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Impacts of Racial and Gender Identities on Individuals' Intentions to Seek a Counselor

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Abstract

To understand the theoretical impact of racial and gender identities on counselor selection, an online experiment was conducted with 527 participants in which both the race and gender of a perspective counselor's online profile were manipulated. Results showed participants had a higher intention to seek counseling when they were from the same racial and/or gender group as the counselor. These preferences existed above and beyond other identity-based evaluative metrics, such as those tied to group stereotypes (e.g., warmth and competence). The results advocate for the development and evaluation of culturally tailored digital health interventions and underscore the importance of further formative research in this area to enhance the accessibility and effectiveness of healthcare resources for all.

Keywords: Racial identity, gender identity, race matching, gender matching, counseling

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Impacts of Racial and Gender Identities on Individuals' Intentions to Seek a Counselor

According to the Substance Abuse and Mental Health Services Administration, while over 46 million American adults suffer from mental health issues, only an estimated 42.6% of them have received counseling.¹ Cultural and group dynamics often play a role in mental health seeking and utilization. For clients from marginalized groups, disparities in accessibility, availability, and utilization of mental health services are well documented.²⁻⁴ Marginalized groups exhibited a lower propensity to seek counseling when compared to the majority group, a trend attributed to a multitude of attributed to a multitude of cultural factors relating to health perceptions, stigmas, and perceptions of cultural distance between themselves and mental health providers.⁵ Research consistently highlights the important role of cultural congruence between counselors and clients in fostering trust, understanding, and effective communication during therapy sessions. The assumption being that when clients from marginalized backgrounds encounter counselors who share their cultural background or have a deep understanding, they may feel more validated and understood, leading to greater engagement in therapy. However, preferences may also be rooted in in-group preference heuristics, or stereotypes about different groups that might impact counselor evaluations, and current research has not disentangled these concomitant factors.⁶ However, the demographics of the counseling profession present a significant barrier to achieving this cultural congruence. Data from the U.S. Bureau of Labor Statistics in 2022 indicates that the counseling profession in the United States is still predominantly White (82.4% of counselors identifying as White).⁷ Thus, many clients from racial minorities who seek counseling services are likely to be matched with White counselors. This lack of representation and cultural understanding within the counseling workforce can act as

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a deterrent for marginalized individuals seeking therapy. Previous research has suggested that clients often prefer counselors who share similar identities.⁸ Additionally, existing studies primarily provide cross-sectional evidence and crucially, experimental research investigating this relationship is notably lacking. As a result, there remains a dearth of robust theoretical and causal evidence to definitively attribute this preference as the sole reason for marginalized groups' reluctance to seek counseling. Thus, efforts to investigate the importance and effects of race and gender in counselor selection hold significant theoretical and practical implications.

Social Identity Theory

Social identity theory provides a theoretical framework to explain the effects of race and gender on counselor selection. Social identity theory (SIT) was first developed by Henri Tajfel in 1970s which stands as a cornerstone in intergroup psychology, renowned for its explanatory power in elucidating group behaviors.⁶ According to SIT, individuals frequently conceptualize themselves based on significant group memberships, such as race or gender, and these identities profoundly shape their self-concept when brought to the forefront of awareness.⁶ Individuals are often more positively biased toward the members in the same group (in-group favoritism) than members of a different group (out-group derogation).⁹ Importantly, this effect of ingroup favoritism can be distinct from cultural preferences and ethnocentrism, as it can also be seen in manufactured or “minimal” groups.¹⁰⁻¹¹

Sharing a social identity with someone often makes us positively biased towards them.¹⁰ This might be seen as an explanation for the effects of identity matching but is an oversimplification as there are numerous reasons for this bias, and they are each important for different reasons. When a social identity becomes salient, perceptions of likeability shift from more personal evaluations to social evaluations.¹² Essentially this means that people become

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liked for the associations tied to prototypes about those groups. This might mean that a White client might like a White counselor more if they seemed to act and communicate as the client believed a White person should.

However, there is also a more fundamental shift in thinking when group identity becomes salient. Because individuals are motivated to maintain positive self-concept, we incorporate others into our self-concept through a shared identity, we extend that positivity to them.¹² This exists in the absence of history or culture or any expectations we have about those groups. This has been verified in studies on minimal groups, in which ingroup favoritism was observed even when the groups were made up on the spot, even when other confounds like self-interest were experimentally controlled for.¹³ Therefore, we are faced with similar, but importantly different explanations as to why people prefer an identity match. Past studies have not been able to disentangle the latter explanation from the former, as in reality it is very possible that an African American counselor will not only post a picture in which they are identifiable as African American but will also communicate the group identity and prototypicality in both subtle and explicit ways.

Identity Matching in Counseling

Despite its prominence, SIT has not been extensively utilized in counseling literature. One study leveraged SIT to elucidate the intricate interplay between identity and self-esteem within the context of group therapy and found that Individuals seek to maintain self-esteem by positively viewing their social groups, which may be difficult for those in stigmatized groups. Expanding collective identity awareness and positively viewing ingroup membership can enhance self-esteem.¹⁴ Another theoretical research used SIT to explain how adherence to masculinity norms might deter men from seeking psychological assistance, as it conflicts with

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their desire to uphold their in-group social identity and status.¹⁵ However, no studies have yet applied SIT explicitly to elucidate counselor selection, despite its clear theoretical connections to how social identities, such as race and gender, play a role in perceptions of trust¹⁶ and perceptions that people can be relied on,¹⁷ in other interpersonal contexts. Furthermore, there is some evidence that social identification in online spaces is related to interactions in offline spaces.¹⁸ Given the results in other contexts it represents a natural extension of the theory to look at the context of social identification and counselor selection based on online ads.

When a client and counselor share a social identity, such as gender or race, it is referred as an identity match, a topic which has received significant scholarly attention in counseling.^{4,8,19-23} Research suggests that counselor race²⁴ and gender¹⁸ are among the most important factors that a prospective client seeking mental health services would pay attention. Specifically, individuals are more likely to seek and stick with counselors of the same gender and race.⁸ For example, one study examined the relationship between counselor-client racial matching among Asian Americans and the amount of counseling visits and found that racially matched Asian American clients had significantly more visits than nonmatched mood disorder clients.²⁵ SIT and self-categorization theory suggest that the presence of morphological features of race and gender, such as those found in a headshot in an ad is enough to make those identities salient.²⁶ Applying SIT to counselor selection suggests that individuals may gravitate towards, and show more desire to engage with an identity matched counselor due to this perception of shared identity alone.

Despite the acknowledged significance of identity matching in counseling, there exists a dearth of theoretical and causal evidence elucidating the factors driving individuals' counselor preferences based on race or gender. Theoretical frameworks such as SIT and self-categorization

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mechanisms provide a lens through which to explore these phenomena that individuals categorize themselves based on salient identity markers and that this can have health outcomes. For instance, a study primed racial/ethnic salience by incorporating photographs matching three populations (e.g., African American, Hispanic, and Native American adults) into messages. The study found that racial/ethnic matching increased participants' intentions to improve health behaviors, such as physical activity and healthy diet, through their identification with the individuals depicted in the photographs.²⁵ It is evident that priming a salient identity marker and facilitating identity matching significantly influence individuals' health decision-making processes.

Additionally, in a counseling context, a meta-analysis of racial-matches in counseling indicated that individuals had a strong preference (52 studies, Cohen's $d = 0.63$) for identity matched (also referred to as ingroup) counselors.⁸ While these studies often conflated social identity and other cultural variables, they also only included cross-sectional studies. We seek to improve on the state of knowledge through experimental methods, to better assess causality. Furthermore, to disentangle cultural stereotypes and knowledge for heuristic identity salient effects our study will also control for cultural stereotypes. Different groups have different stereotypes applied to them, with some groups being seen as warmer, more competent,²⁷ more attractive, more trustworthy, and these represent possible confounding factors for counselor selection.²⁸ These stereotypes can be specific to cultural and gender groups. For example, research on the stereotype content model has found that individuals are likely to perceive Asians as competent but not warm, and African Americans as Warm, but not confident. These stereotypes might by themselves result in counseling preferences irrespective of whether being Asian or African American reflected an ingroup or outgroup identity. As a result, we examine

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whether ingroup/outgroup salience by itself is enough to result in counseling preferences. This is done through experimentally isolating the visual depiction of the counselor, from the way in which they describe their counseling, and making sure that the descriptions do not inherently evoke group memberships on their own, but also statistically through controlling for evaluative characteristics. Thus, we hypothesize that:

H1: A racial identity match between the prospective client and counselor will result in higher intentions to seek counseling than when there is a mismatch, even when accounting for other selection-based factors such as warmth, competence, trustworthiness, or attractiveness.

H2: A gender identity match between the prospective client and counselor will result in higher intentions to seek counseling than when there is a mismatch, even when accounting for other selection-based factors such as warmth, competence, trustworthiness, or attractiveness.

Methods

Participants

This study received Institutional Review Board approval prior to the onset of data collection. A total of 527 undergraduate college students (170 males, 354 females, and 3 non-binary/other) from a large public university in the United States participated in this experiment. They ranged in age from 18 to 35 ($M = 19.42$; $SD = 1.81$). Participants identified themselves as Caucasian (54.1%), African American (9.7%), Asian (16.7%), Hispanic/Latino/Latina (4.7%), Middle Eastern (2.7%), Biracial (11.3%), or other (0.8%). The participants represented 60 of the approximately 90 majors offered at the University, allowing for a more generalizable sample within this university context.

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Design and Procedure

Participants first visited a webpage that provided general study information and provided informed consent. Participants who agreed to participate in the study read a definition of online counseling and an introduction of the study. Then, participants were randomly assigned to one of the six conditions (2: female vs. male x 3: African American vs. Asian vs. White). In each condition, the participants were presented with a modified “Psychology Today” counseling advertisement webpage including one of the six counselors’ profile pictures and a depiction of the counseling practice that was kept constant across conditions. The images utilized in this study were sourced from online platforms for research purposes only. To avoid any confounds for language proficiency, each description of the counselors’ services was written in the first person in fluent English.

After viewing the counseling webpage, participants rated the “counselor” in terms of warmth, trustworthiness, and competence, their hypothetical intentions to seek help from this counselor, and a variety of demographic information including past counseling experience with in-person and online counseling. At the end of the survey, we debriefed participants and referred them to real mental health options.

Manipulation

To reduce the possibility of confounds, two pilot studies were run to test both the text and picture of the advertisements. Several versions of the text were pilot tested ($n = 94$) independently of the profile pictures to make sure that the content was not evoking specific group memberships. Participants reviewed multiple possible texts in a randomized order and were asked to guess what the race and gender of the author was. For the chosen text, the majority of participants reported being unsure about the race (> 61%) and gender (> 51%), with remaining

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guesses being distributed amongst the possible choices. It should be noted that all texts were biased towards assumptions of female authorship (34-43% of them think the messages are from a female counselor), and this is reflective of trends for school counselors to be overwhelmingly female,²⁹ but does represent a possibly unavoidable confound for this study.

The profile pictures were judged in a second and separate pilot study ($n = 103$) to ensure that they were not judged to be different from one another in terms of attractiveness. We also wanted to make sure that their race and gender were clearly identifiable, so we could avoid asking them to describe the group identities of the counselors which might have resulted in priming or demand effects. Additionally, we had participants to identify the age of the counselors to ensure that age didn't represent another identity confound. Participants were asked to evaluate multiple profile pictures presented in a randomized order. In the end, a male and female profile picture was chosen from the Asian, African American, and White pictures. These 6 pictures were not judged significantly differently in terms of age (range 34-37 years old) and attractiveness ($F(5, 295) = 1.12, p = .35$). In addition, all of these profile pictures were accurately identified in terms of race or gender ($> 90\%$).

Racial and gender matching were operated through the following process. Participants were randomly assigned to view profiles of one of the six counselors, each representing different racial and gender groups. Upon completion of the study, participants were prompted to identify their own racial and gender identities. Subsequently, their responses were compared to the racial and gender identities of the counselor assigned to their condition. If a participant's self-identified race corresponded with that of the counselor, it was categorized as a racial match, resulting in 352 racial matching and 175 racial mismatching. Similarly, if a participant's self-identified

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gender aligned with the gender of the counselor, it was categorized as a gender match, resulting in 270 gender matching and 257 gender mismatching.

Measures

Intentions to Seek the Counselor

Five items were constructed using Ajzen's scale to measure participants' intentions to seek help from the counselor.³⁰ An example item was "I would intend to seek help from this counselor." The items were measured using 7-point Likert scales ranging from strongly disagree (1) to strongly agree (7). The coefficient alpha of this scale was .96 ($M = 4.68$, $SD = 1.41$).

Covariates

Participants rated their peer counselors' warmth, competence, attractiveness, and trustworthiness using bipolar adjective scales ranging from 1-7.³¹ The three-item measuring warmth include "warm-cold", "friendly-unfriendly", and "easy to talk with-difficult to talk with". Cronbach's Alpha of peer counselors' warmth was .83. Three items were used to measure peer counselors' competence including "competent-incompetent", "skilled-unskilled", and "professional-unprofessional". Cronbach's Alpha of peer counselors' competence was .86. Three items were used to measure peer counselors' trustworthiness including "trustworthy-untrustworthy", "sincere-insincere", and "honest-dishonest". Cronbach's Alpha of peer counselors' trustworthiness was .84. Each counselor's ratings are shown in Table 1.

Participants' past counseling experiences were also used as covariates. The participants were asked to report how frequently have they had face to face counseling ($M = 2.98$, $SD = 2.01$) and online counseling ($M = 1.62$, $SD = 1.38$) on a 1 (None) to 7 (Very frequently) scale.

Results

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Two variables, race matching and gender matching, were created based on the self-identified race and gender of the participants and the manipulated race and gender of the counselor profile. The two variables were assigned a value of 1 if the participant's race or gender was the same as the counselor, and 0 if the participant's race or gender was different from the counselor.

The first hypothesis predicts that a race match between the participant and the counselor will lead to participant's higher intention to seek the counselor, compared to a race mismatch. Similarly, H2 predicts that gender match will lead to higher intention to seek counseling than gender mismatch. A two-way ANCOVA was conducted, in which the two matching variables were entered as the independent variables, perceived warmth, competence, and trustworthiness of the counselor, as well as participants' past counseling experience with both face-to-face and online counseling were included as the covariates, and intentions to seek help from the counselor as the dependent variable. The model was significant, $F(8, 506) = 31.20, p < .001$, adjusted $R^2 = .32$. Among the three covariates, perceived warmth of the counselor was significant, $F(1, 506) = 62.67, p < .001$, partial $\eta^2 = .110$, as well as perceived trustworthiness of the counselor, $F(1, 506) = 4.09, p = .04$, partial $\eta^2 = .008$. Both gender match, $F(1, 506) = 5.79, p = .016$, partial $\eta^2 = .011$, and racial match, $F(1, 506) = 5.71, p = .02$, partial $\eta^2 = .011$, had a significant main effect on behavioral intention above and beyond any associated measures of stereotyping. Participants had a higher intention to seek online counseling when the counselor was of the same gender ($M = 4.85$) than when the counselor was from a different gender ($M = 4.58$; $\Delta M = 0.26$, 95% CI [0.05, 0.48]). Also, participants had a higher intention to seek online counseling when the counselor was from the same racial group ($M = 4.85$) than when the counselor was from a racial outgroup ($M = 4.59$; $\Delta M = 0.26$, 95% CI [0.07, 0.48]). Both H1 and H2 were supported.

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Discussion

The purpose of this study was to examine the effects of counselors' race and gender on individuals' intentions to seek a counselor. Consistent with the results of earlier studies focusing on a face-to-face counseling setting,^{4,8,19,20} our results indicated that individuals had stronger health seeking intentions towards same race counselors in the context of online counseling. Some studies found that White clients might express no preferences for the race of their counselors,^{22,24} perhaps as a result of white privilege in counseling. Healthcare providers are predominantly trained to deal with the dominant culture, and so white Americans might be equally well served by all counselors.³² However, in this study, because the results of an identity match were generalized, rather than specific to race, we see a broader effect of social identification. This result reinforced the strong effects of racial matching on increasing counseling seeking intentions. These results were found in relation to experimental materials based on ecologically valid text and photo ads that many people first encounter when looking for a therapist. However, this often represents a first rather than final step in the process. Interaction issues such as accent and linguistic processing fluency would likely increase group salience and preference and become a relevant issues as potential patients moved past the first step in the process of picking an initial therapist to reach out to.³³ In our study identity salience was manipulated in a very controlled manner of pictures and names. However, future research should explore the nuanced impact of language choice and proficiency on counseling seeking as well. We found a similar relationship with gender matching such that people had stronger counseling seeking intentions towards counselors of the same gender. Because there are many more female counselors in college settings,²⁹ this may lead to a disparity in mental health seeking for male clients and may be one of the reasons why males tend to seek counseling less than females.³⁴

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Importantly, these identity matching effects were significant above and beyond measures of warmth, trustworthiness, and competence that make up the core of group stereotype content.²⁷ This suggests that identity matching functions operate in part as a heuristic evaluation that is distinct from differential judgements of competence and warmth based on racial stereotypes. If either of these were the case, we would see an identity match result in greater perceptions of competence or warmth, and the results did not show this effect. All of this suggests that identity matching preferences are at least partially rooted in the core cognitive processes of social identification⁶ rather than just a rational decision-making process about finding the best counselor who might better understand your culture, or act in a way you find more culturally pleasing.

Furthermore, identifying and addressing barriers that prevent marginalized populations from accessing or utilizing computer-mediated counseling is imperative. Developing and evaluating digital health interventions that are culturally tailored for health disparity populations, including conducting formative research in this area, can significantly contribute to reducing healthcare disparities. By exploring these avenues, we can work towards a more inclusive and equitable healthcare system that addresses the diverse needs of all individuals, regardless of their background.

Limitations

This study's sample are college students, which do not represent a general population. However, college students were an especially relevant sample for online counseling, because of their "pervasiveness, acceptance, and usage skills associated with the Internet".³⁵ As a result it may be that certain online effects are either amplified or subdued in this population, and future research should certainly take other age groups into consideration. Secondly, while we used

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visuals to foster group salience, not all online counseling settings will have the same capabilities and technological affordances. Group salience can actually be amplified in visually anonymous settings.³⁶ As a result, researcher's should be cautious in applying these results to all modes of online counseling, and should consider the role that channel affordances have on other relevant identity cues.

Conclusions

This project carries significant implications. This project leverages SIT as a theoretical framework to elucidate the effects of race and gender on counselor selection. By applying SIT and investigating how these identity markers impact counseling preferences, this research provides valuable insights into the role of social identities in shaping counseling decision-making processes. Specifically, identity matching has a heuristic effect above and beyond other richer cultural content.

Methodologically, this is the first study to experimentally demonstrate an identity matching preference for both race and gender in online counseling. Previous studies demonstrated the preferences among clients for counselors of the same race and gender as themselves were mainly used cross-sectional and retrospective formats, but individuals are not always able to accurately report on why they do what they do.³⁷ Because we employed an experiment, we are able to present a causal relationship that simply sharing racial and gender identity is enough to drive this effect before and beyond actions or communication strategies that a counselor might employ.

Practically, while those ethnic/gender/culture-based communication patterns almost certainly cement this effect, it is important to note that some decisions will have been made before a counselor even has a chance to meaningfully interact with a client. This suggests that

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simply training White counselors to be more culturally sensitive will not be a panacea, and that greater availability of counselors from different racial groups will make it more likely that clients from the same racial group will seek counseling. By increasing the representation of counselors from diverse racial and gender identities, counseling centers and organizations can enhance accessibility and cultural competence, thus attracting a broader range of clients seeking mental health support. Given the growing popularity of online counseling services, it is imperative to ensure that online platforms prioritize diversity and inclusivity. This includes featuring diverse counselor profiles that reflect the racial and gender diversity of potential clients. In a survey of 2,111 patients with a history of mental illness, 83% reported that the pandemic and the social distancing restrictions has worsened their mental health; 26% were unable to access mental health due to face-to-face counseling cancelation, resulting in an even greater gap in mental health coverage.³⁸ Online counseling has become an important mental health service that is being used by many counselors and clients.² However, if while flipping through profiles, prospective clients don't see people who look like them, our results suggest that they may be less likely to seek counseling. Therefore, the findings of this study also underscore the necessity for policies that foster diversity, equity, and inclusion within the mental healthcare system to address systemic disparities and promoting accessibility to culturally sensitive care. Moreover, these results can inform the development of targeted messages and campaigns aimed at encouraging individuals to seek assistance from professionals who share their racial and gender identities.

Author Disclosure Statement

No competing financial interests exist.

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Table 1*Descriptive Statistics of the Ratings of Counselors in the Experiment*

Counselors	N	Warmth		Trustworthiness		Competence	
		M	SD	M	SD	M	SD
African American Female	87	5.79	1.05	5.91	1.01	6.15	0.86
African American Male	83	5.82	0.96	5.75	1.08	6.04	0.87
Asian Female	82	5.9	0.99	5.88	1.01	6.23	0.84
Asian Male	79	5.56	1.02	5.66	1.12	5.99	0.84
White Female	96	5.75	1.07	5.64	1.08	5.96	0.95
White Male	94	5.3	1.2	5.36	1.29	6.76	0.97