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Seeking Transformation, Finding Exclusion.
Queer of Colour Therapists and Counsellor Graduate Education

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Abstract

Systemic therapy is understood as the practice of connecting systems and structures for its influences on one's mental health, relationships, community, and overall wellbeing. However, the professional experiences as a clinical supervisor and educator has led to the observation that practitioners are not taught to comfortably name systemic issues, or the relevance of their own lived experiences. There seems to be a discomfort or worry that they should not name experiences such as racism, homophobia and transphobia, and its implications for mental health. This can stem from receiving inadequate preparation in graduate education, and the dominance of colonial practices of objectivity, neutrality and normativity.

Through this paper, it is the hope to decolonise inherent structures of training, education and professional practice, to resist colonial notions of sexuality, gender and racialisation. This article is based on discussions and conversations through a series of Outsider Witness Teams, with eight queer of colour therapists. The intention was to critique and improve mental health practitioner graduate education.

In these conversations, participants shared how they felt challenged to obtain mental health practitioner graduate education to best support queer of colour clients in their communities. Despite presenting as inclusive or social-justice oriented, graduate programmes continue to marginalise queer of colour students. mental health practitioner disciplines should review their curricula, with the goal of supporting queer of colour practitioners to work within their own communities, drawing on their cultural knowledge and practices.

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Situating Myself Within the Research

I was drawn to this research based on my experiences as a therapist, clinical supervisor, clinical director, and educator, in counselling psychology and social work. My practice informed my research, and has

been deeply connected to my lived experiences as a lesbian, cisgender woman, first-generation from India, often situated on the margins. I represented voices not at the table and regularly felt the absence and silence of others like myself, in my professional practice. My community practice, dissertation research and the reflections in this paper are my attempts to close these gaps.

Working within a social justice framework taught me that we cannot and should not separate personal, cultural and professional relational experiences. To be relationally social justice oriented, I constantly questioned taken for granted assumptions. Identity categories served a purpose, to locate and place someone, to develop data, support funding, and inform programmes and services. But from a community mental health perspective, I knew of experiences of queerness that were not seen from those on the outside, in the spaces filled with queers, gender benders, young and old, partnered, poly, single, activists and trouble makers. It is in these space that I saw a queerness I wanted my clients to find, a place of belonging, a welcoming of transgressiveness, an embracing of fluidity. It was also where I felt most at home, despite the predominance of Whiteness often found in queer spaces.

Through my dissertation research I learned social constructionism, queer theory and queer of colour critiques, resulting in many of my own taken for granted assumptions to be greatly challenged. I learned from these cultural theorists the challenges of categories and identities, and the conformity of Western colonialism. In disrupting the notions of identities I held for myself, I came to understand queerness on an entirely different level, one which bypassed heterogeneity, and created space for communities to come together in solidarity. This new understanding emerged through the intentional absence of normative Western constructs (Anzaldúa, 1987; Burr, 2003; Gergen and Ness, 2016; Gopinath, 2018; Manlansan, 2018; McNamee, 2009; Tilsen, 2010).

Through queer and queer of colour critiques (Anzaldúa, 1987; Gopinath, 2018; Manlansan, 2018; Tilsen, 2010), identities were socially constructed, and the ways in which racialization, gender and sexuality were perceived as biological or essentialist were re-examined, allowing for different ways of seeing, knowing, and being to emerge. I had often experienced a constant tension when naming an identity through the use of categories, as these were often imposed by others, uninformed by relational meaning making. I then became greatly inspired by queer of colour cultural theorists (Anzaldúa, 1987; Gopinath, 2018; Manlansan, 2018) who discussed the situatedness and temporal experiences of queer racialization and racialised queerness. These discussions felt much more relevant to how I saw myself, people I was connected to, and the needs within mental health practice. While I drew on literature that defined categories [in my dissertation research], I also acknowledged the limitations of terminologies that identifies people as lesbian, gay, bisexual, transgender.

I also remained cognizant of the great privilege I occupied to say with safety and without fear of violence, that I as a queer woman of colour, was able to sit in a room and discuss practice issues with other queer therapists of colour. And within the privileges and safety which were afforded to us, we shared our struggles for representation, visibility, and structural power.

Graduate Education for Mental Health Practitioners

Through the course of my research, I came to recognise how much had changed over generations of counselling psychology, philosophy, science and research in terms of how people and their problems, bodies, mind, and thoughts were viewed. A shift had taken place, away from modalities focused on

the therapist as the expert in problems, individual thought and internal mental processes. I was excited to read newer approaches by queer and racialised practitioners, who embraced a collaborative practice between therapist and client, one where solutions and pathways were found together (Yıldırım and İşmen Gazioğlu, 2024). I purposely researched mental health practitioners who were intentional in wanting to disrupt colonial modernist philosophies, especially if they held intersectional identities of being racialised, LGBTQ, and / or located in the global south. It was also where I saw myself, part of these collaborative and inspirational efforts. Modalities informed by social justice, post modernism, post structuralism, intersectionality and multiculturalism, to name a few, were transforming therapeutic approaches in mental health, health and wellness, and healing (Monk et al., 2020; Yıldırım and İşmen Gazioğlu, 2024). While much change took place within professional practice and education to correct these harms (ALGBTIC, 2012; Bryan, 2018), the discourses of homophobia, transphobia, heterocolonialism and heteropatriarchy (Morrison et al., 2019; Siepak, 2020) continued to have influence.

My experiences teaching graduate students alongside supervising student practicums in counselling psychology and social work brought concerns of what practitioners were being prepared for, and the resounding gaps. mental health practitioners were bringing troubling questions of how to practice in way that made most sense for who they were and the communities they wanted to work with. The strong influences and historical legacies became clear to us, with the modernist informed, medical model of mental health teaching that the mental health practitioner is the expert who will ‘treat’ patients to have better mental health outcomes (Gergen and Ness, 2016). We discussed how mental health practice for those with non-normative identities of ethnicity, gender, sexuality had historically created much harm (Tilsen, 2013; 2021).

It was arduous to have my observations confirmed with research, to verify the ongoing imposition of Western based colonialism. I was able to identify how the cultural models of identity taught in mental health practitioner graduate education programmes were based on a lens of whiteness, which presumed the normative identities of the therapist (Dhebar, 2023). The impact on mental health practitioners was that they became aligned with a lens of pathology, influencing how they situated themselves in their practice. Further, both client and mental health practitioner did not feel seen or heard for their queer and racialised histories. Students were learning intersectionality as a theory, but not as a practice.

The purpose of my dissertation research was to question mental health practitioner graduate education programmes. I focused on practicing therapists who were queer of colour, to learn how they delivered effective service and built the therapeutic alliance with members of their own communities, clients who were also queer and /or racialised. The erasure of queer people of colour in research and practice, the focus on identity-based models, ongoing glaring gaps in relevant data, and the focus on harms and not resiliencies, together was contributing to the challenges of building good counselling relationships and therapeutic practice. Queer of colour therapists were not seeing themselves represented as the therapist or the client, in textbooks, case scenarios, lectures and curricula. Their education was further hampered by the lack of applicable mental health data, and the limited representation within their faculty.

Teaching Queerness and Identity Models

My research helped to identify and name the challenges I was noticing. For example, a key barrier to providing effective mental health care for queer and trans people is the lack of training for providers (Bettergarcia et al., 2021; Rees at al., 2021; Snow et al., 2019), something I also experienced in my education and professional development. Generally practitioners in mental health practitioner programmes learn queer and trans issues through identity-based models such as anti-oppression (Dominelli, 2002; Mulé, 2017), multicultural counselling cultural competency (Sue and Sue, 2019), cultural humility (Bettergarcia et al., 2021), minority stress theory (Bryan, 2018), intersectionality theory (Belkin and White, 2020), with some focus on queer and trans identities added on (Dhebar, 2023). These identity based models have historically developed through race-based theories and are not specific enough to support the unique experiences of sexual and gender minoritised populations. While clinical guidelines have been written by the American Psychological Association (APA) such as the Guidelines for Psychological Practice with Transgender and Gender Nonconforming People (2015); Multicultural Guidelines: An Ecological Approach to Context, Identity, and Intersectionality (2017); Guidelines for Psychological Practice with Sexual Minority Persons (2021); however it is unclear how these guidelines are used in graduate training programmes (Bettergarcia et al., 2021).

Hillock's study of social work education found that queerness is taught through a) The rise of gay and lesbian liberation movements including historical reviews of social and political activism, b) Teaching mainstream heteronormative students to be sensitive to queer individuals and communities in their workplaces, using race-based approaches such as anti-oppressive practice, and c) Queer-based theories challenging assumptions of binary identities. Very little is generally known about how queer based theories are taught in academia, and the lack of focus results in practitioners being ill prepared to work with queer and trans clients (Hillock, 2017). Therefore "there is still a significant need to theorise liberation in higher education through queer and trans epistemologies, with attention to such systems as White supremacy, ableism, and classism" (Lange et al., 2019, p. 512).

A systematic review of 13 studies between 2003-2016 of sexual minority cultural competence training highlighted numerous gaps (Bettergarcia et al., 2021). Synthesised results suggested that education entail a) opportunity for difficult dialogues and discussion, b) inclusion of firsthand accounts, c) skill rehearsal or role plays, d) ensure within-group diversity is addressed to include bisexual and trans people, and LGBTQ Black, Indigenous, People of Colour (BIPOC), and e) infuse social justice into the curriculum (p. 370).

I struggled to find good examples to use in the classroom. One example of a queer focused model was The Leaning In Model, developed to support educators to navigate discomfort regarding LGBTQ issues in the classroom, it was comprised of three parts: 1. Counsellor Educator to Self, 2. Counsellor Educator to Student, 3. Students to Students (Toomey and Carlson, 2022). First, educators reflect on their own experiences and knowledge of LGBTQ clients, identify feelings associated with LGBTQ experiences, and engage and consult with other educators. Secondly, materials are brought into the class and discomfort is named and validated, students are appreciated for their vulnerability, and linkages are made with other types of intercultural alliances. The third part entails students working with each other to further identify areas of discomfort. Discomfort was most often based on fear and anxiety of being perceived as incompetent or lacking in direct experience with LGBTQ individuals (Sue, Torino et al., 2009).

What I would prefer, is a commitment from our governing associations, bodies and colleges who oversee mental health practitioner graduate education, to understand and embrace queerness, not just an identity category, but as a way of being, of moving through the world, of how communities are built, families are shaped, and resistance is organised. While queer communities in the West have fought for rights and visibility, much is still invisibilised, and we remain a hidden and misunderstood community.

Having the Conversations

As I envisioned the dissertation study, I considered the conversations which take place when queer and racialised people feel they are safely within community. In these spaces a different nuance presents itself, welcoming insider language, naming oppression, and inviting a critical stance. My hope was that I could create a space for queer of colour therapists to reflect on their mental health practitioner graduate education and professional practice.

I needed to understand the epistemologies and methodologies to articulate the space I imagined. There should be alignment with the communities I was representing and studying, and the epistemologies which would underpin the research questions and methods. I wanted to carry the inspiration I received from cultural theorists and scholars about inclusion, visibility and belonging. Julie Tilsen's work in *Therapeutic Conversations with Queer Youth: Transcending Homonormativity and Constructing Preferred Identities* (2013) had informed my research questions. Later she published *Queering Your Therapy Practice: Queer Theory, Narrative Therapy, and Imagining New Identities* (2021) which furthered my thinking along these lines. What was the worldview I would be adopting, and what would this mean for the research methods? Matt Brim and Amin Ghaziani's work in queering methods (2016) along with the proposal from Chan and Boyd Farmer (2017) that interpretative phenomenological analysis (IPA) was the best approach for LGBTQ+ communities led me to methods which would centre and celebrate queerness. I selected the outsider witness teams for data collection. The outsider witness team is designed to impact the researcher and participants in their knowledge construction process, and is often used to discuss problems in narrative therapy or clinical supervision. I used the outsider witness team to centre queer of colour cultural knowledge in mental health practitioner graduate education, as it favours relational collaborative dialogues. This social justice practice builds on the multiplicity of knowledge and experience at the table, sharing power with participants in the research process (Caine, et al., 2018). As outsider witness team responses and reflections are exchanged, there is no attempt to resolve an issue or to fix a problem, and all voices are honoured, an important component of social justice practice.

The outsider witness team was also a practice that I was well versed in as a clinical supervisor, and had used many times with my counselling teams to build their development and confidence. Upon hearing a story or interview, the team of witnesses is asked to reflect on how they felt about what they heard, sharing their own resonance with the story, and its impact (Paré, 2016). The space given to multiple perspectives was congruent with constructionist discursive knowledge as subjective and created within relationships and communities, challenging traditional positioning of expert power and knowledge.

Safety for Participants

I recognised that I would be a creating a research space for and with queer therapists of colour. Participants offered their time to participate as they were eager to engage in discussion with like minded colleagues, and to experience the outsider witness team. I wanted to ensure I held their knowledge in the highest regard, and adhered to queer relational ethics (Chan et al., 2017; Tilsen 2013; 2021). Together in the outsider witness team space we would be co-researchers, talking through experiences and reflecting on them together. As the interviewer, I would be asking questions based on what the interviewee shared, and the direction they wanted to take. Participants as witnesses would discuss with each other what they had heard, their reflections, reactions, observations.

It was critically important to me to demonstrate respect, value and solidarity for the participants' knowledge. I considered the outsider witness team a reclamation of space traditionally withheld from queer of colour practitioners. The approach to data collection and open-ended questions in the study design were intended to help participants speak freely, without being judged by an 'expert' or their peers. I endeavoured to disrupt Western forms of knowledge building and creation, and considered that the relationships between researchers and communities could allow the research to become a politicised endeavour that interrupted the dominant narratives of marginal lives (hersing, 2005).

Articulating the Challenges

Eight queer of colour therapist participants agreed to be interviewed, four in one city attended two outsider witness teams, and four in another city attended two outsider witness teams. Therefore findings reveal the insights of eight therapist participants across four outsider witness teams, sharing how their mental health practitioner education had impacted their learning and influenced their preparedness for practice. was not conducive to their learning, did not provide a connection to their lived experience, and did not support how they envisioned their practice and counselling relationships.

At the time of the study, therapist participants were 29 to 49 years old, reflecting an age range of 20 years. They had obtained their counselling and social work degrees between 2010-2020, two had social work degrees, five had counselling degrees, one had just completed their doctorate in counselling psychology. It was important that study participants could speak from a range of age, practice experience and type of education. Participants self identified themselves using their preferred terminology to name their gender identity, sexuality, ethnicity. They represented the fluidity of queerness, from queer cisgender to nonbinary, transfeminine to woman with trans experience. The City One group were all Latin cis gay immigrant men who were fluent Spanish speakers with counselling degrees. The City Two group were Black and/or Brown, first language English speakers, comprised of one cisgender gay man, a woman with trans experience, two non-binary people; one had a counselling degree, one had a doctoral degree in a counselling psychology, and two had social work degrees. I organised this theme into three areas:

a) Seeking a Transformational Learning Experience '*You're not free to be yourself in so many ways*',

b) Counselling Education does not Teach Complexity of Queer of Colour Identities, "*A bunch of White people talking to other White people*".

c) Impact of Not Being Represented "*Am I even doing therapy?"*

a) Seeking a Transformational Learning Experience "You're not free to be yourself..."

Therapist participants expected their graduate education would encourage exploration of ideas by engaging with nontraditional concepts. They were interested in transgressing normative academic notions of mental health, which would be more congruent with what they knew to be the needs of their community. Their choice to enter the counselling field was connected to the discipline's commitment to human growth and wellbeing (Bryan, 2018). Their expectations were driven by how universities would name social justice, social responsibility, diversity, and/or working with diverse populations in its mission statements, and the use of 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.). Instead they were disappointed, and felt held back from engaging or exploring scholarship which would connect to their lived experience of their personal and professional queer and racialised communities. Rahim (therapist participant) shares his insights based on being both a student and an instructor:

> *And I also was thinking about that conversation 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 that they're not necessarily thinking about it as a transformational space* – Rahim.

Another therapist participant Joe questioned how much pressure the academic structure placed on educators, limiting their freedom and how they taught course material:

> *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* – Joe.

b) Counselling Education does not Teach Complexity of Queer of Colour Identities "A bunch of White people talking to other White people"

Gabriel (therapist participant) was encouraged that the school where he was a sessional instructor attempted to teach issues of diversity. However, he struggled with the course material, practice scenarios and case examples as they were largely irrelevant to him as a queer therapist of colour, and to his queer and / or racialised students. The curricula were taught through a lens of Whiteness, supporting White or presumed White practitioners, to work with clients that were not like them (White vs. person of colour, straight vs. queer, cisgender vs. transgender).

Gabriel (therapist participant) 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 the presumption of privileged White therapists learning to counsel marginalised people, reinforcing an us and them binary.

It is generally acknowledged that training and education regarding queer identities continues to remain at a basic introductory level in counsellor graduate programmes (Bettergarcia et al., 2024; Hillock, 2017; Lange et al., 2019; Rees at al., 2021; Snow et al., 2019). Joe (therapist participant) struggled to find spaces that would provide the learning that would be important to his practice and the clients that came to him. He struggled to gain the professional development, clinical practice and knowledge to better support his gay male clients in their sexuality and mental health. Instead, he would turn to local agencies offering community-based workshops.

Therapist participants described the many ways in which their education focused on counselling theories that centred privileged and dominant identities. It was a challenge for them to find these theories relevant or appropriate for their queer/racialised clients as the complex and nuanced layers of queer ethnic identities was often missing from the literature used in counselling education (Hillock, 2017; Lange et al., 2019; Martin and Lippett, 2017; Renn, 2010). The teachings of racialised queer identities through LGBTQ competencies and identity-based models did not accurately reflect either the scholarship they knew to exist or their lived multi storied, multi cultured, transcontinental and transnational intersectional realities of their communities.

c) Impact of Not Being Represented "Am I even doing therapy?"

Therapist participants noted that living at the intersections of queerness and racialization, they were a small and underrepresented group in their mental health practitioner graduate 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 had compelled them to participate in this study, as they were keen to share and reflect on their cultural knowledge.

The impacts of not being represented posed challenges to integrating theoretical approaches taught in mental health practitioner graduate education. It became difficult to learn and practice them in way that was congruent with who they were, and what they felt would be most appropriate to working within their communities. Erasure and invisibility were especially relevant for participants, based on the long-held White-centric, heteronormative, heteropatriarchal norms that influence the profession (Dominguez, 2017; Thacker and Minton, 2021; Thomas et al., 2024). Student experiences of microaggressions, erasure and invisibility adversely impacted professional identity and embodiment of professional values.

Therapist participants shared how difficult it was to conceptualise their practice based on the theoretical approaches they had learned. They shared their challenges of learning to work with clients who were queer of colour, how to walk alongside them as members of the same community, with overlapping lived experiences and subjectivities. They longed to develop a practice based on a relational approach of ethics to navigate dual relationships, self-disclosure and boundaries, instead of carrying substantial worry for how they may be breaching practice obligations (Everett et al., 2013).

Nate (therapist participant) recalled struggling with unspoken assumptions and expectations of a Eurocentric colonial discipline. It took them time to deconstruct the implications of the professional and clinical discourses that dominate counselling and social work. Nate had not yet built the confidence of centring queer and racialised cultural knowledge into their counselling practice, asking:

> *Am I even doing therapy? What is it? What is it that I'm doing, 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 hold space for the folks who come to us* - Nate.

Shanti (therapist participant) discusses how challenging it was to feel confident in their values and practice, especially as it differed from what they had been taught during their mental health practitioner graduate education:

> *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 racialised supervisor for the first time, and she was totally validating, 'that's exactly what your clients need'. She helped me, really find my voice* – Shanti.

Shanti spoke about the tensions with how they wished to work as a psychotherapist with clients who are queer and racialised, and what was taught in their program. They wanted to move beyond pathologizing discourses and expert positioning of the therapist, and they had needed support to navigate self-disclosure to talk about their own identities with clients, how to manage boundaries with clients who accessed the same cultural spaces, and generally wanting to take a more relational focus in their work. Shanti and Nate both struggled in having to choose between their cultural knowledge of racialised queerness and the teachings in their counselling education programmes.

Alle and Gabriel (therapist participants) felt that therapists of all backgrounds should be taught to name how their identities and social location were relevant in relation to their client, here Alle shares how what he learned through his practice was not taught during his education:

> *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* - Alle.

Gabriel (therapist participant) 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* – Gabriel.

Implications

Discussion findings revealed the many ways in which these therapist participants were not adequately prepared through their graduate education to work within their community. The impacts of the prevailing assumptions of normativity and Whiteness embedded in their educational programmes had brought great challenge.

Therapist participants had purposely chosen programmes that identified social justice and socially just practice as a key tenet of the institution's graduate education mission statements, and terms such as access, equity and diversity in course titles. They expected an educational experience which would be 'transformative' in a way that would transgress and challenge mainstream normative conceptualizations of identities, mental health, treatment and support. Participants were not able to learn the theories and concepts which would be most applicable to the communities they hoped to serve. As instructors they continued to feel limited and unable to represent themselves clearly as educators. When able to focus on their own community and cultural knowledge, participants were guided by a different set of beliefs and knowledge, leading to more engaged professional practice and therapeutic relationships.

The impact of not being represented in their graduate programmes, within their cohort and by faculty, led to specific challenges. Study participants questioned if they were correctly engaged in therapy given their education had not discussed being a queer of colour practitioner or client. Therapist participant Nate questioned how to hold space for the folks that came in to see them, and Shanti (therapist participant) wanted a more relational approach. They both felt it would be more useful to draw on their cultural and community knowledge, instead of having to utilise the frameworks and expectations taught in their mental health practitioner graduate education.

Embracing Queer Centred Practice

Social justice informed counselling based in systemic practice theories focuses on the social roots which impact and influence mental health (Anderson, 1997; Butler and Byrne, 2008; Tilsen, 2020). Further, 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 behaviours (Monk et al, 2008). Classical theories focusing on individuals and families are not able to effectively dismantle oppressive systems and structures such as homophobia, transphobia, heteropatriarchy, and heterocolonialism (Singh at al., 2020). Social justice approaches continue to be framed as 'additional' theoretical perspectives, rather than as foundational within a program, despite often being named in programme and course objectives. Education and training that supports queer of colour therapists will actively decolonise the notions of competencies, ethics, disclosure and social location. Based on what these participants discussed, and on my own counselling and supervision work, here are some suggested practices:

1. Sharing Who We Are

We can presume the identity of counsellors often based on their photo, name, appearance and if they name the languages they speak and the country they are from. But naming the ways in which queerness is present or absent is just as necessary in order to open the door to client conversations. Consider naming yourself as queer, cisgender, trans, non binary, straight, as someone who is allied and continuously learning about queerness and what it means in the local context.

Who we are is relevant to how we practice, what we share about ourselves, and how we choose to create the therapeutic relationship and therapeutic alliance. In consultations, and during sessions, I talk about my lived experiences, how it shows up in my work, and also the limitations it may bring. This has profoundly shaped my own practice, as I am able to bring all of myself to the therapy room, making mention of my lived experiences or absence of it as needed. The result is that I feel more

connected to my work, the therapeutic conversation, and the client. I also experience a therapist-client boundary that is resilient and fluid.

For example, I share where I am from, how I identify and how this is relevant to current discussions. I may ask a question by framing it with my identities: "I was wondering how you think your experiences as a trans woman may have shaped your expectations of XXX with your partner. I recognise I do not share this experience as I am a cis woman, and am not asking that you educate me. I would like to know what this means specifically for you based on who you are."

2. Openly Naming Discomfort in Supervision

We are often more comfortable talking with clients about their lived experiences if we also share our own. It is important to reflexively consider what we are shying away from in the therapy room and discuss it in supervision. Counsellors have spoken to me about their hesitation to ask for example if their clients' specific identity and concerns for safety may be creating a barrier but are too uncomfortable to name it. I welcome this discomfort and create the space for us to discuss this together as a team.

In my own Solidarity Group, we embrace discomfort, and see it as part of the work, to be openly named and discussed. This has become a practice of relational ethics, and an imperative in community work. Seek out clinical supervision that is individual but also within a community of practice, where these types of reflexive conversations are held. Be prepared to talk through new learnings and discomfort.

3. Seeking Relational Pedagogies

Educators and clinical supervisors can work alongside their students to actively seek out the theorists and practice which provide greater resonance. The definition of good mental health practice can entail moving beyond the classical theories and centring of so-called 'evidence-based' modalities. There are a myriad of ways to support mental health, and many cultures and communities have been doing so for generations, outside the confines of Western colonialism.

Conclusion

Current pedagogical approaches are not placing enough emphasis on non-normative ways of being, learning and practicing. This paper is based on my dissertation study of the impacts of mental health practitioner graduate education as experienced by queer of colour therapists. Study participants longed for alternate and more supportive scholarship, to learn transformative theories, and be seen for their queer of colour histories and knowledge.

Queer of colour mental health practitioners are continuing to enter a field where there are significant gaps in representation at faculty levels and within relevant scholarship. It seems that these mental health practitioners would feel more engaged and represented by scholarship outside of social work and counselling, for example in cultural studies and humanities. In these disciplines there is less focus on metrics of mental health and diagnosis, and more on the meaning making and sense making of living within complex identity positions. This study engaged theoretical frameworks of social constructionism, queer theory and queer of colour critique to inform the methodologies and epistemologies meaningful to queer of colour worldviews and resiliencies.

Mental health practitioner graduate education can improve the experiences of their students by considering the limitations that lack of representation brings, and the impact it has on professional practice. Efforts to better engage and represent voices and scholarship by marginalised communities will better inform curricula and support the counselling and social work fields overall.

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References

Adler University. (n.d.) Master of counselling psychology. https://www.adler.edu/program/counselling-psychology-vancouver-ma/#thesis-non-thesis-options.

Association for Lesbian, Gay, Bisexual, and Transgender Issues in Counseling. (2012). ALGBTIC competencies for counseling lesbian, gay, bisexual, transgender, queer, questioning, intersex, and ally individuals. http://www.algbtic.org/images/stories/ ALGBTIC_Comps_for_Counseling_LGBQQIA_Individuals_Final.

American Psychological Association. (2015). Guidelines for psychological practice with transgender and gender nonconforming people. *American Psychologist*, *70*(9), 832–864. https://doi.org/10.1037/a0039906

American Psychological Association. (2017). Multicultural guidelines: An ecological approach to context, identity, and intersectionality. http:// www.apa.org/about/policy/multicultural-guidelines.pdf

American Psychological Association. (2021). Guidelines for psychological practice with sexual minority persons. https://www.apa.org/about/policy/ psychological-sexual-minority-persons.pdf.

Anderson, Harlene. (1997). Conversation, language and possibilities: A postmodern approach to psychotherapy. Basic Books.

Anzaldúa, Gloria. (1987). Borderlands / La Frontera: The New Mestiza. Aunt Lute Books: San Francisco, CA.

Bettergarcia, Jay; Matsuno, Em; Conner, Kristin J.; Geilhufe, Benjamin & Burnes, Theodore R. (2024). Effectiveness of a 9-Month Queer- and Trans-Affirming Training for Mental Health Providers: A Waitlist Control Group Design. Professional Psychology, Research and Practice, 55(1), 18–27. https://doi.org/10.1037/pro0000526

Bettergarcia, Jay; Matsuno, Em & Conover, Kristin J. (2021). Training mental health providers in queer-affirming care: A systematic review. *Psychology of Sexual Orientation and Gender Diversity*, *8*(3), 365–377. https://doi.org/10.1037/sgd0000514

Brim, Matt & Ghaziani, Amin. (2016). Introduction: Queer Methods. *Women's Studies Quarterly, 44*(3&4), 14-27. https://doi.org/10.1353/wsq.2016.0033

Bryan, Sarah E. (2018). Types of LGBT Microaggressions in Counselor Education Programs, Journal of LGBT Issues in Counseling, 12(2), 119-135, http://doi.org/10.1080/15538605.2018.1455556

Burr, Vivian. (2003). Social constructionism. (Second edition). Taylor and Francis Ltd.

Butler, Catherine & Byrne, Angela. (2008). Queer in practice: Therapy and queer theory. In L. Moon. (Ed.). Feeling queer or queer feelings?: Radical approaches to counselling sex, sexualities and genders (pp. 147-174). Routledge.

Caine, Vera; Steeves, Pam; Clandinin, Jean D; Estefan, Andrew; Huber, Janice & Murphy, Shaun, M. (2018).

Social justice practice: A narrative inquiry perspective. Education, Citizenship and Social Justice, 13(2), 133-143. https://doi.org/10.1177/1746197917710235

Chan, Christian D. & Boyd Farmer, Laura. (2017). Making the case for interpretative phenomenological analysis for LGBTEQ+ persons and communities. *Journal of LGBT Issues in Counselling, 11*(4), 285-300. https://doi.org/10.1080/15538605.2017.1380558

City University. (n.d.) Master of counselling. https://www.cityuniversity.ca/wp-content/uploads/2021/05/210526_CityU_MC_Brochure_DIGITAL.pdf

Dhebar, Meera. (2023). Queered Love in the Therapeutic Space [Publication No. 94252032, Vrije Universiteit Brussel]. (https://cris.vub.be/ws/portalfiles/portal/94252032/Dhebar_Meera_PhD_thesis_08.02.2023.pdf

Dominelli, Lena. (2002). Anti-oppressive social work theory and practice. Palgrave Macmillan.

Dominguez, Matthew Lee. (2017). LGBTQIA people of color: Utilizing the cultural psychology model as a guide for the mental health assessment and treatment of patients with diverse identities. *Journal of Gay & Lesbian Mental Health, 21*(3), 203–220. https://doi.org/10.1080/19359705.2017.1320755

Everett, Bethann; MacFarlane, Devon A.; Reynolds, Vikki & Anderson, Harlene D. (2013). Not on our backs: Supporting counselors 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.

Gergen, Ken & Ness, Ottar. (2016). Therapy as social construction. In O'Reilly, M., & Lester, J.N. (Eds.), The Palgrave handbook of adult mental health (pp.502-519). Palgrave Macmillan. https://doi.org/10.1057/9781137496850

Gopinath, Gayatri. (2018). Unruly visions: The aesthetic practices of queer diaspora. Duke University Press. http://doi.org/10.1215/9781478002161

herising, Fairn. (2005). Interrupting positions: Critical thresholds and queer pro/positions. In L. Brown & S. Strega (Eds.) Research as resistance: Critical, indigenous and anti-oppressive approaches (127-151). Canadian Scholars Press.

Hillock, Susan. (2017). Introduction. In S. Hillock & N.J. Mulé, (Eds.), Queering social work education (3-13). UBC Press. ISBN: 978-0-7748-3271-7

Lange, Alex C; Duran, Antono & Jackson, Romeo. (2019). The state of LGBT and queer research in higher education revisited: Current academic houses and future possibilities. *Journal of College Student Development, 60*(5), 511-526. https://doi.org/10.1353/csd.2019.0047

Manalansan, Martin F. (2018). Messing up sex: The promises and possibilities of queer of color critique. *Sexualities, 21*(8), 1287–1290. https://doi.org/10.1177/1363460718794646

Martin, Karolyn & Lippett, Robyn. (2017). Constructing Alternatives: Reflections on Heterosexism in Social Work Education. In S. Hillock & N.J. Mulé (Eds.), Queering Social Work Education (pp. 111-112). UBC Press. ISBN: 978-0-7748-3271-7

McNamee, Sheila. (2009). Postmodern psychotherapeutic ethics: Relational responsibility in practice. *Human Systems: The Journal of Therapy, Consultation & Training*, *20*(2), 57-71.

Monk, Gerald; Winslade, John; Sinclair, Stacey & polanco, marcela. (2020). Intercultural counseling: Bridging the us and them divide. Cognella, Inc. ISBN: 978-1516533503

Morrison, Melanie A.; Sadika, Bidushy; Morrison, Todd G. (2019). Contested meanings and lived experiences of Two-Spiritedness: A systematic review of the Canadian research literature. *The Canadian Journal of Native Studies 39* (1), 145-168.

Mulé, Nick J. (2017). Broadening theoretical horizons: Liberating queer in social work academe. In S. Hillock, S. & N.J. Mulé. (Eds.) Queering Social Work Education, (36-52). UBC Press. ISBN: 978-0-7748-3271-7

Paré, David. (2016). Creating a space for acknowledgment and generativity in reflective group supervision. *Family Process*, *55*(2), 270-286. https://doi.org/10.1111/famp.12214

Rees, Samuel N.; Crowe, Marie & Harris, Shirley. (2021). The lesbian, gay, bisexual and transgender communities' mental health care needs and experiences of mental health services: An integrative review of qualitative studies. *Journal of Psychiatric and Mental Health Nursing, 28*(4), 578–589. https://doi.org/10.1111/jpm.12720

Renn, Kristen A. (2010). LGBT and queer research in higher education: The state and status of the field. *Educational Researcher, 39*(2), 132-141. https://doi.org/10.3102/0013189X10362579

Siepak, Julia. (2020). Two-Spirit identities in Canada: Mapping sovereign erotic in Joshua Whitehead's Jonny Appleseed. Studia *Anglica Posnaniensia, 55*(1), 495-515. https://doi.org/10.2478/stap-2020-0024

Singh, Anneliese. (2020). Building a counseling psychology of liberation: The path behind us, under us, and before us. *The Counseling Psychologist, 48*(8), 1109-1130. https://doi.org/10.1177/0011000020959007

Snow, Annie; Cerel, Julie; Loeffler, Diane N. & Flaherty, Chris. (2019). Barriers to Mental Health Care for Transgender and Gender-Nonconforming Adults: A Systematic Literature Review. *Health & Social Work, 44*(3), 149–155. https://doi.org/10.1093/hsw/hlz016

Sue, Derald Wing; Sue, David; Neville, Helen A. & Smith, Laura. (2019). Counseling the culturally diverse: Theory and practice (8th ed.). Wiley. ISBN: 978-1-119-44828-0

Sue, Derald Wing; Torino, Gina C; Capodilupo, Christina M; Rivera, David P. & Lin, Annie I. (2009). How White faculty perceive and react to difficult dialogues on race: Implications for education and training. *The Counseling Psychologist, 37*(8), 1090–1115. https://doi.org/10.1177/0011000009340443

Thacker, Nancy & Minton, Casey A. Barrio. (2021). Minoritized professionals' experiences in counselor education: A review of research. *Counselor Education and Supervision, 60(*1), 35-50. https://doi.org/10.1002/ceas.12195

Thomas, De'Shay; Holley, Lynn C. & Rider, G. Nic. (2024). Conceptualizing a healing-centered positive youth development model for LGBTQ+ youth of color living with mental health concerns. *American Journal of Orthopsychiatry, 95* (6), 691-702. https://doi.org/10.1037/ort0000824

Tilsen, Julie. (2010). Resisting Homonormativity: Therapeutic Conversations with Queer Youth (Unpublished doctoral dissertation). Tilburg University: Tilburg, Netherlands.

Tilsen, Julie. (2013). Therapeutic conversations with queer youth: Transcending homonormativity and constructing preferred identities. Jason Aronson, Inc.

Tilsen, Julie. (2021). Queering your therapy practice: Queer theory, narrative therapy, and imagining new identities. Routledge. https://doi.org/10.4324/9781003011477

Toomey, Thomas M. & Carlson, Ryan G. (2022) Leaning into Student Discomfort with LGBTQ Issues in the Counselor Education Classroom, *Journal of LGBTQ Issues in Counseling, 16*(1), 86-103, https://doi.org/10.1080/15538605.2021.1972895

University of Toronto (n.d.) Master of Social Work. https://socialwork.utoronto.ca/wp-content/uploads/2020/10/2020.10.01-MSW-booklet.pdf

Yıldırım, Özge & Gazioğlu, Ayse Esra Ismen. (2024). From Modern Paradigms to Postmodern Paradigms: Therapeutic Interventions on a Journey of Change and Transformation. *Psikiyatride Güncel Yaklaşimlar, 16*(4), 658–672. https://doi.org/10.18863/pgy.1393192

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