

We Are Part of the Ecosystem: Therapeutic work within communities of practice

Emily Salja and Evren Salja

Volume 8

Issue 2

Autumn 2025

Keywords:

*2SLGBTQIA+,
community action,
neurodiversity,
collective care,
collaborative practice,
overlapping
relationships,
relational approach,
queer,
disability*

Abstract

As practitioners, we often share community memberships with those who consult us. We practice from a place of familiarity with how Western psychotherapy has failed, oppressed, and blamed racialised, neurodiverse, 2SLGBTQIA+, disabled, and otherwise marginalized people. Some is lived experience, the rest we draw from community knowledges.

We hope to contribute a response to the question, "What can it mean to intentionally build a therapeutic practice outside the expectations of clinical professionalism as a person, practitioner, and community member?" Or, from another angle: "What does it mean to be a part of the ecosystem we support?"

Our experiences and observations are framed by privileges (whiteness, stable housing, access to academic spaces, healthcare, and transport) and marginalisations that inform and contextualize this work. In perpetuity, we acknowledge and honour the brilliance and labour of Kimberly Crenshaw, Leah Lakshmi Piepzna-Samarasinha, Robin Wall Kimmerer, and countless other BIPOC scholars, activists, writers and beyond who have defined and created intersectional (Crenshaw, 1989) systems of resistance and survival. Any errors in the interpretation of these bodies of work are our own.

Citation Link

"We need a space where it is safe to be weird, or sick, without enforced "support" that is cruelty and control."

Leah Lakshmi Piepzna-Samarasinha (2022, p. 265)

Social Location: Who we are in the landscape

We write this from the unceded and traditional ancestral lands of the T̓k'emlúps te Secwépemc, and Nlaka'pamux nations, colonially known as 'kamloops, b.c., canada'. Emily was born and raised on unceded Musqueam, Squamish, and Tsleil-Watuth territory with ancestries both

unknown and English and Scottish by way of colonized southeastern 'united states'. Evren arrived here as a refugee from Kosovo whose family has found refuge on these lands since 1999.

Anthropologists who study gift economies note that they function well in small, tightly-knit communities. You might rightly observe that we no longer live in small, close-knit communities, where generosity and mutual esteem structure our relations. But we could. It is within our power to create such webs of interdependence, quite outside the market economy. Maybe that is how we extract ourselves from a cannibal economy. Intentional communities of mutual self-reliance are the wave of the future, and their currency is sharing.

(Kimmerer, 2024, p. 91)

In 2024, we co-founded Groundfire Counselling & Community Work with Tiffany Sostar to hold our work within our own communities of practice (Eckert & McConnel-Ginet, 1992). Our communities are a spirograph of Venn diagrams: deviant, in the margins, multifaceted and shapeshifting—and Western psychotherapy has a long history of ‘treating’ our kin with measures spanning from dismissal to carceral means of suppression and control (Akinyela, 2002; American Psychological Association, 2021; Morris, 2023).

In response, we refuse to ‘fix’ or ‘heal’ to an abled, neurotypical benchmark, instead offering questions, invitations, reflections, and sharing stories in ways that make us stronger (Wingard & Lester, 2001). People who consult us are most often responding to acute or systemic injustice, or they have realized that their methods of living are inherited, borrowed, ill-fitting and not in alignment with how they would like to live. Our work is relational by default, a collaborative process of exchanging, filtering, and distilling knowledges and skills.

Emily (she/her)

I completed the Master of Narrative Therapy and Community Work in 2021 and am now in my fifth year of conversing with people towards therapeutic ends. I am an artist and writer, an eldest daughter and oldest sister, and someone who is unsatisfied unless there is soil (or ink, or paint) under my fingernails. For the context of this paper, I am part of a few relevant communities of practice: neurodiverse, chronically ill/disabled, raised in cultures of whiteness and individualism, gay, and liminal in gendered experience.

In early 2020, I started immunosuppressive medication to retain use of my hands. Within the context of an ongoing global pandemic, I retreated from in-person community spaces, joining legions of crip queers in disappearing into our houses. In many ways, I am unthinkableably lucky. Stable housing, an honest and supportive spouse who self-identifies as a hermit and does not resent militant COVID protocols, and most recently, a new biologic medication that further disables my immune system but leaves me feeling (mostly) vibrant and alive without constant nausea and fatigue.

This multifaceted duality of disability and vibrancy is representative of much of my life both in and out of practice these days: what offers thriving is often at a unique intersection of privileges and barriers. I hold embodied perspectives for those who consult me from contexts of chronic illness and disability. Our practice is built to support disabled wellbeing. I am also, despite working within my communities of practice, often removed from the physical social fabric of the community I work within.

Evren (they/them)

I am a great many things. The 'eldest daughter' of migrants, a refugee, an older sibling, and a member of a large extended family. I am also a member of overlapping and distinct relevant communities: queer, trans, non-binary, neurodiverse, bilingual, Balkan, collectivist, and conditionally-abled (where remaining physically abled requires intentional mitigation). I have 35 years (and counting) of experience of not neatly fitting into any one category and existing comfortably in liminal spaces.

As a practitioner, I have been having therapeutic conversations near-exclusively with other queer and trans folks since my counselling practicum in 2017, both in community non-profit centres on the unceded and traditional ancestral territories of the Musqueam, Squamish, and Tsleil-Watuth nations ('vancouver, b.c., canada'), and through telehealth solo practice.

Location of Landscape: What we are responding to

As we understand it, Western psychotherapy is a field that attempts to treat problems as they manifest in connection to people, often locating the problem within the person. In social construction theory, problems are defined by the society in which they arise, which indicates that our society identifies a great many problems.

Narrative practice, however, offers space to treat problems as separate from people (White & Epston, 1990) and recognizes both acute and everyday problems as parts of a holistic whole. Bringing forward the range of problems that systemic practice can address with dignity has allowed us to expand our understanding of what transformative practice could look like.

We thought about consulting story-gatherers and knowledge-keepers as old practices that strengthen a community—and removing or replacing community healers and knowledges as methods of subjugation and colonization. Alicia Elliot writes:

Lately I've been thinking about why there is no Mohawk word to differentiate between reactive and melancholic depression. No scientific jargon to legitimize and pathologize. Just wake'nikonhrén:ton and wake'nikonhra'kwenhtará:'on. A mind hanging by a thread, and a mind spread out on the ground. A before and an after—the same way we measure ourselves against colonialism...

...if colonialism is like depression, and the Onkwehon:we suffering from it are witches, then I guess it shouldn't surprise anyone that our treatment has always been the same: to light us on fire and let us burn.

I now understand why that therapist in that church reminded me of residential schools. When I think of that man sitting across from me, chastising me for not saying the right words, the words that made it easy for him to understand me and cure me, I think of how my great grandparents felt when priests and nuns did the same to them. The difference is that the therapist was trying to cure me of being depressed; those priests and nuns were trying to cure my ancestors of being Indian. (2019, pp. 10-11)

Emily: I remember this excerpt resonating deep within my chest, both from a linguistic and therapeutic perspective. I had recently applied to a Master of Counselling program. I did not want to be the

therapist in the church, attempting to 'fix' and 'cure' with disregard for the person in front of me or their contexts.

We believe that moving through a system borne of violence offers us choices, including:

- We can submit to the gravitational pull of professionalism, unquestioningly assume positions of power, and apply pathology to our clients as people who know less than us.
- We can make small acts of resistance within the system while staying vigilant as to our own practices and find communities with a stronger gravitational pull than that of professionalism to keep us steady.
- We can choose to step outside the system entirely and take our work directly into the community.
- We can build a shell to protect our work while leveraging certain aspects of the system.

If we want to work within our communities, we are encouraged to isolate, live irreproachable lives, and minimise disclosure of shared experiences (Endacott et al., 2006; Everett et al., 2013; Galletly 2004; Scopelliti et al., 2004; Szumer & Arnold, 2023). We make these choices at varying intersections of cultural context, financial stability, access to community, and more.

Emily: After two semesters in graduate school, I found myself struggling to fight the gravitational pull of a colonized system. The positioning of 'therapist as expert' began to alter my politic. I dropped out to recalibrate, and made the decision to pursue the Master of Narrative Therapy and Community Work instead.

Nobody is immune to being recruited into perpetuating systemic violence. We see this across cultures, communities, within activist circles, at the family dinner table. Knowing this, we try to cultivate a vigilant awareness of what might recruit us. Frequently, certainty smuggles in binaries of 'good' and 'bad', 'broken' and 'healed', 'healthy' and 'unhealthy'. Like the stories that shame spins, systemic violence tells stories that are designed to feel true. In resistance, like Ronica Mukerjee, we must "be willing to look things up, to be wrong, to be corrected and not feel like [we] need to be thanked because [we are] correctable" (Sharman, 2021, p. 165). Systemic violence is an invasive weed that, left alone, will choke an entire ecosystem.

Practice Location: What we are cultivating within the landscape

On one side of the world were people whose relationship with the living world was shaped by Skywoman, who created a garden for the well-being of all. On the other side was another woman with a garden and a tree. But for tasting its fruit, she was banished from the garden and the gates clanged shut behind her...in order to eat, she was instructed to subdue the wilderness into which she was cast.

(Wall Kimmerer, 2013, pp. 6-7)

We kept arriving at metaphors of land, landscape, ecology, and cultivation. Indigenous cultivation of land supports resilience and reciprocal thriving, creating food forests that nourish all parts of the ecosystem (June, 2020; Mkomose, 2022; Johnson, 2025; Morrison, 2016; Wall Kimmerer, 2013, 2024). How can we cultivate practices that support resilience and reciprocal thriving if the landscape we find ourselves in is already colonized?

Fruiting Bodies: What we (as a community) are cultivating

In the spirit of Sostar and Boyes (2020), working within our communities of practice feels mycelial in nature. Invisible tethers of what we believe possible connects us in multi-directional dialogue to people doing this work in different-yet-aligned contexts. When this work is made visible through sharing, publication, or otherwise, we think of fruiting bodies springing 'out of nowhere', sustained by near-invisible underground networks metabolizing and delivering nutrients across far distances.

We are part of an ecosystem of insider research and community knowledges. When we come across writing that describes aligned practices, it feels magnetic. There is a reflexive and embodied feeling of "I'm not alone", followed closely by caution—experience has taught us to look for simultaneous connection and isolation in how we move through the landscape. When connection prevails, we feel nourished.

In her research with women who have lost a male partner to suicide, Sather (2021) mentions that carefully utilising her insider status was one of the reasons why some women chose to speak with her. This resonates with our practices on a pervasive, foundational level.

Emily: I remember in my first conversation in practicum, the person I was speaking with shared that the reason they chose to speak with me was that I had included a 'complex relationship to gender' in my bio, and that they wanted to explore what that looked like, because they thought they might have one too.

Evren: From my practicum to this day, most of folks who choose to work with me have explicitly mentioned that they have done so because of how I identify (as non-binary, queer, trans, neurodivergent, etc.) in my bios and by what I make visible in my communications (i.e., my pronouns, the presence or absence of titles, etc.).

In our conversations, wielding insider status can feel like an artistic consideration: will making this visible offer dimension, or will it obscure?

Serendipity (2024) draws on her lived experience in consensual sex work to offer nuanced, rich, experience-near conversations with a community that often overlaps with our own. Narratives of moral danger and stigma surround both 2SLGBTQIA+ and sex work communities, and our communities have historically, globally, and presently shared membership and networks of support for socioeconomic, legal, and political reasons. As we write this, it feels important to note that allying with sex workers and supporting decriminalization of consensual sex work is foundational to recognizing how our communities have worked together over time.

Serendipity illustrates that sharing insider status can offer a space for nuanced conversations about stigmatized experiences, bringing forward often-overlooked aspects. For us, this can look like discussing complex feelings about transition or queerness, coming out/inviting in (Hammoud-Beckett, 2007), secrecy at work or with family, community dynamics, or other topics that might not feel accessible or 'right' to discuss without a shared baseline of community familiarity.

Sostar et al. (2024) write that "awareness...can help us remain de-centered by continuing to remember and acknowledge the ways in which we are not ever fully "inside" each other's experiences...there is no singular trans experience" (p. 144). This resonant articulation of being both of a shared experience and remaining intentionally outside witnessed stories echoes work by

Aboriginal narrative therapists such as Drahm-Butler (2015) and Davis (2017), who write on how being of the collective experience while remaining de-centered shapes and informs their work in community.

Tilsen (2021) highlights that:

Queer and trans relationships and communities are often web-like with multiple points of connection and many intersecting links. Thus, from a queer ethics position, we might ask if it's ethical to participate in a person's emotional, relational, and spiritual life, and then retreat to a distant community. (p. 85)

This excerpt had us reflecting on how safety, like problems, is defined by the society in which it arises. In Western culture, knowledge of intimate information can constitute social leverage and risk of punishment—within a culture that weaponizes intimacy, disclosing intimate information invites risk. Risk can be mitigated by kinship to, equal leverage over, or distance and complete separation from people who know us, to protect our vulnerability from exploitation, and given that people are discouraged from having kinship to or equal leverage over their counsellors, we are left with distance and complete social separation.

Within our communities, safety is most often characterized by connection and shared understanding of what it means to be in a marginalized community. Leah Lakshmi Piepzna-Samarasinha describes this as “crip emotional intelligence” (2018, 69-73), “healing lineages” (2018, p. 98), “disabled secrets” (2022, pp. 249-257), and “using ourselves as our own authority and points of reference” (2022, p. 218). In one excerpt, they describe a conversation with their “neurodivergent femme therapist”—identities they share—on “the erotics of unmasking” (Piepzna-Samarasinha, 2022, p. 321), illustrating the vibrant co-creation that becomes uniquely possible within community.

Because of this contextual safety, there is a sense of steadiness present when we read work done by and for marginalized communities, like Wiseheart's (2024) collective document on autistic burnout, or Sostar's (2020) zine on borderline experiences. We know that the people whose stories are being shared collaborated on the document, that the work is less likely to exploit the community, and that there is a sense of commitment from the people compiling the document. When community well-being directly affects both our personal and professional lives, safety is in connection—not distance.

Our training in Western psychology often felt mechanical, inorganic, pinched in some places and gaping in others. In contrast, learning to work within a collective experience and learning from Indigenous and Aboriginal approaches to connecting with people in supportive ways feels like coming home.

We are already home: a space of vulnerable accountability

"[A gift economy] seems especially important to an immobile, long-lived being like a tree, who can't run away from ruptured relationships. Thriving is possible only if you have nurtured strong bonds with your community." (Kimmerer, 2024, pp. 72-73)

We are uniquely situated to cultivate the landscape we inhabit. Over the last five years, we have cultivated a responsive, relational practice in virtual spaces from our home offices: we do not go 'to work' and 'return home' the way many do. Both literally and figuratively, we are already 'home'.

In describing her experiences working in refugee clinics, Scholtens (2017) reflects on the disparity of wealth between her and her patients, stating that "...most of my life was lived in relative luxury: I never ran into my patients at my usual out-of-office haunts...When I did, it was jarring" (p. 187). She describes encountering a family she had served in the clinic while on an evening run, feeling exposed, then reflecting that when discussing exercise with the family in the past, they had not been able to afford athletic shoes (p. 188).

Emily: When I first read this, it stuck under my skin. I didn't want to exist in a different world than the people I served. I wanted, if it was possible to do ethically, to have a shared landscape with the people who shared their insider knowledges and stories with me. I wanted to build accountable community trust, not trust placed unthinkingly in the hands of professionals in positions of authority.

Evren: Reading this excerpt felt out of step with how I have seen my mother (a dentist, professor of dentistry, and later a nurse) navigate both her work and community. For as long as I can remember, it was not only possible to share community but it was community connections like these that saved our lives in 1999.

When we work within our own communities of practice, in a similar fashion to working in rural settings (Szumer and Arnold, 2023), Scholten's shock and sense of intrusion is rarely available. From our experiential perspective, this positioning invites us into a space of vulnerable accountability with those who consult us. If we are in community spaces in person or online, so are they (or their friends, or partners, or someone in their polycule), which raises the stakes for how we uphold community values and how our messiness or sharp edges can be made visible.

In one instance, we were invited to a small birthday party at a dear friend's house, and while discussing the guest list, Evren realized that one of the invitees was also their client. If we had been able to stay firmly planted in the messy, gorgeous tangle of in-person queer community in the same ways as before 2020, our skills in dodging and weaving might look different. For now, we occasionally cross paths with and are sometimes invited to events by our therapeutic community members—which, if we follow methods such as Szumer and Arnold's (2023) schema for navigating overlapping or dual relationships, can be relationally sustainable.

In a voluntary anonymous questionnaire, we asked those we work with about their experience sharing community membership with their counsellor. In the responses, we saw repeatedly that our openness and sharing of community membership made it possible for people to bring messiness, uncertainty, and imperfection into the space in ways that felt unsafe in other therapeutic contexts. With counsellors outside of community, people shared feeling a need to explain, translate, filter, and appropriately represent the community lest their stories be taken as representative for the whole community.

The Logistics of Hosting

Evren: during my practicum, a community member I was working with gave me a card that remains pinned on my wall to this day: "Hospitality is... the art of making others feel welcome, comfortable, and at home. It's the talent for spreading warmth and kindness that will be remembered always."

Cultivating land into sustaining landscapes is a process of intention, craft, and patient influence. As we reflected on how we cultivate our practice to sustain ourselves and our communities, we thought of

Carmen Ostrander, who has been instrumental in shaping our practices into what they are today.

Therapeutically, [hosting] supports notions of scaffolding, of starting small and easing into relationship. Before considering how we'll tackle things like trust and power, agency and nervous system regulation, I could make you a cup of tea. Perhaps we could attend to comfort? Perhaps invitations like 'make yourself at home' and questions like 'what can I get you?' are richer exchanges than they seem at face value. Practices of welcome allow me to respond to the person in front of me as an honoured guest, centring dignity and hopefully hanging on to it through the therapeutic bits that follow. Demonstrating hospitality is also useful for me, in that it triggers muscle memories of service and attentiveness, that feel quite different to settling into my own sense of comfort in my chair (seat of power), readying my 'powers of observation' and such.

(C. Ostrander, personal communication, July 4, 2025)

Practices of hospitality are, in the way we know and practice them, linked to relational practices of living. Hospitality says *Come into my home, be comfortable, let me extend care for a time, and let us sustain each other in the act of being present together. Can I offer you a cup of tea?*

Within community membership, these practices can become reciprocal. Arielle shared her experience of wanting to check in with their practitioner about topics in the conversation because of shared community membership, saying

...caring or wanting to or feeling inclined to ask or check in with you makes me check in with myself whether it's a thing I want to talk about today. Previously, I would go to therapy, answer questions, and feel drained after and not understand why. After these conversations, it's more like the fatigue after a deep massage - sore but not confusing.

Reciprocal practices of living are distinct from hospitalities borne of obligation, which smuggle in secret agendas of shame or control under the guise of politeness. We, like many, have sat in spaces and felt unable to leave without giving offence, causing relational rifts, or giving up what brought us there. We have been caught in tangles of offering more than we are able, of saving the best for the guests, of going hungry so others can eat. This is a corruption of the hospitality we seek to cultivate— an honest hospitality that acknowledges both host and guest as human.

In cultivating an honest hospitality, we ask ourselves:

- In what ways can we create space for humanness? Is there space to walk around, to eat or drink, to speak or not? What pressures or constraints are present?
- Are we honest about what we need, or what might make a space more comfortable? In what ways might it be useful to create more space for another's need or comfort? In what ways might it undermine our relationships?
- Are there ways we can co-create comfort in this space through discussion and reflection?

As two neurodivergent counsellors, we do not think is a coincidence that these questions share some qualities with radical autistic unmasking, as we know it.

Our striving towards an honest hospitality also seems to dovetail with Wall Kimmerer's description of gift economies, of "keeping the gift in motion, in a way that is open and diffuse, so that the gift does

not accumulate and stagnate, but keeps moving, like the gift of berries through an ecosystem" (2024, p. 14). Under systems of capital, this becomes a bit tricky as we dance within constraints of money and time.

Money

Counselling is work, and money is how we, as a society, have decided to value work. (Community member)

We remember being clients and not being able to afford therapy. When we could afford therapy, it both came at a high cost and lacked the relevant, relational support we were looking for. It was a roulette we could not afford to keep playing.

When we started building our counselling practices, we considered what was sustainable within our specific context: we live in stable communal housing without risk of eviction or prohibitive rent increases. If we had a higher cost of living, we would need to adjust our sliding scale to reflect sustainable accessibility. At the end of each year, we publish our financial reports for transparency. As it is, we estimate that we donate upwards of \$50,000 of labour to the community each year. Evren has published their financial reports each year on their solo practice website, and this practice of transparency will continue under Groundfire.

Our sliding scale for therapeutic conversations has low-income and donation tiers, which offers an opportunity for people to access therapy and give back to the community if or when they have more means. The sliding scale does not require proof of income to access, nor are people tied to one spot on the sliding scale. The way we navigate money was one of the most-mentioned aspects of our practice when receiving community feedback:

Arielle: ...it's part of making the practice sustainable. I am paying because it is your job. This is something that's deeply beneficial and I understand we live in an economy and I want to support you doing it...that you do have a sliding scale helps - you're not exerting power through prescriptive rates. You are being mindful of money being a thing for people to live, which means that if I want this to keep going, I want to offer what I can. All my qualms with money and the therapeutic rapport have to do with my qualms with money, not with it being for therapy.

Community member: The sliding scale option is also a way to provide for people and communities I share membership with. There was a time I needed to access the sliding scale, and now that I have more means...

Community member: The sliding scale helps...I get to support a more flexible and realistic system for other people.

(ca) disabled & queer: money is unfortunately a repeated societal pressure that is inflicted on our various shared communities to keep infighting alive and well. knowing this, knowing that a sliding scale and free intro sessions is expensive to offer, i don't mind that money has to change hands for sessions to take place.

Community member: For me personally, even if it's not much and someday it will be, I'm just happy to give you something...I won't be paying someone I don't like or I think is trying to force me to change in

some kind of way. I pay you because I like you and I want you to continue offering the service and doing your stuff, it's not an obligation.

We offer flexibility in payment schedules and check in explicitly about finances as part of a holistic approach. Memorably, one community member exclaimed, “you talked me down the sliding scale when I said I couldn't afford a vet bill. Who does that?”

While comical, it had us reflecting on what it meant for someone consulting us to share with us financial difficulty while choosing a higher tier on the sliding scale. We appreciate being valued. If sustainable, we gladly accept higher payments. Paying more for counselling than is affordable, however, tends to have an opposite effect than counselling intends. Groceries are always going to take precedence. We cannot subsist on conversation alone.

By co-creating relational and transparent trust, we are cultivating a relational and transparent culture of meaning-making around money beyond payment for service that sustains a therapeutic community relationship.

In an echo of Wall Kimmerer (2024), Chambers' (2025) *Monk and Robot* describes a form of exchange that is an alternative to capital, where digital pebbles, or “[pebs] are a way to acknowledge mutual benefit within...society” (p. 189). There is no individual value in accumulating ‘pebs’, nor are people penalized for carrying negative balances from time to time. Value and meaning are placed on the flow and exchange among community members and communities. Our current system of capitalism necessitates the use of money, and within that system, we have tried to carve out a relational and transparent exchange that allows us to continue our work.

Time

I need things repeated a lot, so shorter sessions don't work as well - a lot of the changes I've made come from longer conversations. (Community member)

Under our solo practices, we offered 60-minute conversations with space to extend into longer conversations. We noticed that conversations tended to fall into three permutations: the 60-minute hour, one and a half hours, and just under two hours depending on the person and topic at hand.

We formalized those conversation lengths under Groundfire, each with a corresponding sliding scale. The 60-minute hour is standard, whereas our longer 'time containers' allow for different kinds of conversations to unfold:

- 90 minutes offers space for those who need a little time to 'warm up' before diving in, to make space for brain fog or difficulty focusing, or to untangle a particularly sticky topic.
- 115 minutes offers a dedicated arena for complex documentation projects or topics that might benefit from a siege-based approach.

The feedback we have received suggests that these containers offer community members space to engage with therapy in ways that fit them best.

We also structure our conversation times to allow for flexibility, in case a conversation might need a little extra time to wrap up or spill over into an adjacent time container. If we (the practitioners) spill the conversation over time, we honour the agreed-on scale and thank our conversation partners for

offering more of their time. This offers us space to breathe between calls, to stretch or move or nourish our bodies, or to show up imperfectly. Like many, there are days when we feel able to show up but are in pain, overwhelmed, or exhausted. In reciprocation with how people share their states with us, we let our conversation partners know and offer them the option to reschedule or to have a slower conversation.

As a nod to crip wisdom, our cancellation policy states:

Sometimes taking care of ourselves and/or others calls for a cancellation or delay.... We trust you to show up when you're ready, which includes not showing up. If you are financially able to send a donation to support flexible scheduling for accessible counselling, we will gratefully accept it—however, we do not charge mandatory missed appointment fees.

Cancellation policies that require payment in full have coerced us into showing up to appointments when drained, in pain, or ill. We understand why policies like this exist, at the intersection of time and capital. If their money is not on the line, how will people value our time?

Punitive policies turn a person-based relationship into a transaction. (Community member)

This statement bolsters our belief that it is the policies surrounding time and money that make a therapeutic relationship transactional, not the presence of time and money themselves. We believe that people value our time because of the relationships we build, the transparency that we offer, and the infrastructure that places systemic power, within this small scope, in the hands of those that work with us as equally as it rests in ours.

Overall, responses to our policies have reflected appreciation, relief, and occasionally trepidation or guilt if a person is acclimated to punitive practices, such as extending space in the moment, but leveraging it against them later. If the latter, our adherence to our word over time has potential to be therapeutic in and of itself.

Praxis and Effects: What we see growing and arriving

There's a ripple effect - what happens in our sessions isn't an isolated case, there's ripples: this is where we drop the stones, then the water changes. (Community member)

We work towards long term relationships, whether we remain in therapeutic relationship or not: we cultivate relationships with the ever-present possibility of sharing space in the future.

In cultivating long term relationships, we notice that to stay in alignment with our ethic we must treat ourselves as people and offer space for those we work with to be human (ill, late, unfocused, in need of support) within our abilities—remember, we are not going hungry so others can eat, but neither do we equal discomfort with hunger.

For many people who choose to continue long-term community counselling relationships with us, the time between conversations ebbs and flows, dropping to few times a year or in clusters around tricky situations, and the quality of the conversations tends to shift. The space remains focused, but the material and tone become closer to that of a consultation between two people who have experience in the craft of question-asking and conversation-having.

Sometimes, people end up having conversations that reflect a narrative ethic within their immediate communities, leading to narrative practice spilling out into the community. Similar to our 'pay-it-forward' monetary structure, these ripples follow a relational path.

Professionalism, Power, Protection and Vulnerability to Harm

Q: How do you envision power in the therapeutic relationship?

A: I don't. (anonymous)

This was the shortest answer we received. In contrast, when we discuss our practices in professional spaces, a palpable discomfort often arises. *How do you navigate power dynamics*, we are asked. *How do you prevent and do no harm?*

In cultivating our practices, we had some thoughts about how we might answer these questions. We had a hunch that the concept of 'doing no harm' was a mirage, as many of us have experienced hurt and harm at the hands of professionals. Rather than rely on our intuition, we asked those who consult us.

Arielle: I don't think power belongs here. Obviously there is the power that an administrator or facilitator has but that's more of a responsibility. I trust you with the power to do the administrative stuff. It's not "you are the therapist, I trust you to tell me what to do", it's a trust to challenge me.

I have a tendency to fawn with authority figures. I haven't felt the urge to convince you I am well, which has been present in past therapeutic relationships...I'm not sitting across from you in a chair somewhere, I don't feel like you're assessing me by the way you ask questions (clarifying, trying to unravel a metaphor, connecting threads, elaborating). You don't exert power in the same ways - it's always collaborative, a shared decision. Power is a thing that shouldn't be exerted.

Community member: I don't feel you have power over me. It's more like a guide—the only reason you have power is because I am giving you power. It feels like there is a lot less of a power imbalance in part because of all the check ins. I would have very little issue speaking up if you ever pressured me to respond in a certain way. I am here because I want to be here, not because I am obligated to be here. If I ever felt that the balance was shifting in an uncomfortable way, I would stop being here. You have been incredibly respectful of autonomy and ensuring that you're not encroaching.

(ca): dynamic and multifaceted. both practitioner and patient have power in therapeutic conversations and community membership and this is not inherently a negative emotion/sensation.

Community member: In some ways [money] provides more balance to the power structure. I am paying you to help me untangle my brain and keep me safe that way. It reaffirms that I am choosing to put you in this position where you have power. You provide a lot more flexibility for payment (sliding scale, payment, and timing) which makes it more accessible.

In these responses, we see agency, power, and trust as being intrinsic components to our practice. We experience power, or influence, as responsibility to people—including ourselves—and responsibility as distinct from obligation. We choose to enter into responsibilities that align with our ethic and values, whereas obligations are imposed upon us.

From the beginning of our no-cost introduction call to the parting of paths later on, those we work with are always welcome, but never obligated. Some ways that we try to make this clear include:

- Explicit communications like "You are welcome to come and go as you need or please", "You don't have to trust me or tell me anything you don't want to, we can have useful conversations in different ways", and "Would you like to book another conversation together now, or would you like to book in through the website if or when it works for you?"
- Supporting clients in working with alternate practitioners to us, simultaneously or in replacement
- Non-prescriptiveness regarding the cadence, frequency, and length of the therapeutic relationship
- Trusting the client in their assessment of what would be welcome, and offering possible options, context, and 'exits', such as:
 - What might be therapeutic right now?
 - I can see a few different directions here. I see option A and option B, do either of those sound lucky or do you see something different?
 - Is it okay if we hover here for a moment, or is there something else you'd rather attend to?
 - You mentioned A earlier, does this have any connection to B or C?
 - Sometimes people find that when A happens, they notice B. Is this part of your experience, or is it something different?
 - Is this A, B, both at once, or a secret third thing?
 - I'm going to say something, and you tell me where I'm wrong, okay? It seems like A and B are happening, especially when C is present. Does that resonate, or is it something different?
 - I might suggest that this is a pretty reasonable human response to what you've experienced, particularly in the context of A, B, and C. Thoughts?
 - You don't have to answer this, so feel free to say 'pass'—does this have anything to do with how A acted when you were B and C?

We reflect often on how our conversational dialect of counselling is thick with explicit invocations of context, nuance, and signals of where we are located in the conversation. *This might sound weird, we say. I'm not sure how to say this, so can I say it the wrong way and we'll figure it out together? These are my words, what would you call this? Correct me where I'm wrong here. Salt this to taste. Does this have any relevance or resonance for you? 'All of our models are wrong, some of them are useful.' Could this be useful?*

This can come across as overly communicative, but awkwardness and 'clunkiness' gives us space to map our own paths in the margins instead of trying to find hegemonic scripts and templates to fit our rich, expansive, and intersectional experiences.

Evren: Conversation cartography is a practice I stumbled into and have kept since practicum. I was fortunate that my supervisors encouraged treating the 'maps' as session notes rather than trying to shoehorn rich conversations into more prescriptive session note formats. The maps are a practice

honouring storytelling rights, collaboration, accessibility, and accountability. There is no paywall or obstacle (if my handwriting is legible) between people and their files containing their words, stories, experiences, skills, and values, and the folks I work with know we both have access to the exact same notes, all of which helps dismantle expertness and authority.

If power is cultivated as reciprocal responsibility, and neither practitioners nor the people who consult them are obliged to participate, systemic exploitation borne of expertness or authority seems to have a difficult time finding traction.

For practitioners in contexts where there is an obligation to participate in specific ways, we might suggest that transparency, humility, and collaboration can go a long way towards undermining systemic power dynamics in favour of therapeutic impact. This comes back to the idea of an honest hospitality: We are both people, in a space that has expectations of both of us stamped on every surface, and we can get creative about how we face those expectations.

Part of our responsibility is to ask what people are looking for in ways that sidestep, instead of amplify, the expectations of our profession. This includes becoming aware of policies that actively harm those we work with and working to dismantle or stand against them. If we are to be of service to people who have been marginalized, we must be willing to put ourselves on the line (Sharman, 2021). Some ways we do this include:

- Writing letters of support to healthcare professionals or workplaces in support of leave/accommodations
- Writing summary letters of care for use in legal cases or assessments
- Liaising with insurance companies on behalf of clients
- Completing assessments for gender affirming care, and more

If we are leveraging our credentials in advocacy, we collaborate with the person accessing service on how we can meet institutional and systemic requirements while remaining respectful as possible, then share drafted documents for feedback before finalizing or signing. This approach requires creativity, transparent communication with the person accessing service, and dedication to resisting recruitment into pathologisation.

Q: In what ways do you see yourself vulnerable to or protected from potential harm in the therapeutic relationship when sharing community membership with your counsellor?

Arielle: Communities are inherently complicated, shared membership can be complicated...It takes building infrastructure and sharing what is and is not comfortable.

Community member: A lot of the safeguarding has been through deliberate check-ins during and at the end of each session. The way you lead the conversations is never prescriptive. It's never telling, it's bringing things to my attention and asking what I notice about it.

Community member: There are protocols for if bad things happen, which is helpful to know mentally, even if it's something I've never even had to think about using before.

KEN: ...overall I feel pretty dang safe. All based off of my trust and assessment of my therapists integrity. The fact the therapist is in community doesn't particularly give me full assurance as I hear so much nonsense within the community. It is an important part of the trust, but it's not load bearing.

We see that sharing community does not guarantee safety or abundance, though it can offer us direction in how to cultivate these things. Transparent, accessible, and non-prescriptive policy, communication, and documentation practices, along with schema for navigating overlapping or dual relationships (Szumer & Arnold 2023), lend structure to what otherwise might leave us unguarded to recruitment into harm.

Rupture & Repair

We have, of course, experienced rupture in our relationships. Like most practitioners (and people), we have said the wrong thing, at the wrong time, or found ourselves outside of alignment with what our conversation partner needed. We have hurt people. To state this bluntly is something of a taboo in our field, where our maxim is 'do no harm'.

Community member: ...you and [your clients] are persons and you'll both make mistakes. There is room for therapists to make mistakes too, that's why there are supervisors and the conflict resolution policy. If I emailed you and said "actually this is hurtful", I know what would happen - you would rephrase, apologize, and take what your experience was and learn from it. If it was in the [National Health Service] I wouldn't say anything, the hurt would just stay there, which also promotes the "therapist can do no wrong" myth in the long run (not that the long run matters because it's only 6 weeks [of therapy]).

Emily: In practicing counselling, I have experienced profound shifts in how I move through relationships and rupture. This work has shaped my life, and my life has shaped my work. Recently, I asked someone consulting me if it would be helpful to know that I had hurt people, and been hurt, in eerily similar ways to what they were experiencing. Their response was surprise, relief that it was possible to learn from and change over time, that it wasn't an indicator of fundamentally being a 'terrible person'. Reading this response had me reflecting on how acknowledging and learning in a curious and constructive way is, for me, a reflexive and ongoing part of repair. We are constantly learning how to better be in community and relationship with ourselves and others.

Relational repair can be difficult. It is likely that we have both acted in ways that have caused rupture without knowing, or responded to concern in ways that did not make our conversation partners feel confident in pursuing repair further. This is likely true of most practitioners, whether acknowledged or not. Offering alternative avenues to bringing hurt to light (such as connecting directly with our supervisors instead of us) is one way we try to make repair more accessible, though we recognize that bringing hurt to light is not practiced in many cultures, including our own. What we can commit to is resisting defensiveness, seeking guidance, and learning from the missteps we know about or intuit.

What our role is, as identified by those we work with

When I do have some insider knowledge of the problems that may be presented to me, this may alter for a time my position as the therapist. We may, at times, be able to engage in yarns within an ethic of friendship as part of this collective experience.

(Drahm-Butler, 2015, p. 30)

Our role has never been 'one single thing', which can be outside what professionalism advises us to pursue. When we are ascribed professionalism by community members, we become the 'other'—held at a distance from community. In our work, we rarely (if ever) lean on professionalism in community facing contexts. If we do, it is in service of community when navigating systems.

For us, professionalism is a performance of necessity, a clownery, drag. Those we work with describe our roles as guides, collaborators, community resources, librarians and archivists, anchors, navigators, checkpoints, orchestral conductors, educators, and 'like friends', and what we do together as untangling, spinning and weaving, gardening, journeying or exploring, and helping with hard puzzles.

We have had therapeutic conversations solely through the metaphor of Minecraft, gone through hundred-page reports in solidarity, dissected agency and choice in the aftermath of Mad episodes, collaborated on intentionally silly propaganda for the cause of Rest, rolled dice to guide the path of conversations, looked over job applications, therapeutically analysed abundant media, and become comfortable in many modes of conversation including silence. We 'meet people where they are at', which is an iterative practice of humble and responsive creativity.

The people we work with are brilliant. Some are artists, musicians, authors, people who are fluent in considering the world through a multiplanar approach and rearranging the building blocks to best convey the inarticulable. Some are archivists, community anchors, self-anchors, survivance experts (Vizenor, 1991), all people who are ever-expanding and contributing to our world. It is an honour and a privilege to share community with those that we do.

We hope this paper offers a tendril of something different, welcome, challenging, intriguing, or curious. We hope your practice, whether therapeutic or of a different discipline, thrives in the face of the coming years. May we hold our heads high, and may our flames never go out.

References

- Akinyela, Makungu (2002). Decolonising our lives: Divining a post-colonial therapy. *International Journal of Narrative Therapy and Community Work*, 2, 32–43. <https://dulwichcentre.com.au/wp-content/uploads/2020/06/Decolonizing-our-lives-Divining-a-post-colonial-therapy-by-Makungu-Akinyela.pdf>
- American Psychological Association (2021, October 29). *Apology to people of color for APA's role in promoting, perpetuating, and failing to challenge racism, racial discrimination, and human hierarchy in U.S.* Apa.org. <https://www.apa.org/about/policy/racism-apology>
- Chambers, Beck. (2025). *Monk and Robot*. Tor Publishing Group.
- Crenshaw, Kimberlé (1989). Demarginalizing the intersection of race and sex: A Black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics. *University of Chicago Legal Forum*, 1989(1), 139–167. <https://chicagounbound.uchicago.edu/uclf/vol1989/iss1/8>
- Davis, Vanessa (2017). My meeting place: Rearming ourselves with cultural knowledge, spirituality and community connectedness. *International Journal of Narrative Therapy and Community Work*, 3, 5–16. <https://dulwichcentre.com.au/wp-content/uploads/2017/10/My-meeting-place-by-Vanessa-Davis.pdf>
- Drahm-Butler, Tileah (2015). Decolonising identity stories: Narrative practice through Aboriginal eyes. In B. Wingard, C. Johnson, & T. Drahm-Butler (Eds.), *Aboriginal narrative practice: Honouring storylines of pride, strength and creativity* (pp. 25–46). Dulwich Centre. <https://dulwichcentre.com.au/wp-content/uploads/2018/06/Decolonising-identity-stories-Narrative-practice-through-Aboriginal-eyes-by-Tileah-Drahm-Butler.pdf>

- Eckert, Penelope & McConnell-Ginet, Sally (1992). Think practically and look locally: Language and gender as community-based practice. *Annual Review of Anthropology*, 21, 461–490. <https://www.jstor.org/stable/2155996>
- Elliot, Alicia (2019) *A mind spread out on the ground*. Doubleday Canada.
- Endacott, Ruth; Wood, Anita; Judd, Fiona; Hulbert, Carol; Thomas, Ben & Grigg, Margaret (2006). Impact and management of dual relationships in metropolitan, regional and rural mental health practice. *The Australian and New Zealand journal of psychiatry*, 40(11-12), 987–994. <https://doi.org/10.1080/j.1440-1614.2006.01922.x>
- Everett, Bethan; MacFarlane Devon; Reynolds, Vikki & Anderson, Harlene (2013). Not on our backs: Supporting counsellors in navigating the ethics of multiple relationships within queer, Two Spirit, and/or trans communities. *Canadian Journal of Counselling and Psychotherapy*, 47(1), 14–28. <https://vikkireynolds.ca/wp-content/uploads/2017/12/2013notonourbackseverettmacfarlanereynoldsanderson.pdf>
- Galletly, Cherrie A. (2004). Crossing professional boundaries in medicine: The slippery slope to patient sexual exploitation. *Medical Journal of Australia*, 181(7), 380–383. <https://doi.org/10.5694/j.1326-5377.2004.tb06334.x>
- Hammoud-Beckett, Sekneh (2007). Azima ila Hayati - An invitation in to my life: Narrative conversations about sexual identity. *The International Journal of Narrative Therapy and Community Work*, 01, 29–39. <https://www.dulwichcentre.com.au/wp-content/uploads/2019/04/Azima-ila-Hayati-Narrative-conversations-about-sexual-identity-by-Sekneh-Hammoud-Beckett.pdf>
- Johnson, Chelsey (Host) (2025, March 4). Season 2 premiere with Dr. Andrew Judge (No. 12) [Audio podcast episode]. In *Ontario First Nations technically speaking*. Ontario First Nations Technical Services Corporation. <https://open.spotify.com/episode/27fog0QhRajiOTli6c8tV9>
- June, Lyla (2020, December 18). *Cultivating food forests with Indigenous Wisdom*. Food Revolution Network. <https://foodrevolution.org/blog/food-forests-lyla-june/>
- Mkomosé (2022, September 30). 'Today we have gardens but before we designed...entire landscapes'. WWF Canada. <https://wwf.ca/stories/indigenous-food-forests-traditional-knowledge-conservation/>
- Morris, Bonnie, J. (2023, March 16). *A brief history of lesbian, gay, bisexual, and transgender social movements*. American Psychological Association. <https://www.apa.org/topics/lgbtq/history>
- Morrison, Dawn (2016, December 8). Indigenous food, land and heritage primer. Indigenous Food Systems Network. <https://www.indigenousfoodsystems.org/sites/default/files/resources/IndigenousfoodlandprimerOct20.151x1.jpg>
- Sharman, Zena (2021). Putting yourself on the line: Interview with Ronica Mukerjee. *The care we dream of: Liberatory & transformative approaches to LGBTQ+ Health*. Arsenal Pulp Press.
- Piepzna-Samarasinha, Leah Lakshmi (2018). *Care work: Dreaming disability justice*. Vancouver, Canada: Arsenal Pulp Press.
- Piepzna-Samarasinha, Leah Lakshmi (2022). *The future is disabled: Prophecies, love notes, and mourning songs*. Vancouver, Canada: Arsenal Pulp Press.
- Sather, Marnie (2021). *Illuminating skills and knowledges of women who have lost a male partner to suicide: A feminist insider narrative practice research project* [Doctoral dissertation, University of Melbourne]. <http://hdl.handle.net/11343/279386>
- Scopelliti, Joseph; Judd, Fiona; Grigg, Margaret; Hodgins, Gene; Fraser, Cait; Hulbert, Carol; Endacott, Ruth & Wood, Anita (2004). Dual relationships in mental health practice: Issues for clinicians in rural settings.

Australian and New Zealand Journal of Psychiatry 38(11–12): 953–959. <https://doi.org/10.1080/j.1440-1614.2004.01486.x>

Scholtens, Martina (2017). *Your heart is the size of your fist: A doctor reflects on ten years at a refugee clinic*. Brindle & Glass.

Serendipity, Kaur (2024). Departing from stigma and secrecy and elevating stories of agency: Narrative practice in the voices of sex workers. *International Journal of Narrative Therapy and Community Work*, (1), 2–14. <https://doi.org/10.4320/WTZN9783>

Sostar, Tiffany (2020). *BPD superpowers: What the borderline makes possible*. <https://drive.google.com/file/d/1uGi12gbLLuYYXPeDUoaqxRxSWCEPUNEU/view>

Sostar, Tiffany & Boyes, Lindsey (2020). *Mushrooms*. Tiffany Sostar. https://drive.google.com/file/d/1uQtywCuPgxlk_ftlCuUwC-Bq8tFM7rO/view

Sostar, Tiffany; Fawaz, Nathan. V.; Trimble, Elliot; Markarian, Theodosia. O & Noble, Bekett (2024). Revisiting insider practices: Ethical considerations, practices, and hopes for doing community work and narrative research in and about our own communities. *The Qualitative Report*, 29(12), 129–150. <https://doi.org/10.46743/2160-3715/2024.7807>

Szumer, Rafael. T. O. & Arnold, Mark (2023). The ethics of overlapping relationships in rural and remote healthcare. A narrative review. *Journal of bioethical inquiry*, 20(2), 181–190. <https://doi.org/10.1007/s11673-023-10243-w>

Tilsen, Julie (2021). *Queering your therapy practice: Queer theory, narrative therapy, and imagining new identities*. Routledge.

Vizenor, Gerard (1991) *Manifest manners; Narratives on post Indian survivance*. University of Nebraska Press.

Wall Kimmerer, Robin (2013). *Braiding sweetgrass: Indigenous wisdom, scientific knowledge, and the teachings of plants*. Milkweed Editions.

Wall Kimmerer, Robin (2024). *The serviceberry: Abundance and reciprocity in the natural world*. Scribner.

White, Michael & Epston, David (1990). *Narrative means to therapeutic ends*. W.W. Norton & Company.

Wingard, Barbara & Lester, Jane (2001). *Telling our stories in ways that make us stronger*. Adelaide, Australia: Dulwich Centre Publications.

Wiseheart, K. J. (2024). How we deal with Autistic burnout: A living document created by Autistic adults for Autistic adults [Video file]. *International Journal of Narrative Therapy and Community Work*, (1), <https://doi.org/10.4320/WUJX2510>

About the authors

Emily Salja is a co-founder of Groundfire Counselling & Community Work, facilitator, and narrative practitioner living and working on the unceded traditional and ancestral lands of the Secwépemcúl'ecw (Secwépemc) and Nl̓eʔkepmx Tmíxʷ (Nlaka'pamux) peoples. She has been working almost exclusively with other 2SLGBTQIA+ community members, often at intersections of marginalization, since 2021. Emily learned narrative therapy in context of conversations within her communities, and continues to pursue gathering, curating, and cultivating stories and connections that run through liminal and overlapping relational spaces.

www.groundfireccw.ca

Evren Salja is a co-founder and narrative practitioner at Groundfire Counselling & Community Work, and they have been working almost exclusively with other 2SLGBTQIA+ community members since 2017. They are a refugee from Kosovo on unceded and ancestral lands of the Secwépemcú'ecw (Secwépemc) and Nłeʔkepmx Tmíxʷ (Nlaka'pamux) peoples. Evren identifies as a giant nerd who is quietly persistent and passionate about stories and practices towards accessibility, sustainability, and resistance.

www.groundfireccw.ca

Citation

Salja, Emily & Salja, Evren (2025). We Are Part of the Ecosystem. Therapeutic work within communities of practice. *Murmurations: Journal of Transformative Systemic Practice*, 8(2), 60-78.
<https://doi.org/10.28963/8.2.6>