

White Privilege and Certified Child Life Specialists: An Exploration of Definitions and Feelings

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Abstract

Background: As the child life field lacks diversity, Certified Child Life Specialists must be aware of personal biases and privileged perspectives to improve their ability to address psychosocial concerns from a family-centered care approach. An essential component of this awareness is understanding White privilege. This study aimed to examine Certified Child Life Specialists' understanding of White privilege and explore feelings that arise when talking about White privilege.

Methods: Semi-structured, open-ended interviews were conducted with seven Certified Child Life Specialists based on a transformative worldview. Data were analyzed using Braun and Clarke's reflexive thematic analysis approach.

Results: The analysis revealed that participants' definitions of White privilege often characterized it as an inherent designation linked to white skin color, with white individuals experiencing easier lives, being unaware of race, and remaining quiet. Certified Child Life Specialists further identified their own White privilege by certain themes, including discrimination, access to products and resources, code-switching, authority and leadership, power and voice, shared experiences, and choice. Furthermore, the feelings participants reported when talking about White privilege included discomfort, empowerment, happiness, and surprise.

Conclusion: While Certified Child Life Specialists were able to define White privilege and articulate their feelings about it, they also acknowledged its existence and the need for taking action within the child life community to improve diversity, equity, and inclusion among students, professionals, and the children and families served.

Keywords: White privilege, Child life, Racism

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Introduction

White privilege, or the set of unearned institutional benefits granted to individuals belonging to the White racial group, has increasingly become a key topic of discussion in community settings (1). While conversations, advocacy, and research related to racism have increased, there remains a gap in individuals' ability to adequately define White privilege.

White individuals have been afforded unearned privileges due to persistent institutional and systemic racism. The disproportionate treatment between different races is not an effect of race, but racism. Romano states, "racism is a system of both racial disadvantage as well as reciprocal racial advantage (2)." This institutional and systemic racism has led to continued advantages for White individuals and disadvantages for non-White populations. These privileges, today known as White privilege, have widespread effects, including but not limited to economic, educational, and healthcare dimensions (3-5).

One key factor contributing to population-level racial

disparities is the experience of White privilege among healthcare providers (6). As healthcare providers, Certified Child Life Specialists (CCLSs) play a vital role in addressing psychosocial concerns associated with hospitalization and healthcare experiences through normalization, therapeutic play, expressive modalities, and psychological preparation (7). CCLSs must be aware of personal biases and privileged perspectives to improve their ability to serve from a family-centered care perspective and address psychosocial concerns of all racial groups, including an awareness of White privilege. The child life profession itself lacks diversity. The most recent analysis concluded that currently the field is 99% female and 93% caucasian (8).

This study aimed to examine CCLSs' understanding of White privilege and explore feelings that arise when talking about White privilege. The following research questions guided the study:

1. To what extent do CCLSs understand White privilege?
 - a. How do CCLSs define White privilege?
 - b. How do CCLSs recognize and/or perceive White



privilege?

2. What are CCLSSs' feelings when talking about White privilege?

In 1990, Peggy McIntosh published a seminal paper titled "White Privilege: Unpacking the Invisible Knapsack", highlighting the advantages of White privilege and the disadvantages of not being White. The 26 statements shine a bright light on the impact White privilege has on individuals, whether it is intentional or unrealized (9). The following are some of the statements (9):

1. I am never asked to speak for all the people of my racial group.
2. I am pretty sure that if I ask to talk to 'the person in charge,' I will be facing a person of my race.
3. I can easily buy posters, postcards, picture books, greeting cards, dolls, toys, and children's magazines featuring people of my race.
4. I can be sure that if I need legal or medical help, my race will not work against me.
5. I can choose blemish cover or bandages in 'flesh' color and have them more or less match my skin.

Nearly two decades later, in 2018, Dr. Max Romano created his own list describing his unearned privilege in medical training as a consequence of his White skin color (2). Several other fields have also defined similar lists; however, no such list currently exists for Certified Child Life Specialists. To gain a deeper understanding of CCLSSs' perceptions of White privilege, this study sought to develop such a list.

Methods

This study adopted a transformative worldview, utilizing qualitative interviews with Certified Child Life Specialists (CCLSSs) across the United States to explore their understanding of White privilege and the feelings associated with it.

Participants

A total of 18 individuals completed the screening survey. Of these, 11 met the eligibility criteria, and seven responded and completed the interviews. Inclusion criteria required participants to reside within the United States and be a CCLS with at least one year of professional experience. All seven participants identified as White females, with ages ranging from 32 to 58 years and experience in the child life field spanning 5 to 25 years. While all participants had extensive experience in hospital settings, their current workplaces included academia, hospice, private practice, and hospitals. Of the seven participants, five were from the East Coast and two from the West Coast; despite recruitment attempts, there were no participants from the Midwest or Southeast regions.

Procedures

Following approval from the university's Institutional

Review Board (IRB), participants were recruited through online forums and regional child life groups. After obtaining informed consent via email, 30- to 60-minute interviews were conducted via Zoom and audio-recorded for analysis. All interviews took place from February to March 2021.

Measures

The interview protocol comprised 10 open-ended, semi-structured questions addressing participants' knowledge and perceptions of White privilege. First, data were gathered on participants' demographic information, such as gender, age, self-identified race, years in the profession, and geographic location. Then, participants were asked to define White privilege. To establish a shared framework, a working definition was provided following participants' definitions. Participants were then presented with example lists of White privilege adapted from Romano (2) and McIntosh (9), and were asked to create their own lists of unearned advantages they had experienced. The interviews concluded with questions about participants' feelings when talking about White privilege.

Data Analysis

Interviews were transcribed verbatim and analyzed using Braun and Clarke's reflexive thematic analysis approach (10). The analysis began with repeated readings of the transcripts to familiarize the researchers with the data. Subsequently, the researchers independently coded fragments of data related to each research question. Through collaborative discussion, common themes and patterns were identified and refined. The statements provided by CCLS regarding their own lists of unearned advantages were compared to Romano and McIntosh's lists, which were previously coded thematically (2,9). CCLSSs' contributions were classified as either "same" or "new" concerning the themes derived from Romano and McIntosh's lists.

Consideration of Research Bias

The first author, a practicing CCLS at a children's hospital and former member of the Diversity, Equity, and Inclusion Committee of the Association of Child Life Professionals (ACLP), and the second author, a CCLS working as a full-time academic in a graduate child life program, collaborated throughout the research process. To mitigate potential researcher bias, several steps were taken: participant selection was based solely on meeting eligibility criteria; the open-ended, semi-structured interview questions were carefully designed to avoid leading language and were pre-approved by a research committee; and during data coding and analysis, both researchers independently coded the transcripts and refined themes through consensus discussion.

Results

Initially, CCLSs were asked to define “White privilege” before a working definition was provided. Participants quickly recognized the difficulty of articulating a succinct definition of White privilege and expressed that providing examples was more straightforward than offering a formal definition. One participant noted, “It’s difficult to [define]...it’s a really good question. It’s easier to explain it than try to define it.” Another participant remarked, “Oh, geez. That’s a big one.” Themes emerging from participants’ definitions characterized White privilege as an inherent designation linked to skin color, where “the color of your skin is white”, life is perceived as easier, and there is the ability to remain unaware of race and to stay quiet. Selected excerpts from CCLSs’ definitions are presented in Table 1.

CCLSs’ Acknowledgment of White Privilege

Participants were asked to create their own lists of unearned advantages. The list of unearned advantages is available in Appendix A. Most unearned advantages CCLSs listed aligned with Romano and McIntosh’s themes, including discrimination, access to products and resources, code-switching, peers, and authority and leadership. CCLSs also expanded on this list by adding themes such as power and voice, shared experiences, and choice.

Power and Voice

The power and voice theme was defined as the advantage of implicit power and freedom of voice. CCLSs’ statements

included, “I don’t feel inferior to other people because of my race” and “I am taken fairly seriously when in meetings; my opinion is taken seriously.”

Shared Experiences

Shared experiences referred to assumptions of commonality with others. CCLSs stated, “I assume everyone will have past medical experiences similar to mine,” and “Because I am white and have had very little trauma, I’m going to naturally assume that everyone else has also not had traumatic medical experiences that have shaped them into who they are.”

Choice

Choice represented the advantage of freedom and safety to make various decisions. Participants remarked, “I can live in white neighborhoods or neighborhoods of color,” and “I have a choice.”

Feelings of CCLSs When Talking About White Privilege

At the conclusion of the interviews, participants reflected on their feelings when talking about White privilege. They discussed both their feelings while talking about White privilege and their broader emotional responses. Feelings identified included discomfort, empowerment, and happiness, with surprise emerging specifically during discussions about White privilege.

Discomfort

Most participants (all but one) reported feeling

Table 1. Components of Child Life Specialists’ Definition of White Privilege and Related Excerpts

Components	Excerpts from Child Life Specialists’ Definitions
Inherent Designation Linked to White Skin Color	“The color of our skin is not a barrier...there are specific challenges that people of color face, just based on their skin color” “... really, when it comes down to it, what White privilege means is that the color of your skin wasn’t one of those barriers. I can stand up when I want to or when I feel like it’s safe. I have the privilege of doing that, or staying quiet when I want to keep myself safe. But for a Black person walking in that store, they can’t take off their skin, right? So that is a privilege...” “White privilege is just that inherent ... I’m trying to think of another word besides privilege. It’s the inherent designation that you get because the color of your skin is white that you are afforded automatically certain things, certain opportunities. Again, whether you ask for it or not, whether you try to suppress it or not, it’s there”.
Easier Life	“There’s a certain level of comfort that we have with being white”. “Things may be a little bit easier for us”. “An easier way to navigate through school and adult life, and childhood, and possibly other races”. “Not having to worry” “I would define it as things may be a little bit easier for us, that there’s no judgment against white culture because the color of our skin...it’s just less judgment...and less restrictions. I think it’s horrible to say, and I’m white, that we have, I guess, an easier way to navigate through school and through adult life and childhood...we have a little bit more of a privilege. Which is so gross. It’s so gross to say”.
Ability to be Unaware of Race	“That I have never even put the hat on to think about the way that they’re navigating their daily interactions, whether it’s professional, whether it’s personal.” “I think that White privilege is often not even recognized by people who are white. When you are the majority, you don’t realize what it feels like to be the minority and how alienating everything you do can be. I think White privilege is just not even knowing that that’s a factor and that that is something that people pay attention to consciously every single day, most minutes of the day. So, not having to worry about that and just think that everything’s hunky dory all the time is a very White privilege kind of thing, or you don’t recognize what other people are even struggling with”. “White privilege means not having to think twice about your daily experiences, not having to question things, or change the way that you approach a situation. You can just be you freely”.
Ability to stay Quiet	“I can stand up when I want to or when I feel like it’s safe. I have that privilege of doing that, or to stay quiet when I want to keep myself safe”. “Something I did not ever realize, honestly, and I’m embarrassed to say it, in this last year, is that White privilege is being afforded the opportunity to just sit and be quiet in uncomfortable conversations... I think that the number one definition of privilege for me is my ability to be quiet if I want to be”.

uncomfortable in general about White privilege and/or when talking about it. One CCLS disclosed, “Whenever we’re talking about race, I don’t ever want to be stepping in to act like I’m an expert on it. As a white woman, I can’t be...I do get nervous that I never want to come across like I’m like, Oh, I have this all figured out. Or I’m an expert on this topic because I can’t be.” Another CCLS expressed, “I feel uncomfortable because it’s making me aware of things that I’ve never had to think about before”.

Empowerment

Most often, feelings of being empowered came up when thinking about White privilege in general; however, one participant stated, “It is empowering” when discussing feelings that arise when talking about White privilege. Participants described feelings of growth and empowerment to make changes. For instance, CCLSs stated, “I absolutely had a mentality of ‘It’s not my fault that I was born white’ but really have been able to change this mentality into, ‘I have been afforded to be a white woman, and how do you use your voice?’ ...I’m living in this space now of being able to find my voice, how to be an advocate, how to be a good co-human with every race, but to not project any white tears or white emotion or white struggle with those thoughts” and “I desire to do and my reason for reaching out was that I do want to be an ally...I found myself just so pulled to want to make changes...I guess the most direct way I can do that is being really intentional.”

Happiness

Numerous CCLSs described feeling happy in both contexts, characterizing their feeling as “energizing,” “hopeful,” and “proud to be talking about” when discussing White privilege. CCLSs also stated feelings of hopefulness regarding White privilege in general, “It gives me hope to know that this, our country, has been pushed into a position where we can’t avoid it anymore, and it’s not just that small group of activists who are trying to make a point” and “I’m glad to know that white colleagues, and especially the next generations of them are stepping up to the plate and finding this important topic.”

Surprise

Some CCLSs described feelings of surprise when talking about White privilege, often as they became more aware of White privilege through the discussion. One stated, “It is eye-opening”, while another noted, “I’m still learning; there are still things that I am seeing within myself that I’m like, ooh, don’t love that, but it’s true.”

Discussion

Participants were initially asked to define “White privilege” before being provided with a working definition by the researcher. All participants’ definitions converged

on similar themes, characterizing White privilege as an inherent designation linked to white skin color, where life is easier, and individuals possess the ability to remain unaware of race and stay quiet. The working definition offered by the researcher, following participant responses, described White privilege as a set of unearned institutional benefits or privileges granted to individuals belonging to the White racial group (1,2,11-13). While the definitions provided by participants were similar in core concepts, they tended to be less concise and focused more on situational examples illustrating unearned institutional benefits associated with being White.

White Privilege and Unearned Advantages

Participants were asked to create their own lists of unearned advantages, similar to the approaches proposed by Romano and McIntosh (2,9). Most participants verbalized being unaware of Romano and McIntosh’s essays before the interview. While answering this interview question, participants appeared to pause and reflect more. Their responses encompassed themes such as lack of judgment, acceptance, safety, maintenance of identity, and ease of access to opportunities based on their unearned advantage of being white. The lists generated by participants were largely similar to those identified by Romano and McIntosh (2,9). Since participants read these lists before creating their own, the lack of innovative concepts in their lists may suggest limited acknowledgment of White privilege among CCLSs and highlight a need for further reflective practice in this area. Overall, participants’ lists are largely representative of the White privilege experienced by the majority of CCLSs.

Feelings Expressed When Talking About White Privilege

Feelings elicited when discussing White privilege warrant careful acknowledgment and reflection (14). Participants were asked to articulate and reflect on their feelings while discussing White privilege. The majority of participants had conflicting feelings, such as being hopeful but frustrated, uncomfortable but aware, and happy but nervous. Despite feeling nervous or uncomfortable, all participants volunteered to participate in the study and completed the interviews in totality. Those who felt more aware or uncomfortable may have been using the study as an opportunity to learn and reflect on their own implicit biases or White privilege. All these feelings are valid and important to acknowledge and reflect (14). These contradicting feelings can serve as catalysts for fostering change and addressing issues related to racism, White privilege, and diversity, equity, and inclusion (DEI).

Limitations

Participant recruitment was impacted by the change in the format of the ACLP professional forum. Initially, recruitment involved sending emails out to all members

of the ACLP. However, in December 2020, the forum shifted to ACLP Connect, an online platform requiring members to log in to actively participate. This change hindered recruitment efficiency. Moreover, recruitment was expanded to approximately 20 regional child life association groups. Relying on these groups to reach out to members and technical difficulties with ACLP Connect may have limited participation. This may partly explain why only individuals from the East Coast and West Coast participated, potentially limiting geographic diversity. Perspectives from other regions could differ significantly.

Participation was voluntary, which may introduce self-selection bias, as individuals who chose to participate might have had a pre-existing awareness of or interest in the topic. Moreover, participants ranged in age from 32 to 58 years, and variations in their professional experience, specifically the duration of their practice within the field of child life, along with the elapsed time since their graduation, could influence their recall of DEI training received during academic years. However, as DEI has gained prominence only in recent years, it is plausible that their formal education did not sufficiently address this subject. Finally, the sample consisted exclusively of white female participants, limiting the diversity of perspectives.

Future Research

Further research is needed in the field of child life and regarding the impact of White privilege on patient- and family-centered care. Replication of this study with a larger and more diverse sample, potentially conducted by the ACLP, would enhance the generalizability of these findings. Furthermore, research should explore the appropriateness of resources provided by departments relative to the populations served. Further investigation into diversity within the field of child life is also warranted, including an examination of recruitment processes and educational opportunities related to DEI in the child life field.

Conclusion

White privilege refers to a set of unearned institutional benefits or privileges granted to individuals belonging to the White racial group (1,9,11-13). CCLSs in this study were able to define White privilege and recognize the presence of unearned advantages they themselves experience. Achieving meaningful change begins with acknowledging one's own privileges and unearned advantages, as well as exploring the feelings experienced when discussing these privileges and unearned advantages. Actions within the child life community are critical to improve DEI for students, professionals, and the patients and families served.

Addressing White privilege is a complex, ongoing process that cannot be resolved through a simple task or by one individual alone. Instead, it requires systematic

institutional change and collective effort (2). The first step is acknowledgement, recognition that White privilege is an issue (2,14). Subsequently, feelings that arise when discussing White privilege should be acknowledged and reflected on (14). Once the issue of White privilege is recognized, further studies are needed to shine light on implicit biases and unconscious actions caused by White privilege, such as disparities in resource allocation or inventory management in child life departments (15). Finally, efforts should be directed toward minimizing actions rooted in White privilege, both on an individual level and within institutional practices. This can include engaging in additional DEI training programs. Addressing the effects of White privilege requires a relational approach, emphasizing ongoing conversation characterized by active listening and respect (16).

Authors' Contribution

Conceptualization: Renee Lee.

Data curation: Renee Lee & Lindsey M. Murphy.

Formal analysis: Renee Lee & Lindsey M. Murphy.

Investigation: Renee Lee & Lindsey M. Murphy.

Methodology: Renee Lee & Lindsey M. Murphy.

Project administration: Renee Lee & Lindsey M. Murphy.

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Competing Interests

The authors declare that they have no conflict of interest.

Ethical Approval

The authors abided by the signed code of ethics for the Journal of Qualitative Research in Health Sciences. This study was also ethically reviewed by the Missouri State University Institutional Review Board (IRB-FY2021-293) and approved on February 12, 2021.

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