined on a societal level. Further, the acknowledgment of our common unintentional implicit racial bias may help to normalize and alleviate shame.

The problem with shame is that it perpetuates a denial of the self in all things racial; in a sense, one becomes color blind and anything that may activate one's shame is also denied. So even though there is a common understanding of the ill effects of racism (Public Religion Research Institute, 2014), implicit racism persists out of a denial of

self. In this sense, association with people of color may often be avoided, because interacting with people of color evokes elements of personal shame. Therefore, often without any conscious intent, cross-racial experiences with people of color may be avoided—not because of any overt racial preference, but out of fear of having to recognize one's own personal shame. Covertly, many White individuals subconsciously avoid contact with people of color as demonstrated in Figure 2. Since the desire to avoid the shame has not reached conscious awareness, false attributions will be created in justifying these same race preferences.

CHANGING IMPLICIT ATTITUDES

Implicit racial attitudes have been examined more fully in health care than in psychotherapy. A meta-analysis of 15 studies on implicit racial attitudes that used cross-sectional designs and convenience samples found low to moderate levels of implicit bias using the Implicit Association Test (IAT), and these levels are similar to those of the general population (Hall et al., 2015). Most of the bias is in the direction of positive attitudes towards Whites and negative attitudes towards people of color. This meta-analysis highlights the importance of developing interventions that will address implicit racial bias. Most of these studies focused on physicians in health care settings, a few focused on students, but none focused on psychotherapy. This is an understudied area in health care, as well as psychotherapy, in particular.

Implicit attitudes are harder to change than explicit attitudes, and individuals will often initially react with their implicit attitudes and express their explicit attitude only if they can recall it from memory (Wilson, Lindsey, & Schooler, 2000). Rudman, Ashmore, and Gary's (2001) study on changing racial bias in an educational context provides insight for developing interventions in changing implicit racial biases. The experimental group took a multicultural class with a Black professor, while the control group took a general psychology class with either the same Black professor or a White professor. The authors then measured changes in both explicit and implicit racial bias. They found a significant effect, but what is most interesting is how the difference in explicit versus implicit bias changed. Students

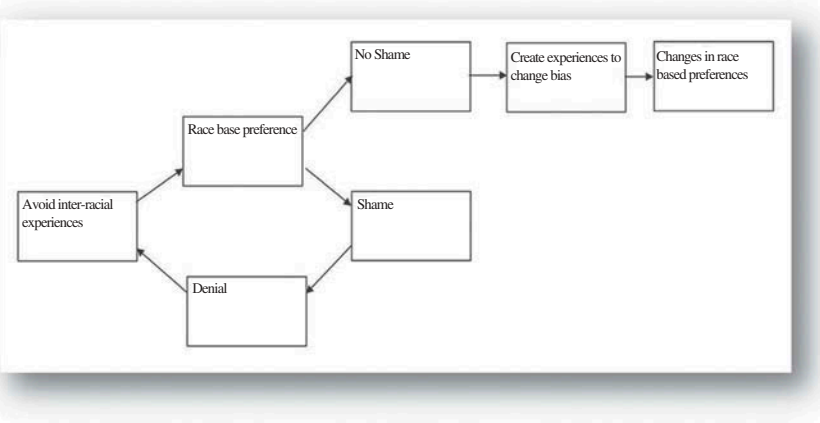

Figure 2. The Effects of Shame on Interracial Interaction.

exposed to the information in the multicultural class exhibited changes in their explicit racial bias. These students developed an increased awareness of discrimination towards Blacks and had an interest in overcoming personal prejudice. However, these factors had no significant effect on implicit racial bias. Implicit bias only decreased for those who developed friendships and acquaintances with out-group race members and these factors had no effect on explicit changes in racial bias. These findings suggest that changing implicit racial bias is less related to didactic information and more related to positive cross-racial interactions. These findings can be seen as particularly troublesome in light of statistics showing that school racial segregation is on the rise (Orfield, Ee, Frankenberg, & Siegel-Hawley, 2016).

To change an evaluative racial stereotype or implicit bias toward another race, an emotional experience is necessary, not simply a cognitive experience. Reconditioning or reconsolidation takes place when a new positive feeling replaces the old feelings of fear. For example, many individuals with a fear of flying understand that flying is a safe way to travel. Information does not help them overcome their phobia, but a new positive experience with airplane travel might. Creating an integrated environment where individuals have positive experiences with members of different races likely can reduce implicit racial bias.

DESIGNING TRAINING GROUPS TO ADDRESS IMPLICIT RACIAL ATTITUDES

Groups are an ideal context for cross-racial encounters as they offer a chance for a new positive experience with someone of a different race in a safe emotional environment. Most psychotherapy groups do not focus on the issue of race specifically; however, addressing interpersonal difficulties is a common theme in groups, and issues related to race could have important interpersonal dimensions. For example, one member may have issues with another member not only because that member reminds them of an authoritarian mother, but also because the member's race evokes past feelings of fear or anger they had toward an individual of the same race. These assumptions on the basis of race should be addressed the way other assumptions are. Addressing implicit racial biases may not be a treatment goal, but helping members to identify, express, and regulate feelings like shame that are so often associated with racial bias is relevant to mental health treatment.

Since addressing race and racism is challenging and may activate challenging emotions, training group therapists how to address these issues is important. First, therapists may benefit from being trained to manage their own emotions related to these issues in addition to assisting others in managing theirs. Second, a group leader also needs to recognize when group members may be wrongly displacing their own personal feelings around race and their racial bias onto other group members. Finally, group training can help leaders recognize when quieter members may be struggling with emotions around race that they are not directly addressing. Training groups, also known as process or demonstration groups, may provide a rich setting for helping group therapists increase their capacity for group leadership generally, and perhaps addressing implicit racial bias specifically. We have offered a workshop called Neuroscience and Racism to assist therapists in addressing implicit racism. The objectives were as follows:

1. Explain how racial stereotypes are created and maintained in the brain.
2. State how implicit racial messages in society affect the brain at an unconscious level.

3. Understand current research in neuroscience and neuroimaging around racism
4. Identify best practices in working with clients around racism and stigma in relearning attitudes towards out-group members.
5. Understand ways to address the problems of implicit racism in a group setting.

The first section of this workshop details how racial stereotypes are created and maintained and explains how implicit racism occurs on neurological and psychological levels. The goal of this section is to recognize that persons may not be responsible for the implicit racial biases they hold. This information helps to normalize the shame participants may feel and prepares them to address these feelings in the second section of the workshop.

The second section addresses key factors in preparing group leaders to address stereotyping and implicit racism in groups as well as specific techniques and interventions that can be helpful in this process. As a first step similar to therapy groups, it is very important to create a safe environment. In preparation for leaders sharing with one another, agreements are made among workshop participants in terms of a willingness to listen without judgment, but with the goal of understanding. Another important agreement is an acknowledgement of the potentially diverse backgrounds and perspectives of participants and that this is an opportunity to practice and build "muscles" in multicultural acceptance (Eriksson & Abernethy, 2014). As seen in the sequence of questions noted below, it is recommended that these conversations begin with less emotionally laden topics and then move progressively to more challenging questions. These questions are not only reflected on individually, but also shared with a partner. Early questions may include learning about your partner before addressing more emotionally laden topics. While participants have made a group agreement that promotes safety, this progressive layering of questions allows for these personal experiences of racism to be discussed after some safety has been established within the dyad. A smaller group or dyad is generally less threatening and gives an opportunity for people to express themselves with another individual before speaking in a larger group (Eriksson & Abernethy, 2014). Depending on overall

group size, it may be recommended to combine dyads and share in groups of four before moving to the whole group.

Approaches and key questions that assist leaders in reflecting on their own cultural and personal backgrounds include some of the work done by Pinderhughes (1989), who developed a group-based approach to increasing therapists' cultural competence. Key questions include: What is your ethnic background? What do you like about your ethnic group? What do you dislike about your ethnic group? What is your first experience with feeling different?

These questions help leaders situate their experience in terms of ethnicity, which is typically easier to discuss than experiences of race and racism. Participants are then encouraged to consider both positive and negative aspects of their own ethnic background. This is important, as it can be common for one's own ethnic background to be idealized and others' backgrounds devalued. These questions encourage a more differentiated perspective on one's own background. The question related to feeling different raises the psychological challenges associated with the perception of difference. Once again, these questions are first asked in reference to the self rather than the other. This normalizes the challenging emotions that differences may evoke.

The next set of questions move toward the more challenging topic of race: please share your earliest images of race or color (Pinderhughes, 1989). The focus on associations is to elicit less well-rehearsed experiences. Workshop participants sometimes identify unexpected insights as they share an early memory or image. The following questions (Pinderhughes, 1989) help to provide a bridge to suggest that these early influences may still have influence, and because implicit attitudes were learned, they may be unlearned. What information were you given about how to deal with racial issues? Who is the most powerful influence on how you deal with racial issues? These questions suggest that how one responds to racial issues is learned as well as felt. This also offers participants an opportunity to reflect on the implicit messages they received about race in their development and how they may have affected their attitudes in ways outside their awareness. The final question encourages a conscious collaboration in addressing implicit racial bias with the realization

that aspects of it are unconscious. What do you feel might be most helpful to you in addressing your implicit racial bias?

PREPARATION OF THE GROUP

Some of the principles that are adopted in training leaders for addressing implicit racism are relevant for preparing therapy groups for multicultural exchanges that may include implicit racism. As in all groups, the leader must work toward creating a safe enough space for the work and encourage members to make agreements that help to maintain safety. One key aspect of a group feeling safe is that there is respect for the members' culture, including their religious, ethnic, and racial backgrounds. Screening and group preparation may include specific preparation for an ethnically and racially diverse group (Abernethy, 2012). The leader might share that the members of this group come from diverse cultural backgrounds in terms of ethnicity, race, gender, sexual orientation, religion, and so forth. Obviously, if the group is more homogenous, this may not be an accurate statement about the current composition, but if the leader is open to culturally diverse membership, a description that refers to current and potential group members can be made. The leader then needs to process the prospective member's response to this description, verbal and non-verbal, and be vigilant regarding strong or subtler prejudices. Given that many group members may not be aware of the ubiquity of implicit racial bias, it may be helpful to consider having the group leader share an example of how implicit racial bias can be expressed unwittingly in order to help members understand they can hold a racial bias unintentionally. Explaining some of the research noted above could also be helpful. Further, it is important to normalize the notion that "some members may be more comfortable with some cultural dimensions than others," as members are likely to have varying experiences with race and racism. Sometimes, this emerges in the work and can be an important opportunity for growth and understanding. "Would there be one cultural dimension that might be more challenging for you?" The leader may want to underscore the value and importance of hearing diverse voices and growing in tolerance and openness to diverse perspectives.

As individuals share their personal experiences with race and racism, these experiences are likely to activate varied emotions within the group. Experiences of racism can often be traumatic, and practitioners need to be attuned to the potential traumatizing responses to these experiences (Sanchez-Hucles, 1998). Participants of color may feel anger, anxiety, or sadness in recollecting previous experiences with race. White group members are unlikely to have the same traumatic reaction to racist events, but they may experience challenging emotions nonetheless. White members may feel shame associated with their personal actions and inactions, and with their identification with the White race. In an effort to cope with this shame, White members may withdraw, strongly assert their lack of racial bias, or dismiss peoples' experiences as anecdotal and "reading too much into things." Group leaders need to pay attention to all group members' emotions. For example, when a group member of color is talking about a difficult experience of discrimination, it is important to address that member's feelings as well as the feelings of the White members who may be having but not expressing their own feelings of shame. Once the therapist can model to the group how to support and regulate all of the members' emotions, the group's capacity to attend to and support one another may increase.

Clinical Example

Group overview. The following is a composite reflecting exchanges that occurred in an interpersonally oriented group of six members. This group had met for four years and the membership had changed over time. Two original members were a middle-aged Black woman and an elderly White woman. Other members included two White middle-aged men and two White middle-aged women. This group was co-led by a Black therapist and a trainee who alternated annually between White male and female psychiatric residents and postdoctoral psychology fellows. Critical to this group's ability to address issues of race was the leader's openness to addressing these issues in the therapeutic context.

Group leader preparation in a diversity training group. The context of preparation for this Black therapist will be described briefly before returning to the vignette. While the Black therapist had extensive

knowledge of issues related to diversity in general and racial dynamics in particular, her group therapy leadership was not explicitly informed by this. Her training in group therapy was traditional and did not include a consideration of racial dynamics. She had been primarily training individual therapists to increase their sensitivity to diversity using Pinderhughes's weekly ninety-minute group format where trainees were engaged in a discussion of ethnicity, difference, race, and power over a nine-month period. Even as she was facilitating this discussion among students over several years, her own sensitivity to the group dynamics among trainees as they discussed these topics provided a context for her to observe the racial dynamics among members and increase her understanding and efficacy in addressing these issues. She saw student members confront their feelings of anger, guilt, and shame in response to Pinderhughes's questions related to their early experiences of racism. Courageous stories were shared that were received with support and acceptance. This encouraged other trainees to share their fears and their shame. This demonstrated to the leader and the members that these feelings could be shared in a way that was constructive and not shaming. These interactions also led to more open and honest interaction among the members and the leader. This leader shifted from being blind to and ignoring these dynamics to being attentive to their emergence in groups. This growth for the therapist was then transferred to her leadership of this interpersonal therapy group.

Critical exchange in an interpersonally oriented group. Interestingly, it was an exchange with the Black member and a new White group member whose religion differed from the other participants that surfaced issues of difference, similarity, judgment, and acceptance in this ongoing group. The main issue the new member raised was that she felt very different from the other group members. Some of this may be understood in terms of her joining an ongoing group as a solo new member. However, in addition, her religion was a defining aspect, and her concern raised more generally the question of difference, connection, and acceptance. Following the new member's communication, the original Black member shared her sense of connection to the group and how it had been valuable to her. She noted a sense of connection to the Black therapist, specifically, with minimal reference to the training therapist. Once

again, some of this reflects the therapist's and member's seniority in the group; it could also be a statement of disconnection with the White therapist in training, but the member's communication emphasized a sense of warmth and connection to the Black therapist and the group, and not as explicitly to the other members. Some of this had been processed over the years, but what had never been processed was whether there were aspects of her connection to the Black therapist that might be racially linked.

The therapist acknowledged the importance of the new member sharing how the group had been helpful to her and her sense of connection to it. The therapist noted that there were many dimensions to what the new member had shared, but that she was hearing her words differently in light of the comment as well as something that had not been attended to in the group. The therapist wondered whether her also being Black contributed to this member's sense of connection and being helped. The member acknowledged feeling some shame that her sense of connection to the therapist might be race-based. She also acknowledged her assumption that she could trust the therapist because of her race and had felt less trusting of the White members and the co-therapist. The Black therapist supported the member's courage in taking this risk to address issues that had been present but not explored in the group. She joined with the new group member by saying that while she found the group helpful and liked the other group members, she always wondered how they felt about her given that she is a Black woman. Did they really accept her? The therapist explored the developmental factors that might contribute to her concerns about acceptance. The co-therapists explored the racial dynamics in the group, including the members' comfort and concerns related to shame and guilt in talking directly about their race-based perceptions of the therapists and one another.

The Black therapist felt ashamed that she had not been more responsive to this dynamic in the group and was particularly embarrassed given her expertise in this area. In addition, the Black member felt exposed as she shared not feeling as close to the other members. She was concerned that she might appear prejudiced. Some of these feelings were processed, but also recognized as powerful forces that influence members' connections. While this member had taken a risk and was feeling some shame in the moment, it was acknowledged that

she was likely not alone in this. In fact, the group as well as the therapists had been reluctant to address these issues. The group members and therapists were able to share in the challenge and regret related to this, and were encouraged that the group was working toward taking more significant risks. The ability to talk about a challenging topic like race demonstrated a deepening of the group's ability to tolerate discomfort. The therapists underscored that the work of the group includes understanding not only how parental influences affect interactions, but also how racialized interactions influence the sense of connection and disconnection in the group as well as in their lives.

Discussion. Based on past experiences, group members may have varying levels of comfort in exploring racial dynamics. A new member was the catalyst for this ongoing group addressing issues related to difference and acceptance. This member raised the issue primarily in terms of religious difference, but the Black group member, with support from the therapist, joined with this new member around issues of difference and acceptance; her primary focus, however, was on race. This example is helpful because it illuminates the multifaceted dimensions of racial dynamics: same race, different race, member-therapist, Black-Black, Black-White. In the above example, the member expressed a fear of acknowledging her kinship with the group therapist based on their racial similarity, as she felt that this might alienate her from the other group members. Yet, when the topic of race was addressed, it eventually brought the whole group closer together. Alternatively, had the topic of race continued to go unaddressed, it likely would have prevented the group from becoming closer. Interestingly, talking about racial differences in the group accomplished the opposite of what was feared; instead of highlighting the group differences and alienating members, it brought the group closer together in the recognition that all their races contributed to the overall group dynamic. It's not that race needs to be addressed directly (although this may be helpful at times), but more likely that by not addressing race, an opportunity is lost for the group to grow together. This vignette demonstrates how a leader's attentiveness not only to group dynamics in general, but also to racialized group dynamics in particular, provides an opportunity for insight, examination of parataxic distortions, and a corrective emotional experience.

CONCLUSION

Group leaders may need to take an active role in addressing implicit racial bias in their groups as it can often be ignored. Key preparation for doing so would be for leaders to examine their own implicit bias and experiences with racism. If the group leader is not comfortable addressing his or her experiences around race, it is unlikely that he or she will be prepared to help their group work through these issues. In preparation, group leaders should reflect on their own life journey, including a consideration of the following: cultural background, personal journey, countertransferential issues, training, socialization, and models (Abernethy, 1998). Might the therapist's experience of shame related to racism be magnified due to its resonance with early family issues? Shame is a challenging emotion and often results in group members distancing themselves from what is being discussed. The group leader's ability to help members express and cope with their shame will be paramount in addressing issues of racism.

Research on cultural competence supports its beneficial effects in training therapists (Worthington, Soth-McNett, & Moreno, 2007). This article provides anecdotal support for how the Pinderhughes approach provided critical training to prepare group therapists for addressing racial dynamics in groups. Given the limited research that has been done on examining implicit racial bias in therapy, it is hoped that this discussion might serve as an approach to inform future research in addressing this understudied area that has been linked to health care disparities (Smedley, Stith, & Nelson, 2003). Addressing implicit racial biases in groups provides an opportunity to counter implicit racial bias and for deeper authentic interpersonal engagement.

REFERENCES

Abernethy, A. D. (1998). Working with racial themes in group psychotherapy. *Group, 22*(1), 1–13. doi:10.1023/A:1023025500831

Abernethy, A. D. (2012). A spiritually informed approach to group psychotherapy. In J. L. Kleinberg (Ed.), *The Wiley-Blackwell handbook of group psychotherapy* (pp. 681–705). Chichester, West Sussex, UK: Wiley.

Amodio, D. M. (2014). The neuroscience of prejudice and stereotyping. *Nature Reviews Neuroscience, 15*(10), 670–682. http://dx.doi.org/10.1038/nrn3800

Amodio, D. M., & Devine, P. G. (2006). Stereotyping and evaluation in implicit race bias: Evidence for independent constructs and unique effects on behavior. *Journal of Personality and Social Psychology, 91*(4), 652. http://dx.doi.org/10.1037/0022-3514.91.4.652

Amodio, D. M., Kubota, J. T., Harmon-Jones, E., & Devine, P. G. (2006). Alternative mechanisms for regulating racial responses according to internal *vs* external cues. *Social Cognitive and Affective Neuroscience, 1*(1), 26–36. http://dx.doi.org/10.1093/scan/nsl002

Baron, A. S., & Banaji, M. R. (2006). The development of implicit attitudes evidence of race evaluations from ages 6 and 10 and adulthood. *Psychological Science, 17*(1), 53–58. http://dx.doi.org/10.1111/j.1467-9280.2005.01664.x

Bertrand, M., & Mullainathan, S. (2003). *Are Emily and Greg more employable than Lakisha and Jamal? A field experiment on labor market discrimination* (No. w9873). National Bureau of Economic Research.

Cao, Y., Contreras-Huerta, L. S., McFadyen, J., & Cunnington, R. (2015). Racial bias in neural response to others' pain is reduced with other-race contact. *Cortex, 70*, 68–78. http://dx.doi.org/10.1016/j.cortex.2015.02.010

Contreras, J. M., Banaji, M. R., & Mitchell, J. P. (2012). Dissociable neural correlates of stereotypes and other forms of semantic knowledge. *Social Cognitive and Affective Neuroscience, 7*(7), 764–770. http://dx.doi.org/10.1093/scan/nsr053

Constantine, M. G. (2007). Racial microaggressions against African-American clients in cross-racial counseling relationships. *Journal of Counseling Psychology, 54*(1), 1. http://dx.doi.org/10.1037/0022-0167.54.1.1

Cunningham, W. A., Johnson, M. K., Raye, C. L., Gatenby, J. C., Gore, J. C., & Banaji, M. R. (2004). Separable neural components in the processing of black and white faces. *Psychological Science, 15*(12), 806–813. http://dx.doi.org/10.1111/j.0956-7976.2004.00760.x

Dunham, Y., Baron, A. S., & Banaji, M. R. (2007). Children and social groups: A developmental analysis of implicit consistency in Hispanic Americans. *Self and Identity, 6*(2–3), 238–255. http://dx.doi.org/10.1080/15298860601115344

Eriksson, C. D. & Abernethy, A. D. (2014). Integration in multicultural competence and diversity training: Engaging difference and grace. *Journal of Psychology & Theology, 42*(2), 174–187.

Evans, J. S. B. (2008). Dual-processing accounts of reasoning, judgment, and social cognition. *Annual Review of Psychology, 59*, 255–278. http://dx.doi.org/10.1146/annurev.psych.59.103006.093629

Evans, J. S. B., & Stanovich, K. E. (2013). Dual-process theories of higher cognition advancing the debate. *Perspectives on Psychological Science, 8*(3), 223–241. http://dx.doi.org/10.1177/1745691612460685

Green, C. R., Anderson, K. O., Baker, T. A., Campbell, L. C., Decker, S., Fillingim, R. B., … Todd, K. H. (2003). The unequal burden of pain: confronting racial and ethnic disparities in pain. *Pain medicine*, *4*(3), 277–294. http://dx.doi.org/10.1046/j.1526-4637.2003.03034.x

Greenwald, A. G., McGhee, D. E., & Schwartz, J. L. (1998). Measuring individual differences in implicit cognition: the implicit association test. *Journal of Personality and Social Psychology*, *74*(6), 1464. http://dx.doi.org/10.1037/0022-3514.74.6.1464

Greenwald, A. G., Poehlman, T. A., Uhlmann, E. L., & Banaji, M. R. (2009). Understanding and using the Implicit Association Test: III. Meta-analysis of predictive validity. *Journal of Personality and Social Psychology*, *97*(1), 17. http://dx.doi.org/10.1037/a0015575

Hall, W. J., Chapman, M. V., Lee, K. M., Merino, Y. M., Thomas, T. W., Payne, B. K., … Coyne-Beasley, T. (2015). Implicit racial/ethnic bias among health care professionals and its influence on health care outcomes: A systematic review. *American Journal of Public Health*, *105*(12), e60–e76. http://dx.doi.org/10.2105/AJPH.2015.302903

Jones, J. M., & Carter, R. T. (1996). Racism and white racial identity: Merging realities. In B. Bowser & R. Hunt (Eds.), *Impacts of racism on white America* (2nd ed., pp. 1–23). Thousand Oaks, CA: Sage.

Kahneman, D. (2011). *Thinking, fast and slow*. New York, NY: Farrar, Straus and Giroux.

Kubota, J. T., Banaji, M. R., & Phelps, E. A. (2012). The neuroscience of race. *Nature Neuroscience*, *15*, 940–948. http://dx.doi.org/10.1038/nn.3136

LeDoux, J. E. (1995). Emotion: Clues from the brain. *Annual Review of Psychology*, *46*(1), 209–235. http://dx.doi.org/10.1146/annurev.ps.46.020195.001233

Lieberman, M. D., Hariri, A., Jarcho, J. M., Eisenberger, N. I., & Bookheimer, S. Y. (2005). An fMRI investigation of race-related amygdala activity in African-American and Caucasian-American individuals. *Nature Neuroscience*, 8, 720–722. http://dx.doi.org/10.1038/nn1465

Lieberman, M. D., Jarcho, J. M., & Satpute, A. B. (2004). Evidence-based and intuition-based self-knowledge: An FMRI study. *Journal of Personality and Social Psychology*, *87*(4), 421. http://dx.doi.org/10.1037/0022-3514.87.4.421

Meyer, M. L., Masten, C. L., Ma, Y., Wang, C., Shi, Z., Eisenberger, N. I., & Han, S. (2013). Empathy for the social suffering of friends and strangers recruits distinct patterns of brain activation. *Social Cognitive and Affective Neuroscience*, *8*(4), 446–454. http://dx.doi.org/10.1093/scan/nss019

Nadal, K. L., Griffin, K. E., Wong, Y., Hamit, S., & Rasmus, M. (2014). The impact of racial microaggressions on mental health: Counseling

implications for clients of color. *Journal of Counseling & Development*, *92* (1), 57–66. http://dx.doi.org/10.1002/j.1556-6676.2014.00130.x

Nosek, B. A., Banaji, M., & Greenwald, A. G. (2002). Harvesting implicit group attitudes and beliefs from a demonstration web site. *Group Dynamics: Theory, Research, and Practice*, *6*(1), 101. http://dx.doi.org/10.1037/1089-2699.6.1.101

Öhman, A., & Mineka, S. (2001). Fears, phobias, and preparedness: toward an evolved module of fear and fear learning. *Psychological review*, *108*(3), 483. doi:10.1037//0033-295X. 108.3.483

Olsson, A., Ebert, J. P., Banaji, M. R., & Phelps, E. A. (2005). The role of social groups in the persistence of learned fear. *Science*, *309*(5735), 785–787. http://dx.doi.org/10.1126/science.1113551

Orfield, G., Ee, J., Frankenberg, E., Siegel-Hawley, G. (2016). *Brown at 62: School segregation by race, poverty and state*. Los Angeles, CA: Civil Rights Project.

Payne, B. K. (2006). Weapon bias split-second decisions and unintended stereotyping. *Current Directions in Psychological Science*, *15*(6), 287–291. http://dx.doi.org/10.1111/j.1467-8721.2006.00454.x

Pierce, C. (1970). Offensive mechanisms. In F. Barbour, (Ed.), *The black seventies*, (pp. 265–282). Boston, MA: Porter Sargent.

Pinderhughes, E. (1989). *Understanding race, ethnicity, and power: The key to efficacy in clinical practice*. New York, NY: Simon and Schuster.

Public Religion Research Institute. (2014). *American Values Survey*. Retrieved from http://publicreligion.org/site/wp-content/uploads/2014/11/PRRI-AVS-with-Transparancy-Edits.pdf

Richardson, D. R., Hammock, G. S., Smith, S. M., Gardner, W., & Signo, M. (1994). Empathy as a cognitive inhibitor of interpersonal aggression. *Aggressive Behavior*, *20*(4), 275–289. http://dx.doi.org/10.1002/1098-2337(1994)20:4%3C275::AID-AB2480200402%3E3.0.CO;2-4

Richeson, J. A., Baird, A. A., Gordon, H. L., Heatherton, T. F., Wyland, C. L., Trawalter, S., & Shelton, J. N. (2003). An fMRI investigation of the impact of interracial contact on executive function. *Nature neuroscience*, *6*(12), 1323–1328. http://dx.doi.org/10.1038/nn1156

Richeson, J. A., & Shelton, J. N. (2003). When prejudice does not pay effects of interracial contact on executive function. *Psychological Science*, *14*(3), 287–290. http://dx.doi.org/10.1111/1467-9280.03437

Richeson, J. A., & Trawalter, S. (2005). Why do interracial interactions impair executive function? A resource depletion account. *Journal of Personality and Social Psychology*, *88*(6), 934. http://dx.doi.org/10.1037/0022-3514.88.6.934

Ronquillo, J., Denson, T. F., Lickel, B., Lu, Z. L., Nandy, A., & Maddox, K. B. (2007). The effects of skin tone on race-related amygdala activity: An

fMRI investigation. *Social Cognitive and Affective Neuroscience*, *2*(1), 39–44. http://dx.doi.org/10.1093/scan/nsl043

Rudman, L. A., Ashmore, R. D., & Gary, M. L. (2001). "Unlearning" automatic biases: The malleability of implicit prejudice and stereotypes. *Journal of Personality and Social Psychology*, *81*, 856–868. http://dx.doi.org/10.1037/0022-3514.81.5.856

Rudman, L. A., Phelan, J. E., & Heppen, J. (2007). Developmental sources of implicit attitudes. *Personality and Social Psychology Bulletin*, *33*(12), 1700–1713. http://dx.doi.org/10.1177/0146167207307487

Sanchez-Hucles, J. V. (1998). Racism: Emotional abusiveness and psychological trauma for ethnic minorities. *Journal of Emotional Abuse*, *1*, 69–87. http://dx.doi.org/10.1300/J135v01n02_04

Santos, A., Meyer-Lindenberg, A., & Deruelle, C. (2010). Absence of racial, but not gender, stereotyping in Williams syndrome children. *Current Biology*, *20*(7), R307–R308. http://dx.doi.org/10.1016/j.cub.2010.02.009

Satpute, A. B., & Lieberman, M. D. (2006). Integrating automatic and controlled processing into neurocognitive models of social cognition. *Brain Research*, *1079*, 86–97. doi:10.1016/j.brainres.2006.01.005

Schmader, T., & Lickel, B. (2006). The approach and avoidance function of guilt and shame emotions: Comparing reactions to self-caused and other-caused wrongdoing. *Motivation and Emotion*, *30*(1), 42–55. http://dx.doi.org/10.1007/s11031-006-9006-0

Shama-Tsoory, S. G. (2011). The neural bases for empathy. *Neuroscientist*, *17*, 18–24. http://dx.doi.org/10.1177/1073858410379268

Simmons, W. K., Avery, J. A., Barcalow, J. C., Bodurka, J., Drevets, W. C., & Bellgowan, P. (2013). Keeping the body in mind: Insula functional organization and functional connectivity integrate interoceptive, exteroceptive, and emotional awareness. *Human Brain Mapping*, *34*(11), 2944–2958. http://dx.doi.org/10.1002/hbm.22113

Smedley, B. D., Stith, A. Y., & Nelson A. R., Eds. (2003). *Unequal treatment: Confronting racial and ethnic disparities in healthcare*. Washington, DC: Institute of Medicine of the National Academies Press.

Smith, E. R., & DeCoster, J. (2000). Dual-process models in social and cognitive psychology: Conceptual integration and links to underlying memory systems. *Personality and Social Psychology Review*, *4*(2), 108–131. http://dx.doi.org/10.1207/S15327957PSPR0402_01

Stanley, D. A., Sokol-Hessner, P., Banaji, M. R., & Phelps, E. A. (2011). Implicit race attitudes predict trustworthiness judgments and economic trust decisions. *Proceedings of the National Academy of Sciences*, *108*(19), 7710–7715. http://dx.doi.org/10.1073/pnas.1014345108

Stevens, F. L. (2016). The anterior cingulate cortex in psychopathology and psychotherapy: Effects on awareness, inhibition or repression of affect. *Neuropsychoanalysis, 18*, 1–45. http://dx.doi.org/10.1080/15294145.2016.1149777

Sue, D. W. (2010). *Microaggressions in everyday life: Race, gender, and sexual orientation.* New York, NY: Wiley.

Swim, J. K., & Miller, D. L. (1999). White guilt: Its antecedents and consequences for attitudes toward affirmative action. *Personality and Social Psychology Bulletin, 25*(4), 500–514. http://dx.doi.org/10.1177/0146167299025004008

Tangney, J. P., Stuewig, J., & Mashek, D. J. (2007). Moral emotions and moral behavior. *Annual Review of Psychology, 58*, 345–372. doi:10.1146/annurev.psych.56.091103.070145

Wilson, T. D., Lindsey, S., & Schooler, T. Y. (2000). A model of dual attitudes. *Psychological Review, 107*(1), 101. http://dx.doi.org/10.1037/0033-295X.107.1.101

Wong, G., Derthick, A. O., David, E. J. R., Saw, A., & Okazaki, S. (2014). The what, the why, and the how: A review of racial microaggressions research in psychology. *Race and Social Problems, 6*(2), 181–200. http://dx.doi.org/10.1007/s12552-013-9107-9

Worthington, R. L., Soth-McNett, A. M., & Moreno, M. V. (2007). Multicultural counseling competencies research: A 20-year content analysis. *Journal of Counseling Psychology, 54*(4), 351. doi:10.1037/0022-0167.54.4.351

Xu, X., Zuo, X., Wang, X., & Han, S. (2009). Do you feel my pain? Racial group membership modulates empathic neural responses. *Journal of Neuroscience, 29*(26), 8525–8529. http://dx.doi.org/10.1523/JNEUROSCI.2418-09.2009

Francis L. Stevens, Ph.D.
Department of Psychology and Human Development
Wheelock College
200 Riverway
Boston, MA 02215
E-mail: fstevens@wheelock.com