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# QUEERED LOVE IN THE THERAPEUTIC SPACE

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# Glossary

**AFAB / AMAB** (assigned female at birth / assigned male at birth) are acronyms that serve to disrupt the gender binary model, by indicating the arbitrary nature of assignments based on genitalia.

**BIPOC** (Black, Indigenous, people of colour) is a newly emergent term in the United States, that is meant to privilege and identify the more marginalized members within racialized communities, placing the 'B' and 'I' first, to convey their significant disparities in relation to people of colour.

**Cis** as a prefix to sexism and normativity refers to the presumption that all people express and identify with the gender that is aligned with the sex they were assigned at birth, rendering those who exist outside of this paradigm as invisible.

**Cisnormativity** refers to an ideology that requires all people to conform to only one gender identity, defining behaviours and appearances as "masculine or feminine gendered interpretations within hetero and mononormative frameworks" (Sumerau, 2019, p. 179).

**Cisgender** refers to one who's assigned sex at birth is aligned with their gender identity and expression.

**Cis-het** will often be used together to signify the impact of both heteronormative and cisnormative discourses together.

**Cultural knowledge** is informal and gained through lived experience – the "experiences that live in people's collective memory and oral history" (Tuhiwai-Smith, 2021, p. xv). It is not objective or scientifically proven, and is rarely institutionally legitimized.  For the purposes of this project, I refer to the cultural knowledge which is held particularly by those who are marginalized. I will center cultural knowledge, also known as 'ways of knowing' (Collins, 2002; Haraway, 1988; Tuhiwai-Smith, 2021) particularly of Black, Indigenous, queer of colour and

Two Spirit scholarship that are often excluded from academic and professional discourse in counselling and social work. For example, for Indigenous people, systems of knowledge are based on "spiritual relationships to the universe, to the landscape and to stones, rocks, insects and other things, seen and unseen" (Tuhiwai-Smith, 2021, p. 84). From a counselling perspective, clients should be considered to hold extensive local (or cultural) knowledge allowing them to be experts in their own lives (Geetz, 1983), while the therapist holds a stance of 'not knowing' (Anderson, 1997; Butler & Byrne, Tervalon & Murray-García, 1998).

**Decolonization** refers to the active process of undoing the harmful teachings of colonialism, by recognizing that the "distribution of power is part of every relationship" (Marsella, 2015, p. v111) and can be asymmetrical. Within psychology, decolonization is a social justice orientation that addresses the lived experiences of those on the margins of society who have been harmed by Euro-American standards for mental health (Bhatia & Priya, 2018).

**Discourse** from a social constructionist perspective is defined by Burr (2003) as 1) "an instance of situated language use" and 2) the way that the "forms of language available to us set limits upon what we can think and say, but also what we can do or what can be done to us" (p. 63). Problematic discourse in this dissertation will refer to the specific challenges that queer of colour student and practicing therapists experience in learning therapeutic approaches and practices that are most relevant to their lived experience and cultural knowledge, and that of their clients. The challenges experienced are through the various discourses that frame their learning and practice with a colonial modernist lens.

**Heteronormativity** is best captured by Berlant and Warner (1998): "A whole field of social relations becomes intelligible as heterosexuality, and this privatized sexual culture bestows on its sexual practices a tacit sense of rightness and normalcy. This sense of rightness – embedded in

things and not just in sex – is what we call heteronormativity" (in Hillock, 2017, p.

551). Heteronormativity is also formed in relation to other social norms such as race, ethnicity

and class (Riggs, 2007).

**Homonormativity** refers to the mainstreaming of queer rights promoted by international queer

organizations, which are often afforded to those who are connected to a Westernized queer

knowledge, identity, and class privilege, and for whom visibility, rights to marriage, adoption,

military etc. are prioritized; this can also be known as the global gay rights agenda (Blackwell,

2008; Gopinath, 2018).

**Indigenous** is an umbrella term which refers to First Nations, Metis and Inuit peoples in

Canada. Some Indigenous scholars use the colonial term Native, but this is not appropriate for

use by non-Indigenous people.

**LGBTQ** (lesbian, bisexual, trans, queer) is an initialism that may add various letters as an

attempt to be inclusive of all identities that are not cisgender or heterosexual. A challenge is that

the letters represent a fixity of identities that exist in binary opposition to each other.

**Postmodernism** focuses on how constructions of language, meaning making and generative

conversations elicit new ways of understanding people and problems (Butler & Byrne, 2008;

Gergen & Ness, 2016).

**Poststructuralism** rejects the notions of single, universal or absolute truths, and critiques

theories based on grand narratives that fit human experience into a specific structure (Barker &

Steele, 2016; Tilsen, 2021). Poststructuralism is a reaction to the structuralist worldview still

present in counselling today that seeks universal laws and expert knowledge supported by the

notion that systems are fixed (Combs & Freedman, 2012). A structural approach in counselling

views "people as individual entities with essential, stable characteristics that can be grouped and

graded according to universally applicable norms", while poststructuralists explore "contextualized meaning making" and the contributions of people's experiences and identities on culture, language and discourse (Combs & Freedman, 2012, p. 1035).

**Queer** in this dissertation will be used in two ways: As an identity term based on non-conforming and non-normative gender, sexual and affectional identities that are socially constructed and situated (Ahmed, 2006). It evolves and shifts, and is spatially and temporally responsive to context and environment (Dhavan & Castro Varela, 2018). Secondly queer as rooted in queer theory will describe a worldview based on resistance, activism, community values, resilience, as well as loss, isolation and marginalization; in these instances it may also be used as a verb or adjective.

**Queer of colour** (QOC) may also be termed queer racialized to name the intersection of identities that are present. At other times 'queered racialized' or 'racialized queer' will be used to signify the intersections of race, ethnicity and queerness, and the ways in which one subjectivity (queer) influences the other (racialized), or vice versa.

**Queer of colour (QOC) critique** is an American-based body of critical scholarship focused on discourses of difference, in response to the social forces of migration, neoliberalism and economic processes. These critiques provide a method to analyze cultural formations at the intersections of race, political economy, gender and sexuality (Brockenbrough, 2015; Ferguson, 2018).

**Queer theory** a critique of cis-heteronormativity, that challenges the binaries of 'normal' and 'deviant' that structure Western societies. This critical theory shifts the focus to the practices that people engage in, without being tied to specific identities (Riggs, 2007).

**Queer worldmaking** was first used by Berlant and Warner (1998) in reference to queer culture as a world making project. Worldmaking refers to the specific ways in which queer people create and take up space, which can include more people than can be identified as part of a specific community or group, more spaces than can be physically mapped, and "modes of feelings that can be learned rather than experienced as a birthright" (p. 558). They explain that making a queer world has taken place in the absence of an intimacy connected to domestic space, kinship, structure of a couple relationship, to property or to a nation. In this project I use queer worldmaking to describe a wider scope of understanding queer beyond an identity term, as used by scholars Gayatri Gopinath and Qwo-Li Driskill, key cultural theorists in the literature review.

**Racialized** conveys that race and ethnicity is a socially constructed identity, signifying a purposeful rejection of biological essentialism.

**Relational intersectional identities** is a term I have created to signify the experiences of identities as relational, taking place within a specific context, construction and environment, and exemplifying the other identities present such as racialization, ethnicity, class, religion, citizenship status etc.

**Settler** names those of us who have come to live and settle on Indigenous land in Canada.

**Systems of power** refers to the specific theoretical underpinnings of how power operates, is experienced and utilized. In this dissertation a postmodern poststructural view of power is informed by Black feminist thought, queer of colour critique and Indigenous scholarship. Power will be understood as relational, dynamic, and fluid.

**Subaltern** is used in postcolonial theory to describe people who have the least access to resources, capital and social mobility.

**Therapeutic relationship** refers to the relationship between client and therapist, and from a relational perspective prioritizes the needs of the relationship over the individual needs of the therapist or the client.

**Two Spirit** is an important relational cultural identity in Turtle Island's (aka Canada) Indigenous culture and is an intertribal English term created in 1990 at an Indigenous international queer gathering in Winnipeg, Canada. The purpose was to name, in English, the tribal traditions and social categories of gender that are outside of dominant Eurocentric binaries, and to understand the presence of both feminine and masculine spirits in a person (Driskill, 2010) as having elevated status or being gifted (Qmunity, 2013). 'Two-spirit' replaces the derogatory and colonial term 'berdache' (Wilson, 1996). This creation of language based on cultural knowledge, and not created by academia, or mental health professionals honours a "postmodern notion of identity construction" (Tilsen, 2010, p. 10). In disrupting and queering colonialism in this dissertation, Two-Spirt and queer Indigenous scholars have made and continue to make, important contributions to the discussion of decentering whiteness in understanding identities in Canada.

**Transgender** is defined by Stryker (2008) as referring to "people who move away from the gender they were assigned at birth, people who cross over (trans-) the boundaries constructed by their culture to define and constrain that gender" (p. 1). Today trans is used most often, in order not to further delineate how someone is 'trans' by terms like transsexual, male to female (MTF), female to male (FTM).

**White and Whiteness** In this project I use 'white' not in relation to skin colour, or as a fixed singular category of identity or experience, but in reference to people who may be "(knowingly or not) engaged in the racialised social structures they are positioned within" (Henningham,

2021, p. 8). Whiteness is an effect of racialization, shaping what bodies 'can do' in the spaces made available to them (Ahmed, 2007). Whiteness is a category of experience that mostly goes unnamed and unnoticed.

**Chapter One**

In this dissertation I will be demonstrating how the fields of social work and counselling have been strongly and continuously influenced by colonialism, racism, white supremacy, cisnormativity, heteronormativity, homophobia and transphobia. This chapter will introduce some of the key concepts, discourses and epistemologies and their deleterious effects on queer people of colour, their graduate level counselling education and their professional practice. Closer examination of colonialism, pathologization and modernism reveal their impacts on these disciplines as well as on student and practicing therapists (Tilsen, 2013, 2021). These governing narratives assume the deviance, inferiority and incapabilities of people with non-dominant identities – being queer, racialized, a woman / feminized, non-Christian, or of lower socioeconomic status (Driskill, 2010; Duran, 2019; Morrison et al., 2019; Settles et al., 2018; Siepak, 2020; Wilson, 1996, 2015). In the context of therapists with non-dominant identities, this has translated into both the pathology of their "deviance", and the invisibility of their knowledge and lived experience (Rasmussen & Mishna, 2008; Strayhorn, 2012; Thacker & Minton, 2021) – the recognition of which, I will argue, would greatly enhance the effectiveness of both their own therapeutic practices and the field of counselling overall.

**Binaries of Power: Colonialism, Modernism, Pathologization**

This section will introduce the key concepts that frame the discussion of colonialism, modernism and pathologization that follows. Within queer discourses it is common to discuss the binary of gender alongside identity positions of transgender, nonbinary, cisgender and the binaries of sexuality alongside identity positions of gay, lesbian, asexual, pansexual. Binaries and fluidity have been an integral concept to disrupting long standing essentialist and fixed positions of gender and sexuality, for how they shape normativity, privilege and oppression (Tilsen, 2013,

2021). Essentialism holds that groups, categories, or identities have the same defining features and characteristics, limiting the fluidity of moving through social location and positionality in a relational manner. Power is often experienced and enforced through a binaried discursive positioning of good /bad, us / them, heterosexual /homosexual, white /Black, man /woman (Tilsen, 2013). Those with power within individual, institutional and systemic realms are able to determine who is afforded privilege and access to resources through policies, practices and legislation (Burr, 2003; Morrison et al., 2019; Siepak, 2020).

A distinction can be made between essentialist binary based 'us/them' theories of power, and a more relational, dynamic experience of power. A relational constructionist perspective sees all identity positions as experiential, based on meaning making, relationships and language (Burr, 2003; Gergen & Ness, 2016; McNamee, 2009). Collins (2014) writes that the use of power results in the ongoing reproduction of race, class and gender oppression. However Foucault's (2000) theories of power suggest that power is not primarily a repressive force, as he asks what allows power to have its hold, and to be accepted. In his (poststructuralist) view, Foucault (2000) asserts that power is inherent relationally and associated with a set of discourses rather than held individually; Foucault (1978) has also written that power can form knowledge and it can produce discourse. More importantly, Foucault (1981) argues that "where there is power, there is resistance" (p. 95).

Theories of power can be differentiated based on whether power is held as part of essentialist categories of identities, or if they are described as experienced relationally. Indigenous scholars however, counter accusations of essentialism based on their 'ontological relationship' to land, and the essential relationship between land and person (Riggs, 2007). Postcolonial feminist scholar Gayatri Spivak (1996) introduced the term strategic essentialism in

relation to her work with the subaltern, as "a strategic use of positivist essentialism in a scrupulously visible political interest (p. 214). To bridge the realities of how power is experienced, the tension of naming identities as essentialist, and the need to focus on resulting practices, I refer to Jose Esteban Muñoz (1999), a Cuban American gay identified cultural theorist, for his theory of disidentification. Disidentification can be understood as how queers of colour shuffle back and forth between reception / production, they neither identify in claiming sameness or likeness, nor counter identify by claiming difference / opposition. Their subjectivity is created in more complex ways, as they move beyond and between identity positions, based on situation and circumstance. Muñoz demonstrates his theory through analysis of theatre productions, television shows and movies. His work expands thinking of queerness as more than a sexual / gender identity, but of a dynamic ongoing exchange, a relational perspective that can be useful for therapists and clients exploring the resiliency of queer of colour identities (Muñoz, 1999). Therefore identity categories and theories of power are used for differing political strategies, and cultural meanings (Riggs, 2007).

**Colonialism, Heteropatriarchy and Heterocolonialism**

Some of the earliest understandings of what we now name 'queer' and 'people of colour' can be traced to the 16th century, during a process of colonization that saw Western European states gain control of Indigenous people's lands around the world (Driskill, 2016; King, 2013; TRC, 2015). I argue that this period was central to the construction of heteropatriarchy and heterocolonialism as defined by Morrison et al. (2019) and Siepak (2020), in an intensely hierarchal heterosexual, male, cisgender–dominated period. Two Spirit scholar Qwo-Li Driskill (2016) defines heteropatriarchy as dependent on a binary gender system in which men have power over women. Biological presumptions emerging at the time regarding race, supported the

notion that White Europeans were the superior norm against which Indigenous, racialized

people, and other non-white Europeans, were measured and defined. This concept has been well

documented as *othering* (Martin & Lippett, 2017; Mulé, 2015; Pon, 2009, Profitt & Richard,

2017) and is linked to the social construction of deviant bodies, hierarchical categorizations and

imperialism.

## Modernism and the Privileging of Knowledge

Modernist ideologies that emerged during Europe's Enlightenment era or Age of Reason

(late 1600s to end of 1700s) were based on concepts of "truth, rationality, objectivity, individual

knowledge, evidence, and scientific progress" (Gergen, 2001, p. 803), that established which

knowledge and beliefs had value. Together with colonialism, these discourses continue to this

day, to negatively influence how racialized queer people experience counselling. The passing on

of cultural knowledge and sense of identity within racialized queer communities were disrupted

and erased by the Western Eurocentric heterocolonial, heteropatriarchal paradigm (Driskill,

2016; Morrison et al., 2019; Siepak, 2020; Wilson, 1996, 2015). The three key modernist

concepts of individual knowledge, the objective world, and language as a carrier of truth have

directly shaped the field of psychology (Gergen, 2001; Gergen & Ness, 2016), positioning expert

and professional knowledge above clients' knowledge of their mental health (Butler & Byrne,

2008), and allowing identities (racial, sexual, gender) to be defined, fixed, categorized, valued,

devalued or pathologized.

## Pathology and the Harm to Sexualized Racialized Bodies

Early medical discourses by physicians, psychiatrists and sexologists led to the

pathologizing notions of homosexuality, sexual deviance and racialized bodies. Somerville

(1994) traces three historical periods of pathology based on sexology and comparative anatomy.

There is a trajectory describing the mixed body and evolutionary aspects of visible difference, racial hierarchy, sex and sexuality in the late 19th century, to conceptualizations of sexualized desire and racialized desire in the early 20th century. Black bodies and particularly Black women's bodies were central to the analysis of sexual deviance. This pathologization of deviant sexualized and racialized bodies led to White supremacist misogynist discourses and the criminalization of homosexuality through sodomy laws, forced chemical castration on men who had sex with men, electric shock therapy and conversion therapy to 'make' queer people become straight and cisgender (Drescher, 2010; Gajdics, 2018; Grzanka & Miles, 2016; Hodges, 2008). Historically, the often-conflated non-heteronormative attractions and non-normative gender identities have been forced to the shameful, hidden margins. This consistent and pervasive pathologization of queer racialized people over centuries has led to their systematic erasure and invisibility in all aspects of life *(*Duran, 2019; Settles et al., 2018; Thacker & Minton, 2021*)*. Many queer people have always known they must remain hidden, an underground subculture, meeting in secret, well aware of how they risk humiliation in their families, communities and standing. The stakes have been dangerously high should these identities, relationships and behaviours become public, leading to incarceration, violence and loss of social status, family or employment (Levenson et al., 2021; Livingstone, 2010)

Therefore pre-colonial identities, ways of living and being for many Indigenous, queer and/or people of colour were either slowly erased or violently stamped out, and subsumed by white supremacy (Driskill, 2016; King, 2013; Siepak, 2020). Mentors, role models, stories and traditions disappeared. In North America legislation, land and treaty rights enabled the Church and European colonial nation states to enforce policies of assimilation, forced relocation and extermination (Driskill, 2016; King, 2013; Siepak, 2020), resulting in the quashing and

suppression of ancestral spiritual and religious traditions, gender norms and expressions, family systems and structures, ethnic and linguistic practices. Indigenous people's beliefs about their gender roles, gender expression, sexual orientation and sexuality were considered sick, perverse and deviant (Morrison et al., 2019; Siepak, 2020; Wilson, 1996, 2015).

**Loss of Language to Understand Ourselves**

It is necessary to identify the inherent biases and impacts that language poses. The language of coloniality and the ways in which people were labelled as 'savage', 'uncivilized', 'heathens' reinforced that they needed to be colonized for their own good, due to their inferiority (King, 2013; TRC, 2015). This colonial discourse has heavily influenced how individuals and communities who fall outside of heteronormative heteropatriarchal identities become negated and invisibilized. The resulting impact on queer of colour students and practicing therapists is that they have not learned language and concepts that adequately represent who they are and what they bring to the field.

As part of assimilation, colonial language replaced the terminology used by the people 'being colonized' thus removing their connection to their cultures, practices, beliefs, religion and spirituality (Wilson, 2015). In addition, colonialism erased terms used to denote gender expansive people and expressions, as well as relationships and attractions that were not heteronormative or cisnormative (Driskill, 2016). People rarely know the pre-colonial words for gay, trans, queer etc. in their heritage languages, including the language that I speak, Gujarati.

Language has the power to not only describe but also to create or impose meanings, images, and stories that "produce a particular version of events" (Burr, 2003, p. 64). Identities, constructed from culturally available discourses, become hard facts that influence expectations, experiences, and communications with other people (Gergen, 1994). Seemingly innocuous

slogans, sayings or aphorisms that purport religious or personal tolerance of queerness —for example "love the sinner not the sin" or "what they do in the bedroom is none of my business"— are disempowering conventions of heteronormative language. These examples of microaggressions (Sue et al., 2007) reduce a queer individual to a sexual oddity to be tolerated by straight people

The legacy of this erasure and othering remains with us today. I myself experienced it in my own training/education, both as a lack of recognition of the value that my marginality and intersectionality would bring to my work, and in the unstated expectations that I would fit a heteronormative, white supremacist model. As a queer, cisgender woman born and raised in Canada, with ancestral roots in India, my life was informed by deeply held cultural practices and norms. I came to understand the contortions required to "succeed", the lack of tools and resources available to queer of colour therapists, and the unacknowledged labour-intensive work-arounds we cobble together to serve our communities and bring our queer of colour cultural knowledge to bear. My identities and experiences were not reflected in social work and counselling therapies, approaches and practice.

## Epistemologies and Ontologies

In the remaining sections of this chapter I discuss the key theoretical frameworks through which I view power, critique problematic discourses within counselling and social work, and introduce how I center knowledge often held on the margins. I examine how the epistemologies of knowledge, reality, identities and language will work with the ontologies of queerness, and Interpretative Phenomenological Analysis as the method to collect, interpret and analyse data within this dissertation.

**Meaning Making Through Postmodernism and Poststructuralism**

A postmodern and poststructural stance organizes how we understand people, relationships, problems, systems and structures (Barker & Steele, 2016; Combs & Freedman, 2012; Gergen, 2001; Tilsen, 2021). Postmodernism focuses on how constructions of language, meaning making and generative conversations elicit new ways of understanding the problem (Butler & Byrne, 2008; Gergen & Ness, 2016). Poststructuralist critical theorists Jacques Derrida, Jacques Lacan and Michel Foucault reject the notions of single, universal or absolute truths, and critique theories based on grand narratives that fit human experience into a specific structure (as cited in Barker & Steele, 2016, p. 55). Poststructuralism is a reaction to the structuralist worldview still present in counselling today that seeks universal laws and expert knowledge supported by the notion that systems are fixed (Combs & Freedman, 2012). A structural approach in counselling views "people as individual entities with essential, stable characteristics that can be grouped and graded according to universally applicable norms," while poststructuralists explore "contextualized meaning making" and the contributions of people's experiences and identities on culture, language and discourse (Combs & Freedman, 2012, p. 1035). By inquiring about people's identities and experiences within systems and structures, therapists value how their clients come to embody uniqueness in relation to others, rather than placing them in categories. A postmodern poststructural lens will be especially important for those impacted by racist, homophobic, transphobic structures and systems of oppression. This lens, applied to their counselling practice, will allow a therapist to support their client in deconstructing and understanding the impacts of systems of power on their mental health.

**Knowledge and Language Through Social Constructionism**

Social constructionism exemplifies postmodernism and poststructuralism as an area of social science theory and research that examines shared assumptions about reality and questions what is defined by societies as reality, including concepts of self-identity. Social constructionism is the process by which people's lives are shaped by language and discourse, and the assumptions and cultural context that are used to guide one's thinking and acting (Monk et al, 2008). Martins et al., (2017) suggest that "knowledge is created through social practices" (p. 433), therefore everything we know or understand about our lives and our place in our community is constructed or influenced by power systems such as language and institutional knowledge. Constructionist conceptualizations of identity have been instrumental to evolving notions of queer identity.

**Queer: More than Sex and Gender**

Queer theory is a postmodern critical theory, based on Foucault's (1981) conceptualizations of sexuality as a construct of dominant societal regimes and Butler's (1990) theory of performativity of gender. Queer theory evolved through the 1980s with lesbian and gay politics informing the AIDS crisis, and gay liberation movements of the 1990s in the United States (Goodrich et al., 2016; Jagose, 1996). This queer activism challenged assimilationist movements and oppression in social systems, and focused on pride, choice, and liberation (Barker & Scheele, 2016).

Scholars credit de Lauretis' (Duong, 2012; Watson, 2005) for the birth of queer theory and these three principles: 1. Refusing heterosexuality as the standard on which all sexual formations are based, 2. Sexual subjectivity is shaped through race and gender, 3. A movement away from a singular understanding of lesbian and gay studies (Barker & Scheele, 2016).

Multiple queer theories have since developed, all sharing the features of poststructuralism, destabilizing taken-for-granted discourses of heteronormativity, sexual and gender identities as constructed and performed (Barker & Scheele, 2016).

Queer theory shifts the gaze of queerness beyond an identity position, as a way to understand how constructs of sex, gender, identity, and culture become disconnected from one another. Queer theory has been present in cultural studies, gender studies, social sciences, and humanities, but largely absent in counselling, psychology, and social work (Butler & Byrne, 2008; Goodrich et al., 2016; Riggs, 2007). When queer-theory-informed-practitioners understand the relational and fluid nature of these identities, they can grasp more comprehensively the continuously shifting norms and discourses of queer experiences (Barker & Scheele, 2016; Carnes, 2019) and integrate it within their practice. Queer theory is foundational to the concept of *queering* methods, practice, approaches, and ways of being in the world, by resisting dominant norms and narratives.

**Intersections of Identities**

In order to ensure a focus on racialized queer identities, which a postmodern social queer constructionist epistemology may overlook, intersectionality, decolonization and queer of colour critiques are critical to guide this dissertation and the research questions. The term intersectionality was first used in 1989 by critical race theorists and civil rights activists Kimberlé Williams Crenshaw and Patricia Hill Collins in the context of feminism and race (Collins, 1986; Crenshaw, 1989). The term was used in reference to Black feminism and the simultaneous experience of being black and of being a woman. Intersectionality is now applied broadly to the interconnected nature of all social categorizations subjected to discrimination and disadvantage (race, class, gender, sexual orientation, etc.) and is critical to acknowledging the

complexity and diversity of queer identity and marginalization. More than just informing an

understanding of identities, intersectionality encourages scholars and activists to use the theory

to inform best practices and community organizing (Cho et al., 2013).

**Indigeneity, Land Redress and Canada's Stolen Land**

Decolonization intentionally disrupts Western Eurocentric practices at systemic,

structural and relational levels. Within psychology, decolonization is a social justice orientation

that addresses the lived experiences of those on the margins of society who have been harmed by

Euro-American standards for mental health (Bhatia & Priya, 2018). This term is often used to

describe one's practice, theoretical framework or approach, such as 'decolonizing mental health'

or 'decolonizing organizational practices'. In Fellener's (2019) chapter *Therapy as Ceremony:*

*Decolonizing and Indigenizing Our Practice* decolonizing mental health is necessary to

understand psychology's role in "cultural oppression and social control" (p. 182). From an

Indigenous perspective, mental health is a Eurocentric colonial concept and accompanying

counselling approaches have not been appropriate for Indigenous communities who understand

wellness as holistic, encompassing a "spirit-heart-body-mind in relation" (Fellener, 2019, p.

182). Organizations may also use decolonization in redefining their structure and practices. For

example, Vancouver Pride Society's Mission recognizes "that homophobia and transphobia were

brought here (to North America) through colonization and that the fight against forms of

oppression requires the work of decolonization" (Vancouver Pride Society, n.d., para 6).

**Queer of Colour Critiques**

Queer of colour (QOC) critique can be considered a methodology, a theoretical position,

a political stance (Manalansan, 2018) emerging from interdisciplinary fields including gender

studies, cultural studies and ethnic studies. Ferguson (2003) defines this critique as:

[an] interroga(tion) of social formations as the intersections of race, gender, sexuality, and class, with particular interest in how those formations correspond with and diverge from nationalist ideals and practices. Queer of color analysis is a heterogeneous enterprise made up of women of color feminism, materialist analysis, poststructuralist theory, and queer critique (p. 149).

Ontologies of queerness as proposed by queer of colour and Two Spirit scholars in this dissertation ensure that racialized and / or Indigenous subjectivities are centered (Anzaldúa, 1987; Driskill, 2016; Ferguson, 2003; Gopinath, 2016; Harris, 2016; Johnson, 2021; Manalansan, 2018; Muñoz, 1999). Their theories embrace the liminality of marginalized experiences to reimagine our understandings of queerness based on situatedness, context, and belonging. These scholars will guide the critical examination of how power is implicated in the categorizing of identities alongside the interpreting and meaning making of moving through the world. Through this framework we can question subjectivities and how identities are constructed relationally and contextually.

### Foundations of Social Work and Counselling

This section provides a brief overview of the fields of counselling and social work, as related to this dissertation. Both fields are rooted in harmful discourses of who needs help, how people experience challenges with their mental health, and presumptions of expert positioning, professionalism, and use of scientific knowledge (Butler & Byrne, 2008).

The earliest movements in social work were largely founded on the Christian concept of charity and 'helping' (Dulmus et al., 2012). Led by privileged middle to upper middle class, heterosexual, white members of society, they aspired to support the health and wellness of the impoverished. While social workers purported to help those who were poor or suffering, what

health and wellness should look like was constructed by these culturally dominant communities. The long-standing ways of helping within Indigenous, racialized and queer communities and networks was invisibilized by these Christian based movements.

The fields of counselling and therapy are derived from psychology's concepts of psychological helping, and a post-industrial modernist effort to 'scientize' knowledge. The earliest thinkers in Psychology – a 19th century product of the USA and Germany – focused on Cartesian assumptions of cognitive processes, scientifically observable behaviours, and mesmerism, which was a precursor to hypnotism. Psychology was further influenced by phrenology, physiology and neurology. Phrenology studied the relationship between the shape of human heads and capabilities, dispositions and the mind. Physiology and neurology studied links between brain functions, moods and behaviours (Pennington, 2013).

Given the narrow and categorical assumptions of these fields, the emergence of counselling tended to view psychological challenges as biology-based (Gergen, 2001; Gergen & Ness, 2016), with little consideration for the impacts of power imbalances, injustice, discrimination, oppression or marginality on mental health. Experiences of ethnicity, sexuality or gender have historically not been part of the analysis of mental health, and reflexive discussions regarding the potential influence of therapists in constructing identity within the client/therapist relationship, have been largely absent. Queer theorist Julie Tilsen (2021) explains reflexivity as asking critical questions about our practice and the assumptions that may lie underneath. It differs from reflection which is a process of thinking about an event.

**Defining Therapist in this Study**

There are many informal terms and titles for someone who provides support and counselling, including therapist, counsellor, social worker, practitioner, to someone who may be

called a 'client', through a social service agency, community-based organization, or within a private practice fee-for-service basis.

There are distinctions of what it means to practice therapy that is professionally recognized through a protected title, in Canada. The governing bodies for social work and counselling in the province of British Columbia (B.C.) and in Canada govern professional codes of ethics and standards of practice that list basic core competencies and exert great influence over their respective disciplines. I will briefly summarize the legislated requirements in B.C. as registration, licensing, and legislative requirements dictate who may use protected titles as their credentials to practice. The terms social worker, counsellor or therapist are not protected titles; therefore anyone may use them. To add 'registered' before these titles means the practitioner is registered with a governing body or an association, and ideally licensed by a college as well. In both counselling / psychology and social work accredited educational programs in B.C., their core competencies are tied to the academic curricula of the universities, and guide the evaluations conducted by supervisors of placement students.

In this dissertation, I focus on 'student therapists' in masters level education in counselling/counselling psychology or social work. Once they are working in their fields as a registered counsellor or social worker, I use the term 'practice'.  I use 'therapist' or 'practitioner' interchangeably. I will interrogate the education that is provided in these disciplines and how educators can enhance or 'queer' their curricula. The next section will discuss the mental health challenges of people who are queer and /or racialized, and the limitations of current research and statistics.

**Where Did We Go: The Harm of Erasure in Mental Health and Academia**

This section will endeavour to make sense of queer and racialized people's experiences as student or academic faculty, as well as the general challenges to the mental health of queer / people of colour.

Pedagogy that is inclusive of and more grounded in a range of lived experiences will better equip queer therapists of colour; strengthen their practice, and have immediate implications for counselling broadly (Bragg, 2021; Boroughs et al., 2015; McCarty-Caplan, 2018). North American-based studies show that people with diverse sexual orientations, gender identities and expressions are at increased risk for bias, discrimination, harassment and violence compared to heterosexual and cisgender people (Bauer et al., 2015; Dinno, 2017; Elze, 2019). The ever-shifting societal demographics that demonstrate the growth of queer and of colour communities, and the statistics of poorer mental health outcomes has long demanded that therapy/counselling pedagogy shift accordingly (Balsam et al., 2011; Kosciw et al., 2020; Kudler, 2007).

The specific ways in which queer racialized students experience marginality within their academic programs are most often based on how their identities are conceptualized, and if there is recognition of the intersections of queer /racialized subjectivities (Duran, 2019, 2021). The academic experiences of queer of colour students will correlate with the representation and visibility of queer and queer of colour academic faculty who are more likely to integrate scholarship of diverse voices within their curriculum (Strayhorn, 2012) and share examples based on their lived experiences (Rasmussen & Mishna, 2008). However, diversity and representation continue to be lacking in academia. In the U.S. 21.5% of full-time faculty appointments are held by faculty of colour, at the professor rank 58% are White men, and 6% are

Black or Latin, only 17% of college presidents are people of colour and 30% are women (American Council on Education, 2016; National Center for Education Statistics, 2013). Based on Erolin and Wieling's (2021) U.S. review of therapists and an accredited subset, 37% of couple /marriage and family therapy degrees were awarded to people of colour in 2016. In addition, 27% of faculty and 29% of supervisors were people of colour in accredited training programs (Commission on Accreditation for Marriage and Family Therapy Education, 2018), in comparison to 42.1% of the U.S. population who identify as a racial or ethnic minority (U.S. Census Bureau, 2021). These statistics reveal the inequity in who is represented at all levels of counselling education and practice in the United States, as compared to the overall population. While the number of racialized therapists in the field has increased in the last decades, these statistics still reveal a level of underrepresentation that must be addressed.

In the last decades researchers and scholars have endeavoured to improve conceptualizations of mental health, the practices and structures of therapy and counselling, and how client needs are met. However, research into the mental health of queer racialized clients focuses on fixed singular identities – sexual orientation, gender identity, or racialized identity (Bragg, 2021; Westbrook & Saperstein, 2015), and is limited to the impacts of homophobia, heteronormativity, transphobia, cisnormativity, or racism (DeBlaere et al., 2010; Huang et al., 2010). When researchers do attempt to read data that is inclusive of both queerness and racialization, the searching and digging into multiple, hard-to-find sources requires considerable time and effort and may not bear enough fruit to fully discern the true rates of negative mental health impacts on queer people. In addition, researchers have limited understanding of sex, gender, gender expression, gender identity and sexual orientation identities and terminology (Bragg, 2021; Westbrook & Saperstein, 2015). For example, queer scholars and researchers are

in general agreement that trans women of colour are the most marginalized members of the queer community and most likely to experience violence and homicide. However data is limited due to the many definitions of trans. For example *social* transition is based on how an individual navigates and expresses gender, *medical* transition is based on medical procedures such as sex reassignment surgery, *self-identification* can include using a different name, pronouns, and *legal* transition such as changing name and gender on legal documents such as passports, driver's license and health care cards (Dinno, 2017). The range of ways and multiple categories for identifying as trans, likely contributes to the underreporting and misunderstanding of the statistics related to violence experienced by trans women of colour.

The mental health needs of queer counselling clients of colour often focus on the white middle class queer concept of coming out (Addison & Coolhart, 2015; Settles et al., 2018) and problematized as bullying, stigma, substance use, HIV (Brockenbrough, 2015; DeBlaere et al., 2010; Huang et al., 2010). Being queer, trans, and/or racialized becomes a risk factor, and not a protective factor, while racism, transphobia and homophobia are not named as risk factors (Dame, 2022). The research into the resilience of how queer racialized clients navigate and receive support from their various communities of faith, spirituality, family and social networks is lacking, and as McConnell et al. (2018) found, lags behind the work on minority stress. Meyer (2015) has focused on community-based resilience alongside the more common focus on individual-based resilience in studying health of sexual and gender minorities.

The idea of what mental health-related problems are, who has these problems, and who should assist with them, continues to privilege culturally dominant professionals who provide care within defined pedagogical parameters using fixed language (Schuller et al., 2020). The

challenges of researching the mental effects on queer and racialized people frames the statistics provided below.

The 2019 U.S. based School Climate Survey (Kosciw et al., 2020) of 16,713 students aged 13-21 years old found that the vast majority of lesbian, gay, bisexual, trans or queer students (86.3%) experienced harassment or assault based on personal characteristics, including sexual orientation, gender expression, gender, actual or perceived religion, actual or perceived race and ethnicity, and actual or perceived disability. Most LGBTQ students (59.1%) reported personally experiencing LGBTQ-related discriminatory policies or practices at school. Almost all students (98.8%) heard 'gay' used in a negative way and felt distressed (91.8%) or heard other homophobic remarks (95.2%). Many students felt unsafe at school because of their sexual orientation (59.1%), or because of their gender expression (42.5%). LGBTQ students reported being sexually harassed (58.3%). 56.6% of these students did not report the incident to school staff, most often because they doubted that effective intervention would occur or feared the situation could become worse if reported. Of those who did report, 60.5% said that school staff did nothing in response or told the student to ignore it (Kosciw et al., 2020).

Sutter and Perrin (2016) found that LGBTQ identified individuals in the United States are twice as likely to report suicidal ideation and have higher rates of attempted suicide of 5-32% vs. 2% respectively (p. 98) than straight cisgender people; across Europe, Canada and the U.S., 22-43% of trans people report a history of suicide attempts. One survey of transgender persons in Ontario, Canada found that 35.1% of trans Ontarians seriously considered and 11.2% attempted suicide in the past year (Bauer et al., 2015). These statistics demonstrate the adverse life experiences of LGBTQ people, and underscore the urgent need to provide them with more appropriate mental health services.

LGBTQ people of colour will experience different impacts to their mental health due to the intersections of race, ethnicity and queer identities. They will be subjected to multiple forms of microaggressions, that are racist and /or heterosexist (Balsam et al., 2011). Studies show that LGBTQ people of colour may experience racism in dating relationships and social networks, and social exclusion from LGBT community events and spaces (Balsam et al., 2011; Kudler, 2007), as well as heterosexism within racial/ethnic communities and within their own cultural communities (Balsam et al., 2011).

## Knowing Ourselves: Queered and Racialized

This section will provide more depth and analysis of the intersections of being queer and racialized, current pedagogical assumptions and epistemological limitations.

When used together, the terms 'queered' and 'racialized' enables an examination of all aspects of one's life through the relational lens of marginal experiences. As we move from one context or situation to another, certain aspects of our identity – sexuality, gender, ethnicity – might move in and out of focus, in constant relational interplay. The racialized experience can be queered and the queer experience racialized depending on the context. We can see a parallel of the racialized queer experience in Fotopolou's (2012) consideration of moving away from the essentialism of 'women' as a category of feminism by addressing the racialization of gender and the gendering of race. Collins (2014) writes of categories as giving consideration to which identity is more salient in a particular context. Both identity positions support, influence and reconstitute each other with rich histories of resilience, survival, community, and knowing. For example, when I attend a traditional religious cultural event with my family, I *queer* the experience as I do not give up that part of my identity during the gathering. Conversely when I attend a white queer social event I *racialize* it by upholding my Brownness. Questions of

navigating different communities are questions queers of colour often bring to therapy to find a

space of knowing and holding what appears to be conflicting identities that are presumed to be

kept separate. Throughout this text I will use queer of colour, queer racialized, racialized queer,

queered racialized. Each term denotes the intersections of racialization and queer, or the saliency

and primacy of either racialization or queer over the other. This distinction is important as it

allows the context and situatedness of an identity experience to be named as relational.

Queer of colour critique is a body of critical scholarship grounded in Black feminist

thought, focused on discourses of difference, responding to the social forces of migration,

neoliberalism and economic processes. These critiques provide a method to analyze cultural

formations at the intersections of race, class, gender and sexuality (Brockenbrough, 2015;

Ferguson, 2018).

There are vast differences in how queerness and racialization is experienced in different

parts of the world, urban and rural centers, the levels of legal protection and status, class status

and privilege, community and familial support (Adames et al., 2018; Anzaldúa, 1987; Bernal et

al., 2009; Brayboy; 2005; Dhavan et al., 2016; Spivak, 1988). A constructionist perspective

questions essentialist notions of identity (Burr, 2003; Gergen, 1994) that are fundamental to

many psychological and psychiatric definitions and practices. Constructionist conceptualizations

of identity have been instrumental to evolving notions of queer identity.

Through this research I seek to identify the deficit that has come from systemic 'othering'

(Martin & Lippett, 2017; Mulé, 2015; Pon, 2009, Profitt & Richard, 2017) which has done a

huge disservice to queer racialized counsellors, their queer / racialized clients and all those who

counsel within these communities. 'Othering' categorizes people and communities so that they

can be better understood by dominant groups (Martin & Lippett, 2017; Mulé, 2015; Pon, 2009,

Profitt & Richard, 2017). White, cis/heterosexual is the assumed norm that does not need to be named or situated, and against which persons of colour, racialized, South Asian etc. are identified and othered into categories of identity they may never have chosen for themselves (Casado Prez, & Carney, 2018; Hoffman & Mitchell, 2016). These broad general categories erase differences within and across groups. South Asia, an entire continent of countries, captures Hindu, Muslim, Punjabi, Sikh, Bengali and Brahmin. 'Indigenous' or 'First Nations' people of Canada is a reclamation, imperfect but far better than the colonial derogatory and generalized term 'Indian', however both are general terms and erase clans, nations and tribes. Intersectionality offers us a framework to consider identities as relational and representative, and as a discourse from which to construct realities (Collins, 2014)

In this dissertation I will investigate how processes like colonialism and assimilation have been harmful to counselling and social work, as these processes serve to devalue and make invisible the lived experience of marginalized persons under often unacknowledged systems of oppression.

**Emergent Tensions**

It is a challenge for me as a writer and researcher, and as a product of colonialism in India, a settler in Canada, and an activist in Vancouver, to find language to best name the people, identities and counselling practices that are the focus of this study. How do I do justice to these complexities when I am limited by the lexicon at my disposal and expected to use academic language that will be understood and validated by the readers of this dissertation who may themselves represent Western Euro settler colonialism, and be unfamiliar with the vernacular used amongst queer or racialized community members? The language of insiders is not always accepted or known to outsiders. This leads to many pertinent questions: For example, how to

name racialization and ethnicity that is honouring of Indigeneity and other cultural namings of sexual and gender identities? How do I share and honour experiences of queerness and transness while managing the constant shifting of terminology? How can I ensure that I am honouring those who hold these lived experiences and their preferences for language and terminology? My biggest challenge is in adequately capturing the queer of colour experience within counselling and social work, when so much of this knowledge is lived, oral, and not accurately captured in scholarly research and data.

I am tasked in this dissertation with accurately capturing a queer of colour experience that I, alongside the study participants, have known and lived for many decades, but mostly without language to convey its hardship, joy and resilience. Over time I have learned to draw on the ancestral wisdom and queered love that building my chosen family and community networks has allowed me to witness and embrace. These connections of love expressed and experienced in contexts of queer invisibility and erasure have helped me to straddle what appear on the surface as conflicting subjectivities.

I will be paying attention to the many nuances and tensions that may occur, as I navigate terminology and note language used by study participants as part of an *insider* community, and is conveyed to those *outside*. Insider outsider discourse is based on Collins' (1986) work on the 'outsider within' status of Black women as positioned within the family providing domestic labour, the families they work for feeling 'love' for their Black 'mothers' and the self-affirmation these workers experienced. For researchers, it is critical to understand how their positioning might influence the research study. Tuhiwai-Smith (2021) discusses the challenges Indigenous researchers may experience as insiders studying within their community, and the expectations that may be placed on them. Milligan (2016) suggests that researchers are

positioned as 'inbetween', shifting back and forth from insider to outsider throughout the

research process. These discourses of insider/outsider require recognition of the shifting nature

of power and its influences on language and research. These discourses are relevant to queer

epistemology, queering research and methods as similar shifting positionings exist.

**Cultural Knowledge**

The concept of what constitutes knowledge has been written about extensively,

particularly from the perspective of colonialism, and the effects of the imperialism of Western

knowledge on Indigenous peoples. Tuhiwai-Smith (2021) writes that the "globalization of

knowledge and Western culture consistently reaffirms the prioritization of the West as the holder

of legitimate, civilized and universal knowledge" (p. 72). Cultural knowledge that I wish to

center in this project, is that which is held particularly by those most often marginalized for

holding knowledge that is not objective, scientifically proven or institutionally legitimized. In

this project I am more interested for example in the "experiences that live in people's collective

memory and oral history" (Tuhiwai-Smith, 2021, p. xv). In wanting to counter whose knowledge

is privileged and upheld, particularly in counsellor graduate education, I will center cultural

knowledge (Collins, 2002; Haraway, 1988; Tuhiwai-Smith, 2021) particularly of Black,

Indigenous, queer of colour and Two Spirit scholarship; the voices that are often excluded from

academic and professional discourse in counselling and social work.

Cultural knowledge is based on all relationships we hold in our life that provide meaning.

For example, for Indigenous people, systems of knowledge are based on "spiritual relationships

to the universe, to the landscape and to stones, rocks, insects and other things, seen and unseen"

(Tuhiwai-Smith, 2021, p. 84). Knowledge can be based on oral traditions, ancestral wisdom, and

other experiences that are not written. Situated knowledge can counter the notion of knowing

from an omniscient or omnipresent viewpoint (Collins, 2002; Haraway, 1988). From a counselling perspective, clients should be considered to hold extensive local (or cultural) knowledge allowing them to be experts in their own lives (Geetz, 1983), while the therapist holds a stance of 'not knowing' (Anderson, 1997; Butler & Byrne, Tervalon & Murray-García, 1998). Lastly, educators Wane and Simmons (2011) utilize cultural knowledge to ensure that "social, political and cultural changes that impede transformation" (p.1) do not become marginalized from a transformative learning process.

A key tenet of this study is in the value of queer of colour cultural knowledge held alongside the Brown queer cultural knowledge I hold. Brown queerness is cultural knowledge specific to my own experiences, the ways in which I have navigated Brownness in Canada and had it held in India, of how Brownness has supported queerness, and how queerness has supported my Brownness. Further details of Brown queerness will be shared in my story in the next section.

The question of whether others with racialized queer identities similar to mine, experience comparable things in their practice, drove me to my research and to this thesis. In talking to others and learning how their lived experience and history informed their practice, I came to value ancestral wisdom - the knowledge passed down of how to organize our families, kinship networks, and relationships with each other, and the oral histories of queerness that have been lost but are embedded within this cultural knowledge. In my practice, clients who are racialized and queer often describe 'compartmentalization' — how they have come to live within queer or racialized worlds, and the tension generated by navigating this separateness. I questioned how cultural knowledge could better support professional practice not just for queer of colour therapists and clients, but for the field in general. Perhaps it starts with dismantling or

at least chipping away at the long-held discourses that lay out what normal is, discourses that may only seem to have served dominant cultures well, but in fact did not.

I will utilize queer of colour cultural knowledge as a defining framework throughout this dissertation, in querying the practices of the QOC therapist participants interviewed for the study, and as potentially critical to informing how therapists are taught practice concepts, approaches and professionalized obligations in counselling and social work. One example of how powerful I have found the use of cultural knowledge in my practice happened while working with a Brown queer client who was pained by his everyday existence surrounded by white people. I ask if he has experienced safety in Brown-dominant settings, and I talk about my own experiences living in cities and villages in India. As I share these experiences, this sacred cultural knowledge with him, he lights up and talks about how his anxiety is minimized when back home, and surrounded by his family and people who look like him. This is how we learn about anxiety together, what allows it to grow, and what can diminish its pervasive effects, and systemic foundations.

**My Story: Journey to Queering Mental Health**

Brown queerness is the term I use to inform my own queer of colour critique, based in part on my own experiences as a first-generation Canadian cis woman raised in Canada and born to parents from India. These identities reflect belonging and exclusion in different settings, environments and countries. Born to a Hindu father and Jewish mother, speaking Gujrati before learning English and spending considerable time in cities and villages of India while also living in different parts of Canada meant Brownness was always filled with expectations, conflict and tension.

As a child in 1970s Toronto, racism was rife against Indians. My parents left the British colonized India and arrived as settlers in a foreign land the year I was born. I grew up in the shadow of their newness to this country. I experienced a different Brownness when visiting India each year as a child, meeting relatives, grandparents, uncles, aunts, *cousin-sister* and c*ousin-brothers*, making cultural connections and being embraced by extended family. We practiced prayers and religious ceremonies together, at home, at synagogue or temple. Both the religion and spiritual traditions of Hinduism became an important part of my relationship to Indian culture.

I began to understand for myself the centuries-long ways that colonialism saw India embrace whiteness, capitalist and Western values to the detriment of Indian culture. No matter how hard I tried, I would never be good enough, 'Brown' enough in India or "white" enough in Canada. I learned how Hinduism and Judaism were experienced in India and in Canada. Gujrati is my first language, and I learned English once I started school. I am perceived as Canadian in India and as Indian in Canada.

As a young adult, I was just getting a grasp of these Brown identity experiences when my own queerness emerged. I longed to bring these identity experiences together but didn't know how to understand them as anything but separate. If a vernacular for the two together existed, it seemed to have been lost with the colonial modernist destruction of traditional practices, beliefs and language.

Understanding how I had been impacted by whiteness, white supremacy and racism was a large enough task, without also having to process my relationship to being queer. The most easily accessible queer spaces were in a white queer community where I had to adapt to fit in. In those spaces, race and ethnicity including Brownness was, and still often is, relegated to the

margins, invisibilized and erased. In Brown cultural and familial spaces such as cultural celebrations, community gatherings, I often wondered if queerness had been silenced and invisibilized by 200 years of British colonialism. I had to carefully choose which parts of myself to show. The desire for acceptance and belonging demanded the silencing and hiding of parts of myself. I did not know how to be queer and Brown at the same time, though I could find ways to be visible as either Brown or queer.

Learning to say and show what could be safely heard and seen has meant closing doors to protect myself, never fully revealing all my experiences and identities at once. This limited access to my own cultural knowledge and understanding of the world and my place in it. Questions about cultural knowledge lingered provocatively at the back of my mind but for a long time remained on the margins of my professional practice, sense of identities and relationships. I had a sense that my family and I could access cultural knowledge to tackle the acceptance of my queerness together, that I could not possibly be the first appearance of queerness within my family. However, we were not able to speak with elders to ask for guidance, which further isolated my parents and immediate family from accessing support and ancestral wisdom. We also did not know where to turn to be supported by QOC cultural knowledge, these were questions we did not know to ask.

Living with Brownness and queerness as conflicting constructs is termed code switching by Anzaldúa (1987), compartmentalizing, or adapting. Racialized queers must walk divergent paths, straddle multiple identities and navigate risk and safety often by only expressing what we truly feel and experience, to each other. The expectations demanded by white supremacy and heteronormative colonialism preclude us from telling our whole stories. We learn intuitively what is acceptable to say, how to say it, and the terminology to accompany it. And in the context

of the broader white middle class society in Canada, in our professional training, even sitting

across from our therapists, we are rarely asked. Anzaldúa, a queer Chicana woman shares the

challenges of being Mexican and Indigenous, and describes how 'commonly held beliefs' of

white culture attack Mexican culture, while indigenous culture is under attack by beliefs of both

Mexican and white culture. The result of having beliefs and culture attacked is to block them

with a 'counter stance'. She goes on to suggest that at some point we must leave the oppositional

bank of the counter stance, and sit on all shores at once. Deciding to act and not react, can open

up a multitude of possibilities.

Within counselling and social work, there is a scarcity of Brown queered critiques. What

is more widely available is scholarship outside the discipline detailing the South Asian/South

Asian diasporic queer experience. Further, Brown is defined primarily as South Asian in a

Canadian context, while in the United States Brown is inclusive of the more prevalent Hispanic

and Latin brown skinned communities, who also tend to be historically marginalized. *Brown*

feels much clearer and closer to who I am, less of an imposed generalized label and more of a

cultural identity. I capitalize Brown because of the significance of conveying Brown before

queerness, and because again I am limited by available lexicon.

Cultural knowledge has been integral to how I have learned to deconstruct and position

the identities I carry. This is an ongoing process. There is a richness to my life and that of others

who are forced to juggle our multiple identities, that can add great value to therapy/counselling.

But the ways in which we as queer of colour therapists can integrate our life experiences into our

professional practice, have yet to be effectively addressed within pedagogical settings. There is a

body of cultural knowledge to be revealed in the forthcoming chapters, through queer of colour

scholarship in chapter two, the data collection and analysis through Interpretative

Phenomenological Analysis (IPA) in chapter three, the themes that emerged from the research study in chapter four and the ensuing discussion and recommendations in chapter five. While for the most part, this new body of knowledge is shared and utilized by the study participants, it remains eclipsed by professionalized pathologizing discourses.

## Background Information Shaping the Research Questions

The discourses, epistemologies and theoretical frameworks of queer theory, queer epistemology, queer of colour critique and cultural knowledge, are aligned with the chosen methodology Interpretative Phenomenological Analysis (IPA).

Queer epistemology (Brim & Ghaziani, 2016; Ghaziani & Brim, 2019; Tilsen 2010; 2021) supported how I queered data collection alongside IPA in analyzing data. Black feminist thought (Cho et al., 2013; Collins, 1986; Crenshaw, 1989) greatly influenced how I understood the strengths and challenges of conceptualization of identities as salient, or a category of analysis, while social constructionism supported the notions of identities as constructed and relational. Queer of colour critiques further centred scholarship held on the margins, to re-examine how queerness is viewed in a transnational context.

Interpretative Phenomenological Analysis originated in the psychology field in the 1990s, but is now increasingly used in the human, social, and health sciences and is based on longstanding philosophical traditions of both phenomenology and hermeneutics or the interpretation of meaning (Eatough & Smith, 2017). This method is committed to understanding the first-person perspective from an outsider position, as much as is possible, through intersubjectivity, or relational inquiry and analysis (Larkin et al., 2011). Phenomenology asks what it is like to have a certain experience, describing that experience without having to generalize through theories or models (Krefting, 1991). Interpretative Phenomenological

Analysis is an open-ended stance; its methods can be adapted to suit the study and research participants. This "diversity and flexibility of methods" (Chan & Boyd Farmer, 2017, p. 294) aligns with queer theory as a phenomenon of honouring the differing interpretations of sexual and gender identities. In this study, the phenomenon that IPA aims to understand is the relational experiences of QOC cultural knowledge in graduate level counselling education and professional practice. The idiographic use of each participant's experience of their nuances of QOC identities, language and communities contributes to a greater understanding of how cultural knowledge functions within the counselling relationship.

This dissertation will examine cultural knowledge, centering those who live and work on the margins, and the voices of the eight research participants, whom, as queer therapists of colour have not been represented or centred in counselling education, counselling practice or counselling theories.

**Research Questions**

The research questions that guide this project are:

1.  How do QOC therapist participants make sense of their practice with queer and /or QOC clients?

2.  How do QOC therapist participants experience their counseling graduate program as it relates to meeting the needs of queer and /or QOC clients?

3.  How do QOC therapists articulate and use their cultural knowledge to inform their counseling practice?

These questions seek to broaden the counselling field's current understanding of queer racialized therapists' experiences within counselling graduate education and professional practice, as well as the important contributions their queer of colour cultural knowledge can

bring to bear. These research questions will have implications on how counselling is provided to

clients who are racialized queer, by therapists who are racialized queer, and on the practice of

therapy in general.

**Concluding Thoughts**

This chapter has introduced the key assumptions that have negatively impacted queer of

colour student and practicing therapists as well as their clients, through the discourses of

colonialism, modernism, and pathology. Queerness and queer of colour cultural knowledge will

be further developed in the next chapter, by examining queer theory, quare theory, queer of

colour and Two Spirit critiques. I will then detail the problematic identity models and

professional practices present in counselling and social work.

**Chapter Two: Literature Review**

This dissertation's focus is on the problematic discursive assumptions of queer and Black, Indigenous, People of Colour (BIPOC) communities within mental health. The North American based acronym BIPOC is a newly emergent term that is meant to privilege and identify the more marginalized members within racialized communities, placing the 'B' and 'I' first, to convey their significant disparities in relation to people of colour. This Literature Review will examine both challenging and supportive theoretical frameworks for conceptualizing ethnic, racialized and queer identities within social work and counselling. The scope of this Literature Review was shaped by the research questions that focus on the experiences of queer of colour (QOC) student therapists during their graduate education, and as therapists engaging in counselling practice with clients. While the influences of heteropatriarchy and heterocolonialism continue to shape the experiences of these therapists, there have also been many critical responses to these negative discourses, in the form of anti-racist, decolonial, queer of colour, and /or social justice-based scholarship.

My review of literature took place in phases that moved from general to more specific, as I deepened and expanded upon my theoretical and epistemic learnings of queerness within counselling and social work. In year one I focused on key word searches to review literature regarding queer theory and its use in counselling or social work, queer counselling, queer therapy, counselling and racialized therapists, history of counselling as experienced by queer and racialized clients, intersectionality. These broader searches provided a general overview of current perspectives, as well as some gaps that I may address. In year two I focused on professional obligations and expectations, code of ethics, competencies, differences in social work and counselling. In year three I focused on erasure and invisibility, microaggressions,

research methods utilizing queer perspectives, queer epistemology, colonialism, modernism. In year four I sought to bridge the various theoretical frameworks of heterocolonialism, heteropatriarchy, postmodernism, poststructuralism to further develop the counter story and cultural knowledge. During the final revisions in year five I was able to review and learn the applicability of queer of colour critiques, Two Spirit critiques and connect this scholarship to my research question.

I utilized the online research library at City University of Seattle, by entering terms and phrases into their search engine Summon. Based on my keywords, content held across 67 databases would appear, I then perused and read through the available content. I used key word searches such as 'cultural competency' 'multicultural counselling' 'anti oppressive practice' 'queer counselling' in counselling, psychology and social work to examine supports, critiques and challenges created by the identity frameworks familiar to me through my academic and professional experiences. I then focused on counselling and social work-related literature and abstracts that contained key words of social justice, critical social work, critical psychology, queer, and queer of colour. I reviewed literature that considered experiences of marginalization based on race, class, citizenship, sexuality, gender from across disciplines including sociology, anthropology, cultural studies, as well as therapy modalities related to narrative and social justice therapies such as systemic and family therapies. I took note when literature integrated or centered a racialized and/or queer LGBT stance and scanned all works to see if the authors disclosed their identities and relationships to racialization and queerness. Much of the literature used to guide this review is taken from North American scholarship that appear in online research databases such as PsycInfo, EBSCO eBook Collection, SAGE Premier, Psychology and

Behavioral Sciences Collection to research counselling, competencies, protocols, and guidelines in the counselling and social work field, where my own education and practice are based.

Another source of scholarly and peer reviewed literature, as well as ideas and discussions was a Facebook group called Queer PhD Network, comprised of 7,900 members from around the world, primarily North American scholars. I obtained many peer reviewed published references by posting questions there. This network has been a valuable support throughout my dissertation process.

The challenges of essentialist modernist colonial approaches to queer and racial identities and the impacts of these discourses in counselling and social work have been introduced in chapter one. This dissertation is interested in existing scholarship outside of counselling and social work, as there is much to learn from how identities and experiences of racialization, gender and queerness are conceptualized across disciplines. Queer of colour scholarship will be reviewed for its contributions to a discussion of queer that integrates experiences and discourses of racialization.

This chapter is organized into four sections, 1) Queer worldmaking, 2) Theoretical Approaches to Therapy and Counselling, 3) Erasure and Invisibility and 4) Professional Obligations and Expectations.

In 1) Queer worldmaking, queer as an epistemology is discussed through a critical analysis of queer theory, quare theory and QOC critiques. I will introduce queer of colour critiques (Anzaldúa, 1987; Brockenbrough, 2015; Gopinath, 2016; Manalansan, 2018; Muñoz, 1999), illustrated through the concepts of liminality (Sepal, 2020; Turner, 1969; Wesley, 2015), borderlands theory (Anzaldúa, 1987), queer aesthetics and diaspora (Gopinath, 2018) and decolonial understandings of queer memory (Driskill, 2016). Queer of colour theorists feature

prominently in this discussion as they bring a much needed focus on queerness as experienced alongside experiences of racialization, class, migration and citizenship.

The value of the concepts in the preceding sections is illustrated in 2) Theoretical Approaches to Therapy and Counselling where I will introduce a social justice approach to 'not knowing', Black feminist thought, relational intersectionality (Addison & Collhart, 2015) and intersectional self of therapist (Watt-Jones, 2010) narrative therapy (Denborough, 2014; White & Epston,1990;), and queer-informed narrative therapy (Tilsen, 2020).

In 3) Erasure and Invisibility, I will review current literature regarding erasure, invisibility and visibility as experienced by queer / racialized university students and faculty. I posit that representation and visibility go hand in hand, and the lack thereof diminishes the likelihood of their voices and experiences being reflected during their training.

In conclusion, 4) Professional Obligations and Expectations, will discuss identity-based models currently used in counselling and social work education. There are clear epistemic distinctions between modernist-influenced binaried, race-based affirming models that are part of mainstream academic scholarship, and contemporary postmodern fluid understandings of identities and knowledge located on the margins. I will analyze competencies and ethics as articulated by registration bodies in counselling and social work in British Columbia and across Canada that especially impact QOC student and practicing therapists. The analysis of ethical codes will explain a large part of the requirements of current curricula in social work and counselling, which are tied to these documents as outlined by the respective governing and licensing bodies. This exploration will support my research questions regarding the type of scholarship and focus that is needed to centre and support voices that have been marginalized and underrepresented in counselling and social work education and practice.

## Queer Worldmaking

The following theorists discuss queer culture and spaces as part of worldmaking, that is, in the absence of physical defined or mapped spaces, as "modes of feelings that can be learned rather than experienced as a birthright" (Berlant & Warner, 1998, p. 558). Making a queer world has taken place in the absence of an intimacy connected to domestic space, kinship, structure of a traditional couple relationship, to property or to a nation (Berlant & Warner, 1998).

### Queer and Quare Theory

Queer theory is foundational to theorizing queer as a way of being, an expansiveness of queerness which can provide a useful set of tools for queer identified therapists and their clients. This section will first explain queer theory, before offering quare theory as a critical acknowledgement of the existence of white privilege, racism and cultural homophobia in queer of colour communities (Harris, 2016).

Expansiveness of queer through queer theory allows for a movement away from traditional fixed singular identities of L, G, B or T that are taught in academia and part of professional competencies – which will be the focus of the last section of this chapter. Queer theory offers a critique of identities, rather than an identity of its own, a move away from essentializing conceptualizations of sexual orientation and gender identity (Tilsen, 2013). Queer theory can shed further light on the framing of binaries like research /practice, teacher/learner, leader/follower (Renn, 2010). Queer theory is not interested in isolating 'queer identities', but rather in the action of 'queering' a practice, an approach, or a methodology. Clarke and Peel (2007) suggest that the application of queer theory to psychology, highlights "the need to both shore up and deconstruct identity categories (stable identities are necessary for specific purposes) because different forms and sites of oppression require different political strategies" (p. 31).

In a refusal of traditional methodologies, queer theory researchers and scholars including Adams and Holman (2011), Gopinath (2018), Plummer (2005), and Muñoz (1999), reread cultural artifacts such as literature, films, television shows and theatre, for subversive ethnographies and identification of texts that disrupt traditional gender roles and expressions. This is especially imperative given the erasure of non-dominant sexual identities and gender expressions in mainstream arts and culture.

However queer theory has also been challenged for how it's 'anti identity' stance diminishes the material impacts of inequality based on other aspects of oppression and marginalization. The theory gets critiqued for not considering the harsh realities of violence, discrimination and erasure experienced by those living in the intersections of queerness with race, ethnicity and class (Harris, 2016; Johnson, 2001). The absence of queer of colour knowledge in the mainstream based on its presence in mostly oral histories (Johnson, 2016) is also a concern.

Therefore, queer of colour scholars have proposed alternate ways of conceptualizing queer theory that take into account their own lived realities. Patrick Johnson's 'quare theory' (2001) grounded in the African American queer experience in the southern United States developed the term 'quare' based on his grandmother's deep Southern (U.S.) accent and pronunciation of the word queer. Johnson's grandmother used quare to denote someone who is odd, irregular or slightly off, aligned with the traditional understandings of queer. She also named quare to connote something 'excessive', grounded in African American cultural rituals and lived experience. Johnson draws upon his grandmother's vernacular to theorize racialized sexuality. Quare offers a way to critique fixed notions of identity, while also remaining grounded in racialized and class knowledge. Johnson further seeks to reconcile the hesitation many

racialized queers feel with the term 'queer' by acknowledging racial and class disparity.

Therefore, quare theory acknowledges the existence of white privilege, racism and cultural

homophobia and its impact on queer of colour communities (Harris, 2016). Further, Johnson

(2016) details some of the oral histories and narratives of black quare Southern (U.S.) women

who navigate and mediate "conflicting, complicated, and confounding ideologies of the South

while at the same time indexing a quare history of same-sex desire" (p. 53). Joyless Valero

Sapinoso's 'kweer' (2009) expands on the current black/white binary in the U.S. to include queer

Asian American subjects and subjectivities. Sapinoso (2009) discusses the nuances of 'kweer'

grounded in queer Asian American racial formations and histories in the United States. She

builds on Johnson's work but seeks to move beyond the 'black/white binary' that she finds

dominates current queer of colour analysis. Much like the sharing of my 'Brown queerness' in

chapter one, these cultural theorists share queer of colour critique and analysis based on their

own specific queer racial and ethnic subjectivities. Sapinoso seeks to disrupt Asian American

studies and queer studies in offering her kweer critique. Manalansan and Espiritu (2016) offer

their own critique of Philippine studies and queer studies based on queer Filipino critiques as

'palimpsest' or layerings of current historical, cultural, and political experiences. These queer of

colour critiques make important contributions to queer theorizing that too often default to a white

queer experience.

**Queer of Colour Critique**

Queer of colour critique seeks to disrupt the universalizing notions of mainstream queer

rights focussed on the global gay rights agenda that divides rural/urban, South/North, as

oppressed /liberated (Gopinath, 2016). Queerness and queer can be conceptualized as "colliding,

clashing, intersecting and reconstituting" (Manalansan, 2018, p. 1288) in the messiness of

everyday life. Recognizing the messiness of marginalized existence, queer of colour critique embraces constantly shifting skewed positioning and its power to disrupt. These critiques become "tactics to disrupt white supremacist heteronormative strategies that constitute and normalize particular practices and bodies through marginalizing others" (Driskill, 2016, Disidentifying with The New Queer Studies, para 1).

Jose Esteban Muñoz's (1999) work, a Cuban American gay-identified cultural theorist, has been foundational to queer of colour critique, including his theory of disidentification as a theory of power discussed in chapter one. Muñoz's theory creates space for queer people of colour to move back and forth between an essentializing identity and a dynamic shifting identity position.  In counselling and social work, the relationship between QOC critiques and curricula would benefit from a deeper consideration of "how various bodies of knowledge have produced QOC invisibility and pathology, and how the curricular inclusion of intellectual and cultural productions by queers of color may or may not transform the meanings traditionally ascribed to queer of colour difference" (Brockenbrough, 2015, p. 34).

**Liminality of Identities**

Liminality as part of queer worldmaking, can help unpack the complexity of queer and racialized experiences. This conceptualization can help provide language to describe the subjectivities that are often difficult to articulate by both therapist and client.

The queer BIPOC identity-based experience straddles different cultural experiences, expectations, understanding, places of belonging, inclusion and exclusion. As discussed in chapter one and the theorizing of Brown queerness, it is rare to find spaces that are inclusive of both queer and racialized identities. Experiencing inclusion and exclusion simultaneously, creates what Two Spirit scholars name a liminal space (Siepak, 2020), an undefined or grey

space (Wesley, 2015) or a third space (Driskill, 2010). The queer of colour and Two Spirit

critiques in this section are examples of cultural theories that center queer and racialized

experiences, and can provide much needed support to how QOC therapists conceptualize these

identities in their training and practice.

The theory of a liminal state came from ethnographer Victor Turner's (1969) interest in

how rituals are used to manage transitions for people, shaped by temporal and social experience.

In his study of the rituals of the Nbembu tribe in Zambia, he found during a rite of passage a

quality of ambiguity in the middle stage where participants no longer held their pre-ritual status,

and had not yet moved to the final stage where the rite has been completed. Turner (1969) named

three phases that started with separation from a social structure to a liminal period without

attributes of the past or coming state and returning to a final state of stability where expected

behaviour is once again in accordance with accepted norms and standards. Robertson (2018)

describes the movement from Turner's liminal phase to the structured phase is inevitable and

necessary to enter back into society.

However, the type of separation experienced by diasporic South Asian queers (Gopinath,

2018), migrants living in the Texas borderlands (Anzaldúa, 1987), or Two Spirit people living in

Canada (Driskill, 2016), may mean that access to the third phase is not always possible,

accessible or desired. Rather, it may be preferred to remain in a liminal state, as it may enable "a

new consciousness that undermines normative structure and coherence of both sides of the

binary" (Ramlow, 2006, p.169).

The following sections will explore these concepts in greater detail, based on the works

of three cultural theorists: Gloria Anzaldúa's Borderlands framework, Gayatri Gopinath's queer

diaspora and aesthetics, and Qwo-Li Driskill's Two Spirit decolonial imaginings. Queer of

colour analysis will "shed light on the ruptural components of culture, components that expose

the restrictions of universality, the exploitations of capital, and the deceptions of national

culture" (Driskill, 2016, Disidentifying with the new queer studies, para 1). These contributions

of queer of colour critique are invaluable for their insistence on seeking "to unveil the social and

historical forces that have produced queer of colour marginality, as doing so provides a backdrop

for exploring strategies of resistance" (Brockenbrough, 2015, p. 29). Their works build critically,

upon the tenets of intersectionality, queer theory, feminist and race-based theories.

### *Borderlands Theory*

Liminality is illustrated in Gloria Anzaldúa's 1987 seminal text *Borderlands = La

Frontera: The New Mestiza* and has been widely used within queer and race theories to analyze

sites of divergence (Robertson, 2018). Her work is based on her experiences as a 'border'

woman, growing up between two cultures, as Mexican with heavy Indian (Indigenous) influence

and Anglo as a member of a colonized people in her own territory, living in the Texas / U.S.

Southwest/ Mexican border in the United States. The borderlands are a place where many

undocumented migrants, people of different classes and privilege, live for generations, without

status or access to mobility. As Anzaldúa (1997) describes a borderland "is a vague and

undetermined place created by the emotional residue of an unnatural boundary" (p. 25) that is in

a constant state of transition, a place of contradictions, "hatred, anger, and exploitation" (p. 25).

There is also joy in developing a consciousness of survival, participating in a certain "evolution

of humankind" (Anzaldúa, 1997, p. 21). Anzaldúa is a queer woman, her analysis of race, sex

and power is informed by the ways she occupies undefined liminal spaces of the borderlands. As

Robertson (2018) shares "liminal spaces and borderlands contain components of power that

include the potentiality of liminal space, the access to knowledge and knowing, freedom from

social constructs, and multiple subjectivities" (p. 2). Anzaldúa's borderlands theory adds much

depth to the complexity of identities, beyond the static naming of queer woman of colour. Her

experiences and 'knowing' of access, belonging, inclusion and exclusion are shaped by

sexuality, migration, citizenship, language, gender, class, community. The liminality of the

borderlands produces what Anzaldúa names the new *mestiza (*a woman of mixed race,

particularly Spanish and Indigenous descent) consciousness that "undermines normative

structure and coherence of both sides of the binary" (Ramlow, 2006, p. 169), "born out of

exclusion, out of the inaccessibility of both sides of the border to queers of all sorts" (p. 175).

The borderlands theory can explain the experience of many QOC therapists and allow for a

different conceptualization of migrant identities and liminal experiences within mental health.

Anzaldúa's work has been used widely, for example to develop the concept of transcending

duality in disability studies and queer theory (Ramlow, 2006); sexual borderlands (Callis, 2014)

and multiplicities of Indigenous queer identities (Henningham, 2021). Borderlands theory

exemplifies the liminality of Brown queerness connected to my own subjectivities, and the queer

of colour experiences of the research participants.

**Queer Aesthetics and the South Asian Diaspora**

Gopinath's (2018) work of reimagining South Asian diasporic queer possibilities moves

beyond sexual, affectional and gender identities and expressions, towards a queerness beyond

sexuality. Along with non-normative sexual practices and gender embodiments, Gopinath's

(2018) queerness refers to "alternate ways of seeing and sensing space, scale, and temporality

made available by this collision of the regional and the diasporic" (Queer regions, para 2). Her

work alongside Anzaldúa supports queers of colour to reimagine their positioning of inclusion

and belonging, though Gopinath views liminality through transnational contexts and temporal spaces.

Gopinath contends that queer studies can benefit from deeper engagement with spatial and epistemological regional concepts, allowing queer worldmaking to go beyond what is most easily and obviously 'seen'. Geographic regions become relational, constantly shifting and mobile, instead of fixed or static. She describes how queer diasporic nostalgic longings of belonging and culture can only be explored in the safety of queer spaces far from home, complicating the experience of racialized queerness and queer racialization. In this sense she is aligned with Driskill's (2016) vision in the next section, of seeing beyond the colonial erasure of Two Spirit and Native queerness, to what is and was always there, with respect to queer worldmaking, identities, and relationships.

Gopinath illustrates her ideas through the aesthetic practices of queer diaspora, analyzing film and art, construing regions that are shifting as a relational category rather than fixed and stable. She contends that "framing queerness through the regions, and the regions through queerness… allows new models of sexual subjectivity" to emerge (Gopinath, 2018, Queering the region, para 3). Queerness becomes more engaged with questions of globalization and diaspora rather than its more normative presence in the Euro American context. She translates through well-known South Asian queer films, the global gay rights agenda whereby the protagonist must embrace an identifiable gay or lesbian identity in order to leave gendered and sexual oppression. As often depicted in North American queer films as well, the coming out narrative is necessary to achieve full liberation, a fallacy well known to most queers (Giese, 2018).

Gopinath's 'queer worldmaking' utilizes research and scholarship to push back on dominant norms that exist within academia (Lange et al., 2019), in order to resist

heteronormative racial narratives that produce queer of colour invisibility (Brockenbrough, 2015). Her queer of colour critique examines the experiences of sexual and gender non-normativity in relation to other experiences of identities that impact sense-of-self, and will greatly expand on the limited ways in which queer identities are currently taught and understood in mental health. She is supported by the challenges many scholars have made in the last two decades, to the "right based discourses of a 'global gay' subject as hinging on an identifiable 'lesbian' or 'gay' subject" (Gopinath, 2018, Imagining Kerala, para 3). This trope for example, entails the successful 'coming out', with the expectation of leaving behind oppressive gender and sexual roles of the developing world to successfully emerge into the liberation and freedom of the developed world.

**Two Spirit Critiques and *Asegi* Stories of the strange heart/spirit[ed]**

Two Spirit Cherokee scholar Qwo-Li Driskill (2016) shares cultural stories and meanings as a way of disrupting colonial erasure and the traditional shortcomings of 'Native' scholarship within queer and queer of colour scholarship. Two Spirit critiques are Indigenous-centred critiques of "colonial heteropatriarchy and gender regimes, as central to decolonization" (The Ribs of the Basket, para 1). He reminds us, painfully, that Native issues are largely absent from the framing and deconstructing of identities, though we remain, in Canada, the U.S. and Australia, on stolen Native land. Driskill reminds us to ensure that conversations about land redress, self-determination and sovereignty take place alongside learning Native identities and teachings. Otherwise we are only examining what is comfortable for us as non-Indigenous people, without examining the implications of ourselves as settlers within the larger political and historical context.

Native queer and Two Spirit people, alongside many other queers on the margins, are often excluded from queer communities and cultures, by the unattainability of the privileged white gay idealized body. Indigenous youth for example, living on impoverished reserves affected by the colonizing effects of intergenerational trauma will not see themselves reflected in popular culture and media. This exclusion continues when they attempt to live in urban centres (Siepak, 2020). As Driskill notes, Cherokee Two Spirit and queer people have been hidden or ignored in the colonial past and present. This is reinforced by their erasure within queer theories and queer of colour critiques.

Driskill (2016) envisions Two Spirit as a contemporary term and a framework for identities of Native people "whose gender exists outside of colonial logic" (Introduction, para 9), celebrating the 'third space' that can be occupied. The term Two Spirit may sometimes be used as an umbrella term for Native LGBTQ people. Within the destructive colonial erasure of identities, the third space recognizes what has been left out. There are several expressions to describe Two Spirit people in Cherokee. Out of the eight descriptions, Driskill chooses *asegi udanto.udant[I/a]/udantedi*, shortened to *asegi*, meaning 'strange heart/spirit[ed]' to frame his stories reflecting the non-cis-heteronormative expressions and structures that have existed across time. Driskill draws on Muñoz's (1999) work of queer utopian memory to reimagine stories through a radical, decolonial future. This utopia understands time "as reaching beyond some nostalgic past that perhaps never was or some future whose arrival is continuously belated—a utopia in the present" (Muñoz, 1999, p. 37).

*Asegi* stories are used as a "tactic in a 'decolonial imaginary' to examine the strange, queer, and anomalous spaces that exist between the colonial and the postcolonial in order to rupture colonial narratives" (Driskill, 2016, *Asegi* Spaces, para 5). These stories and critiques

draw on imagining, envisioning and looking for what was always there, while considering that European invasions are just a small moment in Indigenous history. While Driskill (2016) posits that "the root of oppression is loss of memory" (Doubleweave, para 2), *Asegi* imaginings respond to this loss by revising and reviving "cultural memories of nonbinary gender systems and same-sex love and erotics" (Queering of Cherokee Bodies, para 15). In Driskill's (2016) reimagining and worldmaking *Asegi* stories, queer and gender non-normative relationships exist even within heteropatriarchal opposite sex constructed households. Driskill asks us to reconsider how we imagine and view queered identities, relationships, families and households, to 'see' that Indigenous family structures have always existed in spite of colonialism.

**Summarizing Queer of Colour Critique**

The ideas and concepts in this section have expanded queer beyond an identity, to a way of being, of knowing, of seeing and being seen. Queer worldmaking including the discussion of liminality of identities, borderlands, imaginings and memory are critiques that consider colonialism, loss of land, citizenship, diaspora, and language. As such, they are critical considerations in how queer experiences and identities can be conceptualized in graduate counsellor education. These ideas – reimagining, future possibilities, and queer worldmaking from the perspectives and cultural knowledge of queer of colour scholars such as Anzaldúa (1987), Driskill (2016) and Gopinath (2018), are potentially transgressive and transformative of mental health counselling education and practice, infusing them with much needed expansiveness. I propose that learning the work of these cultural theorists and theories that force a reckoning with all forms of systemic othering, and the very ideologies and frameworks responsible for the heavy mental toll they take on those they have marginalized, can be transformative of counsellor graduate education. Making therapists, or, ideally, therapists in

training, aware of the positionality and subjectivity of queerness in mental health has the

profound potential to shift their world view, therapeutic relationships, and approaches.  The ideas

shared in this section, while based in non-normative sexual, affectional and gender identities,

suggest a way of 'seeing' and knowing, and of envisioning queerness in new ways. Additionally,

these theories can be important for a client struggling to make sense of what may seem to be

conflicting identity positions, of having to choose between either their queer or their racialized

identities. I will return to queer worldmaking in chapter five to demonstrate its implications for

the fields of counselling and social work.

## Theoretical Approaches to Therapy and Counselling

Colonial, modernist, pathologizing discourses reinforce heteropatriarchy,

heterocolonialism, binaries of power and essentializing categorizations of identities (Driskill,

2016; King, 2013; Morrison et al., 2019; Siepak, 2020; Wilson, 1996, 2015). These discourses of

power, systems and structures result in queer racialized identities and experiences to be erased

and invisibilized in counselling education and practice (Erolin & Wieling, 2021; Everett et al.,

2013, Lykins, 2021). These next sections will illustrate further scholarship that supports queer of

colour critique, cultural knowledge and worldmaking within counselling education and practice.

**Social Justice and a 'Not Knowing' Stance**

This section will focus on 'not knowing', as an important component of cultural

knowledge identified in chapter one. So many professions (teaching, medicine, counselling)

would benefit from the occasional "not-knowing" stance, that unfortunately goes against the

pressure to be the all-knowing authority. A social justice stance welcomes and embraces

difference, encourages a process of constant learning alongside 'not knowing', and constantly

questions who is present and how to bring those not present into the dialogue about knowledge

building. A stance of 'not knowing' implies that the therapist must always be in a state of

learning and dialogue with the client, and not default to an expertise model (Anderson, 1997;

Butler & Byrne, 2008; Tervalon & Murray-García, 1998).

'Not knowing' – a curious, open and inquiring position, understands that 'knowing' is

based on the use of a dominant cultural lens through which problems and people must be

understood. Due to the complexities of social change, the work of social justice is never

complete, therefore practitioners focus on process and dialogue rather than outcome. Ever-

evolving social circumstances and the discovery of new sites of injustice require social justice

movements and strategies to constantly adapt, revealing both the challenges people encounter

and the resilience they exhibit in the face of oppression (Winslade, 2018). By considering these

worldviews, stances and paradigms, a therapist whose voice has traditionally been marginalized

in the field, can utilize their lived experience and cultural knowledge in their client work.

Currently, the counselling and social work fields continue to be framed by paradigms and

worldviews that are not supportive of the cultural knowledge of QOC students and practicing

therapists (Hillock, 2017; Lange et al., 2019).

 **Intersectionality and Black Feminist Thought**

This section will briefly introduce intersectionality, to frame the scholarship that follows

regarding its use in counselling practice. Black feminists in the 1960s and 70s were some of the

earliest thinkers to criticize both the civil rights movement and the feminist movement, for

neglecting gender or race respectively (Barker& Steele, 2016). They pointed out the substantial

differences for women based on race, class, gender and the accompanying assumption of

universal and fixed identities. These ground breaking thinkers also challenged the use of identity

politics as the foundation of activism, instead asking for political and economic structures of

power to be the focus. As Barker and Steele (2016) share, "in this way, Black feminist thought could be regarded as the root of both queer theory and queer activism" (Black Feminists, para 2). Queer of colour scholarship and critiques credit the work of Black feminist thought, woman of colour feminism, and race- based analyses (Brockenbrough, 2015; Driskill, 2010).

Collins (2014) asks important questions to reconceptualize categories of identity as categories of analysis, and to transcend barriers of oppression in order to build coalitions to effect change. She contends that new theories are needed to demonstrate how all groups, not just women of colour, are affected by race, class and gender oppression. To do so requires a shift away from a hierarchized, additive model of oppression and either/or dichotomous thinking, to both/and positioning within oppression and privilege.

### *Relational Intersectionality and Intersectional Self of Therapist*

Intersectionality is foundational to most models and theories of identity, but the bridge between this important theory and practice is not always clear. Within therapy, Dill and Kohlman (2011) and Grazanka (2014) differentiate between 'weak intersectionality' as a focus on diversity and multiple forms of identity, and 'strong intersectionality' which addresses how systems of inequality impact all social groups. An intersectional approach to therapy requires the therapist's ongoing commitment to reflection of personal and professional biases within the therapy relationship (Adames et al., 2018). Some critiques have been concerned with the popularized use of intersectionality rendering it commonplace and non-performative (Ahmed, 2006; Davis, 2008; Dhawan & Varela, 2016; Fotopolou, 2012).

Models of relational intersectionality (Addison & Coolhart, 2015) and intersectional self of therapist (Watt-Jones, 2010) are critical components of the application of both reflexivity and intersectionality in therapy. Both models share the perspectives that therapy has not

comprehensively integrated diversity and social justice, and that research and conceptual

foundations are primarily rooted in the experiences of white, Euro-American, heterosexual,

upper middle-class clients, and are held as the standard by which other research and approaches

are evaluated (Addison & Coolhart, 2015; Erolin & Wieling, 2021; Hardy, 2019; Lebow, 2019;

Watt-Jones, 2010). Sheila Addison and Deborah Coolhart are U.S. based therapists holding

subjectivities as white queer cisgender women. Their feminist model of intersectionality informs

their practical application of reflecting on their connections and presence of cultural knowledge

with their clients who are queer couples. Dee Watt-Jones is based in the U.S. and shares her

perspective based on African American straight cisgender subjectivities, and offers further

practice guidance on discussing intersecting identities with the client. These models are built on

critical scholarship of feminism and intersectionality, attending to how multiple identities

experience subordination (Davis, 2008).

Addison and Coolhart (2015) use their model of relational intersectionality to reflect on

how the therapists' and clients' multidimensional identities intersect. In illustrating case

examples, they explore the multiple social locations of the partners in the relationship, the

therapists' intersections with these identities, and the influences on the therapeutic process. This

process is critical to how therapists position themselves in their conceptualizations of their client

work. Location of self is a process in which a therapist discusses similarities and difference with

their client based on key identities such as ethnicity, gender, class, sexual orientation, religion for

its potential influence on the therapy process (Watt-Jones, 2010). This model expands on

traditional understandings of 'self-of-the-therapist', which have been problematic for remaining

reflective, focused on the client more than the therapeutic relationship, and in not sharing any

aspects of self-identities. Instead, a reflexive awareness of self, and self-disclosure within

therapy can shift the practice greatly. Self-disclosure is examined more closely in the Code of

Ethics section later in this chapter. Watt-Jones' self-of- therapist relies on three assumptions: The

therapist needs to have a certain degree of comfort to initiate the conversation and ensure the

client feels safe enough to explore it. Secondly, identities matter in the therapy process,

especially in regard to power and privilege. Thirdly, it is not possible to escape the influences of

oppression on systems, discourses, values and beliefs (2010).

These two models emphasize the therapist identity and influence in the therapeutic

relationship, and demonstrate how to integrate therapist identities in practice. There is a dearth of

research and literature that model these approaches, instead the focus is exclusively on the client

identities, without attention to the impact of the therapist in the therapeutic process. For queer

and racialized therapists this can provide important learning and support for a practice they may

be seeking, one that allows them to be more present in their client work.

**Narrative Therapy**

Narrative therapy is an example of an approach that seeks to center therapist and client

cultural knowledge, integrating a postmodern poststructural intersectional paradigm crucial to

honouring the collective voices of QOC student and practicing therapists. "Narrative therapy is

as much a worldview or a way of living as it is a model of therapy" (Combs & Freedman, 2012,

p.1055). Narrative therapists actively support social justice instead of neutrality, inviting clients

to consider the effects of power differences, imbalances, and discourses of modern power on

lives. As a form of postmodern therapy, narrative therapy (Denborough, 2014; Paré, 2016;

Tilsen, 2013; White & Epston, 1990), is social justice-oriented in its focus on honouring client's

lived experience, challenging hierarchical notions of expert knowledge, and taking a non-

pathologizing stance of situating a client's experiences within the larger social context.

Constructionist-oriented therapies such as narrative therapy may also be called 'discursive therapies' (Strong, 2016) as therapists take a deconstructive approach to understanding the effects of dominant discourses. Kahn (2013), an American narrative therapist and supervisor further challenges the current field of marriage and family therapy, its epistemological origins of mental health, and questions how problems, clients, treatment, and therapy have been traditionally conceptualized. In a narrative therapy approach, therapists question a clients' assumptions about life events from a place of curiosity and "not knowing" their clients' experiences. Narrative therapy can provide the space for the therapist to discuss the impact of oppressive systems and structures on the lives of their clients, though they may not necessarily bring their own identities into the therapeutic space as in the relational intersectional models in the preceding section.

### Queer Informed Narrative Therapy

While theoretical applications of queer-centred practice are sparse, some narrative therapists grounded in queer theory have laid the groundwork for its integration in ways outlined in this section. One foundational tenet of queer theory is that its application of 'queering' a cis-heteronormative, white, Western ideal is also a lens from which to view the world. Therapists practicing from a queer-centred perspective work with clients to co-construct the meaning of their identities and narratives outside of what is considered normal.

In their chapter, *'Queer informed narrative therapy: Radical approaches to counseling with transgender persons'* Nylund and Temple (2018) describe their work at the Gender Health Centre (GHC) in Sacramento, California, as a social justice approach necessary to respond to transphobic oppression. GHC's mission is "To affect change that alleviates the systematic oppression of transgender people especially those at the intersections of identity. We approach

this work through advocacy, training, and direct services, using a social justice lens and mental health-centred model" (thegenderhealthcenter.org, n.d.). Counsellors provide queer-informed narrative therapy, described as "a social justice counseling approach influenced by queer theory and narrative therapy" (Nylund & Temple, 2018, p. 161). Gender Health Centre counsellors integrate self-reflexivity about social locations in their work. They disclose their own gender identity, and if cisgender, will understand how privilege may be afforded them based on that. There is also an understanding that when a cisgender therapist names their cisgender privilege to a transgender client, they may be able to shift and flatten the existing power differential within the therapeutic relationship. The writers conclude the chapter by stating that their approach can allow transgender clients to work with "culturally responsive clinicians" (p. 168).

Julie Tilsen's 2020 text *Queering Your Therapy Practice: Queer Theory, Narrative Therapy, and Imagining New Identities* is "the first practice-based book for therapists that presents queer theory and narrative therapy as praxis allies" (Introduction, no page). Tilsen explains that by centering cis-heteronormative discourses in therapeutic practice using narrative tools, queer and trans clients can be supported to disrupt its alienating and isolating effects. She gives many examples throughout her book to illustrate queer practice as one that can be taken up by all therapists.

Therefore, queer-informed narrative therapy builds on narrative therapy by encouraging therapists to share and discuss the impact of their identities with the client, in order to build the therapeutic relationship. This section has highlighted some therapeutic practices that can model how the therapist can be more present within the therapeutic relationship. As a practice it will tie directly to the research questions and use of QOC cultural knowledge in therapy. The next two sections will review what QOC student and practicing therapists experience in their training and

practice settings, and through professionalized obligations of neutrality and non-disclosure, as erasure.

## Erasure, Invisibility in Academia

In this section I will connect the broader experiences of queer of colour faculty to the impact on queer of colour students. Mining the experiences of queer of colour faculty and students requires multiple sources of research that are not easily found. This challenge is similar to that of clearly discerning the mental health impacts of bias, discrimination, harassment and violence on queer of colour communities as noted in Chapter One.

Efforts at diversity initiatives will be experienced with varying levels of success by students, instructors, tenured faculty, and upper levels of management within academic institutions. As the literature in the following sections demonstrate, what many of these students and faculty most often experience is not inclusion, but tokenism, invisibility, and erasure (Duran, 2019; Erolin & Wieling, 2021; Settles et al., 2018; Thacker & Minton, 2021). The following sections will discuss the ways in which queer, racialized, and/or queer of colour students and faculty experience academia in general and within counselling education, based on four systematic literature reviews in the United States (Duran, 2019; Erolin & Wieling, 2021; Settles et al., 2018; Thacker & Minton, 2021).

### *Microaggressions and Erasure*

Thacker and Minton's 2021 systematic review of literature consolidated the adverse experiences in graduate level counselling education by students and faculty members who are women, people of colour, and/or LGBTQ+. Their findings indicate that the climate within the profession continues to reflect long-held white-centric, heteronormative, patriarchal norms. Their review persistently found three types of microaggressions - stereotyping, tokenism and erasure.

Microaggressions are "brief and commonplace daily verbal, nonverbal, and environmental slights, insults, invalidations, and indignities, whether they are intentional or unintentional, which are directed toward marginalized individuals" (Sue et al., 2007, p. 271). Within the context of intersecting marginalization, these microaggressions adversely impacted faculty and students' development and expression of their professional identity, embodiment of professional values, and undertaking of actions. Their isolating experiences were categorized as: underrepresentation, disconnection, mentorship difficulties, discouragement, and pressure and expectations (Thacker & Minton, 2021).

Settles et al., (2018) focus on the invisibility and hypervisibility of faculty of colour and their challenges of visibility and supported representation. Hypervisibility results in individuals being recognized primarily for their otherness and is associated with heightened scrutiny and an inability to influence the perception of others; failures are often magnified. Invisibility occurred when faculty of colour found their accomplishments unacknowledged, under-received and undervalued, and they did not feel they belonged within their teams or departments. When faculty of colour were made to be highly visible within academia they felt tokenized to promote diversity.

Faculty of colour who feel 'visible' experienced being "fully regarded and recognized by others" (Settles, et al., 2018, p. 2) which can facilitate having voice, speaking and being heard, and feeling control over how they are perceived and represented. Through a queer lens, visibility often relies on being a particular kind of queer or trans person who is understood through the normativity of white cis-heteronormative ablebodiedness (Lange et al., 2019).

Erasure moves beyond invisibility, invalidating individual or group identity through policies and norms that "privilege certain identities and overlook or problematize others"

(Casado Prez & Carney, 2018, p. 164). Marginalization occurs through the erasure of queer

people of colour in institutional structures for example by having fewer programs and services

designed to meet their unique needs (Duran, 2021). Specific to trans experiences (in healthcare)

Namaste (2000) describes erasure as "a defining condition of how transsexuality is managed in

culture and institutions, a condition that ultimately inscribes transsexuality as impossible" (p. 4).

Bauer et al., (2009) found that trans people's experiences of erasure led to discriminatory actions

and assumptions at individual, organizational and systemic levels, based on informational

systems and institutional policies. For example, a longstanding policy and practice of genderism

(Renn, 2010) in institutions has been to offer only Male or Female options on forms and

applications. When an alternative is not offered, trans and nonbinary people are erased from data,

and thus considered not to exist.

Hylton (2005) notes the absence of lesbian and bisexual women in social work education,

including the absence of naming and identifying the queer identities of well-known social

workers such as Jane Addams, Margaret Mead, Eleanor Roosevelt. These women figure

prominently in the teachings of the history of social work, while their significance as important

queer role models have been erased. This erasure supports heteronormative colonialism in an

effort to maintain the dominant social order (Aronson, 1995). All 19 participants in Hylton's

U.S. based study identified invisibility as widespread within their social work education, that is,

there was a lack of publicly identified queer faculty, LGBT issues were not incorporated into

class examples and case discussions, and there was a dearth of information within the

curriculum. While Hylton's study is over 25years old, many of these experiences of invisibility

and erasure continue today (Hillock, 2017; Lange et al., 2019; Martin & Lippett, 2017)

Profitt and Richard (2017), two white cis queer women, long-time feminists and faculty

in the school of social work in eastern Canada detail the painful history of erasure of faculty and

scholarship over the decades (1980s-2010s) of their tenure-ship in academia. They detail their

history of being silenced, based on not knowing other queer academic faculty, invisibility within

literature, and few possibilities to connect with other 'out' social workers in the field. Further,

they found little to no interest in discussions of queer issues, and a lack of funding for queer

research initiatives. They eloquently explain the "unstated expectation to collude silently in one's

own oppression, remaining invisible as queer while teaching structural feminist and anti-

oppressive theory and practice" (Profitt & Richard, 2017, p. 96).

**Queer Scholarship**

Graduate level education in counselling and social work teaches queerness in three areas:

1. The rise of gay and lesbian liberation movements including historical reviews of social and

political activism, 2. Teaching mainstream heteronormative therapists and students to be

sensitive to queer individuals and communities in their workplaces, using race-based approaches

such as anti-oppressive practice, and 3. Queer-based theories challenging assumptions of binary

identities (Hillock, 2017). As Hillock (2017) summarizes in *Queering Social Work Education,*

very little is known about how queer-based theories are taught in academia and overall there is

an absence of LBTQ issues in social work literature, resulting in a lack of understanding of queer

identities. As Lange et al., (2019) note "there is still a significant need to theorize liberation in

higher education through queer and trans epistemologies, with attention to such systems as White

supremacy, ableism, and classism" (p. 512). White queer students Martin and Lippett (2017)

explain that their social work program discussions of sexualities were in relation to homophobia

and violence, with little attention given to construction of sexualities. This lack of critical

discussion led to the privileging of heterosexuality as "normative, a priori, and natural" (Martin & Lippett, 2017, p. 111), leading them to feel minoritized into a homogenous group of 'others', and tokenized to be experts on queer culture, identities and experiences.

There is a lack of focus on queer-centred counselling in counselling education from the perspective of the queer therapist. Counselling education on queer identities will directly impact the experiences of queer clients in therapy. Therapists often identify lack of training as the primary reason they feel poorly-prepared to work with queer clients (Bidwell, 2013). Rock et al., (2010) found that students in general, regardless of their identities, are open to providing comprehensive support to queer clients, and desire education that will help them to do so. In research today, assumed norms continue to be the white, able-bodied, middle-class focus (Renn, 2010) with a heavy reliance on LGBTQ research founded on settler colonial, anti-Black and U.S. centric principles (Lange et al., 2019).

This section has detailed the experiences in academia of queer and racialized faculty and students to illustrate their experiences of erasure and invisibility. Research demonstrates the lack of representation of queer and racialized voices within academia, which will negatively impact the training and education of QOC student therapists. The next section will review professionalized obligations and expectations in academia including identity-based models and codes of ethics, to demonstrate how therapists are being taught the various identities their clients hold in connection to their mental health, and the requirements of maintaining boundaries in client relationships.

### Professional Obligations and Expectations

I will now outline the current expectations within the counselling and social work professions with respect to competencies and codes of ethics in Canada, and the limitations that

become imposed on QOC cultural knowledge. Competencies and codes are used to guide

counselling education, accreditation, evaluation and work planning during internship.

I will first discuss the current and prevailing competencies and associated identity-based

models taught in counselling and social work education. I will then outline the various dilemmas

associated with contemporary constructions of cultural identity frameworks within multicultural

counselling (MCC), anti-oppressive practice (AOP), and affirmative therapy in academia and the

mental health fields. This is where queer and racialized identities are most often conceptualized

in counselling and social work. In reviewing these models, I am guided by the positioning of

QOC therapists, the cultural knowledge they possess, and how they develop their therapeutic

practices. The absence of the voices of queer or racialized therapists is especially problematic as

QOC students and practicing therapists will not see themselves reflected in the case studies and

scenarios. When the social location of the practitioner is not identified, as within most texts,

there can be an assumption that the counselling text is meant to train white, straight, cisgender

therapists on how to counsel racialized or queer clients (Everett et al., 2013; Lykins, 2021). Most

counselling psychology literature, founded upon beliefs of therapist neutrality or expertise

(Butler & Byrne, 2008), are arguably the products of Eurocentric ideals and modernism.

A basic premise of working with queer clients is for students and therapists to investigate

their own sexuality and gender identity, privileges and attitudes (Johnson, 2012). This mirrors

the concept of understanding all aspects of one's own identities in order to better understand the

implications of similar and different identities. Smith (2015) urges therapists to focus specifically

on their cis-heteronormative privileges and attitudes to work more effectively with queer

communities. However, the queer community is "deeply stigmatized and hidden from outsiders"

(Gibson, 2012, p. 291) resulting in the invisibility of queer culture, identity, and practice in

mainstream postsecondary mental health curricula; queer identity and practice is not a comprehensive focus of course work unless the instructors are queer themselves (Hylton, 2005).

**Multicultural Counselling Competencies (MCC)**

The multicultural movement has referred to historically marginalized groups primarily based on race and ethnicity, often excluding other related cultural groups such as lesbians and gay men (Arthur, 2019; Ratts et al., 2016). Thus, sexual orientation and gender identity are subsumed within a race-based framework and are therefore limited in their capacity to respond effectively to heteronormativity and cisnormativity. The British Columbia College of Social Workers' Standards of Practice define competence as:

Principle 2 Competence and Integrity: Social workers are committed to ongoing professional development and maintaining competence in their practice.

Section 2.1 Social workers are responsible for being aware of the extent and parameters of their competence and their professional scope of practice and limit their practice accordingly. (BCCSW, 2009, p.10)

Specific to counsellors, competence is usually defined as an ability to perform a task or the quality of being adequately prepared or qualified (Sue et al., 2009). Therefore, within counselling and therapy, there is an expectation that therapists demonstrate their skills and ability to work with a range of clients, across a spectrum of identities, experiences and backgrounds. Specific to MCC, competency comprises three components:

1. Attitudes: Examine the relationship between your cultural frame of reference and your clinical work.

2. Knowledge: Increase knowledge of culturally-based counselling approaches and

interventions; increase knowledge of the relationship between clients' contextual

background and psychosocial functioning.

3. Skills: Implement purposeful, directional, and culturally relevant strategies and

interventions with diverse clients who present with a range of clinical issues. (Adapted

from Pieterse et al., 2009, p. 105)

The MCC developed by Sue, Arredondo and McDavis (1992) have been instrumental in

informing how mental health practitioners understand and respond to their client's culture and

diversity, and are still commonly utilized and referred to in graduate level counselling education,

especially in the United States. The constant evolution of multicultural counselling and how it is

discussed in the academy make landing on a fixed definition of competencies difficult. However,

I find the following definition broad enough to be helpful:

Multicultural counselling competence is defined as the counsellor's acquisition of

awareness, knowledge, and skills needed to function effectively in a pluralistic

democratic society (ability to communicate, interact, negotiate, and intervene on behalf of

clients from diverse backgrounds), and on an organizational/societal level, advocating

effectively to develop new theories, practices, policies, and organizational structures that

are more responsive to all groups (Sue & Sue, 2019, p. 58).

This definition is grounded in the notion that culture can be learned, competencies

acquired, and therefore multicultural counselling successfully practiced. What is missing is the

vital understanding that an effective practitioner who works cross-culturally is always in the

process of learning new ways of being relational within culturally diverse communities. Further,

effective practitioners should anticipate that unlearning hegemonic practices is a process that is

ongoing, and evolving (Smith, 2015). This same thinking applies to working with queer clients, as there are many ways of identifying and expressing queerness; the language of queer identities continues to shift and evolve as societal expectations and support also shift, albeit slowly.

While Smith (2015) attempts to integrate a social justice lens to move beyond the traditional identity model that underlies multicultural counselling, problematic presumptions remain about the identity of the practitioner as one who holds privilege and needs to learn about the 'other'. The identity of the practitioner is generally not revealed, and they are presumed to identify in opposition to the clients who are labelled as marginalized (as African American, Indigenous, lesbian). This default heterosexist assumption becomes socially and institutionally sanctioned (Lykins, 2021).

As an example, Smith's (2015) chapter on lesbian, gay, bisexual (LGB) identity focuses on a straight, cisgender therapist 'Nichole' whose 'affirming' practice is challenged for not truly integrating her heterosexual and heteronormative privileges through a social justice model and decolonizing practice. The scenario addresses some of the complexity in practice situations. Nevertheless, like many cultural competency examples, it speaks to a single axis of identity and presumes the client and practitioner are positioned in binary opposites to each other: the marginalized client and the practitioner with power and privilege. In the scenario, as Nichole is asked to explain her understanding of her client's experience expressing affection towards another woman, she confesses, 'I just don't get it" (p. 33). Nichole was confident she possessed all the necessary skills to be affirming, as she was clear she was open, non-judgemental, and not homophobic. However, upon deeper reflection, she realizes she is uncomfortable with two women displaying affection or sexual feelings, resulting in "dissonance and negative emotional reaction" (p. 33). The basic multicultural counselling model (MCC) fell short in helping her to

"recognize, understand, and map the invisible, incessant cultural messages and institutional

policies that perpetuate heterosexual colonization" (Smith, 2015, p. 27). In addition, we neither

know the racial identity of therapist Nichole, nor that of the clients in the scenario. This practice

example becomes more nuanced and comprehensive if the therapist is identified as, say trans, or

racialized, or holds the same racial identity as the client. By revealing these layers of identities,

students can discuss the various intersections within the therapeutic relationships they may

experience in practice, and how to approach different scenarios relationally (Addison &

Coolhart, 2015). Further, by acknowledging the various identities the counsellor may hold,

students and practitioners can see themselves reflected in the scenarios, adding more complexity

and making the examples more relevant and useful.

**LGBTQ Competencies**

LGBTQ competencies are simply based on an adaptation of the multicultural counselling

competency (MCC), language, and terminology. While in North America there are different

LGBTQ competency measures and scales, there is not a standardized accepted system. Further

there is not an agreed upon method for identifying counsellors who possess queer counselling

competency, or how to demonstrate their use. There is also no formal definition of what

constitutes an "LGBT safe space" (Poynter & Tubbs, 2008) or a specialization in "LGBT

identity" although counsellors may claim so on their professional websites and in practice

descriptions.

Further, there is a lack of professional development opportunities to learn the nuances

and relational intersectional experiences of queerness (Hillock, 2017; O'Neill et al., 2015). This

lack of clarity can minimize the complexity and nuance of queer communities and identities.

Also, when examined primarily in the context of the historical oppression of queer communities,

LGBT identity may be negatively categorized as requiring counselling.

The queer activism model of the 1990s focused on liberation, and emphasized pride,

choice and freedom over pity, essentialism, and assimilation. This soon shifted to a model based

on the ethnic minority models of the time where queer identities were presented as a distinctive

minority, and activism focused on achieving rights and legal protections under the existing

heteronormative social order. This movement was individualistic, and centred on the experiences

of coming out and "being true to your identity" (Barker & Scheele, 2016, p. 114). These

epistemic assumptions now underlie most LGBTQ identity frameworks and models.

In the Western context, most LGBTQ focused competencies and measures have been

developed in the U.S., such as the Sexual Orientation Counsellor Competency Scale (SOCCS),

and the Lesbian, Gay and Bisexual Affirmative Counselling Self-Efficacy Inventory (LGB-CSI)

(Hinrichs & Donaldson, 2017; Perosa et al., 2008), are similar to many cultural competency

frameworks and toolboxes (Johnson, 2012). The Association for Lesbian, Gay, Bisexual, and

Transgender Issues in Counselling Competencies (ALGBTIC) has developed guidelines for

working with lesbian, gay, bisexual, queer, questioning, intersex and ally individuals

(LGBQQIA), in accordance with the standards of the 2009 Council for Accreditation of

Counseling and Related Educational Programs (CACREP). Both ALGBTIC and CACREP state

that they utilize a strength-based, feminist, multicultural, social justice perspective.

The ALGBTIC works from models of identity development, affirming therapy and binary

categories of identity for counsellors to develop the necessary knowledge, awareness, and skills

to be effective. The use of essentializing categories of identity reinforce neoliberal discourses of

identity and power. A checklist of competencies is categorized as follows:

A. Human Growth and Development

B. Social and Cultural Foundations

C. Helping Relationships

D. Group Work

E. Professional Orientation and Ethical Practice

F. Career and Lifestyle Development

G. Assessment

H. Research and Program Evaluation

A therapist reading this may assume that simply having 'awareness' as indicated in each area, makes them an LGBTQ competent and affirming counsellor. There are no competency or outcome measures accompanying this tool.

Obtaining LGBTQ competencies is often left to the discretion of the therapist to determine whether they meet those requirements. As already stated, this is problematic as there is no support provided to measure or determine if competencies are met, and secondly, competencies are based on stable fixed categories of identity. Anecdotally, from conversations with graduating students and supervisees, and literature (Graham, Carney, & Kluck, 2012; Grove, 2009; Rock, Carlson, & McGeorge, 2010, in Bidell, 2013), therapists often state that their lack of LGBTQ competency is based on inadequate training and education.

A queer theory informed social constructionist stance brings questions and critiques to these competencies. How can discourses of colonialism, heterosexism, cisgenderism for example, be understood as a cultural frame of reference inherent in 'Attitudes' and clinical work? What are the culturally-based counselling approaches and interventions needed to support 'Knowledge' and what are the 'Skills' needed to implement culturally-relevant strategies to work

with queer clients? While vitally important to teach, there must first be an acknowledgement of the discourse and influence of colonialism, heteronormativity and white supremacy to allow for an integration of non-dominant perspectives and voices.

**Trans Specific Competencies**

If a therapist is seeking further support to develop their competency to work with trans clients, they may turn to the World Professional Association of Transgender Health (WPATH) for guidance. WPATH is the only governing body detailing best practices and standards for working with the trans community. WPATH is an international, multidisciplinary, professional association whose mission is to promote evidence-based care, education, research, advocacy, public policy, and respect in transsexual and transgender health. The vision of WPATH is a world wherein transsexual, transgender, and gender non-conforming people benefit from access to evidence-based health care, social services, justice, and equality (WPATH, 2012, p. 1). The current WPATH Standards of Care (SOC), version 7 document is designed to provide clinical guidelines for health professionals to maximize their ability to provide care to trans and gender non-conforming clients. Along with counselling, health professionals include primary care, gynecologic and urologic care, reproductive care, voice and communication therapy, hormonal and surgical treatments. Though an international body, WPATH recognizes that their work is based on knowledge from North American and Western European sources, and therefore specific geographic and social contexts may make it difficult to fully implement the SOC (WPATH, 2012).

However, speaking as a therapist providing care to trans people, what this governing body outlines as standards of practice for working with the trans community is heavily based on the medical model that is not taught or discussed. Funding for education and training is largely

focused on medical professionals in the publicly funded health care sector in Canada. The SOC (WPATH, 2012) list competencies for mental health professionals working with adults presenting with gender dysphoria to possess these minimum credentials:

1. A Master's degree from an accredited institution in a clinical behavioural science field.

2. Ability to diagnose based on the DSM and /or International Classification of Diseases.

3. Ability to recognize and diagnose coexisting mental health concerns and distinguish from gender dysphoria.

4. Continuing education in the assessment and treatment of gender dysphoria, as well as maintaining cultural competency. (p. 22).

Mental health professionals are expected to complete tasks to:

1. Assess gender dysphoria.

2. Provide relevant information regarding options for gender transition and expression.

3. Assess, diagnose, and discuss coexisting mental health concerns.

4. Where applicable, assess, prepare, and refer for hormone therapy, surgery.

5. Provide education and advocacy within client's relevant settings such as workplace, school, and assist with changes to identity documents (p. 23).

It is worth reiterating that there are very few opportunities for mental health practitioners to access the education and professional development to acquire these skills, complete these tasks, and become "competent.". Further to this, Masters level therapists in Canada are not allowed to diagnose, it is outside our scope of practice.

Given that transgender healthcare is rapidly evolving as an interdisciplinary field, the unprecedented increase in global visibility of trans and gender diverse people seeking gender affirming care, alongside the expansion of healthcare services and scientific literature, WPATH

is currently undertaking a comprehensive review of SOC 7, (WPATH, n.d., 1.1 Historical

Background, first para).

**Anti-oppressive Practice (AOP)**

Anti-oppressive practice is another model used by many social work educational

programs that teaches how the multitude of subjective social locations in a power-imbalanced

society can leave us vulnerable to oppression (Dominelli, 2002; Mulé, 2017). When focussed on

the therapeutic relationship, this definition assumes that clients have a fixed identity, as opposed

to one that is relational, fluid, and dynamic. As with the multicultural counselling (MCC) model,

the stand-alone definition, without the therapist's identity, reproduces the same problem. The

therapist is presumed to hold privilege, sitting in opposition to their client, utilizing these

frameworks to understand how to work with those who are marginalized, thus reproducing an

inherent 'othering'. Binaries of power and identity are seen to be possessed and owned, which

differs substantially from the queer epistemic underpinnings that holds power as relational,

contextual, fluid and dynamic. These current models do not reflect realities of scholars and

practitioners who occupy multiple positions at once – some of power and others of marginality,

and who are comfortable positioning themselves relationally with their colleagues and clients.

The social work and counselling professions draw heavily on AOP and MCC frameworks

to teach practitioners how to understand their clients' identities and provide them with effective

counselling.

A key critique of most multicultural counselling, anti-oppressive and cultural competency

frameworks is that culture is conflated with a fixed racial identity that can be taught and

understood. Scholars such as Sakamoto (as cited in Pon, 2009) and Chakraborty (as cited in

Paniagua & Yamada, 2013) comment that these frameworks are based on a positionality of

whiteness as the standard by which other cultures are differentiated. This implies that support is

needed for white practitioners to work with clients who are racialized or 'other'. This discourse

of whiteness and white supremacy can be extended to assumptions of the practitioner as straight,

cisgender, and holding of various privileged social locations, delegating the client to a

marginalized position (Everett et al., 2013). This supports modernist and professional discourses

of the therapist as an objective, neutral, expert who has the necessary competencies to work

equally well with all populations. I seek to disrupt these accepted norms of whiteness in

academia and the counselling profession by focusing the research study and literature review on

the reflections of queer therapists of colour, giving voice to underrepresented experiences.

**Affirming Therapy**

Grzanka and Miles (2016) outline three historical phases of LGBT counselling,

Pathologization, Incorporation and the current Affirmation model. Pathologization from 1870 –

early 1970s considered homosexuality as a sickness and disease, with Freudian and other

sexological understandings of sexual orientation locating the origins of sexual identity in utero or

early childhood. Psychotherapy focused on conversion and reparative therapeutic interventions

to change sexual orientation, gender disorders and behavior. The period of Incorporation begins

in 1974, after homosexuality is removed from the Diagnostic and Statistical Manual of Mental

Disorders (DSM). This period attempts to broaden its focus of identity to name and include

lesbians and bisexuals (LGB), though trans identities remain pathologized. In this period,

differences are not noted. Lesbians are considered a homogenous group, as are gay men, and

bisexual people; HIV/AIDS and gay rights activism begins to emerge, though the white gay

identity remains dominant and sexualized; 'coming out' as LGBT seen as a necessary stage of

identity development.

The current Affirmation period since the 1990s, is characterized by LGBT affirmative therapy and discourses. Affirming therapy is problematic for its limited use of multicultural discourse, and focus on white gay men and lesbians. Many questions exist regarding the conceptualization and efficacy of LGBT affirmative therapy, or gay affirming therapy as it is commonly termed. While there is general agreement that specific approaches are needed to provide effective counselling to queer communities, there is not clear consensus on what constitutes gay affirming therapy, nor are there clear theoretical frameworks or operational definitions of this type of therapy (Johnson, 2012). Johnson concludes that gay affirmative therapy appears synonymous with culturally competent therapy.

Multicultural competencies, categorized as "Knowledge, Skills, and Awareness" (Grzanka & Miles, 2016), are the foundation on which LGBT affirming therapy is based. LGBT affirming therapy suggests that therapists "affirm client's sexual orientation rather than reinforce sexual minorities' experiences of stigma and marginalization" (p. 371). Grzanka and Miles (2016) question how LGBT affirming counselling is defined and understood, and how a therapist demonstrates they are successfully applying it. Bieschke et al. (as cited in Johnson, 2012) defines LGBT affirmative therapy as:

> The integration of knowledge and awareness by the therapist of the unique development and cultural aspect of LGBT individuals, the therapist's own self-knowledge, and the translation of this knowledge and awareness into effective and helpful therapy skills at all stages of the therapeutic process (p. 517).

> Idems (2017) discusses one model of gay affirmative practice as:

> 1. Not assuming heterosexuality,

> 2. Recognizing society's homophobia as the core problem,

3. Accepting non-heterosexual identification as the desired outcome,

4. Addressing clients' internalized homophobia,

5. Understanding the coming out process,

6. Addressing the practitioner's own homophobia and heterosexism (p. 185).

However, LGBT affirming therapy does not have an identified and agreed upon theoretical framework and application to counselling practice (Grzanka & Miles, 2016; Johnson, 2012). This can prove difficult for the practitioner to grasp. For example, how and where does one learn the aspects of LGBT affirmative therapy as described above? How will the therapist incorporate all aspects of one's identities, including race and ethnicity into a model of affirming therapy? As with any competencies, the challenge of affirming therapy is in who gets to determine if a practitioner possesses the necessary competencies. Further, the language of competencies implies a mastery or completion, which is not congruent with the continuously evolving and shifting language and options for gender expressions.

Concepts of LGBT as binary constructs, and of LGBT affirming therapy are more often found in psychology-based literature (ALGBTIC LGBQQIA Competencies Taskforce, 2012; Bidell, 2013; Bieshke et al., 2007; Chan 2018; Johnson, 2012, Perosa et al., 2008) than in disciplines more critical of discursive assumptions and modernist foundations such as critical social work (Hillock, 2017; Idems, 2017; Mulé, 2015, 2017). While 'LGBT' and 'queer' communities are not necessarily diametrically opposed, the terminology of LGBT becomes used as a binary construct. Lesbian and gay refers to affectional, sexual, and romantic relationships with someone of the same sex only, while bisexual refers to these relationships with the same sex and/or opposite sex only. Lesbian, gay and bisexual become fixed constructs, without space for fluidity of gender or sexuality within relationships or over time. Furthermore, the terminology of

'affirming' is problematic as it reinforces the idea that affirmation is being conferred by the dominant group upon the group with less social power (Smith, 2015).

**Codes of Ethics**

The provincial and federal governing bodies for social work and counselling in the province of British Columbia and in Canada broadly, provide professional codes of ethics and standards of practice, that include basic core competencies. This Literature Review will focus on sections of these codes that refer to dual relationships and self-disclosure in order to demonstrate how QOC therapists become restricted in utilizing cultural knowledge in their therapeutic practice and client relationships (Atienza, 2018; Cole & Drescher, 2006; Edwards & Murdock, 1994; Everett et al., 2013; Gibson, 2012; Tilsen, 2021). For some practitioners, their conceptualization of social justice and counselling might conflict with the required ethical codes of their governing bodies. Therefore, I contend that students and practitioners be invited to articulate their ethics, values and beliefs regarding working with clients whose identities are similar or different to theirs, and the impact it will have in the counselling process. The discussion that follows on self-disclosure and dual relationships will illustrate the limitations of the current codes in this regard.

*Self-disclosure*

When academic programs in counselling and social work teach concepts of working across difference, the intent is for practitioners to understand the social context of their clients' identities and struggles, as well as their own social location in the counselling relationship and within dominant discourse (Audet & Paré, 2018; Collins, 2019; Crethar at al., 2008; Danso, 2015). However, the application of theory into practice is often problematic and uncomfortable for practitioners who may see self-disclosure, especially disclosure of sexual or gender identity,

as a vulnerability, a sharing of personal information or a violation of professional boundaries (Atienza, 2018; Cole & Drescher, 2006; Edwards & Murdock, 1994; Everett et al., 2013; Gibson, 2012). Self-disclosure can be used effectively to support clients in their experiences and to build the therapeutic relationship. However, practitioners are rarely equipped to know when and how to do this appropriately or effectively (Chan, 2018) while adhering to the standards of practice and principles expected by their profession.

Some therapists may place great value on conversations with clients about relational intersectional identities, where they are both situated vis a vis queerness, ethnicity or other aspects of culture. These therapists seek to position themselves within a sociocultural context that might influence a client's identity, experience, problems and mental health. In a cis-heteronormative context and work environment, a therapist may not feel comfortable sharing their queer identity with a queer client, as they may not have been given support, guidance or even active permission to do so (Gibson, 2012). I contend that this will limit the therapeutic relationship, and the potential for the client to feel seen and understood by their therapist. Conversely, practitioners speak openly with clients about heterosexual partners and children, without consideration of disclosure.

### Dual Relationships

The Canadian Counselling and Psychotherapy Association (2007) states that:

Counsellors make every effort to avoid dual relationships with clients that could impair professional judgement or increase the risk of exploitation to at risk clients. Examples of dual relationships include, but are not limited to, familial, social, financial, business, or close personal relationships. When a dual relationship cannot be avoided, counsellors take appropriate professional precautions such as role clarification, informed consent,

consultation, and documentation to ensure that judgement is not impaired and no

exploitation occurs (p. 542).

The British Columbia College of Social Workers' Code of Ethics and Standard of

Practice (2009) state:

Section 1.6 Social workers distinguish their own needs and interests from those of their

clients to ensure that, within professional relationships, clients' needs and interests

remain paramount (p.9).

Section 1.8 Social workers avoid conflicts of interest and /or dual relationships with

clients or former clients (p. 9).

Section 2.6 Social workers do not engage in professional relationships that constitute a

conflict of interest or in situations in which they ought reasonably to have known that the

client would be at risk in any way. Social workers do not provide a professional service

to the client while the social worker is in a conflict of interest (p. 12).

By way of example of the harm that can take place in dual relationships, further sections

of the Code discuss conflict of interest, sexual relations and misconduct, and ensuring

information obtained in the counselling relationship is not used to harass, abuse or exploit a

client, or for material benefit or gratification.

These codes do not provide guidance or language for the positive or necessary aspects of

navigating dual relationships. The specific ethical challenges and responsibilities when working

in a queer and trans context is illustrated by Everett et al., (2013). While professional codes of

ethics assume that this may sometimes happen, professional distance between therapist and client

is the implied and supported norm. However, for practitioners who work and live in the same

margins and communities that their clients inhabit, dual relations may be pre-existing and

unavoidable (Tilsen, 2021). More accurately, these overlapping relationships should be expected, and a framework developed to support both therapist and client to maintain a professional relationship despite the overlap in social and cultural spaces. This parallels the complexity of other therapeutic relationships that may exist in small rural or remote communities. The negative association with self-disclosure and dual relationships reflects discriminatory and outdated paradigms that place a counsellor or therapist in a protected, privileged position, and ultimately creates boundaries or obstacles to working with queer / racialized clients.

Tilsen (2021) states that queer relational ethics are based on the queer community's experience with navigating multiple relationships, McNamee (2009, 2015) add this is informed by relational responsibility or relational ethics. For many queer practitioners, professional, social, community building and personal networks and relationships will overlap. While these multiple points of connection should be named and discussed, they are not inherently problematic. As Tilsen (2021) notes "with marginalized communities, it's often central to survival" (p.85).

**Summary**

In this section I have detailed the types of professionalized obligations and expectations that may prove challenging for a QOC therapist to develop their practice based on their cultural knowledge. The identity-based models used in counsellor training and education name the importance of the counsellor's knowledge, skills and attitudes but do not provide guidance on how to implement this theory into practice. QOC therapists continue to find their identities missing in teaching materials, and that their own cultural knowledge does not bring value to their practice. The Codes of Ethics in both counselling and social work detail the harmful nature of the presence of self-disclosure and dual relationships. However, some therapists may prefer to share

their identities with their clients to build safety and trust. This is not illustrated as a standard of

practice but rather is only named as potentially harmful.

I have demonstrated the impact of the gaps in understanding the hidden and stigmatized

nature of the queer community, on queer practitioners and queer clients. Self-disclosure and dual

relationships require different consideration when understanding the needs of this small and

marginalized community. Further, race-based identity models do not reflect racialized and queer

subjectivities, experiences and identities.

## Concluding Thoughts

The purpose of the literature review was to highlight the many discourses,

epistemologies, policies, practices and theories currently impacting the education and practice

experiences of QOC student and practicing therapists. Beginning with the introduction of queer

worldmaking, the chapter centers QOC and Two Spirit scholarship that brings much needed

attention to the queer of colour experience and highlights how 'queer' points to new ways of

seeing, teaching and understanding mental health, counselling and social work. These theoretical

approaches to counselling demonstrate some of the ways in which queerness, identities and

intersectionality are practiced within therapy. Affirmative therapy is the current model that is

used when working with queer clients.

This chapter then highlighted the discourses that challenge QOC therapists to work with

their queer clients in a manner that is meaningful to the identities, subjectivities and lived

experience of both therapist and client. Some of the main challenges are erasure and lack of

representation within academia. Students can expect a more positive experience when they see

themselves reflected in faculty and course material. Unfortunately, current queer scholarship

lacks the tools necessary for teaching queerness more comprehensively, so that practitioners are

comfortable working with queer clients. The focus of counsellor graduate education on

competencies and binary understandings of identity is shaped by the professional obligations of

the code of ethics, creating another challenge for student and practicing therapists. The study I

have undertaken with QOC therapists in Vancouver and Toronto, seeks to center marginalized

voices, detailing their experiences and reflections in their counsellor graduate education and

professional practice. The focus on their cultural knowledge is integral to filling the many gaps

that have been identified in these two chapters. The next chapter will detail the methodologies

used to implement the research study.

**Chapter Three: Methodology**

This chapter outlines the parameters of the methodology undertaken in the research study. I will first discuss the study design, associated epistemologies and relevance to the study participants. I will then introduce the methods, Interpretative Phenomenological Analysis (IPA) and its application to this study.

**Study Purpose and Research Design**

Broadly speaking, qualitative research is a tradition within social science interested in how people interact in their own space, in their own language and in their own terms (Krefting, 1991). The purpose of this study is to better understand the practices and approaches that queer of colour therapists use with their queer clients in therapy; to learn the values and ethics that inform these therapists, and the educational supports that are needed to both bring value to their practice. The study sought to understand the impact that counselling graduate education had on professional practice. Lastly, how did their cultural knowledge support the work they were doing?  The research methodologies value queer epistemologies to ensure QOC voices are strongly centred in the data. The research questions that guide this dissertation and the research study are:

1.  How do QOC therapist participants make sense of their practice with queer and /or QOC clients?

2.  How do QOC therapist participants experience their counselling graduate program as it relates to meeting the needs of queer and /or QOC clients?

3.  How do QOC therapists articulate and use their cultural knowledge to inform their counseling practice?

**Queering Epistemology**

Epistemology is rooted in philosophy and is concerned with the theory of knowledge, what counts as knowledge, and how knowledge claims are justified (Creswell & Poth, 2018). In considering their epistemological stance, researchers ask, 'what is the nature of knowledge' and 'how is knowledge produced?' (Willig, 2013). Such considerations, in addition to who is producing this knowledge and from what point of view and position, are vital to the approaches of this research study.

Queer theory as a research paradigm consists of a broad system of knowledge, reflecting the researcher's worldview and stance (Tilsen, 2010, 2013). Within research, queer theory is viewed generally as a refusal of traditional methods, therefore queer research should not be constrained by particular qualitative methodologies (Adams & Holman Jones, 2011; Brim & Ghaziani, 2016; Ghaziani & Brim, 2019; Plummer, 2005; Tilsen, 2010). Ghaziani and Brim (2019) offer four ways of conceptualizing queer methods: 1) Identifying new types of data; 2) modifying existing protocol to better resonate with queer theoretical frameworks; 3) challenging methodological norms of coherence, generalizability, and reliability; and 4) eliciting the pedagogical implications of queer methods.

Queer epistemology with its transgressive approaches to research gave me permission to look beyond traditional methodology and consider what could really capture the complex, layered experiences of queer of colour therapists. The more I learned about queerness as a worldview, the more I was able to queer my method. I considered how queer identities, epistemology and cultural knowledge of participants and of the researcher could be centred and the methods adapted accordingly.

In centering queer epistemology, QOC critique and QOC cultural knowledge alongside IPA, the following parameters became crucial: 1) A queer method required a sensitivity to, and accommodation of the different ways in which study participants referenced insider language of identities, including the term queer. I had to avoid being constrained by my particular definition of queer when I knew there were so many in use that needed to be honoured and validated. 2) Creating a space where QOC participants could speak openly, that was conducive to support and learning. This led to my decision to utilize an Outsider Witness Team (OWT), an existing practice which would now be used as a new approach to collecting data – a method which has not been found in the literature. It was important to organize my study as an alternative framework to more traditional, positivist and structured methodological approaches. 3) Queer worldviews and especially resistance to norms at each step of data collection and analysis. I consistently asked myself how I was using my interpretive lens.

Queer epistemology and methods are congruent with qualitative emergent approaches to inquiry whereby assumptions and frameworks seek to address how individuals and groups make meaning of social or human problems. (Creswell & Poth, 2018). Further, Lincoln's (1995) postmodern, interpretive framework supports these evolving approaches to quality, based on a commitment to "emergent relations with respondents, to a set of stances, and to a vision of research that enables and promotes justice" (p. 267).

**Principles of Good Qualitative Research**

I applied Yardley's four Principles of Good Qualitative Research (2000) throughout all phases of the study. These principles align with queer epistemology, queer methods and IPA by giving careful consideration to the context of the research study and participants while ensuring robust data collection and analysis.

The first principle is *Sensitivity to Context.* I ensured this by considering co-researcher experiences of utilizing QOC cultural knowledge to inform counselling practice, early in the research development process. I was mindful of how best to obtain data while considering their needs for culturally-specific safety. The many cultural identities, context, environment, socio-cultural milieu and need to feel safe to express during the interview and discussions, were at the centre of my methodology.

In-depth engagement with the research, methodological skill in data collection, and breadth of analysis form the second principle of *Commitment and Rigour*. While reading the data multiple times for the emergent themes and ideas, I considered the expectations I may have based on, for example, my own queer racialized and lived experiences, or being located in Toronto or Vancouver, and was careful to identify any of my own bias. In preparing my study, I considered different methodological approaches and the historically negative experiences of marginalized communities in research.

The third principle *Transparency and Coherence* focuses on transparent methods and data presentation, a fit between theory and method, and reflexivity. I applied this third principle throughout my research process, to be clear and open about the premise of my work and my connection to it. I wanted to ensure that participants understood and trusted what I was doing. As a community member, I am an insider. As a researcher, I am an outsider. I kept a journal to track my own feelings and responses.

Also, inherent in the research design was ensuring it was relevant, needed, and contributed to counselling practices fulfilling the fourth principle, *Impact and Importance*. I carefully considered my reasons for the study, the gaps in the counselling field, and the impact

on QOC practitioners. Current literature reinforced the gaps I was aware of and supported my concerns for the field.

## Interpretative Phenomenological Analysis

The qualitative approach used to analyze interview data was IPA, an extension of phenomenology founded by Jonathan Smith (Smith, Flowers & Larkin, 2009). This approach is grounded in traditional phenomenology, hermeneutics and idiography, to focus on existential meaning, interactions between experiences and context, and the discursive forces in the lives of participants (Miller, Chan & Farmer, 2018). Early in my research process I found Jonathan Smith, a queer scholar who identified IPA as an appropriate method for data analysis with queer participants. I felt that this queer-centred focus aligned with the open and expansive approaches to knowing, being and seeing in queer methods, queer epistemology, QOC critique and cultural knowledge.

The interpretive components of IPA ensure that research is culturally responsive to current language and terminology, accentuates the experiences of queer of colour therapists, provides critical analysis in reflexivity, and considers and attempts to prevent further experiences of marginalization and oppression within the study (Chan & Boyd Farmer, 2017). Perspectives brought by participants are not expected to be generalizable (Smith, et al., 2009), which is particularly relevant to queer of colour communities, for whom there are many distinct and nuanced experiences of identity, expression, power, and privilege. While phenomenology seeks to converge study participants' experiences into one 'essence' of the phenomenon, IPA's idiographic and double hermeneutic approach seeks both convergent and divergent themes. Drawing on the various philosophers and traditions, IPA recommends the researcher view people as immersed in a world of objects, relationships, language, culture – a complexity of lived

experience that is personal, embodied, and relational (Smith, et al., 2009). This allows for a

stance, more than a step-by-step method, supporting researchers to continually evaluate and

question their work (Eatough & Smith, 2017), while maintaining methodological rigour (Pringle

et al., 2011).

The IPA researcher considers three lenses through which to view the data: The first lens

is the *phenomenological requirement* which aids the researcher in understanding and giving

voice to participants, emphasizing their experiences, and exploring their claims and concerns.

The *interpretive requirement* or *hermeneutics* is the second lens which examines how people

make sense of their experiences in relation to the wider sociopolitical and cultural context

(Larkin, Watts & Clifton, 2006). The third and final theoretical axis *idiography*, is concerned

with the "particular" knowledge of a participant (e.g., the specific experience of an individual or

a case study) (Eatough & Smith, 2017). Smith, et al., (2009) stated "Without the phenomenology

there would be nothing to interpret; without the hermeneutics the phenomenon would not be

seen" (p.37). I utilized these three lenses throughout the data analysis process, and moved

through them many times to ensure each component was given proper consideration. While I

was sure I satisfied the phenomenological and hermeneutic requirements, I returned many times

to idiography to ensure I satisfied this component by reviewing ideas that were divergent from

other participants, and questioned when data was removed or omitted during the coding process.

Interpretative phenomenological analysis with its inherent focus on voice, experiences,

environments, and specific knowledges, was a beautiful fit with what I hoped to achieve in this

study.

## Data Collection

This section will detail the method of data collection, participant recruitment, and effects of the global pandemic on the study.

### Outsider Witnessing Team

I chose the Outsider Witness Team (OWT) as a method to collect data, instead of single person interviews or a more traditional focus group. This method favours the relational, and constitutes a social justice practice by building on the multiplicity of knowledge and experience at the OWT table, sharing power with participants in the research process. In an OWT, responses and reflections are exchanged, and there is no attempt to solve or fix a problem. All voices are honoured, an important component of social justice practice. For example, the witness can flag injustices and the steps, skills, and strengths people take in their lives to move forward (Denborough, 2014) in resolving their problems and meeting goals in the present. Upon hearing a story or interview, the team of witnesses is asked to reflect on how they felt about what they heard, report on their own resonance with the story, and how the information the person is sharing impacts on the witness (White, 1995a, b, 1997a, 2000 in Paré, 2016). A position of "not knowing" (Anderson, 1997; Hodges, 2010; Kahn, 2013; Tervalon & Murray-García, 1998) is adopted by all witnessing members of the team, and the client or individual is seen as the expert of their experience. As previously stated, a stance of '*not knowing*' implies that the therapist must always be in a state of learning and dialogue with the client, and not default to an expertise model (Anderson, 1997; Butler & Byrne, 2008; Tervalon & Murray-García, 1998). This repositioning challenges traditional understandings of expert power and knowledge.

Alongside the theoretical underpinnings of queer epistemology and queer methods, the OWT seeks to shift the inherent power imbalance between therapist and client or supervisor and

supervisee by making the therapeutic practice open and transparent (Haley, 2002). The space given to multiple perspectives is congruent with constructionist discursive knowledge as subjective and created within relationships and communities. There is no underlying truth to uncover or privilege, it is rather the co-creation of meaning through open generative dialogue, a sharing of therapists' reactions to the interviewees' narratives, and the creation of space to hold multiple perspectives.

Outsider witness team process is designed to impact the researcher and participants and their knowledge construction process (Caine, et al., 2018). This intentional collaborative and creative process is consistent with qualitative research methodology (Creswell & Poth, 2018) and queer research (Tilsen, 2010), and challenges positivist discourse that seeks replication in order to validate research design (Morse, 2015; Yardley, 2000).

I applied OWT, an approach used to discuss problems in narrative therapy or clinical supervision, to discuss the centering of queer of colour cultural knowledge in counselling practice. While originating as a therapeutic process, an OWT is used widely with teams of therapists and practitioners (Paré, 2016). I have used this process numerous times within supervision teams and prefer this approach for illustrating and sharing the story of a problem, issue, or concern. Narrative interviewing is similar to semi-structured interviews, and the OWT discussion is aligned with a focus group format.

### *Steps of the Outsider Witness Team*

This OWT approach places the act of witnessing at the center (Denborough, 2014; White and Epston, 1990). The team witnesses the interview between me and the primary interviewee; the primary interviewee then witnesses (by listening) the team discussing This allowed everyone

to learn from each other and share what they witnessed. No one personal experience is prioritized over another.

I designed this study to comprise two sets of outsider witness teams, one group in Toronto that met in person on January 17, 2021 and online March 27, 2020, and one group in Vancouver that met in person March 5, 2020 and online April 18, 2020. Each OWT consisted of four participants: one interviewee, myself as the interviewer, and the remaining three participants as outsider witnesses. In each OWT, there was a different interviewee, with remaining members becoming witnesses engaged in reflective discussion.

1. I interviewed one therapist, the interviewee. We sat facing each other, separated from the rest of the group, consistent with how this way of engaging is typically done. Time set aside for the interview was about 30 minutes.

2. The witnessing team was seated at a separate table, and instructed to note key phrases and metaphors, reactions and responses, insights, ideas and artistic expressions.

3. At the end of step 1 participants were given 5-7 minutes to capture any reflections on paper.

4. The witnessing team then had a conversation, to which the interviewee and I were witnesses. The time for this step was about 30-45 minutes.

5. The initial interviewee then had an opportunity to ask questions for clarification or sharing comments.

6. I then conducted a final interview with the initial interviewee to capture their reflections of the process.

7. The witnessing team members were invited to share any closing remarks or comments, completing the cycle. Steps 4-5-6 were 30-45 minutes in total, and the length of the entire discussion was approximately 2 hours.

This study consisted of four meetings of six hours of conversation and interaction, plus another four hours in follow up conversations. Narrative-informed, semi-structured questions that were open-ended, flexible, and generated based on participant responses, were used to guide the reflecting team process, (see Appendix A). My narrative informed practice questions (White & Epston, 1990) focused on the values of the practitioner and their particular (queer of colour) communities, uses and constructions of language, and how this in turn shapes the practitioner, their counselling practices and counselling relationships.

All four reflecting teams were either video or audio recorded, the two in person discussions were audio recorded, and the two zoom discussions were video recorded. Data was captured verbatim in typed transcripts. Recorded interviews and transcripts were stored on password protected external hard drives.

**Participant Recruitment**

I sent emails and posted notices of my study across my professional and informal queer networks in Vancouver and Toronto and invited people to share within their own networks. Most participants were known directly to me or introduced by someone who agreed to participate in the study. The recruitment phase took several months, as some people who were initially interested were no longer able to commit to the time required for the study.

Potential participants were self-identified queer therapists of colour who provide counselling to queer / racialized clients. They could be flexible in how they interpreted the meaning of queer as their self-identity (DeBlaere et al., 2010). Each of the participants hold a

master's degree in social work or counselling and are registered with a federal or provincial governing body.

Candidates were aware that this study was seeking queer therapists of colour to share their practices of queerness in their work. Screening did not involve any foreknowledge of the participants' counselling approaches or their understanding of queer. The two groups emerged based on interest and availability and no one was selected on the basis of having similar or different backgrounds to other group members. Participants were interested in the issue and wanted access to a conversation with other queer people of colour. They considered such a space important and valuable. I did not select the primary interviewee, but instead had a discussion with the group and asked for a volunteer. Extensive narrative and clinical practice skills enable me to facilitate groups and conversations relationally in accordance with what emerges.

**Study Locations**

The first phase of my study took place in Vancouver on January 17, 2020, at my counselling office. This is a single office at the end of the hallway on the sixth floor of a large office building. There was no risk of unintentional outing, and confidentiality was maintained (Griffith et al., 2017). The second meeting was held on March 27, 2020, via zoom video conferencing due to stay at home orders related to the global pandemic Covid-19.

The second phase of the study took place in Toronto on March 5, 2020, at a participant's (Rahim) home. This is an example of queering research, working in queer communities, and shifting roles and positionings. Rahim's role was significant as he personally invited people in his professional networks to participate in the study and introduced them to me. The second time this group met it was over zoom video conferencing on April 18, 2020, again due to Covid-19 restrictions.

**Global Pandemic and COVID-19**

I would be negligent not to acknowledge the impact of the pandemic on this study, the participants, or our organizations, communities, and counselling clients. Each group met in person once before it began, and a second time online.

As the pandemic quickly spread around the world in 2020, it became apparent that marginalized communities were disproportionately affected (Falicov et al., 2020; Watson et al., 2020). Watson et al. (2020) outline the impacts of health inequity, economic security, environmental injustice, and collective trauma that became glaringly obvious as the virus spread.

Black, Indigenous, and people of colour (BIPOC) communities have been historically over-represented in experiences and events that lead to collective trauma, whereby an entire group has a shared psychological reaction to a traumatic event, such as the Holocaust (Watson et al., 2020). This collective trauma is magnified for those who face racial injustice, poverty, incarceration, and generally being relegated to the margins of society. The pandemic is yet one more traumatic event linked to isolation, alienation, and aloneness (Falicov et al., 2020). As I prepared to meet with study participants for the second time, I was struck by my own feelings of worry and pain in relation to the pandemic and its impact on marginalized communities. I considered it imperative to check in with my participants. This demonstrated the care and concern I held for my participants as members of the same communities, and is an example of queering and prioritizing the relationship between researcher/participant.

In both the second Toronto study on March 27, 2020 and the April 18, 2020 study in Vancouver, participants shared concerns for their security, both physical and financial, for their communities, and for the mental health of their clients. They discussed their worries for family

back home and the challenges of being isolated, not seeing loved ones, and the grave mental health impacts to come. I recognized the place of privilege that allowed me to continue to carry on my research amid an emerging pandemic and was mindful that we were all members of marginalized communities disproportionately affected by the pandemic in Canada and in our countries of origin.

## Ethical Considerations of Co-Researching Within Community

## Co-researching

This study was based on conversations amongst queer practitioners of colour performing as *co-researchers* rather than mere study participants as they reflected upon their practices, while witnessing and being witnessed by each other. There is a widely held body of knowledge defined as queer research based on varying methodological interpretations of queer theory, therefore there is not one queer method. In this study, queer research is congruent with qualitative research's emergent approach to inquiry (Creswell & Poth, 2018), whereby assumptions and frameworks seek to address how individuals and groups make meaning of social or human problems. The voices of participants and the reflexivity of the researcher are considered key aspects of this study, and will contribute greatly to how the problem is described and interpreted. Reflexivity as a co-researcher allows me to be present in my view of the need for this study, the study design and process, and my connection to the participants. Potentially this will allow for a research practice that is relationally engaged, unencumbered by postpositivist ideologies of the production of valid research (McNamee, as cited in Tilsen, 2010). As part of a relational process, the data will be strongly aligned with the method.

Within this community of colleagues and participant co-researchers, my role was to create the greatest safety, and to gain information in a manner that was respectful of the

community that I was a part of. I considered myself a co-researcher alongside the study

participants during data collection, and stepped back into the role of researcher during data

analysis for the purposes of coding.

**Methodological Considerations**

This section outlines the methodological considerations that enabled me to understand the

needs of queer people of colour participating in research studies. In their meta-analysis of

research done between 1998-2007, Huang et al., (2010) found a dearth of research representing

or naming people of colour in queer scholarship. As outlined in previous chapters, there are

methodological challenges specific to research and statistical data of queer people of colour. For

example, the variances in sexual identity terminology and the meaning of labels used in English

and other languages by the investigators and the participants, may be incongruent. The

measurement tools available to researchers will be based on methodologies designed to measure

either queer people's experiences, or people of colour's experiences but not both, as described in

chapter one. Historically, the research has not been specific to the considerations of queer people

of colour (DeBlaere et al., 2010; Huang et al., 2010). Empirical and non-empirical literature

tends to focus on risks for queer people of colour, as opposed to their resiliency (Huang et al.,

2010). Lastly and understandably, a history of exploitation in psychology and research leaves

most queer people of colour wary of participating (Freimuth et al., 2001; Schulz et al., 2003).

These considerations and concerns informed how I planned this study and reached out to my

community and networks for potential participants. I solicited interest by explaining the purpose

of my research and my approach to data collection. Colleagues were supportive and curious to

participate in an OWT. During the recruitment phase it became evident that participants would

be interested if they either knew me directly or were introduced by someone they trusted.

Another contributing factor to the lack of representation of queer people of colour in the academy is the expectation that knowledge will support Eurocentric cis-heteronormativity. Queer of colour participants may be concerned that speaking openly and freely could likely result in their voices and experiences being inappropriately utilized. For example, Atienza (2018) discusses the moral and ethical struggles he experienced in his doctoral work as a Filipino American cis gay male researcher studying the use of gay male dating apps in Manila, Philippines. Atienza became concerned with what could be considered accepted forms of knowledge; that his relevant experiences engaging in gay culture by having sex or dating men during the research phase, would be received with judgement and criticism. While his doctoral committee did inquire about his own sexual practices during his research, he was urged by other mentors not to include these experiences. Instead, his preferred strategy was to focus on the theoretical analysis of the study, in order to minimize the "often over-sexualized portrayal of gay communities" (p. 237).

I was guided by Chan and Boyd Farmer's article *Making the case for interpretative phenomenological analysis for LGBTEQ+ persons and communities* (2017) which outlined specific considerations mostly of safety, when conducting research in queer communities. The elements of data collection and open-ended questions that shaped my study design were intended to help participants feel safe to speak freely, not presume they were being judged by an 'expert' or by the other participants, and minimize concern with how their reflections would be negatively judged in a published thesis. I wanted to demonstrate respect, value and solidarity with the participant's knowledge. I viewed our study as a reclamation of space that had been withheld from us. I drew on hersing (2005) to disrupt Western forms of knowledge building and creation, and considered that the relationships between researchers and communities can allow

the research to become a politicized endeavour that interrupts the dominant narratives of marginal lives. My intention was to position myself as a co-researcher during the study phase, to be open, curious, and cognizant that I was asking participants to discuss issues that were possibly challenging or difficult.

### Honouring Influences of Language

I was most concerned with the co-researchers' ability and willingness to speak openly without having to explain their identity or linguistic choices to me or to each other. For example, since the Vancouver group consisted of Latin cisgender gay immigrant men, one challenge could be their level of 'outness' in different contexts (Morales et al., 2013) or their preferred use of insider language to share their cultural experiences in their countries of origin and Canada. Similarly, the Black and/or Brown therapists in the Toronto group discussed and reflected on shared values using their cultural language of queerness. The challenges I potentially faced were mitigated by my own positionality and community knowledge.

### Rituals to Establish Community

My offerings of food and drink were important rituals that contributed to safety and trust in the collaborative research process. As I sat down with the therapist participants in Vancouver and then in Toronto, we shared how important it was for us to meet and talk about our work, and how this type of space is rarely available. The participants expressed that their desire to participate came from recognizing the critical need for a study that centres the voices of queer therapists of colour. I selected the sites to create a sense of belonging and community, and to establish comfort and trust.

**Bracketing**

With regards to researcher bias, many research traditions speak to the importance of 'bracketing' or setting themselves apart to ensure that the researcher's experiences, expectations and biases do not influence the research process. I articulated my own experience (Creswell & Poth, 2018) of Brown queerness and its relevance to queer epistemology and cultural knowledge as the phenomenon in this study, and was careful to 'bracket' the assumptions I may make based on my lived experience and their potential influences on my understanding and expectations of the participants and data (Alase, 2017). However my own subjectivity cannot be completely removed from the interpretative analysis (Smith et al., 2009).

I was careful not to introduce how I defined and understood certain ideas and concepts so as not to lead participants. For example, I used very open-ended phrasing when asking about experiences in academia, in practice settings, in organizations etc. I was also careful not to lead when using terms like whiteness, white supremacy, anti-oppressive practice.

**Bridling Journal**

Reflective notes in IPA are captured in what is termed a bridling journal, a component of the method. I engaged in an iterative and reflexive process throughout the research process. Substantial attention has been given to reflexivity throughout this dissertation as it is an integral part of the ethics that drive my practice and research. From my research notes and journal:

*I presumed that all participants would be working with the same understanding of queer, and was surprised to be proven wrong in this assumption four minutes into the first interview. I felt shocked, surprised, and concerned. I tried not to become distracted and brought my focus back to the interview I was conducting* (Research journal, January 18, 2020).

When making annotations of the transcript the day after the first study, I spent

considerable time making sense of the different definitions my co-researchers used to describe

queer. I concluded that it was not an issue, and simply reflected the breadth of embracing

queerness. This was an important area of learning for me.

*"These people are so smart, I feel rather intimidated"* (Research journal, March 7, 2020)

I took note of my stronger affinity with the Toronto study participants due to their

political perspectives of queer, their lived experience and identities, and location in Toronto

where I had lived and worked till 2012. I was familiar with their places of work, supervisors and

mentors. I therefore had to be careful with my assumptions and the presence of any bias.

## Data Analysis

While there is no single prescribed method for analyzing data within IPA, there are some

basic principles that I followed to maintain an analytic focus on how the participants made sense

of their experience (Larkin, Watts & Clifton, 2006; Smith, et al., 2009).

Data analysis and data collection are not isolated processes, rather they happen

simultaneously (Saldaña, 2014; Smith, et al., 2009). Analyzing while collecting allows for a

process that remains true to the "iterative and inductive cycle" necessary for IPA's (Smith, et al.,

2009, p. 79) focus on an interpretative account. In this method, a set of common practices and

experiences is balanced with an idiographic approach to individual meaning making. Alongside

this flexibility, IPA maintains many of the strategies and processes of qualitative methods

(Creswell & Poth, 2018; Saldaña, 2014).

### Reading of Data

Within one to two days of each interview round, I undertook a line-by-line analysis of the

transcript, and used *annotations* within the transcribed document to capture my questions,

reflections, insights, reactions and comments (Creswell & Poth, 2018; Larkin et al., 2006). I made note of any feeling or reaction I had, based on, for example, being moved, surprised, confused, curious and so forth. I also noted what appeared as points of tension or connection between participants. I read the transcript as a whole, and then each participants' comments separately. Nvivo allows data to be organized and observed in a variety of ways: by theme, words, participant etc. to see if it reveals new perspectives or ideas. I would then study these annotations carefully to identify what my experiences and observations had been during each particular study.

**Organizing the Data**

In this study, all participants' responses were recorded and transcribed. Field notes were written during the interviews and immediately after each interview round, as well as my own journal entries which contained my reflections, responses and reactions, followed with reflexive questions regarding my feelings, what led to them, what impact they may have had, and what further considerations needed to be explored. In reading transcribed interviews, consideration was given not just to what was said, but how it was said, the emotions, gaps and pauses attached to the participants' comments and reflections. Nvivo software was used to capture all data and supporting information, for analysis, as well as transcription.

**Coding of Data**

A code is a "researcher-generated construct" (Saldaña, 2014, p. 5) that seeks to symbolically translate data by assigning a word or short phrase for purposes of pattern detection, theory building and other analytic processes. The purpose of the code is to distill and summarize data, so it can be placed into categories leading to final themes which help define or determine a

theory or theories. Coding selected for each phase was closely aligned with IPA's interpretative and iterative focus.

I undertook five cycles of data coding leading to the final four themes. I ensured each cycle was clearly labelled in Nvivo so that I could accurately describe and demonstrate the entire process, also known as an audit trail (Creswell & Poth, 2018; Lincoln & Guba, 1985).

The first cycle entailed narrative coding and then descriptive coding. Narrative coding was done by pencil with printed transcripts, codes were maintained in a folder according to date of study. Phrases were underlined to create *chunks of data*, based on relational experiences and their impact on identities, queerness, queer of colour experiences, social structures, context, environment. These chunks of data were then re-read through descriptive coding and named accordingly to indicate what was being said. For example, this underlined chunk of data: "No offence but I'm being blunt but, a bunch of white people talking to other white people, telling them how to talk to people of colour or queer people" (Gabriel) was descriptively coded as *Perspectives of academia and working with identities*.

For the second cycle I grouped descriptive codes according to *pattern codes*, looking for repeated occurrences of similarity to difference, frequency, sequence or causation. Using pattern coding, the descriptive code above was grouped with others under the pattern code *Who gets to decide how identities are taught, for whom, for what purpose*.

At the end of this process I had four pattern codes for the Toronto data and four pattern codes for the Vancouver data. These eight codes were then collapsed into four, and in the fifth and last cycle, the three final themes were created. These will be shared and discussed in the next chapter.

**Table 1**

*Cycles of Coding*

| Cycle | Date 2020 | Description | Process | Result | Study group / date 2020 | # of codes |
|---|---|---|---|---|---|---|
| | Jan 17 till May 17 | Reading of data | Line by line reading Reflexive journaling | Annotations | All | 1250 |
| 1 | Mar 29 till May 25 | Narrative coding | Focus on the relational experiences based on identities, queerness, queer of colour experiences, social structures, context, environment, practice, education. | Chunks of data | Jan 17 Mar 5 Mar 27 Apr 18 | 70 56 105 17 |
| | | Descriptive coding | Read chunks of data and give them descriptive names indicating what is being expressed | First set of codes | Jan 17 Mar 5 Mar 27 Apr 18 | 13 10 28 9 |

| 2 | | Pattern coding | Descriptive codes are merged according to patterns | Pattern codes | Vancouver (Jan 17 and Mar 27<br><br>Toronto (Mar 5 and Apr 18) | 4<br><br>4 |
|---|---|---|---|---|---|---|
| 3 | Jun 3 | Study of codes and nodes | Do pattern codes accurately capture data<br><br>Reread journals, transcripts and data | | | |
| 4 | Jun 4 | Merging of codes | | | | 4 |
| 5 | Jun 27 | Final codes | Revise names of codes and subcodes | Themes | | 3 |

Note 1. Annotations were not given a cycle number in NVivo, therefore it is not numbered in the table to remain consistent.

Note 2. This table also serves as the audit trail discussed at the end of the section below.

**Trustworthiness of Data**

As a qualitative researcher, I must question the integrity of my work, the methods, the data, and the resulting analysis, to ensure I have done justice to my co-researchers' accounts and to this dissertation. Two critical and interrelated questions that guide this section are 'Is the account valid, and by whose standards?' and 'How do I evaluate the quality of qualitative

research?' (Creswell & Poth, 2018, p. 253). The language, terminology and approach to

assessing qualitative research must differ from those used in quantitative research, as the

epistemological stance is vastly distinct. In this section, I will discuss the impact of my chosen

epistemologies on the criteria selected for assessing trustworthiness of data.

Measures to evaluate and assess my research data are based on qualitative constructionist

methods and queer epistemology. A constructionist stance in data collection is informed by

refusing assumptions of how people experience life, and instead attempts "to reveal what is

extraordinary about the ordinary features of everyday life" (Silverman, 2013, p. 49). Silverman

contends that while there is no 'good' data, there is also no reason to reject data, as ultimately the

value is in the research question and critical reflection on how data is analyzed.

Many qualitative researchers (Birt et al., 2016; Krefting, 1991; Lincoln & Guba, 1985)

argue that measures and assessments for quantitative research – conceptualized within positivist

paradigms of objectivity and neutrality – are not applicable to qualitative methods, especially for

evaluating reliability and validity. In quantitative methods there is a search for an objective truth

that can be determined by large sample sizes, data that is verified repeatedly, and measures that

describe the extent to which results are reproducible. Positivist standards for assessing research

were not applicable to my research method and analysis. There is no need to 'test' the research

for objectivity, reliability, and replicability. Inter-rater reliability (IRR) is an example of one such

method to assess reliability that is not applicable to a study such as mine. In IRR different

researchers look at the same data to test if it will provide the same results. In traditional

quantitative methodology, objectivity is inherent in determining reliability, as it implies the

underlying truth has been assessed by different raters. The phenomenon exists independently of

those assessing it. This is incongruent with constructionist paradigms and is therefore understood

differently in this study. As a researcher, I was interested in meaning making, interpretivist accounts, and the experiences of the co-researchers. In my interpretive research, the goal was contextualized meaning-making with an interactive, phenomenological-hermeneutic sense-making paradigm.

Lincoln and Guba's (2007) parallel criteria for trustworthiness are widely accepted within qualitative research circles (Birt et al., 2016; Creswell & Poth, 2018; Krefting, 1991; McDonald et al., 2019; Schwartz-Shea & Yanow, 2012). These criteria parallel conventional paradigms of internal validity, external validity, reliability, and objectivity by proposing credibility, transferability, dependability and confirmability respectively. Creswell and Poth (2018) recommend that qualitative researchers engage in at least two strategies of credibility and transferability. Credibility was measured by member checking, prolonged engagement, and triangulation. Transferability was assessed through creation of thick descriptions, and confirmability was established through the audit trail, triangulation, and reflexivity.

**Establishing Credibility**

***Member checking***

Member checking or seeking participant feedback, is considered one of the most critical techniques to support credibility (Birt et al., 2016; Candela, 2012; Creswell & Poth, 2018; Lincoln & Guba, 1985). Disclosing findings and seeking validation to study participants, community members and other stakeholders, ensures confidence in the interpretation of data. As the intention of my research is to support the counselling practice of study participants (as well as the wider community through the final reporting), I felt it important for participants to see how their experiences were reflected in the data analysis and resulting themes (Candela, 2012). I shared synthesized and analyzed data of the final themes with study participants in December

2020 - January 2021 to illustrate how the insights and reflections of their counselling practices and cultural knowledge had shaped the analysis, and to learn of any impact the study may have had on them. Further to this, key themes and findings of the research were shared through a community consultation process in June 2021. Further, I met with ten members of the queer and therapy community to obtain their feedback and critique of the research material and themes I had assembled. Responses to these conversations have been synthesized and are shared in chapter five.

### *Prolonged engagement*

I consider my prolonged engagement with the issues I examine in this research, to come from my own lived experience and cultural knowledge, my professional practice of therapy and clinical supervision with queer / racialized clients, and my contact with the co-researchers from January 2020-December 2021. I was able to analyze and engage with the data, from the perspective of the co-researchers, and also through the lens of my own counselling and supervision practice.

### *Triangulation*

I achieved triangulation by reviewing the multiple data sources in this study: the primary interview of each study, the discussion of the reflecting team members, member checking of final themes with participants, and considerations of convergence and divergence of the Toronto group and Vancouver group in analysis. I determined through this process that the data was sound and valid.

**Establishing Transferability**

*Thick description*

Rich data considers meaning making, nuances, complexities, and emotions gleaned from the participants' words. Once extrapolated, analyzed and coded, this data with its shared characteristics, themes and findings lends itself to transferability in working with other populations and practice settings. I co-created thick descriptions by writing detailed narratives of cultural interpretations which took into consideration social structures and relations amongst participants and their identities, their practice, education, mentors and supports. Together, this would help to assess the accuracy of the findings from the perspectives of the researcher, the participants, and the reader. My themes and findings are applicable to queer of colour students and practicing therapists, but also to the fields of counselling and social work more broadly.

**Establishing Confirmability**

*Reflexivity*

Reflexivity is central to qualitative research and is the medium through which I critically examine and understand my own subjectivity and role in the research process (Kahn, 2013). Reflexivity has its foundations in feminist thought and understands that "the self cannot be excluded from the research process, and that accumulated life experiences color all aspects of the research process from the selection of focus to the shaping of questions, to the interpretation of data" (Daly, 2007 in Kahn, 2013, p.70). Given that all knowledge is constructed and relational, reflexivity is used to understand the researcher's "tentative and tenuous" (herising, 2005, p. 136) positionality throughout the research process. Reflexivity is also an ethical imperative I carried throughout my research and in writing this dissertation. I reflexively considered my bias and expectations, when they brought value to my process, and when they needed to be set aside to

ensure the voices of the participants were heard. I used reflexive questions to critically consider

each aspect of the research study process, by turning my attention on myself, to examine why I

was understanding something in a particular manner, the reasons for the emotions and reactions

that were present, and expectations I may inadvertently be placing on the co-researchers

(Adapted from Tilsen, 2021).

*Audit trail*

An independent audit trail is the last step to demonstrating the trustworthiness of my data

collection and analysis. An audit trail is rarely utilized as a strategy of verification in qualitative

research (Carcary, 2009), can be hypothetical or virtual (Smith et al., 2009) and must be detailed

in such a manner that it can be followed by an external observer. Carcary (2009) describes an

audit trail that is either physical or intellectual in nature. This intellectual process supports the

researcher in thinking through the steps of the research process and phases of the study, and will

include reflections and insights that evolve throughout the process, philosophical positioning,

approaches to data collection and analysis, and finally the distillation of findings.

Once I understood the merits of the audit trail, I was more intentional in how I

maintained reflective notes of my research process, considered measures of trustworthiness

throughout data collection, and was careful to outline and label each phase of data analysis. This

allowed for a slower process of sitting with the data, which I now realize is crucial to a

thoughtful engagement with a research study. My audit trail was presented as a table at the end

of the section on data collection and data analysis.

## Concluding Thoughts

This chapter has demonstrated the merits of Interpretative Phenomenological Analysis as

a qualitative constructionist method suitable for this study, and for engaging in research with the

queer community. IPA's focus on the interpretation of experience allows for a well-rounded and thorough examination of the phenomenon of queer of colour informed counselling. The use of OWTs for data collection meets the vision of queer epistemology and the philosophical underpinnings of this study. Substantial effort was made to align the epistemological stance of the research methods with queer theory, in order to center queer of colour cultural knowledge as much as possible.

Outsider Witness Teams have not been used as a method of data collection prior to my undertaking this study. I found the OWT process to be supportive of the participant's experiences, validating their concerns and needs, and a generally positive experience for everyone involved. As a co-researcher with insider knowledge, my questions were reflective of my experiences of queerness, colonialism, whiteness, and heteronormativity. However, I remained open and reflexive enough in my questioning and in hearing participant responses to glean the nuances of how these discourses are present in the personal and professional lives of my co-researcher participants. The process of data analysis was generative, emergent and contributed greatly to new learnings of the process of research. This phase of dissertation writing was an exciting and challenging one for me, as I had not engaged in research on this level before. The next chapter discusses the Findings that emerged from the four meetings of the research study.

**Chapter Four: Findings**

This chapter will detail the findings from the data collected and analyzed through four outsider witness teams (OWTs), in Toronto and Vancouver Canada. I will first introduce the study participants and present the key themes. I will then discuss two methods I used to obtain feedback and support trustworthiness of the data, by presenting themes and findings, to the therapist participants, and to twelve community members.

Queer of colour cultural knowledge is a term that I introduced in chapter one and discussed more fully in chapter two. I have defined this knowledge as that which is held specifically by queer of colour people, reflective of their particular experiences and subjectivities. The research questions sought to identify how cultural knowledge can be a critical means for practitioners to build on their academic teachings, to integrate how they understand themselves into their practice with their queer clients, as well as the impact of their counsellor graduate education, and its role in their professional practice.

**Description of Participant Co-researchers**

In this section I will introduce the study participants, referred to also as therapist participants. Four participants comprised one study group in Vancouver, and four participants comprised the study group in Toronto. I am currently based in Vancouver, but maintain strong ties to Toronto where I lived until 2012.  As described in chapter three, study participants were recruited mostly through word of mouth and informal networks of therapists. These networks enabled me to connect with a Toronto based therapist, Rahim who not only agreed to be a study participant, but also contacted other potential therapists to participate in the study. Through his network in Toronto I was able to recruit the other three participants.

On their information form, therapist participants responded to open-ended questions with details about themselves. I asked their date of birth, how they self-identified based on ethnicity, gender, sexual orientation, the languages they spoke, how long they have identified as queer, and anything else they wanted to add. In wanting to know the relational experiences of their identities, I asked how their lived experiences impacted different aspects of their life including work. To better understand their counselling practice, I asked what counselling degree they held, when they completed it, their counselling approach, and general make-up of the issues and identities of the clients they see.

**Vancouver Study Participants (4)**

The four therapist participants Arturo, Gabriel, Joe and Luna, are cisgender gay Latin immigrant men, who are fluent in Spanish as their heritage language, as well as English. Arturo, Gabriel and Joe work in private practice, and preferred to use their real names, while Luna works in a queer men's mental health program and used a pseudonym. Arturo volunteered to be the primary interviewee for the first OWT. Gabriel was the primary interviewee in the second OWT.

*#1* Arturo, he/him, 40 years old, is originally from Mexico. He has identified as queer for most of this life and only expresses the feminine side of his gender identity in limited safe situations. He obtained his counselling degree in 2015. I was Arturo's clinical supervisor during his counselling practicum and witnessed his struggle to understand the language practices of narrative therapy in English, and the grammar of 'they' as a pronoun and 'they' as third person plural. When he feels safe and comfortable in his surroundings, I have found him to be curious and open, other times he remains quiet and observant.

*#2* Gabriel, he/him, is 29 years old, and originally from Dominican Republic (D.R.). He knew he was gay for most of his life but came out when he was 22 years old. He obtained his counselling degree in 2019, but had trained and worked as a medical doctor in a military hospital in D.R. for four years before emigrating. He was introduced to me by Joe, as they worked together in Joe's counselling practice, Joe was also the clinical supervisor during Gabriel's counselling practicum.

*#3* Joe, he/him, is 49 years old, and is a Mexican-American-Canadian man. He has known he was gay since age 23 and has changed careers from biochemistry to counselling. He earned his counselling degree in 2012. He came to Canada from California to live openly with his male partner, and together they are raising an adopted son. He speaks fondly of his years in San Francisco's Castro (gay) district as very affirming of his identity as a gay man. I met Joe at a 2018 meeting of the provincial minister of mental health and addictions roundtable inquiry into the issues experienced by the LGBTQ community. Joe is passionate about Adlerian practice and principles, which he says, inform his work and understanding of what people need to be happy and secure.

*#4* Luna, (pseudonym) he/him, is 30 years old, originally from Columbia. He identifies as queer. Luna worked at the local gay men's non-profit and was introduced to me by a colleague. He spoke of not appearing 'masculine enough' and being treated differently back home, at times feeling unsafe; his mother sought to protect him by asking him to appear more masculine and 'pass' in order to secure employment. If he was guaranteed safety, he would return to live in Colombia. Luna was educated as a cognitive behavioural therapist in Columbia and completed his second counselling degree in Canada.

**Toronto Study Participants (4)**

All of these therapist participants had ethnic identities of Brown, Black or mixed Brown/Black. They are English speakers, and Rahim is the only cis member of the group. Emme worked in private practice, while the other three worked in a queer mental health program that is part of a larger community health centre in Toronto. Rahim asked for his real name to be used, while the others used pseudonyms. Shanti volunteered to be the primary interviewee for the first OWT. Rahim agreed to be the primary interviewee in the second OWT.

*#5* Shanti (pseudonym), they/them is 30 years old, currently identifies as non-binary, but has identified as queer for 15 years. Shanti is from the Caribbean and obtained their counselling degree in 2014. Shanti is the only transfeminine participant, and generally feels isolated in this identity in community and professional spaces. As the primary interviewee for the first meeting they spoke with passion and intensity.

*#6* Rahim, he/him, is a 34 year old South Asian cisgender gay/queer man. He has identified as queer since early high school. Rahim carries a lot of experience and knowledge of cultural identities, therapeutic practices, community building and community-based research. As the primary interviewee during the second OWT, Rahim spoke with such clarity that at one point I exclaimed 'I just learned so much from you'. He speaks with humour and lightness while making very important points.

*#7* Emme, (pseudonym) they/them, is a 45 year old Black/South Asian person whose gender identity has changed over the years from 'woman' to 'transgender' to 'transexual' to 'transman', to currently 'person /woman with trans experience'. They have identified as queer for over 30 years, and speak about the experience of fluidly moving between various identities for most of their life, which has served as an 'epistemological and spiritual resource'. Emme

obtained their counselling degree in 2010, and just completed their doctoral degree. Emme spoke with a poetic eloquence and deep wisdom gleaned from years of activism, community organizing, and therapeutic practice.

> #8 Nate (pseudonym), they/them, is 35 years old, gender queer nonbinary who has identified as queer for as long as they can remember. They are mixed Black and European, but were raised in a middle-class wasp-y (white Anglo-Saxon protestant) family. Nate obtained their social work degree in 2017. Right from the initial phone call they were reverent and emotional about having access to this space and discussion. Nate is now working exclusively with queer nonbinary people and honoured to have the experience. Though identifying as a 'baby therapist (a beginner in the field), Nate had a lot of wisdom to share.

**Summary of Demographics of Study Participants**

In the three tables below I present some of the key demographics of the research participants.

The age of participants are 29 to 49 years old, reflecting an age range of 20 years. Participants had obtained their counselling and social work degrees between 2010-2020, reflecting their years of formal academic education. Two participants had social work degrees, five had counselling degrees, one had just completed their doctorate in counselling psychology. I appreciated that the study participants would speak from a range of age, practice experience and type of education, and were located in two different parts of Canada, allowing for some diversity of knowledge.

It was important to remain aligned with the many ways that people may connect to queerness, and to support the wide variances of language and terminology of self-identification. All participants were free to define themselves instead of having to fit into predetermined

categories. I used open-ended questions asking participants to identify gender identity, sexuality,

ethnicity and general make-up of the client base using their preferred terminology. As a group,

all eight participants represent a broad scope of gender and sexual identities, from queer

cisgender to nonbinary, transfeminine to woman with trans experience. Each group had

important in-group similarities. The Vancouver group were all Latin cis gay immigrant men who

were fluent Spanish speakers with counselling degrees. The Toronto group were Black and/or

Brown, English speakers, one was cisgender, one had a counselling degree, one had a doctoral

degree in a counselling psychology, and two had social work degrees. These participants

reflected a range of social location within their fields, and based on their location in two different

parts of Canada.

All therapist participants reported providing therapy to queer clients; and some further

divided their client base. Gabriel (Vancouver) mostly saw gay men, Joe's caseload was 50%

heterosexual, and Emme and Shanti (Toronto) included BIPOC as part of the make-up clients

they saw.

**Table 2**

*Age, Gender and Sexuality of Study Participants*

| | | Age | | | Gender identity | | | Sexuality |
|---|---|---|---|---|---|---|---|---|
| | | 29-34 | 35-40 | 40-49 | Cis | Non binary | Trans | Queer |
| Vancouver | | | | | | | | |
| | Arturo | | X | | X | | | X |
| | Gabriel | X | | | X | | | X |
| | Joe | | | X | X | | | X |
| | Luna | X | | | X | | | X |
| Toronto | | | | | | | | |
| | Shanti | X | | | | X | | X |
| | Rahim | X | | | X | | | X |
| | Emme | | | X | | X | | X |
| | Nate | | X | | | | X | X |

**Table 3**

*Ethnicity and Languages of Study Participants*

|           |         | Ethnicity | Languages | |
| --- | --- | --- | --- | --- |
| Vancouver |         |           | English | Spanish |
|           | Arturo  | Mexican | X | X |
|           | Gabriel | Dominican Republic / Arab | X | X |
|           | Joe     | Mexican | X | X |
|           | Luna    | Columbian | X | X |
| Toronto   |         |           | | |
|           | Shanti  | South Asian | X | |
|           | Rahim   | South Asian | X | |
|           | Emme    | South Asian/Black | X | |
|           | Nate    | South Asian / European | X | |

**Table 4**

*Education and Years of Experience of Study Participants*

| | | Academic education | | Completion of Graduate degree | | |
|---|---|---|---|---|---|---|
| Vancouver | | Master Counselling Psychology | Master of Social Work | Doctoral Counselling Psychology | 2010-2014 | 2014-2019 | 2020 |
| | Arturo | X | | | | X | |
| | Gabriel | X | | | | X | |
| | Joe | X | | | X | | |
| | Luna | X | | | | X | |
| Toronto | | | | | | | |
| | Shanti | X | | | | | |
| | Rahim | | X | | | | |
| | Emme | | | X | | | X |
| | Nate | | X | | | X | |

**Introduction to Themes**

Through six cycles of coding, including narrative coding, descriptive coding, pattern coding along with member checking, I identified three key themes and sub-categories as my findings. The three key themes I have identified focus on graduate level counselling education and training, building therapeutic relationships and the embodiment of cultural knowledge, and are divided into subcategories to allow for closer examination of the data.

**Theme 1: Participant Experiences of Counselling Education and Training**

This theme broadly discusses the therapist participants' experiences during their graduate level counselling education and training, what they hoped for and the impact and challenges of what was received. Three participants also reflected on their experiences in academia as instructors.

This theme is divided into four sections. Each guided by recurring themes in participant data regarding graduate level counselling education and influences of cultural knowledges of racialized queerness. Participants discussed their experiences during their education as students and as instructors, the lack of professional development opportunities, of erasure, and of racism within the queer community. They shared their challenges of race-based identity models and competencies as being misaligned with what they felt would be preferable to support their practice.

*1.1 Seeking a Transformational Learning Experience*

Throughout the OWT discussions, most of the therapist participants discussed the gaps and challenges in their graduate level counselling education and training. Rahim and Shanti desired an educational experience that informed and supported their racialized and queer subjectivities more deeply. Nate would have liked to learn how their lived experiences could be

valuable in practice. In the following passages, the participants recall as students how their lives

and experiences in academia often existed on the margins, tainted by invisibility and erasure.

Their comments reflect an expectation or hope that they would experience something different in

academia, particularly when situated in large urban centres. These expectations would have been

tempered by the mission statements and program descriptions of most social work and

counselling programs, which state a focus on social justice, social responsibility, diversity,

and/or working with diverse populations, and will list course titles such as Multicultural

Counselling with Diverse Populations, Systems Theory: Cultural and Diversity Psychology, and

Diversity, Access and Equity in Social Work Practice (City University, n.d.; Adler University,

n.d.; University of Toronto, n.d.).

     While completing their academic degrees, Rahim and Shanti encountered limitations in

students' opportunities to investigate and learn new theories. Rahim reflected on his experiences

as a student and later as an instructor:

> And I also was thinking about that conversation or that thread, if you will, that the
>
> professors create. They allow for a deep dive, but not really. Or they hold some space, but
>
> they're not really necessarily willing to change. Just made me think about the factory
>
> model of schooling and education. And I often think about, like having been a contract
>
> lecturer at places like. ... umm. It's hard to say how people are selected to do that work?
>
> It's not particularly... rigorous, necessarily.  And I was thinking about what they're
>
> imparting or they're not necessarily thinking about it as a transformational space.

     During his social work education, Rahim had hoped that curricula would prove

'transformational' by guiding students to seek out ideas, concepts and theories on their own, and

then bring them to the classroom for discussion. He questioned whether most educators are given

enough support to impart a 'transformational experience' for students. His comments highlight deeper systemic inequities in the educational system. Further, a transformative education may be one in which students, especially those marginalized from dominant discourse, are taught to utilize their cultural knowledge in order to have a more impactful experience.

Shanti and Rahim spoke of having to follow their instructors' theoretical frameworks, lens and curricula, and accompanying professionalized expectations, even when it did not resonate with them or speak to their own lived experiences. They did not feel there was enough opportunity to explore other perspectives that were more representative of racialized queer positionalities.

Participants reported that a lack of diverse representation limited differing points of view during classroom discussions. For example, Shanti recalled being the only racialized queer (queer was their self-identity in school) person in their class and cohort. When Shanti felt "at odds" with some of the things being said by their classmates, they began to explore queer theory, trans studies and other philosophical alternatives to psychology. Through their supplementary reading, Shanti found critical scholars representative of their own identities, who questioned psychological concepts of objectivity and positivity.

Joe reflected on the expectation that students conform to the comfort level of instructors who may not be open to naming their own whiteness and privilege in the classroom. This conflicts with his, and many queer students of colour's desire to speak openly about subjectivities of racialization, queerness, intersecting identities and expression. They seek curricula that more prominently centres these experiences and their implications for practice. They hope for classrooms that make space for these types of discussions. Along with instructors' hesitation or discomfort, Joe suggested they might also be limited by legal requirements:

The academic setting has an albatross of rules and of things that you'd think legally you're

supposed to say and not say and do and not do. And, you know, you're not free to be

yourself in so many ways. And it's also filtered by the teacher; as a teacher also lacks

comfort in speaking about themselves in that way, and their discomfort is in how they're

going to be judged or seen by their students.

### *1.2 Counselling Education does not Teach Complexity of Queer of Colour (QOC) Identities*

Their intersections of queerness and ethnicity, leave queer of colour participants in a

particularly small and underrepresented group particularly in graduate level counselling

education, the therapist community, and in their social networks. Most participants reported that

their feelings of isolation and invisibility in their professional and personal communities

compelled them to participate in this study. When we met, many of them named the importance

of being in a space together, learning and discussing with each other. This suggests their need, I

would even say longing, to have their cultural knowledge held, shared, valued and respected.

The therapist participants in this study represent a complexity of identities that can be

illustrated through the story of Rahim's relational intersectional identities: Rahim's ancestors are

originally from Gujrat, India, and migrated to East Africa. They were expelled by the Ugandan

government in the 70s, and came to Canada. While Rahim has visited India and east Africa only

once, he speaks fluent Katchi as well as English. He has dark brown skin, owns a small condo

west of downtown Toronto, has a master of social work degree, works predominantly in queer-

based practice, and identifies as a cisgender gay Muslim man of colour. His identity transcends

class, caste, continents, ethnic cultures, and citizenship. The multiplicity of values, beliefs, and

knowledge he holds, would make a compelling case example in the teaching literature. Rahim's

cultural experiences and journeys are part of the multitude of "normalized" experiences of queer

people of colour. His professional practice as a clinical social worker and psychotherapist is well

served by centering these knowledges, wisdom and resiliencies of racialization and queerness.

Rahim's story illustrates situatedness and marginality across cultural contexts, the influences of

class on gender expression, and the impact of losing language while maintaining his ancestral

knowledge of queerness.

Many of the study participants discussed their experiences as students during their

graduate level counselling education, while Rahim, Gabriel and Joe had additional reflections as

instructors in graduate level counselling education programs. As students, they noted feeling

marginalized, isolated and underrepresented. As instructors they were further challenged by

teaching material that did not portray their lived experiences. In these next two quotes Gabriel

shares his observations as an instructor:

> I feel very strongly of how these courses, especially the Multicultural Counselling for
>
> Diverse Populations, most of the articles that we use are by white therapists over
>
> coloured therapists. How is it that a white therapist can do it better? I do get annoyed a
>
> little bit about that. As a person of colour, I have a different insight. I think it gives me
>
> comfort to go into these difficult questions.

While as an instructor, Gabriel was encouraged that the school was attempting to teach

issues of diversity, he found the course material, the practice scenarios and case examples largely

irrelevant to him as a queer instructor of colour or to queer of colour students. The curricula is

taught through a lens of whiteness, supporting white or presumed white practitioners, to work

with clients that are not like them (white vs. person of colour, straight vs. queer, cisgender vs.

transgender). Here Gabriel comments "It seems like it's... no offence but I'm being blunt, a bunch

of white people talking to other white people, telling them how to talk to people of colour or queer people. That's what it feels like."

The approach that Gabriel describes reduces therapy to privileged white therapists learning to counsel marginalized people, reinforcing an us and them binary. Teachings such as this avoid the complex and relational nature of working with multiple, fluid, and dynamic identities that exist simultaneously for an individual, and between therapist and client.

Luna shared that learning to push back against norms and expectations of cis-heteronormativity had also become a guide for his counselling practice. As a student he had learned Cognitive Behavioural Therapy (CBT), which is premised on questioning thoughts and beliefs as false, disordered, or inappropriate. However, as a queer person of colour Luna knew this approach would not work with racism:

> In cognitive therapy, there is (the practice of) identifying a belief and then questioning
> that belief. But for example, I've taken a different approach if someone tells you (me) that
> there is racism in the workplace and that they're being targeted for that, I don't question
> that. What I do is that I acknowledge and validate it. And then what we do is that we say,
> 'OK, racism is real, it's happening'. And then the approach is not to question that. The
> approach is to see the ways in which we can respond, or what do we have to respond to in
> those types of situations. So that's the way in which it looks for me in the counselling
> room. And that's the way that I integrate both knowledges.

Gabriel and Luna are illustrating the limitations of learning counselling theories that center privileged and dominant identities. It is a challenge for them to find these theories relevant or appropriate for their queer/racialized clients as the complex and nuanced layers of queer ethnic identities is missing from the literature used in counselling education (Hillock, 2017;

Lange et al., 2019; Martin and Lippett, 2017; Renn, 2010). The teachings of racialized queer identities that did find their way into the curriculum, such as the LGBTQ competencies and identity-based models discussed in chapter two, did not accurately reflect either the scholarship they knew to exist (shared in 1.1), or their lived multi storied, multi cultured, transcontinental and transnational relational intersectional identities as illustrated in Rahim's story in the beginning of this section. The comments in this section reflect how these participants drew on the complexity of their identities and their queer of colour cultural knowledge to supplement their education

*1.3 Impact of Not Being Represented*

Many of the participants discussed the impact of not being represented as queer of colour therapists in their education, professional development, and workplace settings. Erasure and invisibility were discussed in chapter two as especially relevant based on the long-held white-centric, heteronormative, heteropatriarchal norms that continue to influence the profession today (Thacker & Minton, 2021). One result is that students and faculty experiences of microaggressions, erasure and invisibility adversely impact professional identity and embodiment of professional values.

Participants shared how difficult it is to conceptualize their practice based on the theoretical approaches they had learned. Nate, as nonbinary South Asian European, struggled with unspoken assumptions and expectations of a Eurocentric colonial discipline, and the resulting professional and clinical discourses that dominate counselling and social work. Nate had not yet built the confidence of utilizing their queer of colour cultural knowledge and centering queer and racialized subjectivities in their counselling practice:

What Shanti was sharing (in the outsider witness team discussion), I'm probably going to cry as I'm speaking, I think that a lot of what they had shared around you know, those questions of, am I even doing therapy? What is it? What is it that I'm doing (laughter), really resonated. And I think part of… that is coming from those spaces where our experiences are so erased in what we learn about what therapy is and what we should be doing in these spaces and how to...how to hold space for the folks who come to us - Nate.

Much like Nate, Shanti also had many questions about doing the work of counselling well and remembered their concerns when starting out. They recalled wondering how to handle self-disclosure and sharing of self, navigating boundaries, and working collaboratively, especially with clients who shared identities of queerness.  Shanti desired to move beyond pathologizing discourses, and wanted to focus on the relevance of relational intersectional identities in their work. These therapists had many questions about how to do their work, but rarely enough space for discussing the issues. These tensions Shanti and Nate have named, may be in having to choose between what their cultural knowledge tells them, and the expectations of their counselling education programs.

Some of the participants commented on the dearth of professional development opportunities, that are aligned with how they approach working with intersections of queerness and racialization. Community based workshops offered by non-profit organizations may attempt to address these concerns, but lack of funding and resources often limits their availability. For a practitioner outside of the queer or racialized community, they may tie their professional development to the expectations of their licensing bodies and professional associations, based on stated competencies in codes of ethics and standards of practice. The focus on competencies, becomes problematic as it follows a standardized means to define and develop one's professional

knowledge of racialized queer mental health (Hinrichs & Donaldson, 2017; Johnson, 2012;

Perosa et al., 2008; Smith, 2015). Joe, as a Latin gay man, could not find the education he needed

within what he considered mainstream 'clinical' or 'professional' organizations. He asks:

"Where do we go to find the knowledge and who do we speak to so we can get comfortable and

expose ourselves?" (Joe).

Joe shared that he participated in every community-based workshop available to learn

more about queer identities and queer experiences. He recalled taking a workshop in a men's

bathhouse, which provided important learning about sexuality and mental health in a space

organized exclusively for sex between men. This has helped him become more knowledgeable

and open to how men organize their lives around sexuality, community, and belonging.

Given the lack of representation, feeling supported in the workplace was another concern,

as Nate illustrates:

I was doing walk-ins primarily with youth. And what ended up happening is all of the

queer and trans (youth) would get sent to me. So I was like (doing) crisis work

essentially, and with a lot of racialized youth.

As a researcher and practitioner, I am very familiar with this practice that agencies

engage in, of not having enough representation on their teams and therefore 'assigning' clients

with shared identities to the one practitioner to serve them. Staff are not asked if they are

comfortable with this practice, they are not given additional supervision, and the higher

organizational systems are not addressed that would alleviate this problem.

Even within a queer mental health program in a community-based health care

organization, Shanti – Brown Caribbean and transfeminine – was constantly misgendered by

staff to their clients. Misgendering is when someone refers to someone's assigned sex at birth,

and not their current pronouns and gender identification. For Shanti, to experience misgendering in their workplace means that staff are neither knowledgeable nor trans-affirming. This sends a message to both Shanti and clients who hear it, that though they are in a queer-focused mental health program, the organization is neither truly inclusive nor supportive. Rahim comments on how vastly different his experience is in the same organization, based on his cisgender privilege: "We work at the same place, like next door to each other, essentially. But it's like parallel worlds. I don't have to do very much fighting for my own safety or survival".

Having to consider safety and survival even in a queer workplace setting is an awareness that many people will hold, based on how marginalized they are within their team, department, organizational structure, as outlined in chapter two. In this example, relationally Rahim holds cisgender privilege, male gendered privilege, while also being a gay Brown man, all of which positions him in the organization differently from Shanti. He is not impacted by lack of safety in the same manner as Shanti, who is transgressing gender norms of femininity, as they are assigned male at birth (AMAB) and transfeminine.

### 1.4 Challenging Racism in the Queer Community

Racialized queers have longstanding experiences of being marginalized from the mainstream queer community, by challenging the erasure, invisibility and microaggressions that take place in community, social and cultural events. This marginality extends to academic curricula and research studies. *Sexual racism*, discrimination between potential intimate partners on the basis of racial identity has long been the subject of discussion in the gay men's community. This type of discrimination has proliferated with the use of online dating and hook up apps (Callander et al., 2014). Further, Atluri (2018) asserts that "Racism is inextricable from sexual politics…due to the prevailing whiteness of mainstream queer communities" (p. 111).

Further, there is limited scholarship on the experience of immigrant sexual minorities, who often leave their home countries to escape traditional patriarchal societies, and experiences of violence and discrimination (Morales et al., 2013). The Vancouver participant therapists were well aware of stereotypes around their ethnicity, country of origin, use of English language, and potential unfamiliarity with dominant cultural norms in Canada. Self-disclosure can be used as a strategy to confront the bias and stereotypes that may be held by the client, as one of the Vancouver therapists (Gabriel) describes:

> I have a whole spiel (introduction of self) for the end of my first session. I tell them my name, where I'm from, what I do, [that] I'm a gay man. Like, my work history, because I think it's relevant in terms of counselling. So, it goes back to like seven years of experience between being a medical doctor and a therapist. I bring that in at the end of the first session like five minutes and then I let them know… 'do you have questions?' You have comments? Are there any concerns about what I just talked about'? I'd make sure that right from the start. English is not my first language, and I've been here for so many years.

> In his quote, Gabriel may be drawing on cultural knowledge more so than his training, in deciding what should be shared with clients during the first session. He has also devised this strategy to ensure clients understand who he is and that he possesses the required knowledge for a therapist.

> The academic literature, clinical supervision, or workplace settings, unfortunately, lack the resources to support therapists when clients hold racist attitudes (Marbley, 2011; Lee, 2005). In these examples, what emerges is how the therapists build the relationship by sharing their

values, backgrounds, and identities up front, in order for both client and therapist to feel

comfortable with each other. Luna also affirms this point:

> That's kind of like my way of coming out. And in terms of my cultural identity and I
>
> really like that it's almost a relief to be able to voice that. And, you know, there are a lot
>
> of stereotypes…it's a very touchy subject, like when we Colombians are related to drugs
>
> and drug trade. Yeah. So, you know for me, it's almost like a relief that, oh, no joke was
>
> made about a drug cartel.

Theme 1 has focused on graduate level counselling education and the silencing of

participant voices that occurs. Reading the data and various examples, I was struck by how the

therapist participants had developed their own practices in building the therapeutic relationship

and also in valuing their own cultural knowledge. They recognized the shortcomings of

professional discourse, and preferred to focus on building their client relationships through self-

disclosure, and building knowledge through their community networks. Some of the participants

talked about their feelings of worry and insecurity when first practicing, they gradually gained

confidence and clarity when they were able to draw on their own cultural knowledge.

**Theme 2: Building Therapeutic Relationships with Queer of Colour Cultural Knowledge**

When analyzing the data, I was drawn to repeated narratives of how therapists utilized

their cultural knowledge when they did not feel their graduate level counselling education or

professional obligations supported their preferred practice. Theme two has three subsections, and

builds on the previous themes' findings, to consider more closely how the therapist participants

navigated their professional obligations. As stated in chapter two, professional obligations within

the Code of Ethics create challenges for QOC therapists working with queer clients, especially in

the areas of self-disclosure (Atienza, 2018; Cole & Drescher, 2006; Edwards & Murdock, 1994;

Everett et al., 2013; Gibson, 2012) and dual relationships (Everett et al., 2013; Tilsen, 2021).

Therapist participants discussed how they navigate the tensions between professional obligations

and ethics based on the teachings of their own cultural knowledge.

### *2.1 Self Disclosure? Or Building Relationship with Community*

While the previous subtheme focused on challenging racism by disclosing therapist

identities, this sub theme focuses on sharing of queer identities to build the therapeutic

relationship. Arturo was puzzled that the value of self-disclosure was not more clearly taught in

his graduate level counselling education program. Three of the four therapists in the Vancouver

group share aspects of their relational intersectional identities in the first session with a client.

Joe differed however, as he prefers to have his values clearly articulated on his website and

offers to answer any questions clients have about his background. This may be significant to his

approach, as 50% of Joe's clients are heterosexual. He feels what is important is that clients

know how he can work with them:

> I don't identify in my profile in terms of being a gay male or queer therapist. However,
>
> the content of what I do is there. And I think that's how my clients see me. They come in
>
> because of how they can relate to me, but more importantly, what I can do for them - Joe.

Gibson (2012) and Cole and Drescher (2006) have critiqued traditional approaches to

psychology, whereby the therapist should never reveal anything about themselves, and always

appear objective and neutral. This has changed over time, but discussions of therapist self-

disclosure remain contentious. Sharing queer identities becomes necessary since queerness is not

something that is easily observable or visible; queer clients can only find a queer therapist if the

therapist self-discloses.

In creating this theme, I was drawn to how strongly the therapists placed value on issues of diversity, difference, and identity, which I see as parallel to how they understand their own subjectivities. Arturo and Gabriel felt that therapists of all ethnicities should be taught to name how their identities and social location were relevant in relation to their client, here Arturo shares:

I started getting new clients, especially gay men, and a lot of them would ask me, are you gay? And then it kind of hit me like maybe people do need to know a little bit more about the stranger in front of them. How we are expecting the clients to connect with us and share what they are holding inside of them, if they don't see the real us basically. I always like to let them know I'm part of the LGBT+ community and it is important for them (to know) that I might relate to what they are bringing to the counselling room.

Gabriel reinforces this point:

And the moment I told them I'm a gay man, when these clients were also gay, man, felt so much more comfortable and relatable, like relating to me that allowed them to open up a bit more. I think some clients do need to feel that they can relate to their therapist. Doesn't matter how good the therapist is, if they don't relate in certain identities.

The organizational context and guiding principles in service delivery will have an impact on how self-disclosure is utilized. Gibson (2012) worked in one setting where disclosing her queer identity was an expected practice, informed by feminist, anti-oppressive theory and meant to support queer clients as part of their substance use recovery. In another setting, it was a "strategic disclosure of difference" in response to her client's expressed desire to 'bash gays' (p. 292). The client's parents complained, and she was reprimanded by her supervisor. She contends that she made the correct decision as the client continued to respectfully work with her while

reflecting on his beliefs. Therefore self-disclosure can be used strategically, to convey sameness or difference. In this subsection, participants seem to be drawing on cultural knowledge to identify use of self-disclosure that is supportive of building their therapeutic relationships.

### 2.2 Complexity of Working in Shared Communities

Therapist participants understood the complexity of navigating and maintaining multiple relationships that accompany working with clients who hold similar relational intersectional identities. Their discussion demonstrated complexities that reach far beyond dual relationships. As discussed in chapter two, the focus on the potential harm of dual relationships in the Code of Ethics differs greatly from the queer therapists' focus on navigating multiple relationships and queer relational ethics (Tilsen, 2021). Rahim raises important critiques of the challenges that may present when working with clients from similar communities and positionalities as the therapist:

> I've long thought about this idea that you should be in a therapy room with somebody who is part of a similar group as you. I have always wondered 'Is it necessary? Is that useful?' And I think it can be useful. When I supervise students, I'm very curious about what their assumptions are, about how that's going to be safe and helpful for the other person. I'm also wondering about what comes up for you (the student) when you do that, because I think (of) the counter transference. There's a lot that happens in the space between those two people. And I think if we're not careful, the thing that happens isn't always helpful. And so I'm conscientious of how identity stuff can be deployed and used in a way that's really helpful and creates safe spaces.

The concept of 'messiness' is meant to recognize and accept that the work of therapy, of navigating multiple relationships, and of working in small communities will not be neat and tidy

(Everett et al., 2013; Heath, 2020). Drawing on cultural knowledge can support these therapists' existing navigation through their many overlapping communities. They will already have an awareness of the messiness of queer of colour subjectivities, and therefore expect and embrace it in practice.

Returning to Tilsen's work of ethics in chapter two, queer relational ethics are based on the queer community's experience with navigating multiple relationships, and informed by relational responsibility or relational ethics (McNamee, 2009, 2015). In recognizing the many overlapping professional, social, community, and personal relationships in the small, racialized queer community, these multiple points of connection can be inherently problematic. Neither the overlaps in a small community, nor the need for therapy, will change, therefore relational ethics can be one avenue to support working with this messiness.

### *2.3 Queering Ethics*

Ethics of teaching and counselling practice was discussed by many of the therapist participants throughout our discussions. Some of them stated they would maintain accountability and integrity, while incorporating their own subjectivities and relational experiences into how they defined their practice. This integration rejects problematic ethical frameworks or codes that embody one objective truth. When some of the Toronto therapists discussed the challenges of concepts such as 'treating an illness', or conceptualizing a 'case' they were referencing traditional mainstream counselling language. This kind of objectivity, or separating of the "problem" from the person, is taught as a professional standard, however they felt this language and positioning creates distance and othering between therapist and client.

Speaking through his lens as a cis gay man of Dominican-Arab ethnicity, Gabriel, an instructor in the Master of Counselling program, discussed his concerns about how the

professional code of ethics informs the way his students learn to work with clients of diverse

identities:

> I do tell them (my students) that, as you know, there are certain guidelines and ethical
>
> guidelines that we need to follow. But at the same time, it's important to do the work as
>
> humanly as possible, enough to not feel like a robot. That's part of what we do… We
>
> listen to stories or create timelines. We create a relationship with our clients and, for you
>
> to create a relationship, you have to be able to come out in some way. If you follow the
>
> guidelines to a tee, and you're very robotic in that sense, are you actually connecting to
>
> people?

New practitioners, who have not experienced a graduate level counselling education that

has clearly integrated racialized queer subjectivities, may instead focus on the acquisition of

'competencies' to fulfill ethical requirements (as discussed in Chapter 2). In teaching his students

to work with diversity, Gabriel endeavours to teach them to develop a critical analysis of ethical

guidelines and understand how they align with their own values.

Many of the Toronto therapist participants connected ideas of queering practice to

accountability and ethics. They wanted to hold themselves to a standard of practice that they

were constantly redefining and shaping. Shanti had strong sentiments regarding ethics:

> Oh, I love that you've mentioned ethics. If we're really centering ethics in our work, then
>
> we've got to do something different. That's actually the ethical thing to do. And I think,
>
> I'm just really shocked that we're not having conversations about ethical decision making
>
> on a regular (basis). I think we're not having those discussions because it leads us to
>
> question the things we're not allowed to question.

I note how cultural knowledge seems to inform these ethics and values, thus honouring what both the queer racialized therapist and their client need for effective practice. Emme suggested their ethical practices were based on an 'intuitive ethic', which allowed for creativity outside the professional codes and expectations, while maintaining accountability. Rahim shared an example demonstrating that an intuitive ethic means thinking through what your clients and community members need when in crisis, their experiences of systems, and utilizing ethical practices to provide the safest support possible. He mentions ethical practice as it relates to protecting racialized queer clients from encountering police and hospitals during a mental health crisis, and the intuitive ethic involved in decision making that considers the damage that can result from engagement with these systems. He utilizes a harm reduction approach to crisis, exploring all options that a racialized queer client can consider as an alternative to hospital. This has differed at times from his colleagues who have chosen to 'form' (legal procedure) a client as a first step, to force them to hospital.

Through my own practices of working through ethical challenges, doing the "ethical" thing is complex, situational, case-specific and often informed by one's identities, experiences and values. There is rarely a clear right choice, or straightforward process, in ethical dilemmas.

**Theme 3: Queer of Colour Cultural Knowledge and Joy of Queer Therapy**

When I asked how it felt to work with queer clients, many of the therapist participants expressed excitement. Some of the Toronto therapists in particular reflected on the important experience of being able to integrate the meaning making of intersectional racialization and queerness into their practice. Their own subjectivities served as an important guide in their work with their counselling clients, and their best practices seem to come from integrating cultural knowledge with professional knowledge and counselling education. Theme three has three

subsections, and explores the use of cultural knowledge in clinical supervision, in listening to the

body, of valuing liminality, and finally of 'queer joy'.

### 3.1 Sharing Cultural Knowledge in Clinical Supervision

Bridging theory and practice involves integrating professional and academic discourse of

ethics, roles and responsibilities, with cultural knowledge that guides the work within specific

communities. Shanti talked about the importance of clinical supervision to the development of

their practice, while Rahim shared the nuances of the clinical supervision he offered to practicum

students. Emme had just completed their doctorate which focused on clinical supervision. These

three Toronto therapists felt cultural knowledge could be an important aspect of supervision

meetings.

For the first years of practice after graduation, Shanti struggled to accept the value of

their cultural knowledge, and were grateful when they found a racialized (straight) therapist who

could validate their practice questions. As discussed in chapter two, there is a lack of

representation of racialized and/or queer faculty and students in the field, creating challenges to

how practicing therapists learn to incorporate their own cultural knowledge.

Shanti reflects on having been educated and supervised by white and straight

practitioners who could not necessarily see the value in Shanti's cultural knowledge, and

implications for practice. Shanti expressed regret that this was how they approached counselling

in their first years of practice, and that the supervision they received had an adverse impact:

Sometimes in my spiel (introduction of self), depending on the person, I name that all of

my training and all of my supervision has been by white therapists, straight white therapists. So

effectively, right I carry some of that with me, in my work, regardless of how I look or what I do,

and I will make mistakes. So there's a lot of accountability in the work that I don't see in

common practice. There is a lot more self-disclosure. There is a lot more trying to do whatever I

can to harness power, to share power together -Shanti.

Shanti discusses how challenging it was to feel confident in their values and practice.

Shanti continues:

> When I think about working in a community early on, I was wrestling with this idea. I'm
>
> not sure if I'm doing therapy. I'm not following the manuals. I'm not doing the techniques.
>
> I'm all over the map. This is messy work. I'm not good at this. Nobody's doing this work.
>
> But I'm trusting my gut. I think this is the work that needs to happen. And I had a
>
> racialized supervisor for the first time and she was like, totally validating, 'that's exactly
>
> what your clients need'… She helped me, really find my voice.

Shanti questions how counselling is provided to other racialized queer people, how to be

open, transparent and share aspects of self, how to feel comfortable relying on queer of colour

cultural knowledge and relational intersectional identities to guide their practice. They need

guidance, validation, and a supportive community of practice.

### 3.2 Cultural Knowledge can be Experienced in the Body

As a general concept within counselling, the body can be considered a source of

knowledge, and often the work in therapy is to develop further awareness of listening to how the

body is responding in various situations. The therapist therefore should be attuned and have their

own body awareness, in order to better support the client (Zimmerman & Beaudoin, 2015).

Many of the Toronto and Vancouver therapists felt their cultural connections to their bodies were

an important resource in their counselling work with clients. Joe talked about how his body

'lights' up during a session, signalling areas where close attention must be paid.

The embodiment of shame and oppression was a focus of discussion for the four Toronto therapists. Their lived experience of how marginalization felt in their bodies was a source of knowledge and would be especially useful when supporting racialized queer clients in deconstructing experiences of oppression. I found Emme's words particularly poignant in describing the experience of systemic oppression in their body during their somatic training and doctoral education:

> Some of the somatic training I have (received) talks about these primary embodied emotions such as shame and physiology of shame and stuff like that. But I wonder if there is a danger of putting things like race or experience of racism on top of that, or if there's an experience of racism that is equally primary. The fact that my face got, I felt endarkened. I'm just remembering my doctoral experience all coming alive. How I felt endarkened and I felt very trans, but not in a good way. And what it was actually, was a heat in my face and that my skin was darker. And suddenly I could smell all my makeup and felt like I'd put on too much makeup. This is the embodiment of systemic oppression. And what I'm trying to figure out is how do we describe it in a way that we can understand it as equally primary, as the embodiment of shame. It's connected to it, of course, but if we say it's a shame then it takes away the system part of it, and so let's not even go there.

Emme challenges the notion that shame is an individualized experience. They appear to be drawing on their cultural knowledge to name the literal embodiment of their experience of systemic oppression, something they had not found adequate support for throughout their somatic and doctoral training. Rahim added that the colonization of bodies and the resulting fragmentation, occurs as disconnection to one's body, to others, and to one's community.

Cultural knowledge can allow access to embodied experiences of racialized queerness as politicized, social justice oriented, community based and fluid. For example, a decolonizing praxis resists the pathologization of Indigenous people's responses to colonialism. Some dissociative responses to ongoing colonial violence and intergenerational trauma include loss of memory, emotional and physical numbness, persistent hopelessness and helplessness (Dupuis-Rossi & Reynolds, 2019). Instead of focusing on symptoms and mental illness, cultural teachings that centre Indigenous cultural knowledge are proposed. Pathologizing language of attachment disorder and dissociation for example, can become reframed to centre resistance and resilience.

### 3.3 Resiliency of Liminality

The intersections of the many relational identities embodied by these therapist participants could lead to conflicting experiences of both belonging, inclusion, and also erasure and invisibility. As the Vancouver therapists discussed having learned through migration, and the tensions between life in their countries of origin and living in Canada, this complexity and layered fluidity moves away from a binary of 'us and them', 'inclusion and exclusion'. They shared what should be recognized as specialized cultural knowledge that led them to be stronger therapists. The confluence of these fluid relational experiences can be termed a liminal space (Siepak, 2020), undefined or grey space (Wesley, 2015) or third space (Driskill, 2010), discussed in chapter two, and has been theorized in many queer of colour and Two Spirit critiques. As the Vancouver therapists share below, this liminal state may in fact be a preferred state, with a new consciousness emerging from both sides and across the binary (Ramlow, 2006).

Given that each member of the Vancouver group had lived in their country of origin and then emigrated to Canada, they had some specific shared cultural experiences of what could be termed 'liminality' to draw on. In our discussions, they recognized how this liminality supported

their counselling practices. Arturo and Luna reflected on what it had meant to live in Mexico and

Columbia respectively, where they felt 'free', a kind of culturally ethnic freedom not

experienced in Canada. Unfortunately, this ethnic freedom always came at a price and they were

also keenly aware of how unsafe it was to express their sexuality and gender when home. Luna

shared:

> I was thinking to myself, that idea of, you know, being free or safe. If I could be safe in
>
> Colombia, I would go back. But for me, I find a lot of value in being safe. But actually,
>
> I'm thinking that it's a positive thing because we basically have more, we've seen more.
>
> So, we have more information basically with us and more experiences.

The complexity of heteropatriarchal and heteronormative discourses extends to global

north / south relations, leading to nuanced experiences in countries of origin, diasporic regions,

and current living environments. As Luna just shared, oppression and inclusion cannot be

reduced to a simplified us/them, good/bad, inclusive/racist binary. Emigrating to Canada allowed

the Vancouver participants to feel safe in being gay, disrupt gender norms, openly express

themselves and live with their partners. Three of the four Vancouver therapist participants

discussed what it meant to have lived with either freedom or safety, in two different countries.

Arturo's naming of this experience as a privilege of 'knowing two sides of the coin', two

different aspects of a cultural lived experience, launched an animated conversation. The group

felt something important had been captured, and named this dual experience as a source of

strength and resiliency that informed and supported their counselling practice.

Along with their experiences of living in their country of origin and in Canada, the

Vancouver therapists reflected on other ways they held cultural knowledge. In this section they

discuss how they experience their relational cultural identities as situated, guided by where they live, and how they are positioned within each context. Gabriel stated:

> And in therapy, in terms of work, I don't think anyone has asked me 'how did I learn English', for example. But in my personal life, a lot of people ask me,'Oh do you speak English? Very well? How is that?' Like you're not allowed to, kind of thing. And that's something that comes with privilege on both sides. It's also part of these identities that represent me, which is Dominican, gay, different country. And people think that because you come from an island, some people have asked me, do you have Internet. Those things can be representative in our work, the identities that we bring forth and in counselling, in our personal life.

Gabriel also shares:

> I feel like I'm a person of colour, but if you go back to Dominican and you ask someone they would say, yeah, he's white. I would be a white person in the Dominican Republic and I know that I grew up with that 'privilege of whiteness', in the Dominican Republic. But outside of it, I'm not, I'm a person of colour. And I'm half Dominican, half Lebanese. So it's kind of like a whole other identity that can be present in conversation with clients or in my personal life.

> Gabriel holds the unique experience of being considered white in his country of origin, but a person of colour in Canada,. He also experiences race-based assumptions in both his professional and personal communities. Perceived as belonging to a dominant cultural group in the Dominican Republic, Gabriel was afforded the privilege that accompanies whiteness, such as status, acceptance, and access to opportunities. However, it was still not safe to be openly gay there, despite this privilege. Upon immigrating to Canada, he became part of a non-dominant

ethnic cultural group, and was subjected to ethnic based assumptions and stereotypes. However, as mentioned above, in his counselling practice, which is mostly with gay men, he always shares his background and identities in the first session with clients to confront any stereotypes they may hold of him as a Latin, Spanish-speaking immigrant man. Gabriel is also speaking to the ways in which white-centric thinking is prevalent in his personal life, with presumptions of his ability to speak English and coming from a region without technology. Gabriel's many relational intersectional identities play out differentially depending on the context, environment, social and cultural location. His cultural knowledge is comprised of the multitude of these experiences and provide important insights about relational cultural identities that inform his work with his clients.

Emme, Shanti and Rahim discussed living with multiple non-dominant cultural identities of ethnicity, gender, and sexuality. The concept of not being centred, meaning that their lives and experiences were rarely reflected in counselling education or organizations, was important to them. They named this as being 'decentred' in the world, constantly feeling 'other' and having to navigate differing cultural contexts. For example, queer people of colour experience a constant tension in spaces that are either queer-focused but white dominated, or ethnic cultural spaces that are not queer positive. Emme is rarely in a space where they experience open acceptance of all of their identities and positionalities. Emme said:

> And I think in terms of some of the cultural knowledges, there can be a kind of reflexivity
> and self-awareness and attention to the moment to moment interpersonal dynamics that is
> then taught in clinical courses. But I think, in some ways, some of us might be trained
> into a particular way because it comes from being decentred in the world already. So, it's
> kind of something we can look at through a pathological lens like being, oh, it's because

of trauma. But it's actually a particular kind of vigilance that comes to serve us well, and can serve us well as therapists. There's a centering that happens. But again, it's shifting. It's precarious. So, it's never really centred.

Being decentered was an embodied experience, and an important source of cultural knowledge. By constantly feeling decentred, these therapists were often more vigilant in their surroundings and aware of not being represented. Decentredness came from always having to shift and find the centre. This experience could not be easily understood by someone accustomed to being centred and represented in academia, counselling education, or norms of practices in organizations. However, as Emme explained, the experience of decentredness becomes cultural knowledge for queer people of colour that can also inform their practice of therapy quite well.

### 3.4 Queered Love in the Therapeutic Space

The Toronto participants shared what they had learned through their experiences of working with their queer clients – the meaning making that took place. Their observations reflect the understanding that can emerge when a QOC therapist is able to bring all of their subjectivities into the therapy room, and integrate their queer of colour cultural knowledge, to working with clients who are also queer.

The Toronto therapist participants were excited to share their insights of what it meant to work within a queer context, with racialized queer clients. Here Nate shares their experience working with queer and trans youth:

> How differently I felt in my body when I was working with queer and trans youth and nonbinary youth versus like just straight and cis youth who came in. That joy was present for me in that moment in a very different way than with other clients. So that was really, really impactful and really reminded me of why I'm here and doing this work.

Nate later adds:

> As somebody who is working for the first time with other nonbinary racialized people,
> like that has never happened in my life. And it's amazing. I can't even tell you how much
> it means to me and I think that translates into the work as well.

> Working with queer clients taught Shanti to work more deeply and meaningfully. It

seems that drawing on cultural knowledge had increased their comfort in "becoming a questioner

rather than someone who has the answers". Rahim talked about his experience of working in

queer spaces, and the challenge of explaining how he embodies this, to straight and cis

practitioners that participate in his workshops, by saying "It brings me an incredible amount of

joy, and I know I'm inhabiting that kind of queer space when I know that I am able to relate to

somebody because of a perceived, an experienced sameness. And this is not just for gay men, it's

also queer women."

Rahim later shares:

> So, for me, you know that when it feels like I'm doing queer work with queer people and
> the work itself is queer. It's this feeling that can't be taught. I do this daylong workshop
> called Same Labels, Different Determinants. It's about queer men and mental health. And
> it's supposed to be … we might all have anxiety and depression and suicidality and
> substance use concerns, but it looks different in the landscape of queer men's mental
> health. Our social factors or pressures or our influences are all different. And so while I'm
> teaching that, I'm also cognizant that people aren't going to experience the joy of queer
> therapy in the way that I do, because that's a different experience when you get to connect
> with somebody and you understand some of the nuances of their life, particularly things

to do with implicit concern in a lot of social situations that they won't be recognized, or

they experience erasure.

Emme expresses their experience of working with queer clients, and the value of intuiting what

is needed when you share community:

A familiarity, with working with queer people and queer realities. And I think this is why

I love it, which is by any means unnamed, because I think it's very intuitive. It's

sublingual. So subvocalized. This is what we're trying to do. Bring it forward.

**Summary**

This section has detailed the findings and themes that emerged from the OWTs. The three

themes have been created to represent the experiences of queer of colour therapists, the

challenges in their counselling education, and their approaches to therapeutic relationships.

Study participants have shared what the embodiment of cultural knowledge can mean within

their therapeutic practices, which at times may also challenge their professional and academic

teachings.

## Participant and Community Consultations

The next two sections will share the responses from the therapist participants through a

process of member checking that took place in December 2020, 12 months after the initial study.

I will then discuss the findings from community consultations that took place over the summer

months in 2021, as an additional measure to test the findings in relation to the research questions.

**Member Checking**

In December 2020, I contacted all study participants as part of a Member Checking

process, a measure of trustworthiness of data. On December 14, 2020 I sent individual emails to

each participant explaining that I wanted to discuss any feedback they may have on the themes I

had created. I provided a brief summary of each of the main themes and listed the sub themes.

Follow up interviews took place in late December 2020 and early January 2021. Not all

participants were able to participate. I was able to speak individually with Rahim, Shanti

(Toronto), and Arturo, Joe, and Luna (Vancouver), and had an email exchange with Emme. Nate

and Gabriel were not available due to other commitments.

During these interviews, I shared my process of data analysis, areas of convergence and

divergence between members of each study group, and between the groups in Toronto and

Vancouver. I invited participants to share their feedback and response to the themes, and add

further information. I asked if there had been any outcomes subsequent to the OWT experience.

The six participants were satisfied with the themes, and felt they captured the nature of the

information that had been shared in the OWTs. The themes and connections to each participants'

practice was discussed.

I learned that over the course of 2020, the pandemic brought many changes for the

participants. Both Rahim and Shanti had left their organizations due to being burnt out; Rahim

had moved to another province where the cost of living was lower, while Shanti had taken a one

year leave of absence and was spending time with their family. Nate had experienced a number

of losses in their family and had very limited time (and therefore was unable to participate in a

follow-up interview).

The biggest impact of the study was experienced by Shanti. It had been transformative to

have their knowledge centred and to have their experiences witnessed in the study: "a rare

phenomenon in my life as an intersectional person" (Shanti, personal communication, February

3, 2021). Shanti shared in our follow up interview and via email that the experience of being able

to speak openly in the reflecting team had allowed them to engage on deeper levels and inspired

them to continue to open up to others in their life. Shanti was excited to tell me they had come

out as trans to their parents, and their parents had responded very positively. Shanti now felt a

much closer connection to their family. They were especially appreciative of how the OWTs had

supported their voice in their trans identity and experiences.

**Community Response to Findings**

As an additional measure of trustworthiness, in June 2021 I invited community members

and colleagues across my various networks to a presentation and discussion of my key findings. I

organized either small groups (two or three persons) or individual meetings. Altogether I spoke

with twelve people of whom ten are queer: six members of the queer community with various

professional backgrounds and interactions with mental health services, and six therapists, of

which four are queer. Three participants were cis queer women of colour, the remaining nine

participants were cis white straight women.

I presented a 20-slide power point presentation summarizing my key findings,

conceptualizations and outcomes of the study. The purpose was to obtain feedback and responses

to the findings, themes and recommendations. What follows are some of the responses that were

shared in this process. In chapter five I reflect on what I learned from this process and how it

shaped the final draft of my thesis.

All twelve participants expressed gratitude and appreciation for my work, stating that

these findings are much needed to better support queer mental health. The language of queer as a

theory was new for some, but for everyone who identified as queer, they recognized this

important framework for their engagement with community.

There were different reactions from the white participants and the racialized participants during these meetings. The racialized participants spoke from a different type of insider or cultural knowledge. I start with the responses from the white participants.

Many of the white participants reflected on the various ways, some already clear and others newly emerging, in which whiteness and colonial thinking still dominate the mental health field. They noted that a constant interrogation is required of how these discourses shape queer mental health. One participant suggested that intersectionality can only be understood by those who experience it, and therefore, to develop truly queer-informed therapy, it should be driven by queer people of colour (POC)) therapists who can be fully engaged in decentering whiteness.

Another white queer therapist shared the challenges within their organization in the past year where conversations related to diversity were 'messy' and difficult, but much needed. Regarding professional obligations, she suggested that white/privileged therapists are already afforded a degree of safety that they are accustomed to and therefore may be more willing to accept the distance and neutrality that the codes of ethics provide. This therapist questioned the white colonial model's inability to teach therapists to speak about 'who we are*'.* Therefore 'we' don't know what it means to truly decolonize our practice. Further, she welcomed my considerations of the safety of the therapist, as this was unheard of. She felt it was 'radical' to say that a therapist may also need safety in the therapeutic relationship, especially from a client's racism and homophobia, as I had outlined.

Disclosure, ethics and boundaries was an important point of connection, and many of these participants connected it to colonial discourses. For one white queer community member, she had not known of the role of ethics in self disclosure. Through our conversation she realized she had been unknowingly following these supposedly prescribed boundaries and their colonial

constructs. For example, recently while interviewing potential couples' therapists, she and her

partner did not ask if the therapists were queer. They had presumed it was not appropriate to ask

their therapist's identity, though this was critically important to them, given they are both queer

and one partner is trans. Instead they had been asking therapists if they had experience with

queer clients.

Some of the white queer therapists resonated with the embodiment of queerness and

queer practice. They had also experienced a deeper connection when working with queer clients,

and had felt its impact on their approach. They had not seen this articulated before and were

excited to see this experience reflected in my findings.

I found that most of the information from the white participants served to validate and

confirm my findings. However the racialized participants, two therapists and one community

member, not only validated my work but furthered it, by sharing other observations gleaned from

their experiences in their communities. One racialized queer therapist talked about how poorly

prepared racialized student therapists are in their education, to work with client experiences of

racial injustice, and the challenges it brings to their own health and wellness. Further, she noted

that during times of great racial injustice and challenge such as the Black Lives Matter protests in

2020, racialized therapists were called upon to support their community members, and were

often asked to give reduced or sliding scale rates, as one queer non-profit in Vancouver had

done, to alleviate their wait list. However white therapists were not expected to respond to the

crisis that many racialized community members were feeling, in the same way. Another

racialized queer community member framed the work of helping and community as something

that has always taken place, though the credentials as therapists with degrees may not always be

present. She felt that for many racialized queer people, the concept of helping is separated from

financially privileged education, that many community members either cannot afford or have chosen not to participate in.

## Concluding Thoughts

This chapter has detailed the findings of queer of colour cultural knowledge from a queered intersectional epistemic, constructionist lens. Qualitative methodology and Interpretative Phenomenological Analysis informed the study design and reading of the data. These findings have been critical to gaining better understanding of how these queer of colour therapists make sense of their practice, their education, and their use of their own cultural knowledge to enhance their therapeutic relationships. It is clear that their education and expectations of professional practice did not adequately prepare them to work with queer and/or racialized clients. As these therapist participants were able to draw more fully on their cultural knowledge, they were able to practice in a way that was more aligned with their own understandings of what was most needed in the therapeutic relationship.

The therapist participants in this study were curious to participate in an outsider team process. Arturo had experienced it previously, which is also likely why he was comfortable to volunteer in the first study. When closing each OWT process, I asked participants for their feedback on the experience. All eight participants were in favour of the OWT process to share learnings and experiences. Three of the four primary interviewees, Gabriel, Shanti and Rahim, shared that it was a new experience to speak without being interrupted. Shanti and Rahim appreciated the process of having other people reflect without trying to change or criticize what they had heard. Luna felt validated and inspired, as this was the most important professional conversation he had had that week. The OWT process was thus an important method to glean information and learn how participants' experienced queerness in therapeutic practice.

They valued the opportunity to discuss and be heard, to draw on their knowledge, and reflect on aspects of their practice and graduate level counselling education. As I listened to the audio recordings and read through the transcripts, I noticed that the questions and issues that were raised, reflected the participants' struggles to practice in a manner that drew on their cultural knowledge of racialized queerness. I also observed that these therapist participants had built their practices on many aspects of their lived experiences, giving consideration to what may be most supportive not just for their clients, but also for therapeutic relationships more broadly, for themselves, and the many communities they walk in.

Chapter five will close this dissertation, with a discussion of the themes explored in this chapter. In analyzing and interpreting the themes, I will reflect on the data and the research process. I will discuss highlights and learnings, as well as limitations and considerations for future research.

**Chapter Five: Discussion**

In this final chapter I summarize my findings, their implications for the field, and share my learnings, reflections, and recommendations to carry the work of this dissertation forward. The purpose of this study was seeking increased understanding of how queer of colour cultural knowledge can support queer of colour students and practicing therapists, by drawing upon the theoretical underpinnings of queer theory, queer epistemology, and QOC critiques. I utilized four outsider witness teams (OWT) to collect data from four queer racialized therapists in Vancouver, and four in Toronto. To my knowledge, this is the first time that OWTs have been used to collect data. We sought to answer the following research questions:

1. How do QOC therapist participants make sense of their practice with queer and /or QOC clients?

2. How do QOC therapist participants experience their counseling graduate program as it relates to meeting the needs of queer and /or QOC clients?

3. How do QOC therapists articulate and use their cultural knowledge to inform their counseling practice?

In developing these research questions, I was guided by my own experiences of counselling queer clients, supervising queer practicum students and teaching students in graduate level counselling education. In my work with queer clients, I recognized a connection and embodiment of queerness that I had yet to name. Simultaneously, I was beginning to identify the inherent erasure and invisibility of queer and racialized subjectivities in counselling and social work. I was curious to investigate my observations, study relevant literature and examine the experiences of other queer of colour therapists.

Queer intersectional practice as I envision it, is built on the many cultural identity and race-based frameworks of the last decade. I wish to honour and respect the work of Black feminist thinkers and particularly the contributions of intersectionality (Crenshaw, 1989; Collins, 1986) which was instrumental in the development of multicultural counselling (Arthur, 2019; Ratts et al., 2016), anti-oppressive practice (Dominelli, 2002; Pon, 2009) and critical race theory (Riggs, 2007).

The work of queer theory (Butler, 1990; Foucault, 1981; Tilsen, 2021), Two Spirit scholarship (Driskill, 2010, 2016; Wilson, 2015) and queer of colour critiques (Anzaldúa, 1987; Gopinath, 2018; Manalansan, 2018) supported the conceptualizations and theorizing of queer worldmaking within this dissertation. There are many cultural theorists and practitioners not named here, who have made important contributions to envisioning socially-just, anti-racist therapeutic practices.

I am mindful that my final stage of writing takes place in the midst of a global explosion of protest in response to centuries of anti-Black racial injustice and police brutality. While Black Lives Matter (BLM) was formed in July 2013 after the Florida acquittal of a police officer in the shooting murder of the unarmed Black teenager Trayvon Martin, it was the brutal video-taped killing of George Floyd by a police officer in Minneapolis, U.S. that set off large scale protests across North America and around the world, pushing the conversations about race to new levels.

The ways in which BLM centres Black voices and experience while working in partnership with other marginalized groups such as Indigenous communities (Hudson and Diverlus, 2020; Simpson at al., 2018), has deeply informed my own understanding of social justice organizing, activism and pedagogy for change.

In this social justice-infused spirit, and alongside the voices of my participant co-researchers, I will summarize my findings and share my reflections on the research process, limitations and learnings, and considerations for the field. I will close with directions for future research and concluding thoughts.

## Strengths and Limitations of the Study

In this section I will consider other influences on the study. One key strength I will discuss is the use of queer theory. I will also examine the various ways in which the research study may have been constrained by different factors such as not having participants read the transcripts and findings, the challenges of language to accurately convey nuanced experiences, my own positionality, and whether I appropriately embraced decolonizing practice.

### Role of Queer Theory

I was able to find considerable literature and research into queer as an identity, and related scholarship of queer mental health, queer therapists and queer clients. Most often, the issues examined were related to self disclosure by the therapist to the client, of managing boundaries of the client relationship, or the risk factors of being queer. Within counselling scholarship, the bulk of the teachings use queer as an identity. The concept of queer as an epistemology, queer methods or queer theory is still lacking in both social work and counselling. Other than Julie Tilsen's (2010, 2013, 2021) work, queer theory is not being applied to mental health, or discussed in psychology or counselling scholarship, to better support the work of queer therapists or the approach with queer clients.

As I learned and applied queer theory throughout this project, it informed my epistemology, ontology and method. As I continued to embrace what queer theory could bring, my understanding of the gaps and challenges in building queer practice and *queered* therapeutic

relationships grew. Queer theory is an important foundation to this project, that was strengthened considerably by queer of colour critique and Two Spirit scholarship. I believe my project illustrates how queer epistemology, QOC critique and QOC cultural knowledge can greatly support the teaching of identities in graduate counsellor education, and in professional practice. These teachings can be applied to other marginalized identities, to shift focus away from the oppressive presence of binaries, competencies, and single axis identities.

**Transcript Review**

One potential limitation is that research participants did not review the full transcripts of the study. I found the literature to be divided on its efficacy as a measure of trustworthiness. I was concerned about managing their expectations such as requesting changes to sections of the text. Instead, I shared final themes and received feedback as a form of member checking which may have limited the findings. Having fuller responses to the findings through transcript review may have been positive in generating and garnering further support for my ideas.

 **Limitations of Language**

Initially I preferred to use 'queer' as resistance to the inherent whiteness of the term, as I did not want to differentiate between queer and queer person of colour. However I also had to select the language that would be most applicable to this text and the audience, and I felt limited and restricted to convey what was closest to my own subjectivities as well as the research questions.

These ambiguities around the term queer led to challenges with the data. The questions to my participants were too broadly focused on queer clients, instead of asking about the specificities of their work with white queer clients and queer of colour clients. I may have then also asked for their considerations of other relational influences such as class, migration, religion

etc. I learned a great deal about the process of data collection, as I studied the transcripts in detail after each group met. I noted what I had not asked, and how the research questions were not always clearly addressed. Therefore, the data of each of the four studies improved as the process of investigation unfolded.

I reworked my research questions several times, to focus on the unnamed practice, queer epistemology, queer of colour cultural knowledge, or Brown queerness. I struggled through each draft and revision to settle on the nuance that most accurately captured the experience I wanted to study. *Queered Love in the Therapeutic Space* is the culmination of my current research and study of queering mental health. I am confident that I will continue to find new ways to illustrate and convey queer practice.

**Positionality**

I am deeply cognizant of my privilege as a Western-based, educated professional whose queer identity has been conceptualized through the ways I have been able to live in Canada. I was born in Canada, began learning English in school at age 5, had middle class privilege, access to postsecondary education and full-time employment, and as an adult could be open about my queerness, all of which created a sense of safety that others may not have. Also, because I have built and centred my own practice around queerness, I experience my work differently from other queer-identified practitioners working in cis-heteronormative settings. My research was therefore positioned within very specific privileged parameters. The two groups of therapist participants also felt safe enough to meet and openly discuss their identities, experiences and practice settings together. This study and its findings, while pointing to the need for profound systemic challenges in pedagogy and practice, are not always generalizable for how all queer racialized therapists experience practice, approaches and limitations.

I also have to wonder whether my own comfort with identifying both myself and my practice as queer, and therefore my framing of the research questions, influenced what the participants felt comfortable saying. This is a concern particularly for the three Vancouver therapists, who neither describe themselves as queer, nor use the term for their practice. While not comfortable with the term queer, these Vancouver therapists were certainly transgressing expected and accepted norms that govern the profession, by utilizing their cultural knowledge to shape their practice. However, I still have to presume that my own centering of queerness in the study influenced how they shared their experiences, whether positively or negatively, and accept it as an effect of researcher positioning.

Did my choices and unconscious biases, emanating from a social constructionist epistemological framework, skew the data? Participant responses may have been shaped by an unspoken preference to support the researcher's hopes and assumptions. Constructionists would notice how influences of '*withness*' and aligning with the researcher and participant hopes or agreement could lead to potential convergence (Slaska, 2019, p.210). These are just some examples among many possible influences on how the findings were constructed.

## What Does Decolonizing Really Mean?

A lingering tension remains for me based on my complicated relationship with decolonization. While I am 'from' India which was colonized by the British, I am also living as a settler in Canada. I have referred to the importance of decolonial practices and Two spirit scholarship throughout this dissertation as a critical measure to shifting inherent power imbalances, erasure and invisibility. The tension is in my role in doing justice to decolonization in the spirit of Two Spirit scholar Qwo-Li Driskill's pressing questions:

*"How can anything be 'decolonized' while on colonized land without actively addressing land redress, self-determination and reconciliation with First Nations people?*

*How can a practice be 'decolonized' without recognition and discussion of the influence of colonial ideologies of scientific claims of universalism, objectivity and neutrality still present in counselling?*

*How do we decolonize while colonization continues to be experienced in (colonially named) Canada?"* (Adapted from Driskill, 2010, p.71).

While I work to ensure a decolonial focus in my teaching, supervision and counselling, I will continue to be guided by these questions as part of ongoing reflexivity. Was my study limited by not interviewing Indigenous queer or Two Spirit therapists? Could I have consulted with Indigenous queer or Two Spirit scholars to ensure I was correctly understanding their teachings and experiences? The absence of these voices may have limited my study and its findings.

## Learnings

**Practice Experiences that Informed this Project**

My desire to undertake and forge ahead with this research was based firstly on my experiences in queer centred organizations, and secondly on challenges experienced by students and therapists I was supervising. I have shared some comments below, which I noted leading up to and throughout the course of my writing. When hearing these statements from therapists I was supervising, I was initially surprised. However I soon came to realize the gaps in education and professional ethics that were being identified in the questions I share below. I strongly felt these supervisees had lost some important opportunities to truly learn how relational and intersectional

theories can translate in practice. The following statements have deeply informed my nuanced

understanding of the need for things to change within my field:

> *Even though I am gay, I don't know the nuances of working with gay clients. My*

*education hasn't prepared me to work with my own community.*

> *In asking how my clients experience their identities i.e., our similarities and differences*

*based on ethnicity and LGBT identity, am I imposing my own agenda in the session?*

> *I know there is a barrier between my client and I, and it is likely based on her ethnic*

*identities and the vulnerability she feels. I don't know how to ask her; I am afraid of making a*

*mistake.*

> *My client told me in the 5th session that they identify as nonbinary and use 'they'*

*pronouns. How did I miss this, and why did it take until the 5th session for them to feel*

*comfortable to tell me?*

> *I worry about triggering my client by asking how they are being impacted by news events*

*detailing violence against their specific religious or ethnic community.*

> *If I disclose on my website that I am queer, I worry that it will limit the clients that I can*

*draw to my practice.*

> *Even though I am queer, it's not appropriate to disclose my queer identity to my client*

*who has already shared her queer identity with me, it would be crossing a professional*

*boundary. (Works in a feminist anti-violence organization)*

These statements above reinforce the fact that therapists are not learning enough about

queer, relational and intersectional identities in their counselling education, and even when they

do, they struggle to bridge these theories with practice. These statements support the challenges

expressed by the research participants, and reaffirm the need for this study.

**Other Learnings**

The field work phase and learning how to analyze data provided me with a newfound appreciation and excitement for research methodology, especially so, due to the permission I gave myself to queer methods and epistemology.

The highlights of this constructionist queer intersectional research were the discussions that took place, in what one participant described as the 'sacred space' – a space that moved well beyond a place where data could be gathered, to one of support, connection and sharing. This opportunity, for therapists, including myself, who often feel decentered, or forced to choose between freedom (from violence) or (cultural) safety, was an unexpected gift.

This project was a wonderful and challenging exploration of queerness, racialization, identities, and mental health. I began with a curiosity to better understand what I was experiencing within my own queer practice, and have walked away with a deep respect for the work of QOC therapists, the joys of the work we do, and the pathways to queer love in the therapeutic space. Too often, as therapists, and especially as QOC therapists, we are working in isolation, struggling to find voice, and needing guidance and support that is rarely available. We desire community, belonging and to be seen.

The writing of this dissertation has deepened my understanding of intersectional queerness, and my learning continues through ongoing contact with some of the participants. For example, Rahim and I have become colleagues, we maintain regular contact and he has been a guest lecturer in my classes.

**Witnessing: From Erasure to Visibility**

Erasure has been named in this dissertation, in reference to the loss of collective voice, lack of representation, and feeling disconnected to the practice of therapy. Some participants in

this research study questioned their own erasure and lack of representation as students in their programs. Others discussed the lack of diversity at the faculty level, and how this shaped their experience as both students and instructors. Settles et al., (2018) interviewed 118 faculty of colour at one American, predominantly White, research-focused university regarding their (in)visibility at work. Their findings indicate that faculty of colour are more likely to experience minority stress when they are a numerical minority. Tokenism led some of these faculty of colour to feel simultaneously invisible (accomplishments are unimportant, lack of belonging) and hyper visible (subjected to increased scrutiny).

In my own work I often refer to the act of disrupting erasure as queer racialized bodies 'taking up space', 'being seen' and 'making noise'. The very act of asking my counselling clients what these phrases mean to them, has unearthed strong feelings related to making meaning of their racialization and queerness in various contexts and situations. There is a witnessing that takes place by making space for these conversations, which can be an important step in connecting the ways in which identities and lived experiences may impact mental health.

Many of the therapist participants reflected on how valuable they had found the discussions for this study, and the process of the OWT. While I had hoped that this structure of the study would facilitate safety and encourage open dialogue, the impact on the participants was still surprising. They appreciated the experience of sharing and building knowledge based on their various subjectivities, which differed greatly from clinical meetings where there was often a more competitive aspect to fixing and solving problems. There was recognition of the experience of erasure and invisibility as queer racialized persons, as this research method endeavoured to hold and honour everyone's knowledge. To be witnessed in these acts (of disrupting erasure) is as important as the acts themselves.

One participant felt so empowered that they came out to their parents as trans, and excitedly shared this with me during our member checking conversation. Witnessing speaks to the connection, hope and experience of ourselves as co-researchers, therapist participants and myself as dissertation author, alongside those with shared ethics and values. Witnessing can serve as an important bridge between therapy and activism, to move from the private space of the therapy room to the public spaces of institutions, governing bodies and organizations. For those who have been marginalized and silenced, having their stories heard can be an important form of validation and acknowledgment. The response is equally important - as the witness will share what they have heard and the impact on them.

**Queered Love**

This dissertation was largely inspired by the connection I felt when working with queer counselling clients. Colleagues I spoke to understood what I was referring to when I shared my experience. Their eyes would light up and they would tell me they had felt it as well. Many told me that I was privileged to be able to centre queerness in my practice, which was not something they could do within their organizations and roles. I did not fully understand this queer connection, and did not need to. It was enough to know that it existed, and in 2016 I began to intentionally build my professional and academic work around queer centred practice. With the exception of two organizations, an HIV/AIDS organization in downtown Toronto in 2005, and a queer community organization in Vancouver 2012, since 1996 my social work career had been spent in cis-heteronormative organizations and institutions. As I moved into private practice counselling, supervision and academic teaching, I held the experiences of these two organizations close and focused on the values and life experiences I wanted to embody with clients.

I name this connection and feeling Queered Love. In writing this dissertation, I have found that academic literature from an activist, ethical or queer stance, often names values, practices and beliefs that can be held alongside Queered Love. Principles of social justice guide how I stand in solidarity with those who have been marginalized and silenced, weighing strongly in my ethical stance of Queered Love. Further, Richardson and Reynolds (2012) talk about revolutionary love: "Stay(ing) amazingly alive in community work over the long haul requires a rich engagement with our collective ethics and spirited relations of solidarity" (p. 2). Love can be an expression of ethics as part of making change in feminist and queer movements (Havlin, 2015). I am reminded of activist love, in the work of Syrus Marcus Ware, a Toronto-based Black trans man, activist, artist, and scholar and their art project and participatory workshop Activist Love Letters (Ware, n.d.). This project, first presented in galleries across Canada, asked the audience/viewer to write love letters to activists.

I suggest that acknowledging and embracing Queered Love is a way of queering therapy, working outside the expected discursive norms of counselling, and resisting conventional norms of professionalism (Tilsen, 2021). Queered Love supports the commitment to ethics and values expressed by therapists in this study, and their work in solidarity to co-create cultural knowledge with marginalized communities.

When asked what meaning and emotions queer therapy generated, study participants used phrases such as 'healing; incredible'; 'beautiful, exciting and get to be curious'; 'a political act to take up this type of therapeutic space'; 'this brings an incredible amount of joy'; 'a feeling that can't be taught'. Concepts of revolutionary love, activist love, and queered love can make visible what has been erased, allowing for a powerful witnessing of what has not been known or seen often enough.

**Implications of the Research Findings**

In this section I will summarize the key findings and how they can transform the conceptualization of counselling, understanding of identities and particularly queerness. These findings focus on building safety in the therapeutic relationship, developing language from the margins, and the pervasiveness of whiteness. I will discuss what these findings can mean for the counselling field in general and specifically for racialized / queer therapists and clients.

**Queer Relational Ethics and Reflexive Practice**

For this dissertation, I have drawn on scholarship in cultural studies including Two Spirit critique, queer of colour critique, women of colour feminism, postcolonial feminism, humanities and sociology. I recommend that the counselling field look to scholars and practitioners in disciplines such as these, and at conversations taking place in other parts of the world, in order to learn from other forms of cultural knowledge, and broaden the understanding of mental health. Queering practice and utilizing queer relational ethics to disrupt normative professional discourse (Tilsen, 2021) takes place when a therapist, or as in this study a queer therapist of colour, draws on their cultural knowledge. Such work takes place alongside reflexivity, asking critical questions about ones' practice, and focusing inwards on the assumptions that may be influencing the 'problem', and the therapeutic relationship. Repeatedly, the therapist participants questioned what they had been taught in their graduate level counselling education, noted the erasure and invisibility of people like them in scenarios and case studies of client and therapist, questioned if they were doing the work correctly, and endeavoured to move towards a different kind of practice where they could be fully present alongside their client. They valued a queered practice that centres the influences of discursive

and relational positioning on a clients' mental health and the therapeutic relationship. A reflexive

practice as I envision it, has therapists asking:

*What is the lens through which I understand the client, the issue, the problem, and our*

*relationship?*

*How would another therapist of a different background and lived experience understand*

*this differently?*

*Am I placing the client's and / or my cultural knowledge at the centre of our practice?*

*Are my questions to my client actively creating space for their cultural knowledge to*

*emerge? How are my feelings and responses influenced by my own cultural knowledge?*

(Adapted from Tilsen, 2021, p. 64)

These are the types of reflexive questioning that can shape how therapists learn how to

discuss their work during their counsellor graduate education, and can be an integral part of

clinical supervisory discussions once they are practicing in the field.

**Conceptualizing Safety**

Safety was a key concern for many of the therapist participants, not just for their clients,

but also for themselves. This is a new way of conceptualizing safety from the standpoint of

graduate counsellor education and professional practice. Participants considered their own

cultural knowledge of racialized queerness in the development of a practice that centred their

own and their clients', marginalized identities. The therapist participants' conceptualization of

safety as an ethical consideration or an ethical stance, allowed them to develop their practice

from a queer intersectional lens. In doing so, they challenged the professional discourse of ethics

that has heavily shaped the understanding of dual relationships and self-disclosure. During the

study, they shared how they had been challenged in attempting to follow the standards of dual

relationships and self-disclosure by saying little about themselves or their identities, and keeping

their professional and personal relationships separate. However they quickly found the protocols

did not enable a practice aligned with their cultural knowledge. The therapists preferred to share

aspects of themselves with clients. This openness and transparency would lend itself to

navigating the multiple relationships they inhabit in the very small community of queer

/racialized clients. How they understood and named their social location and positioning in

relation to their clients was a critical element for these participants. Therefore, if safety is

addressed from the standpoint of the therapeutic relationship, the needs of both therapist and

client will be recognized, resulting in changes to how safety is taught and practiced.

### Language from the Margins

The therapists in this study spoke of how they considered language from the margins in

order to unpack identity norms. Queer as an identity is a good example of this, as it is not

unusual for queer people to find the term contentious. Discourses of power and pathology

continue to be intertwined with the term queer, despite efforts to reclaim it. A therapist must pay

close attention to these interwoven complexities, when discussing language and identity,

particularly with racialized queer clients on the margins who have not had the space to

deconstruct their experiences. Therapist participants recognized the challenges of verbally

expressing identities, they relied on their cultural knowledge to bridge the gap between their

lived experiences and academic training. The use of language and terminology for queer and

ethnic identities varies greatly, and will be situated based on context and environment.

Colonization has erased the language and terminology that may have existed in many languages,

not just English. The insider language of identity amongst members of the same community may

differ from the terminology that is used when speaking in professional or clinical contexts. The

North American based initialism LGBTQIA2S (lesbian, gay, bi, trans, queer, intersex, asexual, Two Spirit) is a good example of a term that is meant to signify inclusion and diversity, but is often confusing to many inside and outside these communities. Similarly, the term BIPOC (Black, Indigenous, people of colour) may be more familiar in social justice based and activist communities, than others.

The therapist participants conveyed the complexity of working with racialized queerness and the absence of known language as an 'intuitive ethic' or 'sublingual, subvocalized'. They were referring to a knowing that does not need words, an understanding that is expressed in the practice, without having a particular approach or framework attached to it. The participants understood the complexity of working with their communities, and the nuances needed to build safe and reflexive practice. Their work centering intersectional queerness was based more on their cultural knowledge and relational ethics than on the theoretical approaches and professionalized obligations they had been taught. There was no expectation of an agreed upon language or terminology that must be used, and no clinically accepted language was imposed. Rather there was an embracing of practice that supports the fluid, relational, and imperfect identities of queerness (Reynolds, 2010), as well as the insider knowledge of racialized queerness. Counsellor education would benefit greatly by sharing the nuances of small, hidden, subcultures and communities, by centering these scholars and practitioners more intentionally.

### Pervasiveness of Whiteness

The QOC therapist participants noted how they were subjected to the pervasiveness of whiteness in most aspects of their lives. Whiteness informs many ethnic cultural communities' understanding of queerness as something that is acceptable primarily for those who are white. Within queer communities, BIPOC members are poorly represented or visible, and therefore

most queer spaces are predominantly white. As has already been demonstrated, whiteness is

reinforced and reproduced through the heteropatriarchal and heterocolonialist discourses that

underlie the foundations of graduate level counselling education.

In Ahmed's discussion of whiteness, she defines it as an effect of racialization, shaping

what bodies 'can do' in the spaces made available to them (2007). She asks what it means then to

notice its effects. What are the implications of drawing attention to whiteness, to discussing and

studying it? Does the very act of noticing whiteness enhance its power and primacy, or does it

become diminished when it is examined? While I contend that it depends on the context of who

is undertaking the examination and the reasons underlying it, the very naming of whiteness shifts

the conversation in important ways. This is an example of the complex nature of identities,

power and privilege, that should be discussed more often in graduate counsellor education.

The counselling field can and must do better in examining the implications of whiteness

in the field, and the impact on all therapists and clients. Whiteness continues to inhibit the voices

and lived experiences based on race, ethnicity, class, gender identities and sexualities. Students

are not learning how to have conversations about identities, positioning, social location and the

implication of their similarities and differences in the therapeutic relationship.

**A New Approach**

I have written about the challenges of relying on defined professional competencies as an

approach to teaching identities, particularly LGBT. Counsellors are not learning the finer

nuances of queerness from the standpoint of communities, subcultures, resiliency, or activism.

They are also not learning the expansiveness of intersectional queerness as proposed in these

pages.

The current model of therapy focused on LGBT clients is Affirming Therapy, discussed in chapter two. This model has been in place since the 1990s and while affirmation remains critical and is still illusive in many places, it is clear that it is merely a starting point. I contend it is now time for a new model to emerge. Our field needs to encompass a broader understanding of queer as a worldview, to embrace and illuminate liminal spaces and the vast pools of knowledge they contain, and intentionally center queer of colour and Two Spirit experiences.

**Queer Worldmaking as an Approach to Counselling**

Queer worldmaking (QWM) has been conceptualized based on the epistemologies and ontologies introduced in chapter one, as well as queer epistemology, QOC cultural knowledge, QOC and Two Spirt critiques examined in chapter two. Queer worldmaking can provide substantial support in racializing queer discourse, and queering racialized discourse, forming new ways of teaching identities which are often only understood as separate from each other. Through QWM, student and practicing therapists can learn queerness as a way of being, of moving through community and spaces, as a cultural group that has been stigmatized and hidden yet resilient and active. Therapists can develop a theoretical framework to learn and understand queerness, which will support how they build safety and trust in the therapeutic relationship, and how they discuss queerness with their clients. As an approach, this will greatly differ from affirmative therapy, as relational intersectionality and reflexivity will be at the center. In this new 'model' based on QWM, therapists are comfortable to name and discuss queerness as part of their approach, and able to ask questions to their client of the nuances of queerness in the different aspects of their lives. Therapists will develop their practice with the awareness of how the problematic discourses of heteropatriarchy, heterocolonialism have heavily framed and influenced the fields of counselling and social work. Queer worldmaking as an approach to

counselling may be the most significant outcome of this project, as it can greatly transform the

pedagogy, curricula, professional obligations and practice approaches of our discipline.

**Future Research**

The conceptual framework of QWM is worthy of deeper examination for what it may

contribute to the current ways in which queerness is conceptualized in counselling and social

work. It would be a worthwhile endeavour to research the impacts of QWM on therapists and

clients, in order to further develop this as an approach that is taught and discussed. I would have

liked to include recipients of counselling in this research study, to learn what the centering of

cultural knowledge could mean for them, and how it is useful and supportive of their mental

health. In the future I may also endeavour to conduct research on the experiences of QWM for

queer racialized therapists working with queer racialized clients.

A lingering question is the impacts of this study on my participants. Did our discussions

shape their practice, use of language, and any other learnings from the outsider witness teams

(OWT)? It would have been interesting to follow up with the participants, perhaps even in the

form of another OWT, to discuss their experiences of the study.

Another possibility for future research is in collecting narratives of queered and queering

practice by non-queer practitioners. I would be interested to learn other related ways in which

practitioners may be conceptualizing their practice outside of the mainstream dominant norms -

such as feminist intersectional therapy or anti oppressive counselling - and how they navigate

this with their clients and within their discipline.

An interesting area of research would be how counselling and social work programs

define and consider social justice, and how satisfied faculty and students are in its applications

within their programs and course work. This could create opportunities to review curricula of

different social justice-based counselling and social work programs, to evaluate and advise on how well they are defining a social justice practice, and if they are meeting the parameters.

**Concluding Thoughts**

This study has demonstrated that there is much to be learned from the cultural knowledge of queer and racialized therapists, in order to deconstruct the colonial foundations of the field. However QOC therapists continue to be marginalized and under-represented in their counselling education programs and practice settings, and the field remains restricted by the lack of broad access to this knowledge.

This dissertation has focused on the voices of queer therapists of colour, and how they centre queerness in their counselling relationships while decentering whiteness. These therapists became co-researchers engaged in a witnessing practice to learn, reflect and share their approaches in counselling. Applying queer theory and cultural knowledge as an epistemological stance can greatly redefine and restructure what counselling is, who does it, and how it is done. Queer therapists of colour have insight and wisdom critical to reshaping the counselling field by shifting the focus away from its modernist colonial foundations.

The study findings can greatly support the work that queer therapists are doing or hope to do, and have a significant impact on the counselling field in general by centering the voices that have been traditionally silenced. This dissertation builds upon the efforts that many others are also making, towards a queered counselling and mental health system that is social-justice based, and driven by those who have historically not been given voice.

This years-long undertaking honours all those queer people, people of colour, and queer people of colour, who feel isolated, challenged, erased, and in need of support and recognition. My research and research questions were driven by the recognition that when members of the

same community or lived experience come together and share their experiences of erasure and invisibility, their insider language and cultural knowledge highlights not only the shared challenges, but just as importantly, their resiliency. These spaces welcome a different language, a different way of knowing, captured in words that are used, and the words that do not have to be said. By bringing queer therapists of colour together, I wanted to ensure a safe enough space where we could talk together as co-researchers, about our practice, our approaches, our erasure and how we continued to be resilient in our work. The OWTs provided valuable space to engage in such conversations, and we all recognized this was an important and sacred space in which to meet. I wish to remind my reader that you have been invited into the type of conversation for which space has still not been made in the counselling field. But, together in our own spaces where there is safety, we talk as racialized queers, about our struggles and our vulnerabilities. I ask that readers of this dissertation recognize the privilege being afforded to you as you witness this conversation.

While other researchers and scholars such as myself are slowly gaining voice, academia is slow to recognize that we have something important to say and contribute. We are still not represented enough in the higher, more established ranks of academia and professional practice. Therefore, as racialized queer therapists we are still having to prove and legitimize our voice, our experience, and advocate for the many changes that are still needed.  We continue to talk to academic and professional audiences that largely do not look like us or share our experiences. Therefore, there is risk in being heard, and in having our perspectives integrated into new bodies of work. This dissertation serves as one part of a growing movement to reclaim space, and to begin engaging in a different kind of conversation about queer and queering mental health.

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# Appendix A

## Approval Letter from the Institutional Review Board

**U2** Universitair Ziekenhuis Brussel

**VUB** VRIJE UNIVERSITEIT BRUSSEL

**COMMISSIE MEDISCHE ETHIEK (O.G. 016)**
Reflectiegroep Biomedische Ethiek
Laarbeeklaan 101
1090 BRUSSEL

Tel  + 32 2 477 55 84
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commissie.ethiek@uzbrussel.be

**PROF. DR. J. BILSEN**
MENTAL HEALTH AND WELLBEING RESEARCH GROUP
VUB

Brussel, 20-11-2019

**Ons Kenmerk: 2019/307**

### ADVIES VAN DE COMMISSIE MEDISCHE ETHIEK

**Betreft:**
**The Unnamed Practice: Centering Queerness in the Counselling Relationship**
**Protocol: Version 1 dd 18/07/2019**
**B.U.N. 143201941204**

Na kennis genomen te hebben van de documenten betreffende het bovenvermelde project, inclusief het antwoord op de vragen van de commissie, het protocol versie 2 en de informatie- en toestemmingsformulieren, versie 2, ontvangen op 04-Nov-2019, in het Engels, besluit de Commissie Medische Ethiek tijdens de vergadering van 20 november 2019

**dat de voorziene studie mag ondernomen worden.**

Deze goedkeuring blijft geldig voor de duur van het project. De Commissie wenst een jaarlijks overzicht van de stand van zaken van het project te ontvangen. De studieresultaten dienen overgemaakt te worden aan de Commissie bij het beëindigen van de studie. Zij herinneren de verantwoordelijke van het experiment eraan dat dit experiment onder zijn persoonlijke verantwoordelijkheid zal worden uitgevoerd. Het gunstig advies van de Commissie betekent geenszins dat de Commissie de verantwoordelijkheid van het experiment op zich neemt. De Commissie Medische Ethiek werkt en is georganiseerd volgens de richtlijnen van ICH-GCP.

Met de meeste hoogachting,

prof. dr. M. Deneyer, voorzitter

Cc: FAGG, Departement R&D, Eurostation blok 2, Victor Hortaplein 40 / 40, 1060 BRUSSEL

454_01

## Appendix B

## Consent to Participate, Audio Record and Transcribe Interviews

# Informed Consent Form for Participants

**Name of Principle Investigator:**          Meera Dhebar
**Name of Organization:**          Vrije Universiteit Brussel

**Name of Project and Version:**
The Unnamed Practice: Centering queerness in the counselling relationship.
Narrative therapy informed reflecting teams with therapists as participants

*Study #1*
Eagle Wellness Counselling (Meera's private practice office)
609-402 West Pender St, Vancouver, V6B 1T6
January 17, 2020, 1-3pm

Study #2
Rahim (Participant's home)
1410 Dupont St, (buzz 2299) Toronto
Thursday March 5, 2020, 6-8pm

**This Informed Consent Form has two parts:**
**• Information Sheet (to share information about the study with you)**
**• Certificate of Consent (for signatures if you choose to participate)**

**You will be given a copy of the full Informed Consent Form**

**Part I: Information Sheet**
**Introduction**
          I am a doctoral student with the Vrije Universiteit Brussel and Taos Institute, completing a collaborative PhD in the social health sciences.  My research focuses on the importance of supporting queer identities and queer communities within counselling practices. This is the information sheet and invitation to participate in a reflecting team to discuss queer therapists' experiences as part of the research. I will follow up with you in the next few weeks to discuss your participation.

**Purpose of the research**
          Based on my experiences as an educator, supervisor and therapist I have noticed many obstacles in how queer clients are able to access counsellors and therapy practices that are informed by their queer identities. My research and literature review have also verified this. Most queer clients do not know how to find a queer therapist, and often queer therapists have not been

given the education or professional development opportunities to learn how to center queerness within the counselling relationship with their clients. I am interested to hear about your experiences based on your work within the queer community, and as a therapist of colour.

**Participant Selection**

You are being invited to take part in this research because of your experiences as a queer therapist of colour who is working with queer clients. I believe you have a great deal of knowledge to share that will contribute to my research.

**Voluntary Participation**

Your participation in this research is entirely voluntary. It is your choice whether to participate or not. If you choose not to participate nothing will be held against you. You may also change your mind later and stop participating even if you agreed earlier.

**Procedures**

I will be organizing three separate meetings or reflecting teams. In each meeting there will be 3-4 therapists and I will facilitate a narrative interview in a reflecting team format. I will interview one therapist (*interviewee, or interviewed therapist)* about their experiences and practice, while the other members listen. This will last approximately ½ hour. When finished, the witnesses will then be given time to first capture their reflections through mediums such as art, drawing, writing, before being given time to discuss with each other what they heard in the interview. The interviewee and I will listen to your reflections. Once you have completed your discussion, the interviewed therapist will ask you any questions about what they heard. In the final segment, I will interview the initial therapist again about the impact of what they heard from the witnessing team. I have laid out the steps below:

1. Meera interviews one therapist.
2. Other therapists form the reflecting or witnessing team and listen.
3. Meera completes her interview.
4. Witnessing team members have time to capture their reflections on paper and with art materials.
5. Witness team members discuss with each other what they heard, and then share their reflections.
6. The initial therapist speaks to the team to ask questions about what they heard.
7. Meera conducts the final interview with the initial therapist to ask for their experience of what they heard.

Patricia Ruiz, a counselling placement student from CityU (that I supervise at Vancouver Film Student), will be present to oversee the audio recording. No one else will be present but myself, the person overseeing the recording, and the reflecting team members. The entire interview will be audio recorded, and then transcribed. You can choose a pseudonym that we can use during the interview. The information recorded is confidential, and no one else except me and the research team will have access to the tapes. The audio recording will be deleted after 6 months from the date of the interview and will be securely stored in my counselling office.

**Duration**

You are being asked to participate as a member of one reflecting team, as either an interviewee or witness. When we meet together as a group, we will discuss who would like to be interviewed and who would like to be witnesses. The entire process will last 120 min. max. If I find it necessary to have another interview with you, I shall make another request for you to participate. Again, this involvement is completely voluntary.

**Risks**

There may be some risk to you, as your reflections and the discussion could be painful, as experiences in the interview and discussions may relate to experiences of disrespect in prior heteronormative work environments when working as a queer therapist. The reflecting team process itself is designed to support all participants in feeling supported by the team in processing feelings arising from the content of the discussions.

**Benefits**

There will be some direct benefit to you, as you will hear from other therapists' experiences that may inform your own work. Your participation is likely to help us find out more about how we support members of our queer communities to access the counseling services they need, and for counsellors to gain the knowledge and experience to work with queer clients.

**Reimbursements**

I will provide a small gift valued at $25 to you for your time. I will provide  refreshments and snacks at the time of the meeting.

**Confidentiality**

I will take all precautions to protect your identity and involvement in the study.  When any of this research is shared in a public setting or space, your anonymity as a participant will be maintained at all times. Recordings and transcripts where your name and identity will likely be revealed, will be password protected. Also, as participants in the reflecting team, your names will become known to each other.

**Sharing the Results**

Nothing that you tell us during your involvement in this research will be shared with anybody outside the research team, and nothing will be attributed to you by name.

**Who to Contact**

If you have any questions, you can ask them prior to your involvement in this study or at any other time throughout the research process. You may contact me at any time at meera@eaglewellness.ca

**This research has been reviewed and approved by the National Council for Science and Technology and the Ethical Committee of the Vrije University Brussel in Belgium, which are committees whose task it is to make sure that research participants are protected from harm.**

**General Data Protection Regulation** (GDPR), which has been in force since 25/05/2018:

1. "The data will be processed in accordance with the principles imposed by the new European General Data Protection Regulation (GDPR), which came into effect on 25 May 2018.";

2. "Personal data belonging to you will be collected in the context of the research you are participating in. We [commissioning body's name] are responsible for proper processing and the obligation to provide information that this entails. For this reason, we would like to ask you to note that we will collect xxxx and xxxx from you." (list categories of personal data);

3. "Clearly we are only allowed to use your personal data for the scientific research purposes described on the informed consent form.";

4. "It is possible that your data will be seen by persons in countries that do not apply the same legal standards for data protection as those in the EU. In that case, we are committed to ensuring that the conditions of European and Belgian legislation concerning the protection of personal data are enforced.";

5. "Consequently, we would like to inform you that, in accordance with the relevant legislation, the data collected as part of this research will be stored for at least xx years." (Also state the security measures that have been taken);

6. "According to the GDPR, you have a number of rights relating to the processing of your data. If you have further questions about these rights, you are always welcome to contact the data protection official at the VUB: dpo@vub.be.";

7. "Finally, you also have the right to file a complaint about the way your information is treated. You can submit this complaint to the Belgian supervisory authority that is responsible for enforcing the data protection legislation:
   > Data Protection Authority (DPA)
   > Rue de la presse 35,
   > 1000 Brussels
   > Tel. +32 2 274 48 00
   > e-mail: contact@apd-gba.be
   > website: www.gegevensbeschermingsautoriteit.be."

**Part II: Certificate of Consent**

I have read the foregoing information, or it has been read to me. I have had the opportunity to ask questions which have been answered to my satisfaction. I consent voluntarily to be a participant in this study

**Print Name of Participant**   _____


**Signature of Participant**   _____
**Date**                       _____   **Day/month/year**


 **OR**

I have witnessed the accurate reading of the consent form to the potential participant, and the individual has had the opportunity to ask questions. I confirm that the individual has given consent freely.

**Print name of witness**_____

**Signature of witness** _____

**Date** _____

**Day/month/year**

**Statement by the researcher/person taking consent**

I have accurately read out the information sheet to the potential participant, and to the best of my ability made sure that the participant understands that the following will be done:

1. The discussions or interviews will be recorded
2. Findings from the research will be shared with the professional mental health community.
3. All audio / video records will be kept confidential and accessed by only the research team.

I confirm that the participant was given an opportunity to ask questions about the study, and all the questions asked by the participant have been answered correctly and to the best of my ability.

I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

**A copy of this ICF has been provided to the participant.**

**Print Name of Researcher/person taking the consent**_____

**Signature of Researcher /person taking the consent**_____

**Date** _____

D/M/Y

**Appendix C**

**Study Recruitment Letter**

**The Unnamed Practice: Centering Queerness in the Counselling Relationship**

January 10, 2020
Dear colleague,

This document will provide information on my dissertation and the study that I am planning. I am studying with the Taos Institute with advisor Gerald Monk in San Diego, and Vrije Universiteit Brussel with supervisor Johan Bilsen, in Brussels.

The purpose of my research is to better understand the therapeutic relationship and counselling practices that take place when the therapist and client have shared experiences of queer identities and communities. As the researcher, I am intentionally using the term queer (instead of LGBT) to reflect its unique and relational aspects. This research can contribute to how queer identities and counselling practices are approached and taught in academia and educational institutions.  I am informed by social constructionism, queer theory, and cultural humility as I look at who is represented and not represented in the discourses of mainstream counselling approaches.

This study aims to understand the experiences of queer therapists of colour who work with queer clients. By capturing their experiences and reflections, the research aims to understand what therapists need in order to work effectively with the queer community and the study will contribute greatly to the professional mental health community's understanding of queer identity. There is very little information of this nature currently available.

It is intentional that the study of queer therapists of colour is not named in the title. Most research studies do not consider aspects of diversity in their sample and will often have a majority of study participants as white. This includes research on queer populations. It is rare to have research that is truly diverse in its sample size, unless the researcher has chosen to only focus on racialized populations. Therefore, I am being intentional in not having 'queer therapists of colour' in my study title. I am taking a stand against the accepted practice of having mostly white participants in a study without naming the study as such. This stand is based on the principle of normalizing who is named and differentiated against the accepted standards of whiteness within most research studies.

While I have a certain understanding of queer that I define in my dissertation, I am not looking for therapists who necessarily understand queerness in the same way. Also, as practicing narrative therapist utilizing a narrative practice called reflecting team for my study, I am not seeking narrative therapists as study participants.

Study Design: Outsider witnessing team process.

I have designed this study as a blend of an outsider witness / reflecting team process, (called reflecting team for brevity) consisting of four to five therapists. I hope to organize three different groups. Each reflecting team will consist of one interviewee, the remaining participants as outsider witnesses, and myself as the interviewer. In narrative therapy the concept of a witness is one who may acknowledge injustices and the steps, skills and strengths people take in their lives to continue to move forward in resolving their problems and meeting goals in the present.

The witnesses will participate in a reflecting team. After the initial interview the witnesses will discuss and share their reflections with each other, while the initial interviewee and myself listen. The witnesses will be asked to first spend 5-7 minutes capturing any images or drawings on paper, before beginning their discussion. In their discussion they will be asked to name and discuss any key words, metaphors, or imagery that struck them during the interview. The discussion will include how the participants felt about what they heard in the interview, and their own resonance with it.

I will then conduct a final interview with the interviewee to capture their reflections of the process. The witnessing team members are then invited to share any closing remarks or comments, completing the cycle. The entire process from start to finish, including introductions and becoming settled in the room, should be no more than 2 hours.

Narrative questions or interviews are in line with semi structured interviews and based in constructionism. This approach focuses on understanding the stories of the research participants as they relate to their insights, their queer identities, and counselling practice, and the challenges, and strengths the participants face in their work.

Guiding questions: As a queer therapist, how do you name your experiences and approaches of queer centered counselling in your practice with queer clients?

 1. I am interested to know more about your identities, what words do you use to identify and describe yourself?

2. How would you describe your counselling practice and approach?

3. How do your queer clients find you?

4. What are the words your clients use to describe their identities?

5. Can you tell me about your counselling practice, and who you see?

6. How do you discuss identities and connect it to the issues your clients experience?

7. What is different about how you work with queer clients?

8. How did you learn to work this way?

9. What professional supports are you able to access for your work with queer clients?

10. What are the challenges you have faced in developing your approach and practice with queer clients?

11. What are the challenges queer clients face in finding a therapist work with?

**Appendix D**

**Participant information form**

Name:                                                    Pronouns:

DOB:                                                     Age at time of study:

How do you identify based on:

Ethnicity

Gender

Sexual orientation

How long have you identified as queer?

Anything else that you would like me to know about you

This is to better understand the impact of your various identities:

How do your identities show up in the world, in your work, in ways that are most salient?

When thinking about your identities, how do you think about it, what does it bring etc.?

What is important about your identities and how it plays out in terms of your lived

experience?

Languages spoken (fluent and conversational):

What is your counselling designation and education?

What year did you obtain your counselling degree?

How would you describe your counselling approach?

What is the general make-up of your client base according to

Issues:

Identity:

Anything else you would like to add?

**Appendix E**

**Interview guide**

Guiding question: As a queer therapist, how do you name your experiences and approaches of queer centered counselling in your practice with queer clients?

1. I am interested to know more about your identities, what words do you use to identify and describe yourself?

2. How would you describe your counselling practice and approach?

3. How do your queer clients find you?

4. What are the words your clients use to describe their identities?

5. Can you tell me about your counselling practice, and who you see?

6. How do you discuss identities and connect it to the issues your clients experience?

7. What is different about how you work with queer clients?

8. How did you learn to work this way?

9. What professional supports are you able to access for your work with queer clients?

10. What are the challenges you have faced in developing your approach and practice with queer clients?

11. What are the challenges queer clients face in finding a therapist work with?

**English Summary**

**Background**

This dissertation analyzed how queer of colour cultural knowledge can be used to examine traditional approaches to mental health within counselling psychology and social work. Western-based colonial discourse has historically not been inclusive of the voices of queer people of colour. I argue that these voices, their viewpoints and perspectives are critically important to the mental health field in general. My study demonstrated how the fields of social work and counselling have been strongly and continuously influenced by colonialism, racism, white supremacy, cisnormativity, heteronormativity, homophobia and transphobia. Queer therapists of colour have been especially impacted by these systems and these cultural forces have negatively affected their experience in their counsellor graduate education, and how they build their counselling practice approaches.

The key theoretical underpinnings of this project are social constructionism, queer theory, intersectionality, queer of colour critiques. It is through these lenses that I examine problematic discourses, define the problem, develop and propose recommendations.

**Problem Definition**

Based upon the research pertinent to my study, I argue that queer therapists of colour are positioned by academe and the counselling profession to not freely and legitimately utilize their own cultural knowledge, based on their subjectivities of racialization and queerness, in their counselling training and counselling practice. I examine the erasure and invisibility of faculty and students, who are racialized and /or queer, within academia and curricula.

Queer scholarship is lacking, as there are no clearly defined pedagogies to teach queer identities, practices or worldviews. Further, being queer or racialized is often taught as a risk

factor for its effects on mental health, without a thorough examination of heteropatriarchy, heterocolonialism. homophobia and transphobia. Queerness or racialization is not considered a protective factor for ones mental health.

Identity based models such as multicultural competency and anti-oppressive practice are based on fixed identities of race, sexual orientation, gender identity, in a binary of us/them static positioning of power and privilege. Lesbian, gay, bisexual, trans (LGBT) competencies focus on fixed static identities of being L, G, B or T. Absent from these frameworks are the many relational, fluid, and dynamic nuances that are present.

The current model of counselling for LGBT clients is Affirming Therapy, founded in the 1990s, it is synonymous with culturally competent therapy. Lesbian, gay, bisexual and trans become fixed constructs, taught as competencies, without space for fluidity of gender or sexuality within relationships or over time. The term affirmation implies support is being conferred by a dominant group upon a group with less power.

**Aims**

This dissertation focused on the use of queer theory to expand the concept of queer as an identity term, to one that is based on an epistemology. Queer can then be understood as a way of being, a way of seeing, a way of moving through the world; it can be used as a verb and an adjective. Queer theory informed the epistemology, ontology and methods of this project.

**Methods**

The research study sought to first understand how queer of colour cultural knowledge can inform the counselling education of racialized queer student therapists. It was also interested in how racialized queer therapists use their cultural knowledge to inform their current practice with queer clients. Eight queer of colour therapists participated, discussing their experiences of

counselling education, their counselling practice approaches, their ethics, and their queer client relationships.

Data was collected using a series of interviews and discussions formulated through outsider witness teams guided by a narrative therapy approach. The interview materials and discussions were analyzed using Interpretative Phenomenological Analysis (IPA). This methodology made it possible to engage in a reflective, meaning-making stance with the data, a perspective crucial to centering the experiences of this group whose voices have been generally erased in mental health practice and scholarship.

Using a constructionist and postmodern frame, this research study identified an important composition of cultural knowledge embedded in queer epistemology and queer of colour critiques. When participants discussed the insights they identified when utilizing queer of colour cultural knowledge, they described being able to bring more understanding and connection to their counselling practice. This research shows how utilizing queer of colour cultural knowledge can allow voices to emerge that have been traditionally silenced. My study centers voices that have been historically erased within the counselling field.

**Results**

The study found that queer of colour therapists, after being established in their practice began to rely more strongly on their cultural knowledge to inform their practice with queer / racialized clients. These therapist participants were focused on the therapeutic relationship, by building safety and trust for their clients and also for themselves. As they were able to build supportive networks of colleagues and supervisors, they were able to work more closely within their own communities.

**Conclusion**

By applying queer of colour cultural knowledge revealed by the therapist participants in the study, as well as identifying scholarship of queer of colour and Two Spirit critiques; new considerations can be given for how therapy may be taught and practiced. When therapists reported being able to practice in a manner that centers their queer of colour cultural knowledge, they expressed a clear sense of joy, connection and confidence in their work. I name this Queered Love in the Therapeutic Space.

Queer of colour critiques were discussed for their concept of queer worldmaking, in reference to queer culture as a worldmaking project, and the specific ways in which queer people create and take up space, in the absence of an intimacy connected to domestic space, kinship, relationship structures, property or nationhood. A new way of teaching queerness in counselling and social work can integrate queer worldmaking, supporting therapists to consider a much wider perspective of queer beyond an identity position.

**Samenvatting**

In dit proefschrift wordt geanalyseerd hoe de culturele kennis van queer personen van kleur kan worden aangewend om traditionele benaderingen van geestelijke gezondheid binnen de begeleidingspsychologie en het maatschappelijk werk te onderzoeken. Historisch gezien is de stem van queer personen van kleur nooit gehoord in het op het Westen georiënteerde, koloniale discours. Ik argumenteer dat hun stemmen, hun standpunten en hun perspectieven van cruciaal belang zijn voor de geestelijke gezondheidszorg in het algemeen.

In eerste instantie werd in het onderzoek nagegaan hoe de culturele kennis van queer personen van kleur kan bijdragen aan de counselingopleiding van geracialiseerde queer student-therapeuten. Er werd ook onderzocht hoe geracialiseerde queer therapeuten hun culturele kennis aanwenden in hun huidige praktijk met queer cliënten. Acht queer therapeuten van kleur namen deel en spraken over hun ervaringen tijdens hun opleiding tot counselor, hun benaderingen in de counselingpraktijk, hun ethiek en hun relaties met queer cliënten.

Gegevens werden verzameld aan de hand van een reeks interviews en gesprekken die werden geformuleerd door een team van buitenstaander-getuigen op basis van een narratieve methodiek. Het interviewmateriaal en de gesprekken werden geanalyseerd met behulp van interpretatieve fenomenologische analyse (IPA). Door middel van IPA was het mogelijk om de gegevens vanuit een reflectief, betekenisgevend standpunt te benaderen, een perspectief dat cruciaal is om de ervaringen van deze groep, wiens stem nooit gehoord werd binnen de opleiding en praktijk van geestelijke gezondheidszorg, centraal te stellen.

Deelnemers meldden dat veel van de counselingkennis en vaardigheidsontwikkeling in hun counselingopleiding vaak ontoereikend was en zelfs hun vermogen ondermijnde om goed voorbereid te zijn om doeltreffende geestelijke gezondheidszorg te bieden aan hun gemeenschap.

Gezamenlijk beschreven zij hoe de counselingopleiding op het gebied van multiculturele counselingcompetentie, anti-onderdrukkende praktijk en professionele ethische codes ruim tekortschoot in hun praktijkbehoeften. In veel gevallen gaven deelnemers aan dat hun counselingopleiding hun eigen ervaringen marginaliseerde en hun persoonlijke en collectieve stem het zwijgen oplegde.

Met behulp van een constructionistisch en postmodern kader werd in dit onderzoek een belangrijke samenstelling van culturele kennis vastgesteld die verankerd zit in de queer epistemologie en de kritiek van queer personen van kleur. Toen deelnemers de inzichten bespraken die ze hadden verworven door hun culturele kennis als queer personen van kleur aan te wenden, beschreven ze dat ze in staat waren om meer begrip en connectie in hun counselingpraktijk te brengen. Dit onderzoek toont hoe het gebruik van de culturele kennis van queer personen van kleur stemmen kan laten horen die traditioneel het zwijgen zijn opgelegd en daardoor aandacht kan geven aan stemmen die historisch zijn uitgewist binnen de counseling.

Dit proefschrift besluit met het argument dat de culturele kennis van queer personen van kleur niet alleen cliënten die geracialiseerd en queer zijn kan ondersteunen, maar ook de praktijk van therapie in het algemeen kan ondersteunen en verbeteren.